Survey Of Inmates, Probationers, and Parolees in the Oklahoma State Department of Corrections

Final Report

State of Oklahoma

Needs Assessment Studies,
Treatment for Alcohol And Other Drugs
CSAT Contract No. 270-94-0027

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EXECUTIVE SUMMARY

1.1 Background

With funding from the federal Center for Substance Abuse Treatment (CSAT), the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) has conducted a family of studies that will supply Oklahoma with information the State needs to plan and provide effective substance abuse services for its citizens in need. The results of the studies will also meet the data reporting requirements of the federal government. This survey of the corrections population is one component of the project, which also includes an adult household telephone survey, and a targeted household telephone survey of Native Americans. In addition, a social indicator analysis has been performed to correlate social, economic, treatment and criminal justice data with survey results. A final study period was used to compile data from the four studies and prepare them for distribution to planners, administrators, other policy makers, and researchers. This document is an executive summary of the administration and results of the survey addressing substance abuse treatment need in the Corrections population.

1.2 Methodology

Interviews were planned with 1,912 individuals in the custody of, or supervised by, the Department of Corrections (DOC). The questionnaire used was developed by the National Technical Center for Substance Abuse Needs Assessment (NTC) with funding from CSAT (refer to the Revised Study Protocols). The sampling frame for inmates included, at the first level, all medium-security and minimum-security prisons and all community corrections centers in the state. Facilities were selected first and a random sample of inmates from within each facility was generated from DOC population data. Individuals on probation and parole (P&P) were sampled by P&P district. The P&P sample was stratified by the eight Probation/Parole/Community Corrections districts in the state. Questions about eight drugs commonly used in Oklahoma (alcohol, marijuana, cocaine, heroin, hallucinogens, sedatives, stimulants, and inhalants) were asked in the survey.

Those incarcerated in the DOC system, or by companies and governments contracting with DOC, numbered 20,669 as of June 30, 1998. Of those, 18,574 (89.9%) were male and 2,095 (10.1%) were female. From that population, interviews were planned with 900 individuals following random selection within gender stratification. The sample totals were 400 females (sampling 19 in 100) and 500 males (sampling 3 in 100). At the end of the surveying period, 927 surveys have been completed. Due to a computer disk-drive malfunction and interviewer errors, the data for 57 interviews were lost after they were completed. The final response rate was 870 usable interviews out of 1005 eligible subjects or about 87%. The P&P surveys were conducted, with assistance from DOC P&P staff who helped explain the confidential nature of the survey to offenders, but the shortened project timeline limited the number of respondents to 382 for the final report. Of the completed P&P surveys, 62% were completed by telephone, with the remaining 38% completed in the field. Additional surveys will be conducted until the sampling is complete and results will be compiled in later reports distributed to DOC and regional planners.

Surveying prison inmates and offenders supervised in the community presented several obstacles for this project to overcome. Geography is an obstacle when surveying inmates because there is generally no relation between county of residence and county of incarceration. A related issue is the distance surveyors must travel to interview P&P respondents who could not be reached by phone. When interviewing inmates, there is an obstacle concerning the time-period referenced in survey questions because it must be decided whether “the last 18 months” should refer to the 18 months preceding the interview or the 18 months preceding incarceration. Lastly, obstacles to the protection of offender rights must be addressed to ensure, when DOC participants choose to participate or not participate, they neither fear pressure from DOC nor hold expectations of special treatment from DOC related to their participation. To ensure freedom of choice and facilitate participation, data must be secured rigorously and assurances made to protect subjects from intrusion by those in control of their DOC status.

The inmate data geography problem was addressed by collecting county of residence in the interview and specifying county of *residence before incarceration*. It was decided to use time referenced from the date of the interview, not from incarceration date. This decision was made to maintain a consistent temporal window for all subjects. Otherwise, referencing the 18 months before incarceration might mean one year and 18 months in the past, or 20 years and 18 months, depending upon the subject. Inmates were also asked to specify whether the substance-use behaviors they described took place while they were in prison or while they were on the street. Subject protection was addressed through a confidentiality certificate (CC) obtained through the Substance Abuse and Mental Health Services Administration (SAMHSA) and designed to protect subjects from the use of subpoenas on research staff (see Appendix B for a copy of the Certificate of Confidentiality). The purpose and limitations of that protection were explained to each subject before the interview.

