

Clinton to Require State Efforts to Cut Drug Use in Prisons

AL By CHRISTOPHER S. WREN

Seeking to cleanse prisons of illegal drugs, the Clinton Administration plans to tell the states that they have to determine and report the extent of illicit drug use among their inmates before they can receive more Federal money to spend on prisons.

The information that the states provide will be used to create a baseline to measure their progress in reducing drugs inside prison, which in turn will qualify them for more Federal money.

President Clinton is scheduled to sign the directive in the Oval Office today. A draft copy, which is addressed to Attorney General Reno, was provided by a senior Administration official who said that it had been circulating in the White House, the Justice Department and other interested agencies for the last month or two.

The document reflects a belief within the Administration that crimping the supply of drugs in prison will cut the demand for them after the convicts are released. "With more than half the individuals in our criminal justice system estimated to have a substance abuse problem," the draft says, "promoting coerced abstinence within the criminal justice system offers us a unique opportunity to break this cycle of crime

Continued From Page A1

and drugs."

The directive builds on legislation that Mr. Clinton promised in the 1996 Presidential campaign and pushed through Congress last year. The law requires states to draw up comprehensive plans to test and treat prisoners and parolees as a condition of receiving money for prisons from the Federal Government. The states have to present their plans by March and implement them by September.

The directive would go beyond that in requiring that states report on drug use by prison inmates and demonstrate progress toward eliminating it. The directive further proposes that Ms. Reno draft legislation that would let states spend some of the Federal money earmarked for prison construction to test and treat prisoners and parolees for drugs if the states increased penalties for smuggling drugs into prison.

"This is about testing and coerced abstinence," Rahm Emanuel, a White House senior adviser, said in acknowledging details of the draft directive. "We have to slam shut the revolving door between drugs and crime."

"You have a number of drug users who commit a lion's share of the crimes in this country in a controlled environment, and that time should be used to advantage," he said. "Through mandatory testing, you will force a change in their behavior that will break the link."

A report released on Thursday by the National Center on Addiction and Substance Abuse, at Columbia University, estimated that illegal drugs and alcohol contributed to the incarceration of 80 percent of the 1.7 million inmates in the nation's prisons and jails, and said that most of those inmates are not treated for addiction before being released.

The center's report said that the annual cost of building and operating prisons and jails in the country had more than tripled since 1980, reaching \$38 billion by 1996.

The 1994 Crime Act authorized Federal grants to the states for prison construction amounting to \$7.8 billion over five years. A more modest amount was earmarked for drug

testing and treatment. Mr. Clinton has tried to use the large grants to induce states to subject drug felons to regular testing and treatment while they are locked up or on parole.

The Administration has also increased to 42 from 32 the number of residential treatment centers in Federal prisons, and more than tripled the number of Federal inmates undergoing treatment for substance abuse to 19,943 in the last fiscal year from 5,450 in 1993. A program was also created to give drug tests to defendants arrested under Federal laws, resulting in tests on 9,308 of those arrested, or more than half, last year compared with 4,929 in 1996.

The extent of illicit drug use inside prison has been far more difficult to measure because of its clandestine nature. Prison officials tend to be reluctant to concede that drugs get smuggled in by visitors or sometimes prison guards. But many inmates say that drugs are there for anyone who wants to buy them, usually at a price higher than what is paid on the streets. Sixty percent of one group of 46 inmates undergoing treatment in Delaware prisons admitted to using drugs while incarcerated, primarily marijuana but also some cocaine and alcohol.

"I think there's a great deal of drug use in prison," said Robert H. Silberman, who retired last month after 13 years as New York City's special narcotics prosecutor. "I don't think anyone really knows how widespread it is, but certainly a fair amount of drugs get into prison."

In 1995, only 8.9 percent of 1.6 million drug tests conducted in state and Federal prisons proved positive, a figure that Steven Belenko, the author of the study released on Thursday, said probably reflected underreporting.

Though state prisons hold nearly 90 percent of the inmates in prison, drugs have reached into Federal prisons, too. Jeff Stewart, who now lives in Washington, was sent to a Federal minimum security prison for five years for growing marijuana. He said the judge warned him beforehand, "Where you're going there will be drugs."

"If they bust you for drugs," Mr. Stewart said, "they know they're going to lock you in a cage full of drugs."

The New York Times

MONDAY, JANUARY 12, 1998

Alcohol or Drug Link Seen in 80% of Jailings

By CHRISTOPHER S. WREN

Illegal drugs and alcohol helped lead to the imprisonment of 4 out of 5 inmates in the nation's prisons and jails, a three-year study has found.

The report, which was released yesterday by the National Center on Addiction and Substance Abuse at Columbia University, determined that of 1.7 million prisoners in 1996, 1.4 million had violated drug or alcohol laws, had been high when they committed their crimes, had stolen to support their habit or had a history of drug and alcohol abuse that led them to commit crimes.

But while 840,000 Federal and state prisoners needed drug treatment in 1996, the report said, fewer than 150,000 received any care before being released.

"The most troublesome aspect of these grim statistics is that the nation is doing so little to change them," Joseph Califano Jr., the chairman of the center that sponsored the report, said in a foreword.

Mr. Califano, who served as Secretary of the Department of Health, Education and Welfare under President Jimmy Carter, said that releasing inmates without treating their drug or alcohol addictions was "tantamount to visiting criminals on society."

Such negligence, he said, only sustained the market for illegal drugs and supported drug dealers.

Alcohol, more than any illegal drug, was found to be closely associated with violent crimes, including murder, rape, assault and child and spousal abuse. Twenty-one percent of state prisoners convicted of violent crimes committed them under the influence of alcohol alone, the report said. Three percent were high on crack or powder cocaine and only 1 percent on heroin.

According to the report, 69 percent of Federal prisoners, 76 percent of state prisoners and 70 percent of local jail inmates used drugs at least once a week during the month before

they were locked up.

The report did not deal with drug and alcohol abuse by 3.8 million others on probation and parole, but Mark A.R. Kleiman, a professor of public policy at the University of California at Los Angeles, estimated that people under the supervision of the criminal justice system consumed 60 percent of the cocaine sold in the United States.

The report, titled "Behind Bars," said drug abuse fueled recidivism. In state prisons, it said, 81 percent of inmates with five or more convictions have used drugs regularly, compared with 63 percent who had two prior convictions and 41 percent who were first-time offenders.

The report also said the number of inmates and prisoners in the nation had more than tripled since 1980.

While the link between drugs and crime is already widely accepted, the report made a strong case for doing more to break the connection.

Mr. Califano said in an interview that imposing long mandatory sentences on addicted drug felons "makes no sense" because it removes their incentive to undergo treatment in order to get out of prison.

Gen. Barry R. McCaffrey, the retired Army officer who directs the White House's national drug policy, said the study was consistent with a recent Justice Department forecast of drug use, which showed that more than 60 percent of adult males arrested for felonies at 20 of 23 American metropolitan areas had tested positive for at least one illegal drug.

The Clinton Administration has pushed through legislation that requires states to test prisoners and parolees for drugs in order to receive new Federal money for prisons.

General McCaffrey said he would convene a conference in Washington on March 23 to examine treatment in the criminal justice system.

"You've simply got to address compulsive drug-using behavior if you want to reduce crime in America," he said.

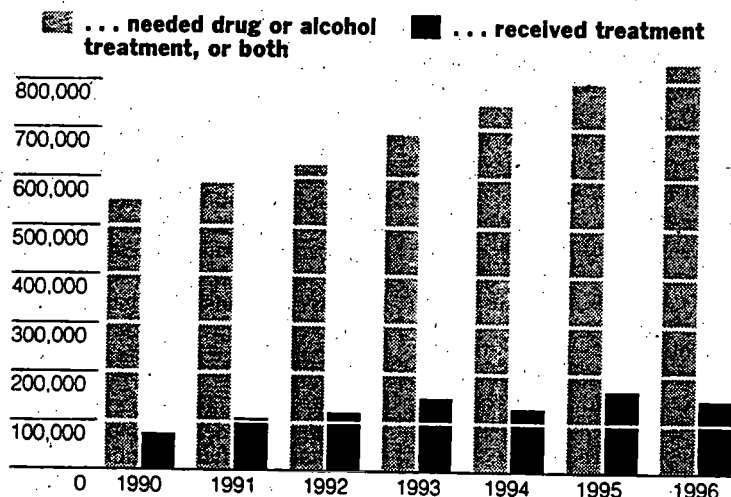
The report's researchers, led by Steven Belenko, drew upon an array of Government documents, including Bureau of Justice statistics and Census Bureau surveys.

KEEPING TRACK

In Need of Treatment

The number of prisoners needing drug treatment is estimated to be 75 percent of the total number of state inmates and 31 percent of the total number of Federal inmates for each year.

Federal and state prisoners who ...



Source: The National Center on Addiction and Substance Abuse at Columbia University

The New York Times

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NYT



**The National Center on
Addiction and Substance Abuse
at Columbia University**

Behind Bars: Substance Abuse and America's Prison Population

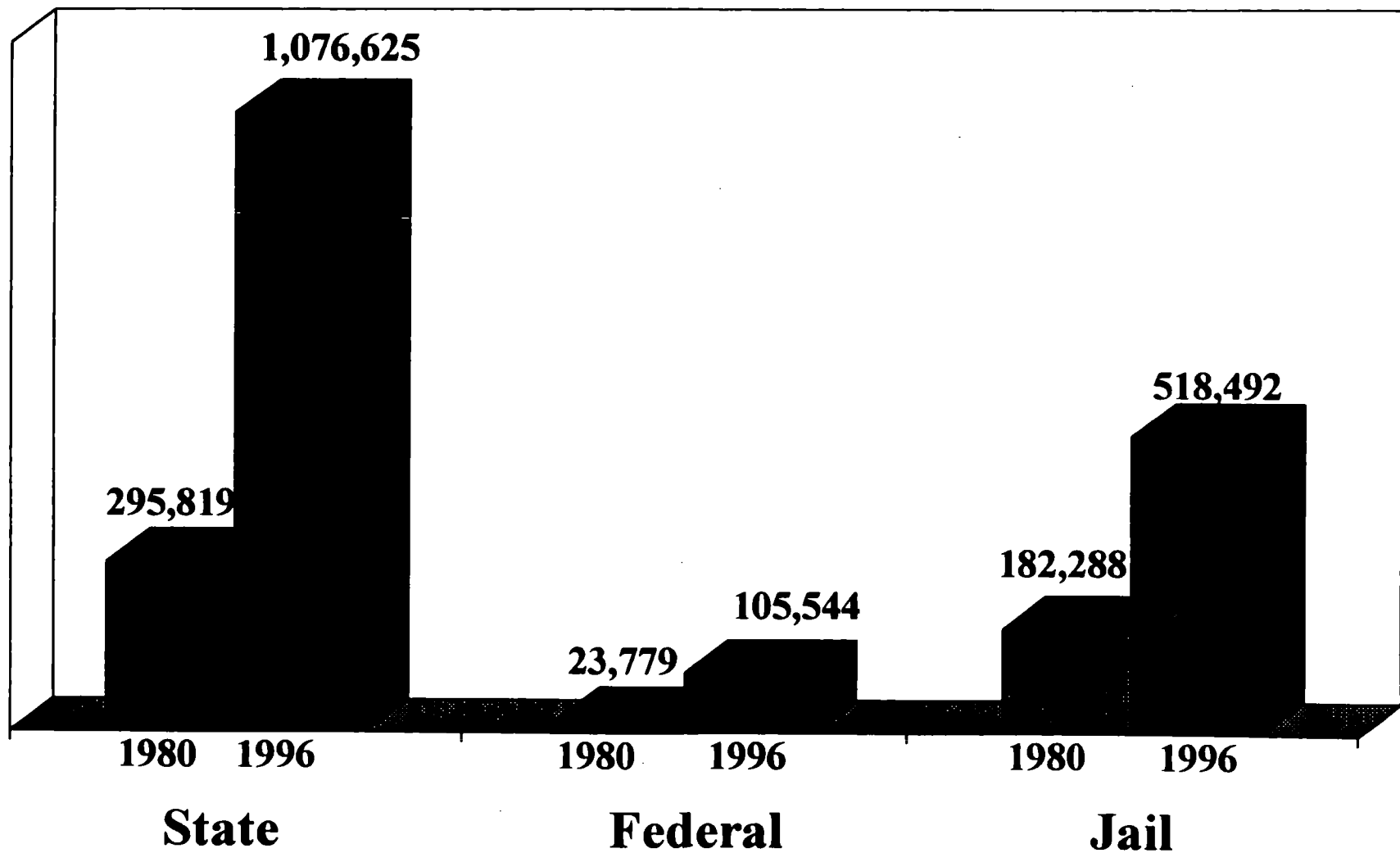
A report of

The National Center On Addiction and Substance Abuse

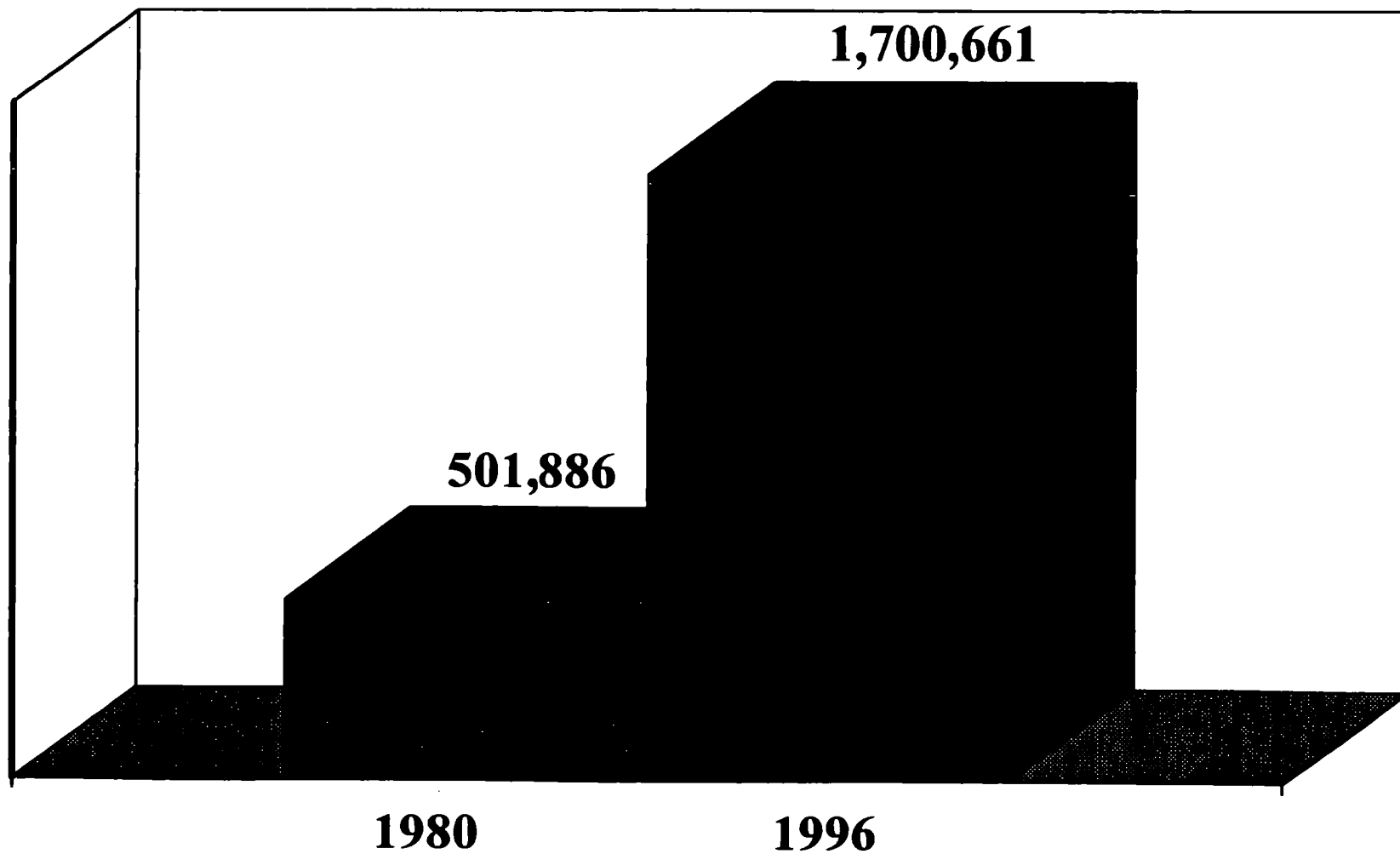
at Columbia University



Increase in Inmates



Total Increase In Inmates



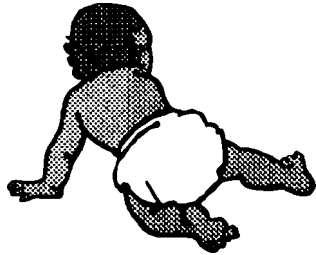
Americans Born in 1997 Who Will Serve Time In Prison If Current Incarceration Rates Continue:

- One out of every 20 American adults
- One out of every 11 men
- One out of every 4 black men

80% of Inmates -- 1.4 Million --

Either:

- violated drug or alcohol laws
- were high at the time they committed their crimes
- stole property to buy drugs
- have a history of drug and alcohol abuse and addiction
- or share some combination of these characteristics



Among the 1.4 million
substance-involved inmates are
parents of 2.4 million children,
many of them minors

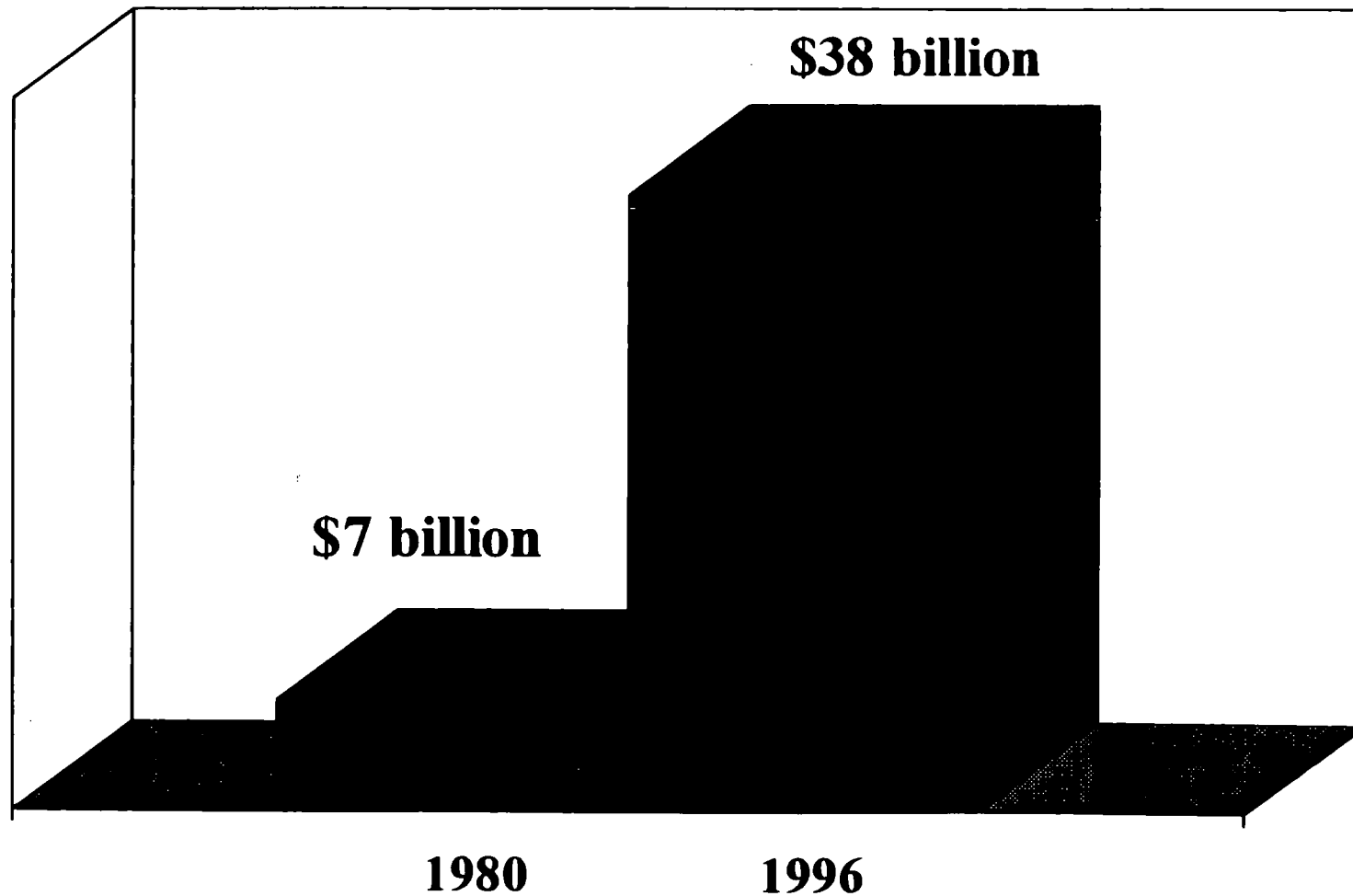
The Bottom Line

One of every 144 American adults is behind bars for a crime in which drugs and/or alcohol are involved.

