DRUG ABUSE TREATMENT

(Part 2)

HEARINGS

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

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NARA program at Danbury, since it has included essentially two very different approaches. At one time, residents were exposed only to group therapy, whereas the therapeutic community was not introduced until early 1970. We are currently evaluating the success rates, before and after this period, as well as looking at changes along several psychological dimensions as a function of time in our program. Current research also indicates other areas of high need, especially in the areas of family and employment. The program will be placing more emphasis on these areas in the near future, utilizing conference phones and family counseling whenever possible, and developing vocational plans early in the resident's stay at Danbury.

The program has had many problems: a long period of overpopulation last year, high rejection rates, and an accumulation of inmates who are program "drop-outs" and refuse to enter the therapeutic communities. The results however, at least within the institution, have been promising. NARA men are well-behaved and good workers and an esprit de corps has developed among them. Success in the community, though not certain at this time, appears to be at a much higher level than was observed in other institutional programs prior to NARA, and as NARA learns its mistakes and areas that it has neglected, it is thought that success in the community will rise.

In addition to the therapeutic communities, a second type of NARA program is currently being implemented at Danbury. The move in this direction was made after it became evident that many persons cannot stand the stress or be helped in a therapeutic community. The second program will consist of five groups that the inmates will be expected to attend weekly. The major emphasis will be on techniques derived from behavior therapy, but more traditional type groups will also be offered.

U.S. DEPARTMENT OF JUSTICE,
BUREAU OF PRISONS,
PHILADELPHIA REGIONAL OFFICE,
Philadelphia, Pa., June 20, 1978.

BUDGETARY INFORMATION: BUREAU OF PRISONS DRUG ABUSE PROGRAMS FY 1978

The following figures are provided in response to the requests by the Yale Law School Legal Services Organization concerning the Bureau's budget for N.A.R.A. and other Drug Abuse programs.

Since the Bureau does not differentiate between N.A.R.A. and non-N.A.R.A. Drug Abuse programs in the budget allocations, the figures below represent the totals for each area in question.

(a) How much money is appropriated by Congress to the Bureau of Prisons for N.A.R.A.?

$3,167,000, in-care; $2,968,000, after-care.

(b) How much money is requested by the Bureau of Prisons in its annual budget request for N.A.R.A.?

$3,167,000, in-care; $2,968,000, after-care.

(c) How much money is appropriated by the Bureau of Prisons to the Northeast Region for N.A.R.A.?

$785,180, in-care; $1,332,500, after-care.

(d) How much money is appropriated to F.C.I. Danbury for N.A.R.A?

$253,066.

J. E. SAMS,
Unit Management Administrator,
Northeast Regional Office.

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PREPARED STATEMENT OF MATTHEW L. MYERS, CHIEF STAFF COUNSEL, THE NATIONAL PRISON PROJECT, AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC., WASHINGTON, D.C.

My name is Matthew L. Myers and I am the Chief Staff Counsel of the National Prison Project of the American Civil Liberties Union Foundation. For those of you not familiar with our work the National Prison Project seeks to protect and strengthen prisoners' rights, to improve overall conditions in the nation's prisons and to develop rational, less costly and more humane alternatives to traditional incarceration.

Drug abuse is one of the major and most destructive causes of crime plaguing our country today. According to the Federal Bureau of Prisons, one out of every three, or over 10,000, prisoners in its custody has a serious drug abuse problem. In every year since 1973 there have been more people in the Federal Bureau of Prisons for drug related offenses than any other type of offense.[1]

Yet, for years the Bureau has failed to cope with this problem. The Bureau acknowledges that over the last 10 years the Narcotics Addiction Rehabilitation Program (N.A.R.A.) established after Congress passed the Narcotics Rehabilitation Act of 1966 has been the only intensive drug treatment program available to prisoners under its jurisdiction, but in 1976 the N.A.R.A. program for the entire Bureau of Prisons could accommodate fewer than 900 prisoners. While prisoners sentenced to N.A.R.A. are housed in numerous federal institutions and prisoners with serious drug problems are housed in almost every federal institution, there are N.A.R.A. programs in only five institutions. There are no N.A.R.A. programs in any of the Bureau's mammoth penitentiaries, thus, automatically excluding a large percentage of the prisoners under the jurisdiction of the Bureau from participation. Counterproductive restrictions on eligibility for the few N.A.R.A. programs have also been imposed by Congress. For example, no offender with two prior felony convictions may participate even though many of these offenders may have never received intensive drug treatment previously.