Statistical analyses were performed on the survey data to produce estimates of substance use and treatment need for the prison population by length of incarceration

before the interview, by race, and by sex. Corresponding analyses were performed on the probation and parole survey responses.

Screening for alcohol use was based on drinking behaviors differentiated by gender. For males, the screening item asked whether the respondent ever drank five or more drinks in one day on at least one occasion in the past 18 months. A drink is defined as a glass of wine or beer, a can of beer, a mixed drink, or a shot or jigger of hard liquor. Females were screened by asking for the average number of drinks consumed on days when the respondent drank in the last 18 months. An average of two or more drinks was the screening threshold. Any respondents identified by the screen were then asked in detail about alcohol use.

For purposes of the study, illicit drug use was defined as non-medical use of any of the seven drugs studied. Any respondent who answered "yes" to use of an illicit drug was asked in detail about using that drug. In the case of sedatives, medical use may also be problematic since dependence may develop when the drugs are used to treat medical problems. Consequently, respondents who used a sedative for medical purposes were asked the diagnostic items if they reported having a seizure after discontinuing use of the drug (an indication of sedative dependence).

The definition of need for treatment was developed from a standard clinical assessment text entitled the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd revised edition (DSM-III-R). That definition was operationalized in an assessment instrument known as the Diagnostic Interview Schedule (DIS) and adapted by NTC for CSAT study participants. The nine DSM-III-R criteria are: (1) substance often taken in larger amounts or over a longer period than the person intended, (2) persistent desire or one or more unsuccessful efforts to cut down or control substance use, (3) a great deal of time spent in the activities necessary to get the substance, take the substance, or recover from its effects, (4) frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations at work, school, or home, or when substance use is physically hazardous, (5) important social, occupational, or recreational activities given up or reduced because of substance use, (6) continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of the substance, (7) marked tolerance: need for markedly increased amounts of the substance (at least a 50% increase) in order to achieve intoxication or desired effect, or markedly diminished effect with continued use of the same amount, (8) characteristic withdrawal symptoms, and (9) substance often taken to relieve or avoid withdrawal symptoms. Based on the number and duration of these symptoms reported, a diagnosis of abuse or treatment need may have been determined.

A Descriptive Analysis has been prepared for service planners and treatment providers with more detailed information about the survey process and analyses. Some highlights from that Descriptive Analysis follow:

1.3 Results

1.3.1 Prevalence of Alcohol Use

Overall lifetime use of alcohol in the prison sample was 97.1%. Prevalence was 22.1% in the last 18 months, and 1.3% in the last 30 days; compared to the general population prevalence of 90.1% lifetime, 57.1% last 18 months, and 36.8% in the last 30 days. Lifetime alcohol use among P&P respondents was about the same as inmates (96.9%), but the less-controlled "street" environment of P&P respondents was obvious in their prevalence rates for the last 18 months and last 30 days (71.4% and 32.2%, respectively).

When responses were categorized according to the length of time in prison (less than 18 months and 18 months or more), lifetime use of alcohol remained similar for both lengths of incarceration (96.8%, 97.2%). However, inmates who had been in prison for less than 18 months had a much higher prevalence rate for the last 18 months (48.5% vs. 13.7%), while inmates having been in prison for 18 months or more had the higher prevalence rate for the last 30 days (1.7% vs.0.1%). This phenomenon was not observed among P&P respondents.

Males and females had similar lifetime prevalence rates of alcohol use. For inmates in prison less than 18 months, males had a prevalence rate of 96.7% vs. 97.3% for females. For inmates incarcerated for 18 months or more, males' lifetime rate was 97.3% and females' rate was 95.5%. Compared to males, females had a higher last-18-months rate (55.2% vs. 46.7 %) for inmates incarcerated less than 18 months, but a much lower rate (7.3% vs. 14.1%) for inmates in prison for 18 months or more. Females demonstrated a higher rate than males for use in the last 30 days (0.6% vs. 0%) for inmates imprisoned for less than 18 months; and a lower rate (0.6% vs. 1.8%) for inmates who had been in prison for 18 months or longer.

Among P&P respondents, women had slightly lower lifetime prevalence (94.4% vs. 97.7% for men), but had much lower rates for 18-month (59.5% vs. 75.3%) and 30-day prevalence rates (23.5% vs. 35%).