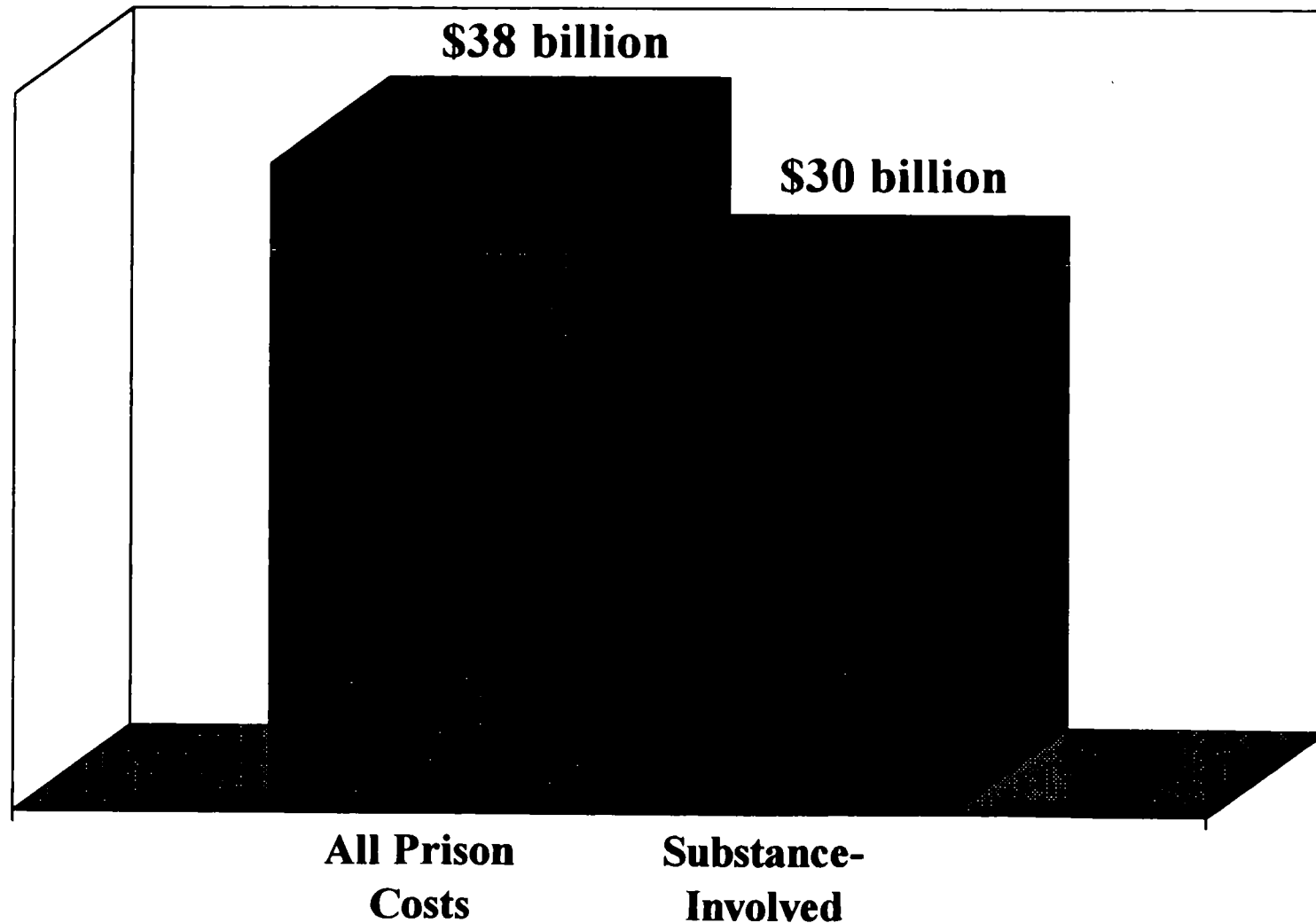
		State	Federal	Jail
Used illegal drugs regularly	%	64	43	59
	#	689,040	45,384	305,910
Violated drug laws	%	19	55	21
	#	204,599	58,049	108,883
Driving under the influence	%	2	0.3	8
	#	21,533	317	41,479
Under influence of drugs/ alcohol time of crime	%	48	23	55
	#	516,780	24,275	285,171
Committed crime to get money to buy drugs	%	17	10	13
	#	183,026	10,544	67,404
Have a history of alcohol abuse	%	29	14	15
	#	312,221	14,776	77,774
SUBSTANCE- INVOLVED INMATES *	%	81	80	77
	#	872,066	84,435	399,239

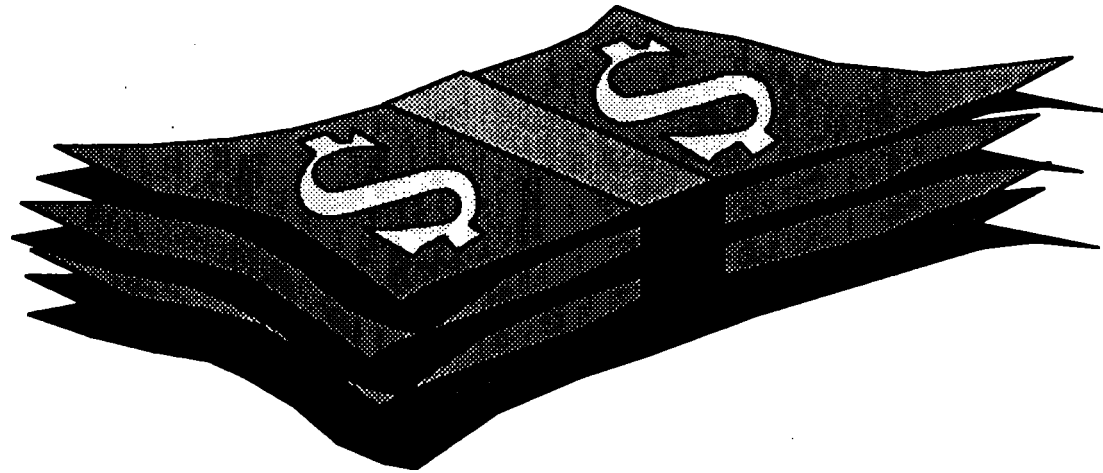
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Increase in Prison Costs



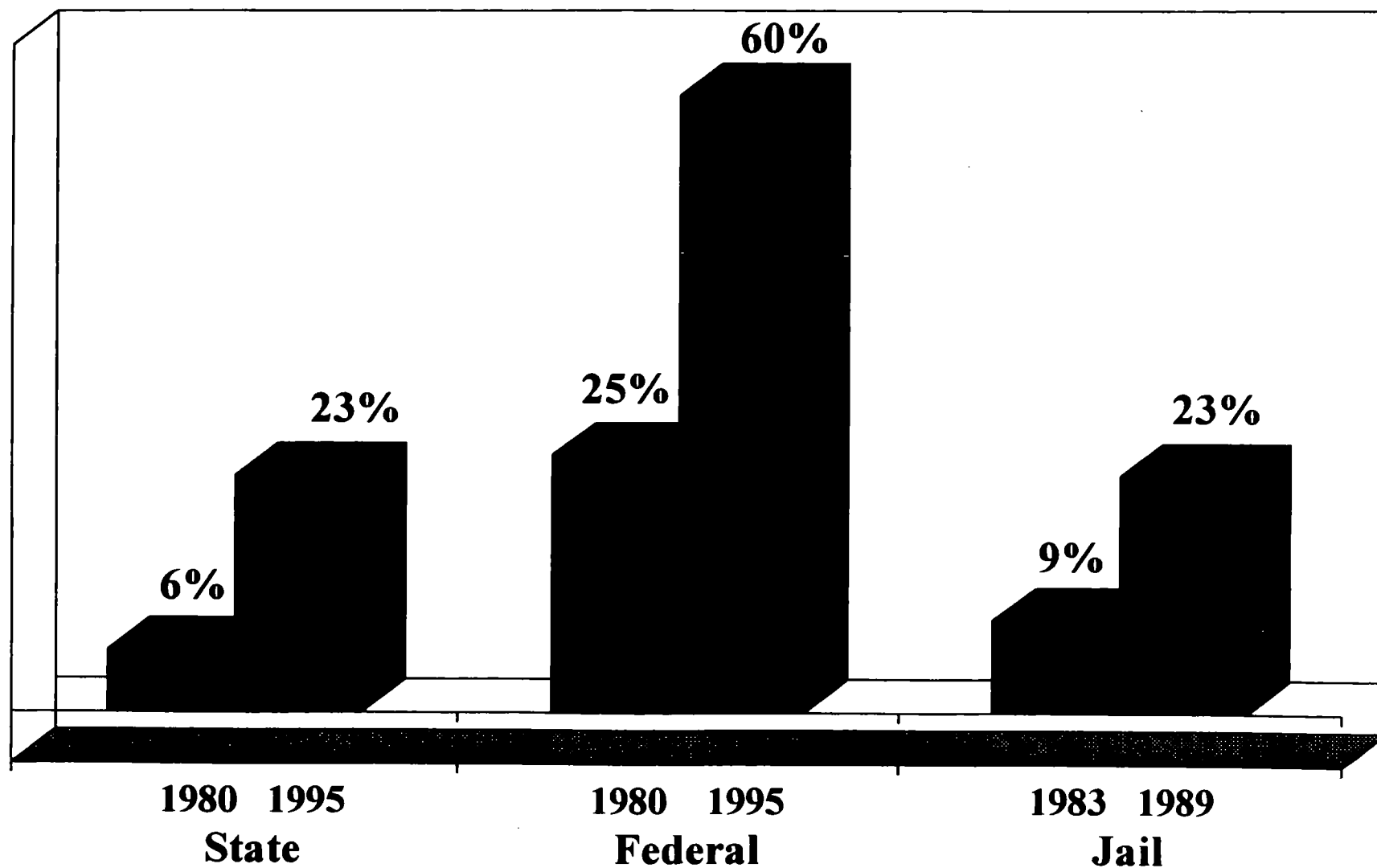
Cost of Incarcerating Substance-Involved Offenders





By the year 2000 if current trends continue, the nation will break the \$100 million-dollar-a-day barrier in spending to incarcerate individuals with serious drug and alcohol problems.

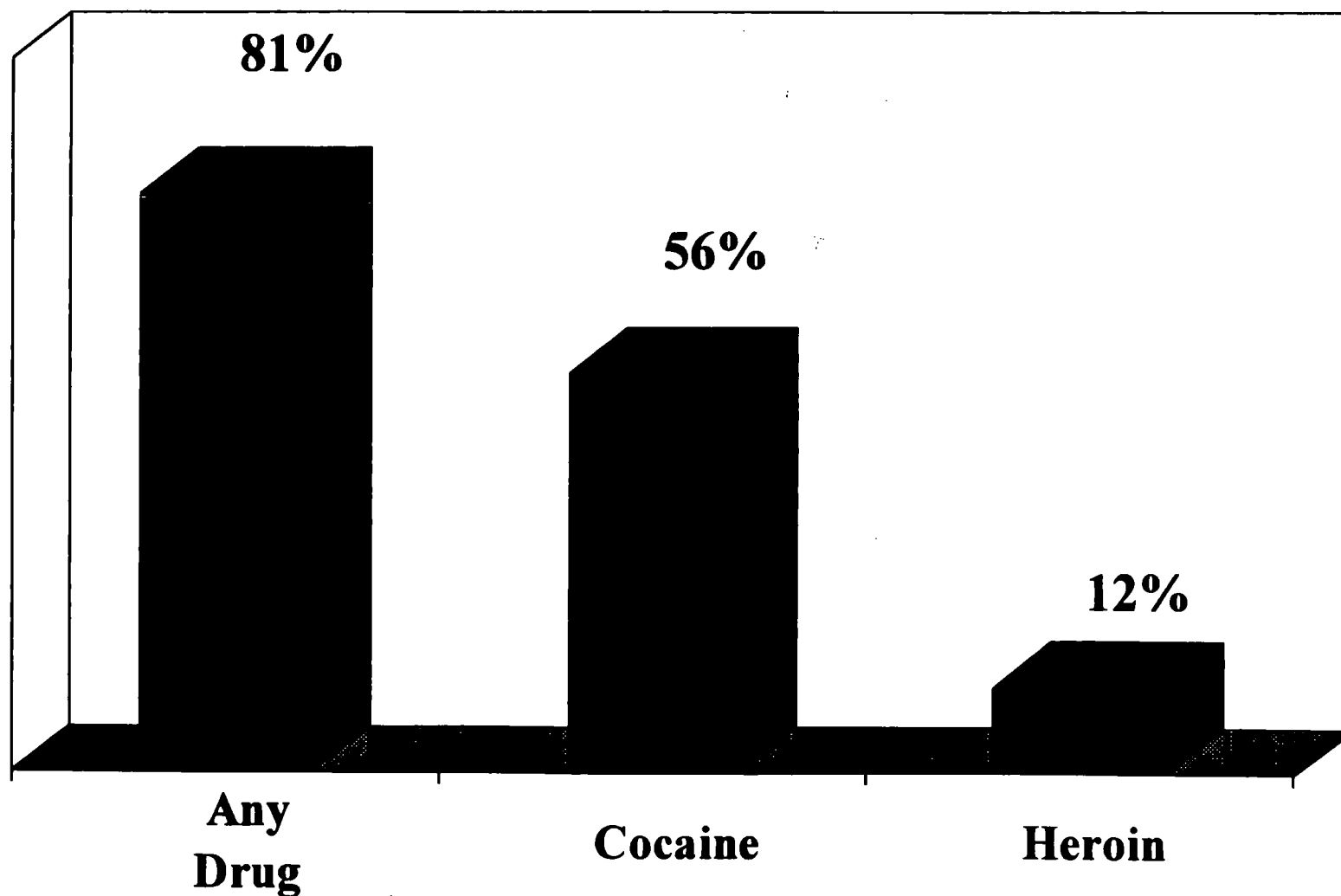
Increase in Percentage of Inmates Incarcerated for Drug Law Violations



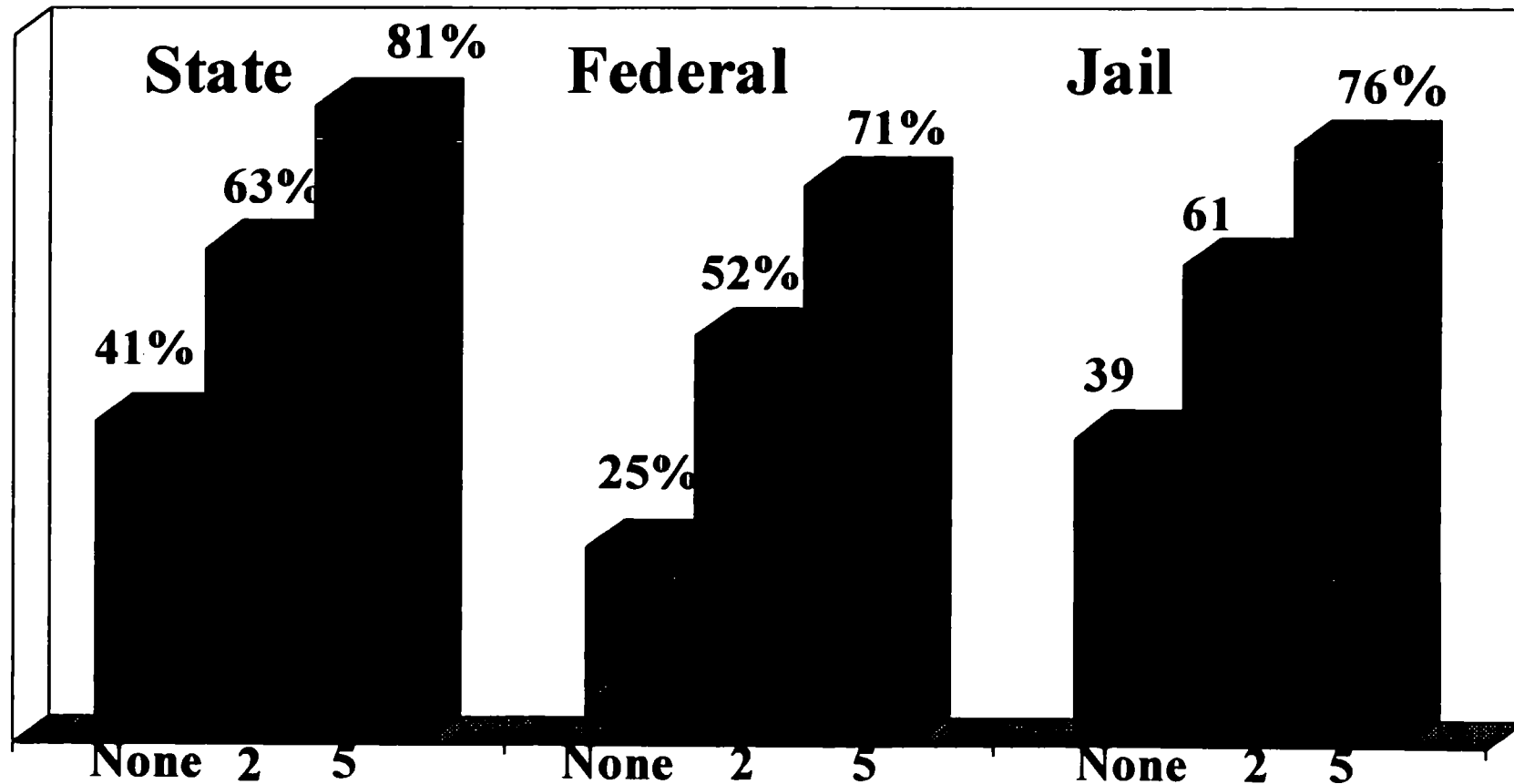
Regular Illegal Drug Users in Prison

	State	Federal	Jail	Total
Ever Used Drugs Regularly	689,000	45,000	306,000	1,040,000
Used drugs regularly in month prior to arrest	524,000 (76%)	31,000 (69%)	214,000 (70%)	769,000 (74%)

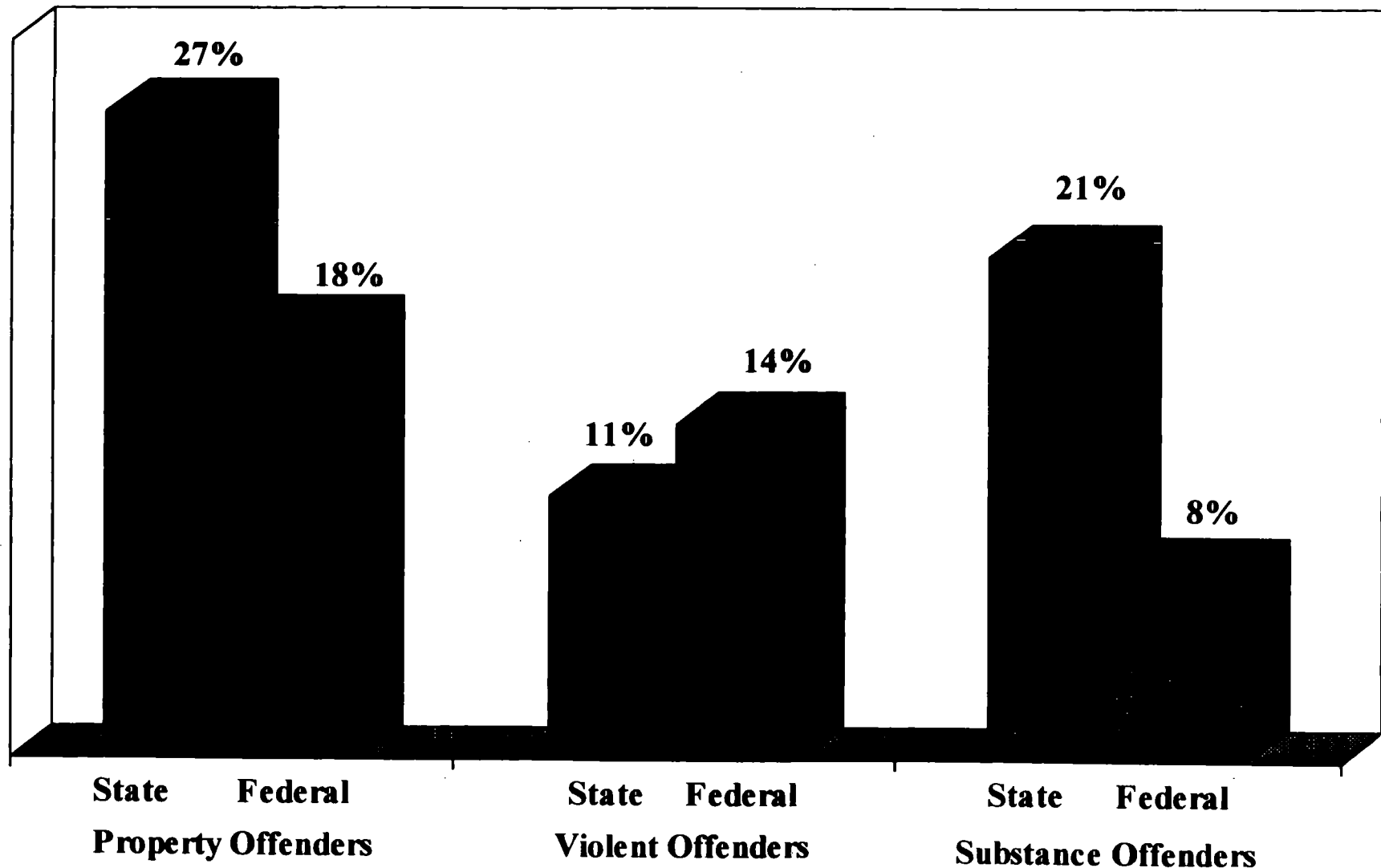
Drug Use At Time of Arrest By Individuals Charged With Selling Drugs



