SUBSTANCE ABUSE TREATMENT PROGRAMS

IN THE

FEDERAL BUREAU OF PRISONS

REPORT TO CONGRESS

As required by the Violent Crime Control and Law Enforcement Act of 1994

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INTRODUCTION

The Federal Bureau of Prisons has provided drug treatment in various forms for decades. Since the passage of the Anti-Drug Abuse Acts of 1986 and 1988, both of which included an increased emphasis on and resources for drug treatment, the Bureau has redesigned its treatment programs. With the help of the National Institute on Drug Abuse (NIDA) and after careful review of drug treatment programs around the country, the Bureau has developed a drug treatment strategy that incorporates the "proven effective" elements found through this review. The Bureau's strategy addresses inmate drug abuse by attempting to identify, confront, and alter the attitudes, values, and thinking patterns that lead to criminal and drug-using behavior. The current program includes an essential transitional component that keeps inmates engaged in treatment as they return to their home communities.

This is the fifth annual report to Congress as required by 18 U.S.C. § 3621(e)(3). The report defines how the Bureau of Prisons projects the number of inmates who experience substance use disorders. It describes drug abuse treatment opportunities for inmates in the Bureau, including the criteria for acceptance into each program component. The report also provides the numbers of Bureau inmates who have participated in drug abuse programs since 1990.

Finally, this report discusses the progress the Bureau of Prisons has made in implementing the other requirements of 18 U.S.C. § 3621(e), as enacted by Subtitle T of Title II, Substance Abuse Treatment in Federal Prisons, of the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322).

IDENTIFYING OFFENDER TREATMENT NEEDS

Consistent with the research literature on drugs and crime, the Bureau of Prisons has identified two types of incarcerated drug offenders based on their respective treatment needs:

(1) Some offenders violate laws that prohibit the possession, distribution, or manufacture of illegal drugs. Generally, these individuals are involved with drugs as a business venture, and are motivated solely by financial gain. Generally called "drug-defined" offenders, these individuals may not need drug treatment, although they may benefit from other treatment, such as drug education, values development, or anger management.

(2) Other offenders violate laws as a direct result of their drug use. These offenders may experience a drug's pharmacological effects in a way that contributes to illegal activities, or they may be involved in illegal activities (such as robbery) to support continued drug use. Generally called "drug-related" offenders, these individuals are more likely to need drug treatment.

Sorting out the offender population in the Bureau of Prisons (between these two categories) and providing treatment to those in need has been the primary emphasis in the development of drug abuse treatment programs. In an effort to identify the population with drug abuse treatment needs, the Bureau initiated a Substance Abuse Needs Assessment in the summer of 1991. During a 3-month period, every inmate entering the Bureau completed the Inventory of Substance Use Patterns. Of the inmates completing this inventory, 30.5 percent met the criteria for drug dependence as listed in the American Psychiatric Association's Diagnostic and Statistical Manual, Third Edition, Revised.[1] The Bureau developed and expanded its drug abuse treatment programs based on this 30.5 percent figure. In FY 1999, the Bureau will review this 30.5 percent figure using recent data collected from the field.

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[1]Meeting the DSM-III-R criteria for drug dependence requires an inmate to meet at least three of the following nine criteria: (1) The inmate has tried one or more times to cease or reduce drug use; (2) The inmate relates time spent either seeking drugs, using drugs, or recovering from drug use; (3) The inmate acknowledges that symptoms of withdrawal, medical problems, and/or legal problems have occurred because of drug use; (4) The inmate relates important social, occupational, familial, and recreational activities given up because of drug use; (5) The inmate acknowledges that substance use has created a persistent problem for him or her; (6) The inmate relates that he or she has experienced withdrawal; (7) The inmate relates that he or she has used drugs to stop feelings of withdrawal; (8) The inmate relates that his or her drug use has led to increased tolerance; and (9) The inmate acknowledges that he or she never meant for alcohol or drug use to get out of hand.

DRUG ABUSE PROGRAM DESCRIPTIONS: ELIGIBILITY AND CONTENT

DRUG ABUSE EDUCATION

Program Screening. Upon entry into a Bureau facility, an inmate's records are assessed to determine whether: 1) there is evidence in the Presentence Investigation that alcohol or other drug use contributed to the commission of the instant offense; 2) the inmate received a judicial recommendation to participate in a drug treatment program; or 3) the inmate violated his or her community supervision as a result of alcohol or other drug use.