1.3.2 Prevalence of Drug Use

For illicit drug use, the prison sample's prevalence was 89.2% lifetime use, 41.9% for the last 18 months, and 12.4% for the last 30 days, compared to the general population prevalence of 44% lifetime use, 13.8% in the last 18 months, and 5.8% in the last 30 days. Surprisingly, the corresponding rates for P&P respondents were slightly lower than for inmates when illicit drug use was considered (84.8%, 39.8% and 10.5% respectively).

When illicit drug use among inmates was examined by specific drug type, marijuana was by far the most prevalent for all the time periods studied (88% lifetime, 33.4% last 18 months, 11.1% last 30 days). Cocaine was the next most prevalent illicit drug for

lifetime (61.2%) and last 18 months (7.9%), while stimulants were the second most prevalent illicit drug for last 30 days (1.6%). For probationers and parolees, marijuana was also most prevalent for all time periods (81.7%, 34.3% and 9.2% respectively) but the lifetime and last 30 days rates were lower than among inmates. Cocaine was second in lifetime rate (45.6%), but stimulants were second most prevalent for the 18 months and last 30 days (11.1% and 2.2%).

When length of time in prison was taken into account, it is not surprising that inmates having been incarcerated for less than 18 months had a higher prevalence rate for the last 18 months (52.8% vs. 33.3%); however, the reverse is true for use in the last 30 days. Inmates incarcerated for less than 18 months had a prevalence rate of 3.3% vs. 14.9% for inmates imprisoned for 18 months or more.

The lifetime prevalence rates of illicit drug use ranged from 87% to 96%, with females in less than 18 months demonstrating the highest rate and males in less than 18 months reporting the lowest rate. For use in the last 18 months and the last 30 days, females in more than 18 months had the lowest prevalence (9%, 1%, respectively) and males in more than 18 months had the highest prevalence (35%, 16%, respectively). Among P&P respondents, women and men had about the same prevalence rates of illicit drug use, and for most of the specific illicit drugs, across all three time periods; women had slightly higher rates overall.

1.3.3 Need for Treatment

For inmates who had been in prison for less than 18 months, 44.3% were found to be in need of treatment, while 19.6% of inmates incarcerated for 18 months or more were determined to need treatment. Although a higher percent of them reported using substances recently, a smaller percentage of P&P respondents (40.4%) than long-term inmates were assessed in need of treatment.

When treatment need was differentiated by race among inmates, Native Americans showed the greatest need (36.5%) followed by Whites (28.2%), the “Other Race” category (27.7%) and African-Americans (17.6%). Native Americans (36.1%) and Whites (26.9%) were also most in need of treatment among probationers and parolees, but African-Americans (25.5%) had a slightly higher need than the "Other" group (24.9%).

It was found that treatment need decreased with age among inmates: 18-29 year olds (32.7%), 30-44 year olds (28.9%), 45-54 year olds (13.1%), 55-64 year olds (7%) and 65 years or older (0%). Among P&P respondents, treatment need varied little by age, but was highest in the youngest (29.7%) and oldest (29.6%) age groups.

Of female inmates found to be in need of treatment, 42.5% reported that their emotional health was poor, while 29.4% of the male inmates in need of treatment reported poor

emotional health. About half of the P&P sample in need of treatment (females, 51%; males, 46%) reported poor emotional health.

Table 1

PREVALENCE OF USE AMONG PRISON INMATES IN OKLAHOMA, BY DRUG							
Drug	Total Population	Population Estimates			Rate Estimates (%)		
		Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Alcohol	20,669	20,063	4,577	277	97.1	22.1	1.3
Illicit Drugs	20,669	18,438	8,661	2,567	89.2	41.9	12.4
Marijuana	20,669	18,183	6,909	2,285	88.0	33.4	11.1
Cocaine	20,669	12,644	1,631	78	61.2	7.9	0.4
Inhalants	20,669	3,876	277	66	18.8	1.3	0.3
Hallucinogens	20,669	10,653	286	0	51.5	1.4	0.0
Stimulants	20,669	10,449	1,920	337	50.6	9.3	1.6
Sedatives	20,669	8,749	1,337	17	42.3	6.5	0.1
Heroin	20,669	5,300	407	66	25.6	2.0	0.3

