

**SUBSTANCE ABUSE TREATMENT PROGRAMS
IN THE
FEDERAL BUREAU OF PRISONS
FISCAL YEAR 2002 REPORT TO CONGRESS**

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

January 2003

**SUBSTANCE ABUSE TREATMENT PROGRAMS
IN THE
FEDERAL BUREAU OF PRISONS
REPORT TO CONGRESS**

TABLE OF CONTENTS

1.	INTRODUCTION	1
2.	IDENTIFYING OFFENDERS WITH RESIDENTIAL TREATMENT NEEDS . .	1
3.	DRUG ABUSE PROGRAM DESCRIPTIONS: ELIGIBILITY AND CONTENT .	2
	a) Drug Abuse Education	2
	b) Residential Drug Abuse Treatment	2
	c) Non-residential Drug Abuse Treatment	3
	d) Community Transition Drug Abuse Treatment	4
4.	IMPLEMENTING THE PROVISIONS OF THE VCCLEA OF 1994	4
	a) Meeting the Demand for Treatment	4
	b) Providing an Early Release for Program Graduates . . .	5
	c) Coordinating with the Department of Health and Human Services	5
5.	DRUG ABUSE PROGRAM TABLE - INMATE PARTICIPATION FY 1990 - 2002	6
6.	ATTACHMENT I - DEFINITION OF DRUG USE DISORDER	7
7.	ATTACHMENT II - RESIDENTIAL DRUG ABUSE PROGRAM LOCATIONS .	8

SUBSTANCE ABUSE TREATMENT PROGRAMS IN THE FEDERAL BUREAU OF PRISONS

1. INTRODUCTION

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

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

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

2. IDENTIFYING OFFENDERS WITH RESIDENTIAL TREATMENT NEEDS

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

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

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

Sorting out the offender population in the Bureau of Prisons (between these two categories) and providing treatment to those in need is of great import to the Bureau of Prisons. In an effort to identify the population with drug abuse treatment needs, the Bureau initiated a Substance Abuse Needs Assessment in the summer of 1991. During a 3-month period, every inmate entering the Bureau completed the Inventory of Substance Use Patterns. Of the inmates completing this inventory, 30.5 percent met the criteria for drug dependence as listed in the American Psychiatric Association's Diagnostic and Statistical Manual, Third Edition, Revised (DSM III-R) (See Attachment I for definitions).

The Bureau refined and expanded its drug abuse treatment programs based on this 30.5 percent figure. In 1997, this percentage was updated using the "Survey of Inmates in Federal Correctional Facilities," conducted by the United States Bureau of Census, the Bureau of Justice Statistics, and the Bureau of Prisons. Using the DSM IV criteria that was published in 1994, drug symptomology data extrapolated from this survey for drug dependence and abuse found the

percentage of inmates with substance use disorders to have increased to 34 percent. The Bureau of Prisons is currently conducting a mental health prevalence study that will include an assessment of substance abuse disorders. It is anticipated that by the end of fiscal year 2004, the Bureau will once again update this percentage.

3. DRUG ABUSE PROGRAM DESCRIPTIONS: ELIGIBILITY AND CONTENT

a) Drug Abuse Education

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

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

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

Program Content. Participants in Drug Abuse Education receive information on alcohol and drugs and the physical, social, and psychological impact of these substances. Participants assess the impact of alcohol and other drug use on their lives, on the lives of their family, and on their community.

All inmates who undergo drug abuse education are assessed for a substance use disorder and informed of treatment options. Those inmates who are identified as having a further treatment need are urged to volunteer for the Bureau's Residential Drug Abuse Treatment Program.

In Fiscal Year 2002, 17,924 inmates participated in the Drug Abuse Education course.

b) Residential Drug Abuse Treatment

Program Overview. There are 50 Bureau of Prisons institutions with a Residential Drug Abuse Treatment Program (see Attachment II for program locations). Residential programs are so defined because the inmates who participate are housed together in a separate unit of the prison that is reserved for drug abuse treatment. The programs are typically 9 months in length with 3 to 4 hours of treatment a day and provide a minimum of 500 hours of drug abuse treatment. The Bureau has a three-phase treatment curriculum that is followed in every Residential Drug Abuse Treatment Program.

