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## **An examination of the effect of substance abuse on prison populations and related policy issues of the California Department of Corrections**

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AN EXAMINATION OF THE EFFECT OF SUBSTANCE ABUSE ON PRISON  
POPULATIONS AND RELATED POLICY ISSUES OF THE CALIFORNIA  
DEPARTMENT OF CORRECTIONS

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A Thesis  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirement for the Degree  
Master of Science  
in  
Health Services Administration

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by  
Frank Siaca

December 1996

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Frank Siaca


December 1996

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## **ABSTRACT**

This paper will attempt to examine the effect of a policy that favors incarceration over treatment for the substance abuser. This policy is by no means unique to California, it seems to be the method of choice for the criminal justice system and for society at large. A society trying to rid itself of the scourge of drug addiction and its related crime issues.

There were studies that dealt with all aspects of the issues. Many studies were from governmental agencies and others from non-governmental sources. The governmental sources tended to describe the demographics of the perpetrator, while the other sources outlined a problem and a solution. However, in almost all cases there was a clear connection with drug use and crime, drugs and recidivism, and drug use and the ever escalating prison population.

Illegal drug use seems to be the direct cause for the tremendous increase in the prison population, not only in California but throughout the nation.

An assessment of the policies of the California Department of Corrections, indicates that they are beginning to recognize the substance abuse problem but are nowhere near developing a comprehensive plan to address the issue of the substance abusing inmate.

The public for the most part seems to support incarceration as the main tool in its arsenal in the fight against drug abuse.

My sense is that within the California Department of Corrections there is an informal policy of not addressing the issue of substance abuse. The Wardens have to maintain discipline within their respective prisons. Again, discipline and incarceration are the primary objectives not rehabilitation for substance abusers. Therefore, the numbers of inmates that are receiving some form of substance abuse education is minimal. If the authorities had an emphasis on education and prevention more inmates would be in some form of educational class or treatment.

Most of the literature that addresses the treatment and rehabilitation of substance abusers illustrates a definite link with length of treatment and success, the studies also spotlight a hard core prison population with a remarkable reduction in their recidivism rates.

The lead agency in California for the criminal justice system, is the California Department of Corrections. The California Department of Corrections has the legal mandate to house the convicted felon, of which approximately 80% are substance abusers. Recidivism rates reflected the frustration of the system. Those rates were approximately 50-60% of parolees returned to custody.

There is also, an immense financial cost to the tax payers for building more and more prisons, currently that amount including debt service is about \$10 billion dollars. That amount is over and above the almost \$3.5 billion dollars that is the escalating annual budget for the California Department of Corrections.

Three strikes will continue to overburden the entire criminal justice system, as more and more felons will fight the sentences because of the enhanced nature of the law. Estimates from the California Department of Corrections are for an increase of inmates almost 100% from current levels. The prison system has exceeded 180% of design capacity.

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## **CHAPTER 1**

### **INTRODUCTION**

The California Department of Corrections has the legal responsibility for housing convicted felons of which many are extremely dangerous. The mandated mission is not an easy one for the employees of the Department. The focus of this paper goes beyond the obvious personal danger to employees to the greater health concerns of an exploding inmate population which for the majority is a direct result of substance abuse. A survey conducted by the California Department of Corrections, showed that of all new inmate admissions almost 80% had a history of substance abuse.

The relationship between illicit drug use and criminal behavior has been well documented. Studies reinforce the high correlation between the two. Because of this high correlation and the fact that prisons are literally bursting at the seams, (Currently the California Department of Corrections is operating at 180% of designed capacity) how does the Department of Corrections address this overcrowding problem and related health implications?

One of the legislative responses to the chronic overcrowding and recidivism, has been to continue funding the extremely costly expansion of prisons. The prisons are

expanding at the expense of other services, funds have been diverted from the budgets of other State agencies. Which in turn may have reduced those other agencies overall effectiveness along with a decrease in the delivery of services. I choose to examine the relationship between prisons and higher education. However, any sector of government could of been compared, the results being the same. Other departments are receiving less funds while the California Department of Corrections continues to expand.

Higher education was chosen because in many ways it mirrors substance abuse and prevention efforts. The process of acquiring a degree takes a considerable length of time. Also, some students are successful in achieving their goal, while others are not. This is true about substance abuse prevention and rehabilitation efforts. Some participants are successful while others are not. For those who fail at combating substance abuse, prisons offer an immediate consequence.

The compelling question is, are the California Department of Corrections' policies toward substance abusing inmates responding to the ever-changing epidemiology of the prison population?

Substance abuse is at an all time high and at epidemic levels across the nation. This major health issue also spills over into the criminal justice arena. In

American society the criminal aspects of substance abuse have taken a higher priority than the health issues associated with chemical dependency. The greater community has a heightened sense of awareness of criminal behavior driven by the illicit drug industry accompanied by an increased fear of crime. Crime and its attendant violence strikes fear into the very core of most citizens. Therefore the "lock em up and throw away the key" sentiment seems to appeal to many as the best solution to the problem. Prison terms have been shortened (18 months average for drug dealing). Most political candidates loudly address how we have lost control of our communities, how the family unit is being destroyed, and that we no longer have the quality of life that we enjoyed in the past. There are excellent arguments for all these issues.

The intent of this paper is not to continue the debate of fairness or unfairness but to investigate whether the overall interests of the citizens of California are being met, by how the criminal justice system is handling drug abuse within the penal system.

An overwhelming majority of the prison population are active ongoing participants in substance abuse. The California Department of Corrections conducted an in house survey of all new admissions to the penal system to determine the substance abuse history of each new inmate.

The survey results vividly demonstrated the seriousness of the substance abuse epidemic in prison populations. This survey was titled the Drug and Alcohol History Survey (DAHS July 1993).

The survey results vividly demonstrated the seriousness of the substance abuse epidemic within the prison populations. Over 77 per cent of the males and more than 82 per cent of the females from a total of 97,309 new admissions, had a history of substance abuse (reference Tables 1 and 3). The survey was self reporting in nature, therefore a problem of under reporting may have affected the outcome. About 80% of new admissions have a substance abuse history, confirming a very high concentration of substance abusing inmates under the jurisdiction of the California Department of Corrections. The findings place the California Department of Corrections in a unique position with regards to the drug abuse and trafficking epidemic that affects our greater social fabric.

#### Hypotheses and Questions

1. This paper is to address whether or not the California Department of Corrections and the State of California have policies addressing the issue of the substance abusing inmate.

2.This paper is to determine if the California Department of Corrections has a policy implying an intent of using housing of substance abusers a method of treatment with the hope that the substance abusing behavior and criminal lifestyle will cease. Will the inmate population lead drug free lives simply because they have seen the light as a result of being incarcerated within the confines of a prison.

3.Does an unwritten informal policy of benign neglect exist based on the political position that a history of substance abuse among the inmate population is not something that falls within the purview of the department. The California Department of Corrections mission has been defined as to only being the custodian of prisoners.

4.This study will explore the policies as seen by the public of the California Department of Corrections addressing the substance abusing inmate.

5.An assessment of the effectiveness of these policies will be explained in order to find what solutions the California Department of Corrections policies offer to help stem the tide of recidivism.

6.This is a policy evaluation study that addresses the reasons behind the ever increasing number of prisoners, and the changing demographics of the prison population.

7. An examination of the literature from various sources have been used including the California Department of Corrections, the Department of Justice and independent research studies. This literature is clear on the issue that the crime and drug connection exists and drugs are the major contributing factor to the tremendous growth in the inmate population.

Drug abuse in the community must be curbed so that drug related crimes can be reduced which in turn reduces the overcrowded prisons. Prison occupancy levels are way beyond their intended capacity and simply warehousing prisoners doesn't appear to be a solution to the problem of substance abuse among inmates. The seriousness of the overcrowded prison population was addressed by a special article in the Orange County Register in 1994.

The California Department of Corrections operates all state prisons, oversees a variety of community correctional facilities, and supervises all parolees during their reentry into society. There are 29 state prisons ranging from minimum to maximum custody; 38 camps, minimum custody facilities located in wilderness areas where inmates are trained as wildland firefighters. As of early 1995, five more prisons are either under construction or in the design stages in California. California Department of Corrections officials estimate that 22 more will be needed by the year 2000 just to keep inmate overcrowding at current levels. Current census numbers have the general prison population at an astounding 180 % of designed capacity. In December 1994 there were 125,842 inmates in 29 prisons, 38 fire fighting camps and other

facilities that together were designed for only 69,761. Some of these inmates are boarding in gyms and classrooms. The California Department of Corrections is predicting a doubling in the number of prisoners to 232,000 by the year 2000 (Orange County Register, 10/9/94).

An alternative area of consideration for reducing the problem of chronic overcrowding, (currently 180% of designed capacity) would be to sentence substance abusers to community rehabilitation and treatment programs rather than incarceration.

The projection of prison overcrowding by the California Department of Corrections is very conservative and barely begins to show the effect of the new "three strikes" life sentence law enacted in 1994. Baum (1994) contends that the "three strikes" law will ultimately require 80 new prisons at a cost of \$21 billion. This may mean that a greater amount of resources will be diverted to the prison system. These funds come with a price that will eventually have to be paid by each tax payer.

#### Prisoner Growth

A brief framework of applicable statistics which clearly sets forth prison growth, will provide an important perspective on the number of inmates housed in the California system. As prisons grew so does substance abuse and health matters in the prison populations. On December 31, 1983, there were 39,373 inmates in custody

within the California Department of Corrections (CDC, 1986). Only 11 years later, there are over 119,688 inmates incarcerated within the confines of the California Department of Corrections, the highest number of incarcerations in the nation (CDC 1993). Of these inmates, approximately 80% (95,750) have a history of substance abuse. Of the total prison population almost the same number will become repeat offenders and returned into prison mostly because they will have continued their criminal lifestyle after release (CDC 1988, 1989, 1990).

These figures can mean only one thing. As the inmate population continues to explode, 80% of the present population in any year will certainly be returning to prison soon after their release. A conservative estimate from the California Department of Corrections, anticipates 232,000 inmates by the year 2000. If current trends continue as they have been we can anticipate 80% of that 232,000 to be substance abusers, which represents 185,600 inmates. If current trends are any indicator of future trends, then the majority of those 185,000 inmates once released will be returning to prison, because of their substance abusing lifestyles. These repeat offenders will be joined with the newly convicted felons awaiting -- sometimes literally -- in the wings. More and more expensive prisons will have to be built to meet the current population explosion. All this brings to bear a



critical question: Can we continue to channel more tax dollars to accommodate an ever increasing substance abusing prison population that clearly demonstrates they will most certainly return to a criminal lifestyle after release and thereafter return to prison? This never-ending cycle promises only to get shorter and quicker.

