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Drug Treatment Services in Jails

Roger H. Peters and Robert May II

INTRODUCTION

Jail and prison populations have grown considerably in the past several years as a result of an influx of new arrestees who are involved with drugs. Sixty-two percent of State and Federal prisoners report regular drug use prior to incarceration (Frohling 1989). The proportion of drug-dependent jail inmates also has risen steadily. Information from the Drug Use Forecasting (DUF) system reveals that over 70 percent of arrestees in many metropolitan areas test positive for drugs (U.S. Department of Justice 1989).

Treatment resources for drug-dependent jail and prison inmates have not kept pace with the demand for services. State correctional administrators report that from 70 to 80 percent of inmates are currently in need of drug treatment (Frohling 1989). Despite evidence that participation in State correctional drug treatment programs is increasing (Chaiken 1989), only 6 percent of State prison inmates sampled in a recent survey reported that they were currently enrolled in drug treatment (U.S. Department of Justice 1988). For inmates referred to in-jail drug treatment, only 11 percent reported prior treatment for alcohol abuse and 31 percent for other drug abuse (Peters and Dolente, unpublished data).

Treatment in a correctional setting provides an important opportunity to engage offenders in a therapeutic environment who otherwise would not seek treatment on a voluntary basis or who have a poor record of treatment participation (Wexler et al. 1988). For many offenders, incarceration is the first lengthy period of abstention since initiation of regular drug use and provides an enforced removal from drug-using peers, family conflict, or other cues that often precipitate drug use. For incarcerated offenders, motivation to participate in treatment is enhanced by the immediacy of negative consequences of past drug use. Correctional drug treatment enables offenders to begin developing life skills and drug coping skills, and it serves as a foundation for subsequent involvement in community-based treatment.

Drug treatment in a correctional setting provides an effective vehicle to prevent offenders from returning to chronic patterns of drug abuse and crime. Within
this setting, court-ordered treatment programs have been shown to encourage involvement in drug treatment for offenders who are unlikely to attend such programs on their own (Anglin 1988). Offenders who are court-ordered to drug treatment experience short-term treatment outcomes that are comparable to those of voluntary clients (Maddux 1988; Simpson and Marsh 1988), and they often remain in treatment longer than clients without criminal justice sanctions (Hubbard et al. 1988). Treatment retention among offenders released from correctional treatment programs is strengthened by ongoing supervision and monitoring provided by Treatment Alternatives to Street Crime (TASC) programs (Collins and Allison 1983; Hubbard et al. 1988). Increasing retention in community-based treatment tends to reduce daily drug use and involvement in criminal activity among drug-dependent offenders. Several studies indicate that involvement in correctional drug treatment reduces the likelihood of criminal recidivism. Findings from a followup of offenders participating in the Stay’n Out program in New York (Wexler et al. 1990) indicate that inmates who completed the treatment program had significantly fewer parole violations than those who dropped out before completing treatment or those who participated in less intensive programs. A similar followup of participants in the Cornerstone Program in Oregon (Field, this volume) found that, over a 3-year postrelease period, program graduates were significantly less likely than other participants who did not complete the program to be arrested, convicted, or placed in prison. For inmates treated in the Wisconsin Department of Corrections’ Drug Abuse Treatment Unit (DATU), only 6 percent of program participants returned to State prison during a 2-year followup period, compared with 33 percent of untreated inmates (U.S. Department of Justice 1990).

This chapter examines the scope of drug treatment services in jails across the country, as addressed by a recent survey conducted by the American Jail Association. Several innovative treatment approaches implemented by in-jail model demonstration programs also are reviewed. The success of these approaches is discussed within the context of preliminary evaluation findings, including indications of progress during treatment and of recidivism following release from in-jail programs.

NATIONWIDE SURVEY OF IN-JAIL DRUG TREATMENT PROGRAMS

Although several studies (U.S. Department of Justice 1989; Peters and Dolente, unpublished data) have documented the prevalence of drug abuse among jail inmates and the low proportion of inmates who have received treatment, program-level survey data addressing the quantity and quality (e.g., content) of in-jail drug treatment programs have not been systematically collected. The Drug Treatment Program Survey, conducted by the American Jail Association, has provided the first comprehensive examination of in-jail drug treatment
programs in this country. The survey was conducted as part of a larger initiative funded by the U.S. Department of Justice, Bureau of Justice Assistance (BJA), entitled “Drug Treatment in the Jail Setting: A National Demonstration Program.” The American Jail Association was selected to administer this grant program and also has assisted in the development of three model demonstration in-jail drug treatment projects.