The residential programs provide intensive treatment 5 days a week. When not in treatment, inmates spend the remainder of each day in education, work skills training, recreation, and other programs. Each Residential Drug Abuse Treatment Program is staffed by a doctoral-level psychologist who supervises treatment staff. Members of the treatment staff carry caseloads of no more than 24 inmates.

Program Admission. Prior to acceptance into a residential treatment program, inmates are interviewed to determine whether they meet the diagnostic criteria for an alcohol or illegal/illicit drug use disorder as defined by the American Psychiatric Association, Diagnostic and Statistical Manual, Fourth Edition. Inmates are considered for admission to the Residential Drug Abuse Treatment Program based on the amount of time left to serve on their sentence. In addition, inmates must meet the following admission criteria:

- the inmate must be sentenced to Bureau custody;
- the inmate must reside in a Bureau institution;
- the inmate must be serving a sentence with enough time to fully participate in a residential drug abuse treatment program;
- the inmate must be determined by the Bureau of Prisons to have a substance use disorder;
- the inmate must be willing to participate in a residential substance abuse treatment program; and
- the inmate must sign the Agreement to Participate in the Bureau's Residential Drug Abuse Treatment Program.

Program Content. The strategies used in the Bureau of Prisons' Drug Abuse Treatment Program are based on the biopsychosocial model of treatment that addresses the biological, psychological, and sociological factors which contribute to drug use and addiction. Treatment is cognitively based, following the basic assumption that regardless of an inmate's background or physical makeup, there is always a choice in one's behavior. Treatment focuses on the inmate's behavior and targets the inmate's criminogenic needs and drug using behaviors. The Bureau has found that these objectives mesh well with traditional individual and group therapy, as well as with pro-social skill-building techniques.

In Fiscal Year 2002, there were 16,243 inmates who participated in residential drug abuse treatment programs. (See Table I for a breakdown of participants by program and fiscal year.)

c) Non-residential Drug Abuse Treatment

Program Eligibility. In addition to the 50 residential programs, non-residential drug abuse counseling is available in every Bureau of Prisons institution. In non-residential programs, unlike residential programs, inmates are not housed together in a separate unit; they are housed with the general inmate population. Non-residential treatment was designed to provide maximum flexibility to meet the treatment needs of Federal inmates, particularly those offenders who have a relatively minor or low-level substance abuse impairment. These offenders do not require the intensive levels of treatment needed by inmates with moderate-to-severe addictive behavioral problems.

Non-residential drug abuse treatment provides offenders who have a moderate-to-severe drug abuse problem with supportive program opportunities during the time they are waiting to enter the residential drug abuse treatment program or the time they are in the general population after having completed the residential program and are preparing to return to the community.

Program Content. In non-residential programs, a drug abuse treatment specialist, under the supervision of a licensed psychologist, develops an individualized treatment plan based on a thorough assessment of the inmate. Treatment often includes psycho-educational programming and individual and group counseling, targeting criminal thinking errors, interpersonal skill building, and relapse prevention. Self-help groups such as Alcoholics Anonymous or Narcotics Anonymous are also available to support the Bureau's treatment services.

The Bureau's non-residential treatment component accommodates the need for a prison-based aftercare program for inmates who successfully complete the residential program and return to

the institution's general population prior to their release. It is required of all inmates who complete the residential program and includes a minimum of one group session each month for a year. The focus of this treatment component is to stress the cognitive and interpersonal skills learned in residential treatment and to review the inmate's relapse prevention plan.

