DRUG ABUSE TREATMENT
(Part 2)

HEARINGS
BEFORE THE
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL
HOUSE OF REPRESENTATIVES
NINETY-FIFTH CONGRESS

SECOND SESSION

APRIL 19, MAY 5, JUNE 15, 21, JULY 25 AND 26, 1978

Printed for the use of the
Select Committee on Narcotics Abuse and Control

SCNAC-95-2-13

59479

Again, I want to thank you for the opportunity to testify. If I can be of further assistance to the Committee, please feel free to contact me.

Sincerely,

MATTHEW L. MYERS,
Chief Staff Counsel.

PREPARED STATEMENTS

PREPARED STATEMENT OF NORMAN A. CARLSON, DIRECTOR, FEDERAL BUREAU OF PRISONS

Mr. Chairman, I appreciate the opportunity to appear before you today to discuss programs available to Federal offenders with histories of drug abuse.

Since the passage of the Narcotic Addict Rehabilitation Act (NARA) in 1966, the Federal Prison System has increased the number of programs offered offenders with drug addiction programs. Currently there are 23 such programs—located in 20 of the 38 Federal institutions. They provide assistance for more than 2,700 offenders. In addition, there are two chemical abuse units providing services to both alcohol and drug dependent persons. They serve an additional 150 drug dependent offenders.

The 23 drug abuse units in the Federal Prison System serve a demonstrated need because an estimated 29% of all offenders are users of heroin or other drugs or have a history of drug abuse. This total of more than 8,500 inmate drug users excludes offenders who have only used marijuana.

The Bureau of Prisons initially established three special programs for drug dependent offenders in 1968 to assist offenders committed under the Narcotic Addict Rehabilitation Act (P.L. 89–793). These programs were located at the Federal Correctional Institutions at Danbury, Connecticut; Alderson, West Virginia, and Terminal Island, California.

Shortly after these programs were implemented, it became evident that there was a significantly larger population of Federal offenders who had a similar need for assistance with their drug addiction problems, but who were ineligible for sentencing under the restrictive NARA statutes.

When the NARA legislation was initially enacted, the language was tightly drawn so that it excluded individuals who were repeat offenders, or whose current offense involved violence. As we learned more about drug abuse problems, however, we found that this excluded many who needed treatment. When the drug programs began, the prevailing theory was that people became addicts first, and then proceeded to criminal acts.

From experience, we have learned that addiction and criminal behavior frequently develop simultaneously. There is no cause and effect relationship. We found ourselves faced with a growing number of drug dependent offenders who were not eligible for the NARA drug programs. To meet this need, the Bureau requested funds and established drug abuse programs for which all offenders were eligible without regard to the type of sentence they were serving.

The institutional component of the drug abuse programs was developed without additional legislative authority, but Congressional authorization was requested for the services provided to offenders with histories of drug abuse who were in the community on parole, probation or mandatory release.

When Congress first enacted the Narcotic Addict Rehabilitation Act, more than a decade ago, the Federal Prison System was given responsibility for both institutional programs and special aftercare services for sentenced offenders. When these drug abuse programs were extended to offenders sentenced under general criminal statutes (by P.L. 92–293), the responsibility for both phases continued with the Bureau.

Offenders who receive aftercare services in the community are under the supervision of the U.S. Probation Service. For that reason, we believe that the program of aftercare services could be more effectively administered if transferred to the Probation Service. The Bureau of Prisons therefore supports H.R. 12290, now pending before the Congress, which would transfer authority for aftercare contracts to the Probation Service.

INSTITUTIONAL PROGRAMS

The institutional treatment programs for narcotic addicts and drug abusers have grown significantly since the first units opened in 1968. The number of offenders served the first year was 265. At present, more than 2,700 are par-

ticipating in the 23 NARA and drug abuse units. The purpose of these programs is to provide assistance and support for offenders who have the motivation to lead a drug free life following release from imprisonment.

The typical drug abuse unit in the Federal Prison System is a residential area, usually a dormitory. The average unit has 100 to 125 participants. Heading each unit is a manager, with overall responsibility for the program, and the offenders. A typical unit staff includes a psychologist, one or two case workers, and two correctional counselors. Members of the education staff and consultants are used to supplement the program. Many of the consultants are ex-addicts who have abandoned drug abuse.

Earlier this year, the Bureau of Prisons appointed a task force to evaluate all drug abuse programs, and recommend areas that need strengthening. The task force has completed its report, and the recommendations are now being implemented.

The key objective of the drug units is to increase the offenders' level of responsibility for their own behavior, as well as improve their relationships with others. Staff members and consultants direct group counselling sessions, and are available to assist the individual formally and informally.

The drug abuse programs have several basic steps through which the offender progresses. They are first given an orientation to the program and then work with the staff to plan a specific program. Near the end of their program, they begin the final step in the preparation for release. In addition, offenders in drug abuse programs also participate in education, vocational training, work assignments, religious activities, recreation and other counselling opportunities.