If an inmate's record reveals any of these elements, the inmate is required to participate in a Drug Abuse Education course, available in every Bureau institution.

In addition, as part of the standard initial psychological screening, inmates are interviewed concerning their past drug use to determine their need for drug treatment.

Program Content. Participants in Drug Abuse Education receive information on alcohol and drugs and the physical, social, and psychological impact of these substances. Participants must complete an assessment of their lives, including the costs their drug use has had on their health, on the lives of their family, and on the community.

Inmates who undergo drug abuse education are introduced to the other components of the Bureau's drug abuse treatment program. Those inmates who are identified as having a further treatment need are strongly encouraged to volunteer for the Bureau's Residential Drug Abuse Treatment Program.

In FY 1998, the Bureau disseminated a revised Drug Abuse Education curriculum, updating the data and treatment information presented. Additionally, the new curriculum places an even stronger emphasis on encouraging inmates with substance abuse disorders to enter the Bureau’s Residential Drug Abuse Treatment Program.

In Fiscal Year 1998, 12,002 inmates participated in the Drug Abuse Education course. This figure decreased slightly from FY 1997 due to the large number of inmates at minimum security level facilities entering Residential Drug Abuse Treatment. Drug Abuse Education is waived for inmates who participate in the Residential Drug Abuse Treatment Program.

RESIDENTIAL DRUG ABUSE TREATMENT PROGRAMS

Program Overview. Currently, 42 Bureau of Prisons institutions operate residential treatment programs, with a combined annual capacity of over 6,000 participants (see Attachment I for program locations). It is called a residential program because the inmates who participate in it are housed together in a separate unit of the prison that is reserved for drug treatment programs. The programs are 6, 9, or 12 months long and provide a minimum of 500 hours of drug abuse treatment. The Bureau has a three-phase treatment curriculum that is followed in every Residential Drug Abuse Treatment Program.

The 6-month residential programs provide intensive treatment, 5-6 hours a day, 5 days a week. In the 9 and 12-month programs, treatment is provided for at least 3-4 hours a day, 5 days a week. The remainder of each day is spent in education, work skills training, recreation, and other inmate programs. Each Residential Drug Abuse Treatment Program is staffed by a doctoral-level psychologist who supervises treatment staff, each of whom carries a caseload of no more than 24 inmates.

Program Eligibility. Prior to acceptance into a residential treatment program, inmates are interviewed to determine whether they meet the diagnostic criteria for an alcohol or illegal/illicit drug use disorder as defined by the American Psychiatric Association, Diagnostic and Statistical Manual, Fourth Edition (revised in 1994). An inmate is eligible for a Residential Drug Abuse Treatment Program if he or she:

(1) has a DSM IV diagnosis for alcohol or illegal/illicit drug abuse or dependence disorder and a record review supports this diagnosis;

(2) has no serious mental impairment that would substantially interfere with or preclude full program participation;

(3) signs the Agreement to Participate in the Bureau's Drug Abuse Programs; and

(4) is, ordinarily, within 36 months of release.

Program Content. The strategies used in the Bureau of Prisons' Drug Abuse Treatment Program place responsibility for change on the individual by demanding compliance with the rules and regulations of treatment, encouraging the inmate to accept "ownership" of the norms of treatment, and motivating the inmate to make a firm commitment to positive change.

The Bureau has found that these objectives mesh well with traditional individual and group therapy as well as with positive skill-building techniques. Treatment strategies are based on two premises:

(1) the inmate is responsible for his or her behavior, and

(2) the inmate can change his or her behavior.

The treatment regimen focuses on the inmate's individual accountability and responsibility, and attempts to help inmates change their behavior patterns so that they will not return to criminal activity or drug abuse after their release. The following skill-building approaches are employed to help accomplish these goals:

♦ Rational-Emotive/Rational-Behavioral Therapy, in which inmates learn about the impact of beliefs on behavior and learn to distinguish rational from irrational beliefs.

♦ Errors in Thinking, which focuses on correcting "criminal thinking patterns" and emphasizes the development of honesty, tolerance, respect and responsibility.