The More Prior Convictions, The More Likely Inmate Is a Drug Abuser



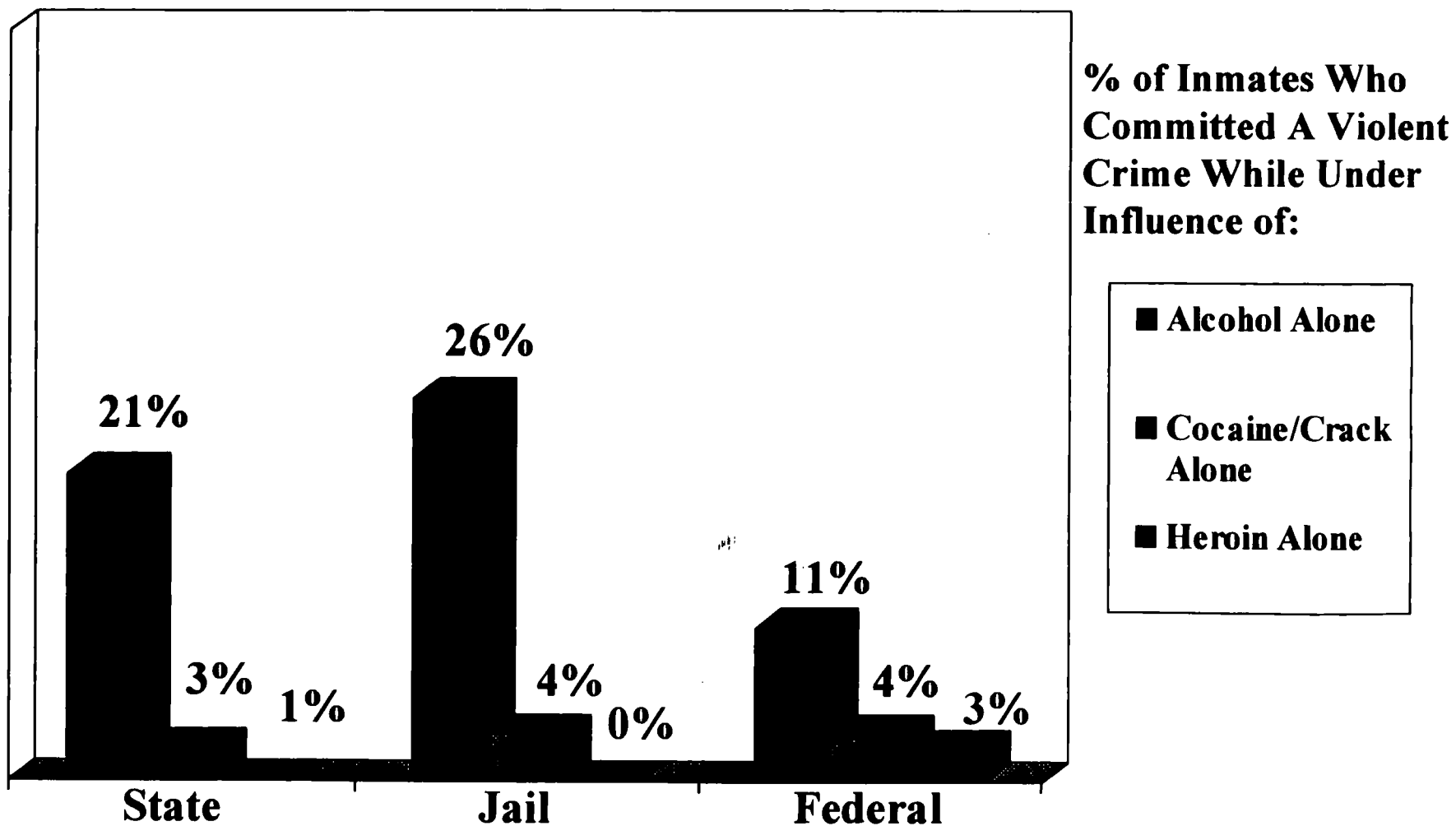
Offenses of Inmates Who Committed Their Crimes to Get Money To Buy Drugs



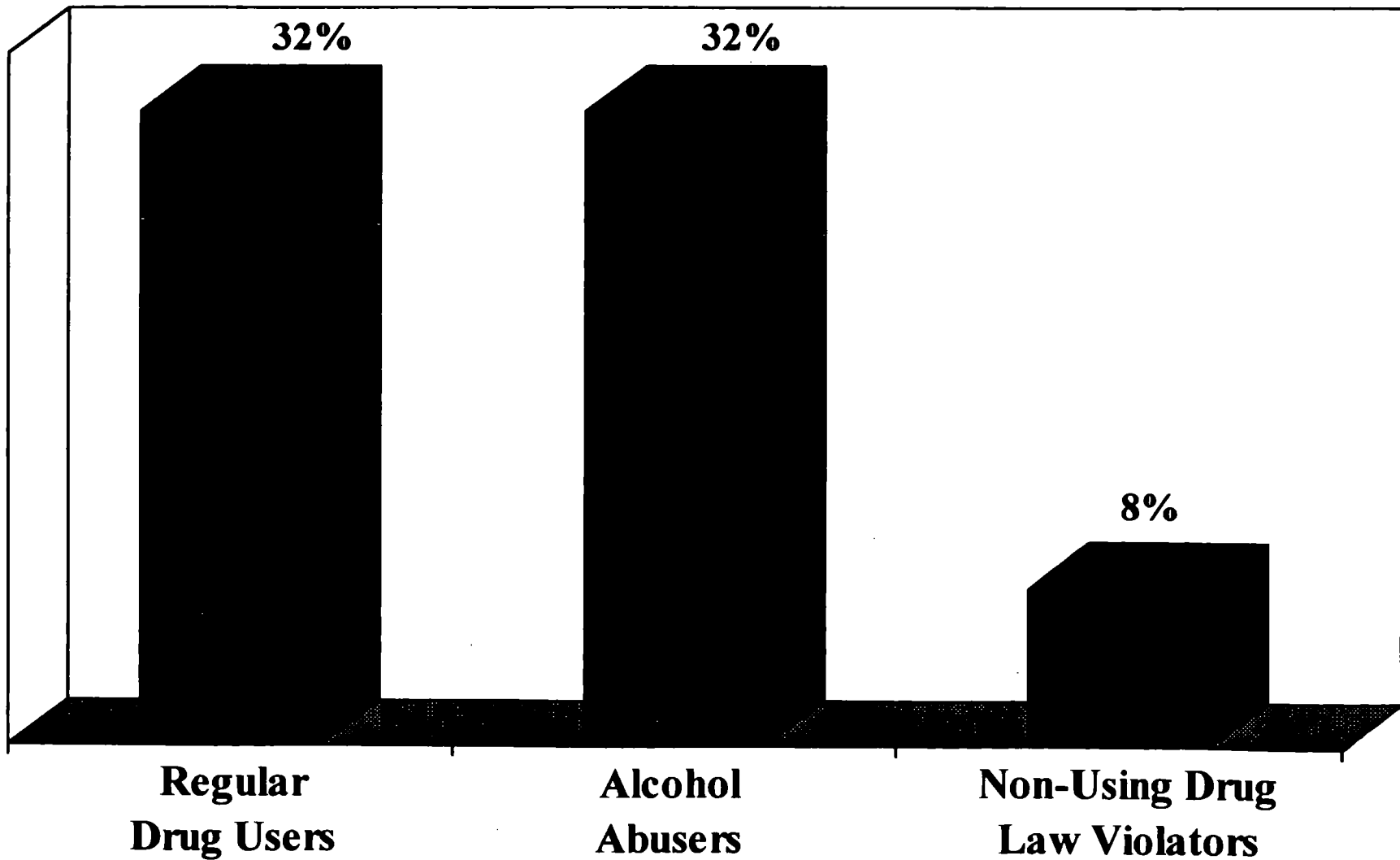
Inmates Under Influence of Drugs/Alcohol When Committing Property and Violent Crimes

	Violent Crimes	Property Crimes
State	49%	51%
Federal	33%	34%
Jail	51%	47%

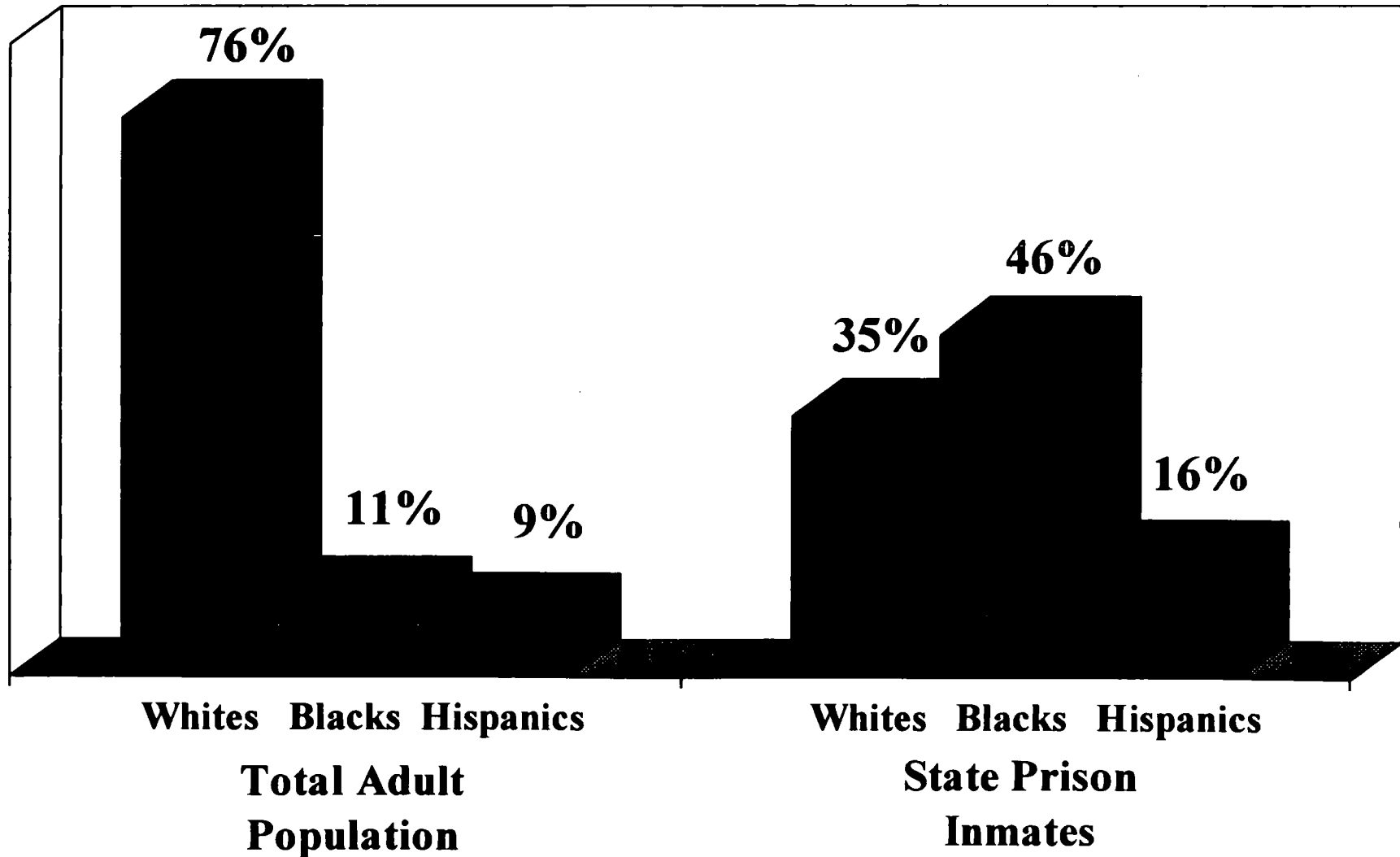
Alcohol -- Number One Drug Implicated in Violent Crime



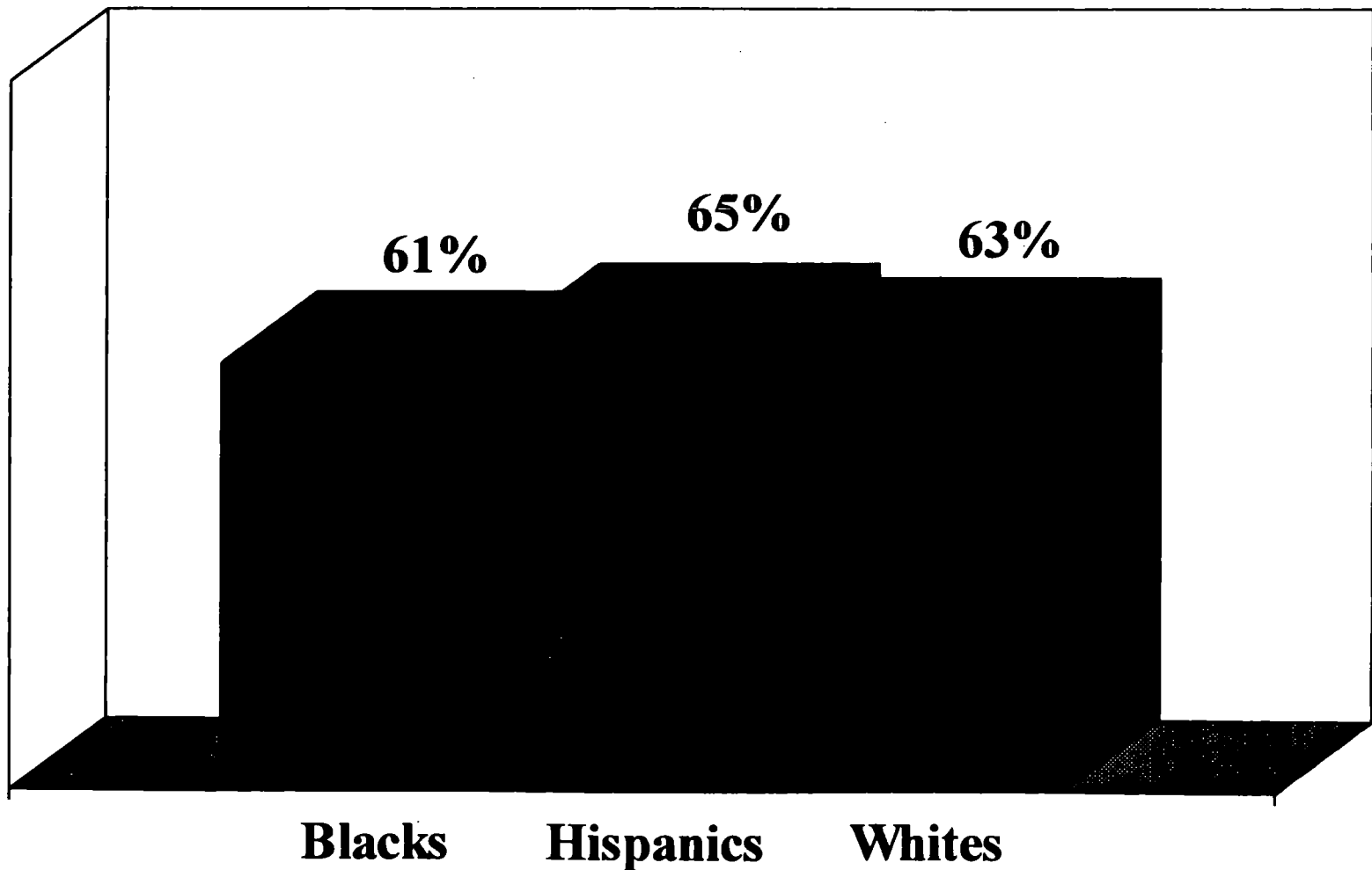
State Prison Inmates Whose Parents Abused Drugs/Alcohol



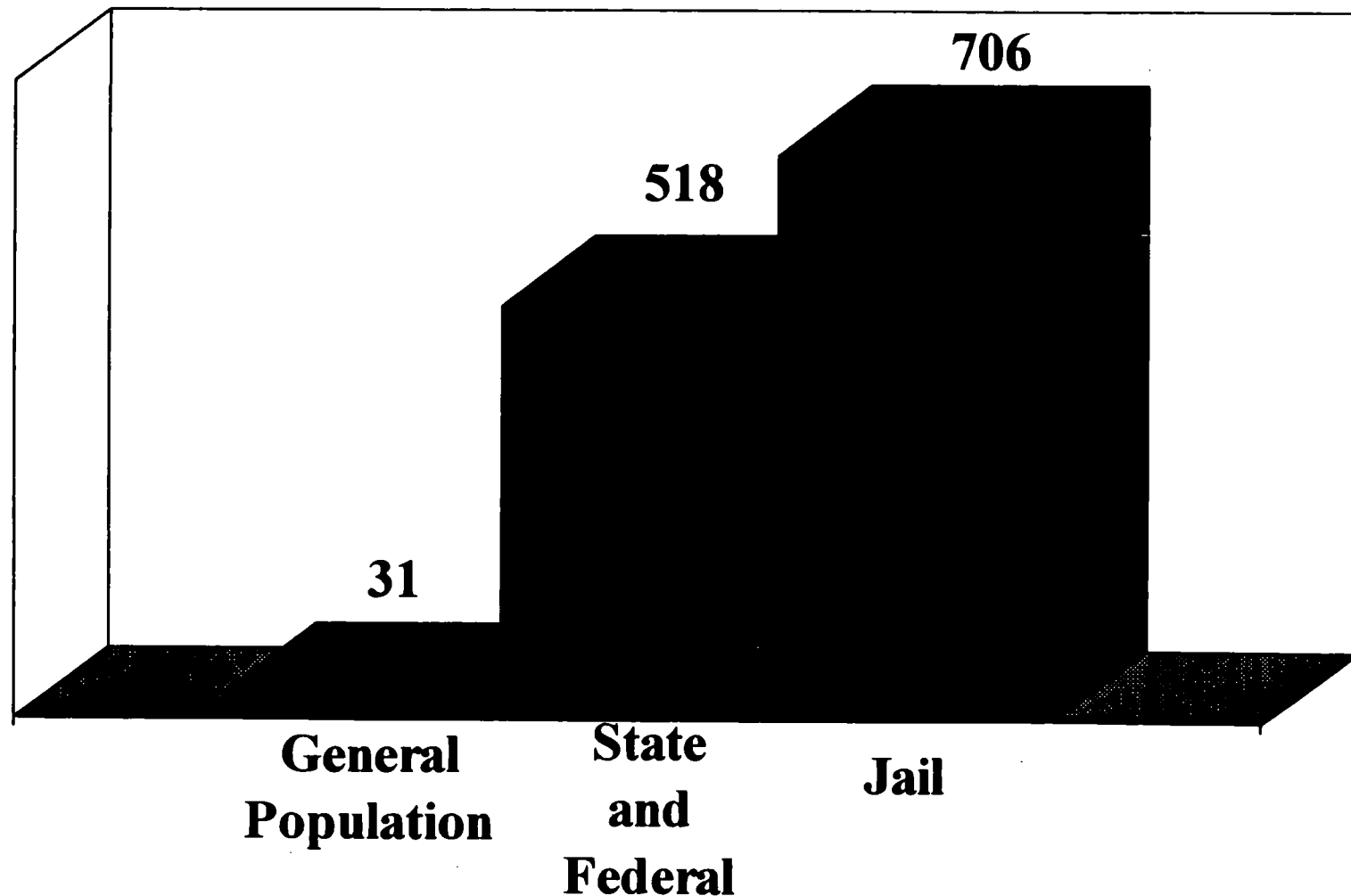
Race and America's Prison Population



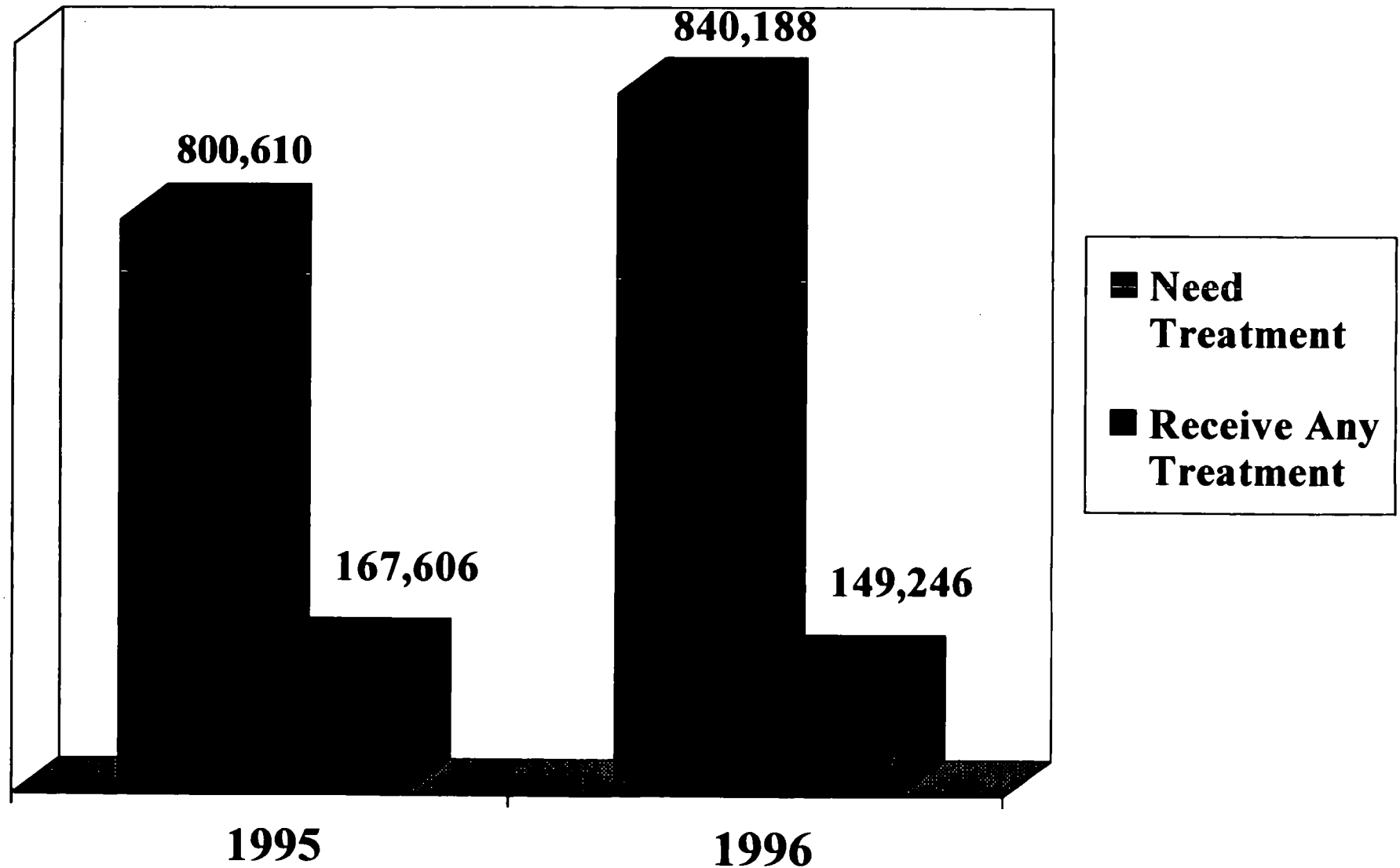
Rate of Regular Drug Use Among State Inmates



New AIDS Cases per 100,000 General Population vs. Inmates--1994



The Treatment Gap



Prison-Based Treatment California Amity Program

	Percent Reincarcerated Within One Year
Treatment with Aftercare	26%
Treatment only	43%
Dropouts	50%
No Treatment Comparison Group	63%

Prison-Based Treatment Delaware Key-Crest Program

	Within 18 months	
	% using drugs	% rearrested
Key-Crest	25%	28%
No Treatment Comparison Group	83%	64%

Open A Second Front in the War on Crime in America's Prisons

Treatment and training in prison can protect public safety and cut costs by reducing recidivism and helping inmates become working, taxpaying citizens and responsible parents.