Not all prior drug users, however, are in institutional programs, either because they lack motivation, or because they are serving lengthy sentences and are far from release. Experience has clearly indicated that offenders who participate in the drug unit programs may lose all the benefits if they have a long time remaining to serve before being released. Many simply "burn out" in drug programs.

The majority of inmates who are motivated to participate are part of programs for 18 months, near the end of their sentence. Although offenders sentenced under the Narcotic Addict Rehabilitation Act are required to participate in drug programs, offenders sentenced under the general criminal statutes are not required to participate in the program even if they have a drug abuse history. Nearly 1,000 inmates presently in custody have refused the program. At present, the waiting list of individuals seeking entry into the program includes 471 men and women.

Prior to 1974, inmates in the Federal Prison System were assigned to programs without regard to motivation. Research into the effectiveness of coerced treatment, however, raised significant questions about its effectiveness. The work of Dr. Robert Martinson and others concerning the effectiveness of coerced treatment has had a major impact on our thinking. Dean Norval Morris of the University of Chicago Law School advanced the concept of voluntary and optional programs in his writings. He, and others, have influenced the direction of drug and other Federal prison programs.

AFTERCARE

The individuals who have participated in the institutional drug abuse programs receive special aftercare services following release from imprisonment. In addition, aftercare is provided to persons released on probation who have a history of drug dependency. At present, there are 2,300 offenders in aftercare programs.

The Bureau of Prisons contracts with a variety of community agencies to provide aftercare. The basic elements of the aftercare services are urine testing to determine drug usage, and continued counseling of the offender. Urine tests are conducted twice weekly during the first six months in aftercare. At least two samples each month are taken without warning. The U.S. Probation Officer, who supervises probationers as well as those released from institutions, may order more tests if he is suspicious of use. Although the frequency of tests may be decreased, at least two tests without warning are given each month while the individual is under supervision.

The counselling may be individual, group, or family-based. The counselors include professionals from the fields of psychology and social work, as well as

paraprofessional ex-addicts who receive training. Some of the aftercare agencies also provide other services when needed, such as education, training or emergency housing.

AVAILABILITY OF NARCOTICS

One of the criticisms frequently leveled at all correctional institutions, including the Federal Prison System, is that inmates can maintain their drug habits while incarcerated and that narcotics are readily available within the institutions.

Controlling the traffic in illicit items among an offender population is a difficult task. Nearly a third of this population have histories of drug abuse.

The fact that we encourage visits to inmates to help them maintain family ties contributes to the problem. In order to control the introduction of narcotics by inmates who have outside contacts, we take a number of steps. First, an inmate is subject to inspection following a visit. This prevents and deters the introduction of all kinds of contraband, including narcotics. Inmates in community programs, such as work or study release, are subjected to regular urine testing. So are inmates who have a history of drug abuse or who may be suspected of abuse.

In the past year, we established an additional drug surveillance program. Each month a random sample consisting of 5 percent of all of the inmates in Federal institutions are given urine tests without warning.

The circumstances under which these tests are administered are carefully controlled so as to insure the integrity of the tests.

A computer is used to generate the random list to insure that it is truly random. When the lists are prepared they are maintained on a confidential basis so that none are revealed to inmates, and staff have access only on the basis of need.

We have been pleased with the results of surveillance programs. Disciplinary action is taken against inmates who come up with positive test results. In addition, we believe awareness of the testing program itself is an effective deterrent against drug use.

From the testing programs, 3.7 percent of the inmates had positive test results and were disciplined for unauthorized drug use. This includes individuals who are tested because the staff suspect them as users. The random tests have produced positive test results in less than 2 percent of those sampled.

We also receive allegations that tranquilizers and other drugs are readily available to inmates from the medical staff. Prescription practices in Federal institutions have been observed, and although some institutions use more drugs than others, the prescription rates for institutions are comparable with medical care available in the community. Variations in use are based on differing types of inmates.

Of particular concern to the purposes of our drug abuse programs is the use of mind-altering drugs for individuals with a history of abuse. The experience with our medical staff indicates that they are more likely to under prescribe than over-prescribe for those individuals with a drug abuse history.

The effectiveness of drug abuse programs is admittedly difficult to measure. Evaluation requires the tracking of individuals for a substantial period of time following release in order to determine whether or not they remain free of re-addiction and lead a crime free life. On balance, we are pleased with research results to date. They indicate that re-addiction and re-commitment rates are considerably lower than generally assumed.

The handling of drug offenders by the Criminal Justice System, and their treatment in correctional facilities, requires coordination and cooperation with other agencies. We work with others in the federal criminal justice family through direct contacts as well as the Advisory Corrections Council. This Council includes representatives from Probation, Parole, the Judiciary, and the U.S. Attorney's Office. We have coordinated our programs with other agencies as members of the Criminal Justice Advisory Board of the National Institute on Drug Abuse. Our involvement with NIDA includes utilizing community aftercare agencies which have been supported by NIDA with funds and technical assistance.

Mr. Chairman, this concludes my prepared statement. I would be pleased to answer any questions you may have.