Office of Policy Development
United States Department of Justice
10th and Constitution Ave. NW
Washington, D. C. 20530

TO: Bruce Reed FAX: ( )

FROM: G. Mastalli VOICE: (202)
FAX: (202) 514-8639

Total Pages (excluding this cover): 7

Additional Message:

More info / ideas on drug stuff
Your thoughts - reactions needed

PROVISIONS OF THE 1994 CRIME ACT RELATING TO DRUGS IN PRISONS OR DRUG TESTING

Section 90101 -- Enhancement of Penaltics for Drug Trafficking in Prisons. Requires that sentence for offense of providing or possessing drugs in federal prison be served consecutively to sentence imposed for underlying drug offense. Increases maximum penalties for providing or possessing specified types of drugs in federal prisons to 5, 10, or 20 years imprisonment, from previous maximum 1 year term.

Section 90103 -- Enhanced Penalties for Illegal Drug Use in Federal Prisons and for Smuggling Drugs into Federal Prisons. Directs the Sentencing Commission to appropriately enhance the penalty for possession of drugs in federal prisons, and for smuggling or distributing drugs in federal prisons. Prohibits probation for such offenses.

Section 20414 -- Post-Conviction Release Drug Testing-Federal Offenders. Generally requires drug-testing for federal offenders on all forms of post-conviction release (probation, post-imprisonment supervised release, or parole). Generally requires a test within 15 days of release and at least two periodic tests thereafter. The requirements may be ameliorated or suspended by the court if sentencing information indicates a low risk of future substance abuse.

Section 32001 -- Substance Abuse Treatment in Federal Prisons. Provides schedule for getting all eligible federal prisoners into residential substance abuse treatment programs. Prisoner who successfully completes such program may be let out up to a year early. If early release occurs, person released must be periodically tested for substance abuse, and re-incarcerated on determination that substance abuse has recurred.

Section 32101 -- Residential Substance Abuse Treatment for State Prisoners. Authorizes funding for state prisoner residential substance abuse treatment programs. Drug testing for participants in such programs is condition of eligibility for funding.

Section 50001 -- Drug Courts. Authorizes funding for drug courts programs, which must include periodic drug testing during any period of supervised release or probation for each participant.

DRAFT #1

RECOMMENDATIONS FOR PRESIDENTIAL DIRECTIVE TO FEDERAL AGENCIES TO ADDRESS THE DRUG PROBLEM IN FEDERAL, STATE, AND LOCAL CORRECTIONS

■ INTERDICTION AND CONTROL

- "Drug Free Facilities" -- theme

- Any strategy (ies) for the interdiction and control of drugs into jails and prisons must deal with drugs coming into facilities through visitors, staff, other sources, and use by inmate.

- Focus groups and needs assessments of state and local jail and prison administrators by NIJ and NIC regarding how technology may be of assistance to them has continually established the need for the use of advanced technologies to control the entrance of drugs into their correctional facilities -- e.g., what non-intrusive technologies may be used to control the entrance of drugs into facilities, how may technologies be used to determine use of drugs by inmates, e tc.

- Focus groups/needs assessments with probation and parole executives have also established the need for applying advanced technologies for the detection and control of drugs among the 3.5 million offenders under their control and supervision.

- Within prisons and jails and within community corrections programs any effective efforts to interdict and control drugs requires a comprehensive strategy, including these elements.

o the development and application of advance technologies to interdict drugs coming into state and local correctional facilities and to control the use sale and use of drugs by inmates and offenders;

o the use of random drug testing both within correctional facilities and within community correctional programs;

o intelligence sharing and use of data bases to track and intervene in community and prison gang activities deal with the introduction of drugs into correctional facilities, and the sale and use of drugs within correctional facilities and in the community by offenders under correctional supervision;

o the training of state and local correctional practitioners regarding the most effective strategies, programs, etc. to interdict drugs and to control the sale and

use by inmates and offenders (e.g., OJP and NIC conduct training programs, interactive video, etc. to train and transfer the latest information on interdiction and control strategies, etc.);

o because correctional systems have individual and unique problems regarding drug interdiction and control technical assistance should be available to address their unique problems; and

o because jurisdictions are short of resources there is a need to research and disseminate research findings regarding what strategies, programs, and practices have proved most effective in the interdiction and control of drugs in prisons, jails, and community corrections. (Again, training, technical assistance, and clearinghouse functions can be used to disseminate this information such as Internet, interactive video conferences, video tapes, etc.)

- RECOMMENDATION: THE PRESIDENT COULD MANDATE/DIRECT THAT FEDERAL AGENCIES (TO INCLUDE JUSTICE, DEFENSE, AND OTHERS) DEVELOP A COMPREHENSIVE PROGRAM TO INTERDICT AND CONTROL DRUGS ENTERING CORRECTIONAL FACILITIES AND THE USE OF DRUGS BY INMATES AND OFFENDERS. THIS COMPREHENSIVE PROGRAM MAY INCLUDE INITIATIVES SUCH AS:

i. NIJ, DOD, and other federal agencies placing the highest priority on using advanced technologies to control the entrance of drugs into correctional facilities, for the control of drugs within these facilities, and to control the use of drugs by inmates and offenders on correctional supervision.

ii. NIJ and C-SAT research and disseminate the latest information on cost-effective and efficient drug control programs using urine surveillance and other means to detect and control drug use in facilities and in the community.

iii. NIC and BOP bring to state and local prisons and jails programs and practices that have been effective within BOP for interdicting drugs and controlling the use of drugs.

iv. OJP and NIC develop and implement training and technical assistance to assist correctional systems interdict and control the use of drugs, using the latest technologies such as Internet, interactive video programs, etc.

v. Federal, state, and local law enforcement and corrections share information and develop programs for dealing with community and prison gangs introducing drugs into correctional facilities and the sale and use of drugs among inmates and offenders.

■ CONTROL AND USE OF DRUGS BY INMATES AND OFFENDERS

- The use of drugs (and alcohol) is pervasive in today's criminal justice population. Studies vary but suggest that up to 80% of street crime in this country involves drug and alcohol use. Chaiken indicates that 62% of the state prisoners report using illegal drugs regularly before being incarcerated but only 11% received treatment. The National Drug Forecast for 1993 for adult arrestee indicted that 54 to 83% of males tested positive for at least 1 of 10 illicit drugs and 42 to 83% of females tested positive for at least 1 of 10 illicit drugs. This same forecast indicates that the percent of males testing positive for 2 or more drugs ranged from 13 to 42% and for females from 14 to 39%.

- Strategies for dealing with it inmate (within jails and prisons) and offender (on probation and parole) use of drugs must involve both control and treatment.

- Control strategies such as random urine testing both in facilities and in the community is effective but can be very expensive. Research into the use of advanced, cost effictive methods for detecting and controlling drugs is a high priority among correctional executives.

- Recent research is demonstrating that substance abuse treatment programs both in facilities and in the community demonstrate effectiveness. Treatment programs that state in correctional facilities must have strong transition and community component for control, accountability, and treatment. Offenders under community supervision require comprehensive substance treatment and relapse programs to effectively control their drug involvement.

- State and local correctional agencies not only have indicated a need for advanced technologies to for drug interdiction and control, but have called upon federal assistance to inform, enhance, and expand drug treatment and relapse prevention programs. State and local correctional administrators want to know "what works" in drug control and treatment and want to expand the number of institutional community-based treatment programs. Further, correctional administrators voice the need for a comprehensive, systemic approach for this problem, including closer collaboration between mental health, substance abuse, correctional agencies and other service providers, if drug control and treatment is to make a difference among the offender population.

- A number of federal agencies conduct research into drug control and treatment and provide assistance to state and local corrections and substance abuse programs. These agencies include NIJ, BJA, OJJDP, NIC, C-SAT, C-SAP, NIDA, etc.

- RECOMMENDATION: THE PRESIDENT COULD MANDATE/DIRECT THAT KEY FEDERAL AGENCIES (E.G., DOJ, HHS, ETC.) AND THEIR COMPONENTS DEVELOP AN INTEGRATED, COMPREHENSIVE STRATEGY FOR THE CONTROL, TREATMENT, AND PREVENTING RELAPSE AMONG INMATE AND OFFENDERS UNDER CORRECTIONAL SUPERVISION. THIS SYSTEMIC

APPROACH MAY INCLUDE:

i. the development of a strategic initiative among the federal agencies responsible for and currently providing assistance to state and local correctional agencies, mental health agencies and substance abuse programs. There are a number of initiatives but there could be greater collaboration and integration of programs.

ii. greater emphasis on the dissemination of research findings and assisting state and local correctional and substance abuse agencies and organizations implement the latest research on effective programs of control, treatment and relapse prevention similar to the initiative between NIC, C-SAT, and C-MHS that is creating a center for the application of research for dual diagnosed offenders in jails, prisons, and community corrections.

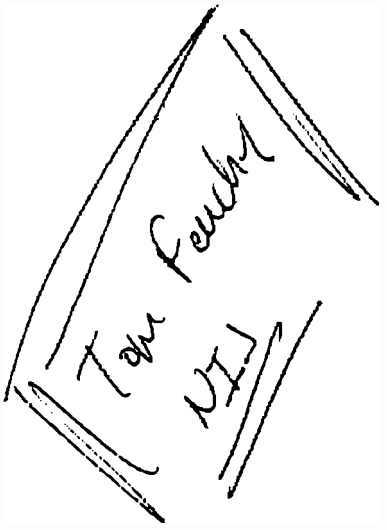
iii. directing federal resources to fund additional treatment and relapse prevention programs for state and local offenders.

1490 Duke

PRISON POPULATION

State	Tests/Yr	Tests/Day	ADP	T_Day/A	T_Mo/AD	Test all monthly
AK	6116	16.76	2542	0.0066	0.1978	5.06 (x)
AZ	41675	114.18	16089	0.0071	0.2129	4.70
AR	2247	6.16	7469	0.0008	0.0247	40.44
CA	3100	8.49	99228	0.0001	0.0026	389.44
CO	1800	4.93	7330	0.0007	0.0202	49.55
CT	57488	157.50	10979	0.0143	0.4304	2.32
DE	400	1.10	3910	0.0003	0.0084	118.93
DC	83048	227.53	9421	0.0242	0.7245	1.38
FL	30384	83.24	47283	0.0018	0.0528	18.93
GA	7817	21.42	24319	0.0009	0.0264	37.85
HA	3387	9.28	2692	0.0034	0.1034	9.67
ID	2889	7.92	2119	0.0037	0.1121	8.92
IL	847	2.32	30377	0.0001	0.0023	436.35
IN	4038	11.06	13211	0.0008	0.0251	39.81
IA	3995	10.95	4429	0.0025	0.0741	13.49
KS	13585	37.16	6083	0.0061	0.1833	5.46
KY	36000	98.63	8167	0.0121	0.3623	2.76
ME	829	2.27	1648	0.0014	0.0413	24.19
MD	44201	121.10	18399	0.0066	0.1975	5.06
MA	4000	10.96	10142	0.0011	0.0324	30.85
MI	24352	66.72	31379	0.0021	0.0638	15.68
MN	2310	6.33	3685	0.0017	0.0515	19.41
MS	15768	43.20	7941	0.0054	0.1632	6.13
MO	3687	10.10	15941	0.0006	0.0190	52.60
MN	600	1.64	1496	0.0011	0.0330	30.34
NE	4704	12.89	2600	0.0050	0.1487	6.72
NV	100	0.27	5924	0.0000	0.0014	720.75
NH	3058	8.38	1725	0.0049	0.1457	6.86
NJ	8000	21.92	18025	0.0012	0.0365	27.41
NY	75596	207.11	60121	0.0034	0.1033	9.68
NC	22370	61.29	20351	0.0030	0.0903	11.07
ND	1530	4.19	559	0.0075	0.2250	4.45
OH	48437	132.70	37094	0.0036	0.1073	9.32
OK	56836	155.72	14257	0.0109	0.3277	3.05
OR	4652	12.75	6456	0.0020	0.0591	16.91
PA	288	0.79	23597	0.0000	0.0010	996.86
SC	11999	32.87	16438	0.0020	0.0600	16.67
SD	2799	7.67	1473	0.0052	0.1562	6.40
UT	14945	40.95	28305	0.0014	0.0434	23.04
VT	1000	2.74	1285	0.0021	0.0640	15.63
VA	6007	16.46	16921	0.0010	0.0292	34.27
WA	83102	227.68	9860	0.0231	0.6927	1.44
WV	9000	24.66	1740	0.0142	0.4251	2.35
WI	18474	53.35	8256	0.0065	0.1939	5.16
WY	970	2.66	1069	0.0025	0.0746	13.41
FED	47036	128.87	68981	0.0019	0.0560	17.84

MINIMUM	1.38
MAXIMU	996.86
MEAN:	72.14
MEDIAN:	14.56



DRAFT

States	Media Attention/ Problem	Policies
California	1.Charles Manson was convicted in early June 1997 of using and selling drugs that he somehow obtained at Corcoran State Prison. [Copley News Service, 6/14/97] 2. Record keeping on drug crimes committed inside California prisons is spotty. The state Department of Corrections, which houses 149,000 inmates, has tallied more than 1,100 reports of drug trafficking and using in prisons each year since 1993. But experts say that number represents only a small fraction of what is really there.	California has instituted the Amity program: a drug treatment program that has received widespread recognition. The Amity program is a so-called therapeutic community, a style of intensive residential treatment thought to be most effective for felons with substantial criminal records. For 9 to 12 months, 220 participants share a dormitory, dining facilities and recreational areas. Upon release from prison, graduating parolees can volunteer to continue taxpayer-funded counseling at Amity's residential off-site program. At both facilities, convicts are required to attend a steady stream of seminars and encounter groups run by recovering addicts, ex-convicts and substance abuse counselors. No one gets time off their sentences for participating or reprieves from prison work. According to one study, 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.[Los Angeles Times,

DRAFT

Illinois	Last year, a videotape surfaced showing Illinois mass murderer Richard Speck using drugs while having sex. This led to widespread criticism of the availability in state prisons. [This video made all the networks.]	1. The tape led to mandatory drug testing for Illinois prison workers and the elimination of picnics where inmates mix with visitors. 2. The Illinois Department of Corrections has created drug treatment programs, modeled on the therepeutic community system in Deleware and other states that allows drug treatment to take place in a less-threatening environment. Inmates get intense, round-the-clock therapy.[Chicago Tribune, 12/9/96]
Pennsylvania	1. Last year, two Pennsylvania corrections officers were charged with smuggling drugs into work at the State Correctional Institution at Graterford, outside Philadelphia. They were arrested Aug. 2, 1996, after a surprise search of employees as they reported for work. 2. For four days in October 1995, 600 state troopers, corrections officers and federal agents conducted a top-to-bottom search of Graterford's 2,700 cells. They discovered stashes of narcotics and weapons. [The Morning Call (Allentown), 3/12, 1997]	Under a bill passed this year, inmates caught with drugs behind bars would face far stiffer penalties. Under the measure prisoners, could be charged with a second-degree felony, carrying a maximum 10-year sentence.
Missouri	No major stories on real problems in jails. The Department of Corrections did random urine tests of 12% of the prison population in October 1996 and found drug traces in 79 inmates -- that was 3 % of inmates tested.	Missouri prison officials have begun randomly testing inmates for drug use and are taking other steps to crack down on drug traffic behind bars. Inmates and visitors are subject to prosecution for drug transactions. In Cole County, some prison visitors were charged several months ago.

DRAFT

Kansas	No stories on drug rings. In the most recent fiscal year, 2.1 percent of 21,672 tests came up positive. The states also routinely test people on parole and probation.	Prisoners have been tested randomly and on a selected basis for several years.
Ohio	Two years ago, 60 people - including six workers - were charged with conveying drugs into Ohio prisons. ["Big Money's Makes Prison Workers Smugglers for Inmates," The Plain Dealer, 9/25/96]	Under a Senate bill sponsored by Sen. Bruce Johnson, a Columbus Republican, guards or corrections employees found guilty of sneaking drugs into state prisons would receive a mandatory prison term.
New Jersey	Last year, following on the Pennsylavania model, New Jersey 160 officers in riot gear were sent into a county prison to lock inmates in their cells and spent the next 72 hours searching for weapons and drugs. This action followed reports of widespread drug use and gang activity in the prison. While much illegal contraband was discovered, no illegal drugs were found; officials suspected inmates flushed them down the toilet.[New York Times, 1/21/96]	
Indiana	Anthony L. Crenshaw, 34, now an inmate at the Indiana State Penal Farm in Putnam County, was convicted of being in possession of rock and powder cocaine and marijuana while an inmate at the Youth Center in Plainfield last March. The two charges - one a Class C felony, the other a misdemeanor- carry a maximum combined prison sentence of nine years. In a story two years ago, it was reported that correction officials have found illegal substances in 9% of the prisoners who have been tested for drugs in the previous three years.[Indianapolis News, 5/22/95]	Random drug testing is conducted each month at 15 of the state's adult and juvenile faclities. Eventually, some prisoners at all of Indiana's facilities will be tested for cocaine, marijuana and several other drugs. Workers are tested only if there is reason to believe they are using illegal substances.[Indianapolis News, 5/22/95]

DRAFT

Mississippi	Two years ago, Mississippi state auditors launched an audit of the fiscal matters at one of the state prisons, Parchman, that said that gangs and an internal drug trade so dominated the prison they felt compelled to document it. In that report, auditors warned "illicit drug trafficking, especially at Parchman, and the presence of pervasive gang activities at all facilities are undermining the state's efforts to control the prison populations." The report warned that gang leaders inside the penitentiary were calling the shots on some gang and drug activity on the streets. In response, state officials said the department should implement an inmate and employee drug testing program.["Drugs, gangs handcuffing Miss. prison, auditor says" The Commercial Appeal (Memphis), 7/27/95]	Governor Fordice signed a bill last spring that sets up random drug testing for employees of the Mississippi Department of Corrections. The law directs the Department of Corrections to conduct the drug tests. Participation is mandatory. [The Commercial Appeal (Memphis, TN), 3/21/97]
New York	In March 1995, three New York corrections officers and two cooks were charged with drug smuggling at New York's Rikers Island jail. Twenty six prison officers in New York have been charged with drug smuggling since 1990. [Copley News Service, 6/14/97]	
Maine	In 1995, state and federal authorities investigated a major marijuana and cocaine smuggling ring at Maine State Prison. Five inmates were transferred to the Maine Correctional Institute (SuperMax) facility, and 3 staff members resigned as a result of allegations of drug smuggling that involved the prison's plumbing. The drug smuggling ring was the largest in recent history, with sales far in excess of $10,000.[Bangor Daily News, 9/26/95] And just this spring, a former guard, three inmates and a woman on the outside were indicted by a state grand jury on drug trafficking and conspiracy charges for a plot to sell pot at the Maine State Prison.	No particular success stories.