Time Served in State Prison

- Robbery 51 months
- Aggravated Assault 36 months
- Burglary 24 months
- Drug Sales 21 months
- All Property Offenses 21 months

Comprehensive Treatment and Training Per Inmate

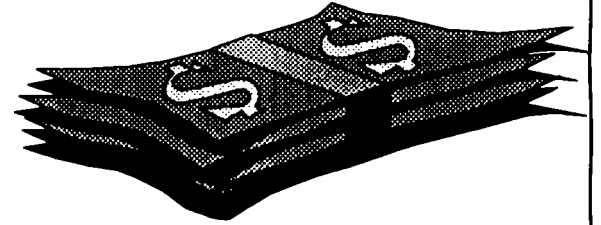
Cost of residential treatment	\$3,500
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Education, vocational training and aftercare	<u>\$3,000</u>
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Total Cost	\$6,500
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Return on Investment

Each inmate who remains drug-free and gets a job produces:



\$ 5,000 in reduced crime costs

\$ 7,300 in reduced arrest and prosecution costs

\$ 19,600 in reduced incarceration costs

\$ 4,800 in reduced health care costs

\$ 32,100 in economic benefits (based on \$21,400 in earnings)

TOTAL ECONOMIC BENEFIT: \$68,800

Long Term Return on Investment

Cost of Treatment and Training

1.2 Million Inmates

\$6,500 each

\$7.8 billion

Economic Benefit @ 10% success rate

120,000 inmates

\$68,800 each

\$8.26 billion

Net Economic Benefit - One Year

\$456 million

- Subsequent Years \$ 8 billion

The Second Front In The War On Crime

- Prevention, Prevention, Prevention
- Assess arrestees for substance abuse
- Divert non-violent substance abusers to treatment
- Train police, prosecutors and judges, correction officers, parole and probation officers and provide substance abuse professionals to help
- Revise mandatory sentencing laws
- Keep jails and prisons drug-, alcohol-, and tobacco-free

The Second Front In The War On Crime (con't)

- Provide effective treatment and literacy and job training in prison
- Increase availability of religious and spiritual activity
- Provide job placement and post-release support services
- Encourage innovations like drug courts, coerced abstinence and CASA's Opportunity To Succeed program.
- Increase prevention and treatment research



The National Center on
Addiction and Substance Abuse
at Columbia University

PRESS RELEASE

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Contact: Alyse Booth
(212) 841-5260 or Bob
Neuman (202) 628-2075

Website <http://www.casacolumbia.org>

152 West 57th Street
New York, NY 10019-3310

phone 212 841 5200
fax 212 956 8020
www.casacolumbia.org

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CASA* STUDY SHOWS ALCOHOL AND DRUGS IMPLICATED IN THE CRIMES AND INCARCERATION OF 80% OF MEN AND WOMEN IN PRISON

Taxpayers Spent \$30 Billion in 1996 to Incarcerate Inmates for Drug- and Alcohol-Involved Crimes

Califano calls for Second Front in War on Crime--In Our Prisons Drug and Alcohol Treatment in Prison Will Save Billions of Dollars and Significantly Reduce Crime

Behind Bars: Substance Abuse and America's Prison Population, a 281-page report released today by The National Center on Addiction and Substance Abuse at Columbia University (CASA), shows that the explosion in America's prison population—between 1980 and 1996, the number of inmates in state, federal and local prisons tripled, from 500,000 to 1.7 million—is due overwhelmingly to criminal activity linked to drug and alcohol abuse. The study reveals that drug and alcohol abuse and addiction are implicated in the incarceration of 80%—1.4 million—of the 1.7 million men and women behind bars today. Among the 1.4 million substance-involved inmates are parents of 2.4 million children, many of them minors.

The report, the culmination of three years work, finds that in 1996 \$30 billion of taxpayer dollars were spent to incarcerate individuals who have a history of drug or alcohol abuse and addiction or are serving time for drug- or alcohol-related crimes and that alcohol is more closely associated with violent crime than any illegal drug.

"This report is a call to open in the nation's prisons a second front in the war on crime," said Joseph A. Califano, Jr., CASA president and former Secretary of Health, Education and Welfare. "It is a call for a revolution in how we view those offenders whose core problem is alcohol

* The National Center on Addiction and Substance Abuse at Columbia University is neither affiliated with, nor sponsored by, the National Court Appointed Special Advocate Association (also known as "CASA") or any of its member organizations, or any other organization with the name of "CASA".

and drug abuse—a call to identify them, assess their treatment and training needs, separate them from criminal incorrigibles and give them the hand up they need to become productive citizens and responsible parents. If we answer that call, we will save billions of dollars, reduce crime, and reclaim thousands of individuals to live as responsible parents, hard workers, taxpayers and law-abiding citizens. The choice is ours as well as theirs," he said.

Behind Bars describes how substance abuse and addiction has shaped the criminal histories of 80% of prisoners today: 81% of the 1,076, 625 state inmates, 80% of the 105,544 federal inmates and 77% of the 518,492 local jail inmates¹ violated drug or alcohol laws, were high at the time they committed their crimes, stole property to buy drugs, or have a history of drug and alcohol abuse and addiction—or share some combination of these characteristics.

Currently, one of every 144 American adults is behind bars for a crime in which drugs or alcohol is involved. One out of every 60 men is currently incarcerated; one out of every 14 black men and one out of every 34 Hispanic men. If rates of incarceration continue to rise at their current pace, one in every 20 Americans born in 1997— one in every 11 men and one in every four black men— will serve time in prison during their lifetime.

"The case for change, revealed in the report, is urgent and overwhelming. Reducing alcohol and drug abuse and addiction is the key to the next major reduction in crime and the prison population provides an enormous missed opportunity," said Califano.

"Failure to use the criminal justice system to get non-violent drug- and alcohol-abusing offenders into treatment and training is irrational public policy and a profligate use of public funds. Releasing drug- and alcohol-abusing and addicted inmates without treating them is tantamount to visiting criminals on society. Releasing drug-addicted inmates without treatment helps maintain the market for illegal drugs and support drug dealers," added Califano.

Behind Bars is the most comprehensive analysis ever undertaken of the relationship of drug and alcohol abuse and addiction to the character and size of America's prison population. For three years, CASA has examined all available data on the people in prison including the U.S. Department of Justice surveys of inmates, surveyed and interviewed state and federal corrections officials, prosecutors and law enforcement officers, tested programs for substance-abusing offenders and reviewed relevant studies and literature.

The CASA study documents the shattering impact of substance abuse on America's correctional systems:

- By the year 2000 if current trends continue, the nation will break the \$100 million-dollar-a-day barrier in spending to incarcerate individuals with serious drug and alcohol problems.

¹ Local jails generally house individuals convicted of misdemeanors and sentenced to less than one year in prison and individuals who are awaiting trial.

- Between 1980 and 1996, the number of men in prison increased 229% from 477,706 to 1,570,231; the number of women increased 439% from 24,180 to 130,430.
- Between 1995 and 1996, state corrections budgets jumped 28%, the most rapidly growing expense for all states.
- Inmates who are alcohol and drug abusers and addicts are the most likely to be reincarcerated—again and again—and length of sentences increase for repeat offenders.
- The number one substance abuse crime in America is drunk driving, accounting for 1.4 million arrests in 1995 at a cost of \$5.2 billion for arrests and prosecutions.
- 81% of individuals selling drugs test positive at the time of arrest, including 56% for cocaine and 13% for heroin.
- Incidence of new AIDS cases among state and federal inmates in 1994 was 17 times higher than among the general population and most of these cases are drug related.

The explosion of the inmate population over the last sixteen years is largely attributable to drug law violations:

- From 1980 to 1995, drug law violators accounted for 30% of the increase in the state prison population and 68% of the increase in the federal prison population, making drug law violators by far the largest group of federal inmates.
- Arrests for drug law violations grew at more than 10 times the rate of property crime arrests and more than twice the rate of violent crime arrests.

Recidivism and Substance Abuse: Joined at the Hip

The report found that inmates who are alcohol and drug abusers and addicts are the most likely to be reincarcerated repeatedly:

- The more prior convictions an individual has, the more likely he is a drug abuser. In state prisons, 41% of first offenders have used drugs regularly compared to 63% of inmates with two prior convictions and 81% of inmates with five or more prior convictions.
- 50% of state parole and probation violators were under the influence of drugs, alcohol or both when they committed their new offense.
- State prison inmates with five or more prior convictions are three times likelier than first-time offenders to be regular crack users.

Alcohol: The First Cousin of Violent Crime

Alcohol is more closely associated with crimes of violence than any other drug. It is a bigger culprit in connection with murder, rape, assault and child and spouse abuse than any illegal drug:

- 21% of state inmates incarcerated for violent crimes were under the influence of alcohol (and no other substance) when they committed their crime compared with 3% under the influence of cocaine or crack alone and 1% under the influence of heroin alone.
- Violent crimes among jail inmates are also more closely linked to alcohol than to any other drug, with 26% of violent offenders under the influence of alcohol alone at the time of their crime, versus 4% under the influence of crack or cocaine alone and none under the influence of heroin.

It Runs in the Family

The CASA study also examines the common characteristics and histories of substance-involved offenders. Regular drug users are twice as likely to have parents who abused drugs and alcohol than inmates who are not regular drug users. They are also likelier than the general inmate population to have a family member who served prison time.

- 15% in state prison and 20% in jail have been physically and sexually abused.
- More than 40% of female state and local inmates have been victims of physical and sexual abuse.

The Treatment Gap: Need vs. Availability and Participation

The report concludes that in state and federal prisons, the gap between available substance abuse treatment – and inmate participation – and the need for such treatment is enormous and widening. State officials estimate that 70 to 85% of inmates need some level of substance abuse treatment. But in 1996, only 13% of state inmates were in any treatment.

As the number of inmates in need of treatment has risen, the proportion receiving it has declined. CASA estimates that states spend an average of 5% of their annual prison budgets on drug and alcohol treatment. In 1997, the Federal Bureau of Prisons spent \$25 million—0.9% of the federal prison budget on drug treatment. In 1996, there were 840,000 state and federal inmates in need of treatment and about 150,000 inmates actually received treatment, and much of that treatment was inadequate. From 1995 to 1996, the number of inmates in treatment decreased by 18,360 as inmates in need of treatment rose by 39,578.

The study suggests that many prisoners can be rehabilitated with well-designed prison based treatment programs and literacy training, combined with prerelease planning and community-based aftercare services, including assistance with housing, education, employment and medical care. Residential prison treatment combined with appropriate aftercare can reduce relapse and recidivism.

Missed Opportunity: Reducing Crime and Costs to Taxpayers

In examining the increasing cost of incarcerating prisoners, CASA found that 80% or \$30 billion of the \$38 billion dollars spent in 1996 to build and operate the nation's prisons and jails is spent to incarcerate substance-involved offenders.

The CASA study estimates that it would take approximately \$6,500 per year, in addition to usual incarceration costs, to provide an inmate with residential treatment in prison and include vocational and educational training, psychological services and aftercare case management. For each offender who successfully completes treatment and returns to the community as a sober citizen with a job, it is estimated that an economic benefit of \$68,800, in reduced crime, arrest, prosecution and incarceration costs, health care savings and potential earnings, will accrue during the first year after release.

There are 1.2 million inmates who are drug and alcohol abusers and addicts (the other 200,000 of the substance-involved inmates are dealers who do not use drugs). If only 10% of those inmates—120,000—are successfully treated and trained, the economic benefit in the first year of work after release would be \$8.6 billion. That is a surplus of \$456 million over the \$7.8 billion treatment and training costs for all 1.2 million inmates. Thereafter, the economic benefit would be more than \$8 billion each year.

The Second Front in the War on Crime

To open a second front in the war on crime, the CASA report sets out a plan of action to cut taxpayer costs and reduce recidivism, including:

Research:

- A major investment in research to improve the cost-effectiveness of treatment

Pre-Prison:

- Assess the substance abuse involvement of potential inmates at the time of arrest.
- Provide police, prosecutors and judges with flexibility so that non-violent offenders who are addicted to alcohol and drugs can be diverted from prison into treatment, drug courts, coerced abstinence or other programs.
- Get rid of mandatory sentences for nonviolent offenders with no chance of parole.

Prison:

- Train correction officers to better prevent the use of alcohol and drugs in prison and assist inmates with recovery.
- Expand random drug testing of prisoners and keep jails and prisons alcohol and drug free, employing sanctions against inmates caught abusing these substances.

- Provide treatment in prison to all who need it and give incentives (reduced prison time) to inmates who successfully complete treatment.
- Increase the availability of religious and spiritual activity and counseling and provide an environment that encourages such activity.

Post-Prison:

- Provide pre-release planning for treatment and aftercare services for parolees who need them.
- Provide job placement services for inmates upon release.
- Train parole and probation officers to deal with alcohol and drug abuse and assist parolees with finding services they need to remain clean once they leave prison, such as drug-free housing, literacy training and social services.

The National Center on Addiction and Substance Abuse at Columbia University is the only national organization that brings together under one roof all the professional disciplines needed to study and combat all types of substance abuse as they affect all aspects of society. CASA's missions are to: inform Americans of the economic and social costs of substance abuse and its impact on their lives; assess what works best in prevention, treatment and law enforcement; encourage every individual and institution to take responsibility to combat substance abuse and addiction; provide those on the front lines with tools they need to succeed; and remove the stigma of substance abuse and replace shame and despair with hope.

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The National Center on
Addiction and Substance Abuse
at Columbia University

FOR RELEASE
January 8, 1998
10 a.m.
Washington, DC

152 West 57th Street
New York, NY 10019-3310

phone 212 841 5200
fax 212 956 8020

**Statement
of
Joseph A. Califano, Jr.
Chairman and President
The National Center on Addiction and
Substance Abuse At Columbia University
on release of**

Behind Bars: Substance Abuse and America's Prison Population

Three years in the making, this CASA report is the most penetrating analysis ever attempted of the relationship of drug and alcohol abuse and addiction to the explosion of America's prison population.

The raw numbers tell an astounding story. Drug and alcohol abuse and addiction are implicated in the crimes and incarceration of 80 percent--some 1.4 million--of the 1.7 million men and women behind bars in America. Those 1.4 million offenders in state and federal prisons and local jails violated drug or alcohol laws, were high at the time they committed their crimes, stole property to buy drugs, or have a history of drug and alcohol abuse and addiction--or share some combination of these characteristics. Among these 1.4 million inmates are parents of 2.4 million children, many of them minors. Today, one of every 144 American adults is behind bars for a crime in which drugs and alcohol are involved.

Thanks largely to alcohol and drug abuse, the rate of incarceration for American adults was 868 per 100,000 adults in 1996, compared to less than 100 per 100,000 for most European countries and 47 per 100,000 for Japan. The expense of building and operating prisons is the 800 pound gorilla in most state budgets, with spending rising at a breakneck pace--increasing 28 percent in 1996, the most rapidly growing expense for the states.

From 1980 to 1996, the number of people in prison has tripled due overwhelmingly to criminal activity spawned by drug and alcohol abuse. If this rate of increase continues, then one in every 20 Americans born in 1997 will spend some time during their life in prison, including one in every 11 men and one in every four black men. While the 130,000 female inmates constitute only 7.7 percent of the prison population, their numbers are rising at twice the rate of increase for male inmates and drugs and alcohol lurk in the shadows of incarceration for 80 percent of these women as well.

This study demonstrates that criminal recidivism is very much a function of drug and alcohol abuse. The more often an individual is imprisoned, the likelier that inmate is to be a drug or alcohol addict or abuser. Forty-one percent of first-time offenders in state prison have a history of regular drug use; the proportion jumps to 81 percent for those with five or more prior

convictions. Regardless of the crimes they commit, individuals who test positive for drugs at the time of arrest have longer criminal records and have been imprisoned more often than those who do not test positive.

The most troublesome aspect of these grim statistics is that the nation is doing so little to change them. From 1993 to 1996, as the number of inmates needing substance abuse treatment climbed from 688,000 to 840,000, the number of inmates in treatment hovered around 150,000—and much of the treatment they are receiving is inadequate. From 1995 to 1996, the number of inmates in treatment decreased as the number in need of treatment rose.

Contrary to conventional wisdom and popular myth, alcohol is more tightly linked with more violent crimes than crack, cocaine, heroin or any other illegal drug. In state prisons, 21 percent of inmates incarcerated for violent crimes were under the influence of alcohol—and no other substance—when they committed their crime; in contrast, at the time of their crimes, only three percent of violent offenders were under the influence of cocaine or crack alone, only one percent under the influence of heroin alone. In local jails, 26 percent of inmates incarcerated for violent crimes were under the influence of alcohol alone at the time of their offense; in contrast, at the time of their crimes, only 4 percent of violent offenders were under the influence of cocaine or crack alone, and none were under the influence of heroine alone.

If (as federal and state laws and regulations provide) the objective of our criminal justice and prison system is to protect the public safety by incarcerating incorrigible offenders and rehabilitating as many others as possible, the prevailing policy of prison only—with no treatment or preparation for return to the community—is, as Brooklyn District Attorney Charles J. Hynes puts it, "lunacy." For treatable alcohol and drug abusers, mandatory sentences (particularly those which require convicts to serve their entire time in prison with no parole) endanger rather than protect the public safety. Getting and keeping drug and alcohol abusers and addicts in treatment requires all the carrots and sticks society can muster. The hope of early release can encourage inmates to seek and complete treatment; the threat of return to prison can help keep parolees in treatment and aftercare.

During the last few years the nation has experienced a significant reduction in crime. The data available do not yet permit conclusive determination of the reasons for this decline. However, CASA's exhaustive examination of the character of the prison population in this report suggests that much of the drop may be due to the lower number of drug and alcohol addicts and abusers on the street, an assessment shared by many street ethnographers—the individuals who survey conditions by talking to police, drug dealers and addicts. To some extent, that drop is in turn due to the increased numbers of substance abusers who are behind bars, thanks to stepped up law enforcement and more prison sentences. But (as this report notes) though many more of these abusers and addicts are in prison, they will be coming out on average in 18 months to four years. Thus, a critical component of sustaining this lower rate of crime is to get as many of these incarcerated addicts and abusers as possible in recovery. Indeed, failure to do so will be the greatest missed opportunity for our nation to enter the new millenium with enhanced public safety.