The Drug Treatment Program Survey examined important aspects of the jail facility and population and identified key components of drug treatment programs, including staffing patterns, number of inmates served, length of stay in the program, and type of treatment offered. Survey respondents were asked to describe the status of existing in-jail drug treatment programs in 1987. Survey results were based on a total of 1,737 respondents from 48 States and the District of Columbia, representing 57 percent of all jails in the country. Each geographical region of the country was adequately represented in the survey, with respondents about evenly split between Eastern and Western States.

Only 28 percent of jails responding to the survey offered drug treatment services other than detoxification. As indicated by table 1, jails with fewer than 50 inmates were particularly underrepresented among facilities with drug treatment programs, with only 15 percent currently providing such services. For jails with drug treatment programs, 33 percent reported that services were provided by volunteers. Thus, funded drug treatment programs were present in only 19 percent of jails surveyed. An additional 116 jails (9 percent) planned to implement a drug treatment program within 6 months. For jails without a drug treatment program (n=1,186) and with no plans to implement a program in the following 6 months, 65 percent indicated that development of services was hindered by a lack of funds. Another 29 percent reported a lack of need for drug treatment services. Jails with fewer than 250 inmates accounted for 93 percent of all respondents that indicated difficulties in funding drug treatment services and 97 percent of respondents that indicated a lack of need for these services.

Characteristics of Drug Treatment Programs

Drug treatment programs were isolated from the general inmate population in only 12 percent of jails, including fewer than 4 percent of all programs in jails with fewer than 250 inmates. Forty-two percent of drug treatment programs were located in jails using the direct supervision model of inmate management. Only 30 percent of jails without treatment programs used the direct supervision concept. Jails with drug treatment programs were substantially larger (average daily nonpeak population=327 inmates) than jails without programs (average=68 inmates). The average drug treatment program size was 42
TABLE 1. Drug treatment services by size of jail for all survey respondents

<table>
<thead>
<tr>
<th>Drug Treatment Services</th>
<th>Fewer than (n=1,014)</th>
<th>50-250 (n=440)</th>
<th>251-499 (n=103)</th>
<th>500-999 (n=57)</th>
<th>1,000-2,000 (n=32)</th>
<th>More than 2,000 (n=15)</th>
<th>Total (n=1,647)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug treatment program*</td>
<td>15</td>
<td>41</td>
<td>60</td>
<td>67</td>
<td>72</td>
<td>67</td>
<td>26</td>
</tr>
<tr>
<td>Group counseling</td>
<td>6</td>
<td>20</td>
<td>43</td>
<td>47</td>
<td>58</td>
<td>60</td>
<td>15</td>
</tr>
<tr>
<td>Transition planning</td>
<td>2</td>
<td>11</td>
<td>31</td>
<td>32</td>
<td>33</td>
<td>53</td>
<td>8</td>
</tr>
<tr>
<td>Drug education</td>
<td>6</td>
<td>19</td>
<td>42</td>
<td>46</td>
<td>55</td>
<td>60</td>
<td>14</td>
</tr>
<tr>
<td>Comprehensive program†</td>
<td>2</td>
<td>9</td>
<td>28</td>
<td>32</td>
<td>35</td>
<td>53</td>
<td>7</td>
</tr>
<tr>
<td>Volunteer services only</td>
<td>6</td>
<td>15</td>
<td>13</td>
<td>16</td>
<td>9</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>Program planned within 6 months</td>
<td>5</td>
<td>14</td>
<td>20</td>
<td>22</td>
<td>39</td>
<td>20</td>
<td>9</td>
</tr>
</tbody>
</table>

*Other than detoxification services
†Program includes group counseling, drug education, transition planning, and referral to outside treatment agencies.

Inmates enrolled in drug treatment programs averaged 26 years of age. For all programs surveyed, 66 percent of participants were white, 23 percent black, 8 percent Hispanic, and 3 percent of other ethnic backgrounds. Programs in larger jails tended to have greater numbers of black and Hispanic participants. The proportion of sentenced inmates in jails with drug treatment programs (48 percent) did not differ significantly from jails without programs.
In-jail drug treatment programs employed an average of three staff members, with a range of two employees for jails of fewer than 50 inmates (average program size=17) to a high of six staff members for jails with more than 2,000 inmates (average program size=171). The ratio of paid program staff members to inmates enrolled in drug treatment averaged 1:12 for all jails responding to the survey. The most favorable staff to inmate ratio (1:6) was reported by jails of fewer than 50 inmates. The least favorable ratio (1:25) was reported for jails of over 2,000 inmates. More than 80 percent of programs used community volunteer services. The number of volunteer staff members exceeded the number of paid personnel across all categories of jail size. In-jail drug treatment programs averaged 6.5 volunteers, or more than twice the number of paid staff. Use of volunteers increased according to the size of the jail population. Of all programs surveyed, jails of over 500 inmates were the most reliant on volunteers, with an average of at least two volunteers for every paid staff member. In-jail drug treatment program coordinators were from a wide range of mental health and social services backgrounds, including psychologists (19 percent), psychiatrists (8 percent), social workers (31 percent), and drug specialists (30 percent).