DRAFT

New Hampshire	Earlier this month, an elaborate scheme to smuggle drugs in to inmates at the New Hampshire State Prison was thwarted. A pound of marijuana was confiated from a hiding place at the prison. This was the second break up of a prison smuggling operation in two months in New Hampshire.["Drug Smuggling Thwarted at Prison," The Union Leader, 7/19/97]	
Texas	No particular stories to report on drug treatment.	There is no random drug testing for inmates-- as the new federal guidelines support. Texas does test parolees for drugs. Texas corrections places more of an emphasis on prevention and treatment programs for inmates who are withn four to 12 months of release. These inmats in treatment can be connected with after-care programs in their communities. However, this program that was initiated by Governor Ann Richards, has been slashed by the current governor.
Utah	1. Last month, a corrections officer was arrested after accepting a delivery of cocaine and heroin bound for inmates at the Utah State Prison. In an unrelated matter, a Utah inmate was found dead from an apparent drug overdose a few weeks later. According to the article, the prisoner's death "underscores the fact that the illegal drug trade flourishes inside the walls and razor-wire fences of Utah's Draper prison."[Drug Trade Thrives in Prison, Salt Lake Tribune, 6/30/97] 2. While inmates convicted of drug crimes make up about one-tenth of Utah's prison population, most inmates have substance abuse problems.	No particular policy noted in news stories.

Federal Stories	Federal officials said they had broken up a major drug ring operating out of two federal prisons that imported cocaine from Colombia for sale in the Washington area. Rayful Edmond, a well-known Washington drug dealer serving a life sentence in Lewisburg federal prison in Pennsylvania, ran the operating using his inmate telephone, mail and visitation privileges. A federal prison guard in Atlanta was sentenced to six years for participating in the trafficking of narcotics within the prison.(Fall of 1996]	
South Carolina	Based on internal studies, prison officials estimate that 65% of inmates have at least some problems with drug or alcohol abuse. Failure to address those problems adequately is linked to the high rate of recidivism among inmates.	Department of Corrections:

DRAFT

Deleware	No particular stories on drug problems in the prisons.	Key-Crest drug treatment program in Deleware has been highlighted in an ABC World News Tonight Solutions segment. ABC described Key Crest as a "tough, innovative and highly structured drug treatment regiment.... At the Key, 111 inmates are isolated from the rest of the prison population. They are tought motivation. Inmates who successfully complet the program can receive early parole. But failure means banishment back to the general prison population. What makes the Deleware program unique is that once inmates ... are released frm prison, they enter a halfway house callled The Crest, the second stage of treatment. It lasts six months and it's mandatory. ... The program works. An independent study of the Key and Crest shows that 18 months after release form prison, 77% of inmates who participated in both did not commit another crime, compared to 46% of inmates who received no drug treatment. ...The Federal Government is so impressed with the effectiveness of this program ... it's asking Congress to appropriate $200 million to replicate it across the country." [Solutions Segment, ABC, 3/13/97] General McCaffrey has visited this program.

DRAFT

Tennessee	State corrections officials say 5% of inmates tested the past year used drugs in prison.At one state prison, 17 % of drug and alcohol tests came back positive, while one out of every five inmates tested at another prison had drugs in their urine. Drugs are smuggled in inside the bottom of shoes or in a body cavity and usually left in a bathroom. [USA Today, 10/25/96] In addition, state parole records obtained by The Chattanooga Times found that 151 of 2,612 convicts who were released from prison so far this year to the Chattanooga area tested positive within one week of being paroled. ["Drugs behind prison bars; Problem common, virtually impossible to eliminate," The Chattanooga Times, 10/24/96]	Tennessee wardens are required to randomly test only 25 of the hundreds of inmates at each prison every month. Last September, state prison officials ordered prisoners who are caught with or test positively for drugs or alcohol to pay the $17.50 test cost. They also lose visitation rights for six months to a year. Those inmates also will be moved to a more secure area, stripped of time credits and written up in records for the parole board -- all of which has been the penalty for several years. Tennessee prison officials offer drug treatment to only 1,500 of the more than 13,000 inmates currently in the state system. Programs to curb inmates' desires exist in 15 of the 21 prisons and each program limits participation to 100 prisoners.
Nebraska	Last month a 20 year employee of the state prison system was arrested for an alleged plan to sell marijuana in the Nebraska state penitentiary. It was estimated by the Nebraska Department of Corrections, that the employee was the third employee in three years arrested for dealing drugs. [Omaha World-Herald, 7/23/97]	No stories on their policy.

DRAFT

Florida	The issue of drugs in prison gained serious attention last year when an infamous rapist tested positive for marijuana use shortly afte being transferred from a state prison to a halfway house in Orlando. The inmate had served 10 years of a 25-year sentence for kidnapping and raping a young hitchhiker in November 1985. The day after his release to begin a 50-year probation, he tested positive for marijuana use. The inmates probation orders expressly prohibit drug use. A subsequent investigation found that 40% of the people housed in Mr. Crutchley's section of the prison had used marijuana recently. [Orlando Sentinel Tribune, 1/12/97] The Orlando Sentinel Tribune has editorialized about this issue.	Random drug testing.
Arkansas	Two years ago, two prison guards were charged with bringing marijuana into a state prison.[2 Prison Guards Charged With Taking Drugs To Jail, Arkansas Democrat-Gazette, 8/4/95]	No particular policies.
Michigan	Last year, weapons, drugs and a pair of liquor-making stills were seized when 200 Corrections officers mounted the first surprise sweep of a Michigan prison.The seven-hour shakedown produced as much contraband as prison officials might normally confiscate inside the medium-security walls during 10 months.[Detroit News, 1/12/96]	The state is implementing a new random drug-testing program for workers in "safety sensitive" posts. This program will drug test prison employees. [States News Briefs, 6/5/97]

DRAFT

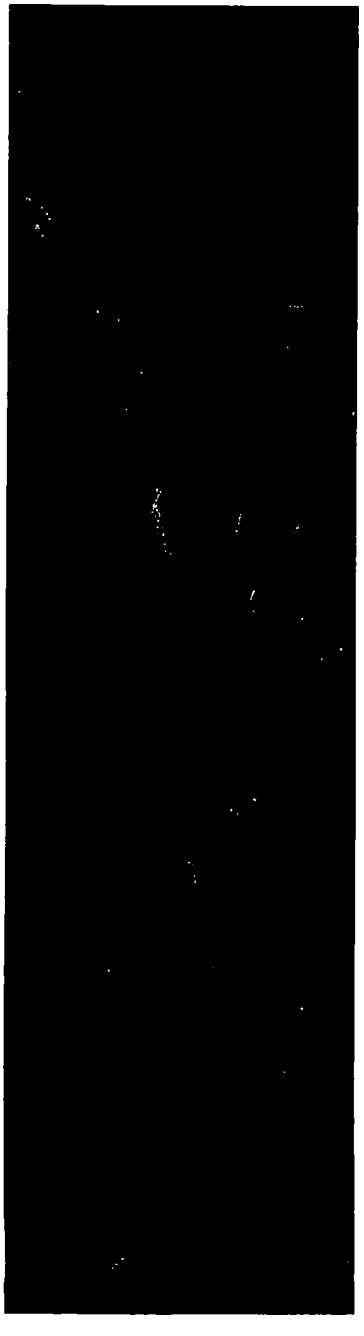
New Mexico	No particular stories found.	State prison officials are currently implementing a plan to step up efforts to punish inmates who test positive for drug use by taking away "good time" reductions to their prison sentences. In addition to increased drug searches of inmates and their visitors, the percentage of prison employees and contract workers such as food service employees subject to random drug testing is being increased as well.[Santa Fe New Mexican, 7/26/97]
District of Columbia	Nine percent of D.C. Department of Corrections prisoners tested positive for illegal drugs during random checks in the last six months. During the six months from December 1996 through May 1997, D.C. officials checked 5,685 prisoners for illicit drugs, and 512 inmates tested positive. The most common drug found during urine testing of District inmates was marijuana, followed by cocaine. In all, 258 prisoners tested positive for marijuana, 113 for cocaine, 81 for opiates, 39 for amphetamines, 21 for PCP and one for heroin. Prisoner access to illegal drugs has been a long-running problem for District correctional officials. In 1990, officials said about 6% to 10% of inmates who had been incarcerated there for at least one month tested positive in random drug tests. In 1992, 11 correctional officers were arrested for taking illegal drugs into the Lorton prisons. In 1996, a correctional officer pleaded guilty in federal court in Alexandria to two felony counts of smuggling marijuana and heroin into Lorton prisons. ["Drug Use Appears Rife Among D.C. Prisoners; 9% Rate Found in 6 Months," Washington Post, 7/12/97]	The D.C. prisons randomly drug test. They also have two substance abuse programs for inmates serving all their prisoners.

DRAFT

Georgia	Last year, the Georgia Corrections Department began implementing an aggressive sweep policy in their prisons. In one sweep, more than 70 Tactical Squad members, wearing black uniforms and white rubber gloves, conducted a shakedown of a state prison from which they found cash, weapons, drugs, pornography, and even a handcuff key.[AP, 1/5/96]	All Georgia state prisons are "shaken down" once a year.
Virginia	No particular stories.	In Virginia, the Department of Corrections does "limited random" testing at five of its 52 institutions -- the five that treat drug offenders, according to spokesman David Botkins. About 25,000 inmates are incarcerated in Virginia prisons. The number of inmates tested for drugs and the number testing positive are not available, Botkins said. "We don't track them that way," he said.

U.S. Department of Justice
Office of Justice Programs
Corrections Program Office

OJP
Corrections Program Office



Violent Offender Incarceration and Truth-in-Sentencing Incentive Grants (Addendum)

Drug Testing Guidelines

Introduction

It is widely recognized that there is a strong correlation between drugs and crime. The level of criminal activity accelerates among drug involved individuals. Drug addicts are involved in approximately 3 to 5 times the number of criminal incidents as arrestees who do not use drugs. Recent research shows that three-fourths of offenders incarcerated in prisons and over half of those in jails or on probation are in need of some type of substance abuse treatment or other intervention, yet only 10 to 20 percent of prison inmates participate in treatment while incarcerated. The time in which drug-using offenders are in custody or under post-release correctional supervision presents a unique opportunity to reduce drug use and crime through effective drug testing, sanctioning, and intervention programs.

Operation Drug TEST (Testing, Effective Sanctions, and Treatment) is a Clinton Administration initiative for deterring crime and drug abuse. Operation Drug TEST is founded on three key assumptions: 1) there is a link between drugs and crime; 2) drug testing can reliably and inexpensively identify offenders who abuse drugs; and 3) testing, graduated sanctions, and treatment of offenders can deter drug abuse and crime.

The "Breaking the Cycle" (BTC) program, an initiative to demonstrate these assumptions, is being developed by a consortium of Federal agencies. It entails universal drug testing and needs assessment of all offenders entering the criminal justice system, followed by appropriate assignment to a combination of treatment, sanctions, and supervision options regardless of the status of the defendant or the status of the case.

As part of Operation Drug TEST, States also are being encouraged to adopt comprehensive drug testing, sanctioning, and treatment programs for offenders at all stages of the criminal justice process through programs such as BTC. In addition, several grant programs provide resources for such efforts and/or include requirements that certain populations of offenders be tested and treated for drug use. For example, the Residential Substance Abuse Treatment for State Prisoners Program and the Drug Courts Program established by the Crime Control and Law Enforcement Act of 1994 provide funding for treatment and require testing of offenders who participate in these programs.

The State Prison Grant Program

This document provides guidance for the implementation of the drug testing and intervention provision added in the FY 1997 Violent Offender Incarceration and Truth-in-Sentencing Incentive Grant Program through the Department of Justice Appropriations Act, 1997, (PL 104-208, 110 Stat. 3009, H.R. 3610). This grant program is administered by the Corrections Program Office in the Office of Justice Programs, U.S. Department of Justice. Grant funds may be used to:

- build or expand correctional facilities to increase the bed capacity for the confinement of persons convicted of a Part 1 violent crime or adjudicated delinquent for an act which if committed by an adult, would be a Part 1 violent crime;

- build or expand temporary or permanent correctional facilities, including facilities on military bases, prison barges, and boot camps, for the confinement of convicted nonviolent offenders and criminal aliens, for the purpose of freeing suitable existing prison space for the confinement of persons convicted of a Part 1 violent crime; and

- build or expand jails.

These guidelines describe the statutory requirement for drug testing, implementation requirements, and resources available to assist States with the development of effective substance abuse testing, sanctioning, and intervention programs. The guidelines require that by September 1, 1998, States must have implemented a post-conviction program of controlled substance testing, interventions, and sanctions with articulated policies and procedures. They allow the States some flexibility in defining the parameters of that program to address the needs in their State.

Statutory Requirement

The FY 1997 Appropriations Act included a new provision which requires the States to implement a program of drug testing and intervention for offenders under corrections supervision. The statutory requirement is as follows:

> *Beginning in Fiscal Year 1999, and thereafter, no funds shall be available to a State for Violent Offender Incarceration and Truth-in-Sentencing Incentive Grants unless not later than September 1, 1998, such State has implemented a program of controlled substance testing and intervention for appropriate categories of convicted offenders during periods of incarceration and criminal justice supervision, with sanctions including denial or revocation of release for positive controlled substance tests, consistent with guidelines issued by the Attorney General.*

Compliance

To comply with this requirement, States are **required to have implemented a program of controlled substance testing, sanctioning, and intervention with clearly articulated policies and procedures.**

Most correctional agencies currently test some inmates and offenders under post-release supervision for illegal drug use and, within available resources, provide drug education and treatment services to offenders with substance abuse problems. Minimum security and community-based facilities are more likely than maximum security institutions to test inmates. However, a review of State drug testing policies shows that these policies often provide only general guidance on which inmates and parolees should be tested and the frequency of testing. Few define interventions for offenders with identified substance abuse problems or sanctions for continued use or otherwise effectively utilize this post-conviction opportunity to reduce drug use.

The drug testing, sanctioning, and intervention requirement encourages each State to build on current testing and treatment efforts within its State to break the cycle of drugs and crime. An effective program of drug testing and intervention serves as a tool to identify offenders in need of drug treatment or coerced abstinence testing and to establish a range of interventions and sanctions that provide a strong deterrent to relapse and recidivism.

The scope of the drug testing program, types of interventions, and range of sanctions will be defined by each State based on the extent of drug use within its institutions and among post-release offenders under correctional supervision, current policies and practices, and available resources. Although the content of the policies and procedures and the services and sanctions available will vary across States, each State should have written policies and procedures for the effective implementation of its program. At a minimum, the program must include targeted and random testing as well as testing of offenders while in treatment, with positive tests followed by appropriate interventions and/or graduated sanctions, that include denial or revocation of release in appropriate circumstances.

The correctional policies and procedures related to the implementation of a State's drug testing, sanctioning, and intervention program should address the following:

■ Goal of the Program/Policy

The policy should include a statement which clearly articulates the purposes and goals of the drug testing and intervention program.

■ Target Population

The target population to be tested should be defined in the policy. The program for drug testing should include appropriate adult offenders, male and female, while incarcerated in State correctional facilities and following release into

the community while under the custody or supervision of the State. States may have different policies and procedures for the various correctional populations.

■ Testing of Offenders

The scope of the drug testing program should be clearly defined in the policy and procedures. It should specify:

- how offenders will be targeted for testing, (e.g., upon admission or return from the community, random testing, mass testing, testing for cause, testing in connection with treatment programs, testing in connection with community-based correctional programs, testing as a condition of supervised release, etc.);
- testing logistics, (e.g., authorization, frequency, methodology and handling); and
- staff training.