To date, this failure has hit the nation's minorities with special savagery because of their high proportion of the inmate population. Blacks, 11 percent of the adult population, comprise 46 percent of state, 30 percent of federal and 42 percent of jail inmates. Hispanics, nine percent of the adult population, comprise 16 percent of state, 28 percent of federal and 17 percent of jail inmates. In 1996, 744,678 blacks were incarcerated, 289,956 Hispanics and 619,138 whites (who are 76 percent of the adult population, but less than 40 percent of the prison and jail population). The proportion of state inmates who have a history of regular drug use is similar among these groups: 61 percent of blacks, 65 percent of Hispanics and 63 percent of whites.

It is time to open a second front in the war on crime. And that front is in American prisons. Many of the individuals incarcerated for drug- or alcohol-related crimes would have committed their offenses even in the absence of substance abuse. But many--hundreds of thousands of the 1.4 million substance-involved inmates--would be law abiding, working, taxpaying citizens and responsible parents, if they lived sober lives.

The good news of this report is that an investment in such rehabilitation holds the potential of enormous returns for taxpayers, the economy and crime reduction. The cost of proven treatment for inmates, accompanied by appropriate education, job training and health care, would average about \$6,500 per year. For each inmate who successfully completes such treatment and becomes a taxpaying, law-abiding citizen, the annual economic benefit to society--in terms of avoided incarceration and health care costs, salary earned, taxes paid and contribution to the economy--is \$68,800, a tenfold return on investment in the first year. If a year of such comprehensive treatment turns around only ten percent of those who receive it, it will pay for itself within the next year. Even with the difficult inmate population, success rates are likely to reach at least 15 percent of those who receive such treatment and training.

There are 1.2 million inmates who are drug and alcohol abusers and addicts (the other 200,000 of the 1.4 million substance-involved inmates are dealers who do not use drugs). If we successfully treat and train only 10 percent of those inmates--120,000--the economic benefit in the first year of work after release would be \$8.256 billion. That's \$456 million more than the \$7.8 billion cost of providing treatment and training (at a cost of \$6,500 each) for the entire 1.2 million inmates with drug and alcohol problems. Thereafter, the nation would receive an economic benefit of more than \$8 billion for each year those released inmates remain employed and drug- and crime-free. That's the kind of return on investment to capture the imagination of any businessman.

The potential for reduction in crime is also significant. Estimates of property and violent crimes committed by active drug addicts range from 89 to 191 per year. On a conservative assumption of 100 crimes per year, for each 10,000 drug-addicted inmates who after release stay off drugs and crime, the nation will experience a reduction of one million crimes a year.

Failure to use the criminal justice system to get nonviolent drug- and alcohol-abusing offenders into treatment and training is irrational public policy and a profligate use of public funds. Releasing drug- and alcohol-abusing and addicted inmates without treating them is tantamount to visiting criminals on society. Releasing drug-addicted inmates without treatment helps support and maintain the market for illegal drug dealers.

I regard this report, *Behind Bars: Substance Abuse and America's Prison Population*, as a call to open in the nation's prisons a second front in the war on crime. It is a call for a revolution in how we view those offenders whose core problem is alcohol and drug abuse and addiction--a call to identify them, assess their treatment and training needs, separate them from criminal incorrigibles and give them the hand up they need to become productive citizens and responsible parents. If we answer that call, we will save billions of dollars, reduce crime and reclaim thousands of individuals to lives as responsible parents, hard workers, taxpayers and law-abiding citizens.

To answer that call, this report sets out a plan of action: an end to mandatory sentences which take no account of individual or public safety needs; training in substance abuse and addiction for police, prosecutors, judges, corrections personnel and parole officers; careful assessment of offenders in order to identify those likely to benefit from treatment; complementing drug and alcohol treatment with literacy and job training and health care including HIV prevention (the incidence rate of new AIDS cases among state and federal inmates is more than 17 times higher than in the general population); providing an environment that encourages religious involvement of inmates; attending to the special needs of drug- and alcohol-abusing female inmates; for released offenders, treatment, aftercare, counseling and assistance in getting jobs and drug-free living arrangements; use of sanctions and rewards to encourage substance-involved inmates in prison and after release to get and stay sober; diversion of nonviolent drug- and alcohol-abusing arrestees prior to trial.

Judges facing complex anti-trust and environmental cases add economists and environmental experts as clerks; judges with high case loads of offenders with drug and alcohol problems should hire experts in substance abuse assessment, treatment and public health to assist them. Indeed, such experts should be available also to assist police, prosecutors, prison wardens, and parole and probation officers as they make judgments about individual offenders. It's this kind of a revolution in thought and action about crime, punishment and prisoners that the report recommends.

We must remember that prisons are the end of the road and ideally this nation should invest in children and teenagers before they take their first steps along this road. Millions of American children grow up in families wracked by drug and alcohol abuse and in neighborhoods and schools infested with illegal drugs and drug dealers--situations that General Colin Powell rightly calls "training camps for America's prisons."

Finally, let me express my appreciation to the CASA staff, especially Steven Belenko, Ph.D., senior research associate and widely respected expert in criminology, Jordan Peugh and Sue Foster, Vice President and Director of Policy Research and Analysis, and to the Charles E. Culpeper Foundation and The Robert Wood Johnson Foundation whose financial support made this three-year effort possible.



Photo by Barbara Davidson/The Washington Times
Flanked by Vice President Al Gore, Gen. Barry McCaffrey and Deputy Attorney General Eric Holder, President Clinton discusses his "coerced abstinence" policy.

Prisons given right to spend building funds to fight drugs

By Warren P. Strobel
THE WASHINGTON TIMES

President Clinton yesterday ordered a series of steps to curb drug use in prisons, and said he would ask for nearly \$200 million in his upcoming budget to fund a policy of "coerced abstinence."

Mr. Clinton signed an executive order that, for the first time, permits states to use federal prison construction funds for anti-drug programs and requires states to determine the level of drug use in their correctional facilities.

The president said he wants to "break the chain between drug use and criminal activity," and he cited a series of statistics documenting that link.

Yesterday's action had been in the works for several months, but officials acknowledged the announcement was accelerated to take advantage of a Columbia University report issued last week.

The report by the university's Center on Addiction and Substance Abuse found that 80 percent of the 1.7 million Americans in prison were under the influence of drugs or alcohol when arrested, stole property to buy drugs or had a history of substance abuse.

The White House initiative is the latest in a series of announcements, both large and small, that administration officials say prove Mr. Clinton has much more work to do in his last three years in office.

"I have some weeks ago signed off on a very ambitious agenda, only part of which

has been revealed," the president said yesterday in answer to a reporter's question about funding for new teachers.

Rep. Bill Paxon, New York Republican, has proposed eliminating Education and Energy department programs to provide money for block grants to the states to fund 100,000 additional teachers.

White House officials hinted that Mr. Clinton may propose something similar, and suggested that Mr. Paxon lifted their idea. A spokesman for the congressman disputed that, saying the program was modeled after one proposed by Virginia Gov.-elect James S. Gilmore III.

In September 1996, at the height of his re-election campaign, Mr. Clinton proposed that states that receive federal prison funds adopt drug-testing programs. That policy became law last year.

The executive order Mr. Clinton signed in the Oval Office yesterday toughens reporting requirements for states on their prison-drug-use problem. It orders the Justice Department to work with the states and draft legislation that would enhance penalties for drug trafficking in correctional facilities.

"Jail time has to be cold turkey for those who are addicted, and must represent unemployment for those who are drug dealers," said retired Gen. Barry McCaffrey, director of the Office of National Drug Control Policy.

Pilot testing done in 1997 found that 9 percent of prisoners tested positive for drugs, he said.

The Washington Times
TUESDAY, JANUARY 13, 1998

Financial crisis hits Singapore, Hong Kong

By Patrice Hill
THE WASHINGTON TIMES

A1

Asia's financial crisis shifted to Hong Kong and Singapore yesterday, forcing the closure of a major investment house and shaking the stocks of the former havens while sending tremors through world markets.

However, stocks in New York, Europe and two Asian countries recovered some after being pelted in the last week, amid efforts by the United States, the International Monetary Fund, and the leaders of Japan and Germany to stop the latest bout of financial chaos.

Indonesia's troubled markets, whose free fall last week set off a chain reaction around the world, gained some lost ground yesterday as IMF and Clinton administration officials met with Indonesian President Suharto and reported that the aging head of state was ready to comply with the economic reforms prescribed by the West.

"We can restore stability if the countries will take the steps that are necessary," said Mr. Clinton, citing the need for banking and economic reforms that "will inspire investor confidence."

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CRISIS

From page A1

throughout the region.

"The IMF reform packages have to be followed, and the rest of us need to be in a position of supporting those trends," he said at a press conference.

Suharto's government announced over the weekend that it was scrapping 15 infrastructure projects, some owned by Suharto's family, in a key belt-tightening measure demanded by the West. West German Chancellor Helmut Kohl and Japanese Prime Minister Ryutaro Hashimoto both reported getting Suharto's pledge for further reforms in phone conversations over the weekend.

In return, Stanley Fischer, the IMF's deputy managing director, said the international lender of last resort would let up on its call for a budget surplus in Indonesia, in light of the country's worsening economic conditions.

Suharto will confer tomorrow with U.S. Defense Secretary William S. Cohen, who is on a seven-nation trip through Asia. The United States is concerned that Indonesia's economic upheaval could touch off political and social unrest and endanger U.S. strategic interests.

Federal Reserve Chairman Alan Greenspan, surrounded by hecklers shouting "It's a disgrace" as he toured South Central Los Angeles yesterday, defended the IMF reform plans, which are tied to loans totaling \$100 billion to strapped Asian countries.

Liberal Democrats and some conservative Republicans oppose the foreign aid because it is directed to the countries' ruling elite, bankers and corporations.

"To the extent that we have operations, in one form or another, abroad, it's because it is in the interest of the American people," Mr. Greenspan said in response to a question from Rep. Barney Frank, Massachusetts Democrat.

The West's concerted efforts to stem Asia's turmoil helped boost the Dow Jones Industrial Average, which initially plummeted by more than 140 points on news of an 8.7 percent drop in Hong Kong's key stock index. After a day of wild swings in both direction, the Dow ended up 66.76 points.

European markets were hit hard by Asia's woes, with key indexes in London, Paris, Moscow and Frankfurt ending down sharply despite a brief rally inspired by New York's comeback.

Stocks also rose in South Korea, where economic resuscitation efforts are under way. But the recovery in Indonesia failed to stop another financial bloodbath in Hong Kong and Singapore, where a key stock index fell nearly 10 percent.

Stocks also fell steeply in Japan, Taiwan, Malaysia and Australia.

Asian markets went over the edge yesterday when Peregrine Investments Holdings Ltd., one of Asia's foremost investment banks, announced it would start liquidating and laid off 1,700 workers in Hong Kong and other offices around the world.

Peregrine fell victim to a plunge in Indonesia's currency after it lent about \$400 million to Indonesian companies that are now unable to repay the loans.

As the Asian crisis deepens, many analysts warn that Hong Kong and China could be the next dominoes to fall. Hong Kong's dol-

lar has been under constant attack by speculators, and many analysts say it is overvalued.

The high interest rates Hong Kong authorities have imposed to defend the dollar have hurt banking and real estate, the backbone of Hong Kong's economy, causing its stock market to plunge.

China's currency, the yuan, also is overvalued by up to 20 percent. Like Hong Kong, it is under pressure to succumb to the regionwide devaluation, said Sung Won Sohn, chief economist with Norwest Corp. in Minneapolis.

Apparently to address rising concern about instability in these countries, Treasury Undersecretary Lawrence Summers scheduled visits in Hong Kong and Beijing later this week as part of his tour to bolster confidence in the region, wire services reported.

• Willis Witter in Tokyo contributed to this report.

The Washington Times
TUESDAY, JANUARY 13, 1998

President Announces Directive, Proposals To Deal With Drug Use by Prison Inmates

Teacher Hiring, Minimum Wage Also May Appear in Annual Address

By Peter Baker
Washington Post Staff Writer

President Clinton proposed measures yesterday to crack down further on drug use by prison inmates as he continued a blitz of policy announcements highlighting the 1998 agenda he intends to lay out in his State of the Union speech in two weeks.

In a brief Oval Office ceremony, Clinton signed a presidential directive that will force states to measure the extent of the drug abuse problem in their prisons and report annually. Clinton also proposed \$200 million more to combat drugs behind bars and called for legislation that would require states to stiffen sentences and would give them more flexibility in funding anti-drug programs.

"If we do not do it, we will continue to see people go right back on the streets with the drug habits that got them in trouble in the first place," Clinton said. "If we do it, the crime rates will plummet and the drug problem will dramatically shrink."

The directive, which builds on a plan announced in September 1996 during Clinton's reelection campaign, is the latest in a string of policy pronouncements emerging from the White House in recent weeks. From health care to Social Security and now to crime, the president has been announcing initiatives in rapid succession in an attempt to frame the debate before Congress returns to town to hear his annual address on Jan. 27.

White House officials hinted yesterday at two other possibilities that may find their way into the State of the Union address as well—a plan to help schools hire more teachers and another to increase the minimum wage. Both ideas have influential patrons on Capitol Hill, but Clinton and his aides played coy on whether either may win his backing.

The more likely of the two appeared to be the teacher plan. Rep. Bill Paxon (R-N.Y.) and Sen. Edward M. Kennedy (D-Mass.) both have proposed adding 100,000 teachers to the nation's faculties and the president smiled when asked if he would propose something similar.

"What I hope we will be able to do in this session of Congress is to make education a national issue," Clinton said. White House press secretary Michael McCurry dropped a stronger hint, saying, "He's a very clever fellow, that Congressman Paxon. Maybe he caught wind of some things that we were thinking."

Aides suggested later that the president does plan some initiative designed to expand teaching opportu-

nities and incentives. But they would not discuss details, saying they wanted to save some suspense for the speech. A plan to hire teachers could follow the model of Clinton's first-term crime bill, in which the federal government committed to adding 100,000 police officers to the streets by providing matching funds to local governments.

Clinton likewise enjoyed a victory in 1996 when he pushed a minimum wage increase through Congress and aides yesterday left the door open for another hike. Kennedy has proposed raising the hourly minimum wage from \$5.15 to \$7.25 over five years.

"That's an idea that we have to be looking at carefully and have to be thinking about as we think of other things that we are pursuing with respect to macroeconomic policy," McCurry said.

An official who asked not to be named said the issue would be submitted for a formal review by the National Economic Council this week. Even if Clinton opts for a wage hike, this official said, the magnitude of Kennedy's proposal would not be "anywhere near possible."

Another idea that once met with Clinton's approval will no longer be on his legislative wish list. The White House said yesterday that Clinton has reversed his support for a ban on campaign contributions from non-citizens, a proposal he endorsed in the waning days of the 1996 election as he and the Democrats were under fire for accepting large donations from foreign-born residents. Shortly after the election, the Democratic National Committee adopted such a rule, but dropped it last weekend.

"The president agrees ... that the unintended consequence of that policy has been to make some communities feel like they are not worthy participants in the political process," McCurry said. "And I think the president feels that was a bad outcome of a policy that was well intentioned."

As he prepares for the State of the Union speech, Clinton conducted another in a series of broad discussions with prominent figures, this time civil rights leaders interested in his campaign to promote racial reconciliation. Among those who met with the president for more than 90 minutes were Wade Henderson of the Leadership Conference on Civil Rights, Hugh Price of the Urban League, Karen Narasaki of the National Asian Pacific American Legal Consortium, Raul Yzaguirre of the National Council of La Raza and Roger Wilkins of George Mason University.

The Washington Post

TUESDAY, JANUARY 13, 1998

Interim Measures Urged in Pacific Salmon Dispute

Reuters

U.S. and Canadian envoys trying to resolve a Pacific salmon fishing dispute recommended yesterday that authorities enforce interim fishing arrangements for two years while a longer-term solution is worked out.

In a report to their governments, the envoys said interested parties known as "stakeholders"—primarily fishers—had failed to agree on salmon allocations and their meetings should not be resumed.

William D. Ruckelshaus, former head of the U.S. Environmental Protection Agency, and David Strangway, president of the University of British Columbia, reported their findings to President Clinton and Canadian Prime Minister Jean Chretien.

They were appointed last July to cool tensions in the long-running dispute after 200 Canadian fishing boats blockaded an Alaskan ferry boat for three days to protest against what they called U.S. overfishing of salmon.

Canadian officials have long contended Alaskan fishing vessels take salmon bound for British Columbia waters well in excess of limits set in the 1985 Pacific Salmon Treaty signed by the two countries.

Official Says U.S. Accepts Split on Tobacco Funds

Associated Press

The White House has agreed to let states receive \$196 billion of the proposed \$368 billion national tobacco settlement, Mississippi Attorney General Michael Moore said yesterday.

Moore said top White House officials provided him with the numbers at a meeting last week.

Administration officials would not comment yesterday.

The plan should settle squabbling between the states and the Clinton administration over the settlement's proceeds. But Congress still must decide whether to approve a deal and set the final figures.

Under the settlement proposal that would end 40 state lawsuits, tobacco companies would pay \$368 billion over 25 years and curb their marketing practices. The firms also would get protection against future lawsuits and limits on federal tobacco regulation.

The Clinton administration last fall warned states that federal law required them to split any settlement proceeds with the federal government. That's because the states sued the tobacco industry seeking to recover Medicaid funds spent treating sick smokers. The federal government pays 50 percent to 70 percent of state Medicaid bills.

The National Governors' Association and other state groups told President Clinton they should get all the funds, because the federal government chose not to participate in the lawsuits.

Moore, a leader in the state tobacco litigation efforts, said the compromise gives states a share of federal Medicaid money, but that share must be used for children's health care.

Moore's figures differed from those in published reports that Clinton's upcoming budget would allocate one-third of the settlement's first proceeds to the states.

Moore said he was confident the math hadn't changed, but if it had, "it wouldn't go over well at all" with the states.

FBI Agent's Manslaughter Case Moved to Federal Court

Sharpshooter Who Fatally Injured Vicki Weaver at Ruby Ridge Faces Idaho Prosecution

Randy Weaver—also took the lives of a federal marshal and Weaver's 14-year-old son. Horiuchi was one of dozens of agents who surrounded the Weaver cabin as the standoff unfolded. Under special FBI rules of engagement drafted during the standoff, sharpshooters were instructed that "any armed adult male observed within the vicinity of the Weaver cabin could and should be killed."

Horiuchi said he was aiming at an armed male when he fired the shot that hit Vicki Weaver.

The Justice Department declined to prosecute Horiuchi after extensive reviews of prosecutors in Idaho, decided against slaughtering

by FBI managers that led to the shooting death of Vicki Weaver. The Justice Department is paying for Horiuchi's criminal defense.

ers' mountaintop cabin in Ruby Ridge.

U.S. District Judge Edward Lodge in Boise granted Horiuchi's request that the state's manslaughter case be heard in federal court. A little-used statute allows a federal court to adjudicate criminal or civil cases brought under state law against federal officers. The statute was intended to protect federal agents from malicious prosecution by state agencies.

An FBI sharpshooter charged in the death of the wife of white separatist Randy Weaver at Ruby Ridge, Idaho, succeeded yesterday in getting his case transferred to federal court.

Last week, an Idaho state judge ordered agent Lon Horiuchi to stand trial on a charge of involuntary manslaughter for shooting 43-year-old Vicki Weaver during the 1992 federal siege of the Weaver

but John Sennett of the FBI Agents Association said his group has been assured that Attorney General Janet Reno will support such a move. He said the agents' association was "very encouraged" by yesterday's actions.

To have the charges dismissed, Horiuchi needs to show that he was acting within his duties, and reasonably believed the shooting was "necessary and proper."

The 11-day Ruby Ridge standoff—which began over relatively minor weapons charges against

The Justice Department declined to comment on whether it will support a dismissal motion,

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 12, 1998

January 12, 1998

MEMORANDUM FOR THE ATTORNEY GENERAL

SUBJECT: Zero Tolerance for Drug Use and Drug Availability
for Offenders

Crime rates in this country have dropped significantly for 5 years, and the number of Americans who have used drugs is down nearly 50 percent from its peak 15 years ago. Also, drug-related murders have dropped to their lowest point in a decade, and recent drug use surveys indicate that -- for the first time in years -- teen drug use is leveling off, and in some instances, modestly decreasing. All of this news is encouraging.

Nonetheless, much more can and needs to be done to continue to bring down drug use and increase public safety. With more than half the offenders in our criminal justice system estimated to have a substance abuse problem, enforcing coerced abstinence within the criminal justice system is critical to breaking the cycle of crime and drugs. My Administration consistently has promoted testing offenders and requiring treatment as a means of reducing recidivism and drug-related crime. We have worked to expand the number of Drug Courts throughout the country, increased the number of Federal arrestees and prisoners who are tested and treated for drugs, and launched an innovative "Breaking the Cycle" initiative, which is a rigorous program of testing, treatment, supervision, and sanctions for offenders at all stages of the criminal justice process. And under your leadership, the Federal Bureau of Prisons provides models of excellence in drug detection, inmate testing, and drug treatment.

We can do still more to enforce coerced abstinence among State prisoners, probationers, and parolees. When a drug user ends up in a State prison, we have a chance to break his or her addiction. Convicted offenders who undergo drug testing and treatment while incarcerated and after release are approximately twice as likely to stay drug- and crime-free as those offenders who do not receive testing and treatment. But when drug use inside prisons is ignored, the demand for drugs runs high. In this environment, correction officials struggle to keep their prisons drug-free. Often drugs are smuggled in by visitors; sometimes even by compromised correctional staff.