Before looking at the policies themselves, we must first consider what is occurring in the prison system today. Hardly a resident in the state is unaware of the tremendous growth that is crowding state prisons. A 1994 study by Lois Lowe gives a sensible historical overview of the California Department of Corrections. The report references a 300% increase in inmates between 1983 and 1993.

"As of December 26, 1993, there were 119,668 incarcerated inmates compared to 39,373 on December 31, 1983. The number of individuals on parole as of December 26, 1993 was 85,850 compared to 19,780 for 1983" (Lowe, 1994).

Lois Lowe contrasts the general population growth trend in California during the same period: 25.3 million in 1983 to 31.6 million in 1993 -- an increase of almost 77%. In this same period, the California inmate population exploded to an astronomical 300% increase. This same report continues to quote data from California Department of Corrections annual surveys of newly admitted

felons. This data indicates that approximately three of four inmates have a recent drug history.

What are the characteristics of the average inmate? 93.5 % are males; the racial breakdown is: 29.1 % white; 32.1 % black; 33.8 % Hispanic. The offense for which they have been committed: 42.4 % violent; 26 % property; 25.2 % drugs. The average age of an inmate is 31 years and the average educational level reached is eighth grade (CDC Facts 12/1/94).

A flaw in these figures is that the classification of "drug offenses". This classification refers only to convictions for sale of drugs, possession, possession with intent to sell -- charges directly related to illicit drug trafficking. The classification is misleading and not a good indicator of the substance abusing inmate population. For example, if someone is convicted of a burglary, the inmate would not be considered or counted as a drug related offense, even if "loaded" or using at the time of arrest. That same inmate may have committed the burglary to support a drug habit. If at the time of arrest there were there no drugs in his possession, this crime would not be associated with substance abuse at all. This inherent weakness in assessment of inmates and the reporting process distorts any meaningful statistical study.

The percentages of Americans who were locked behind bars reached an all time high in 1993, mostly attributable to stiffer anti-drug laws enacted in the 1980s:

"Approximately 519 of every 100,000 persons in the United States were in prison or jail last year, (1993) a rate 22 % higher than in 1989. The incarceration rate in the US is 5 to 8 times higher than in most industrial nations, and is second only to that of Russia. California has an even higher rate of imprisonment: 626 per 100,000" (Maur 1994).

Noah Baum (1994), found that "California had a higher incarceration rate than 51 nations and a higher crime rate than 33 nations". Noah Baum raises an interesting question: Why does crime continue to go up when more and more prisons are being built? Gratefully, Baum answers the question. Noah Baum demonstrates that the political powers are taking money from programs that would prevent criminal behavior and are diverting those funds into building and staffing prisons.

### Costs

Given the population growth of prisoners, the California Department of Corrections has only three options: Build more prisons, release prisoners before their sentence is complete, or build prisons while still releasing prisoners prematurely. Politically, all three options can be very unpopular. The tax burden of ever

more prisons is very costly. During the 1980's a bond debt financing new prison construction will ultimately cost the citizens of California \$10 billion over the life of the loan. Recent tax reform laws have become the rallying cry of constituents and incumbents alike. Releasing prisoners before their prescribed sentence is complete appears to be politically neutral. It is not until an early-released felon commits another crime that it becomes an issue at all. With counties being sued over their overpopulated jails and state and Federal agencies facing similar threat, wardens are looking for quick solutions. The current annual cost for an inmate is \$20,751 (CDC Facts 1993) while the cost to supervise a parolee is \$2,032 (CDC Facts 1993) the economic benefit of early release is enticing.

The choice that California has made is a costly one: (costly money wise and costly to the greater community due to drug addicted criminals being released to the streets early), build more jails and release prisoners early. The California Department of Corrections, since the early 1980s, has been involved in the largest building program undertaken in the United States. The cost of this program has been \$5.05 billion so far. This translates to a cost of almost \$42,000 additional per inmate. This makes the total current cost of housing an inmate nearly \$63,000 per year. A very expensive program for the tax payers of

California. Until these building projects are complete, the state must continue to release prisoners before their designated sentences to make room for new and returning inmates. A Los Angeles Times article quotes Senator Robert Presley as calling the prison construction industry "Our {California's} Pentagon. It's like the military, it costs so much" (L.A. Times 10/16/94).

"During this building boom which started in the early 1980's the CDC has spent \$5 billion on planning, engineering and construction of new prisons", (CDC Facts 1993) "and created a bond debt that will double that amount to \$10 billion with interest payments before the bill is paid" (L.A. Times 10/16/94).

According to a recent California Department of Corrections analysis, the state could save \$157 million next year by eliminating prison terms for people convicted of petty theft, drunken driving, drug possession, marijuana offenses, forgery and fraud. The state could save \$94 million more by eliminating prison for people convicted of possession of drugs for sale. The union of prison guards told a legislative committee that it would support 'phasing out' prison terms for people found guilty of petty theft. They acknowledge that enough inmates are doing time for petty theft to fill an entire prison (L.A. Times 10/16/94).

It costs approximately \$21,000 a year to house an inmate in a California State prison. Many people ask, "Why so much when a full education for a child is less than one-fourth that amount?" (CDC Facts 1994). A prison,

however, is not a school. The state must meet all the basic needs of an inmate: food, shelter, clothing and health care. Numerous laws, court actions and regulations mandate the level and the extent of these basic support services. There are also other costs related to the diagnosis and processing of inmates. The state is mandated to ensure that prisons are safe for both inmates and staff alike. Before being assigned to a permanent location, an inmate must be fully evaluated in a Reception Center. The first and most important consideration in the preliminary evaluation is security. This process begins with determining the most appropriate level of custody level (minimum through maximum) for each inmate. Another step an inmate undergoes is a complete medical and psychiatric evaluation plus educational tests. After reviewing the inmate's case history and test results, corrections staff then determines the most appropriate prison placement.

Inmates in State prisons are convicted felons. By law they must be supervised 24 hours a day, seven days a week, 365 days a year. Custody staff oversees the inmate's movements from when they wake up, during meals, when working or in class, during free time, and while they sleep. More than half of the cost of incarceration is attributed to this overseeing.

Inmates in California state prison have access to a full range of health care services including medical, dental and

psychiatric. The Department of Corrections runs three fully equipped and licensed hospitals (a fourth is under construction). The department contracts with the state Department of Mental Health for inpatient psychiatric care.

For every incarcerated inmate, the state provides a clean, dry place to stay, three meals a day, necessary clothing, case processing, religious programs and leisure-time activities. Combined, these basic services account for about one-fourth of inmate costs.

Every inmate is expected to work or go to school. Inmate labor helps keep the prison running. Inmates mop floors, serve food, act as clerks, and maintain prison grounds. Many of the 65 vocational programs offered throughout the system lead to skilled jobs in prison industries. Every prison also offers complete adult basic education classes through high school or GED, including classes for English as a second language. Less than seven percent of the total inmate cost is spent on work and training programs (CDC 1993, The Cost of Housing An Inmate).

The Los Angeles Times in its article (10/16/94) published a chart showing the growth in the annual budgets of the California Department of Corrections since 1943, (in their article they cited the CDC, Legislative analysts and various state budgets)

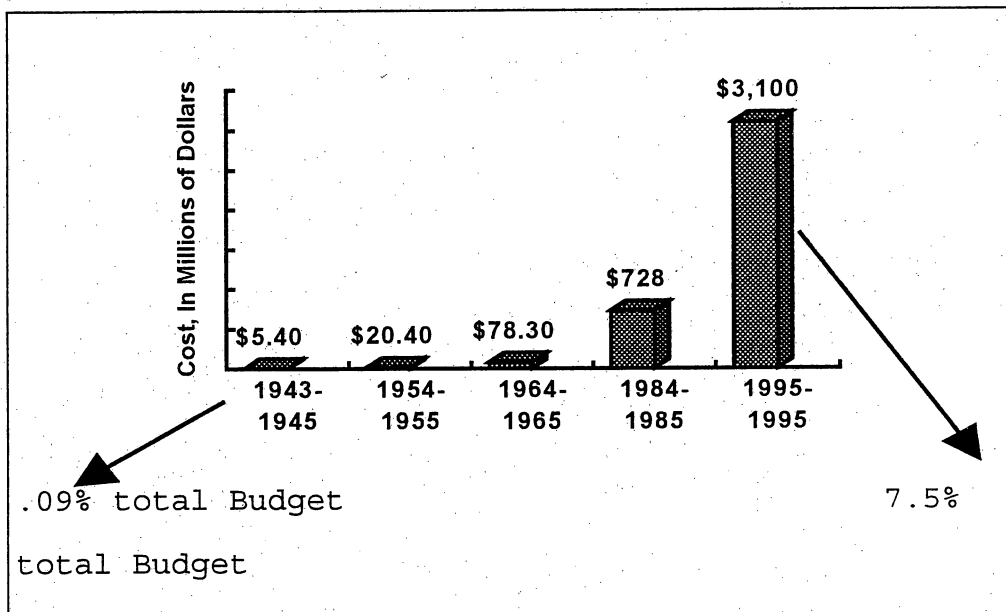


Table 1  
Costs of Prisons

The Los Angeles Times article shows that during the past decade, the prisons' budget grew from less than \$730 million to more than \$3 billion (an increase of almost 326 %). A decade ago, California allocated less than 3% of its general fund budget to prisons. In 1995 the state allotted more than 7.5% of its budget. In the past ten years, the number of inmates increased by 90,000 while the number of prison employees rose by 22,000. The state estimates it will need 25 more prisons by the year 2000. Each prison costs about \$200 million to build, for a total of \$5 billion in construction costs, plus interest over the next five years. California prisons cost an average of \$75 million each year to run. By the turn of the



century, the prison system will cost \$645 million more in annual and recurring costs to operate than it does today.

In the last decade, California has added 19 new prisons and 26,000 corrections officers. At the same time, California lost 8,000 employees in higher education. In 1984 the higher education budget was two and half times the corrections budget. This year, they are about even (Baum 94).