In fiscal year 2002, there were 11,506 inmates who participated in non-residential drug abuse treatment programs. (See Table I for a breakdown of participants by program and fiscal year.)

d) Community Transition Drug Abuse Treatment

When an inmate is transferred from an institution to a community corrections center (halfway house) or released from custody to the supervision of the U.S. Probation Service, a final treatment summary is forwarded to the community supervising authority to ensure continuity of treatment. Once in the community, graduates of the residential program (and other inmates in community corrections centers who are identified as needing drug abuse treatment) are required to participate in treatment.

During the inmate's time in a community corrections center, drug abuse treatment is provided through community-based providers who follow a course of treatment similar to that of the Bureau of Prisons, ensuring consistency in treatment and supervision. Bureau Community Transition Drug Abuse Coordinators monitor inmates' compliance with their treatment plan and ensure inmates remain drug-free by monitoring their progress and by requiring regular urinalysis testing.

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

In fiscal year 2002, there were 13,107 inmates who participated in community transition drug abuse treatment.

4. IMPLEMENTING THE PROVISIONS OF THE VCCLEA OF 1994

Public Law 103-322, Subtitle T of Title II, Substance Abuse Treatment in Federal Prisons, requires the Bureau of Prisons (subject to the availability of funds) to provide appropriate substance abuse treatment for not less than 50 percent of all "eligible" inmates by the end of fiscal year 1995, not less than 75 percent by the end of fiscal year 1996, and not less than 100 percent by the end of fiscal year 1997 and each year thereafter.

The statute also allows the Bureau of Prisons to grant inmates convicted of a non-violent offense a reduction of up to 1 year off their term of imprisonment. In the interest of protecting the public, the Bureau limits the early release provision not only to those inmates whose current conviction is for a non-violent offense, but also to those whose criminal history does not include a serious violent offense prior to the current conviction.

Essentially, Subtitle T mandates the Bureau to meet three specific requirements in the provision of treatment to the drug-dependent inmate: (1) to meet the demand for treatment; (2) to provide an early release for qualified program graduates; and (3) to communicate regularly with the Department of Health and Human Services. The Bureau of Prisons is required to consult with the Department of Health and Human Services concerning substance abuse treatment and related services and the incorporation of applicable components of existing treatment approaches, including relapse prevention and aftercare services.

a) Meeting the Demand for Treatment

The Bureau continues to have a substantial number of inmates volunteer for the residential drug abuse treatment program. The incentive of a reduction of time served in prison is a significant

factor in the number of program volunteers.

In fiscal year 2002, the Bureau of Prisons again met the requirement of treating 100 percent of eligible inmates prior to their release from an institution. As of September 30, 2002, there were over 33,701 inmates in Bureau of Prisons institutions who had participated in residential drug abuse treatment programs; 16,243 of these inmates participated during fiscal year 2002, and the remaining 17,458 inmates participated in the program prior to fiscal year 2002 and remain in Bureau custody.

In fiscal year 2001, the Bureau introduced new residential drug abuse program curricula for male and female inmates based on the current research and literature that defines successful treatment models. By the end of fiscal year 2002, all 50 States had requested copies of the Bureau's curricula, and it is being used by several State Departments of Correction.

Contingent upon receiving necessary resources, the Bureau is planning to expand the residential drug abuse treatment program in fiscal year 2003. The expansion plans are based on the anticipated growth in the inmate population, and the concomitant growth in the number of inmates with substance abuse disorders.

b) Providing an Early Release for Program Graduates

The Bureau of Prisons provides ongoing training and technical assistance to drug abuse treatment staff regarding the implementation of the authority in Subtitle T of Title II (see 18 U.S.C. § 3621(e)) to grant inmates convicted of nonviolent offenses a reduction in their term of imprisonment (of up to 1 year) for successful completion of a residential drug abuse treatment program. This training ensures that those inmates granted a reduction are not at risk to jeopardize community safety.