To maintain order in our prisons, to make effective treatment possible, and to reduce drug-related crime, we cannot tolerate drug use and trafficking within the Nation's prisons. Thus, I direct you to:

- (1) Amend the guidelines requiring States receiving Federal prison construction grants to submit plans for drug testing, intervention, and treatment to include a requirement that States also submit a baseline report of their prison drug abuse problem. In every subsequent year, States will be required to update and expand this information in order to measure the progress they are

more

(OVER)

making towards ridding their correctional facilities of drugs and reducing drug use among offenders under criminal justice supervision.

(2) Draft and transmit to the Congress legislation that will permit States to use their Federal prison construction and substance abuse treatment funds to provide a full range of drug testing, drug treatment, and sanctions for offenders under criminal justice supervision.

(3) In consultation with States, draft and transmit to the Congress legislation that requires States to enact stiffer penalties for drug trafficking into and within correctional facilities.

WILLIAM J. CLINTON

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 12, 1998

PRESS BRIEFING BY
GENERAL BARRY MCCAFFREY

The Briefing Room

1:00 P.M. EST

GENERAL MCCAFFREY: The President will have an announcement at 2:20 p.m. dealing with the whole notion of drugs and prison. And we're going to capitalize on a first-rate study done by Columbia University's -- Joe Califano -- which was released last week that talks about the terrible problem of the, arguably, 50 percent to 80 percent of the prison populations who are behind bars for a drug-related, alcohol-related reason.

And so the larger issue is the requirement to zone in on those who are under criminal justice control, put them in treatment which includes mandatory testing, and then move them to follow-on halfway house facilities. And that's the big issue we're going to try and work.

Now, having said that, one of the associated problems is drugs which are in the prison place. We've got 1.6 million men and women who are behind bars, and of that number -- we just did a fairly widespread 1997 drug testing program -- some 9 percent tested positive for drugs behind bars. Now, the federal system is pretty good, but pretty good is relative -- it means 2 percent of those federal prisoners tested positive while incarcerated. And up, much higher numbers in the state and local jail system.

So the bottom line to what we intend to do is somehow jail time has to be cold turkey for those who are addicted, and must represent unemployment for those who are drug dealers. Now, we're going to go about this in several different ways. One of them is we've got \$197 million which will be in the '99 budget related to this issue, and a whole series of programs, probably the most important one of which we call Break the Cycle. It's an \$85 million program which includes both testing and drug intervention.

We've been testing it down in Alabama and we are, hopefully, going to proliferate that now to other jurisdictions. We're also going to provide some \$72 million in residential substance abuse treatment block grants for the states to try and get at the treatment requirement. And then there will be other monies to include \$30 million for the drug court program, which is, as some of you may be aware, exploding in significance. It started some three years ago with seven drug courts; now we're up to 200 plus. We have funded the drug court institution and we hope to see that get up to about 1,000 drug courts shortly after the turn of the century.

So the bottom line is drugs in prisons, how do you provide a mandatory coercive environment where the options are test positive, stay in treatment, or don't get out of the slammer. And the President will have three parts of what he's going to announce. I'll let him make that announcement at 2:20 p.m. Let me just respond to your own questions.

Q How are they getting all these drugs?

MORE

GENERAL MCCAFFREY: A combination of inappropriate controls over staff, inappropriate controls over visitors to the facilities. And if you get down in the local jail system, possibly other ways.

But I think the legitimate question is, why do we have so little control, particularly under local jails and state prisons so we can't keep prohibited substances out of the --

Q Well, what can the federal government do about local conditions? You have no power there?

GENERAL MCCAFFREY: Well, again, I'm going to leave the President's announcement to him, but we can do things in that we can make them describe the problem, measure it. And last year's single drug testing initiative, where we came up with these atrocious figures, was a start. And then I think we can try and get access to the prison construction block grant and start using some of that money to actually develop solutions to the problems of those who are addicted and behind bars. That's really the heart and soul of what's going on: We've got drug abusers, chronic, compulsive drug abusers arrested without treatment.

Again, less so in the federal system, where by law we have to provide treatment on demand, and we've got some 31,000 of our 105,000 federal prisoners in treatment. But even there, 2 percent positive is unsatisfactory. It doesn't make it much better that 9 percent is at state level.

Q Are there any -- could you enumerate some of the states where problems with drugs and prisoners in the state and local jails are more prevalent than in others?

GENERAL MCCAFFREY: Let me go see if I can break the data out by state, and if I can I'll give it to you. I'm relatively sure it is worse in some areas than others. I say that because two states, California and Delaware, I've been to look at their programs, tend to be models on how to deal with it. But having said that, I don't think it's satisfactory anywhere but in 42 of the 92 federal institutions that now have the complete array of programs, to include residential treatment available.

Q What drugs are they getting?

GENERAL MCCAFFREY: Probably the biggest single drug is marijuana, but we're also seeing heroin and cocaine inside prisons.

Q What is your legislative sense on this proposal? There has been a lot of spending proposals from the administration over the past several days. What is your sense on whether or not this is going to survive the cutting process?

GENERAL MCCAFFREY: I think the big solution won't be the \$197 million we've got on the table. You know, we've got this 1.6 million people behind bars that's projected to go up by 25 percent in the next five years. Somehow, we've got to take the billions that are available for prison construction and make sure that the states have the legal option to take that money and include drug treatment and testing as part of that block grant. And I think the legislative assessment on how that will go probably isn't in yet. You can make such a good case for it, the Califano study, the Institute of Justice's drug positive arrest rates, the studies on recidivism -- I think we can make the case. But that will be the political question on the Hill.

Q Help me come up to speed on this. Drug use by adults has gone down in the last several years --

GENERAL MCCAFFREY: About 50 percent.

Q Drug use by juveniles has gone up.

GENERAL MCCAFFREY: Indeed.

Q What is the difference in the sense of why is that?

GENERAL MCCAFFREY: The best single explanation I could offer is the University of Michigan's generational replacement, generational forgetting. So you've got a drug use rate among adults that's gone from 26 million in '79 down to around 13 million total. And inside that, pick a drug like cocaine -- you've got 75 percent decrease in the rate of adults casually using cocaine. Just plummeting through the bottom. You've got tremendous decreases in the number of people arrested who test positive for cocaine at most of our DUF test sites.

Now, having said that, along came a generation, from 1990 is probably the year, you see a steady shift in attitudes toward drugs worsening among adolescents. The two key attitudes -- do you disapprove and are you fearful of drug use personally. And those numbers start going bad in 1990 and '92 drug use starts up; it goes up for five straight years.

Last year we are cautiously noting that drug use among adolescents, both in terms of the household survey and other supporting evidence, leveled off or slightly went down among adolescents. Now, what we're hopeful is that this does represent a trend and that all the hard work is going to start paying off. And next year you may see a more statistically relevant decrease in drug use.

The only number that mildly impresses me is that 8th grade drug use looked like it took a definitive turn from up to down. It went up 300 percent in five years; it went down last year.

Q General, is there anything in the directive that responds to those who are in the criminal justice system or in positions of authority -- not prisoners or inmates, but those who may have helped get drugs into the prison system?

GENERAL MCCAFFREY: Good question. Yes. The federal system again -- I don't mean to hold up as a paragon of virtue, but in the federal system all correctional officers and other employees are required to be tested for drug use. And that may be a contributing factor to an earlier question on why the smuggling rates are less. So I think what you're going to see is that there will be a requirement for new legislation and what you'll really have is the states required to analyze the problem and report it and to come up with their own plan to correct it. And part of that plan, logically, could be what do you do about those in the correction system.

Q General, on a slightly different subject, in terms of kids getting hooked on drugs, have you noticed a cross-over from the medical community of kids being over-prescribed on certain drugs like Ridolin and others?

GENERAL MCCAFFREY: Well, there's a tremendous amount of concern, and I think appropriately so, that to what extent does an over-medicated society lower the threshold to tolerance of nonmedical use of these substances. It's an appropriate concern. The AMA does have subcommittees looking at it. I've talked to the American Society of Addictive Psychiatry, to the AMA, to the American Pediatric Society, and all of them are concerned about that.

Q And where do you come down on it -- where does the administration come down on it?

GENERAL MCCAFFREY: I have not advanced a position on it. Most of my focus has been on the direct portfolio we have which are illegal drugs. But I think it's an appropriate area for HHS concern because it can be an issue of a consistent message to young people. Now, Donna Shalala has been out in public with very strong viewpoints on Ridolin and other substances

Q How long has today's policy initiative been under development? One gets the sense it's about a week. I mean, are you just responding to Califano's report?

GENERAL MCCAFFREY: No. We've been talking about that. Rahm Emanuel has been a lot of the energy behind this one and poking us for months. And you get into the -- unfortunately, you get into the problem, one problem leads to another, and at the end of the trail lay a current prohibition by law of using prison construction monies in any way but for prison construction. So we've got new money in here. I can't release the '99 drug budget figures, but just let me leave on the table that Dick Riley, Donna Shalala and I went into the President and the budget appeal with a message that made me weep it was so moving. (Laughter.) So we did pretty well we think in the budget appeal.

But that's \$197 million for issues like this. Now, we got a force behind bars larger than the active military of the United States, and the Califano report says 80 percent; some of my justice studies say 34 percent up to 50 percent, but a huge number, hundreds of thousands of men and women are behind bars because they're addicted to illegal drugs. Now, what we're going to say quite clearly is if you don't like the \$36 billion a year incarceration tab, we've got to take some funds and focus in on the addicted with drug treatment programs.

Q General, you used the phrase earlier in response to Helen's question about inappropriate controls on staff. You're talking about corruption in the prison guard system, are you not?

GENERAL MCCAFFREY: Well, I'm sure that's part of it, sure. It's visitors, it's guard staff, it's smuggling by prisoners themselves, or there may be people that deliver to the prison system food or material. I don't have a good enough handle on it, which is one of the reasons why I think when the President directs the Attorney General and I and others to take action on this, what we ought to do is put a requirement to produce results and see what the states do.

Now, I might also add, on 23 -- some of you will probably be interested in following this -- 23 through 25 March, the Attorney General and I and Secretary Shalala will host a prisons and drugs conference here in Washington. We're going to bring in about 100 of the nation's experts. We're going to ask them to write papers in advance so they have hammered out positions. We're going to have a 3-day attempt to build a new model. And then, next fall I'm going to try and bring back in the prison system of the United States, again with Secretary Shalala and the Attorney General, and get us moving on a broader front to confront this problem.

So the Califano study, the President's directives today, and the March conference, which we've been working on for a little under a year now, are all related issues.

Q General, we're getting close again to a certification date. Do you think the process is working? Do you think its getting results?

GENERAL MCCAFFREY: Well, you know, Senator Biden told me the process was put in place not because we didn't trust the

Colombians or the Panamanians or the Mexicans, because he didn't trust the government. So, to that extent, it's working. It's forcing very detailed discussion of where we are.

Having said all that, you have heard me advance the argument, and the President clearly supports it, that the solution will be multinational cooperation on the drug issue. And there's a lot of work we're doing with the OAS. The high level contact group with Mexico is trying to make the point that we've got to deal with the Mexican government on a broad array of issues related to the drug problem, trying to assist them in creating corruption-free, effective police forces. We've got initiative going on in training of judges.

Secretary Shalala and I are going to run a conference in March in El Paso with a couple of hundred delegates from each country on demand reduction. You may be interested in watching that. We're going to site down, have four days where we come up with joint programs where we come up to reduce demand for drugs, particularly in the border communities, where the Mexicans have a skyrocketing drug problem themselves. Still, I might add, a fraction of that of the United States.

But, at the end of the day, the certification -- the unilateral certification I don't think will be the key to building hemispheric cooperation. But it's still a law, and we're still discussing the issue.

Q Sir, could you give us an update on your plans to seal off the southwest border to drugs, as you spoke to us about a few weeks ago?

GENERAL MCCAFFREY: We are doing a considerable amount of work, the Attorney General and I and Secretary Rubin, in particular, but all -- 20 some odd agencies of the government are involved in it -- to come up with a -- with two things. First of all, we need a resource allocation scheme. How much would it cost to create better control over the southwest border in terms of technology acquisition -- we say there's 39 border crossing points right now, two of them have non-intrusive technology capabilities. What happens if we go to all 39. So we've got to produce a dollar amount to ask Congress to support it.

Then the second thing we think we need is a better way of coordinating U.S. government actions on the southwest border, which are inadequately coordinated right now. We need a border patrol that has the right fencing, lighting, cooperative mechanisms with the Mexicans. There may be requirement for new legislation. So we're into it. And in the short-term, I owe a concept and a resource bill to the President in the next few months.

I might add, we've also finished now phase one of our intel review. We finally have a 10-pound document that tells us who is contributing to intelligence on the drug issue. And I've got a team working to come up with an analysis on how should we change it -- roles, missions, procedures, et cetera. And those people are set up and working, and hopefully will produce something useful for the President to consider. I think we're moving along, is the answer.

Q General, what do you think of the Califano findings that many violent criminals are using alcohol at the time they commit their crimes?

GENERAL MCCAFFREY: No question.

Q Do we need to give more attention to alcohol?

GENERAL MCCAFFREY: No question. You know, if you talk to a policeman on a beat in any one of these American cities, alcohol

is a mildly addictive, readily available drug that is responsible for more damage in our society than any other drug on the street. And it is also associated in a dramatic way with violent behavior, as is methamphetamines, crack cocaine, and other drugs. But there is no question that alcohol -- but having said that poly-drug abuse is really what's happening in our society now. That's why when you hear us talk about adolescents, we're talking cigarettes, alcohol, and pot. Those are the three gateway behaviors that are predictive statistically on drug problems later on in life.

But booze is, no question, a major problem in our society -- 100,000 dead, \$150 billion in damages. It dwarfs the impact currently of the other drugs, which are hard to get, illegal, and ferociously addictive.

Any other thoughts? Good, thanks very much.

THE PRESS: Thank you.

END

1:22 P.M. EST

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 12, 1998

REMARKS BY THE PRESIDENT
ON DRUG TESTING

The Oval Office

2:39 P.M. EST

THE PRESIDENT: Thank you very much, General. Thank you, Mr. Holder and Mr. Vice President. Ladies and gentlemen, this country's eternal quest for a more perfect union has always succeeded when we're able to apply our enduring values to a new set of challenges. That is what we try to do around here every year. Over the past five years, we've done our best to bring the values of personal responsibility, community, and respect for the law to bear on the fight against crime. We've sought to be tough and smart, to punish criminals and to prevent crime. We've put more police on the streets and taken criminals, guns, and drugs off the streets. Crime rates have dropped steadily for the last five years. Drug use has fallen by half since its peak 15 years ago. Teen drug use is leveling off and indeed may well be decreasing again.

But we're a long way from my vision of a drug-free America. Fighting drugs in our prisoners and among prisoners is absolutely critical ultimately to keeping drugs off the streets and away from our children. Of all the consequences of drug use and abuse, none is more destructive and apparent than its impact on crime. Too many drug users are committing crimes to feed their habit. More than half of the cocaine that is sold in our country is consumed by someone on parole or probation. Four out of five inmates in state and federal prisons were either high at the time they committed their crimes, stole property to buy drugs, violated drug or alcohol laws, or have a long history of drug or alcohol abuse. Parolees who stay on drugs are much more likely to commit crimes that will send them back to jail.

We have to break this vicious cycle. Common sense tell us that the best way to break the cycle between drugs and criminal activity is to break the drug habits of the prisoners. That's why we have made coerced abstinence, requiring inmates to be tested and treated for drugs, a vital part of our anti-crime efforts. We've doubled the number of federal arrestees who've been tested for drugs, expanded testing among inmates and parolees, and tripled the number of inmates receiving drug treatment. To inmates we say, if you stay on drugs, then you'll have to stay in jail. To parolees we say, if you want to keep your freedom, you have to stay free of drugs.

Last year, I worked for and signed a bill that requires states to test all prisoners and parolees for drugs before they can receive federal prison funds.

Today, I'm directing the Attorney General to strengthen this effort by taking necessary steps to achieve three goals. First, we have to help the states expand drug detection, offender testing, and drug treatment in their prisons by making it possible for them to use federal funds for these purposes. Second, we have to help states get even tougher on drug trafficking in prisons by enacting stiffer penalties for anyone who smuggles drugs into prison. Finally, we have to insist that all states find out how many of their prisoners

MORE

are actually using drugs so that every year they can chart their progress in keeping drugs out of prisons and away from prisoners.

The balanced budget I'm sending to Congress later this month will continue to strengthen our testing and treatment efforts. We can balance the budget and fight crime and drugs at the same time.

If we can simply break the chain between drug use and criminal activity for people who are under criminal supervision, in prison or on parole -- if we could just do that -- we can go a very long way toward making our streets and our neighborhoods safe for our children again. That is what this Executive Order is designed to do. I know it can work. I have seen the high rates of return from good treatment programs in federal facilities. We can do this at the state and federal level. If we do not do it, we will continue to see people go right back on the streets with the drug habits that got them in trouble in the first place. If we do it, the crime rates will plummet and the drug problem will dramatically shrink.

Thank you very much. Let me go sign the Order.

(The Order was signed.)

Q Mr. President, what do you hear about the Asian --

Q Mr. President, what do you say about Iraq's --

THE PRESIDENT: I'll take them both.

Q On the Asian issue, I received a briefing this morning from Secretary Rubin and Secretary Albright, and I've obviously kept in touch with it. I do daily. We are working hard on it. I want to emphasize that the most important thing that has to be done is that all the countries affected have to make sure they have the very best policies to have good financial institutions, proper practices, things that will inspire investor confidence. But these economies have enormous productive capacity. They have generated dramatic increases in growth for their people, and we can restore stability if the countries will take the steps that are necessary. Then the IMF reform packages have to be followed. And the rest of us need to be in a position of supporting those trends.

We're following it on a daily basis, and I believe that the path we're pursuing is the correct one.

Q Mr. President, what do you think of Iraq's threat to block inspections by the American-led team? Are we going back to where we were last November? What can we do about this?

THE PRESIDENT: Well, I certainly hope not. Now, of course it hasn't happened yet. But I think that it's important to make just a few basic points here. Number one, if Saddam Hussein does this, it is a clear and serious violation of the United Nations Security Council resolution.

Number two, the United States had nothing whatever to do with selecting this team, the people on it or its composition. The team that's there is part of a larger team of people, 43 people from 16 different countries. There are a substantial number of Americans on this team. They were picked by the person who is in charge of the inspection process because of their technical expertise. Everyone who goes there should be technically qualified, and the United States has not attempted to influence the composition of the people on the teams. But certainly Saddam Hussein shouldn't be able to pick and choose who does this work. That's for the United Nations to decide.

If they are denied the right to do their job tomorrow, then I expect the United Nations Security Council to take strong and appropriate action.

Q Mr. President, a few years ago you set into motion the Pam Meissner (phonetic) Sexual Offender Tracking Act and Identification Act, that you wanted all 50 states to centralize their sexual offender records. Less than half the states and the District are into that interim computer system which is eventually going to lead to a permanent system, which caused to send a letter to the governors to get them off the dime.

How do you look at that effort now, when you think that sexual offenders may be falling through the cracks and only half the states are on board?

THE PRESIDENT: Well, I think the letter I sent says it all. The truth is that the stakes here are quite high, and we have the ability, through technology, to centralize these records to get the job done. I know it requires some cost and some effort on the part of the states. We're having a similar problem with fewer states in the child support area, trying to centralize records there so we can interconnect the systems. And I know this is difficult, but it has to be done. And if it is done, we can make the country much safer.

So we'll keep pushing them. And I think most of the states -- probably all of them -- really want to do it. They know it's the right thing to do, and they just need to put somebody on it in each state capital and make it a priority. It can be done.

Q Mr. President, there's a Republican proposal to pay for 100,000 new teachers. What do you think of that and why haven't you proposed that yourself?

THE PRESIDENT: Well, I have lots of proposals for the State of the Union that haven't been made yet. You don't know what I'm going to propose.

Q How about raising the minimum wage?

THE PRESIDENT: What I hope we will be able to do in this session of Congress is to make education a national issue. It would please me if it could be a nonpartisan issue. We fought awfully hard and finally succeeded in getting the Congress to agree that we ought to go forward with national standards and testing to see whether our children are meeting those standards. I hope we can re-energize that movement and do a lot of other things in this coming session of Congress for education reform. And I'm looking forward to it.

I some weeks ago signed off on a very ambitious agenda, only part of which has been revealed. We'll just keep working at it. And then I'll work with the Congress, and, whatever ideas they have, we'll be glad to get together and work with them.

END

2:48 P.M. EST

**REMARKS OF THE DEPUTY ATTORNEY GENERAL
Prison Drug-Testing Directive
The White House - Oval Office
January 12, 1998**

Prepared by: Nicholas M. Gess

Mr. President, Mr. Vice President, General McCaffrey, Assistant Attorney General Laurie Robinson, good afternoon. It is a pleasure to be here today standing in for the Attorney General. She is in Minneapolis examining anti-crime programs which show great promise in increasing the safety of that city's residents.

Mr. President, today you are taking tough and decisive action that will make America a safer place for all of us by reducing drug abuse in our nation's prisons. Although we all recognize the

fact that drugs remain a destructive force in our country, this Administration has made significant progress in combatting this problem in the past five years. This is attributable, Mr. President, to your personal commitment to confronting this problem head-on, and your leadership in developing and implementing bold and innovative programs such as the one you are announcing today.