The tragedy according to Baum, is that more and more of the State's resources that would of been going towards higher education, or to be less specific, greater amounts of resources that should be going to fund not only higher education but other State funded projects are going to have their funds diverted to the ever expanding prison system. In the 1950's and 1960s, California prisons were renowned for their educational and vocational programs. In 1967, California became the only state to pass an "Inmates Bill of Rights," guaranteeing prisoners most rights enjoyed by free people. Among these were the rights to marry, correspond confidentially with lawyers, and read virtually any book or magazine. This reflects a basic change in attitudes about the purpose of California prisons. "Punishment, not rehabilitation, has become the primary goal" (L.A. Times 10/19/94).

As more inmates arrive with "three strikes" sentences, the department will be forced to cut deeper into educational programs. The California Department of

Corrections spends 3% of its total budget on education. But more than half the inmates have less than ninth-grade literacy (Baum 94).

"While other correctional operations, such as prison construction and hiring of correctional officers, have been shielded from cuts, education has taken a severe blow" (Little Hoover Commission).

Noah Baum, along with the Center on Juvenile and Criminal Justice, published an in depth analysis of the changing priorities in the California budget for the fiscal year 1994-1995. The report mentions that during that period and for the first time:

California will spend as much on its corrections systems as on its University (UC and CSU) systems combined (Governor's 1994/95 budget cited in Baum). Just over 10 years ago, the state spent more than two and one-half times as much on its universities as on corrections. During that same time span, the state constructed 19 prisons, but only one State University and no UC Campuses. Today's spending parity indicates a dramatic shift in the state's priorities, from an open-door policy for higher education to an open-door policy for incarceration (Baum 94).

Political leaders, taking a tough-on-crime stance, are unwilling to shorten or eliminate prison terms for nonviolent crimes. "Since 1970, the states prison (CDC) population has nearly tripled, while the rate of violent crime has more than doubled. California taxpayers are

paying to imprison 75,000 nonviolent criminals, at the expense of the state's higher education system" (Baum 94).

In a time of fiscal crisis and increasingly limited discretionary spending, such vast increases in prison spending will necessarily threaten both the quality and availability of higher education in California. "For example, since fiscal 1983/'84, while there has been an astonishing 169% increase in the number of correctional employees, there has been an 8.7% reduction in the number of higher educational employees" (Baum 94).

In a Los Angeles Times article (10/16/94) a series of statements are introduced about what tax money has bought for the citizens of California. Foremost is that California has the nations biggest and most expensive prisons. Each of these prison complexes houses 4,000 inmates and costs \$200 million or more to build. Each one has 8 1/2 miles of razor wire, an arsenal of 337 guns, and a \$2 million computerized alarm system.

"The CDC since 1990 has paid \$17 million on private lawyers to defend itself against inmate and employee suits. This figure is above and beyond the 80 lawyers and paralegals that are assigned by the state attorney generals office to defend the department" (L.A. Times 10/16/94).

### Debt Service

The Los Angeles Times article of 10/16/94, raised questions regarding the way in which the state finances its prison construction. California sells two types of bonds -- traditional voter approved General Obligation Bonds and more complex Lease Revenue Bonds. Voters approved General Obligation Bonds five times between 1982 and 1990 totaling \$2.4 billion. Interest to be paid on these bonds will raise the total to \$4.1 billion. In the early 1980s, however, legislators concluded that voters would not approve all the debt needed to build prisons. So in 1984, legislators changed the law enabling themselves to authorize Lease Revenue Bonds directly in order to build the necessary prisons. The legislature and the two most recent governors approved the sale of \$2.9 billion in Lease Revenue Bonds for prisons. By the time the lease revenue bonds are paid off, the total cost will be \$5.6 billion. These two types of bonds include a total debt service of \$10 billion that the state has committed to pay for prisons over the next 20 years.

The biggest cost in prisons is its supporting salaries: 66.5% of the department's budget. Governor Wilson is proposing to increase correctional employees' salaries again this year by 7.5% at the same time reducing higher education staff by 1.1% (968). Overall, each of

the state's departments -- other than Corrections -- will lose 3,058 employees this year. The corrections department, however, will add 2,879 staff. Perhaps even more remarkable is the increase in the number of correctional employees since fiscal 1983/1984 (25,864). This substantially exceeds the increase in the number of all other state employees, combined (15,989) (Baum 1994).

The reality between the allocation of finite resources and every agency receiving an equal proportionate amount is that some agencies will have increased levels of funding, while other agencies will receive deeper funding cut backs. This is the reality of the Department of Corrections.

Incarceration alone will not solve the crisis, prevention and rehabilitation have to be given a greater priority. The hard core inmate population which the Department of Corrections handles, is not the population that ceases the lifestyle associated with drugs and crime just by being locked up. For the majority of this population, upon release from prison they tend to re-engage themselves in their previous patterns of behavior, thereby perpetuating the revolving door syndrome.

Realistic solutions to the drug abuse problem have to be addressed and developed through healthcare programs including effective substance abuse treatment programs, and the expedient quick fix have to be discarded. The

reality of this situation is that prisons alone, have not worked for the drug addicted. Yet, communities view the building of more prisons as the solution to the drug epidemic.

Drug abuse and treatment has to be the focal point, not the criminal behavior. Therefore the consumption of drugs has to be modified and the criminal lifestyle will be altered, including the stopping of drug availability within the prison walls.

### Medical Expenses

The inmate population in California and across the United States is exploding. Taxing the prison facilities and system are: violence, labor disputes and a growing number of ill inmates. "There are approximately 200 state prisoners who receive acute hospital level care in California prisons or at nearby hospitals per month. More than 1,000 other inmates receive long-term nursing care behind bars. Another 3,000 inmates are being treated for acute mental illnesses" (L.A. Times 10/19/94).

"Inmates with disabilities include amputees, paraplegics and the blind. Some are debilitated by strokes or by AIDS, heart disease or old age. They are the most expensive and burdensome of the CDC's inmate population. Under "three strikes" the numbers of inmates with serious disabilities are expected to increase as the prison

population mushrooms and grows older" (L.A. Times 10/19/94).

Growing numbers of inmates arrive with communicable diseases. Nearly one-fourth of the new inmates have the tuberculosis virus--adding millions in costs and raising fears that workers will contract disease. In 1993 the CDC settled nine medical malpractice cases at a cost of \$1.8 million.

One in five inmates has some mental illness or brain damage. The CDC has lost initial rounds in two class action lawsuits over the care of mentally ill prisoners. The cost of complying with this court order will add tens of millions of dollars to the departments' annual budget.

Although a third of its employees are women, the department has a history of sexual discrimination, receiving more complaints and paying out more in damages --- \$2.2 million --- than any other state agency in the 1990s. In August, the CDC lost a \$1.3-million sexual harassment judgment, but it is appealing. CDC officials are trying to solve the problem by spending \$1.6 million on training and investigations of sexual harassment claims (L.A. Times 10/19/94).

California spends more on prisoner's health care -- \$372 million -- than 36 states spend on their entire prison budgets. The cost will mount quickly as more prisoners serve longer sentences and some prisons become "essentially retirement communities," so said Norman Carlson, former head of the Federal Board of Parole and a professor at the University of Minnesota.

The medical system includes a new 75 bed, \$17 million hospital at Corcoran State Prison, hospitals at three older prisons, and contracts with community hospitals close to each of the prisons.

CDC officials say 1,153 inmates are known to carry the human immunodeficiency virus (HIV-the virus that is known to cause AIDS). A random study by the state Department of Health Services in 1988 found that 2.5% of the men and 3.1% of the women entering prison have the virus. If that number is accurate, the prison system now has more than 3,100 inmates with the virus. One fourth of the inmates are suspected of carrying the TB virus, and roughly 100 inmates a year come down with TB. Still, treatment costs exceed \$1 million a year (L.A. Times 10/19/94).

In 1993 the California Department of Corrections reported that 11% of the men and 15% of the women in prison had serious mental disorders. The study recommended construction of new wards and renovation of old cellblocks for an estimated 18,000 mentally ill inmates, as well as the hiring of 520 medical and mental health staff. "The total added cost will be \$122 million -- plus the \$68 million already being spent on mentally ill inmates. The department began funding these improvements last year" (L.A. Times 10/19/94).



### Three Strikes

"Under "three strikes" law (mandating longer term sentences for repeat offenders), terms for many second-time felons will double. Many three strikes inmates will be sentenced to 25 years to life. Time off for good behavior will be slashed. As a result, California Department of Corrections officials estimate that the population living behind bars will surpass 230,000 by the turn of the century --- about 100,000 more than today's total. This would indicate that another 25 new prisons will be needed, including another one just for women. That would give California 58 prisons, plus several minimum security work camps" (Baum 1994). According to Noah Baum (1994), "high security federal prisons cost \$28,000 per cell less than the \$113,000 per cell that California spends."

This parity will not last. California's prison population, which has already more than quadrupled since 1980, will continue to grow well into the next millennium. Even before the new 'three strikes' legislation, the California Department of Corrections predicted that its 1999 prison population would be more than seven times what it was in 1980. Now the California Department of Corrections reports that three strikes will increase this number by more than half again (95,697 additional

prisoners in the year 2000/01). "The CDC estimates that at full impact, 'three strikes' will add a whopping 275,621 additional inmates and increase annual costs by \$6.7 billion (including construction costs and debt service on bonds). According to the California Department of Corrections, 'three strikes' will require the construction of at least 20 prisons in addition to the dozen already in process" (Baum 94).

"The states' crime rate has remained relatively stable, jumping about 11 % since 1971, while incarcerations have increased 300 %" (O.C. Register 10/23/94).

The Lowe report considers the significant factors associated with the explosive growth in the prison population over these years. The most important of these factors was substance abuse.

"Over the nine year period of 1983 to 1992, the percentage of total inmates newly received from court with commitments for specific drug offenses increased from 10.9 % to 35.9 %. A population census count as of December 31, 1983 indicated that 7.1% of the inmates had been committed for drug offenses, compared to 24.1 % as of November 1, 1993" (Lowe 1994).

Another factor related to drug use and the corresponding increase in prison population is the return of drug using felons to prison for drug-related crimes.