In fiscal year 2002, there were 3,532 inmates who received a reduction pursuant to 18 U.S.C. § 3621(e). A total of 14,648 inmates have been granted a reduction in their term of imprisonment since the Bureau implemented this provision in June 1995.

c) Coordinating with the Department of Health and Human Services

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

Representatives from the Bureau continue to meet with HHS representatives and/or their grantees on a monthly basis to exchange information on drug abuse treatment initiatives, correctional treatment initiatives, data collection and evaluation, and co-occurring disorders - substance abuse and mental health. The Bureau also coordinates with university researchers, other components of the Department of Justice, the Office of National Drug Control Policy, and the United States Probation Service to ensure its programs have a sound theoretical base and are well coordinated with Federal Probation Offices for a strong re-entry system. Examples of topics discussed this fiscal year included programs for inmates that address substance abuse and mental health disorders, neuropsychological issues, treatment of female offenders, and staff training. Bureau staff also meet with staff from SAMHSA annually to ensure that technical reporting requirements are compatible.

Finally, the Bureau of Prisons and NIDA have combined funding and expertise to conduct a rigorous analysis of the Residential Drug Abuse Treatment Program. Findings from this analysis indicate that inmates who completed the Bureau's Residential Drug Abuse Treatment Program were substantially less likely to be rearrested and substantially less likely to use drugs when compared to similar offenders who did not participate in the residential treatment. Data based on a 3-year follow-up demonstrate that the Bureau of Prisons' Residential Drug Abuse Treatment Program makes a significant positive difference in the lives of inmates following their release from

custody and return to the community.

5. DRUG ABUSE PROGRAM TABLE - INMATE PARTICIPATION FY 1990 - 2002

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

	1999	2000	2001	2002	TOTAL
Drug Education	12,202	15,649	17,216	17,924	161,922
Non-Residential	6,535	7,931	10,827	11,506	56,206
Residential	10,816	12,541	15,441	16,243	93,443
Community Transition	7,386	8,450	11,319	13,107	61,190

* Drug Education Policy changed to allow for a waiver if offender volunteered for and entered residential drug abuse treatment.

** In FY 1994, data for community transition was tabulated by average daily population.

6. ATTACHMENT I - DEFINITION OF DRUG USE DISORDER (ABUSE AND DEPENDENCE)

Taken directly from the *Diagnostic and Statistical Manual of Mental Disorders, DSM-IV*. Fourth Edition. American Psychiatric Association, 1994.

“DSM CRITERIA FOR SUBSTANCE DEPENDENCE

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12- month period.

- (1) tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect;
 - (b) markedly diminished effect with continued use of the same amount of substance.
- (2) withdrawal, as manifested by either of the following:
 - (a) the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substance);
 - (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.
- (3) the substance is often taken in larger amounts or over a longer period than was intended
- (4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- (5) a great deal of time is spent in activities necessary to obtain the substance (e.g. visiting multiple doctors or driving long distances), use the substance (e.g. chain-smoking), or recover from its effects
- (6) important social, occupational, or recreational activities are given up or reduced because of substance use
- (7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

DSM CRITERIA FOR SUBSTANCE ABUSE

A. A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring at any time in the same 12- month period.

- (1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g. repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
- (2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- (3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
- (4) continued substance use despite having persistent or recurrent social or inter-personal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

7. ATTACHMENT II - RESIDENTIAL DRUG ABUSE PROGRAM LOCATIONS

NORTHEAST REGION

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

SOUTHEAST REGION

FPC MONTGOMERY (AL)
FCI MARIANNA (FL)
FPC TALLADEGA (AL)
FPC EGLIN (FL)
FCI TALLAHASSEE (FL)
FCI COLEMAN (FL)
FPC MIAMI (FL)
FPC EDGEFIELD (SC)
FCI JESUP (GA)

SOUTH CENTRAL REGION

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

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

MID-ATLANTIC REGION

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

NORTH CENTRAL REGION

FCI ENGLEWOOD (CO)
FPC LEAVENWORTH (KS)
FCI OXFORD (WI)
FCI WASECA (MN)
FPC YANKTON (SD)
FCI FLORENCE (CO)
FPC FLORENCE (CO)
FCI MILAN (MI)
FPC SANDSTONE (MN)

WESTERN REGION

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