■ Interventions

To ensure the most effective use of limited resources, the policy should describe the various types of interventions that are available, the criteria for referral to each type of intervention (e.g., drug education, group counseling, cognitive restructuring, therapeutic community, coerced abstinence, etc.), the procedures for placement, and the duration of the treatment programs.

The policies and procedures should also address the continuum of care from the institution to the community to include what resources will be available for the offender to continue treatment in the community after release, relapse prevention, and procedures for coordination between the institutional program and the community program.

■ Sanctions

An effective program to deter drug use should hold offenders accountable for any violations of laws, institutional rules, or conditions of release. While types of responses should be progressive and varied, offenders should be held accountable for positive drug tests. The policies and procedures should clearly define a range of escalating sanctions for continued drug use and how these will be applied (e.g., counseling, warning/written instructions, administrative conference, increased surveillance and testing, intensified reporting requirements, curfew, day reporting center, house arrest, electronic monitoring, short term detention, denial or revocation of release, mandatory drug treatment, return to secure confinement, etc.). As part of their program, States must provide for denial or revocation of release in appropriate circumstances.

■ Due Date

No later than March 1, 1998, each State which participates in the Violent Offender Incarceration and Truth-in-Sentencing Incentive Grant Program must submit either: 1) a copy of its drug testing policies and procedures and a description of how the policies are being implemented or 2) a plan of action to comply with this initiative by September 1, 1998. This will allow time for review and modification as appropriate prior to the statutory date of September 1, 1998 for having a program in place. Technical assistance will be provided to States that need assistance in implementing this requirement. **States which have not met this requirement will be ineligible to receive Violent Offender Incarceration and Truth-in-Sentencing funds in FY 1999.**

These documents should be submitted to the Corrections Program Office, 633 Indiana Avenue, N.W., Washington, DC 20531.

Resources Available for Implementation

The Violent Offender Incarceration and Truth-in-Sentencing Incentive Grant funds are not available to implement a State's substance abuse testing, sanctioning, and intervention program. The development of well defined drug testing and intervention policies and procedures should facilitate the most effective use of limited resources.

Financial Resources: States should explore resources available from other Federal grant programs to implement testing and treatment programs. **The Residential Substance Abuse Treatment for State Prisoners Formula Grant Program,** also administered by the Corrections Program Office, assists States and units of local government to develop and implement residential substance abuse treatment programs within State and local correctional and detention facilities. Grant funds may also be used to implement drug testing programs for offenders who participate in the residential treatment. The FY 1997 appropriation for this program is $30 million. The authorized amounts for future years are $63 million for FY 1998 and $72 million for FY 1999 and for FY 2000.

Resources available through **the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program** may be used to implement programs within 26 statutorily defined purpose areas, which include drug testing and treatment. The FY 1997 appropriation of $500 million included $25 million more than the FY 1996 appropriation "to allow States to implement drug testing initiatives." Applicants are strongly encouraged to ensure that there is coordination between efforts to implement the requirement attached to the Violent Offender Incarceration and Truth-in-Sentencing Program and the resources available through the Byrne Program, as appropriate. States that are not already engaged in a dialogue with their State alcohol and drug abuse agency, should contact that agency to explore the possibility of resources through the Federal grant programs administered by the Department of Health and Human Services.

Best Practices: Office of Justice Programs agencies have been involved with the research, evaluation, development, and implementation of drug testing and treatment programs for over two decades. Many resources are available to assist correctional agencies with the development of effective policies, procedures, and programs. Correctional agencies are encouraged to review and use as a guide the *American Probation and Parole Association's Drug Testing Guidelines and Practices for Adult Probation and Parole Agencies* supported and published by the Bureau of Justice Assistance, and the *American Probation and Parole Association's Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies* supported and published by the Office of Juvenile Justice and Delinquency Prevention. Both of these guidelines can be adapted to programs within correctional institutions.

Numerous publications are also available to assist States with the implementation of effective treatment programs. An excellent summary of treatment-related research and evaluations is the *Effectiveness of Treatment for Drug Abusers under Criminal Justice Supervision,* published by the National Institute of Justice. These and other related documents are available, free of charge, through the National Criminal Justice Reference Service at (800) 851-3420.

Technical Assistance: The Corrections Program Office will provide technical assistance to include on-site technical assistance, conferences and workshops, and training. These services are available without cost to the States. CPO has entered into interagency agreements with the National Institute of Corrections and the Center for Substance Abuse Treatment to assist States with implementation of effective policies and programs. Technical assistance can be accessed by calling the Corrections Technical Assistance Line at (800) 848-6325.

Journal of Drug Issues 27(2), 261-278 1997

AN EFFECTIVE MODEL OF PRISON-BASED TREATMENT FOR DRUG-INVOLVED OFFENDERS

James A. Inciardi
Steven S. Martin
Clifford A. Butzin
Robert M. Hooper
Lana D. Harrison

A multistage therapeutic community treatment system has been instituted in the Delaware correctional system, and its effectiveness has captured the attention of the National Institutes of Health, the Department of Justice, members of Congress, and the White House. Treatment occurs in a three-stage system, with each phase corresponding to the client's changing correctional status—incarceration, work release, and parole. In this paper, 18 month follow-up data are analyzed for those who received treatment in: (1) a prison-based therapeutic community only, (2) a work release therapeutic community followed by aftercare, and (3) the prison-based therapeutic community followed by the work release therapeutic community and aftercare. These groups are compared with a no-treatment group. Those receiving treatment in the two-stage (work release and aftercare) and three-stage (prison, work release, and aftercare) models had significantly lower rates of drug relapse and criminal recidivism, even when adjusted for other risk factors. The results support the effectiveness of a multistage therapeutic community model for drug-involved offenders, and the importance of a work release transitional therapeutic community as a component of this model.

James A. Inciardi, Ph.D., is the Director of the Center for Drug and Alcohol Studies at the University of Delaware. Professor in the Department of Sociology and Criminal Justice at Delaware, Adjunct Professor in the Department of Epidemiology and Public Health at the University of Miami School of Medicine, a Distinguished Professor at the State University of Rio de Janeiro, and a Guest Professor in the Department of Psychiatry at the Federal University of Rio Grande do Sul in Porto Alegre, Brazil. Steven S. Martin, M.A., is an Associate Scientist at the Center for Drug and Alcohol Studies and co-principal investigator on the "Ongoing Studies" project. He has authored or co-authored more than 40 articles on the epidemiology, etiology, prevention, and treatment of substance abuse. Clifford A. Butzin, Ph.D., is also an Associate Scientist at the Center for Drug and Alcohol Studies. He was previously Chief of the Research Consulting Division at Wilford Hall Medical Center in San Antonio, and before that he was on the faculty at Duke University. Robert M. Hooper, Ph.D., Executive Director of Substance Abuse Treatment, Correctional Medical Systems, has been involved in justice programming nationally for the past 25 years. Over the last 8 years he has developed intensive abuse treatment programs with the Delaware model receiving national attention. Lana D. Harrison, Ph.D., is the Associate Director and a Senior Scientist in the Center for Drug and Alcohol Studies at the University of Delaware. She has worked on the three largest epidemiological drug surveys in the United States, the National Household Survey on Drug Abuse, the monitoring the Future survey, and the Drug Use Forecasting program. Address correspondence and reprint requests to James A. Inciardi, Comprehensive Drug Research Center, 1400 N.W. 10th Ave. (D-93), Miami, FL 33136.

 0022-0127/97/04/261-278 $3.00

Introduction

Drug Use and Crime

The linkages between drug abuse and crime have been well documented. Over the past 2 decades, both the National Institute on Drug Abuse and the National Institute of Justice have funded a number of major studies to generate better understandings of the drugs and crime connection and the linkages between the two phenomena. The research has yielded a number of interesting findings. For example, in extensive follow-up studies of addict careers in Baltimore, the researchers found high rates of criminality among heroin users during those periods when they were active users and markedly lower rates during times of nonuse (Ball et al. 1983). Studies conducted in New York City concerning the economics of the drug-crime relationship documented the wide range of heroin usage rates among addicts and the clear correlation between the amount of drugs used and amount of crime committed (Johnson et al. 1985). Miami-based research, furthermore, demonstrated that the amount of crime committed by drug users was far greater than anyone had previously imagined, that drug-related crime could at times be exceedingly violent, and that the criminality of street drug users was far beyond the control of law enforcement (Inciardi 1979, 1992; Inciardi and Pottieger 1986, 1991, 1994). Other research has reported similar conclusions (Speckart and Anglin 1986; Anglin and Hser 1987). Together, the overall findings suggest that, although the use of heroin, cocaine, and other illegal drugs does not necessarily initiate criminal careers, drug use does intensify and perpetuate criminal activity. That is, street drugs seem to lock users into patterns of criminality that are more acute, dynamic, unremitting, and enduring than those of other offenders.

The presence of substance abusers in criminal justice settings has also been well documented. A concomitant of drug-related criminality and the war on drugs of the 1980s and early 1990s has been the increased numbers of drug-involved offenders coming to the attention of the criminal justice system (Inciardi 1993; Inciardi et al. 1996). In fact, it has been reported that perhaps two-thirds of those entering state and federal penitentiaries have histories of substance abuse (Chaiken 1989; Chavaria 1992; Leukefeld and Tims 1992). This suggests that criminal justice settings offer excellent opportunities for assessing the treatment needs of drug-involved offenders, and for providing treatment services in an efficient and clinically sound manner (Reno 1993; Hawk 1993).

Drug Treatment for Offenders

Many clinicians and practitioners have felt that the therapeutic community (TC) is one of the most viable forms of treatment for drug-involved offenders, particularly those whose criminality results in incarceration (Leukefeld and Tims 1988, 1992; Tims et al. 1994). Moreover, the TC is a total treatment environment isolated from the rest of the prison population, away from the drugs, violence, and other aspects of prison life that militate against rehabilitation. The primary clinical staff are typically former substance abusers who themselves were rehabilitated in TCs. The treatment perspective is that drug abuse is a disorder of the whole person; that the problem is the *person* and not the drug, that addiction is a *symptom* and not the

essence of the disorder, and that the primary goal is to change the negative patterns of behavior, thinking, and feeling that predispose drug use (De Leon 1994).

Research on community-based residential TCs have found them most effective for those who exhibit low levels of social deviance and who remain in treatment the longest (Simpson et al. 1979; McLellan and Alterman 1991; Yablonsky 1989; Condelli and Hubbard 1994). In fact, there is consensus across studies and modalities that the longer a client stays in treatment, the better the outcome in terms of declines in drug use and criminal behavior (De Leon 1984; Anglin and Hser 1990).

For the drug-involved criminal justice client as well, it appears that those who remain in some type of treatment do better than those who either drop-out, are involuntarily discharged, or who do not participate in treatment at all. Recent studies of New York's Stay'n Out and Oregon's Cornerstone prison-based TC programs have demonstrated that the longer clients remain in treatment, the less likely they are to be rearrested or return to prison (Wexler et al. 1988, 1990; Field 1992). These studies, however, provide only limited evidence that prison-based TC clients are less likely to subsequently use drugs, get arrested, or return to prison.

Other factors that have been found to be predictors of relapse or recidivism include certain demographic characteristics (age, gender, and ethnicity), life course characteristics (drug use history, delinquency, and criminal history), and treatment characteristics (Wexler et al. 1988; Hall et al. 1990; Gossop et al. 1990). However, many of these studies, which have not multivariately evaluated treatment outcome, may be confounding the effects of individual characteristics with treatment effects.

In short, research on the effectiveness of treatment alternatives for criminal justice clients has lagged behind the implementation of new programs. Most studies conducted on the effectiveness of treatment for drug-involved offenders have focused on the number who successfully complete treatment, and typically only in-prison treatment. Consequently, most assessments of program effectiveness have been more *process* than *outcome* oriented and have not incorporated multiple outcome criteria. Outcome research, where it has been attempted, has involved short follow-up time frames and has included only limited use of comparison groups, standardized measurement instruments, multivariate models, and appropriate control variables. Longitudinal outcome studies of recidivism or relapse are uncommon (Forcier 1991; Rouse 1991).

All of these issues suggest that an appropriate evaluation of the effectiveness of treatment for drug-involved offenders should longitudinally examine outcomes with a large enough sample to allow multivariate analyses. The paper reports such an analysis of the application of a TC approach to the treatment of drug-involved offenders.

The Multistage Therapeutic Community Continuum

Based on a wide body of literature in the fields of both treatment and corrections combined with clinical and research experiences with correctional systems and populations (Ball and Ross 1991; Brown 1979; Chaiken 1989; Chavaria 1992; Field 1992; Forcier 1991; Gossop et al. 1990; Hall et al. 1990; Hubbard et al. 1989; Simpson and Sells 1982; Wexler et al. 1988, 1990), it would appear that the most effective strategy would involve three stages of TC intervention (Inciardi et al. 1994;

Martin et al. 1995). Each stage in this continuum is an adaptation to the client's changing correctional status: incarceration → work release → parole or other form of community supervision. The approach recognizes that "the connection between rehabilitation efforts in prison and the process of integration into society after release is probably one of the most feeble links in the criminal justice system" (Wexler and Williams 1986).

The primary stage of treatment should consist of a prison-based therapeutic community. Segregated from the negativity of the prison culture, recovery from drug abuse and the development of pro-social values in the prison TC would involve essentially the same mechanisms seen in community-based TCs (see De Leon 1994; Martin et al. 1995). Therapy in this stage should be an on-going and evolving process over 12 months, with the potential for the resident to remain slightly longer, if needed. Moreover, it is important that TC treatment for inmates begin *while they are still in the institution.* In a prison situation, time is one of the few resources that most inmates have in abundance. The competing demands of family, work, and the neighborhood peer group are absent. Thus, there is the time and opportunity for focused and comprehensive treatment, perhaps for the first time in a drug offender's career. In addition, there are other new opportunities presented: 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 should be a transitional therapeutic community in a work release setting. Since the 1970s, work release has become a widespread correctional practice for felony offenders. It is a form of partial incarceration whereby inmates who are approaching their release dates are permitted to work for pay in the free community, but must spend their nonworking hours either in the institution or, more commonly, in a community-based work release facility. Although graduated release of this sort carries the potential for easing an inmate's process of community reintegration, there is a negative side, especially for those whose drug involvement served as the key to the penitentiary gate in the first place. Inmates are exposed to groups and behaviors that can easily lead them back to substance abuse, criminal activities, and reincarceration. Because work release populations mirror the institutional populations from which they came, there are still the negative values of the prison culture, but now, in addition, street drugs and street norms abound.

As such, the transitional work release TC should be similar to that of the traditional TC. There should be the family setting removed from as many of the external negative influences of the street and inmate cultures as is possible. However, the clinical regimen in the work release TC must be modified to address the correctional mandate of work release.

In the tertiary stage (aftercare), clients will have completed work release and will be living in the free community under the supervision of parole or some other supervisory program. Treatment intervention in this stage should involve out-patient counseling and group therapy. Clients should be encouraged to return to the work release TC for refresher and reinforcement sessions, to attend weekly groups, to call on their counselors on a regular basis, and to spend 1 day each month at the facility.

This three stage model has been operating in the Delaware correctional system since the early 1990s. It is built around three therapeutic communities: the KEY, a prison-based TC for men; WCI Village, a prison-based TC for women; and CREST

Outreach Center, a residential work release center for both men and women (Lockwood and Inciardi 1993; Hooper et al. 1993; Martin et al. 1995). Preliminary data based on a 6-month follow-up of 457 clients suggested the efficacy of the three stage model in reducing relapse and recidivism (Martin et al. 1995). This report presents data on 448 clients who have been reinterviewed at 18 months. These 18-month follow-up respondents are classified into four groups:

(a) those who were placed in the conventional work release setting and received neither prison-based nor community-based TC treatment (COMPARISON),
(b) those who received their primary treatment at The KEY but no secondary or tertiary treatment (KEY),
(c) those who received their primary and secondary treatment at CREST followed by aftercare (CREST), and
(d) those who received their primary treatment at The KEY (or WCI) and their secondary treatment at CREST followed by aftercare (KEY-CREST).

The basic hypothesis is that drug-involved offenders receiving primary treatment in a prison-based TC followed by secondary (transitional) treatment in a work release TC followed by aftercare will have more successful outcomes than those who have fewer stages of therapeutic community treatment.

Methods

Sample and Measures

The data for the current study originated with two research demonstration projects funded by the National Institute on Drug Abuse and awarded to the University of Delaware, James A. Inciardi, Principal Investigator. Between Summer 1990 and Spring 1994, a total of 1,002 prison inmates eligible for parole or work release were interviewed just prior to leaving prison. Respondents from both these studies are still being followed under a new NIDA continuation grant awarded to the Principal Investigator.