"The institution population was further strained by the large numbers of parolees who were returned to prison because of involvement with drugs. In 1990, drugs either caused or contributed to slightly over half of the returns to custody." (Lowe, 1994)

On one side is the Justice and Legislative branches of government demanding ever-stiffer prison terms for drug-using felons. On the other is the decreasing available space and the increasing cost for housing these inmates.

"One major statewide response to the prison population growth problem was to build more prisons. The CDC now has 29 state prisons, compared to 8 in 1983. Also, as of December 1, 1994 the CDC had 37,484 staff, approximately 59% of whom are sworn peace officers. The total budget for the fiscal year 1993/94 is \$2.7 billion" (Lowe 1994). (The fiscal budget for 1994/95 is \$3.1 billion.)

## CHAPTER 2

### THE LINK BETWEEN CRIME AND DRUGS

Throughout the nation and especially in California the problem of substance abuse is overloading every aspect of the Criminal Justice System. Court calendars are becoming unmanageable with an ever increasing backlogs of cases. Prisons, jails and juvenile facilities, with their supporting probation and parole caseloads are exploding beyond their intended caseloads. The entire criminal justice system is being inundated with defendants, probationers, inmates, and parolees and is bursting at the seams. Much of this is due to the failure of a definitive substance abuse policy. The California Department of Corrections is operating its prisons at 180% over designed capacity (CDC Facts, December 1, 1994). In more densely populated counties, the Sheriff's offices are releasing inmates before the end of their sentences to counter the effects of overcrowding, and to comply with court mandated maximum inmate levels. Turning drug abusers back to the streets to continue their sickness and commit crimes to support it.

A Department of Justice (DOJ) survey examined murders and a linkage with substance abuse. The survey reported that:

the deaths of 35% of men and 21% of women involved illegitimate activities or drugs. Three-quarters of murder defendants and slightly less than half of murder victims (44%) had been arrested or convicted in the past. In 83% of cases with a victim with a previous arrest, the defendant also had a prior arrest. African Americans more often than caucasians were victims in circumstances associated with illegitimate business or drugs (U.S. Department of Justice, 1988).

Another DOJ survey (1992) reported on the relationship between drug use and criminal actions. In 1991, victims of violent crimes reported that the perpetrators were under the influence of drugs or alcohol in 35% of the cases. The survey depicts drug use at the time of the offense:

Jail inmates convicted of drug offenses most frequently reported having been under the influence of drugs at the time of their offense (39%), followed by burglars (38%), and robbers (36%). In 1986, 54% of all state prison inmates reported that they were under the influence of drugs or alcohol or both at the time they committed the offense for which they were currently sentenced.

There was some mention of the composition of violent offenders in state prisons:

- 26% of offenders using drugs victimized someone also using drugs
- 40% of offenders who were drinking victimized someone drinking
- 17% of offenders who were drinking and using drugs victimized someone drinking and using drugs

- Nearly 40% of the youth incarcerated in the long-term, state operated facilities in 1987 said they were under the influence of drugs at the time of their offense (DOJ, 1992)

The Department of Justice Survey also reports prior drug use by criminal offenders. It identifies that 77% of jail inmates, 79.6% of state prisoners and 82.7% of the youth in long-term facilities used drugs at some point in their lives. For state prisoners who used drugs, the median age at which they began to use any drug was 15. The average age for use of a 'major' drug was 17, and use of a major drug regularly was 18 (major drugs: heroin, cocaine, methadone, etc.). "More than half the state prisoners who had ever used a major drug reported that they had not done so until after their first arrest. Nearly 60% of those that had used a major drug regularly said such use began after their first arrest" (DOJ, 1992).

An interesting aside has to deal with youthful offenders. The survey found that

. . . almost 83% of youth in long-term juvenile facilities in 1987 reported the use of an illegal drug in the past, and 63% had used an illegal drug on a regular basis. The most commonly mentioned drugs were marijuana, cocaine, and amphetamines. Among the drug-using youth 19% said they first used drugs before age 10; 38% reported their first use before age 12. (DOJ, 1992).

The Department of Justice Survey (1992) highlighted the growing trends within correctional populations. It

found that drug offenders in state prisons increased 144%, from 6% of the general population in 1979 to 22% of the population in 1991. The proportion of drug offenders in local jails increased 147% between 1983 and 1989. Drug law violators made up a growing share of the Federal prison population: 22% in 1980, 34% in 1986 and 58% of all inmates at the end of calendar 1991 (DOJ 1992).

The survey examined recidivism of drug law violators, and found that of 27,000 drug offenders in 1986, 49% were rearrested for a felony offense within 3 years of sentencing. Also, of all probationers rearrested within the 3 year period, 1 out of 3 were arrested for a drug offense. It also found that drug abusers were more likely to be re-arrested than non-abusers (DOJ, 1992).

\* The California Commission on Crime Control and Violence Prevention presented some findings regarding the relationship between drugs and violence.

\* "Drugs, including alcohol, are clearly associated with violent behavior. The pharmacological properties of depressant drugs (for example, barbiturates, alcohol) are highly conducive to violence. When combined with other factors such as frequent, high-dosage use, personality inadequacies (i.e., poor ego functioning, rigid over controlled ego), and a volatile environmental setting, these drugs are highly correlated with violent behavior"

(Tinklenberg 1970). Concerning alcohol and violent behavior, the evidence shows:

- Alcohol is highly correlated with violence; it is present in up to 2/3 of all violent situations (Wolfgang 1958, Roizen 1977).
- Medium dosage levels of alcohol are most related to violence. Small amounts of alcohol appear to produce a tranquil effect, while larger doses render the drinker physically incapable of assaultive action (Roizen 1977, Taylor 1976).
- A drinker is most likely to act violently at the end of an evening of drinking as the intoxicating effects begin to wear off (Tinklenberg 1970).
- The pharmacological properties of amphetamine use are more commonly associated with bizarre, 'unexplainable' acts of violence (e.g., where the victim has been stabbed dozens of times). (Tinklenberg 1970).

Violence is frequently associated with the illegal procurement, sale or possession of all drugs. Drug users are frequently involved in burglaries, robberies and other thefts to obtain money, goods or drugs to support their addiction.

Another indicator of the crime and drug inter-relationship comes from the Drug Use Forecasting program (DUF). The DUF program finds that over 80% of new arrestees in metropolitan jails test positive for recent drug use (DUF, 1990). A later DUF survey (1992) reveals that a sample of males arrested in 24 U.S. cities in 1991, the percentage of these men testing positive for any drug



ranged from 36% in Omaha to 75% in San Diego. Among the 21 cities reporting data on female arrestees, the percentage of females testing positive for any drug ranged from 45% in San Antonio to 79% in Cleveland. The research at DUF by Anglin and Speckart shows strong correlation between drug use and crime. This research stands to prove that drug use increases the likelihood of involvement in criminal activities and, therefore, involvement in the criminal justice system (Anglin & Speckart 1984).

Lowe (CDC 1993) discusses a flaw in the process of collecting data for accurate trends in substance abuse. One of the delimiting factors is that when convicted, inmates are usually sentenced on the one offense which carries the longer sentence. When an inmate arrives at the CDC, a computerized record indicates only the crime with the longest sentence. Therefore, an inmate with a history of substance abuse, but with a presenting case of burglary is likely identified as a burglar and not as a substance abuser.

### **Drug and Alcohol History Survey**

To address this masking of the true picture, the CDC began to implement a special survey specific to substance abusers. The Drug and Alcohol History Survey (DAHS) began its survey by careful consideration of each new admission. The survey revealed some dramatic trends. What the

employees in the CDC assumed about the numbers of substance abusers was now confirmed.

Table 2  
Percent of Total California Department of Corrections  
Inmates with Drug Commitment Offenses

<u>Year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>All</u>
1992	109,496	23.1%	35.9%	23.9%
1991	101,808	23.6%	38.3%	24.5%
1990	97,309	25.0%	39.4%	26.0%
1989	87,297	24.7%	37.9%	25.7%
1988	76,171	21.4%	31.0%	22.0%

Table 3  
California Department of  
Corrections  
Commitments for Drug Offenses  
(Ethnicity)

African-American/Black	25.1%
Hispanic-Latino	29.2%
White	17.2%
Other	20.0%

Table 4  
Percent of New  
Admissions to California  
Department of  
Corrections with Alcohol  
Abuse History (by  
Gender)  
(% of Total)

<u>Year</u>	<u>Male</u>	<u>Female</u>
1990	39.0%	23.6%
1989	41.2	21.4
1988	35.6	17.8

Table 5  
Percentage of New  
Admissions to  
California Department  
of Corrections with  
Known Drug History by  
Gender  
(% of Total)

Year	Male	Female
1990	77.2%	82.6%
1989	77.9%	83.3%
1988	76.1%	82.4%

Table 6  
Percent of California Department of  
Corrections Parolees with Drug  
Commitment Offenses  
(by Gender)  
(% of Total)

Year	Total	Male	Female	All
1991	77,121	32.3%	43.0%	33.4%
1990	35,420	32.8	40.0	32.8
1989	56,756	29.0	34.0	29.4
1988	48,427	24.7	30.0	25.2

(Source-CDC, Prisoners and Parolees  
1988-1991. Offender Based  
Information System (OBIS))

### Discussion of DAHS

Examining the preceding graphs and using the variables of commitment offense compared with the Historical Survey Data, the resulting figures are widely disparate. Examining Table 2 and using commitment offense as a reference, the evidence is that approximately one-fourth of total commitments were from drug related offenses. Table 6 illustrates the ever increasing trend of parolees with drug offenses, which shows almost a 118% increase of parolees getting released to the community.

The survey represents the historical data that the CDC was able to capture and present. Since 1988 the CDC began collecting data about inmates' substance history. Table 5 shows how the historical data aligns with reality. Slightly over three-quarters of the new admissions of males were positive for a history of substance abuse at the time of commitment. The figure for new admissions of women with substance use history is an average of 82.8%. Which means that under the custodial care of the California Department of Corrections almost 80% of the inmates are substance abusers and that ratio has held steady for several years.

For its purposes the CDC has defined "abuse" as non-social use, which includes the status of being 'under the influence' at the time the offense was committed. Table 4 shows that the average for both groups with a history of alcohol abuse is males at 38.6% and females at 20.9%.

### **Historical Trends**

Historical trend data from the California Department of Corrections show the current situation. This information is from the California Department of Corrections (April 1992) and covers a span of 20 years (from 1971-1991). "The institution population grew from 20,294 inmates in 1971 to 101,808 inmates in 1991.