What then can the prisoners who have failed to meet the criteria for participation in the N.A.R.A. program look to from the Bureau in the way of help for their drug problem? The only other existing drug program available to prisoners has been the Bureau's Drug Abuse Program (D.A.P.), an ill-funded, disorganized series of sporadically held group therapy sessions run by an inadequately trained staff with virtually no professional supervision at each institution and correctly perceived by prisoners as nothing more than a degrading opportunity to enhance their chances for early release.

For numerous reasons these drug treatment efforts have been largely ineffective. There has been an extreme lack of guidance, supervision and quality control from the Bureau's Central Office. In preparation for these hearings my office contacted The Bureau's Central Office to speak with the individual with overall responsibility for the Bureau's drug treatment programs. The individual to whom we were directed advised us that the Central Office of the Bureau of Prisons did not maintain information about the programs at the individual institutions and did not control the programs' content. To confirm this incredible admission we contacted the individual in charge of drug treatment at Lewisburg who told us he was not supervised by the Central Office's response and that based upon his knowledge each institution is free to administer its own drug abuse program with little or no guidance from above.

As a result, program content, staff training, staff allocation and the integration of these programs into the rest of the prison system vary from institution to institution. Often those running the program have no idea how to run a drug treatment program or what the components of a drug treatment program should be. Few staff are adequately trained. The frequency with which participants meet has often depended more on the schedule and the moods of the overworked staff member assigned to the program than on any planned determination of need. Several years ago one prisoner from Leavenworth with a serious drug problem explained that he didn't bother to go to the group session available to him because it was being run by a mess steward with no special training. Others complained bitterly that sessions were often cancelled because the staff member was busy elsewhere.

The lack of overall policy guidance of the Bureau's drug programs has not only resulted in a poorly trained drug treatment staff and wide variations in program content, it has prevented the programs from being integrated into an overall program designed to assist the prisoner in breaking the debilitating drug cycle which put him into prison in the first place. Group counseling no matter how well done is meaningless if the prisoner continues to spend the vast majority of his or her time in the otherwise unchanged, negative prison environment without access to the educational, vocational and work skills necessary to make

[1] *Department of Justice Authorization*, Hearings before the Committee on the Judiciary, House of Rep., March 10, 14, 16, 17, 21 and 22, 1978, Serial No. 27, p. 119.

it upon release. A prisoner with self-awareness, but without the skills, hope or motivation to succeed is not a hopeful prospect. The program has also been doomed to failure by the Bureau's failure to tie it to a gradual transition to a less restrictive environment more closely resembling the environment the prisoner will confront upon release. It is one thing to avoid taking drugs in a totally controlled environment where all decisions are made for you by someone, but it takes completely different skills to succeed in an environment where you must make your own decisions and support yourself.

Many prisoners also complain both about the lack of objective criteria for entry into the D.A.P.'s programs and the extremely limited size of these programs. We have encountered numerous prisoners with long sentences for drug-related offenses who have been rejected because they were still far from their release date, but we ask, shall a prisoner be denied the opportunity to overcome his or her drug problem just because he or she has a long sentence? Other prisoners complain that the programs in the large institutions are far too small to meet the need. The current population at the Atlanta facility is nearly 2,000. Its freshly painted drug unit can accommodate only 50 at a time.

The consequence of the Bureau's disregard of the special needs of prisoners with drug abuse problems can best be seen by two cases which I have encountered recently. Prisoner X, 37, has been using heroin since 1965. He was sentenced to 10 years for bank robbery in October 1975. Prisoner X's crime was drug-related. After denying his motion that he be sentenced under the provisions of the N.A.R.A. Act (Title II), the sentencing judge recommended to the Bureau of Prisons that Prisoner X be sent to an institution where he could receive treatment for his drug problem. He was sent to the U.S. Penitentiary at Lewisburg, Pennsylvania. Upon his arrival at Lewisburg, Prisoner X made a request to the prison authorities asking that he be allowed to participate in their Drug Abuse Program (D.A.P.). Told that the program was already overcrowded, Prisoner X was put on the waiting list. In April 1976, he was admitted to the orientation phase of the program designed to familiarize him with the D.A.P.'s program. According to Prisoner X, the orientation phase of the D.A.P.'s program is no more than a general "rap" session with no drug counseling. The emphasis was on vocational training. In January 1977, Prisoner X again requested that he be allowed to participate in the D.A.P.'s program. In response to his request, he was informed that due to the formation of the Unit Management System he would have to wait until the Unit Management System was fully implemented before being allowed to participate, which meant another waiting period and another orientation phase. Upon learning that there would be another delay in his efforts to become involved in D.A.P., Prisoner X wrote to his sentencing judge requesting that he intercede on his behalf. The sentencing judge responded that he did not desire to interfere with institutional policy. Prisoner X then made another request to the prison authorities asking that he be transferred to an institution where he could receive drug abuse counseling. His request for transfer was denied. In May 1978, Prisoner X again requested that he be allowed to participate in D.A.P. He was told that he would first have to participate in the new orientation phase. He gave up on his effort to become involved in D.A.P. and is now anticipating that he will be denied parole in October 1978 for his failure to participate in a drug abuse program and fulfill the sentencing recommendations.