This report examines a subset of these respondents (N=448) who were followed up in the field some 6 and 18 months after their release from the institution. Treatment dropouts were also followed. Lengthy interview data were collected on drug use and sexual activities, criminal history, drug-abuse treatment history, psychosocial and mental health status, and sociodemographics. HIV and drug testing was also done on specimens collected at each contact. Participants were paid $50 at each of the testing intervals, $25 for completing the questionnaire and $25 for giving a blood and urine sample. Respondents' answers are confidential and protected by a Federal Grant of Confidentiality issued to the Principal Investigator of these studies. Participation in the research project is voluntary, and over 95% of all eligible subjects have agreed to participate in the study at baseline. Subsequent interviews are occurring at 42 and 54 months after release from prison.

All baseline measures reported are self-report items from these interviews. Dichotomous baseline measures used in the analyses are gender and African-American status. A measure of frequency of drug use was derived from a series of baseline questions asking the frequency of use of injecting or noninjecting cocaine, heroin and speed, crack, PCP, hallucinogens, and other opiates in the 6

months prior to prison. The maximum reported use of any of these substances was recorded on a scale of 0 (no use) to 6 (use more than once a day). Ordinal or continuous baseline measures used are age of first arrest, number of previous arrests, number of previous incarcerations, and age at baseline interview.

There are several major differences in the composition of the four groups being compared. First, assignment to the COMPARISON or CREST groups was determined by the investigators by random number. Second, the COMPARISON and CREST groups include men and women, whereas the KEY group does not—until very recently, there was no women's in-prison TC in Delaware. Third, because the determination of group membership was made at the time of the baseline interview, those included in the KEY or KEY-CREST groups were only those still in the KEY program at the time of their release, graduates. The CREST and COMPARISON groups included all those so assigned at the time of their release, regardless of actual attendance. Fourth, the KEY-only group included those clients who graduated before the CREST program was established. Once the CREST program was established, virtually all KEY graduates were assigned to it. Hence the KEY samples are nonrandom, and the KEY-only group serves as an historical comparison for the KEY-CREST group.

Another concern about making comparisons with a no treatment group is that such a distinction is far from possible in field research. Many of the so-called no treatment COMPARISON group did get some treatment help. Fully 56% of the no treatment group indeed reported some treatment during the initial 180 days after prison release (while the CREST group was at the TC). Alternately, some CREST clients did not remain in the program more than a few weeks. The mean number of days in treatment was, of course, much higher for the CREST assignees (116 days), but it was not zero for the comparison group (24 days with some treatment exposure). So random assignment still resulted in a less than perfect distinction between treatment and no treatment, though it is possible to state that the COMPARISON group did not get TC treatment.

Some baseline characteristics of the four sample groups are presented in table 1. As would be expected from the assignment process, the CREST and COMPARISON groups are similar on most baseline variables, but differ from the KEY groups on several dimensions. The two KEY groups are older and contain more African-Americans and fewer whites and Hispanics. The KEY groups have, on average, longer criminal histories. All of the KEY-only and virtually all of the KEY-CREST respondents are male and have had previous drug-abuse treatment by virtue of their participation in The KEY. About a fifth of the respondents in the other two groups report no drug treatment.

There are several outcome measures. Each of the outcome measures combine information and test results collected at both the 6-month and 18-month follow-up interviews. The outcome measure of arrest status is dichotomous, coded as 1 if the respondent reported no arrests for new offenses since release from prison, 0 if otherwise. The first outcome measure of drug use was based upon a composite of questions similar to those used to indicate frequency of drug use before prison, combined with urinalysis results at both the 6-month and 18-month follow-up interviews. If the respondent reported that none of the drugs on that list had been used *and* tested negative, drug status was coded as 1 for "drug-free at 18 months."

Any positive response or test results to any drug on the list was coded as 0. The second outcome measure of drug use measures drug-free status in the 30 days prior to the 18-month interview, by self-report of use of any of the categories of illegal drugs and by a negative urine screen.

Table 1
Sample Characteristics by Group for Respondents with 18-Month Follow-Up: Delaware Therapeutic Community Continuum

	COMPARISON	KEY	CREST	KEY-CREST
N	184	38	183	43
Age (mean)	29.4	31.6	29.1	31.8
Age at first arrest	18.2	14.6	17.2	15.0
Mean number of times in prison	3.1	3.3	2.9	3.3
Mean number of arrests	9.3	11.5	9.8	10.5
Males (%)	82	100	77	93
Whites (%)	29	16	25	9
Hispanic (%)	3	0.00	3	0.00
African-Americans (%)	68	84	72	91

Two other outcome measures ascertain the maximum frequency that the respondent used drugs at any time during the follow-up period. For each different living arrangement that the respondents had during follow-up, divided into months, they were asked how often they used each of 16 different drugs or combinations of drugs, including alcohol. Responses were scored on an ordinal scale from 0 (never used) to 6 (used several times a day or more). The outcome measure used in the analyses reported in figure 4 below, maximum frequency of illegal drug use, combines answers for all illegal drugs and all time periods and reports the maximum frequency that the respondent reported use of any illegal drug. The outcome measure for figure 5, maximum frequency of intoxication, reports on a legal drug used to the point of drunkenness. Alcohol use, particularly to intoxication, is often associated with illegal drug use and with rearrest. As such, it is an important criterion for judging drug-treatment effectiveness, and one that is often overlooked in evaluation studies.

Analyses and Results

The statistical analyses reported use both logistic regression and ordinary least squares (OLS) regression, depending on the metric of the dependent variable. Logistic regression is closely related to the more familiar OLS regression, but is more appropriate for the statistical evaluation of predictors of dichotomous outcomes such as relapse to criminal behavior or drug use (Hosmer and Lemeshow 1989). The

effect of group assignment is modeled by a dummy classification with the COMPARISON group, i.e., the excluded category. The other independent control variables are those shown in table 1.

For both the logistic and OLS regression analyses reported in figures 1 through 5, the results are presented as regression histograms, showing the predicted score on the dependent variable for each comparison group, controlling for the effects of the other independent baseline variables. For the logistic regression analyses in figures 1 through 3, the group scores are predicted probabilities (or percentages) for each group with the other co-variates in the regression set at their mean value. For the OLS regression results in figures 4 and 5, the group scores are means from multiple classification analysis, adjusted for the effects of the other co-variates.

As indicated in figures 1 and 2, those in the CREST and KEY-CREST groups had significantly higher arrest-free and drug-free rates ($p < .01$), compared to those in the KEY and COMPARISON groups. The proportions of arrest-free and drug-free reported are parameter estimates that control for demographic, criminal, and drug history variables using logistic regression techniques.

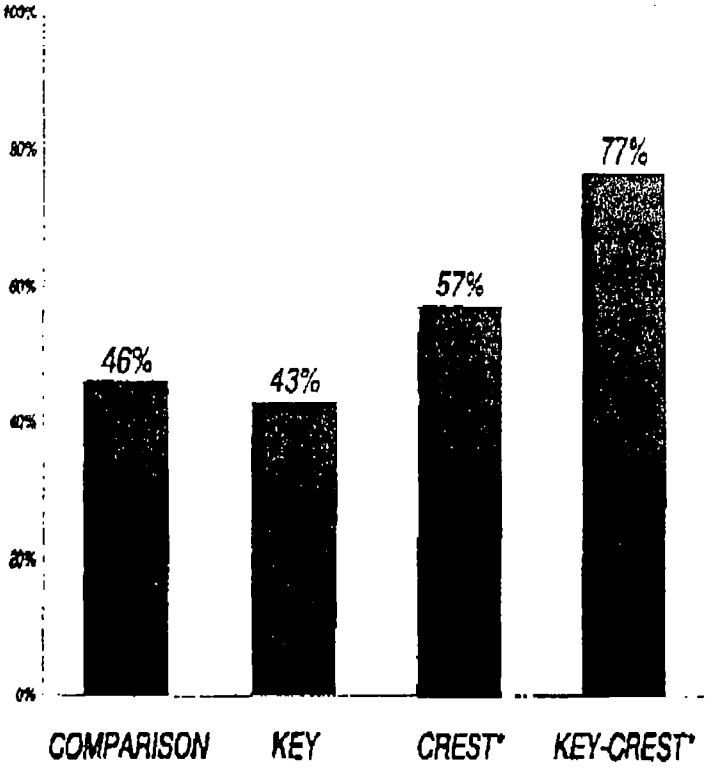
These analyses include everyone who had an opportunity to recidivate or relapse, even those who were back in prison at the 18-month interview as the result of an earlier arrest or relapse. Importantly, more than half of the CREST clients and more than three-fourths of the KEY-CREST clients had no new arrests during the 18-month period after release from prison. The KEY group actually was slightly more likely than the COMPARISON group to have a new arrest. Analyses of the KEY group not shown here suggest a bi-polar pattern for the KEY group. Graduates of the in-prison TC were likely to either relapse or recidivate soon after release from prison or else to do quite well; there was not as gradual a pattern of relapse and rearrest, as seen in the other groups.

The noteworthy significance of the drug-free estimates is in the highly stringent criteria used for inclusion in this group. To be classified as drug-free, clients must have had no self-reports of *any* use of *any* illegal drug at the 6-month and 18-month interviews, and *no* positive urinalysis on either occasion. As such, even a single use of cocaine or an occasional marijuana cigarette in the 18-month period would have placed a client in the relapse category. Nevertheless, almost a third of the CREST clients and almost half of the KEY-CREST clients were drug free after 18 months, two and three times, respectively, the proportion of the COMPARISON group.

Relapse is a common phenomenon associated not only with the treatment of substance abuse, but also with smoking cessation, weight reduction, and other behavioral change programs. In fact, even occasional and minor relapses seem to be the norm rather than the exception. As such, being totally drug-free for the entire 18-month post-release period is a particularly stringent criterion and could be considered an unrealistic expectation. Thus, several other drug-use criteria are considered, with results reported in figures 3 through 5.

Figure 3 presents logistic regression results predicting the proportion of subjects who were drug-free during the 30-day period immediately prior to the 18-month follow-up interview. Drug-free status is defined as no report of any drug use in the previous 30-day period, and no positive urinalysis at the 18-month interview. Because this analysis includes only those demonstrably on the street at the time of the 18-month interview, there are fewer cases than the analyses in figures 1 and 2

Figure 1
Arrest-free Since Release at 18-month Follow-up, Controlling for Other Group Differences

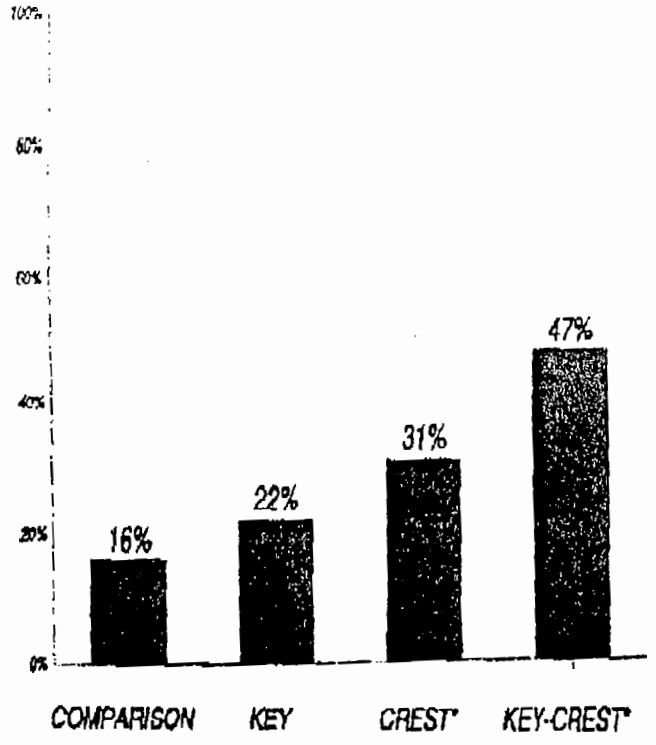


COMPARISON	- no TC, N=180
KEY	- in-prison TC only, N=37
CREST	- work release TC only, N=179
KEY-CREST	- both TC's, N=43

*Significantly different from COMPARISON group, $p<.05$.
Note: adjusted percentages from logistic regression using control variables measuring GENDER, RACE, AGE, CRIMINAL HISTORY, and PREVIOUS DRUG USE. Data as of July 1996. TC=therapeutic community.

(which included even those in prison at 18 months, because they had an opportunity for rearrest or relapse earlier). The analysis controlled for the same baseline variables as in figures 1 and 2. As indicated in figure 3, 51% of the CREST clients and 68%

Figure 2
Arrest-free Since Release by Self-report and Urinalysis at 18-month Follow-up, Controlling for Other Group Differences

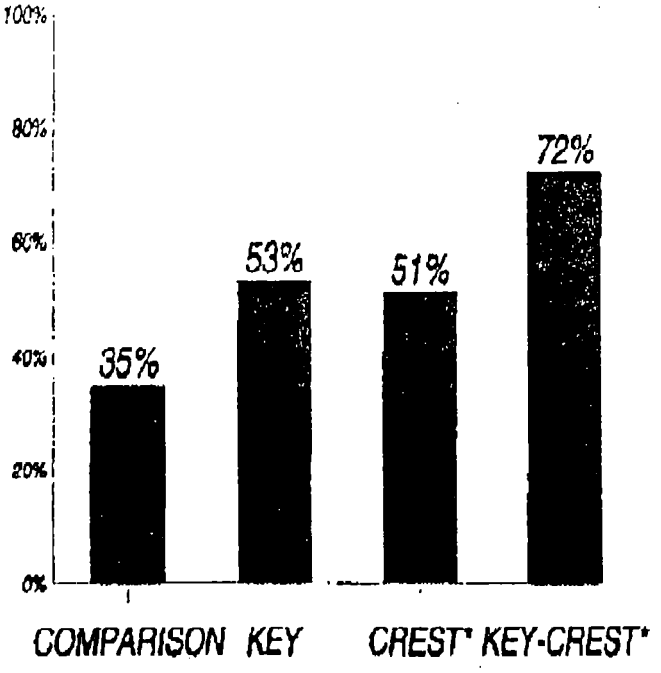


COMPARISON	- no TC, N=184
KEY	- in-prison TC only, N=38
CREST	- work release TC only, N=183
KEY-CREST	- both TC's, N=43

*Significantly different from COMPARISON group, $p<.05$.
Note: adjusted percentages from logistic regression using control variables measuring GENDER, RACE, AGE, CRIMINAL HISTORY, and PREVIOUS DRUG USE. Data as of July 1996. TC=therapeutic community.

of the KEY-CREST clients were drug-free during the month prior to the 18-month follow-up contact. Both of these percentages are significantly greater than the COMPARISON group ($p < .01$). And, although the difference is not significant due

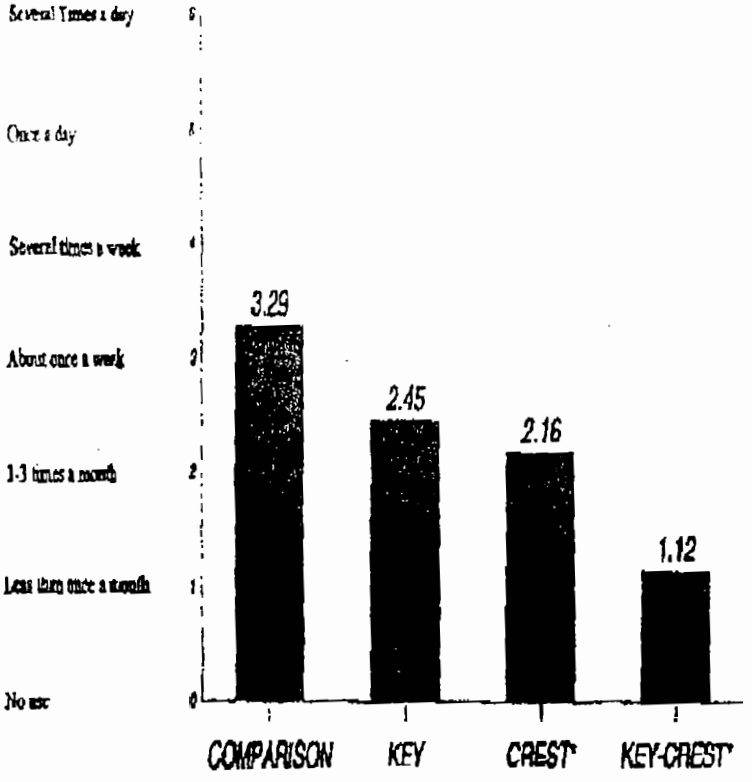
Figure 3
Drug Free by 30-day Self-report and Urinalysis at 18-month Follow-up, Controlling for Other Group Differences



COMPARISON	- no TC, N=124
KEY	- in-prison TC only, N=24
CREST	- work release TC only, N=129
KEY-CREST	- both TCs, N=38

*Significantly different from COMPARISON group, $p<.01$.
Notes: Includes only those not incarcerated during past 30 days. Adjusted percentages from logistic regression using control variables measuring GENDER, RACE, AGE, CRIMINAL HISTORY, and PREVIOUS DRUG USE. Data as of July 1996. TC=therapeutic community.