This figure represents a 500% increase in population. The racial and ethnic composition of the population was addressed also. "White male inmates dropped from 51% of the male institution population in 1971 to 29% in 1991. Most of the shift in racial composition was related to an increase in the percentage of Hispanic (Mexican) inmates which went from 17% to 32% (CDC 1992).

The issue of inmates who return after a parole violation was also addressed. "The number of parole violators returned to prison increased from 2,396 in 1971 to 57,344 in 1991. From 1971 through 1980, the number of parole violators returned to prison each year remained under 3,000. They then began to increase rapidly each year" (CDC April 1992).

From the same report comes a discussion about the number of admissions and return admissions. Here, the CDC illustrates that from 1975-1983 new admissions made up over 75% of the male population, that Parole Violators-Return To Custody (PV-RTC) accounted for less than 5% (CDC 1992).

Since then (1983), the percentage of new admissions in the institution population has decreased falling to 62% in 1991. In contrast, the percentage of PV-RTC and pending revocation inmates increased to a high of 16% in 1988. The percentage then dropped to 12% at the end of 1991. The percentage of Parole Violators-With New Terms (PV-WNTs) began to steadily increase in the 1980's going from 5% in 1980 to 19% at the end of 1991 (CDC April 1992).

These figures do not include new admits who have completed and been discharged off parole or inmates on parole from another state. What is clear, however, is that 31% of those on parole were returned to prison. Further, the formula that new admissions (62%), plus Parole Violators returning to custody (31%) equals 93% of new inmates. (There is 7% that is not accounted for.)

Another part of this study is the felon parole and civil narcotic population. The study addresses :

the growth in the felon parole and Civil Narcotic Addict (CNA) outpatient population from 21,159 in 1971 to 82,164 in 1991 (a 388% increase). From 1971 through 1982, the population fluctuated from year-to-year. In 1983, the parole/outpatient population began to increase significantly each year. In 1991 alone it increased by over 12,000 (CDC April 1992).

As of April 16, 1995, this category has increased to 90,295 (CDC, Weekly Report, April 16, 1995). When compared with 21,159 in 1971 to the 90,295 in 1995 there is a growth rate of over 427% for this category. Even more alarming is that within the last 4 years, there is a 110% increase (total: 82,164 inmates).

#### Blue Ribbon Commission

California State Senator Robert Presley is responsible for legislation establishing a Blue Ribbon Commission on Inmate Population Management. "The

Commission was established to examine prison and jail population projections, study options for criminal punishment, and make recommendations to the Governor and Legislature on the problems of prison overcrowding and escalating costs" (Blue Ribbon Commission, Final Report 1990).

Prison and jail crowding has been the criminal justice issue of the 1980's nationally as well as throughout California. The reasons for this population explosion are neither simple nor surprising. The public has continued to show its intolerance for criminal behavior by demanding harsher sentences. The impact of drugs and gangs and the violence spawned by disputes over sales and territories have also contributed to the exponential increase in the number of individuals in confinement. The tougher attitude of the public legislators and law enforcement toward crime and the continued willingness to approve funds to build and operate new facilities may very well extend these trends into the twenty-first century.

This tougher attitude was the response to the drug epidemic, also, the system began to enact rules and regulations that compounded the overcrowding in the prisons.

While crime and arrest rates ultimately affect prison populations, there are several other policy and legislative factors which have a more direct impact on the number of individuals who are incarcerated including sentencing, average length of stay in the institution, and parole failures that result in return to prison. Thus, the numbers incarcerated in our prisons today would appear to be as much or more the function of policies and practices in our criminal justice system as opposed to increases in crime and arrest rates.

From this report one of its major findings were:

The relationship between public safety, recidivism and drug abuse is undeniable and significant. Drug and alcohol abuse is a major contributor to the increase in parole violators and new commitments to CDC, CYA and local corrections. However, CDC has very few drug and alcohol treatment programs in its prisons, or available to parolees to intervene with this major contributor to criminality. There is presently no legislative mandate nor adequate resources for the corrections systems to do anything significant with substance abusers while they are confined.

A major recommendation was:

The Commission recommends that the CDC, CYA, the Board of Corrections and local correctional agencies should immediately develop and implement a state and local corrections substance abuse strategy to systematically and aggressively deal with substance abusing offenders while they are under correctional supervision, because this is perhaps the most significant contributing factor to prison and jail overcrowding (Blue Ribbon Commission, Final Report 1990).

The natural conclusion is that substance abusers need treatment. Since the CDC has the highest concentration of substance abusers in the state and they are not receiving treatment, all indications and facts prove they will continue to be guests of the CDC at the taxpayers' expense. Treatment is not meant to replace the punitive aspects of criminal sentencing. However, when combined with the punitive, treatment modes are very effective and have better outcomes than the punitive alone.



**CHAPTER 3**  
**CALIFORNIA DEPARTMENT OF CORRECTIONS PROGRAMS AND POLICIES**

A fundamental belief held by society as well as the criminal justice system is that substance abusers who commit crimes deserve punishment. An unspoken premise of that belief is that everyone who commits a crime and is found guilty should be punished. The proposition itself is a sound one. This paper does not advocate that criminals should escape the consequences for their actions. The notion of 'consequence' is well established within the rule of law. Anthropologists have discovered that primitive societies had mores that, when violated, carried severe consequences. History is replete with references to punishments ranging from lashing, jail, debtor's prison, branding, stoning, mutilation and various means of slow and painful death. The intent of these punishments is to deter subsequent criminal behavior. If the deterring nature of punishment is failing to reduce the offending behavior, there exists a need to pursue additional modes of dealing with problems, including drug treatment.

### Solutions and Recommendations

Most current research in criminal justice clearly demonstrate a link between illicit drug abuse and crime. If these two behaviors and their consequences did not overlap then drug abuse and substance dependency problems would be strictly health-specific issue, and could conceivably be handled by the Center for Disease Control and Prevention and related state and local agencies. This drug epidemic could be confronted based on pure medical treatment. However, since crime and substance abuse do overlap, the criminal aspects have taken priority. It is the criminal justice system that has been strapped for the solution. The solution in this case seems to be that punishment is not aimed at solving the problem of substance abuse, but serves as an option. To remove the criminal from the society provides for a quick, albeit false sense of security.

The evidence is clear. There is objective proof that a solution to the problem has yet to be implemented. Crime and drug abuse go hand-in-hand, because of the huge number of returning and new inmates with drug-related crimes, and the problem is only growing in severity. Punishment alone is not deterring drug-related criminal behavior. The criminal justice system itself is reinforcing the premise that punishment alone is not

working by their total reliance on incarceration. What Lipton, et al. (1975) stated 20 years ago -- and the statement is entirely relevant today, is that "the field of corrections has not as yet found satisfactory ways to reduce recidivism by significant amounts. " Law enforcement agencies across the nation have implemented programs to educate the communities they serve. Programs such as Neighborhood Watch and DARE (Drug Abuse Resistance Education) aim at teaching communities to be more alert and not provide easy opportunities for criminals to burglarize or rob. Community policing is having a renaissance in urban areas. The intention of these activities are to help protect the community, and thereby reduce the opportunity for criminals to commit crime.

#### **Solutions and Recommendations at the Federal Level**

If the Surgeon General had the sole responsibility for curbing substance abuse a new approach might resemble what is being used for alcohol, tobacco and AIDS education programs. Such a plan, if implemented from the federal level, would flow down through the layers of government to local control and there would be cadres of specialists attacking all the aspects of the illicit drug problem (People are already experiencing this kind of social control when, for example, it is becoming harder for a smoker to smoke cigarettes in the workplace, restaurants

or in public buildings). The programs for curbing alcohol and tobacco use were implemented as a direct result of the enormous burdens placed on the health care industry because of people abusing these two chemicals. An attractive financial incentive for insurance plans to support smoking cessation and alcohol awareness because of the increase in cancer, heart attacks, sick days, and surgeries among the smoking and drinking population for which the insurance companies had to compensate.

Punishment alone does not and will not work with the majority of addicts. Educational programs are for those people who can respond to that method for change. A program of intensive drug treatment and rehabilitation is for those hard core addicts who need education in a more intensive setting. These hard core people who have demonstrated the hardest time changing their substance abusing life style. Substance abusers because of their repeated and violent behavior, may need temporary removal from society. If the intent behind punishment alone for drug-abusing criminals was successful, our criminal justice system would not be overcrowded and strapped to its limits. There would be a corresponding decrease of the population in overcrowded prisons, jails, probation caseloads would lessen and an easing of the backlog in the court system would occur.

### The Sentencing Structure

It is a given, that the abuse of drugs and its correspondent link with criminal behavior is the major factor contributing to the massive overcrowding in the criminal justice system. However, some other factors that add to this overcrowding are internal aspects of the criminal justice system (e.g., the sentencing structure for the State of California).

The Indeterminate Sentencing Law (ISL) had been in effect from 1918 through 1977. Felons used to be sentenced to a range of time based on their crime. For example, a burglar with only one conviction could be sentenced to a term of 10 years to life. Each case was evaluated by the Adult Authority that had unilateral power to set terms. The members of this Authority were independent of the Justice and Criminal systems and did not have to explain how it arrived at its decisions. The ISL became known as the 'rehabilitation model' because decisions were based upon the Authority's projection of how much time would be required to "change" the behavior of each inmate. Though it was designed to fit the punishment to the crime, the inmates' behavior was an extremely important contributing factor in their decision. In its latter days, the ISL began to experience tremendous opposition. Some of the claims against the ISL and, by

direct association the Adult Authority, were that prison terms were established subjectively and, by nature, were therefore unfair. An example of this would be that for the same crime two convicted criminals could be assigned two dramatically different terms. Accusations of racism began to emerge. Additionally, the Adult Authority had the power to release whole segments of criminals to reduce prison overcrowding. The California Supreme Court also supported the growing opposition toward the ISL when it found "the Authority lacked standardized guidelines and was not making good decisions that were well linked to individual cases" (In re Rodriguez 1975).

The Determinate Sentencing Act was the Legislature's answer to this problem. The Act stripped away from the Adult Authority the responsibility of setting precise sentences. The Legislature established uniformity of sentencing for each crime. The structure was designed to give concrete (detering) notice to offenders and their families, prosecutors, defense attorneys, judges and victims that sentencing would be based on specific guidelines.