**Treatment Interventions**

For the 28 percent of jails (responding to the survey) that had drug treatment programs other than detoxification services, the most common treatment interventions were group counseling (78 percent), individual counseling (78 percent), drug education (76 percent), and referral to outside agencies (84 percent). Only 44 percent of in-jail programs provided transition planning prior to release. For jails of fewer than 50 inmates, only 26 percent provided transition planning. Existing in-jail drug treatment programs included approximately 6 hours of therapeutic activities per week for each inmate. The number of hours of programing increased as a function of jail size, with treatment programs in jails of over 1,000 inmates averaging over 13 hours of treatment activities per week.

Attempts were made to identify in-jail drug treatment programs that provided a comprehensive level of services. A criterion measure for comprehensive treatment was established that included provision of each of the following services: (1) group counseling, (2) drug education, (3) transition planning, and (4) referral to outside treatment agencies. According to this measure, only 107 (7 percent) of all jails surveyed provided a comprehensive level of drug treatment services. Comprehensive drug treatment programs averaged 6.8 hours of inmate activities per week compared with 3.8 hours per week provided by noncomprehensive programs. However, only 19 of the jails with comprehensive drug treatment programs (17 percent) and only 11 jails without

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comprehensive programs (6 percent) provided more than 10 hours per week of treatment activities. The number of hours of treatment programing appeared to increase according to the size of the jail for both comprehensive and noncomprehensive programs. Drug treatment programs within larger jails also appeared to be more comprehensive with respect to provision of group and individual counseling, drug education, and transition planning.

In Jail Drug Treatment Program Costs

Program costs varied enormously, even within jails of approximately the same size. It is unclear to what extent these differences are attributable to the use of different methods for determining costs. Fewer than one-third of jails with drug treatment programs reported actual program costs. For these jails, costs per year averaged $74,450, with a range of $13,042 for jails with less than 50 inmates to $233,080 for jails housing from 1,000 to 2,000 inmates. Expenditures for each inmate enrolled in drug treatment programs averaged $4.90 per day in addition to normal incarceration costs. This figure was derived using average yearly program costs and average program capacity, and it is based on the assumption that in-jail programs operated at 100-percent capacity during the reporting period. Average daily inmate costs ranged from $2.30 for jails of 500 to 999 inmates to $9 for jails of 1,000 to 2,000 inmates. Program costs varied as a function of jail size, the number of hours of treatment activities provided per week, and the number of treatment interventions provided. Over 70 percent of jails surveyed received funding for drug treatment programs from the county government. More than 40 percent of jails received State funding.

Adjunctive Drug Treatment Services

Survey results indicate that several adjunctive drug treatment program activities are provided in jails. For all jails sampled, 22 percent provided detoxification services, 77 percent provided intake screening for drug abuse, and 76 percent provided intake medical screening. Only 3 percent of all jails conducted drug testing at the time of intake, and 13 percent provided random urinalysis during incarceration. Six percent of respondents indicated that acquired immunodeficiency syndrome (AIDS) screening was provided at intake. A larger proportion (37 percent) of jails provided AIDS testing after intake, although this was presumably done on a selective basis according to need. Almost two-thirds of jails reported specialized training for correctional officers in substance abuse-related topics, and 57 percent provided training in AIDS screening. In general, large jails were more likely to report the availability of adjunct drug treatment services.
MODEL DEMONSTRATION PROGRAMS

Several comprehensive in-jail drug treatment programs have been developed through a 1987 grant from BJA and administered by the American Jail Association. Three model demonstration projects were developed—Hillsborough County (Tampa), FL; in Cook County (Chicago), IL; and in Pima County (Tucson), AZ. These programs were developed to disseminate information regarding strategies for implementing treatment programs in a jail setting, effective treatment approaches, and evaluation of treatment effectiveness. The model demonstration programs have hosted several training sessions and provided consultation for jail staff interested in developing similar drug treatment programs.