Prisoner Y has been using drugs since 1963. In 1973 he was sentenced to federal prison for a drug offense with the court's recommendation that he too be sent to an institution where he could receive treatment for his drug problem. He was sent to the U.S. Penitentiary at Leavenworth, Kansas, an institution without an intensive drug program. Two months after his arrival at Leavenworth, Prisoner Y asked for and was approved for transfer to the Addiction Research Center at the Federal Correctional Institution at Lexington, Kentucky, where he would become a subject in a series of tests involving addictive drugs and where he hoped to become eligible for the type of assistance he felt he needed to overcome his addiction. While at the Addiction Research Center, Prisoner Y participated in experiments with barbiturates, amphetamines, methadone and a host of other drugs identified only by code name. After seven months at the Center, Prisoner Y was approached by doctors who asked him if he was interested in participating in "chronic morphine study." He agreed to participate and was addicted to a particular tolerance level on which he was maintained for nearly six months. After six months of morphine addiction, Prison Y was hurriedly detoxified by the

doctors in time for his parole board hearing, although he was given no real drug addiction treatment. Prisoner Y was granted parole and released four months later. However, he was soon returned to Leavenworth when it was discovered that he had returned to the use of drugs. While serving the remaining ten months of his sentence, Prisoner Y made repeated requests to Leavenworth officials for a transfer to the Federal Correctional Institution at Forth Worth, Texas, to participate in their drug abuse therapy programs. By this time, Prisoner Y had a new motivation for kicking his habit. His 15 year old daughter had just been sent to reform school in Texas with a heroin addiction. His requests for transfer were denied. In his final communication to the National Prison Project, he wrote:

"My wants and needs are simple. I would like to be sent to an institution with a proven drug abuse program so that I may attempt to find a solution to my problem of drug abuse. I feel that the government, with all of its vast resources, should be willing to help me overcome [my problem], especially since they were instrumental in helping me obtain it at the Addiction Research Center. What am I supposed to do when I am released in April?"

In April 1977, he was again released from Leavenworth, and on the day of his release his daughter was paroled into his custody.

The attached March 1978 report of the Drug Abuse Task Force of the Federal Bureau of Prisons shows that the Bureau is fully aware of and readily admits the inadequacies of its existing programs.[2] Despite this awareness, the Bureau continues to do little. This year's budget request actually seeks to decrease by 25 percent the number of Bureau employees designated to work with prisoners with serious drug problems and asks for no new funding for drug abuse care. Instead, the Bureau points to its movement to the Unit Management System and the recommendations of its internal Drug Abuse Task Force as the panacea to the inadequacy of its present efforts. Neither step is sufficient. By itself, the switch to the Unit Management System has little or nothing to do with the quality of drug abuse treatment. Unit Management means only that prisoners will be living in smaller units surrounded by the same staff most of the time. It does not mean that prisoners will be housed according to drug needs or that adequately trained staff will be made available. It also does not mean that adequately qualified advice will be sought in developing the substance of the programs, that the collateral needs of drug abusers will be met any more satisfactorily or that the program will be more fully integrated into the prisoners' environment.

While the Drug Abuse Task Force has correctly identified a number of the deficiencies in the Bureau's existing programs, its recommendations are stated in terms too general to be evaluated. For example, the Drug Abuse Task Force recognizes the need to provide assistance to all serious drug abusers, but does not provide for an immediate increase in qualified staff to work with these offenders. It recognizes the need for staff training, but leaves this critical component up to often untrained local unit managers. It recognizes the need for outside expertise, but again leaves this option up to local unit managers. It talks about the need for improved aftercare for individuals as they re-enter the community, but does not take a strong stand to see that the inadequate existing aftercare programs are improved. Finally, the Drug Abuse Task Force's recommendations are not self-implementing. The problems we have discussed today are not new and have been brought to the Bureau's attention before without decisive action being taken. It is imperative that this not happen again.