The new sentencing structure set up four offense groupings. Each grouping had an increase in the severity of punishment that corresponded to the seriousness of the offense. Within each grouping were three possible terms called a 'triad' for each offense. For instance, one

triad consisted of terms from 16 months, 2 years or 3 years, with the middle term (2 years) as the indicated sentence unless circumstances warranted a change. Limited flexibility was granted to a sentencing judge. A judge could impose the lower term only if mitigating conditions existed and the higher term if there were specified aggravating circumstances.

When it passed the Legislature, the Determinate Sentencing Act explicitly abandoned the long-standing purpose of prison as rehabilitative and instead established punishment as the stated goal. "There was no evidence that the state of the sciences enabled anyone to diagnose a criminal's crime-causing problem, treat it, cure it or predict non-repetition," said the act's drafters in a subsequent law review article. (Parnas et al. 1978).

The drafters also intended that the Act would:

- Help the Legislature resist piecemeal changes in sentencing
- Reduce sentencing appeals
- Decrease the number of parolees rearrested and returned to prison
- Decrease the parole agent's caseload

The Act left in place Indeterminate Sentencing for the most violent and serious crimes including murder, kidnapping for ransom, extortion or robbery.

Responsibility for setting terms for these serious cases was given to the Commissioners of the newly created Board of Prison Terms. This Board, whose membership is by appointment of the Governor, was given further authority to rule on parole violations.

The impact of the Determinate Sentencing Act, which is still followed today, is felt throughout the criminal justice system and at all levels of jurisprudence. Legislation is constantly enacted and revised which mandates specific prison sentences for crimes. This has the effect of sending more ever more offenders to state prisons (The Little Hoover Commission).

An example of the difference attributed to the current sentencing policies is persuasive. In 1975 (before the Determinate Sentencing Act), courts were sentencing 40% of felons to probation with a short jail term preceding, and 5% were sent direct to state prison. In 1992 those figures had increased to 61% probation with a short jail term and 22% straight to prison. (California Department of Justice, 1992.)

When the Determinate Sentencing Act was created, it seemed fairly straight forward. Since its implementation, however, it has become more cumbersome and complex. The triads have been enhanced and there are some 80 separate statutes which can enhance the terms. Also, the range in the sentencing statutes for substance abuse is a wide one.



"A first time offender of a drunken driving offense in California faces a \$390 fine while a first-time offender charged with drug possession faces up to three years in state prison and a \$20,000 fine. On a second offense, the drunken driver could get 48 hours to 10 days in the county jail and a \$375 fine while the drug offender could face from three to six years in state prison (Shine, et al 1993.).

Shine (1993) found that drunken drivers were directly responsible for an estimated 22,000 deaths in the United States annually. At the same time, there were 21,000 deaths due to drug related activities. The conclusion is that the two substances were comparable in loss of life and should therefore be handled similarly.

The disparity becomes very clear when the sentences for possession of drugs for sale are examined:

- Possession of methamphetamine for sale - 16 months, two or three years
- Possession of powdered cocaine for sale - two, three or four years
- Possession of rock cocaine for sale - three, four or five years (Little Hoover Commission)

#### **California Department of Corrections' Programs**

In a 1989 special report to the Legislature, the California Department of Corrections addressed some issues

that faced the department and substance abusing inmates.

They identified the need to:

- identify the number of inmates needing substance abuse treatment and education programs
- outline the components of treatment programs in jails and prisons
- implement the programs and identify specific costs

The following is from the Executive Summary section of that special report:

#### The Problem

The Department of Corrections recognizes the clear relationship which exists between substance abuse and public safety. The following identifies the significant impact substance has had on the CDC population:

In 1987, 29.5% of all felony arrests in California were for drug law violations, up from 17.7% in 1982.

Those committed to state prison for drug law violations increased from 2,150 in 1980 to 16,676 in 1988.

In 1988, approximately 18,700 parole violators were returned to the Department of Corrections for drug abuse related charges. This represents 56% of all parole violators returned to custody.

On June 30, 1989, there were 19,908 inmates in California prisons with drug abuse related commitments. On December 31, 1984, there were 3,890.

A representative sample of new felon admissions during 1988 indicated that 76% of

29,551 new commitments had a history of substance abuse.

### Philosophy and Principles

The California Department of Corrections believes that timely substance abuse education and early intervention and treatment services to inmates and parolees are effective strategies for assisting these individuals in their recovery from addiction. The Department further believes that education, intervention and treatment must be based on a program model which attempts to prepare the offender for successfully re-integrating into the community and must be conducted in an environment which is drug free and offers respect and integrity for both the offender and staff. Successful re-integration into the community depends on the development of a sense of accountability by the individual offender. Accountability can be developed through the maintenance of high program standards and expectations, prompt consequences for unacceptable behavior, and recognition for positive change.

Another excerpt from the same report states:

Research in the field of corrections provides ample evidence that substance abuse treatment services for offenders are effective strategies for reducing drug use and other types of criminal behavior. Studies emphasize, however, that drug addiction (including addiction to alcohol) is a chronic relapsing condition that is highly resistant to rehabilitation. Because of this, for treatment to be effective, the offender must be involved in services for a long period. Criminal justice sanctions have proven to be very effective in bringing (and keeping) many substance abusing offenders into treatment who might not have otherwise done so. This plan provides a systematic approach for providing necessary

long-term and a sustained treatment program  
(Report to the Legislature, 1989).

The initial element of the CDC's plan is the identification of inmates and parolees with substance abuse problems. Wish (1986) states, "because drug abusing offenders account for a disproportionate share of all crime, a policy that focuses upon identifying drug abusing offenders and applying appropriate interventions has promise for producing a substantial impact on community crime and the overburdened criminal justice system. " Wish has proven "addicted offenders are equally likely to commit both drug and non-drug crimes at high rates." Another investigation by Chaiken and Chaiken (1984) reveals, "Violent predators, the most criminally active class of incarcerated persons, were distinguishable by their histories of juvenile drug abuse and adult heroin habits." (In 1984 when Chaiken and Chaiken published their report, crack cocaine was not as popular nor was it directly connected to violent crimes as it is today.)

Within this same report is an action statement from the CDC.

The Department plans to implement methods to accurately assess the degree of substance abuse involvement among individual inmates and parolees. This assessment would be used to match the individual with appropriate substance abuse treatment and education services. The design of these methods must reflect the personal characteristics which impede an individual's ability to function

at an acceptable social level. These factors include inadequacy, immaturity, dependence, social skills, educational development, vocational maladjustment, cognitive deficiency, compulsive pathology, organic pathology, anti-social attitudes, criminal career commitment, catalytic impulsivity, habitual impulsivity, asocial attitudes, and, notably, substance dependency. The varied nature of this inventory requires utilization of assessment methods which blend the items within this spectrum into an indicator of treatment and educational need as well as the degree of intervention required to effect behavioral change.

An examination of the different types of programs that the CDC currently offers for the substance abusing inmate within the institutions would be appropriate. A CDC Drug and Alcohol Services Survey from November 1992 identified seven types of programs:

- Treatment, Intensive and other
- Civil Addict Program
- Self-Help Programs
- Drug and Alcohol Education, Intensive and Less Intensive Education
- Drug and Alcohol Prevention and Outreach
- Assessment and Referral
- Urine Testing

The total number of inmates counted for the survey was 10,889. The survey is a "point-prevalence" survey, which means that during the week the survey was conducted

there may have been a duplicate count (that is, an inmate may have been in more than one activity). The survey found that a total of 264 activities were available within the system with self-help groups making up over 53% of these services. (Survey note: regarding the civil addict double count 441 and 67 that have been subtracted out.)

### **Definition of Substance Abuse Treatment Services**

**Treatment:** To be classified as a treatment program, the program must be for inmates with a known substance abuse problem and the program must address substance abuse issues for specific individuals. Inmates may or may not reside in dedicated housing. The programs vary in content and length.

**Intensive Treatment:** These programs are more comprehensive and of longer duration. Program participants are housed together in a dedicated housing area.

**Other Treatment:** Program content and length of programs vary. Programs include the methadone maintenance program for pregnant addicts at the California Institution for Women and Substance Abuse Treatment Control Units (SATCUs) at seven state institutions.

**Civil Addict Program:** Civil addicts are committed by the courts for an indeterminate period.

**Self-Help Programs:** These programs consist of groups such as Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous are independent support groups or fellowship organizations for substance abusers. The purpose of the groups is to achieve and maintain abstinence from drugs and to assist with developing coping skills apart from illicit drugs and alcohol. Services are generally provided by volunteers. The majority of these groups are 12-step groups.

**Drug and Alcohol Education:** Substance Abuse education is included as a special module in a regular education or vocational curriculum. Intensive education generally involves a special curriculum for inmates identified as having substance history or related problems.

**Education:** Classes include pre-release education to inmates scheduled for parole. There is also some drug and alcohol education included within the general education courses.

**Intensive Education:** This program specifically targets the needs of inmates that have been identified as substance abusers. Programs included:

<u>Program Name</u>	<u>Number</u>
Life plan for Recovery	4
Amer-i-can	2
Intensive Pre-release	4
Life Skills	3
Right to Life Recovery	2
Project Change	1
Substance Abuse Counseling Center	1
Substance Abuse Victory Education	1
Victims Awareness	1
Driving-Under-the-Influence	1

**Drug and Alcohol Prevention/Outreach:** Inmates meet with school youth with youth-at-risk, victims of crimes and with community members to discuss the effects of crime, including substance abuse, on their lives. In some programs inmates go out into the community, most frequently to schools. When higher security level inmates participate, members of the community, such as high-risk-youth, come to the institution. Along with deterring others from committing crimes, inmates are encouraged to live a drug and crime-free lifestyle. There is also a K-9 component that is involved with detection and prevention. This unit regularly visits schools as a part of drug prevention efforts.

**Urine Testing:** The CDC does not routinely conduct urine testing. By law, there must be reasonable cause (suspicion) before inmates are subjected to urine testing. Pre-conditions for testing are, to protect health



(pregnant addicts), a condition of employment in special settings, and as a result of rule infractions such as possessing or suspicion of using drugs. In addition, inmates who participate in the intensive drug treatment programs agree to random testing as a condition of continued program participation. Testing is mandatory before and after family visiting.