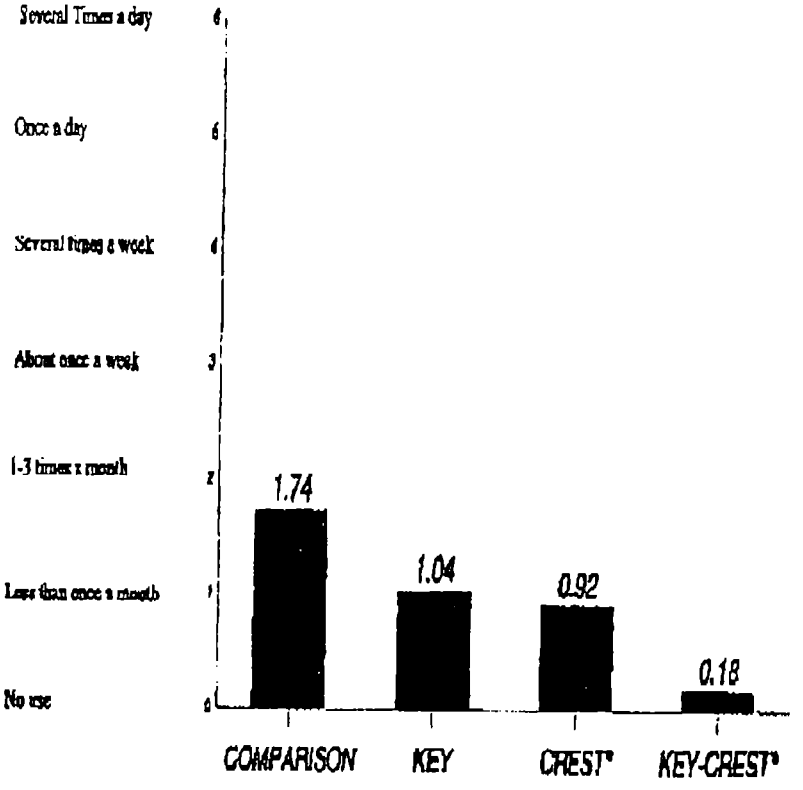
Figure 4
Maximum Use of Any Illegal Drug During Any Period in 18-month Follow-up, Controlling for Other Group Differences



COMPARISON - no TC, N=189
KEY - in-prison TC only, N=37
CREST - work release TC only, N=185
KEY-CREST - both TCs, N=42

*Significantly different from COMPARISON group, $p<.05$.
Note: adjusted percentages from logistic regression using control variables measuring GENDER, RACE, AGE, CRIMINAL HISTORY, and PREVIOUS DRUG USE. Data as of July 1996. TC=therapeutic community.

Figure 5
Maximum Use of Alcohol to Point of Intoxication During Any Period in 18-month Follow-up, Controlling for Other Group Differences



COMPARISON - no TC, N=183
KEY - in-prison TC only, N=37
CREST - work release TC only, N=183
KEY-CREST - both TCs, N=42

*Significantly different from COMPARISON group, $p<.05$.
Note: adjusted percentages from logistic regression using control variables measuring GENDER, RACE, AGE, CRIMINAL HISTORY, and PREVIOUS DRUG USE. Data as of July 1996. TC=therapeutic community.

to the small sample size, the KEY group appears to do better on the past 30-day criterion than the COMPARISON group. This result, combined with the earlier observation of the bi-polar distribution, suggests that if KEY-only clients managed to stay out of trouble early after release, they may do better than the COMPARISON group.

An alternative mechanism for measuring degree of relapse that occurs at post-release and post-treatment is reported in figure 4. The data represent analyses of quantitative reports of frequency of drug use, rather than the dichotomy of use or no use. As noted earlier, respondents reported their use of drugs on a six-point scale ranging from 0 (no use) to 6 (use several times daily). The maximum value of these frequency reports of illegal drug use at any time during follow-up is reported on the vertical axis in figure 4. The mean values for each group are controlled for the same background variables as in the previous figures, but linear regression techniques were used to generate these estimates.

As illustrated in figure 4, the mean value for the COMPARISON group was 3.29 (3 = drug use about once a week) as compared with 2.16 (2 = 1-3 times a month) for the CREST group and 1.12 (1 = less than once a month) for the KEY-CREST group. Again, significant differences ($p < .01$) in drug use are evident between the COMPARISON group and the CREST and KEY-CREST groups.

Similarly, the impact of treatment group on the use of a gateway drug to relapse—alcohol to point of intoxication—is also evident in this type of analysis, as seen in figure 5. The estimates vary from an average of "about monthly intoxication" for the COMPARISON group to only a fraction above "no intoxication" for the KEY-CREST group.

It is, of course, not strictly appropriate to apply standard tests of significance to both random and purposively selected comparison groups in the same analyses. However, the analyses have attempted to compensate by controlling for some of the known group differences. In separate analyses not reported here, the potential effects of previous involvement in treatment and length of time in treatment were tested by including these variables in the multivariate model. These variables proved non significant in the context of treatment group assignment and did not change the pattern or magnitude of group differences.

Overall, across the five outcome measures, the most striking effect is the consistent benefits of the transitional TC treatment in a program like CREST and the even greater benefits for those who have both primary and secondary treatment (KEY-CREST). Both the CREST and KEY-CREST groups do significantly better on each of five outcome measures examined here, relative to the COMPARISON group. However, for none of the five outcome measures is the KEY group statistically distinguishable from the COMPARISON group.

Discussion

By improving the program outcome assessment with appropriate multivariate controls and incorporating a sufficient length of follow up time, a consistent and persuasive pattern of results emerges supporting the continuum of TC treatment for the reduction of drug use and criminal recidivism. These data provide evidence for the effectiveness of the TC continuum extending beyond just an in-prison program. The outcome data especially support the value of a reentry work release TC like

CREST. Both groups assigned to treatment in CREST had significantly improved drug and arrest outcomes, even when other plausible predictors were statistically controlled, including actual time in drug treatment. The group exposed to the prison TC only, the KEY group, was not significantly different from the COMPARISON group, suggesting that in-prison TC experience *only* may not produce sufficient positive program effects with respect to drug and arrest outcomes, although some in this group may do quite well and be more likely to seek treatment after release.

The effectiveness of the TC continuum model has not gone unnoticed. On September 10, 1996, in a press release on drug-abuse treatment for state prisoners from the Department of Justice, the effectiveness of the KEY-CREST model was referenced as a model program for use by other states (Department of Justice 1996). The following day, in his address announcing an appropriation of $27 million for residential drug treatment for prisoners, President Bill Clinton also referenced the effectiveness of the Delaware model (ABC 1996).

Acknowledgment

This research was supported by Grants DA06124 and DA06948 from the National Institute on Drug Abuse.

References

ABC World News Tonight
1996 News story, September 11.

Anglin, M.D., and Y. Hser
1987 Addicted woman and crime. *Criminology* 25 (May), 359-397.

Anglin, M.D., and Y. Hser
1990 Treatment of drug abuse. In *Drugs and Crime*, ed. M. Tonry and J.Q. Wilson, 393-460. Chicago, IL:University of Chicago Press.

Ball, J.C., and A. Ross
1991 *The Effectiveness of Methadone Maintenance Treatment*. New York:Springer-Verlag.

Ball, J.C., J.W. Shaffer, and D.N. Nurco
1983 Day-to-day criminality of heroin addicts in Baltimore: A study in the continuity of offense rates. *Drug and Alcohol Dependence* 12:119-142.

Brown, B.S., ed.
1979 *Addicts and Aftercare: Community Reintegration of the Former Drug User* Beverly Hills:Sage Publications.

Chaiken, M.R.
1989 *In-prison Programs for Drug-involved Offenders*. Washington, DC: National Institute of Justice.

Chavaria, F.R.
1992 Successful drug treatment in a criminal justice setting: A case study. *Federal Probation* 56(March):48-52.

Condelli, W.S., and R.L. Hubbard
1994 Client outcomes from therapeutic communities. In *Therapeutic Community: Advances in Research and Application*, eds. F.M. Tims, G. De Leon, and N. Jainchill, 80-98. Rockville, MD:National Institute on Drug Abuse Research Monograph No. 144.

De Leon, G.
1984 Program based evaluation research in therapeutic communities. In *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects*, eds. F.M. Tims and J.P. Ludford. 69-87. Rockville, MD:National Institute on Drug Abuse Research Monograph No. 51.

De Leon, G.
1994 Therapeutic communities. In *The American Psychiatric Press Textbook of Substance Abuse Treatment*, eds. M. Galanter and H.D. Kleber. Washington, DC:American Psychiatric Press.

Department of Justice
1996 Residential substance abuse treatment for state prisoners fact sheet, September 11. Washington, DC:Office of Justice Programs.

Field, G.
1992 Oregon prison drug treatment programs. In *Drug Abuse Treatment in Prisons and Jails*, eds. C.G. Leukefeld and F.M. Tims, 142-155. Rockville, MD:National Institute on Drug Abuse Research Monograph No. 118.

Forcier, M.W.
1991 Substance abuse, crime and prison-based treatment: Problems and prospects. *Sociological Practice Review* 2(2):123-131.

Gossop, M., L. Green, G. Phillips and B. Bradley
1990 Factors predicting outcome among opiate addicts after treatment. *British Journal of Clinical Psychology* 29:209-216.

Hall, S.M., B.E. Havassy, and D.A. Wasserman
1990 Commitment to abstinence and acute stress in relapse to alcohol, opiates, and nicotine. *Journal of Consulting and Clinical Psychology* 58(2): 175-181.

Hawk, K.
1993 Drug treatment in prisons. *1993 Congressional Summit on U.S. Drug Policy*, May 7. Washington, DC.

Hooper, R.M., D. Lockwood, and J.A. Inciardi
1993 Treatment techniques in corrections-based therapeutic communities. *The Prison Journal* 73(3/4):290-306.

Hosmer, D.W., and S. Lemeshow
1989 *Applied Logistic Regression*. New York:Wiley and Sons.

Hubbard, R.L., M.E. Marsden, J.V. Rachal, H.J. Harwood, E.R. Cavanaugh, and H.M. Ginzburg
1989 *Drug Abuse Treatment: a National Study of Effectiveness*. Chapel Hill:University of North Carolina Press.

Inciardi, J.A.
1979 Heroin use and street crime. *Crime and Delinquency* 25:335-46.

Inciardi, J.A.
1992 *The War on Drugs II: The Continuing Epic of Heroin, Cocaine, Crack, Crime, AIDS, and Public Policy*. Mountain View, CA:Mayfield Publishing Co.

Inciardi, J.A., ed.
1993 *Drug Treatment and Criminal Justice*. Newbury Park, CA:Harcourt Brace.

Inciardi, J.A., D. Lockwood, and S.S. Martin
1994 Therapeutic communities in prison and work release: Some clinical and policy implications. In *Therapeutic Community: Advances in Research and Application*, eds. F.M. Tims, G. De Leon, and N. Jainchill, 259-267. Rockville, MD:National Institute on Drug Abuse Research Monograph No. 144.

Inciardi, J.A., D.C. McBride, and J.E. Rivers
1996 *Drug Control and the Courts*. Newbury Park, CA:Sage.

Inciardi, J.A., and A.E. Pottieger
1986 Drug use and crime among two cohorts of women narcotics users: An empirical assessment. *Journal of Drug Issues* 16:91-106

Inciardi, J.A., and A.E. Pottieger
1991 Kids, crack, and crime. *Journal of Drug Issues* 21:257-270.

Inciardi, J.A., and A.E. Pottieger
1994 Crack cocaine use and street crime. *Journal of Drug Issues* 24:273-292.

Johnson, B.D., P.J. Goldstein, E. Preble, J. Schmeidler, D.S. Lipton, B. Spunt, and T. Miller
1985 *Taking Care of Business: The Economics of Crime by Heroin Users*. Lexington, MA:Lexington Books.

Leukefeld, C.G., and F.M. Tims (eds.)
1988 *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*. Rockville, MD:National Institute on Drug Abuse Research Monograph No. 86.

Leukefeld, C.G., and F.M. Tims, eds.
1992 *Drug Abuse Treatment in Prison and Jails*. Rockville, MD:National Institute on Drug Abuse Research Monograph No. 118.

Lockwood, D., and J.A. Inciardi
1993 CREST Outreach Center: A work release iteration of the TC model. In *Innovative Strategies in the Treatment of Drug abuse*, eds. J.A. Inciardi, F.M. Tims, and B.W. Fletcher, 61-69. Westport, CT:Greenwood Press.

Martin, S.S., C.A.Butzin, and J.A. Inciardi
1995 Assessment of a multistage therapeutic community for drug involved offenders. *Journal of Psychoactive Drugs* 27:109-116.

McLellan, A., and A.I. Alterman
1991 Patient treatment matching: A conceptual and methodological review with suggestions for future research. In *Improving Drug Abuse Treatment*,, eds. R.G. Pickens, C.G. Leukefeld, and C.R. Schuster, 114-135. Rockville, MD:National Institute on Drug Abuse Research Monograph 106.

Reno, J.
1993 Testimony. *1993 Congressional Summit on U.S. Drug Policy*. May 7, Washington, DC.

Rouse, J.J.
1991 Evaluation research on prison based drug treatment programs and some policy implications. *The International Journal of the Addictions* 26(1): 29-44.

Simpson, D.D., J. Savage, and M.R. Lloyd
1979 Follow-up evaluation of treatment of drug abuse during 1969 to 1972. *Archives of General Psychiatry* 36:772-780.
Simpson, D.D., and S.B. Sells
1982 Effectiveness of treatment for drug abuse: An overview of the DARP research program. *Advances in Alcohol and Substance Abuse* 2:7-29.
Speckart, G. and M.D. Anglin
1986 Narcotics use and crime: An overview of recent research advances. *Contemporary Drug Problems*, Winter:741-769.
Tims, F.M., G. De Leon, and N. Jainchill, eds.
1994 *Therapeutic Community: Advances in Research and Application*. Rockville, MD:National Institute on Drug Abuse Research Monograph No. 144.
Wexler, H.K., G.P. Falkin, D.S. Lipton, A.B. Rosenblum, and L.P. Goodloe
1988 *A Model Prison Rehabilitation Program: an Evaluation of the "Stay'n Out" Therapeutic Community*. New York: Narcotic and Drug Research, Inc.
Wexler, H.K., G.P. Falkin, and D.S. Lipton
1990 Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice Behavior* 17(1):71-93.
Wexler, H.K and R. Williams
1986 The "Stay'n Out" therapeutic community: Prison treatment for substance abusers. *Journal of Psychoactive Drugs* 18(July-September):221-230.
Yablonsky, L.
1989 *The Therapeutic Community: A Successful Approach for Treating Substance Abusers*. New York:Gardner Press.

DRAFT

PRESIDENT WILLIAM J. CLINTON
PRE-MEETING PRESS STATEMENT
PRESIDENT'S DRUG POLICY COUNCIL
THE WHITE HOUSE
DECEMBER 12, 1996

Good morning. First let me thank Director McCaffrey and all the other cabinet and agency officials present for coming here to the White House for the second meeting of the President's Drug Policy Council.

Before we begin the meeting, I would like to announce an important step we are taking today to break the cycle of crime and drugs and stop the revolving door between prisons and drug use on the streets.

In the last Congress we pushed for and passed legislation that requires states to drug test prisoners and parolees as a condition for receiving prison grants. Today, I am pleased to announce that the Justice Department has developed drug testing guidelines to assist states in meeting the requirements of my legislation. This law says to inmates: if you stay on drugs, you'll go back to jail; if you want out of jail, you have to get off drugs. And it says to parolees: if you go back on drugs, you'll go back to jail. So, if you want to stay on the street, stay off drugs. These new guidelines call for every state to submit a plan for drug testing, interventions and sanctions to the Attorney General within 14 months as a condition of receiving prison funds.

We know that this new effort will work. A recent report shows that in Delaware, prisoners who got treatment in prison and during work release were 75 percent drug-free and 70 percent arrest-free after 18 months. But 80 percent of the prisoners who did not receive treatment went back on drugs -- and two out of three were arrested again.

With the continued commitment of the Drug Policy Council and the involvement of every citizen, I am confident we can break the cycle of drugs and crime and guarantee a brighter future for our country and our children. Thank you.

Drug Testing Guidelines
Talking Points

- The drug testing guidelines, issued under the Violent Offender Incarceration and Truth-in-Sentencing Incentive Grant Program, promote the goals of Operation Drug TEST (Testing, Effective Sanctions, and Treatment), an Administration initiative to deter crime and drug abuse.

- Operation Drug TEST is founded on three key assumptions:

  - o There is a link between drugs and crime;

  - o Drug testing can reliably and inexpensively identify offenders who abuse drugs; and

  - o Testing, graduated sanctions, and treatment of offenders while under criminal justice system supervision can break the cycle of drug abuse and crime.

- Recent research shows that:

  - o Drug addicts are involved in 3-5 times the number of criminal incidents as arrestees who do not use drugs.

  - o 3/4 of the 1.4 million inmates in State prisons and over 1/2 of those in jails or on probation are in need of some type of substance abuse treatment or other intervention.

  - o The time that drug-using offenders are in custody or under criminal justice supervision provides a unique opportunity to reduce drug use and crime through effective drug testing, sanctions, and treatment.

  - o Evaluations of comprehensive in-prison substance abuse treatment programs show consistent reductions in recidivism rates for offenders who complete the program.

