These excerpts are from Drug Strategies' (a Washington, D.C. "think tank") first "report card" on U.S. Policy on Drug Abuse; text in red refer to Amity's in-prison drug program at the R.J. Donovan Correctional Facility

Keeping Score:

What We Are Getting for Our Federal Drug Control Dollars 1995

Prepared by

Drug Strategies

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Drug Strategies

The mission of Drug Strategies is to promote more effective approaches to the nation's drug problems and to support private and public initiatives that reduce the demand for drugs through prevention, education, treatment and law enforcement.

Drug Offenders and Overcrowded Prisons

Conviction for drug offenses is the largest and fastest-growing category in the Federal prison population, accounting for 61 percent of the total, compared with 38 percent in 1986. (In 1993 robbery was second at 10 percent). According to a 1994 U.S. Department of Justice study, one in five Federal prisoners are low-level non-violent drug offenders with no previous record.

¹Prisoners in 1993 (Washington, DC: U.S. Department of Justice, 1994).

Most receive mandatory minimum sentences, serving an average of six years before their release.²

Within state prisons the number of drug offenders serving time has doubled since 1985. ³ As a result, prisons are stretched far beyond capacity. In 1994, the District of Columbia and 40 states were under court orders to relieve overcrowding. ⁴ Taxpayers spend \$25 billion a year to operate the nation's prisons--approximately \$20,000 per prisoner. ⁵

California, the most populous state, also has the largest prison population in the country, with 125,000 inmates. California now spends \$3.8 billion on corrections--as much as it spends for higher education.⁶ The "three strikes and you're out" legislation adopted in 1994, which mandates life imprisonment on a third felony conviction, will double the number of prisoners in California by the end of the decade. Based on current projections, there will be twice as many inmates in California prisons as there will be students in the University of California system by the year 2000.⁷

Policies put into place in the 1980s to punish drug offenders with long mandatory prison sentences gave treatment short shrift, leaving addicted inmates to return to their drug habits following release. A few prisons, however, experimented with intensive drug treatment programs that had excellent results. Extensive studies of these programs found reductions in recidivism of one-third or more after offenders are released from prison.⁸/9

² Analysis of Non-Violent Drug Offenders with Minimal Criminal Histories (Washington, DC: U.S. Department of Justice, February 4, 1994). Also Known as the Heymann Report.

³Survey of State Prison Inmates, 1991 (Washington, DC: U.S. Department of Justice, 1993).

⁴Mathea Falco, *The Making of a Drug-Free America: Programs that Work* (New York, NY: Times Books, 1994).

⁵Data is from the Sentencing Project (\$20,000 per year per inmate) and the Edna McConnell Clark Foundation (\$25 billion per year).

⁶Vincent Shiraldi, "Corrections and Higher Education Compete for California Dollars, Corrections Winning," *Overcrowded Times*, June 1994.

⁷Vincent Shiraldi, "Corrections and Higher Education Compete for California Dollars, Corrections Winning," *Overcrowded Times*, June 1994.

⁸Gregory P. Falkin, Harry K Wexler, and Douglas S. Lipton, "Drug Treatment in State Prisons," in Dean R. Gerstein and Henrick J. Harwood (eds.), *Treating Drug Problems, Volume II* (Washington, DC: National Academy Press, 1992).

⁹Douglas S. Lipton, "The Correctional Opportunity: Pathways to Drug Treatment for Offenders." *Journal of Drug Issues*, Vol. 24, Nos.1&2, 1994.

In shaping Federal drug policy, we need to build on what we have learned about what works and what does not. Extensive research has shown that:

- -- Prevention and treatment can substantially reduce the demand for drugs.
- Drug education programs can reduce new drug use by half and new alcohol use by a third among young people.
- -- Media campaigns can increase public understanding of the risks drugs pose as well as reduce social acceptance of drugs.
- -- Anti-drug coalitions can empower communities to develop new strategies to combat drugs and to reclaim their neighborhoods from drug dealers.
- -- Within the workplace, drug testing combined with treatment can reduce employee drug use and improve productivity and safety.
- -- Treatment of pregnant addicts can substantially improve the health of their newborns.
- -- Treatment of criminal offenders can reduce recidivism by half.

MAKING A DIFFERENCE—REDUCING DRUG CRIME

Prison: A Self-Contained Treatment Community

Intensive treatment programs are a way to stop the revolving door for drug offenders, and they only add about \$4,000 a year to the cost of incarceration. The 1994 Crime Bill authorizes \$382 million for drug treatment in state and federal prisons over the next five years.

The Amity program in the R. J. Donovan Correctional Facility in San Diego is the only therapeutic community in California's prison system. Recidivism among its graduates is 25 percent lower than among inmates who do not participate in the program.

The 200 prisoners in the Amity program are housed in a separate cell block for a year, but they eat and exercise with other prisoners. All participants are assigned daily responsibilities and some receive wages for holding important jobs. When they are released from Donovan, Amity inmates can continue treatment at a nearby residential facility.

Since 1980 Amity has been running a similar program for 30 jail inmates in Pima County, Arizona. More than two-thirds of those who complete treatment report that they have not used any drugs or alcohol for at least six months following their release from jail. This demonstrates a significant break with the past, since participants in the Pima County program reported having used drugs regularly for an average of 15 years.

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