The most frequent type of service provided to inmates was the self-help groups (141), followed by the educational programs (73). Of the 10,889 inmates counted during the survey, 40% were attending self-help groups. The second largest service provided was the Civil Addict Program accounting for 29.6% of those surveyed. Referring to Graph 1 Chapter. 2, the population census for the CDC in 1992 was 109,496. This means that less than 10% of the inmates at the time the survey was taken were involved in some sort of recovery process. What happened to the bulk of the substance abusing inmate population? It would appear that they were languishing in their cells and not involved with any activity that could break the drug-crime cycle.

Table 7  
Number and Percent of Substance Abuse Services and  
Inmates Attending by Type

Type of Service	Programs		Inmates	
	No.	%	No.	%
Total	264	100%	10,889	100%
Education	73	27.7	2,181	20
Intensive	20	7.6%	527	4.8
Less Intensive	53	20.1	1,654	15.2
Treatment	22	8.3	1,002	40.0
Intensive	2	0.8	320	2.9
Other Treatment	20	7.6	682	6.3
Self-Help Groups	141	53.4	4,352	40.0
Felons			3,911	35.9
Civil Addicts			441	4.0
Urine Testing	5	1.9	154	1.4
Outreach/Prevention	19	7.2	385	3.5
Felons			318	2.9
Civil Addicts			67	0.6
Assessment/Referral	2	0.8	103	0.9
Civil Addict	2	0.8	3,220	29.6

Since 1989, the CDC's Office of Substance Abuse Programs (OSAP) began planning and implementing a process to address the issue of substance abuse among its offender population. Five approaches have evolved since that initial period. They are:

1. The Bay Area Services Network (BASN) Project serving six bay area counties;
2. The Prison Project Network (PPN) serving Los Angeles County;
3. The Parolee Partnership Program (PPP) serving San Diego County;
4. The Forever Free Program serving San Bernardino, Riverside, Orange and Los Angeles Counties; and
5. The (Amity) Rightturn Program serving San Diego County(CDC Substance Abuse Treatment, 1993).

The BASN functions as an assessment and placement service for men and women who will be released from prison and placed on parole. The Community Service Coordinators (CSC) interview and assess each inmate and then refer the participant to an established network of local substance abuse providers. These providers offer inmates substance abuse treatment and recovery services for six months. These services could be for either residential or outpatient programs. Each inmate is provided with a list of community services available in each area. Alongside the treatment team, the parole agent has an active role in facilitating the program. The approximate number of contacts is 1,800 per year with 800 participants entering substance abuse recovery services or receiving some other form of treatment.

## CHAPTER 4

### SOLUTIONS AND RECOMMENDATIONS: TREATMENT THAT WORKS

A possible "carrot and stick" approach for substance abusers would be to sentence addicted criminals to prison with their sentence stayed pending successful completion of a long term residential treatment program. The literature demonstrates that long term recovery is more successful when the criminal justice works in tandem, by using the powers of the court to enter a residential treatment program. This leverage has been very successful with hard core substance abusing populations. Pelisser and Owen (1989) examined the Federal Bureau of Prisons (BOP) policy towards substance abuse. Pelisser and Owens explained how from the early 1960's the Bureau of Prisons has had substance abuse programs in its institutions.

The style and format of these programs differ widely because the Bureau of Prisons did not determine the method of delivery. However, at each program site, the goal was the same: to reduce substance abuse among inmates after release. During the 1970's, there was a decline in the number of rehabilitative programs because of dwindling resources. Money had been diverted to support overall security in the institutions. In 1986 the Bureau of Prisons along with the rest of the nation's prisons

recognized the high levels of substance abusing inmates in its custody, but many institutions no longer offered program services because of budget realignments.

The Bureau of Prisons increased resources for programs and mandated that all federal institutions begin to provide some level of rehabilitative programs. Additional Bureau of Prison institutions were targeted to provide more intensive treatment. The Bureau of Prisons developed recommendations for substance abuse treatment based on a Bureau of Prisons sponsored conference in 1988:

- Begin treatment in the early stages of an inmates' incarceration
- Develop a continuum of care
- Provide treatment over a long period, with increasing intensity over time
- Involve inmates in pre-release programming (Pelisser and Owen, 1989)

The conference drew upon the success of Project REFORM, an offender based treatment program in existence for a number of years. The conference attendees suggested a highly structured, hierarchical therapeutic community as being one of the best suited for the hard core offender population.

Peters, et al. (1992), describes how a community would benefit in the short run by imprisoning substance abuse offenders, and how there is no solution to stop a

return to crime and substance abuse. "As an alternative to warehousing drug-involved offenders in jails and prisons, drug treatment programs within the criminal justice system offer an opportunity to reduce recidivism among this population" (Peters et al., 1993) Hubbard, et al. (1989), takes this further and states, "reductions in recidivism due to drug treatment of offenders result in significant crime-related cost savings. Predatory crime was reduced substantially across all modalities of treatment in the study." Simpson, et al., (1982) and NASADAD (1990), show "arrest rates for individuals receiving drug treatment decreased by an average of 74%, and that 63% of the sample remained abstinent for a period of at least three years." A study of the Cornerstone Program found "only 26% returned to prison, as compared to 85% of inmates completing fewer than 60 days in the program." (Field, 1992).

Follow up from the "Stay-N-Out" Program indicates "only 20% of offenders completing the intensive residential program received a parole violation during follow-up, in contrast to 50% of inmates who did not complete treatment" (Wexler et al. 1990). Even with the knowledge that treatment programs affect recidivism rates, decisions are still being made to reduce and not to increase the substance abuse programs.

Peters et al (1992), identified relatively few in-jail programs offering a full range of services to offenders. "Twenty-eight percent of jails reported any type of drug or alcohol treatment, and far fewer (18%) provided ongoing funding for these services. Only 30 of over 1,700 jails surveyed reported a substance abuse treatment program providing more than 10 hours per week of treatment activities" (Peters, et al. 1991 and 1992). Some other problem areas were mentioned in the above reports were. There are very few treatment programs in jails, and follow-up and aftercare planning were spotty and infrequent. "The absence of in-jail drug treatment programs presents a significant problem, particularly in view of the large number of drug-involved inmates who have a history of repeated contact with juvenile and adult detention facilities" (Chaiken, 1989). This exposes one of the dilemmas faced by the criminal justice system: substance-abusers managed only as an issue requiring punishment alone can not and is not the answer. Substance abusers are capable of responding neither to laws nor to their consequences because of their addiction.

Because only a few drug-involved felony offenders are convicted and sent to state prison, the absence of in-jail treatment programs or linkage to community treatment agencies following release from jail means that the vast majority of serious drug abusers return to the streets without gaining additional skills to prevent drug

relapse. With multiple untreated problems associated with drug dependency, these individuals are extremely likely to re-offend and return to jails and prisons. (Wexler, et al. 1988)

George DeLeon (1986), gives a very clear description of a therapeutic community. The therapeutic community modality has been very effective in habilitating hard core substance abusers. The majority of prison based substance abuse programs are considered therapeutic communities.

The TC views drug abuse as a deviant behavior, reflecting impeded personality development and/or chronic deficits in social, educational and economic skills. Its antecedent lie in socio-economic disadvantage, poor family effectiveness and in psychological factors . . . affecting some or all areas of functioning . . . . Thinking may be unrealistic or disorganized; values are confused, nonexistent or antisocial. Psychological dependency is secondary to the wide range of influences which control the individuals drug use behavior. Invariably, problems and situations associated with discomfort become regular signals for resorting to drug use. Thus, the problem is the person not the drug . . . . In the TC's view of recovery, the aim of rehabilitation is global . . . . The primary psychological goal is to change the negative patterns of behavior, thinking and feeling that predispose drug use; the main social goal is to develop a responsible drug free lifestyle. Stable recovery, however, depends upon a successful integration of these social and psychological goals (DeLeon 1986).

Of the roughly 500 drug-free residential treatment centers in the United States, 25% are long-term Therapeutic Communities (TC's). Though diverse in size and clientele served, traditional TC's are

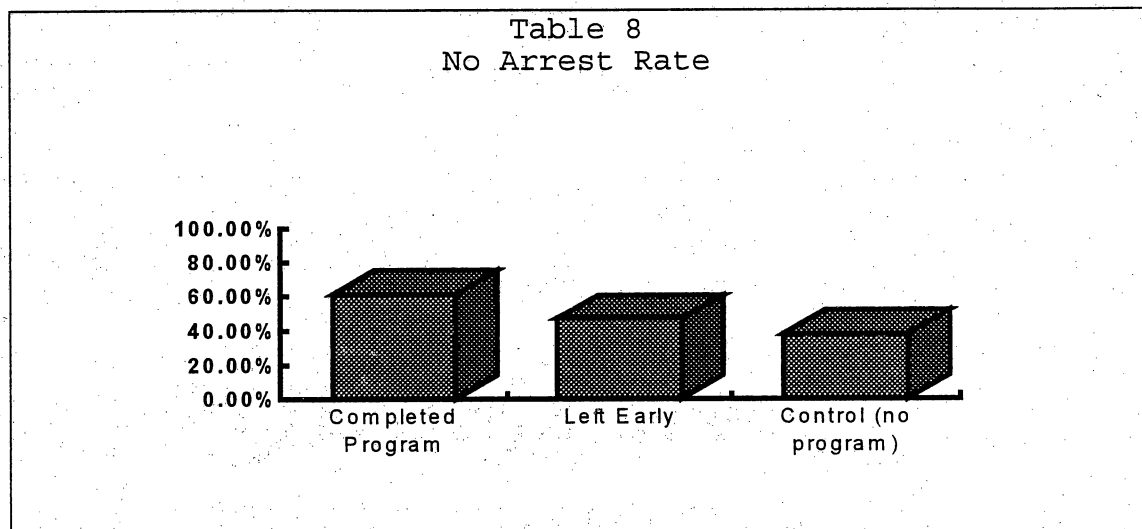


similar in planned duration of treatment (12-24 months), staffing patterns, and rehabilitative regime. Originally evolved for the treatment of opioid addiction, recent TC admissions reveal a wide range of alcohol and other drug problems. The underlying philosophy of these programs is that the recreational drug user is emotionally immature and requires a total immersion in specialized social structure in order to modify chronic destructive behavior patterns. Residents are expected to engage in individual and family therapy as well as frequent encounter group sessions devoted to the mutual criticism of deleterious attitudes and behaviors of the participants (Fals-Stewart, et al. 1992)

The reality oriented group therapy process, focusing on current living issues, is the fundamental cornerstone of the therapeutic community modality. There have been extensive follow-up evaluations done on therapeutic communities that reveal significant drug use reduction among former residents. "There is a consistent and robust time-in-program effect across a number of studies; those residents who stay longer exhibit better outcomes along the majority of residents in TC's" (DeLeon and Jainhill 1986).