♦ Communication and Interpersonal Relationship Skill-Building.

♦ Relapse Prevention, where each inmate develops an individual relapse-prevention plan that follows him or her through the institution to the community.

♦ Release Planning, which teaches concrete community-living skills such as job seeking, house hunting, finding medical treatment in the community, dealing with rejection, and distinguishing between realistic and unrealistic expectations upon return to the community.

In Fiscal Year 1998, 10,006 inmates participated in residential drug abuse treatment programs. (See Table I for a breakdown of participants by program and fiscal year.)

NON-RESIDENTIAL DRUG ABUSE TREATMENT

Program Eligibility. In addition to the 42 residential programs, non-residential drug counseling is available in every Bureau of Prisons institution. In non-residential programs, unlike residential programs, inmates are not housed separately in prison units reserved for drug treatment participants, but are housed in regular units with the general inmate population. Inmates with drug problems, who have minimal time remaining on their sentences, have serious mental health problems, or are otherwise unable to participate in one of the Bureau's residential units can seek treatment by staff in the institution's Psychology Services Department.

Program Content. In non-residential programs, a licensed psychologist develops an individualized treatment plan based on a thorough assessment of the inmate. Treatment often includes individual and group therapy. Self-help groups such as Twelve-Step and Rational Recovery Groups are also available to provide support for recovering substance-dependent inmates.

The Bureau's non-residential treatment component also accommodates the need for a prison-based aftercare program for inmates who successfully complete the residential program and return to the institution's general population prior to their release. It is required of all residential graduates and includes a minimum of one group session each month for a year. Group activities consist of relapse prevention planning, a review of rational behaviors, and confronting thinking errors.

In Fiscal Year 1998, 5,038 inmates participated in non-residential drug abuse treatment programs. (See Table I for a breakdown of participants by program and fiscal year.)

TRANSITIONAL SERVICES

When an inmate is transferred from an institution to a Community Corrections Center (halfway house) or released from custody to the supervision of the U.S. Probation Service, the final treatment plan/relapse-prevention plan is forwarded to the community supervising authority to ensure continuity in treatment. Once in the community, graduates of the residential program (and other inmates in Community Corrections Centers who are identified as needing community drug treatment) are required to participate in treatment.

During the inmate's time in a Community Corrections Center, drug treatment is provided through community-based providers whose treatment regimen is similar to the Bureau of Prisons, ensuring consistency in treatment and supervision. Bureau Transitional Services Managers monitor inmate compliance with the treatment plan and ensure the inmate remains drug-free by monitoring his or her progress and requiring regular urinalysis testing.

In addition, inmates leaving Bureau custody for supervision with the U.S. Probation Office frequently remain in treatment while under supervision. This ensures continuity in accountability and treatment for the inmate during the critical community re-integration period.

In Fiscal Year 1998, the community transitional services program provided treatment for 6,951 inmates. (See Table I for a breakdown of participants by program and fiscal year.)

IMPLEMENTING THE PROVISION IN THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994 ON SUBSTANCE ABUSE TREATMENT IN FEDERAL PRISONS

Immediately after passage of P.L. 103-322, the Bureau of Prisons began working to implement Subtitle T of Title II, Substance Abuse Treatment in Federal Prisons. This provision requires the Bureau of Prisons, subject to the availability of appropriations, to provide appropriate substance abuse treatment for not less than 50 percent of all "eligible" inmates by the end of Fiscal Year 1995, not less than 75 percent by the end of Fiscal Year 1996, and not less than 100 percent by the end of Fiscal Year 1997 and each year thereafter. To be "eligible" the inmate must be:

- sentenced to Bureau custody;
- determined by the Bureau of Prisons to have a substance use disorder;
- residing in a Bureau institution;
- serving a sentence with enough time to fully participate in a residential drug abuse program;
- able to engage in treatment, with no overriding mental health disorders; and
- willing to participate in a residential substance abuse treatment program.

Priority for treatment is based on how close an eligible prisoner is to his or her release date.

The statute also allows the Bureau of Prisons to grant inmates convicted of a non-violent offense a reduction of up to one year off their sentence. In the interest of protecting the public, the Bureau limits the early release provision not only to those inmates whose current conviction is for a non-violent offense but also to those whose criminal history does not include a serious violent offense prior to the current conviction.