- For the first time -- under these guidelines -- States will be required to have in place a program of controlled substance testing in order to receive federal grants for prison construction. If a state already has a drug testing program, it will be required to articulate that program and submit it for review. Specifically, States will be required to implement a program of:

  - o Post-conviction controlled substance testing for adult offenders, both <u>while incarcerated</u> and <u>following release</u> (e.g., during supervised release or parole);

  - o Intervention (e.g., detoxification, treatment, counseling, coerced abstinence, cognitive restructuring, therapeutic community, etc.), including criteria for referral, procedures for placement, and the duration of the intervention programs; and

  - o Escalating sanctions for drug use, including denial or revocation of release in appropriate circumstances.

- This grant eligibility requirement was added to the Violent Offender Incarceration and Truth-in-Sentencing Program through the Department of Justice Appropriations Act, 1997, PL 104-208, 110 Stat. 3009, H.R. 3610.

- As a result of this requirement's implementation, we can expect to see:

  - o An increase in the number of offenders tested for drugs post-conviction;

  - o A more immediate response to drug use as a result of graduated sanctions that include denial or revocation of release in appropriate circumstances;

  - o Greater availability of appropriate interventions for offenders at every stage of the criminal justice process to break the cycle of drug abuse and crime;

  - o Increased coordination between correctional institutional treatment and community-based programs to assist offenders in staying drug-and crime-free after release from prison; and

  - o More effective nationwide use of the leverage of criminal justice supervision to reduce drug abuse and recidivism.

- The Department of Justice will provide extensive technical assistance to States in establishing cost effective testing programs and in developing a broad range of appropriate interventions and sanctions.

  - o Other Federal funds available to help States implement these efforts include: $30 million for Residential Substance Abuse Treatment for State Prisoners in FY 1997, and a $25 million increase in FY 1997 for the Edward Byrne Memorial State and Local Law Enforcement Assistant Formula Grant Program, which States can use for drug testing and treatment.

- States must submit a plan of action to comply with this initiative, or a copy of its already existing drug testing policies, no later than March 1, 1998. States which do not have a program of drug testing, intervention, and sanctions in compliance with these guidelines by September 1, 1998, will be ineligible to receive Violent Offender Incarceration and Truth-in-Sentencing funds in 1999.

- Other elements of Operation Drug TEST (including pretrial offender testing) are currently being implemented at the federal, state and local level.

McCurry's TPs TO Dennis from GRACE

The Clinton Administration's Prisoner and Parolee Drug Testing Initiative
December 12, 1996

Announcement

- In a further effort to break the cycle of crime and drugs, President Clinton announced today new Justice Department guidelines to the States requiring comprehensive drug testing and sanction programs ~~for prisoners and parolees~~ post conviction.

The Problem

- Illegal drugs are an enormous factor behind the level of crime and violence in America. Recent research shows that three out of every four prisoners and over half of those in jails or on probation are in need of some type of substance abuse treatment or intervention. Drug addicts are involved in approximately 3 to 5 times the number of criminal incidents as arrestees who do not use drugs.

- We continue to witness the same criminal addicts cycling through the court, corrections and probation systems still hooked on drugs. President Clinton believes that our criminal justice system should reduce drug demand, not prolong, enhance, or tolerate it. can and must → and recidivism

Breaking the Cycle of Crime and Drugs

- The 1994 Clinton Crime Bill provides states $7.9 billion to improve their existing prisons and to build new ones to keep our streets safe from violent criminals. Building upon that, in his 1996 State of the Union, President Clinton challenged states to implement truth-in-sentencing to insure that offenders serve time that truly reflects their ~~sentence.~~ severity of their ~~offense~~ crimes.

- At the end of last Congress, President Clinton pushed and signed into law legislation that requires states to drug test prisoners and parolees as a condition for receiving prison grants. Under this measure, ~~parolees~~ those on probation who fail drug tests will be sanctioned and if on supervised release can go back to prison.

- The guidelines announced today implement that legislation and gives states until March 1, 1998 to develop and submit to the Attorney General a comprehensive drug testing and sanction plan for prisoners and parolees. States that do not meet this requirement and then the Attorney General's approval will be ineligible to receive prison grant funding. post conviction

Building on a Record

- Over the last four years, the Clinton Administration has instituted effective policies and programs that are helping to break the cycle of crime and drugs -- among other measures, creating a ~~National~~ Drug Court grant program, instituting drug testing for Federal arrestees, and enacting tougher penalties for drug dealers. President Clinton's ~~Prisoner and Parolee Drug Testing initiative~~ is the first comprehensive effort to end our criminal justice system and prisons of drugs and crime. to end the cycle of effectively

Operation Drug TEST for

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

BRM4746

MEMORANDUM

TO: JANET CRIST

FROM: JOHN GREGRICH

DATE: December 11, 1996

RE: DOJ Drug Testing Guidelines

The guidelines present no significant problems, but should have been submitted to ONDCP much earlier. (See 9/11/96 memo)

In essence this action requires states to have a testing, sanctioning, and intervention plan in place by September 1998, if they want to spend funds from the new prison and jail construction program. Funds from this construction program may not be spent for testing or treatment, but there are other grant programs available.

It is on balance a good policy to require planning of this nature. And the guidelines are general but acceptable.

The only obvious areas of shortfall is under the "Best Practices" section. It mentions APPA documents and NIJ, but fails to mention CSAT, TASC, or BOP documents.

BOP is the most glaring omission. Substance Abuse Treatment Programs in the Federal Bureau of Prisons are extensively documented and can provide the states with a structured approach to assessment, residential drug treatment, character and relapse prevention training, and planning and transition to the community. (Indeed three quarters of the states have already requested and received BOP program documents.)

A better course would be to provide the phone numbers for the DOJ, HHS, and ONDCP clearinghouses.

Concurrence: 12/6/96
Ricia McMahon

(c) page 2, second column 2nd last word change "build on" to "enhance"

Legal's Comments - See attached - Edited copies
(1) Concur ~~but~~ no ~~significant~~ problems. Would do 2 things:
(a) add the word "treatment" when referencing a "program of controlled substance testing, sanctioning, intervention and treatment" at pages 1 + 2
(b) on page 2, ~~2~~ second column, second para, 1st sentence. Concerned that the way it is written re "available resources" gives the states the ~~option~~ escape clause ~~not~~ to the State funding treatment

MEMORANDUM

TO: JOHN CARNEVALE

FROM: JOHN GREGRICH

DATE: September 11, 1996

RE: DOJ Transmittal Letter on "Drug-Free Felons" Condition on Prisons Grants

This is a step in the right direction. It adds program to brick and mortar. The trick will be to ensure that the AG's guidelines require some real structure to programming -- i.e., a transition plan prior to release, transitional services including offender management and monitoring, drug testing, treatment, and other needed rehabilitation services and support.

ODR recommends concur. But let's be sure that we get to review the AG's guidelines before they are implemented.

Suggested Talking Points At the DOJ Release of the
Drug Testing Guidelines under the
Violent Offender and Truth-in-Sentencing Incentive Grant Program

- DOJ is to be commended for this important step.
  - Building prisons and jails is important.
  - But, proving no-nonsense programs within those institutions is essential.
  - It is time to replace the revolving door

- These guidelines:
  - reaffirm our national commitment to public safety, by providing structured intervention to break the cycle of drugs and crime--testing, treatment, supervision, relapse prevention, graduated sanctions;
  - Respond to the scientific research and evaluation that call for drug treatment as a cost-effective solution to drug dependence among our criminal justice population; and
  - provide the states with flexibility to tailor programs in response to local needs and resources.

- It is a sad fact that prison construction remains necessary. For some offenders incarceration is our only recourse.
- But the vast majority of drug dependent offenders will return to our communities, and it would be a much sadder fact if we missed this opportunity -- for them and for ourselves -- to turn them around.

- When people are dependent on drugs, they cannot provide the structure and discipline they need to live normal lives; indeed, many do not want to live normal lives.
  - Coerced abstinence is important. But only strong and consistent intervention can provide needed structure and give addicts a real opportunity to internalize the self control necessary to avoid relapse and recidivism.
- Today we take a small but important step, along with the states, toward one of the long-term answers to the problem of drugs and crime.

ODR:12/11/96

U.S. Department of Justice
Office of Justice Programs
Corrections Program Office

8

OJP
Corrections Program Office

Violent Offender Incarceration and Truth-in-Sentencing Incentive Grants (Addendum)

Drug Testing Guidelines

John C.

9

Introduction

It is widely recognized that there is a strong correlation between drugs and crime. The level of criminal activity accelerates among drug involved individuals. Drug addicts are involved in approximately 3 to 5 times the number of criminal incidents as arrestees who do not use drugs. Recent research shows that three-fourths of offenders incarcerated in prisons and over half of those in jails or on probation are in need of some type of substance abuse treatment or other intervention, yet only 10 to 20 percent of prison inmates participate in treatment while incarcerated. The time in which drug-using offenders are in custody or under post-release correctional supervision presents a unique opportunity to reduce drug use and crime through effective drug testing, sanctioning, and intervention programs.

Operation Drug TEST (Testing, Effective Sanctions, and Treatment) is a Clinton Administration initiative for deterring crime and drug abuse. Operation Drug TEST is founded on three key assumptions: 1) there is a link between drugs and crime; 2) drug testing can reliably and inexpensively identify offenders who abuse drugs; and 3) testing, graduated sanctions, and treatment of offenders can deter drug abuse and crime.

The "Breaking the Cycle" (BTC) program, an initiative to demonstrate these assumptions, is being developed by a consortium of Federal agencies. It entails universal drug testing and needs assessment of all offenders entering the criminal justice system, followed by appropriate assignment to a combination of treatment, sanctions, and supervision options regardless of the status of the defendant or the status of the case.

As part of Operation Drug TEST, States also are being encouraged to adopt comprehensive drug testing, sanctioning, and treatment programs for offenders at all stages of the criminal justice process through programs such as BTC. In addition, several grant programs provide resources for such efforts and/or include requirements that certain populations of offenders be tested and treated for drug use. For example, the Residential Substance Abuse Treatment for State Prisoners Program and the Drug Courts Program established by the Crime Control and Law Enforcement Act of 1994 provide funding for treatment and require testing of offenders who participate in these programs.

The State Prison Grant Program

This document provides guidance for the implementation of the drug testing and intervention provision added in the FY 1997 Violent Offender Incarceration and Truth-in-Sentencing Incentive Grant Program through the Department of Justice Appropriations Act, 1997, (PL 104-208, 110 Stat. 3009, H.R. 3610). This grant program is administered by the Corrections Program Office in the Office of Justice Programs, U.S. Department of Justice. Grant funds may be used to:

- build or expand correctional facilities to increase the bed capacity for the confinement of persons convicted of a Part 1 violent crime or adjudicated delinquent for an act which if committed by an adult, would be a Part 1 violent crime;

- build or expand temporary or permanent correctional facilities, including facilities on military bases, prison barges, and boot camps, for the confinement of convicted nonviolent offenders and criminal aliens, for the purpose of freeing suitable existing prison space for the confinement of persons convicted of a Part 1 violent crime; and

- build or expand jails.

These guidelines describe the statutory requirement for drug testing, implementation requirements, and resources available to assist States with the development of effective substance abuse testing, sanctioning, and intervention programs. The guidelines require that by September 1, 1998, States must have implemented a post-conviction program of controlled substance testing, interventions, and sanctions with articulated policies and procedures. They allow the States some flexibility in defining the parameters of that program to address the needs in their State.

10

Statutory Requirement

The FY 1997 Appropriations Act included a new provision which requires the States to implement a program of drug testing and intervention for offenders under corrections supervision. The statutory requirement is as follows:

> ***Beginning in Fiscal Year 1999, and thereafter, no funds shall be available to a State for Violent Offender Incarceration and Truth-in-Sentencing Incentive Grants unless not later than September 1, 1998, such State has implemented a program of controlled substance testing and intervention for appropriate categories of convicted offenders during periods of incarceration and criminal justice supervision, with sanctions including denial or revocation of release for positive controlled substance tests, consistent with guidelines issued by the Attorney General.***

Compliance

To comply with this requirement, States are required to have implemented a program of controlled substance testing, sanctioning, and intervention with clearly articulated policies and procedures.

Most correctional agencies currently test some inmates and offenders under post-release supervision for illegal drug use and, within available resources, provide drug education and treatment services to offenders with substance abuse problems. Minimum security and community-based facilities are more likely than maximum security institutions to test inmates. However, a review of State drug testing policies shows that these policies often provide only general guidance on which inmates and parolees should be tested and the frequency of testing. Few define interventions for offenders with identified substance abuse problems or sanctions for continued use or otherwise effectively utilize this post-conviction opportunity to reduce drug use.

The drug testing, sanctioning, and intervention requirement encourages each State to build on current testing and treatment efforts within its State to break the cycle of drugs and crime. An effective program of drug testing and intervention serves as a tool to identify offenders in need of drug treatment or coerced abstinence testing and to establish a range of interventions and sanctions that provide a strong deterrent to relapse and recidivism.

The scope of the drug testing program, types of interventions, and range of sanctions will be defined by each State based on the extent of drug use within its institutions and among post-release offenders under correctional supervision, current policies and practices, and available resources. Although the content of the policies and procedures and the services and sanctions available will vary across States, each State should have written policies and procedures for the effective implementation of its program. At a minimum, the program must include targeted and random testing as well as testing of offenders while in treatment, with positive tests followed by appropriate interventions and/or graduated sanctions, that include denial or revocation of release in appropriate circumstances.

The correctional policies and procedures related to the implementation of a State's drug testing, sanctioning, and intervention program should address the following:

■ Goal of the Program/Policy

The policy should include a statement which clearly articulates the purposes and goals of the drug testing and intervention program.

■ Target Population

The target population to be tested should be defined in the policy. The program for drug testing should include appropriate adult offenders, male and female, while incarcerated in State correctional facilities and following release into

11

the community while under the custody or supervision of the State. States may have different policies and procedures for the various correctional populations.

■ Testing of Offenders

The scope of the drug testing program should be clearly defined in the policy and procedures. It should specify:

- how offenders will be targeted for testing, (e.g., upon admission or return from the community, random testing, mass testing, testing for cause, testing in connection with treatment programs; testing in connection with community-based correctional programs, testing as a condition of supervised release, etc.);
- testing logistics, (e.g., authorization, frequency, methodology and handling); and
- staff training.

■ Interventions

To ensure the most effective use of limited resources, the policy should describe the various types of interventions that are available, the criteria for referral to each type of intervention (e.g., drug education, group counseling, cognitive restructuring, therapeutic community, coerced abstinence, etc.), the procedures for placement, and the duration of the treatment programs.

The policies and procedures should also address the continuum of care from the institution to the community to include what resources will be available for the offender to continue treatment in the community after release, relapse prevention, and procedures for coordination between the institutional program and the community program.

■ Sanctions

An effective program to deter drug use should hold offenders accountable for any violations of laws, institutional rules, or conditions of release. While types of responses should be progressive and varied, offenders should be held accountable for positive drug tests. The policies and procedures should clearly define a range of escalating sanctions for continued drug use and how these will be applied (e.g., counseling, warning/written instructions, administrative conference, increased surveillance and testing, intensified reporting requirements, curfew, day reporting center, house arrest, electronic monitoring, short term detention, denial or revocation of release, mandatory drug treatment, return to secure confinement, etc.). As part of their program, States must provide for denial or revocation of release in appropriate circumstances.

■ Due Date

No later than March 1, 1998, each State which participates in the Violent Offender Incarceration and Truth-in-Sentencing Incentive Grant Program must submit either: 1) a copy of its drug testing policies and procedures and a description of how the policies are being implemented or 2) a plan of action to comply with this initiative by September 1, 1998. This will allow time for review and modification as appropriate prior to the statutory date of September 1, 1998 for having a program in place. Technical assistance will be provided to States that need assistance in implementing this requirement. States which have not met this requirement will be ineligible to receive Violent Offender Incarceration and Truth-in-Sentencing funds in FY 1999.

These documents should be submitted to the Corrections Program Office, 633 Indiana Avenue, N.W., Washington, DC 20531.

12

Resources Available for Implementation

The Violent Offender Incarceration and Truth-in-Sentencing Incentive Grant funds are not available to implement a State's substance abuse testing, sanctioning, and intervention program. The development of well defined drug testing and intervention policies and procedures should facilitate the most effective use of limited resources.

Financial Resources: States should explore resources available from other Federal grant programs to implement testing and treatment programs. The **Residential Substance Abuse Treatment for State Prisoners Formula Grant Program**, also administered by the Corrections Program Office, assists States and units of local government to develop and implement residential substance abuse treatment programs within State and local correctional and detention facilities. Grant funds may also be used to implement drug testing programs for offenders who participate in the residential treatment. The FY 1997 appropriation for this program is $30 million. The authorized amounts for future years are $63 million for FY 1998 and $72 million for FY 1999 and for FY 2000.

Resources available through the **Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program** may be used to implement programs within 26 statutorily defined purpose areas, which include drug testing and treatment. The FY 1997 appropriation of $500 million included $25 million more than the FY 1996 appropriation "to allow States to implement drug testing initiatives." Applicants are strongly encouraged to ensure that there is coordination between efforts to implement the requirement attached to the Violent Offender Incarceration and Truth-in-Sentencing Program and the resources available through the Byrne Program, as appropriate. States that are not already engaged in a dialogue with their State alcohol and drug abuse agency, should contact that agency to explore the possibility of resources through the Federal grant programs administered by the Department of Health and Human Services.