Statistics released this week show that well over 50% of the people incarcerated in this nation have a drug problem. To those of us in law

enforcement who have battled against crime in our streets and neighborhoods, this statistic underscores the extent to which drugs have been a scourge in this country. As both a judge in this city and the city's U.S. Attorney, it long has been evident to me that -- to put it simply -- drugs breed crime. But more recently we all have come to recognize the fact that incarceration has not necessarily stopped this breeding process. We now know that many state prison systems are rife with drugs, thus setting in motion a vicious cycle that puts all of our citizens at risk. Inmates come out of prison with their drug habits intact and then

they continue in their criminal ways when they get back out on the streets. This results in more crime victims suffering, and in more taxpayer dollars being spent on crimes **AFTER** they occur.

But your program being announced today will help break the back of this cycle of crime by knocking drug abuse dead in its tracks within correctional facilities. We must continue efforts begun by this Administration to reduce drug use among this population of offenders. The approach we take must be fair and tough and smart and must rest on a solid factual base. Your proposal, Mr. President, does this.

By raising the penalties for those who smuggle drugs into prisons, by making certain that every state reports on its prison drug testing program so that its efforts will be held up for public scrutiny, and by authorizing states to use grant money from your 1994 Crime Bill to pay for testing and treatment in correctional institutions, you have launched a program, Mr. President, that is right on target. It is a particularly great honor for me to be here to witness your leadership on this point, and on behalf of the Department of Justice and others in law enforcement, I thank you.

Now, it is my pleasure to introduce to you the
Director of the Office of National Drug Control
Policy, General Barry McCaffrey.

Throughout our history, America has been on a constant quest to form a more perfect union. We have done this by always applying our most fundamental values to the challenges of each new age. With a new year before us, we must continue to renew our values in changing times.

Over the past five years, we have brought the powerful values of responsibility, community and respect for law to bear on the fight against crime. Our policies have sought to be tough, but also smart -- punishing criminals and preventing crime from happening in the first place.

We've put more cops on the streets and taken more criminals, guns and drugs out of our neighborhoods. As a result, crime rates have dropped steadily over the past five years. Drug use among Americans has fallen by half since its peak 15 years ago. Teen drug use is leveling off, and in some cases, even decreasing.

But we are far from my vision of a drug-free America. Fighting drugs in our prisons, and among prisoners, is critical to keeping drugs off our streets -- and away from our children. Of all the consequences of drug use and abuse, none is more destructive than its impact on crime.

Too many drug abusers are committing crimes to feed their drug habits. More than half of the cocaine that is bought in our country is bought by someone who is on parole or probation. Four out of five inmates in state and federal prisons either were high at the time they committed their crimes, stole property to buy drugs, violated drug or alcohol laws or have a long history of drug and alcohol abuse. Parolees who stay on drugs are much more likely to commit crimes that will send them back to jail.

We can break this vicious cycle. Common sense tells us that the best way to break the cycle between drugs and criminal activity is to break the drug habits of our prisoners.

That is why my Administration has made coerced abstinence -- requiring inmates to be tested and treated for drugs -- a vital part of our anti-crime efforts. We have doubled the number of federal arrestees who have been tested for drugs, expanded testing among inmates and parolees, and tripled the number of inmates receiving drug treatment. To inmates we are saying, "If you stay on drugs, you stay in jail." To parolees, we are saying, "If you want to keep your freedom, stay free of drugs."

Last year, I fought for and signed into law a bill that requires states to test all prisoners and parolees for drugs before they can receive federal prison funds.

Today, I am directing the Attorney General to strengthen this effort by taking the necessary steps to do three things:

First, we must help states expand drug detection, offender testing, and drug treatment in their prisons by making it possible for them to use federal funds for these purposes. Second, states must get even tougher on drug trafficking in correctional facilities by enacting stiffer penalties for anyone who smuggles drugs into prison.

Finally, we must insist that all states find out how many of their prisoners are actually using drugs, so that every year, they can chart their progress in keeping drugs out of prison and away from prisoners.

The balanced budget I am sending to Congress later this month will continue to strengthen our testing and treatment efforts. We can end the deficit and fight crime and drugs. We will stop the revolving door between our prisons and our streets, between drug use and criminal activity. And we will once again make our streets and neighborhoods safe for all our children.

REMARKS OF THE DEPUTY ATTORNEY GENERAL
Prison Drug-Testing Directive
The White House - Oval Office
January 12, 1998

Prepared by: Nicholas M. Gess

Mr. President, General McCaffrey, Assistant Attorney General Laurie Robinson, ladies and gentlemen, good afternoon and welcome. Mr. President, today you are taking tough and decisive action representing your commitment to making America a safer place for all of us. We all know that drugs are a terrible problem in this country, and we have learned this week that about 80% of prisoners have a drug problem. Yet, we also know that many state prison systems are rife with drug problems, leading to the simple question of how it is possible to get drugs in the first place in a prison.

I know from my experience as the prosecutor here in Washington, D.C, that if we don't do something to reduce drug use, we simply see offenders repeat. That means more crime victims suffering and more scarce taxpayer money spent on dealing with the aftermath of a crime. The answer is so simple and its implementation due to your leadership. We need to reduce drug use among this population of offenders.

By raising the penalties for those who bring drugs into prisons, by making certain that every state reports on its prison drug testing program so that the public will know whether tough on crime rhetoric has meaning and by allowing states to use grant money from your 1994 Crime Bill to pay for testing and treatment, we can begin to control the problem, to reduce crime, to make sure there are fewer victims out there.

Thank you for your leadership. Now, it is my pleasure to introduce to you the Director of the Office of National Drug Control Policy, General Barry McCaffrey.

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January 12, 1998

MEMORANDUM FOR THE ATTORNEY GENERAL

SUBJECT: Zero Tolerance for Drug Use and Availability for Offenders

Crime rates in this country have dropped significantly for 5 years, and the number of Americans who have used drugs is down nearly 50% from its peak 15 years ago. Also, drug-related murders have dropped to their lowest point in a decade, and recent drug use surveys indicate that -- for the first time in years -- teen drug use is leveling off, and in some instances, modestly decreasing. All of this news is encouraging.

Nonetheless, much more can and needs to be done to continue to bring down drug use and increase public safety. With more than half the offenders in our criminal justice system estimated to have a substance abuse problem, enforcing coerced abstinence within the criminal justice system is critical to breaking the cycle of crime and drugs. My Administration consistently has promoted testing offenders and requiring treatment as a means of reducing recidivism and drug-related crime. We have worked to expand the number of Drug Courts throughout the country, increased the number of federal arrestees and prisoners who are tested and treated for drugs, and launched an innovative "Breaking the Cycle" initiative, which is a rigorous program of testing, treatment, supervision, and sanctions for offenders at all stages of the criminal justice process. And under your leadership, the Federal Bureau of Prisons provides models of excellence in drug detection, inmate testing, and drug treatment.

We can do still more to enforce coerced abstinence among state prisoners, probationers, and parolees. When a drug user ends up in a state prison, we have a chance to break his or her addiction. Convicted offenders who undergo drug testing and treatment while incarcerated and after release are approximately twice as likely to stay drug- and crime-free as those offenders who do not receive testing and treatment. But when drug use inside prisons is ignored, the demand for drugs runs high. In this environment, correction officials struggle to keep their prisons drug-free. Often drugs are smuggled in by visitors; sometimes even by compromised correctional staff.

To maintain order in our prisons, to make effective treatment possible, and to reduce drug-related crime, we can not tolerate drug use and trafficking within the nation's prisons. Thus, I direct you to:

- (1) Amend the guidelines requiring states receiving federal prison construction grants to submit plans for drug testing, intervention, and treatment to include a requirement that states also submit a baseline report of their prison drug abuse problem. In every subsequent year, states will be required to update and expand this information in order to

measure the progress they are making towards ridding their correctional facilities of drugs and reducing drug use among offenders under criminal justice supervision.

(2) Draft and transmit to the Congress legislation that will permit states to use their federal prison construction and substance abuse treatment funds to provide a full range of drug testing, drug treatment, and sanctions for offenders under criminal justice supervision.

(3) In consultation with states, draft and transmit to the Congress legislation that requires states to enact stiffer penalties for drug trafficking into and within correctional facilities.

SC.

Robin gave
me this ONDCP
document.

LS

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Drugs In State Prisons: A National Problem

The Problem

With the increasing number of inmates serving time for drug-related crime, the problem of drugs in prison has increased as well. Not only do widespread drug problems harm prison security and generally threaten order, they also make it more likely that ex-convicts will return to the life of crime, drugs and violence that led them to prison in the first place.

This problem is of national scope: many states have some problem with drugs in prison, ranging from infamous drug smuggling rings to minor incidents of individual inmates found drugs.[See table] The only national statistics available are from a Bureau of Justice Statistics study conducted in 1990, which found that 2.6 percent of the inmates who were drug tested in state prison systems nationwide tested positive for drugs.

Many states are either currently grappling with this problem or have grappled with it recently. While some states are currently conducting random drug tests others are concentrating more of their efforts on drug treatment.[See table]

The Drug Trade In Prison

The price of drugs in prison is sometimes 5 to 10 times their street value. Purchases are often made with IOUs because prisoners are not allowed to carry cash. The final payment is often made by family and friends on the outside; they deposit money orders in the drug trafficker's prison trust fund, which is used to buy extras such as cigarettes and radios. Resourceful inmates maintain their addictions with the help of visiting relatives and friends, and sometimes corrupt guards and other prison employees.

Visiting rooms are where the smuggling process typically begins, and cell toilet bowls are where it sometimes ends. Visitors may pass balloons and condoms filled with drugs to prisoners by kissing them. The inmate then swallows the package and retrieves it later from their excrement. Prisoners suspected of doing this are placed on "potty watch."["Walls Can't Stop Drugs From Entering Prisons," Copley News Service, 6/14/97] Drugs are also smuggled inside pizzas, peanut butter jars and body cavities.[The

Press-Enterprise (Riverside, CA), 2/24/97]

The Facts

- Nationally, only one in six of an estimated 800,000 inmates involved with illegal drugs receives any treatments, most of it sporadic education classes or weekly counseling sessions that don't do much good.["In Prison, A Drug Rehab That Pays Off," L.A. Times, 4/25/97]
- 75% of the 1.5 million Americans now in prison are there for drug-related crimes, and only 13% ever get any meaningful treatment to help them get clean and stay clean.[ABC, 3/13/97]
- In California, an estimated 100,000 state prison inmates have histories of chronic drug and alcohol use. There are only 400 slots in the corrections system that offer treatment considered intensive enough to break the cycle of crime and addiction.["In Prison, A Drug Rehab That Pays Off, L.A. Times, 4/25/97]
- The California Department of Corrections estimates that if [their drug treatment program] treats 2,100 inmates over seven years at a cost of \$1.5 million a year, taxpayers would recoup the program's expenses and save \$4.7 million in prison costs due to reduced recidivism. Assuming that [strong drug treatment programs] were established in all 32 state prisons, taxpayers' potential savings could be as high as \$150 million over seven years if the current level of success were maintained.["In Prison, A Drug Rehab That Pays Off," 4/25/97, L.A. Times]
- One study in California showed that every \$1 invested in solid drug treatment saved \$7 in future costs of crime and incarceration.["Warehouses of Addiction - Drug Therapy: Powerful Tool Reaching Few Inside Prisons," New York Times, 7/3/95]

Testing and Treatment Work

The prison drug treatment program that is considered the most effective is the "therapeutic community" model which is a prison-based intensive treatment program. Inmates are housed together, and they eat, sleep and work on their

drug problems together. They begin the day often at the crack of dawn by cleaning up their cells and making their beds with military tucks. Then, after a morning meeting, they march through a schedule of encounter groups and seminars that continues into the early evening. These programs vary in length from 9 to 18 months.

These programs have often been touted as successes in the increasing media attention they have received.[New York Times, ABC News, Los Angeles Times, CNN]

Delaware's Key-Crest Program

The National Institute on Drug Abuse, which is a part of the National Institute of Health, recently reported its finding on the Key-Crest program, a therapeutic community drug treatment program in Delaware, that has served as a national model in prison-based treatment.

The Key-Crest is a three-stage program. First the prisoner engages in what is called in-prison therapy. It focuses on providing prisoners with an opportunity to interact with recovering addict role models, to acquire pro-social values and a positive work ethic, and to initiate a process of understanding the addiction cycle.

The secondary stage is a transitional therapeutic community in a work release setting. Inmates are put into family settings but away from external negative influences of the street and the prison culture.

During the tertiary stage, also known as aftercare, prisoners will have completed work release and will be living in the free community under the supervision of parole or some other advisory program.

The study demonstrates that a comprehensive drug treatment program in our nation's prisons can radically reduces recidivism among parolees. In fact, the study found that proper treatment can cut recidivism nearly in half: 77% of those who participated in the experiment were arrest-free after an 18 month follow-up compared to 46% for those parolees that received no treatment.

The maximum use of any illegal drug during any period in the 18-month follow-up was as follows. In the group that underwent the entire Key-Crest program, 1.12% said they used illegal drugs less than once a month, while 3.29% of the control group, who had no drug treatment, said they used drugs between once a week to several times a week. ["An Effective Model of Prison-Based treatment for Drug-Involved Offenders," Journal Of Drug Issues, Spring, 1997]

New York's Stay'n Out Program

New York's Stay'n Out Program is the oldest therapeutic-community drug treatment program is the oldest in the country. According to one study that

tracked program participants for three years, 27% of participants in their drug treatment program had been in trouble with the police again, compared with 41% of the inmates who received no treatment. ["Warehouse of Addiction; Drug Therapy: A Powerful Tool Reaching Few Inside Prisons," New York Times, 7/3/95]

Texas

In 1992, Texas opened its first prison-based intensive treatment program for drug- and alcohol-addicted felons, a 500-bed unit located at Kyle, south of Austin. It was called an In-Prison Therapeutic Community, where convicts, ate, slept, and worked on their drug problems together. Of those who completed treatment, 7% were back in prison within a year after their release and 13% had been rearrested. Of those who received no treatment, 19% were back in prison within a year and 29% had been rearrested. [Austin-American Statesman, 11/12/95]

California's Amity Program

The Amity program has two components: the first is a prison-based therapeutic community where convicts are required to attend a steady stream of seminars and encounter groups run by recovering addicts, ex-convicts and experienced substance abuse counselors in the field. No one gets time off their sentences for participating or reprieves from prison work. Unlike with rehabilitation efforts at other penitentiaries, Amity enrollees are not isolated from the prison's main yard, where there are temptations to use smuggled drugs every day. The second component continues treatment in a halfway house program.

According to research at the National Development Research Institute in New York, the re-incarceration rate for Amity, including dropouts, is about 20% lower than for untreated convicts two years after release from prison. It is estimated that about 65% of untreated convicts are rearrested within the same time period. The most dramatic reductions occurred among program graduates who received several months of treatment at Amity's outside facility. Of that group, 16% were rearrested. ["In Prison, A Drug Rehab That Pays Off," LA Times, 4/25/97]

Quotes/Testimonials

"The latest research shows that by weaning convicts off illegal drugs -- which are widely available in prison -- and overhauling their lifestyles, such programs can significantly lower re-incarceration rates, saving taxpayers millions of dollars

a year."["In Prison, A Drug Rehab that Pays Off," L.A. Times, 4/25/97]

"[The Delaware drug treatment] program works." ["Drug Program That Works Inside Tough Delaware Prison," ABC News, 3/13/97]

"Drug Treatment programs promise eventual savings because they reduce the recidivism rate among graduates."["Warehouses of Addiction - Drug Therapy: Powerful Tool Reaching Few Inside Prisons," New York Times, 7/3/95]

"Prison treatment programs and aftercare can turn drug offenders away from drug use and a life of crime, according to a report released by the National Institute of Justice (NIJ) of programs evaluated in California, New York, Oregon and Delaware."["Prison-based drug treatment works for many," The Addiction Letter, 4/96]

(A)

I am asking Congress in our FY '99 budget to provide: (1) \$85 million for a new Drug Intervention program, which will provide grants to States and local criminal justice systems to develop and implement comprehensive programs of drug testing, drug treatment, and graduated sanctions; (2) \$30 million to continue the Drug Court program; (3) \$4.7 million to continue the federal Operation Drug Test program; (5) \$5 million to continue funding juvenile justice demonstration programs to combat teenage drug use; and (6) \$72 million for the Residential Substance Abuse Treatment in State Prisons Program. ~~In addition, we are asking Congress to let states that have existing in prison drug treatment programs to use their RSAT grants to fund a full continuum of drug treatment and sanctions both during incarceration and after release.~~ *to continue*

347-4144

GENERAL QUESTIONS FOR ZERO TOLERANCE INITIATIVE

DRUGS AND CRIME

QUESTION

What should be done for those who are arrested for the first time and found to be abusing drugs?

ANSWER

At a minimum, pretrial or post-conviction release should be conditioned on compliance with a program of drug testing and monitoring. Preferably, a formal assessment should be performed to determine the extent of the drug problem and any release should be conditioned on compliance with the treatment and/or monitoring regime that is developed in response to the assessment. Sanctions should be graduated (ultimately ending with incarceration) and employed swiftly in response to any slips in compliance.

QUESTION

Are there any examples where early treatment referral, after arrest, has successfully disengaged these individuals from further drug use and a subsequent life of crime?

ANSWER

Yes; effective offender management programs bring offenders under criminal justice supervision early, employ a formal assessment, apply palpable sanctions swiftly, and maintain unbroken contact with the offender. A notable example is the TASC program (originally called Treatment Alternatives to Street Crime, now generally called Treatment Alternatives for Safer Communities), which has been formally evaluated by the National Institute on Drug Abuse (NIDA) and found to be effective in reducing both drug use and crime. The more recent drug courts, which rely on TASC or TASC-like offender management, are experiencing similar results. The ONDCP "Breaking the Cycle" initiative is building on that experience to expand testing, monitoring, and treatment interventions.

HARD CORE USERS AND CRIME

QUESTION

What precipitates hard core drug use?

ANSWER

The cumulative physiological and behavior consequences of heavy use. Drugs change the brain. Recent research has taught us that, although addiction is a complicated state, it invariably involves changed brain chemistry. The brain chemistry of the addict has become different from that of the person who does not use drugs. Indeed, it is different from that of most people who have used drugs, although all users run the risk of altered brain chemistry over time. With heavy, frequent drug use the change can be profound and our interventions to date have not demonstrated a capacity to return altered brain chemistry to normal.

Drug seeking and using behavior trains the brain. Addicts are not simply sick people. Rather they are sick people who engage in a web of behaviors that exacts a toll on the health and safety of all society's institutions, starting with the family. Many cannot, and sometimes do not want to, control their behavior. They resist efforts to bring their actions in line with the requirements of society.

Only the most structured interventions can get chronic users and addicts into treatment, keep them in treatment, provide the supervision and support required to start them on recovery, and enable them to maintain their recovery over the long term. It is progressively more apparent that long-term progress in reducing and managing this population requires a rehabilitation approach that: confronts and exposes thinking errors and the addictive lifestyle, provides for values and character development, matches specific services to specific needs, and continues needed services for a significant period of time.

QUESTION

What mechanisms do we have to identify hard core drug users?

ANSWER

There are a number of assessment instruments that can determine the relative severity and progression of a user's drug abuse, health and social consequences,

and criminal and other behavioral consequences. Many also address the so-called "stakes in conformity," the ties to society's institutions that can be helpful in recovery. For example, the Federal Bureau of Prisons employs a residential drug abuse treatment eligibility interview instrument that is linked to the Diagnostic and Statistical Manual (DSM IV) of the American Psychiatric Association. Many jurisdictions and programs use the Addiction Severity Index (ASI) developed through the efforts of researchers at the University of Pennsylvania and the Philadelphia Veterans' Affairs Program. Others, such as Colorado and Birmingham, Alabama use the Offender Profile Index (OPI), developed under a Federal demonstration program.

QUESTION

Is there evidence that the cycle of demand can effectively be broken for this group?

ANSWER

Yes. However, the extent of their addiction must be matched with treatment of sufficient intensity and duration. Addiction is a treatable, chronic, relapsing disorder. Significant benefits accrue to society right at the point of an addict's entry into treatment -- drug use, criminal activity, and infectious disease transmission are sharply reduced.

Taking one recent, representative example of evaluation, the Congressionally-mandated, National Treatment Improvement Evaluation Study (NTIES) determined the persistent (12 month follow up) effects of substance treatment on predominately poor, inner-city populations as follows: use of illicit drugs dropped an average of 50 percent; batteries dropped by 78 percent, drug selling by 78 percent, shoplifting by 82 percent, and arrests by 64 percent; exchange of sex for money or drugs dropped by 56 percent; Homelessness dropped by 43 percent and receipt of welfare income by 11 percent; and employment increased 19 percent.

QUESTION

If we find there are no effective treatment tools, what will be our alternatives for dealing with this group?

ANSWER

Fortunately, the threat or application of criminal justice sanctions linked to treatment has proven generally effective. For violent, drug abusing criminals, long-term incarceration may be necessary. Treatment should still be provided to this group because it will improve institutional and correctional staff safety and

because it is bound to have some effect over time. For non-violent but persistent petty drug abusing criminals, longer-term probation sentences linked to treatment would be in order. Treatment is hard work and abusers should not be allowed to offend their way out of treatment. Those in need should face treatment at every security level, linked with unbroken criminal justice contact.