And, although we are here today to discuss drug treatment in the federal prison system, we must keep in mind that the Bureau of Prisons has long served in this country as the model for state correctional systems. It is therefore important that we understand the Bureau's failure to provide adequate treatment to the 30,000 prisoners in its custody is really just the tip of the iceberg.

Before we close, we would like to briefly address another type of drug abuse in the Federal Bureau of Prisons, an official kind of abuse involving the forced administration of psychotropic prescription medication, occasionally in excessive

[2] In February 1977 the Bureau initiated a "urine surveillance" program to detect the illegal use of drugs in its institutions. While this program is often referred to as a treatment program, it is nothing more than a detection program designed to ferret out those prisoners who continue to use drugs in prison. Prisoners who are found guilty of using drugs are not immediately targeted for assistance. Instead they are punished again for an illness which the Bureau has failed to adequately address.

doses. A 1975 investigation conducted by the Comptroller General at the request of Congressman Robert Kastenmeier found that prisoners at the Medical Center for Federal Prisoners in Springfield, Missouri, were receiving excessive and potentially dangerous doses of phenothiazines. We sent a copy of the Comptroller General's report to a noted medical expert in the field. He replied,

"* * * The GAO survey shows that the dosages reported were frequently in excess of the safe maximum, particularly where the drug was given for long periods (six months or more). The survey further reveals that these major tranquilizers are being used to a significant extent on persons not diagnosed as psychotic. I consider this a questionable practice and one might very well question whether the drug (or drugs) are being used for a therapeutic purpose or as an instrument of administrative physical control." [3]

This report bore out a number of complaints we had been receiving from prisoners. Therefore, staff at the National Prison Project reviewed the medical records of 42 prisoners at Leavenworth who we knew were receiving phenothiazines. Of those 42, we found 18 who were given excessive dosages of these potentially dangerous medications. In reviewing similar hospital records from Leavenworth for August 4, 1975, 15 prisoners received excessive dosages of psychotropic tranquilizers.

Last year an author who I know and respect interviewed several prisoners at Marion. After one interview he wrote:

"* * * When the guards brought Croom to my interviewing cubicle * * * it was immediately obvious that Croom was heavily under the influence of drugs. He kept looking wildly around the room * * *. His responses to my questions were almost totally incoherent. He spoke rapidly and slurred his words. He often forgot what he was saying. Croom was distressed at his condition and promised that he would 'write everything down' for me.

"Throughout my fifteen minute talk with Croom, I asked him six or seven times whether he consented to taking drugs. Each time he told me that he was pressured, and often forced, into taking thorazine * * *. Warden Fenton, however, told me that Croom asked to be put under medication.

"Several weeks after I left Marion, I wrote to John Croom and asked him a few follow-up questions. This is an excerpt from his reply to me: 'In your note you mentioned you talked to me during your visit here. However, sir, I don't recall being called out to see you, as I was eagerly anticipating * * *. In response to your query: Yes, the officials here forced and continue to force me to ingest drugs, 100 to 200 milligrams of thorazine in four daily dosages, plus cogentin per dosage which supposedly is to offset the side effects of thorazine—an obvious admission of the hazards of thorazine.'" [4]

At the present time I cannot offer you any specific data on the use and abuse of psychotropic drugs in the federal prison system. However, given the history of abuse which has existed and the hard to obtain information which has filtered out to our office, we urge the Committee to seek an impartial investigation into the use of these drugs and to request the Bureau to formulate stringent guidelines for their prescription and administration. Later this year the GAO is planning a survey of medical care in Bureau facilities. We urge you to request that the GAO expand its study to include an investigation into all of the questions which have been raised today.

I would like to thank you for the opportunity to address the Committee today.

Prepared Statement of Bill Cleary

My name is Bill Cleary. I was released from the United States Penitentiary in Atlanta, Georgia in June, 1975. I spent 3 years at Atlanta for a bank robbery conviction. A bank robbery I committed in my quest for money to satisfy a 10 year old heroin habit. Prior to my arrest for bank robbery I committed almost every crime known to law enforcement, with the exception of serious violent crime, to obtain money to feed my habit. I have spent small amounts of time in and out of various jails due to narcotics addiction. During the period of

[3] From correspondence to the National Prison Project from Philip Shapiro, M.D., Medical Committee for Human Rights, 2519 Pacific Avenue, San Francisco, CA 94115, July, 1975.

[4] Miller, Tom, "Behind Bars," *The Progressive*, January, 1977.

END