Best Practices: Office of Justice Programs agencies have been involved with the research, evaluation, development, and implementation of drug testing and treatment programs for over two decades. Many resources are available to assist correctional agencies with the development of effective policies, procedures, and programs. Correctional agencies are encouraged to review and use as a guide the *American Probation and Parole Association's Drug Testing Guidelines and Practices for Adult Probation and Parole Agencies* supported and published by the Bureau of Justice Assistance, and the *American Probation and Parole Association's Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies* supported and published by the Office of Juvenile Justice and Delinquency Prevention. Both of these guidelines can be adapted to programs within correctional institutions.

Numerous publications are also available to assist States with the implementation of effective treatment programs. An excellent summary of treatment-related research and evaluations is the *Effectiveness of Treatment for Drug Abusers under Criminal Justice Supervision*, published by the National Institute of Justice. These and other related documents are available, free of charge, through the National Criminal Justice Reference Service at (800) 851-3420.

Technical Assistance: The Corrections Program Office will provide technical assistance to include on-site technical assistance, conferences and workshops, and training. These services are available without cost to the States. CPO has entered into interagency agreements with the National Institute of Corrections and the Center for Substance Abuse Treatment to assist States with implementation of effective policies and programs. Technical assistance can be accessed by calling the Corrections Technical Assistance Line at (800) 848-6325.

DRAFT

NIH NEWS RELEASE

NATIONAL INSTITUTES OF HEALTH National Institute on Drug Abuse

DRAFT

#164

FOR IMMEDIATE RELEASE
~~Tuesday, July 8, 1997~~

CONTACT: Mona W. Brown
Sheryl Massaro
(301) 443-6245

Later Criminal Behavior and Drug Use Dramatically Reduced By Drug Treatment Beginning in Prison

Comprehensive treatment of drug-addicted prison inmates, when coupled with post-release aftercare, reduces the probability of their being re-arrested by 57 percent and reduces the likelihood they will return to drug use by 37 percent. In a study just published in the summer issue of *The Journal of Drug Issues*, researchers at the University of Delaware's Center for Drug and Alcohol Studies found that within ~~eighteen~~ 18 months after release from prison, 54 percent of untreated, drug-addicted inmates were re-arrested and 84 percent were back using drugs. On the other hand, only 23 percent of individuals receiving drug abuse treatment during their prison stay and in aftercare programs had been back in jail and only 53 percent had used drugs again.

"The effectiveness of this 'Delaware model' for drug treatment has tremendous implications for policy makers, incarcerated individuals and their families, and for the public," said Dr. Alan I. Leshner, director of the National Institute on Drug Abuse, National Institutes of Health, which provided funding for the study. "This study shows that treating drug-addicted offenders while they are in prison and immediately after release is an extremely effective strategy for reducing both public safety and public health costs of drug abuse and addiction."

(More)

DRAFT #164

The study was an 18-month followup of 448 individuals involved in a three-stage therapeutic community treatment model run by Correctional Medical Systems. Therapeutic communities provide long-term residential treatment emphasizing resocialization and behavioral change toward reintegrating an individual to society. In this study, the treatment stages included a prison-based therapeutic community setting, a work release therapeutic community, and community-based aftercare, and they coincided with an individual's changing status from incarceration to work release to parole.

The individuals studied were drug-involved male and female offenders in the correctional system. They had volunteered to receive either (1) prison-based therapeutic community drug treatment only; (2) work-release therapeutic community drug treatment followed by aftercare; (3) prison-based therapeutic community treatment followed by the work-release drug treatment and aftercare; or (4) training in a work release program but no therapeutic community drug treatment.

At the 18-month followup, 77 percent of those who had received all three stages of treatment were arrest-free and 47 percent were drug-free. Of those individuals who had received only the work-release and aftercare stage, 57 percent were arrest-free and 31 percent were drug free. Of the individuals who had received no treatment, only 46 percent were arrest-free and 16 percent were drug-free at 18 months.

"The majority of individuals in prisons want to be able to live productive lives when they leave the correctional system," said Dr. James A. Inciardi, principal investigator for the study. "This treatment model helps them remain drug-free and crime-free when they return to the community, if given appropriate care during key transitions." Dr. Inciardi and his colleagues are continuing the study with followup interviews at 42 months and 54 months after release from prison.

(More)

DRAFT #164

NIDA supports more than 85 percent of the world's research on the health aspects of drug abuse and addiction and carries out a large variety of programs to disseminate research information. Further information on NIDA's research and activities can be found on the NIDA Home Page at http://www.nida.nih.gov.

###

July 11, 1997, 12:30 P.M.

SEQUENTIAL CONSIDERATION

S.10
PROPOSED SEQUENCE FOR CONSIDERATION OF AMENDMENTS
(Amendments for which we have received text are listed in bold)

1. **Chairman's Mark - a substitute to S. 10**

2. Technical amendment to correct drafting errors in Chairman's mark

GROUP A - FEDERAL PROSECUTOR OF YOUNG OFFENDERS (TITLE I)

Leahy

Not Introduced — **Title I: #1. Sentencing safety valve for teens younger than 16 tried as adults - Leahy**

Defeated — **Title I: #2. Charging safety valve allowing reverse transfer of teens charged as adults in Federal court- Leahy**

Not Introduced — **Title I: #3. Right to a jury trial for teens facing incarceration beyond their 21st birthday - Leahy**

Defeated — **Title I: #4. To allow the United States Sentencing Commission, in developing teen sentencing guidelines, to presume the appropriateness of adult sentencing provisions only for teens convicted of serious violent or drug offenses. - Leahy**

Defeated — **Title I: #5. To authorize the Federal trial as an adult of teens charged with non-serious violent or non-serious drug felony offenses only if the State is unable or unwilling to exercise jurisdiction. - Leahy**

Abraham

Title I: #1. To eliminate incentive for gangs to use individuals under 16 - Abraham

Title I: #2. To correct a technical error - Abraham

Biden

Title I: #1. Restores presumption that delinquency proceedings occur at the state level unless the state is unable or unwilling to take the case and there is a substantial federal interest. - Biden

Title I: #4. Clarifies that new sentencing guidelines for teens will take into consideration the interest of teen defendants. - Biden

Title I: #5. Clarifies that new sentencing guidelines will apply to teens tried as adults. - Biden

Durbin
Title I: #1. To provide for standard for teen waivers of constitutional rights. - Durbin

GROUP B - JUVENILES IN THE FEDERAL SYSTEM (TITLE I)

Biden
Title I: #2. Provides for physical and sound separation of teens and adult inmates in federal custody. - Biden

Title I: #3. Expresses a preference that teens in federal custody be housed in teen facilities. - Biden

Kennedy
Title I: #1. To protect public safety by limiting contact between juvenile and adult inmates and detainees in federal cases - Kennedy

DeWine
MISC.: #1. To reform criminal procedure, and for other purposes - DeWine

GROUP C - SENTENCING ENHANCEMENTS AND GANGS (TITLE TWO)

Ashcroft
Passed (w/drug amdts.)
MISC.: #1. To encourage punishment of adults who use a minor in a felony - Ashcroft

Leahy
Title II: #1. To add a provision which creates a new crime of interstate "franchise" - Leahy

DeWine
Passed
MISC.: #5. An amendment to remove the intent clause from 18 USC 2119 relating to carjackings. - DeWine

Feingold
MISC.: #1. Child Exploitation Sentencing Enhancement Act: To provide for sentencing enhancements and amendments to the Federal Sentencing Guidelines for offenses relating to the abuse and exploitation of children. - Feingold

Abraham
MISC.: #1. To correct sentencing inequities relating to cocaine distribution - Abraham

GROUP D - JUVENILE ACCESS TO FIREARMS AND GUN FREE SCHOOLS

Kohl
MISC.: #2. To amend chapter 44 of title 18, United States Code, to improve the safety of handguns - Kohl

Grassley
MISC.: #1. To amend the Gun-Free Schools Act of 1994 to require a local educational agency that receives funds under the Elementary and Secondary Education Act of 1965 to expel a student determined to be in possession of an illegal drug, or illegal drug paraphernalia, on school property, in addition to expelling a student determined to be in possession of a gun or to have possessed, on a regular basis while not having attained the age of 18, a tobacco product or an alcoholic beverage - Grassley

Biden
MISC. ; #3. Gun ban for dangerous teens -- provides that fun possession ban applicable to adult felons and other prohibited persons, as well as prohibition on gun sales and Brady Law, applies to teen delinquents that committed acts that, if committed by an adult, would have been a serious violent felony or drug crime. - Biden

GROUP E - GENERAL FIREARMS PROVISIONS

Torricelli
MISC.: #2. To reduce gun trafficking, and for other purposes - Torricelli

MISC.: #3. To amend title 18, United States Code, to prohibit gunrunning, and provide mandatory minimum penalties for crimes related to gunrunning - Torricelli

DeWine
MISC.: #2. Gun Tracing Amendment (DeWine-Kennedy amendment)-- encourage entities seeking money under the discretionary Byrne

program to adopt gun tracing initiatives wherein weapons seized from criminals are traced in an effort to identify gun traffickers. - DeWine-Kennedy

Biden

MISC.: #4. Penalties for gun possession in relation to serious violent or drug crimes. - Biden

MISC.: #5A. Modifications to federal firearms law in Administration's Youth Violence Bill (S.362 – Sections 2125, 2131-32, 2135-39) - Biden

MISC.: #5B. Modifications to federal firearms law in Administration's Youth Violence Bill, except no provisions relating to civil forfeiture. - Biden

MISC.: #6. To regulate storage of firearms by dealers and enhance enforcement of federal firearms licensing laws (S. 362, sections 2133-34). - Biden

MISC.: #7. To provide for greater policing in smaller jurisdictions. - Biden

GROUP F - AMENDMENTS TO NEW CONDITIONS - TITLE III

Kennedy

Title III: #1. Waiver of Eligibility Requirements for the Incentive Grant Program--allows states who have made progress in reducing teen violent crime rate to obtain waivers from the eligibility requirements of the incentive grant program - Kennedy

Grassely

Title III: #2. Mandatory testing child sex offenders - Grassley

Biden

Title III: #1. Revises requirement for drug testing so states must only test "appropriate categories"of offenders. - Biden

Title III: #2. and their Clarifies that the new requirements concerning maintenance distribution of teen records will not require states to modigy teen expungement laws - Biden

Title III: #10C. Modifies requirement to qualify for funding from $150 million grant program concerning deinstitutionalization of status offenders - Biden

Title III: #10D. Modifies requirement to qualify for funding from $150 million grant program concerning targeting prevention efforts toward communities from which a disproportionate number of teens are

incarcerated - Biden

Feingold
Title III: #4A. To eliminate federal spending requirements imposed upon States. - Feingold

Durbin
Title III: #2. Alteration of Records mandate (Title III) - Durbin

Sessions
Title III: #1. To make an amendment relating to grant application requirements. - Sessions

GROUP G - AMENDMENTS TO OLD CONDITIONS

Kennedy
Title III: #3. Restoration of labor provisions– Reinstate labor protections for teen justice workers under the JJDPA - Kennedy

Title III: #4. To protect public safety by limiting contact between teen and adult inmates and detainees. - Kennedy.

Kohl
Title III: #3. To make a series of amendments relating to contact between teen and adult prisoners. - Kohl

Biden
Title III: #3. Clarifies that funds from the $500 million block grant cannot be used to expand, renovate, or construct facilities for adult offenders - Biden

Title III: #10A. Modifies requirement to qualify for funding from $150 million grant program concerning separation of teen and adult offenders - Biden

Title III: #10B. Adds requirement to qualify for funding from $150 million grant program concerning removal of teens from adult jails - Biden

Title III: #11. To provide for separation of juveniles and adults in state custody - Biden

Feingold
Title III: #5. Reinstates certain labor provisions; To provide certain assurances for teen justice system employees. - Feingold

GROUP H - PREVENTION AND NEW PROGRAMS - TITLE III & MISC.

Hatch Title III: #1. block	An amendment modifying the drug testing requirement to the grant program -Hatch
Leahy Title III: #1. grant	Amendments to eligibility requirements for new $500 million program - Leahy
Title III: #2. Justice to ensure administration of Delinquency Prevention	To ensure citizen participation in the development of Teen and Delinquency Prevention Act of 1974 State plans and the involvement of State Advisory Groups in the the formula grants under the Justice and Act of 1974. - Leahy
Specter Title I; #1. purposes -	To make improvements to grant programs, and for other Specter (also amends Title III)
Kennedy Title III: #2. repealed prevention programs that have proven effective - Kennedy	Strike Repeals of Certain Prevention Programs --To restore
Title III: #5. teen crime suppression and prevention. - Kennedy	To provide for a pilot program to replicate the Boston model of
Grassley Title III; #1. delinquency	To provide for assistance for developing crime and prevention programs - Grassley
Kohl Title III; #1. Prevention Act of 1994 - Kohl	To re-authorize Title V of the teen Justice and Delinquency
Title III; #2.	To make a series of amendments relating to State plans. - Kohl
DeWine Title III: #1. -- a	An amendment to the local government funding provision of Title III the amendment aims to assist smaller and rural areas in obtaining fairer share of the block grant money - DeWine
Feingold Title III: #1. relating to accountability block	Administrative Cost Limitation: To make an amendment the use of teen crime control and teen offender grants - Feingold

Title III: #2. To make amendments relating to the purposes of grants to prosecutors and courts for State teen justice systems. - Feingold

Title III: #3. School safety: To provide an additional permissible use of teen crime control and teen offender accountability block grant. - Feingold

Title III: #4. State block grant exemption: To all States to request an exemption from the Administrator in certain circumstances from requirements relating to the use of teen crime control and teen offender accountability block grants. - Feingold

Durbin

Title III: #1. Local Unit of Government Pass through Allocation formula: To provide for standards for the allocation of grant money to local units of government - Durbin

Title III: #3. Amendment to religious provider section: To make modifications with respect to religious nondiscrimination requirements. - Durbin

Title III: #4. To restore earmark for the National Runaway Switchboard - Durbin

Ashcroft

Title III: #1. To specify that block grants may be used by States to target, curb and punish adults who use minors to commit crimes - Ashcroft

Sessions

Title III: #2. Eliminate civil monetary penalty surcharge and authorize Block Grants to be funded from the Violent Crime Trust Fund - Sessions

Hatch

MISC.: #4. To combat the rising problem of teen crime through the authorization of increased funding for prosecutors and public defenders - Hatch

Biden

Title III: #3. Clarifies that funds from the $500 million block grant cannot be used to expand, renovate, or construct facilities for adult offenders - Biden

Title III: #4. Permits grant recipients to contact state and local government officials to coordinate program activities - Biden

Title III: #5A. activities National $500 million	Creates a $100 million prevention program for after-school with a strong evaluation component developed by the Academy of Sciences (funding comes from reducing program to $400 million) - Biden
Title III: # 5B. activities National total levels funding for all	Creates a $100 million prevention program for after-school with a strong evaluation component developed by the Academy of Sciences (funding comes from increasing authorization from $700 million to $800 million, funding expressed as percentages to ensure proportional programs created) - Biden
Title III: # 6A. $100 localities gangs and authorization	Increases funding for prosecutor/courts grant program by million and expands permissible use of grant funds to give additional flexibility to use creative methods to address youth violence (funding comes from increasing total from $700 million to $800 million) -Biden
Title III: # 6B. funding Amendment #6A, #5A, restores ($20 million authorization from	Adds prevention program from Amendment #5, increases for prosecutor/courts program as suggested in increases flexibility as suggested in Amendment current funding level for OJJDP of $170 million increase) (funding comes from increasing total $700 million to $920 million) - Biden
Title III: # 6C. funding Amendment #6A, #6A, restores ($20 million authorization from expressed as percentages programs created) - Biden	Adds prevention program from Amendment #5, increases for prosecutor/courts program as suggested in increases flexibility as suggested in Amendment current funding level for OJJDP of $170 million increase) (funding comes from increasing total $700 million to $920 million, funding levels to ensure proportional funding for all
Title III: # 6D. funding Amendment #6A, #6A, restores ($20 million authorization from expressed as percentages programs created) - Biden	Adds prevention program from Amendment #5, increases for prosecutor/courts program as suggested in increases flexibility as suggested in Amendment current funding level for OJJDP of $170 million increase) (funding comes from increasing total $700 million to $920 million, funding levels to ensure proportional funding for all

Title III: # 7. Amends Title IV of the JJDPA (Missing Children) to enable the

National Center for Missing Children to operate the missing children hotline and resource center and provide authority to provide information on missing children and technical assistance to foreign governments - Biden

Title III: # B. Provides a definition of "unit of local government" covering all types of political subdivisions. - Biden

Title III: # 9. Strikes repeals of teen crime prevention programs from 1994 Crime Law. - Biden

Title III: # 9A. To retain certain juvenile crime prevention programs. - Biden

Title III: # 12. To provide for administrative expenses - Biden

MISC.: #8. To provide grants for equipment, technology, and support systems under the COPS program. - Biden