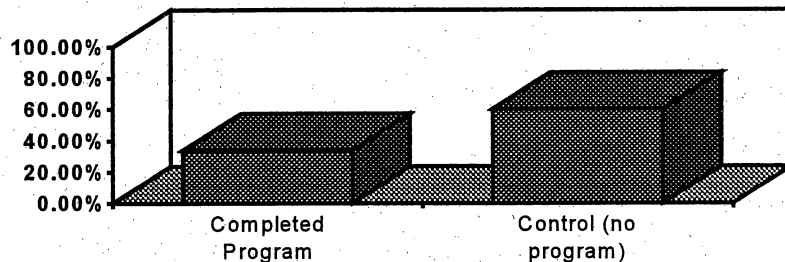
In a recent work by Wexler and Graham (1994), the relationship between inmates entering and participating in a therapeutic community program and re-arrest rates was made. Participants who completed the program had a 'no-arrest' rate of 61.6%. The number of participants who were involved in the Amity program at the Donovan prison was 100 a year total number of inmates was 300 over a

three year period. Participants who were exposed to a therapeutic community program yet dropped out early had an no-arrest rate of 46.9%. The control group (those who had not entered a therapeutic community program) had a no-arrest rate of 37.8%.



Another indicator of the effectiveness of exposure to an intensive therapeutic community treatment modality was the re-incarceration rates. These rates reflect the number of people re-arrested and sent back to prison or were placed under the custodial care of a penal system. The re-incarceration rate of those who completed a full program was 33.9%. The rate of the participants who dropped out and were re-incarcerated was 53.1%. The control group had a re-incarceration rate of 60.0% -- a difference that amounts to almost two-thirds more arrests.

Table 9  
Reincarceration Rates



### Conclusion

The California Department of Corrections has begun to address the problem of substance abusers in its prisons. In its report to the Legislature the California Department of Corrections recognizes that treatment and education are critically important to substance abusers. The California Department of Corrections admits to "the clear relationship which exists between substance abuse and public safety" (CDC Dec. 1989). One can only assume that the California Department of Corrections use of the phrase 'public safety' as it equates to crime. Public safety produces images of all the governmental entities that protect its citizens, e.g., police, fire, health departments and so on. Also, the California Department of Corrections presents in its report to the Legislature a

Corrections presents in its report to the Legislature a clear link between substance abuse and crime. The California Department of Corrections addresses the crucial integration of education, treatment and intervention as requirements to re-integrate someone back into the society. However, there is on average, 10% of the inmate population involved in any form of rehabilitation. This rehabilitation takes many forms, from self-help groups to intensive residential therapeutic communities. To adequately address the issues of substance abuse, crime and incarceration, legislators and citizens have to make a greater commitment towards reducing the demand for drugs and the attendant criminal lifestyle.

There is an interesting analogy that can be drawn between the California Department of Corrections "War On Drugs" and a business enterprise. A business is formed to make money. Merchandise is sold; the business invests in headquarters; vehicles and computers are purchased. A picture of success begins to emerge. Any number of problems, however, can soon surface. There can be a failure to plan for enough withholding taxes; because of increased production, quality control has been compromised; a decline in quality leads to customer dissatisfaction which translates into reduced sales; capital purchases increase debt load; increased debt service and declining sales create a situation where

bankruptcy proceedings or total liquidation become a viable alternative. The above analogy parallels how the California Department of Corrections handles the critical problems of the substance abusing inmates. The California Department of Corrections has the job of incarcerating convicted felons. At the onset, the assignment is handled very well; capacity exceeds 180% over expectations. New prisons are being built and the inmate population continues to explode and sets new highs yearly. With all of these rosy accomplishments there emerges some serious problems. Substance abuse is at the core of the problem. The greater society seems wedded to the notion that incarceration is the only solution for substance abuse. The California Department of Corrections made mention of the underlying problems which includes: the effects of substance abuse; arrests, recidivism, criminal behavior, etc. Later on they admit, "Addiction is a chronic relapsing condition that is highly resistant to rehabilitation" (CDC Dec. 1989). The California Department of Corrections assessment program was designed to identify:

The personal characteristics which impede an individual's ability to function at an acceptable social level. These factors include inadequacy, immaturity, dependence, social skills, educational development, vocational maladjustment, cognitive deficiency, compulsive pathology, organic pathology, anti-social attitudes, criminal

career commitment, catalytic impulsivity, habitual impulsivity, asocial attitudes, and notably substance dependency (CDC Dec. 1989).

The aforementioned factors are at the heart of the problem. Substance abuse becomes the mask for the underlying problems. An addicted person with pathology defined above would find it easier to maintain a lifestyle committed to crime.

In the commission of a crime, there is always a victim. The experience of being victimized leaves the victim traumatized and is sometimes disabling. To protect its own, society demands serious consequences for a perpetrator of violent crimes. However, because of the underlying problems with addiction, only the symptoms of substance abuse are being addressed not the solution to abuse.

Because of its unique position and role in state government the California Department of Corrections could easily become an advocate for a more meaningful solution to the drug epidemic. Armed with the information it has acquired first hand would provide concrete evidence that imprisonment alone for drug abusers is a failure. Society has looked to the government for a quick fix -- a temporary solution. Building prisons, tougher penalties, expanding law enforcement personnel are only partial solutions, for the non-drug addicted. For the drug

dependent prison population treatment programs are a more logical solution.

Since the facts clearly demonstrate positives outcomes for long-term treatment of substance-abusing inmates, and with the concurrent lack of funding for such treatment, one may assume that treatment is simply socially dissatisfying? Or, rather, is it the perception that when someone gets into a prison-based treatment program, they are not being adequately punished? This is more than a public-relations problem. The California Department of Corrections and the Legislators know of the connection between drugs and crime and of the best dissolution of the link. What they must do is to act in concert with their knowledge and conclusions and stop trying to placate an anxious and angry public. The public, after all, is upset by criminal behavior and not at the overcrowding in jails and prisons. In short, Californians have chosen its legislators to look for real solutions, not to find ways of perpetuating the problem.

The Wexler and Graham (1994) study of 290 inmates deals with a hard core prison population that is from the Amity program in California. There is a comparison of characteristics with inmates in the Amity program and participants in the Stay N Out program from New York. The programs are similar in content, but the California

inmates are more hard core. Hard core by definition will be a career criminal with multiple convictions.

Table 10  
Characteristics of Participants

	Amity	Stay N Out
Average number of arrests	26.7	7.2
Average months incarcerated	80	47.1
Employment before arrest	34.5%	51/1%
High School diploma	57.8%	86.5%

(Source: Wexler and Graham 1994)

Wexler observed that this hard core population which was "more criminal, less educated, more difficult and more problematic" as a whole, than the other program participants, had finally begun to achieve success.

One observation would be, there are 200 inmates in a program, with a no re-arrest rate of approximately 62%, that converts to 124 participants no longer in the penal system. For simplicity I'll use \$21,000 as an approximate cost for housing an inmate. Also if the non reincarceration rate of 66% were converted that would be approximately 132 participants who were no longer being housed by the California Department of Corrections. (non reincarceration rate which is 66%  $(132 \times \$21,000 = \$2,772,000$  per year savings)

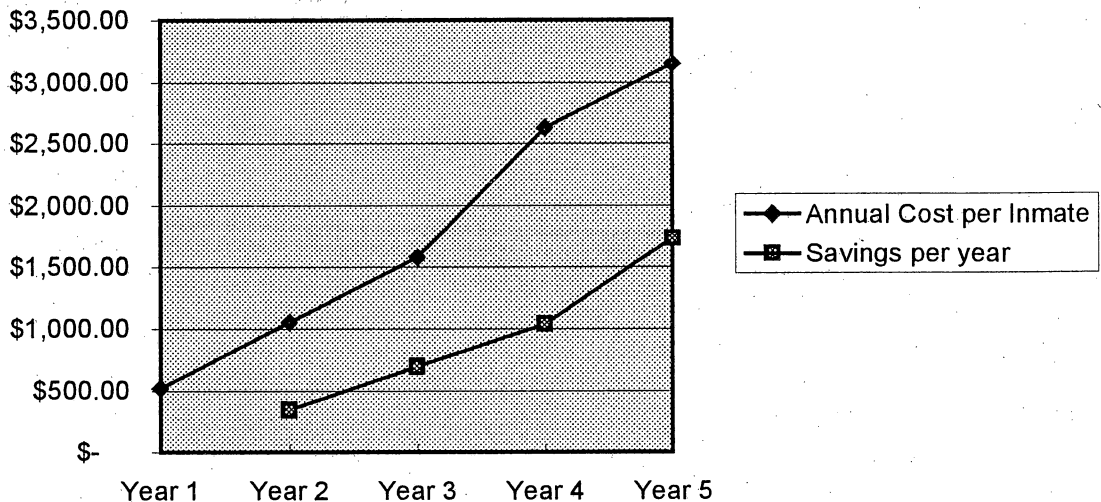


If these figures were expanded to include a larger population:

Table 11  
Savings Projection

	Year 1	Year 2	Year 3	Year 4	Year 5
Inmates in a CDC System	25,000	50,000	75,000	125,000	150,000
Annual Cost (Millions of dollars)	\$525	\$1,050	\$1,575	\$2,625	\$3,150
Non-reincarcerated		16,500	33,000	49,500	82,500
Savings per year (Millions of dollars)		\$346.5	\$693	\$1,039.5	\$1,732.5

Table 12  
Cost /Savings



Treatment breaks the drug crime cycle. This is a sound social investment that also has a built in economic savings. There is no other plan on the horizon that will reduce costs and crime as dramatically as exposing the

inmates to intensive treatment. The most important reason to consider treatment is that required treatment may improve the rather dismal record of incarceration, as a means to reducing substance abuse and criminal lifestyle.

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