Subtitle T also requires the Bureau of Prisons to prepare a report to Congress each year that includes: (1) a description of all substance abuse programs; (2) a description of inmate eligibility criteria; and (3) progress made in complying with the statute. This report is designed to meet all of the requirements of Subtitle T. The Bureau of Prisons is also required to consult with the Department of Health and Human Services concerning substance abuse treatment and related services and the incorporation of applicable components of existing treatment approaches, including relapse prevention and aftercare services.

Essentially, Subtitle T mandates the Bureau to meet three specific requirements in the provision of treatment to the drug-dependent inmate: (1) to meet the demand for treatment; (2) to provide an early release for qualified program graduates; and (3) to coordinate with the Department of Health and Human Services.

1. Meeting the Demand for Treatment

The Bureau continues to have a significant number of inmates volunteer for residential drug abuse treatment programs. The waiting list for admission now exceeds 4,300 inmates. One factor

that contributes to the large number of inmates volunteering for residential drug treatment is the provision of the Violent Crime Control and Law Enforcement Act of 1994 that allows for the reduction of an inmate's sentence by up to one year as an incentive to enter and successfully complete a residential drug abuse treatment program.

Because the Bureau is required to treat 100 percent of all eligible inmates by the end of Fiscal Year 1997 and each year thereafter, it was clear that an expansion of the Bureau's drug abuse treatment programs was required. Given an estimated 30.5 percent of sentenced inmates have a drug use disorder, early projections made through Fiscal Year 1997 were that 16,775 inmates would be "eligible" for treatment.

In October 1994 the Bureau began an expansion plan for its residential treatment units from 32 in Fiscal Year 1994 to 42 by the end of Fiscal Year 1997, thereby expanding the yearly treatment capability from nearly 4,000 to over 6,000 inmates by the end of Fiscal Year 1997. This plan was fully implemented and the Bureau met the 100 percent requirement.

For Fiscal Year 1998, the Bureau of Prisons' projection for meeting the Violent Crime Control and Law Enforcement Act requirement of treating all "eligible" inmates rose to 17,925. By the close of Fiscal Year 1998, the Bureau of Prisons once again met the 100 percent requirement by providing residential treatment to a total of 18,022 inmates. This number includes the 10,006 inmates who participated in residential drug abuse treatment in fiscal year 1998, as well as the 8,016 inmates who previously completed treatment and remained in Bureau custody during fiscal year 1998. As we account for the inevitable growth in the waiting list, the Bureau has and will continue to meet the intent of the law (18 U.S.C. § 3621 (e)) by providing residential treatment to every inmate "eligible" for treatment prior to his/her release from Bureau custody.

For Fiscal Year 1999, the Bureau is looking toward increasing the number of inmates who volunteer for treatment. The Bureau will be piloting additional incentives and sanctions that might serve to further motivate inmate participation in treatment.

For Fiscal Year 2000, the Bureau has requested additional staff and resources to accommodate the anticipated growth in the overall Bureau population, and therefore, the alcohol and other drug dependent inmate.

2. Providing an Early Release For Program Graduates

Since June 1995, some inmates with drug disorders who are committed to the Bureau of Prisons for non-violent offenses have been eligible for the early release incentive, provided they successfully complete all components of the Residential Drug Abuse Treatment Program. For community safety reasons, the Bureau of Prisons provides ongoing training and technical assistance to drug abuse treatment staff on the early release incentive. Eligibility for this incentive depends on a variety of administrative and legal considerations.

Thus, policy and training has defined:

(1) inmates who are eligible for residential drug abuse treatment programs;

(2) inmates who are eligible for early release consideration;

(3) the priority order of inmates placed in a residential treatment program;

(4) residential treatment program success criteria; and

(5) residential treatment program expulsion criteria.

The Bureau's Office of General Counsel staff has also been involved in providing guidance regarding the Bureau's definition of a violent offender for the purpose of this program.