Table 2

Inmate Need for Treatment		
Gender	Months Incarcerated	Percent In Need of Treatment
Female	Less Than 18	53.1
Female	18 or more	6.9
Male	Less Than 18	41.7
Male	18 or more	19.4
Total	Less Than 18	44.3
Total	18 or more	19.6

Table 3

PREVALENCE OF USE AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY DRUG							
Drug	Total Population	Population Estimates			Rate Estimates (%)		
		Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Alcohol	31,471	30,493	22,462	10,125	96.9	71.4	32.2
Illicit Drugs	31,471	26,682	12,524	3,309	84.8	39.8	10.5
Marijuana	31,471	25,720	10,807	2,888	81.7	34.3	9.2
Cocaine	31,471	14,352	3,306	270	45.6	10.5	0.9
Inhalants	31,471	3,941	416	50	12.5	1.3	0.2
Hallucinogens	31,471	11,866	1,675	47	37.7	5.3	0.1
Stimulants	31,471	13,408	3,502	689	42.6	11.1	2.2
Sedatives	31,471	8,921	2,673	669	28.3	8.5	2.1
Heroin	31,471	3,312	223	124	10.5	0.7	0.4

Table 4

TREATMENT NEED AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY SEX									
Treatment Need	FEMALES n=169				R	MALES n=213			
	Rate	Std Error	Lower 95% CLim	Upper 95% CLim	R	Rate	Std Error	Lower 95% CLim	Upper 95% CLim
Alcohol and/or Illicit Drugs	0.277	0.035	0.209	0.345	1.0	0.283	0.031	0.222	0.344
Alcohol	0.161	0.028	0.105	0.217	0.7	0.232	0.029	0.175	0.289
Illicit Drugs	0.180	0.030	0.121	0.238	1.6	0.110	0.021	0.067	0.152

Table 5

TREATMENT NEED AMONG DOC SUPERVISEES IN OKLAHOMA, BY PROGRAM	
Program	Percent in Need of Treatment
Probation and Parole (P&P)	28.3%
Prison Facilities	25.6%

1.4 Conclusions

The Oklahoma Treatment Needs Assessment Project has produced information that will be immediately useful to DMHSAS, the Department of Corrections, the State Legislature and other substance abuse treatment system stakeholders. Results of the Corrections study demonstrate there is a great need for substance abuse treatment among the incarcerated population and among those under probation and parole

supervision. Over 50 percent of the inmate sample reported that drugs were related to the offense for which they were convicted. One-fifth of the inmate sample and 9 to 15% of the P&P sample had been under the influence when a crime was committed. Further, sending substance abusers to prison does not alleviate their addiction. The study indicates that alcohol and illicit drugs are well within the reach of inmates. Twelve percent of the inmates sampled had used an illicit drug in the last 30 days. Need for treatment was not significantly greater for any one race, nor for one gender; however, need decreased as age increased, with 18 to 29 year-olds being most in need of treatment (33%).

Since 1985, Oklahoma has been among the top 10 states with the highest rates of incarceration in the nation, and the highest rate of female incarceration for the last several years. Over the last decade, the percentage of admissions to the state prison system for drug offenses has increased from 3 to 24 percent. State leaders are urgently seeking answers that will reverse these trends. The results of the Corrections Survey provide empirical evidence of the need for substance abuse treatment for offenders. The "treatment gap" in the inmate population is about 80%. That is, 80% of those who need treatment do not get it. The only treatment resources available to these individuals come through the state system. Consequently, that gap must be filled without help from private agencies which help fill the gap in other populations.

Out of the estimated 8,871 probationers and parolees in need of treatment, only 1,149 clients (14%) were referred from probation or parole to DMHSAS for treatment in 1998. Although many P&P clients may have received treatment at a DMHSAS facility, it is likely they often seek treatment without referral from DOC and, therefore, without any indication of their probation or parole status. Consequently, it is difficult to estimate the treatment gap for this population, however, the "worst case scenario" is a treatment gap of 86%.

1.5 Recommendations

Target those most likely to be in need.

Special emphasis on women's treatment programs.

Special attention to marijuana use by long-term inmates.

> Marijuana use in the last 30 days was reported by 11.1% of the inmates. That represents at least 81% of those using alcohol and/or drugs in the last 30 days. In contrast, the alcohol-use rate in the past 30 days was estimated to be 1.3%, representing, at most, 9.5% of those using any of the substances in the past 30 days. The vast majority of those who are substance users inside prison are marijuana users.