Treatment Approaches

Although the treatment approaches vary, each program provides comprehensive assessment, drug education, group and individual counseling, vocational and educational activities, and case management services, including work to develop a followup treatment plan and linkage with the courts and with community drug treatment providers. The in-jail program in Florida provides services to 70 inmates, most of whom are sentenced. Treatment services are provided to both male and female inmates. The 6-week treatment curriculum includes an emphasis on the development of cognitive-behavioral and relapse prevention skills. Inmates remaining in jail for more than 6 weeks are enrolled in an advanced skills group. Relapse prevention efforts focus on identification of specific antecedents to relapse and of high-risk situations, on rehearsal of coping skills to manage high-risk situations, and on returning to abstinence following a single lapse to drug use. Other interventions address need to restore lifestyle balance, to manage anger and stress, to develop communications skills, and to build a long-term plan for recovery.

The programs in Arizona and Illinois use therapeutic community (TC) approaches. The program in Arizona treats approximately 50 sentenced inmates in a modified TC setting within a direct supervision pod. The average length of stay in the drug treatment unit is 6 months. The treatment unit recently admitted female inmates, which has encouraged more open communication among group members and more rapid changes in prosocial attitudes and behaviors. Following release from jail, most inmates are referred to a full-time residential facility or to other less intensive levels of community treatment. The program in Illinois is based on the principles of Alcoholics Anonymous/Narcotics Anonymous 12-step approach programs and provides services to pretrial inmates in four (40-bed) direct supervision dormitories. The program relies significantly on inmate leadership and monitoring of treatment activities.
A major objective of each of the model demonstration programs is to provide a graduated reentry to the community, with the goal of assisting the offender to remain abstinent from drugs during the critical first several months following release from jail. The programs in Florida and Illinois are assisted by TASC counselors who work with inmates to develop a followup treatment plan, to ensure that an initial appointment for community treatment is made, and to monitor offender participation in followup treatment. TASC programs also provide key linkages to assist the court in designating appropriate followup treatment as a condition of probation. In the Florida program, the TASC counselor provides an intake assessment for the community treatment provider during the last week of participation in the jail program, thus streamlining the process of enrollment in community treatment. In the Arizona program, where treatment services are subcontracted to a community agency, coordination of followup care is provided by the primary treatment counselor.

Evaluation Results

Preliminary evaluation results from the model demonstration programs indicate that offenders involved in drug treatment show marked improvements in knowledge of key aspects of the treatment curriculum, in abilities to use drug coping skills, and in psychological functioning. Several repeated measures administered in the Florida program provide evidence of progress over the course of treatment in use of skills to manage high-risk situations for drug relapse. A sample of 207 inmates were administered the Problem Situation Inventory (PSI) (Hawkins et al. 1986), a situational competency test designed to examine coping skills in high-risk situations. Evaluation results demonstrated a significant increase in PSI test scores at the time of program completion. The mean pretreatment PSI score was 42.3 compared with a posttreatment mean of 63.5 ($t[207]=13.49, p<.001$). Results indicated significant improvements in abilities to respond (albeit in a simulated setting) to situations that frequently lead to drug use following release from treatment.

Inmates in the Florida program also are administered a substance abuse test to evaluate knowledge gained over the course of treatment, including relapse prevention principles, information regarding the stages of recovery, and coping skills for use in high-risk situations. Test scores were found to improve significantly over the course of treatment. The mean pretreatment test score was 57.4 compared with posttreatment score of 82.3 ($t[232]=23.17, p<.001$). Particular improvement was noted in areas related to identification of personal high-risk situations, abilities to identify urge coping skills, and identification of methods for disputing irrational beliefs related to drug use. Repeated evaluation measures administered in the Arizona program indicate substantial improvement in psychological functioning over the course of drug treatment as measured by reductions in anxiety and depression.
Preliminary results from a 1-year followup of program participants released from the model demonstration program in Florida indicate that the length of involvement in treatment is inversely related to the likelihood of rearrest. Inmates successfully completing the 6-week treatment program in Florida (n=31) were about half as likely to be rearrested during the first 3 months after release compared with offenders who had been terminated from the program. For inmates completing the program, 23 percent were rearrested within 3 months, 42 percent within 6 months, and 61 percent 1 year after release from jail. In other words, 39 percent of program completers were not rearrested within 1 year. In contrast, 70 percent of inmates prematurely released from treatment (due to release on bond or recognizance; n=23) and 79 percent of inmates terminated from the treatment program (n=24) were rearrested during the 1-year followup period. Inmates completing the program averaged one arrest during the followup period, a slight reduction compared with the rate of arrest in the year prior to their last incarceration (mean=1.6 arrests). Inmates who were released prematurely or who were terminated from the program were arrested at about the same rate during pretreatment and followup periods.