ONDCP:ODR:JG:1/10/98

TALKING POINTS FOR "ZERO TOLERANCE" EVENT

This is one more significant step toward a systematic response to drugs. Getting drugs out of our prisons will:

- make them safer places for correctional staff and for inmates, and will
- make effective drug treatment programs possible.

We all realize that rehabilitation cannot occur in an environment of addiction and abuse.

We are making progress. Thanks to the leadership of Attorney General Janet Reno, the Federal **Bureau of Prisons has provided model programs in drug testing, drug treatment, and drug detection:**

- **Inmate testing** is a long-established practice. In 1997:
 - **127,460** inmates were tested (9,112 in community programs, 58,433 random tests in prisons, and 59,915 for suspicion.
 - **2 percent were positive**
- **Testing of applicants, correctional officers, and other selected employees** is also established policy.
- **Drug treatment is provided to 100 percent of eligible inmates, prior to their release from Bureau custody.**
 - The number of **institutions offering residential treatment has grown from 32 to 42 since FY 1994**
 - **In FY 1997 nearly 31,000 inmates participated** in Bureau treatment programs (education, 12,960; non-residential, 4,733; residential, 7,895; community transition, 5,315)
- **Drug Detection technology** is being piloted at Bureau institutions and **ONDCP is working with the Bureau to provide the states with information on the best ways to keep drugs out of prisons.**

We must continue to work in each of these areas. And because 95 percent of these drug dependent offenders are in state and local facilities, we must rely on the States to make their own investment while making full use of what we are providing.

The states are making progress as well.

- **Inmates**
 - **In 1992, 47 state** corrections agencies joined the District of Columbia and the Federal system in testing inmates.
 - **In 1997, all 52 state** adult corrections agencies tested inmates, with a **9.3 percent average positive rate.**
- **Probationers and Parolees**
 - **In 1992, 47 state probation and 44 state parole** agencies joined the District of Columbia and the Federal system in testing probationers and parolees.
 - **In 1996, 45 state probation and 47 state parole** agencies joined the District of Columbia and the Federal system in testing probationers and parolees.
- **Employees**
 - **In 1992, 18 state** corrections agencies joined the District of Columbia and the Federal system in testing correctional officers. Only 4 states tested applicants.
 - **In 1997, 33 state** corrections agencies joined the District of Columbia and the Federal system in testing correctional officers. And 8 states tested applicants.
- **Treatment**
 - Uniform data on state treatment have been difficult to obtain. That is why The **Departments of Justice and Health and Human Services are now cooperating on a comprehensive inventory of treatment programs in correctional facilities. Survey results will be available this year.**
 - Preliminary results (31 states) from an informal survey being conducted by the Association of State Correctional Administrators (ASCA) indicate, on average:
 - 70.3 percent in need of treatment (range 11.3 to 85 percent)
 - 12.7 percent receiving some form of treatment (range 2.1 to 45.3 percent)
 - 14.2 percent completing treatment before release

- Substance abuse services accounting for 1.2 percent of the operating budget (range .12 to 3.6 percent)

We hope the states will embrace this important initiative and join us in ridding our prisons and our nation of drugs.

FACT SHEET ON “DRUGS AND PRISONS”

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GENERAL INFORMATION**Population**

State and Federal Prisons (1/97)	1.2 million Total 109,000 Federal (4/97)
Local Jails (6/96)	591,500
Probation (12/95)	3.1 million Total 39,000 Federal
Parole (12/95)	700,000
Total Under Criminal Justice Supervision	5.5 million

Cost to incarcerate (average per year per inmate)

Federal Bureau of Prisons estimate	\$22,920
State prisons average estimate	\$19,500
Range	\$9,150 - \$41,320
Local jail average estimate	\$19,250
Range	\$8,200 - \$45,210

Cost of Treatment per inmate (Federal)

Residential	\$2,500
Transitional Services average	\$950
Nonresidential	\$1,100
Drug Education	\$250
<u>Residential and Transitional</u>	<u>\$3,450</u>

Cost of Treatment per episode and per day, from CALDATA study

Social Model Programs	\$2,712 and \$34.41
Residential	\$4,405 and \$61.47
Outpatient	\$990 and \$7.87
Methadone Detoxification	\$404 and \$6.79
Methadone Maintenance	\$2,325 <u>per year</u> and \$6.37

Impact of Treatment -- Federal

Early data from NIDA/BOP evaluation indicate that:

- 25 percent fewer inmates are recidivating (i.e., using drugs, getting arrested) after completion of transitional services; and
- There is also a measurable reduction in disciplinary infractions in the institutions among those participating in treatment.

Impact of Treatment -- State

Evaluations of prison treatment in California, Delaware, New York Oregon, and Texas have consistently found reductions in drug use, criminal behavior, and disease transmission after treatment, using pre/post comparisons.

Evaluations of community-based treatment for criminal justice populations have had similar results and have also found increases in gainful employment and reductions in the use of emergency health care services and in welfare receipt.

What Kind of Treatment Works Best ?

Formal institutional programs that include specific transitional services are more effective. They prepare the inmate for return to the community with a community treatment plan, relapse prevention skills, continuing supervision, and support services. Supervised release, with the threat of re-incarceration for non-compliance, reinforces motivation.

What is the Administration Doing?

The Administration is moving on four fronts.

1. Providing Infrastructure

The Violent Offender Incarceration and Truth-in-Sentencing Incentive Grant Program requires -- as a condition of eligibility for Federal funding -- all state correctional programs to have a formal testing, intervention, and treatment plan in place by September 1998. This initiative builds on these requirements and will provide an enhanced basis for identifying and managing drug dependent offenders.

On the Federal level, the President has directed the Attorney General to work with the Federal courts to establish a policy of drug testing for all Federal defendants. A pilot drug testing program is now underway in 25 of the 94 Federal districts. Under this program, Federal judges will be better equipped to determine the appropriate release conditions for defendants and Federal pretrial and probation staff better able to identify those in need of intervention.

2. Providing Models

The Federal Bureau of Prisons (BOP) operates residential drug treatment programs at 42 institutions. In accordance with the requirements of the Violent Crime Control and Law Enforcement Act of 1994, drug treatment is provided to 100 percent of eligible inmates, prior to their release from Bureau custody. In FY 1997, nearly 31,000 inmates participated in Bureau treatment programs (education, 12,960; non-residential, 4,733; residential, 7,895; community transition, 5,315).

BOP's program is well documented and an appropriate model for state prisons. Virtually every state has requested the program curriculum.

At the community level, ONDCP has initiated the "Breaking the Cycle" program. Through cooperative efforts with Health and Human Services' Center for Substance Abuse Treatment and Justice's Drug Court Office and National Institute of Justice, ONDCP awarded a Breaking the Cycle demonstration to Birmingham, Alabama. Birmingham commenced full operation of Breaking the Cycle in June 1997 and ONDCP will expand the program to two or more additional sites.

Breaking the Cycle will demonstrate the impact of a systematic, community-level response to the problems of chronic, hardcore drug use, through the integrated application of testing, assessment, referral, supervision, treatment planning and delivery, routine progress reporting to maintain informed criminal justice oversight, graduated sanctions for noncompliance, relapse prevention training and skill

building, and structured transition back into the community. Linkages will be made for the timely application of needed adjunct services -- health, education, housing, labor.

3. Supporting Research and Demonstrations

The 1997 National Drug Control Strategy provides a number of opportunities to demonstrate promising approaches.

To support Strategy Goal 3, to reduce the health and social costs of drug use, the President requested nearly \$3.7 billion, including the following key programs

- Prevention and treatment research - \$522 million,
- Treatment for mentally ill, at-risk, and delinquent youth - \$19 million,
- Drug courts to divert drug dependent offenders to treatment - \$75 million,
- Youth courts and anti-truancy programs - \$39.5 million,
- Treatment and prevention block grants to the states - \$973 million,
- Grants for treatment in state prisons - \$63 million,
- Treatment and testing for Federal probationers and pretrial releasees - \$72.6 million, and
- Treatment in Federal prisons - \$26 million.

4. Seeking a Long Term Commitment

ONDCP is asking the Congress to join in the establishment of a 5 year budget and a 10 year strategy.

To ensure accountability, and provide guidance for necessary adjustments, ONDCP has established measurable objectives and is working, with drug control agencies, to develop and track specific measures of effectiveness for each objective.

A Science-based Prescription for Drug Treatment

It is progressively more apparent that long-term progress in reducing and managing this population requires a rehabilitation approach that:

- confronts and exposes thinking errors and the addictive lifestyle,
- provides for values and character development,
- matches specific services to specific needs, and
- continues needed services for a significant period of time.

Given, the chronic relapsing nature of addiction; the consequences of addictive behavior for the individual, the family, and society; and the condition of existing service systems; our efforts to rehabilitate and assist people with addictive disorders should be governed by the following:

- We should take full advantage of any significant opportunity to get addicts into a formal treatment and rehabilitation program. The criminal justice system offers an immediate opportunity to engage significant numbers in treatment and long term rehabilitation.
- All treatment programs should be required to employ a comprehensive assessment instrument at the point of intake, and to update that assessment periodically during the course of treatment and recovery. Programs must be required to assess progress and to respond to the lack of progress.
- All treatment programs should be required to develop a formal, long-term rehabilitation plan, in accordance with the results of the assessment; and review and revise it in accordance with periodic assessments. This must include the initial intensive therapy and pharmacology and the longer term recovery plan.
- All formal treatment interventions should include specific, realistic relapse prevention training and compliance motivation training, during the initial course of treatment and as a continuing part of recovery.
- Consequences for non-compliance should be established clearly; they should be graduated and employed swiftly and fairly.
- Treatment programs should be held accountable for results in light of the relative difficulty of the population they serve, as determined by the initial, comprehensive assessment.
- A formal supervision and support person or organization should be designated for each person who completes the initial stage of treatment, to provide management and supervision and ensure continuing compliance with the recovery plan.

Some basic caveats about piecemeal initiatives in this area:

- prisons are very dangerous places that function with the consent of the imprisoned
- disruptions and serious problems are common but, given the insular nature of prison systems, seldom become public knowledge
- few prisons are staffed and designed to foster staff or inmate confidence in their safety
- "tough" policies -- mandatory minimums, withdrawal of privileges, etc. -- take bargaining tools away from correctional staff and administrations
- "tough" policies simply give inmates more of what they have been used to all their lives and elicit the same dysfunctional response they have historically given to abuse
- overcrowding increases not simply the number of inmates, but the number of idle inmates as program space and resources shrink
- to maintain a degree of safety, order, and coexistence, compromises are struck throughout the prison culture
 - between individual inmates and groups of inmates
 - between inmates and correctional officers
 - among correctional officers
 - between correctional officers and the administration
- contraband (including drugs) is one of the areas for such compromises
 - These are sometimes formal (i.e., collective bargaining agreements regarding employee testing; legal constraints on searches and seizures re: staff, visitors, and inmates)
 - Most often they are informal ways to bargain for safety or cost avoidance
- **As described, this "tough" approach takes something away from both staff and inmates, without providing any offer of increased staff security or any clear alternative benefit for the inmates.**

- given the insular nature of these systems, the passive resistance will be hard to detect but very effective. They will see no choice.

BREAKING THE CYCLE

QUESTION

What do you hope to get from the "Breaking the Cycle" program and what is its status?

ANSWER

Drug dependent offenders commit an inordinate amount of crime, and crime must be punished. But simply punishing crime is not enough. If crime is to be reduced, the drug dependence must be treated as well.

When we have drug dependent offenders under criminal justice supervision we have a perfect opportunity to prevent future crime. The "Breaking the Cycle" initiative will demonstrate the benefits that accrue to communities that seize this opportunity. With a rigorous program of treatment, testing, supervision, and sanctions, communities around the country can literally break the cycle of drugs, crime, and recidivism. And they can do it safely and effectively in the community, without unnecessary and wasteful incarceration of non-violent offenders.-

The Office of National Drug Control Policy has worked closely with the Departments of Justice and Health and Human Services to design an approach that will allow communities to safely and effectively work with drug dependent offenders. The resulting "Breaking the Cycle" concept offers the promise of reducing the wasteful incarceration of offenders who can be successfully supervised and rehabilitated at the community level.

Breaking the Cycle will demonstrate the impact of a systematic response to chronic, hardcore drug use. The program encompasses the integrated application of testing, assessment, referral, supervision, treatment and rehabilitation planning and delivery, routine progress reporting to maintain informed judicial oversight, graduated sanctions for noncompliance, relapse prevention training and skill building, and structured transition back into the mainstream community.

The program became fully operational in Birmingham, Alabama, June 2, 1997. By December, 4,602 offenders had been screened and 784 placed as active participants. The program is being documented and evaluated by the National Institute of Justice and other sites will be selected for participation in 1998.

CHUCK - FYI

NOTE LOW COSTS

The Corrections Yearbook™ 1997

Authors and Editors

Camille Graham Camp and George M. Camp

Researchers and Writers

Renie Dugan, Research Associate

Derek Holmes, Research Associate

Matthew Moore, Research Assistant

Freddy Rolón, Research Assistant

Production and Circulation

Verna Dugan, Staff Assistant

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1996 DRUG TESTING OF INMATES IN ADULT CORRECTIONAL AGENCIES

	Inmates Tested	# Positive	Percentage Positive	Cost/ Test/Inmate
AL	46,703	2,528	5.4	\$1.30
AK ¹	6,000			
AZ ²	23,077	5,200	22.5	\$8.86
AR ³	2,267	346	15.1	\$17.75
CA	50,202	2,143	4.3	\$3.38
CO ⁴	6,000	510	8.5	\$9.63
DE	1,318			\$5.75
DC	9,000	425	4.7	\$2.15
FL	53,856	2,662	5.0	\$3.45
GA	37,800	1,800	4.8	\$2.20
HI	6,042	648	10.7	\$31.50
ID	4,747	164	3.5	\$6.20
IL ⁵	2,410	414	17.2	\$16.28
IA ⁶	8,497	870	10.2	\$10.00
KS ⁷		453		\$1.80
LA	17,113	544	3.2	\$19.00
ME	910	240	26.4	\$8.50
MD ⁸		1,809		
MA ⁹	12,962	228	1.8	\$5.40
MI	24,020	4,843	20.2	\$9.45
MN	3,550	225	6.8	\$10.00
MS	4,004	398	8.4	\$3.00
MO	20,211	848	4.2	\$1.27
MT	200	6	3.0	
NE	3,497	241	6.9	\$3.25
NH ¹⁰	12,724	208	1.6	\$0.33
NJ ¹¹				\$6.80
NM	2,000	600	30.0	\$2.00
NY	117,272	5,146	4.4	\$3.00
NC	40,317	3,283	8.1	\$3.50
OH	53,466	2,316	4.3	\$3.58
OK ¹²				\$2.00
OR	4,100	38	0.9	\$3.00
PA	50,225	1,547	3.1	\$5.40
RI	14,820			
SC ¹³				\$3.00
SD ¹⁴	5,024	89	1.8	\$7.90
TN ¹⁵	19,654	924	4.7	\$1.86
TX	335			
UT	5,152	477	9.3	\$8.45
VT ¹⁶	100	60	60.0	
VA ¹⁷				\$7.00
WA ¹⁸	16,066	646	4.0	\$9.46
WV	780	60	7.7	\$6.00
WI	34,273	387	1.1	\$2.75
FED. ¹⁹	55,935	536	1.0	\$10.00
Total & Avg.	776,779	43,796	9.3	\$6.65

¹Inm. tested est. ²88,000 tests admin. ³Figures incl. Dept. of Comm. Purchasing (DCP) estimates. DCP does testing for clubs only, but they are unscheduled. Only DOC tests randomly. ⁴Pos. incl. refusals. ⁵Tested pos. in adult inst. only. ⁶Cost to confirm at \$15. ⁷21,672 tests admin. ⁸50,000 tests admin. ⁹Cost to test incl. the 2 diff. tests completed on ea. inm. at \$1.70/test - gloves, etc. Ea. tests for diff. things. ¹⁰Cost decreases from 1995 due to new equip. & other efficiencies. ¹¹53,300 tests admin., excl. parole who 750 positive (2.3%). Parole did 57,000 tests with 14,259 positive (25%). ¹²15,176 tests admin., 1,473 positive (9.7%). Cost to test est. ¹³4,080 tests admin. between 47.96 and 12.51/96. ¹⁴Pos. are tested twice. ¹⁵Cost for initial test is \$1.65, cost to send sample to lab for confirmation is \$17.50 (total cost for pos. test is \$19.15). ¹⁶Pos. tests excl. ¹⁷Avg. cost. ¹⁸82,394 tests admin. Ea. test costs \$1.82. ¹⁹Inmates tested are random only.

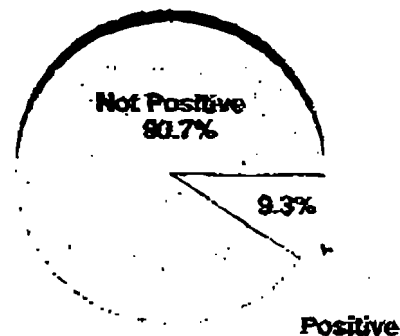
Snapshot: 1996 Drug Testing



- As of January 1, 1997, all 52 adult state correctional agencies conducted drug testing of inmates. Fifty agencies conducted random tests, and 49 agencies conducted tests when there was a suspicion that the inmate was using drugs.
- 776,779 inmates were tested for drug use during 1996. Among the 36 agencies reporting both inmates tested and number positive, 754,306 inmates were tested with 41,534 (5.5%) found positive. An average of 9.3% of inmates tested were found positive.
- The average cost to test an inmate for drugs among 40 agencies was \$6.65.
- When comparing testing conducted across different agencies, be aware that some agencies tested only if there was reason to believe the inmate was using drugs while others randomly tested everyone. Most agencies do both random testing and for cause. Agencies only conducting drug tests when there was cause to believe the inmate was using drugs include Alabama and Texas.



AVERAGE AGENCY'S PERCENTAGE OF POSITIVE DRUG TESTS DURING 1996



DRUG TESTING OF PRISONERS DURING 1996

<u>Largest Systems</u>	<u>Testing Conducted</u>	<u>Prisoners Tested</u>
Maricopa, AZ	X	2,060
Los Angeles, CA ¹	X	
San Fran. City/Cty., CA	X	1,500
Jacksonville, FL	X	8,469
Palm Beach, FL ²	X	301
Philadelphia, PA	X	1,700
Davidson, TN ³	X	2,141
Travis, TX	X	804
King, WA	X	396
Total	9	17,371
Average		2,171

<u>Larger Systems</u>	<u>Testing Conducted</u>	<u>Prisoners Tested</u>
Manatee, FL	X	
Polk, FL	X	
Jefferson, KY	X	
Prince George's, MD ⁴	X	
Hampden, MA	X	1,964
Oakland, MI	X	3,200
Clark, NV	X	150
Bernalillo, NM	X	1,057
Monroe, NY	X	880
Dauphin, PA	X	978
York, PA	X	50
Norfolk, VA	X	500
Total	12	8,779
Average		1,097

<u>Large Systems</u>	<u>Testing Conducted</u>	<u>Prisoners Tested</u>
Sonoma, CA	X	460
Stanislaus, CA	X	12
Seminole, FL ⁵	X	29
Dougherty, GA	X	2,600
Lake, IN ⁶	X	38
Lafayette Parish, LA	X	35
Norfolk, MA	X	
Jackson, MO ⁷	X	783
Bucks, PA	X	
Chester, PA	X	500
Delaware, PA	X	
Jefferson, TX	X	4
Fairfax, VA	X	4,375
Total	13	8,856
Average		888

X = yes. ¹ Urine testing by court order only. ² Only St. Lucie fac. tested. ³ Figure is tested in jails only, excl. those in court order testing & probation (if incl. total is 4,541). ⁴ Total tests admin. was 20,701. ⁵ Test persons on work release. ⁶ Began testing in 1996. ⁷ Test persons on electronic home detention program.

<u>Medium Systems</u>	<u>Testing Conducted</u>	<u>Prisoners Tested</u>
Indian River, FL	X	100
Canyon, ID	X	22
Kenton, KY	X	375
McCracken, KY	X	50
Penobscot, ME	X	
Frederick, MD	X	2,196
Harford, MD	X	1,502
Washington, MD	X	744
Rockingham, NH	X	600
Broome, NY	X	50
Northwest, OH	X	
Erie, PA	X	
Davis, UT	X	
Coke-Fred-Win. (Reg.), VA	X	833
Pt. Wm.-Man. (Reg.), VA ⁸	X	1,262
Clark, WA	X	913
Brown, WI	X	
Jefferson, WI	X	
Manitowoc, WI	X	427
Outagamie, WI	X	50
Rock, WI	X	
Total	21	9,154
Average		654

<u>Jail Systems Totals</u>	<u>Testing Conducted</u>	<u>Prisoners Tested</u>
Largest	9	17,371
Larger	12	8,779
Large	13	8,856
Medium	21	9,154
Total for All Systems	55	44,160
Average for All Systems		1,104



◆ **Testing Conducted:** Indicates whether a jail system conducts drug testing to determine whether a prisoner is using drugs.

◆ **Prisoners Tested:** The number of prisoners tested by a jail system during 1996.



◆ **Some jail systems test all prisoners at intake; others randomly test the prisoner population or test based on the belief that a particular prisoner may be using drugs. Still other systems test for cause.**

JAIL PROGRAMS