GROUP I - OTHER

Hatch
MISC.: #1. To prohibit any gambling establishment to be located within 10,000 feet of a school or other public facility that caters principally to youth - Hatch

MISC.: #2. To add a new title, "Nonprofit Youth Organization Act of 1997 - Hatch

MISC.: #3. To provide safe educational options for at-risk youth - Hatch (There are three versions: A, B & C)

Leahy
MISC.: #1. Truth in Sentencing grant minimum allocation for small and/or safe states - Leahy

MISC.: #2. To allow money in the COPS Program not granted to law enforcement jurisdictions serving populations exceeding 150,000 to be used to renew expiring grants awarded to jurisdictions serving populations of 150,000 or less. - Leahy

MISC.: #3. To prohibit false advertising or misuse of a name to indicate the United States Marshals Service. - Leahy

DeWine
MISC.: #3. To provide for a process to authorize the use of clone pagers,

and for other purposes - DeWine

MISC.: #4. An amendment to notify parents of the enrollment of violent sex offenders in elementary and secondary schools - DeWine

Biden
MISC.: #1. Add provision providing Attorney General with emergency rescheduling authority - Biden

MISC.: #2. Schedule the "club drug" ketamine on schedule III - Biden

Kohl
MISC. : #1. To establish felony violations for the failure to pay legal child support obligations and for other purposes - Kohl

MISC.: #3. To authorize the Administrator of the Office of Teen Justice and Delinquency Prevention of the Department of Justice to make grants to States and units of local government to assist in providing secure facilities for violent and serious chronic teen offenders, and for other purposes - Kohl

Feinstein
MISC.: #1. To amend title 18, United States Code, to prohibit the sale of personal information about children without their parents' consent, and for other purposes - Feinstein

Durbin
MISC.: #2. To authorize additional amounts from the Crime Victims Fund to be used for child abuse prevention and treatment grants. - Durbin

MISC.: #3. To provide Safe Havens for Children. - Durbin

Torricelli
MISC.: #1. To direct the Attorney General to track the age of hate crime offenders - Torricelli

States	Media Attention/ Problem	Policies
California	1.Charles Manson was convicted in early June 1997 of using and selling drugs that he somehow obtained at Corcoran State Prison. [Copley News Service, 6/14/97] 2. Record keeping on drug crimes committed inside California prisons is spotty. The state Department of Corrections, which houses 149,000 inmates, has tallied more than 1,100 reports of drug trafficking and using in prisons each year since 1993. But experts say that number represents only a small fraction of what is really there.	California has instituted the Amity program: a drug treatment program that has received widespread recognition.
Illinois	1. Last year, a videotape surfaced showing Illinois mass murderer Richard Speck using drugs while having sex. visitors.	The tape led to mandatory drug testing for Illinois prison workers and the elimination of picnics where inmates mix with visitors.

Pennsylvania	Two Pennsylvania corrections officers have been charged with smuggling drugs into work at the State Correctional Institution at Graterford, outside Philadelphia. They were arrested Aug. 2 after a surprise search of employees as they reported for work. 2. For four days in October 1995, 600 state troopers, corrections officers and federal agents conducted a top-to-bottom search of Graterford's 2,700 cells. Discovered were stashes of narcotics and weapons. [The Morning Call (Allentown), 3/12, 1997]	Inmates caught with drugs behind bars would face far stiffer penalties under a bill passed this year. Under the measure prisoners could be charged with a second-degree felony, carrying a maximum 10-year sentence.

Missouri	Minor stories on policies, no major stories on real problems in jails.	Missouri prison officials have begun randomly testing inmates for drug use and are taking other steps to crack down on drug traffic behind bars. The Department of Corrections did random urine tests of 12 percent of the prison population in October 1996found drug traces in 79 inmates, department spokesman Tim Kniest said Monday. That was 3 percent of inmates tested. Inmates and visitors are subject to prosecution for drug transactions. In Cole County, some prison visitors were charged several months ago.
Kansas	Minor stories on policies - prisoners have been tested randomly and on a selected basis for several years, corrections spokesman Bill Miskell said. In the most recent fiscal year, 2.1 percent of 21,672 tests came up positive, he said.	Random drug testing Routinely test people on parole and probation

Ohio	Two years ago, 60 people - including six workers - were charged with conveying drugs into Ohio prisons. [The Plain Dealer,9/25/96, "Big Money's Makes Prison Workers Smugglers for Inmates]	Under a Senate bill sponsored by Sen. Bruce Johnson, a Columbus Republican, guards or corrections employees found guilty of sneaking drugs into state prisons would receive a mandatory prison term.
New Jersey	NY Times story on raid	
Indiana	One story - Anthony L. Crenshaw, 34, now an inmate at the Indiana State Penal Farm in Putnam County, was convicted of being in possession of rock and powder cocaine and marijuana while an inmate at the Youth Center in Plainfield last March. The two charges - one a Class C felony, the other a misdemeanor- carry a maximum combined prison sentence of nine years.	
Mississippi	problem	
New York	In March 1995, three New York corrections officers and two cooks were charged with drug smuggling at New York's Rikers Island jail. Twenty six prison officers in New York have been charged with drug smuggling since 1990, officials said. [Copley News Service, 6/14/97]	

Maine	In 1995, state and federal authorities investigated a major marijuana and cocaine smuggling ring at Maine State Prison. 5 inmates were transferred to the Maine Correctional Institute (SuperMax) facility, and 3 staff members resigned as a result of allegations of drug smuggling that involved the prison's plumbing. The drug smuggling ring was the largest in recent history, with sales far in excess of $10,000.The investigation was started as a result of reports that marijuana and heroin were coming into the prison by a variety of means.[Bangor Daily News, 9/26/95]	
New Hampshire	Earlier this month, an elaborate scheme to smuggle drugs in to inmates at the New Hampshire State Prison was thwarted. A pound of marijuana was confiated from a hiding place at the prison. This was the second break up of a smuggling operation in two months in New Hampshire.[Drug Smuggling Thwarted at Prison, The Union Leader, 7/19/97]	
Texas		Some prisoners are teted for drugs durig the judicial process. But.. there is no random drug testing for inmates-- as the new federal guidlines support.

Utah	1. Last month, a corrections officer was arrested after accepting a delivery of cocaine and heroin bound for inmates at the Utah State Prison. In an unrelated matter, a Utah inmate was found dead from an apparent drug overdose a few weeks later. According to the article, the prisoner's death "underscores the fact that the illegal drug trade flourishes inside the walls and razor-wire fences of Utah's Draper prison."[Drug Trade Thrives in Prison, Salt Lake Tribune, 6/30/97] 2. While inmates convicted of drug crimes make up about one-tenth of Utah's prison population, most inmates have substance abuse problems.	No particular policy.
Federal Stories	Federal officials said they had broken up a major drug ring operating out of two federal prisons that imported cocaine from Colombia for sale in the Washington area. Rayful Edmond, a well-known Washington drug dealer serving a life sentence in Lewisburg federal prison in Pennsylvania, ran the operating using his inmate telephone, mail and visitation privileges.	

South Carolina	Based on internal studies, prison officials estimate that 65% of inmates have at least some problems with drug or alcohol abuse. Failure to address those problems adequately is linked to the high rate of recidivism among inmates.	Department of Corrections:
Delaware		Gander Hill prison in Deleware:ABC said "most" inmates abuse drugs in "one way or the other," and "75% of the 1.5 million Americans now in prison are there for drug-related crimes." Of that number, only 13% ever get any meaningful treatement to help them get clean and stay clean. "The Federal Government is so impressed with the effectiveness of this program ... it's aksing Congress to appropriate $200 million to replicate it across the country." [ABC, 3/13/97]
Florida		
Georgia		
Ark		

Facts:

OFFICE OF THE ATTORNEY GENERAL

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 7 / 30 / 97

TO: Jose Cerda

FACSIMILE NO. 456-7028

TELEPHONE NO. 456-5568

FROM: Kinney Zalesne

FACSIMILE NO. 202-616-5117

TELEPHONE NO. 202-514-2927

NUMBER OF PAGES INCLUDING COVER SHEET 3

COMMENTS:

This is very rough, ~~but~~ and I'm not satisfied with it, but you may as well see it before the meeting.

DRUG TESTING AND TREATMENT IN PRISON

Scope of the Problem. We KNOW drug testing and treatment in prison, when coupled with aftercare, works to reduce crime in the short- and the long-run. We should be cautioned, though, that the problem in DC prisons, as recently reported in the Post, is anomalous. While there is no scientific certainty about the scope of the prison drug problem, self-reported data from state prison corrections officers indicates that on average, 9% of state inmates test positive for drugs.

Current Requirements. Under current law, in order to receive prison construction funds, states must submit a prison drug testing, sanctioning, and treatment plan by March, 1998, and implement it by September, 1998. The plans must include random, targeted, and treatment testing. However, states may not use their prison construction funds to pay for these activities.

Goal: To reduce drug use among state prisoners in both the short- and the long-term, and to help States pay for the required testing, sanctions, and treatment.

Options

1. Enact new legislation permitting states to use prison construction funds for testing and treatment, and enabling DOJ to withhold those funds if random or other drug testing reveals x% of positive drug tests among state prisoners.

The major problem with this approach is that any "x" greater than 0 will suggest deviation from our zero-tolerance policy. Zero itself is essentially impossible to achieve.

In addition, Senators whose state prisons have serious abuse problems, including key moderate Republicans like Specter, will likely oppose the penalty approach.

2. Enact new legislation permitting states to use prison construction funds for testing and treatment, and enabling DOJ to withhold those funds if states do not demonstrate substantial improvement in reducing prison drug use. (DOJ experts would defer measure of improvement to subsequent Attorney General guidelines.)

This solves the zero-tolerance problem, and will add muscle to the current plan requirement. DOJ corrections experts say this option is most likely to work to decrease drug use in prisons.

3. Increase funding for existing prison drug testing and treatment programs, and increase those programs' chances of working.

Actually, Senate Appropriations has more than doubled funding for the Residential

Substance Abuse Treatment (RSAT) Program, which is devoted entirely to drug testing and treatment in state prisons ($30M -> $61.2M). Moreover, the Juvenile Justice bill as reported out of the Senate Judiciary Committee permits RSAT funds to be used to provide nonresidential aftercare services, a necessary change to ensure that drug treatment lasts.

July 29, 1997

MEMORANDUM TO: Jose Cerda

FROM: Serena Torrey

SUBJECT: Schumer memo on New York's compliance with Truth-in-Sentencing Requirements.

Rahm had originally intended to bring this up at last week's crime meeting. When you get a chance, would you look this over and let us know if we can take any further action with it? Thanks a lot.

CHARLES E. SCHUMER
NEW YORK

2211 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6616

DISTRICT OFFICES
1625 KINGS HIGHWAY
BROOKLYN, NY 11229
(718) 627-0700

118-21 QUEENS BLVD
FOREST HILLS, NY 11375
(718) 268-2666

90-16 ROCKAWAY BEACH BLVD.
ROCKAWAY, NY 11693
(718) 945-9200

Congress of the United States
House of Representatives
Washington, DC 20515

COMMITTEES:
JUDICIARY
BANKING AND FINANCIAL SERVICES
WHIP-AT-LARGE

FAX FROM U.S. REP. CHARLES E. SCHUMER'S WASHINGTON, D.C., OFFICE

DATE: _____

TO: Rahm Emanuel

FROM: Josh Isay

FAX NUMBER: _____

NUMBER OF PAGES (including this page): 2

Please call 202-225-6616 if fax is incomplete

****

Comments:

As per your conversation
w/ Chuck
Thanks
-J

/usr/carisa/faxsheet

New York's Compliance With Truth-in-Sentencing Requirements

New York complies with the requirements of the Truth-in-Sentencing Incentive Grant program based on historical data and New York statutory requirements. The federal statute New York is applying under provides that a state must demonstrate that violent offenders "on average serve not less than 85 percent of the prison term established under the State's sentencing and release guidelines." The Justice Department has determined that the benchmark under New York law for this calculation is the state's "conditional release date". This is the date on which offenders must be released from prison if they have not lost "good time" credits while incarcerated and equals 2\3 of the maximum sentence.

New York has demonstrated compliance through historical 1996 sentencing data and the provisions of a new law enacted in 1995 (the "Sentencing Reform Act") which significantly increased the sentences required to be served by violent offenders. The historical data indicate that in 1996, second violent offenders served 92.7% of their conditional release date prior to release and first violent offenders served 70.2% of their conditional release date prior to release.

These figures, however, do not reflect the impact of the 1995 Sentencing Reform Act since the Act only applies to crimes committed after October 1, 1995. Prior to the Act, first violent offenders had to serve a minimum of 50% of their conditional release date prior to parole consideration and second violent offenders had to serve at least 75% of their conditional release date prior to parole consideration. Under the Act, first violent offenders must now serve the same terms as second violent offenders were required to serve under former law (75% of conditional release date). Second violent offenders must now serve determinate sentences.

First violent offenders are now, therefore subject to the same sentences as second violent offenders under prior law. 1996 sentencing data concern only inmates sentenced under prior law. These data show that:

(i) Inmates sentenced under prior law who were required to serve at least 75% of their conditional release date prior to release actually served 92.7% of their conditional release date prior to release. This is the identical sentencing structure which first violent felony offenders are now subject to under New York law.

(ii) If the new 75% requirement for first offenders is applied to 1996 sentencing data concerning first offenders a similar result is obtained. These data show that in 1996, first violent offenders served 20% more, on average, than their minimum terms prior to release. If this 20% figure is applied to New York's current 75% minimum sentencing requirement, a result of 95% is obtained.

OFFICE OF THE ATTORNEY GENERAL

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 7 / 30 / 97

TO: Jose Cerda

FACSIMILE NO. 456-7028

TELEPHONE NO. 456-5568

FROM: Kinney Zalesne

FACSIMILE NO. 202-616-5117

TELEPHONE NO. 202-514-2927

NUMBER OF PAGES INCLUDING COVER SHEET ~~X~~ 2

COMMENTS:

This is very rough, ~~text~~ and I'm not satisfied with it, but you may as well see it before the meeting.

Approps Laws

("the 1990 Act"); $2,036,150,000, to remain available until expended, which shall be derived from the Violent Crime Reduction Trust Fund; of which $523,000,000 shall be for Local Law Enforcement Block Grants, pursuant to H.R. 728 as passed by the House of Representatives on February 14, 1995, except that for purposes of this Act, the Commonwealth of Puerto Rico shall be considered a "unit of local government" as well as a "State", for the purposes set forth in paragraphs (A), (B), (D), (F), and (I) of section 101(a)(2) of H.R. 728 and for establishing crime prevention programs involving cooperation between community residents and law enforcement personnel in order to control, detect, or investigate crime or the prosecution of criminals: *Provided*, That no funds provided under this heading may be used as matching funds for any other Federal grant program: *Provided further*, That $20,000,000 of this amount shall be for Boys and Girls Clubs in public housing facilities and other areas in cooperation with State and local law enforcement: *Provided further*, That funds may also be used to defray the costs of indemnification insurance for law enforcement officers; of which $50,000,000 shall be for grants to upgrade criminal records, as authorized by section 106(b) of the Brady Handgun Violence Prevention Act of 1993, as amended, and section 4(b) of the National Child Protection Act of 1993; of which $199,000,000 shall be available as authorized by section 1001 of title I of the 1968 Act, to carry out the provisions of subpart 1, part E of title I of the 1968 Act, notwithstanding section 511 of said Act, for the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs; of which $330,000,000 shall be for the State Criminal Alien Assistance Program, as authorized by section 242(j) of the Immigration and Nationality Act, as amended; of which $670,000,000 shall be for Violent Offender Incarceration and Truth in Sentencing Incentive Grants pursuant to subtitle A of title II of the 1994 Act, of which $170,000,000 shall be available for payments to States for incarceration of criminal aliens, and of which $12,500,000 shall be available for the Cooperative Agreement Program: *Provided further*, That funds made available for Violent Offender Incarceration and Truth in Sentencing Incentive Grants to the State of California may, at the discretion of the recipient, be used for payments for the incarceration of criminal aliens: *Provided further*, That beginning in fiscal year 1999, and thereafter, no funds shall be available to make grants to a State pursuant to section 20103 or section 20104 of the Violent Crime Control and Law Enforcement Act of 1994 unless no later than September 1, 1998, such State has implemented a program of controlled substance testing and intervention for appropriate categories of convicted offenders during periods of incarceration and criminal justice supervision, with sanctions including denial or revocation of release for positive controlled substance tests, consistent with guidelines issued by the Attorney General; of which $6,000,000 shall be for the Court Appointed Special Advocate Program, as authorized by section 218 of the 1990 Act; of which $1,000,000 shall be for Child Abuse Training Programs for Judicial Personnel and Practitioners, as authorized by section 224 of the 1990 Act; of which $145,000,000 shall be for Grants to Combat Violence Against Women, to States, units of local government, and Indian tribal governments, as authorized by section 1001(a)(18) of the 1968 Act; of which $33,000,000 shall be for Grants to Encourage Arrest Policies to States, units of local

42 USC 13703 note.