Several caveats should be addressed before interpreting followup results: (1) A primary consideration is the extremely small sample size. Continued efforts to track program participants will enhance generalizability of these results. (2) This sample includes offenders who are at extremely high risk for reinvolvement with drugs and criminal activity due to considerable prior contact with the criminal justice system and who have had little prior involvement in treatment. Offenders in the Florida program averaged 6.3 prior arrests and 1.2 years of incarceration; they also had an average of less than one prior episode in drug treatment. (3) It also should be noted that the Florida sample received treatment within 6 months of program startup, at a time of considerable change in the treatment curriculum and of staff turnover. Within 6 months after this first sample of participants was released from jail, daily group counseling sessions were expanded from 1 to 2 hours per day; the treatment curriculum was revised to include several new interventions; and a TASC counselor was assigned to assist in placing inmates in community drug treatment programs. Additional tracking efforts will be required to determine whether these programmatic changes are related to improvement in psychosocial functioning during treatment and to reductions in rearrest following completion of the program.

CONCLUSION

Despite the high prevalence of drug abuse among inmate populations, and a growing awareness that untreated drug abusers have a negative impact on all segments of society, most jails do not have adequate drug treatment services. For the 1,687 jails that provided information regarding inmate census, only
12,894 inmates (7 percent) of an average daily inmate population of 192,461 were enrolled in drug treatment programs. Even for jails with drug treatment programs, only 12,894 (13 percent) of 100,389 inmates were involved in treatment. The absence of drug treatment services is particularly striking in smaller jails. The survey identified a clear need for smaller jails to begin forging linkages with community drug treatment providers or to hire in-house staff to provide at least minimal treatment interventions such as drug education and group counseling. Survey findings point strongly to the conclusion that only a small fraction of inmates needing drug treatment in 1987 actually received these services.

Drug treatment programs were more likely to be reported in large jails, in jails with a continuum of adjunctive support services (e.g., screening, urinalysis, training, collection of assessment data), in jails with an orientation toward development of inmate and staff (e.g., employee assistance) programs, and in jails with an orientation toward innovative approaches to inmate management (e.g., direct supervision). Only 19 percent of all jails surveyed reported a drug treatment program supported by paid staff. Many of these programs do not appear to provide an adequate level of drug treatment services: (1) 75 percent do not provide group therapy, drug education, transition planning, and referral to community drug treatment agencies; (2) only 30 programs (2 percent of all survey respondents) provide more than 10 hours per week of treatment activities; (3) programs average only three paid staff members; and (4) only 12 percent of drug treatment programs presently isolate participants from the general inmate population. A significant concern is the absence of transition planning/case management services, available in only 8 percent of jails surveyed. Without strong efforts to place offenders in followup care in the community, it appears unlikely that in-jail programs will be effective.

The absence of in-jail drug treatment services represents a neglected opportunity to assist offenders in developing skills to prevent further relapse to drug use. Jail inmates spend a considerable number of idle hours that would be spent more productively in drug treatment. Survey results indicated that over half of all sentenced offenders (representing an average of 47 percent of jail populations sampled) were incarcerated for at least a month and that 32 percent were incarcerated for over 3 months. Evaluation results from jail and prison programs indicated that treatment of incarcerated inmates was an effective means to develop skills critical to the recovery process and to reduce subsequent drug use and rearrest.

In comparison with residential treatment in the community, the costs of developing and operating an in-jail drug treatment program are quite modest. Survey results indicated that jails rated as having comprehensive programs
provided drug treatment services for 7 hours a week (per inmate) for an average of 65 inmates, at an average cost of $83,574 per year. This average program cost translates to $3.50 per day, per inmate, beyond the ordinary cost of incarceration.

Technical assistance and consultation in staff training, treatment curriculum development, and assessment and evaluation are critically important in developing new in-jail drug treatment programs, particularly in jails with no services. Without this support, it appears likely that jails will continue to take a disjointed approach in program development and to rely on volunteers and may neglect key program components such as thorough screening and assessment, group counseling, and transition planning.

Preliminary findings from model demonstration drug treatment programs in jails indicate that even relatively short-term interventions (6 to 8 weeks) can provide inmates with important coping skills to manage high-risk situations and can increase the fund of knowledge regarding the recovery process, health-related consequences of drug abuse, and relapse prevention principles. In-jail programs based on development of cognitive-behavioral skills appear to hold considerable promise in reducing the rate of rearrest following release from jail. Further research is needed to explore (1) the long-term impact of in-jail drug treatment programs, (2) specific interventions that are most effective for drug-dependent inmates, (3) the effect of varying lengths of in-jail treatment, (4) innovative community-based followup interventions such as use of employment incentives, and (5) predictors of success in jail drug treatment programs.

REFERENCES


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