The Bureau of Prisons continues to provide for Title II, Subtitle T, of the Violent Crime Control and Law Enforcement Act of 1994, *Incentive for Prisoners' Successful Completion of Treatment* and in Fiscal Year 1998, 2,014 inmates were released early. Since the Bureau implemented the early release provision, a total of 4,478 inmates have been granted a reduction in their term of imprisonment.

3. Coordinating with the Department of Health and Human Services

The Bureau designed its current drug abuse treatment regimen to include state-of-the-art treatment models. The Bureau has always coordinated activities with different components of the Department of Health and Human Services, such as the National Institute on Drug Abuse (NIDA) and the Center for Substance Abuse Treatment (CSAT). NIDA is within the National Institutes of Health in the Department of Health and Human Services. CSAT is within the Substance Abuse and Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services.

The Bureau continues to coordinate program activities with agencies within the Department of Health and Human Services. For example, representatives from the Bureau meet with NIDA and CSAT representatives and/or their grantees on a bi-monthly basis to exchange information on drug abuse treatment program initiatives. Workgroups and discussions regarding programs for female offenders, violent offenders, post-prison transition and programs for inmates that address substance abuse and mental health disorders have been some of the topics discussed this year. Bureau staff also meet with staff from SAMHSA annually to ensure that technical reporting requirements are compatible.

Finally, the Bureau of Prisons and National Institute on Drug Abuse have combined funding and expertise for a rigorous analysis of its residential drug treatment program. Interim data, released in February 1998, revealed that, six months out of custody, inmates who completed the Bureau's Residential Drug Abuse Treatment Program were 73 percent less likely to be rearrested and 44 percent less likely to use drugs, when compared to those who did not participate in the residential treatment.

TABLE I

DRUG ABUSE TREATMENT PARTICIPANTS IN
FEDERAL PRISONS

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Drug Education	5,446	7,644	12,500	12,646	11,592**	11,681	12,460	12,960	12,002
Non-Residential			654	1,320	1,974	2,136	3,552	4,733	5,038
Residential	441	1,236	1,135	3,650	3,755	4,839	5,445	7,895	10,006
Community Transition			123	480	800**	3,176	4,083	5,315	6,951

* The criteria for drug education changed in fiscal year 1994. If an inmate immediately applies for and enters a residential drug abuse treatment program, he or she is no longer **required** to take the drug education course.

** The number reported for the community transition program in FY 1994 was the average daily population. All other fiscal years report total participants.

Attachment I

RESIDENTIAL DRUG ABUSE TREATMENT PROGRAM LOCATIONS

NORTHEAST REGION

FPC ALLENWOOD (PA)
FCI DANBURY (CT)
FCI FAIRTON (NJ)
FCI FORT DIX (NJ)
FCI MCKEAN (PA)

MID-ATLANTIC REGION

FPC ALDERSON (WV)
FCI BUTNER (NC)
FMC LEXINGTON (KY)
FCI MILAN (MI)
FCI MORGANTOWN (WV)
FPC CUMBERLAND (MD)
FCI BECKLEY (WV)
FPC BECKLEY (WV)

SOUTHEAST REGION

FPC MONTGOMERY (AL)
FCI MARIANNA (FL)
FPC TALLADEGA (AL)
FPC EGLIN (FL)
FCI TALLAHASSEE (FL)
FCI COLEMAN (FL)

NORTH CENTRAL REGION

FCI ENGLEWOOD (CO)
FPC LEAVENWORTH (KS)
FCI OXFORD (WI)
FMC ROCHESTER (MN)
FPC YANKTON (SD)
FCI FLORENCE (CO)

SOUTH CENTRAL REGION

FCI BASTROP (TX)
FPC BRYAN (TX)
FCI EL RENO (OK)
FMC FORT WORTH (TX)
FCI LA TUNA (TX)
FCI SEAGOVILLE (TX)
FCI THREE RIVERS (TX)
FPC TEXARKANA (TX)
FCI BEAUMONT (TX)

WESTERN REGION

FPC BORON (CA)
FCI LOMPOC (CA)
FCI TERMINAL ISLAND (CA)
FCI PHOENIX (AZ)
FPC SHERIDAN (OR)
FCI SHERIDAN (OR)
FCI DUBLIN (CA)
FPC DUBLIN (CA)

FCI = Federal Correctional Institution
FMC = Federal Medical Center
FPC = Federal Prison Camp