

**Iowa Department of Corrections  
Report to the Board of Corrections**

**Substance Abuse**



First in a series of reports highlighting issues  
contributing to corrections population growth

March 2006

## Introduction

Twenty years ago, about 2% of Iowa's prison population was serving time for a drug-related offense.<sup>1</sup> As documented in these pages, drug offenders now make up about 27% of the prison population. Sentencing changes in the 1980's resulted in an increased likelihood of sentences to prison for drug offenses, as well as an increase in average length of stay.<sup>2</sup> Increased resources for law enforcement, such as formation of the Division of Narcotics Enforcement and funding for multi-jurisdictional drug law enforcement task forces, has also contributed to the increase in drug offenders within the corrections system. In the 1980's, cocaine and crack cocaine was a prominent problem;<sup>3</sup> today it is methamphetamines.<sup>4</sup> Drug crimes are the most common commitment offense among newly admitted prisoners, increasing from 316 admissions in FY1995, to 1,057 in FY2005.<sup>5</sup>

This report begins with current information on the prevalence of offenders convicted of alcohol- and drug-related crimes within Iowa's community-based corrections and prison populations. Substance abuse, however, is a common issue among the entire corrections population, no matter the convicting offense. National offender surveys conducted in the past have found nearly 70% of probationers and over 80% of state prisoners reported past drug use.<sup>6</sup> Drug and alcohol abuse among offenders is more common than for the general population. For example, about 16% of Iowans age 18 to 25, and 4% of Iowans age 26 or older, reported using illicit drugs in the past month.<sup>7</sup> This report documents a much more widespread problem for Iowa's adult offender population.

This report, however, goes beyond documentation of the problem. It describes how the Iowa Department of Corrections is addressing substance abuse among the offender population through the provision of treatment, and monitoring for current drug and alcohol usage. All information was obtained from the Iowa Corrections Offender Network (ICON) with many of the reports obtained via the Iowa Justice Data Warehouse.

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<sup>1</sup> Division of Criminal and Juvenile Justice Planning, *Iowa Prison Population Forecast: FY2005-2015* (Iowa Department of Human Rights, 2005), 17. The report is published on the Internet at: [http://www.state.ia.us/dhr/cjpp/images/pdf/Forecast\\_2005-2015.pdf](http://www.state.ia.us/dhr/cjpp/images/pdf/Forecast_2005-2015.pdf).

<sup>2</sup> Division of Criminal and Juvenile Justice Planning, "Drugs, the Courts and Corrections," Justice Statistics Update, Vol. 2, No. 3 (Iowa Department of Human Rights, 1991), 1.

<sup>3</sup> *Ibid.*, 5.

<sup>4</sup> CJJP, *Prison Population Forecast*, 11.

<sup>5</sup> *Ibid.*, 29.

<sup>6</sup> Bureau of Justice Statistics, *Substance Abuse and Treatment of Adults on Probation, 1995* (U.S. Department of Justice, 1998), 1. Also, BJS, *Substance Abuse and Treatment, State and Federal Prisoners, 1997* (1999), 1.

<sup>7</sup> SAMHSA, Office of Applied Studies, *National Survey on Drug Use and Health, 2002 and 2003*, <http://oas.samhsa.gov/2k3State/drugPerState.htm>.

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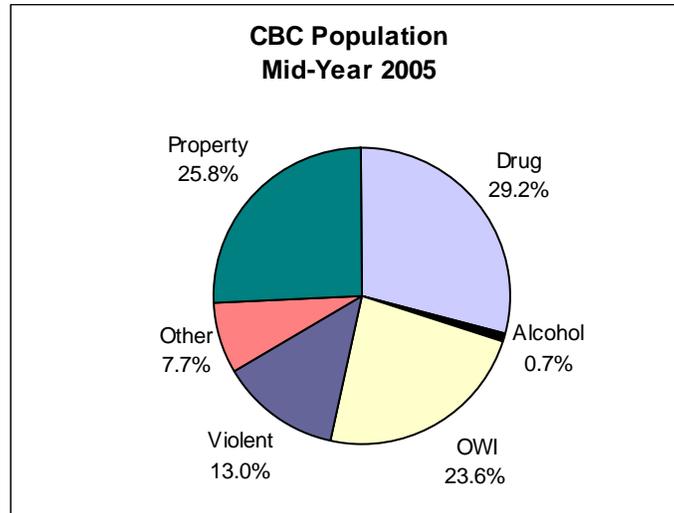
Lettie Prell, Director of Research, wrote this report. Statistics and charts were compiled by Sondra Holck and Debra Klinzing, Management Analysts, Barbara Long, Director of Performance Measurement, and Ms. Prell. Ms. Holck, Ms. Long and Jeanette Bucklew, Deputy Director of Offender Services, also provided input into the report's contents.

On the cover: Ice pipe, used to smoke crystal methamphetamine

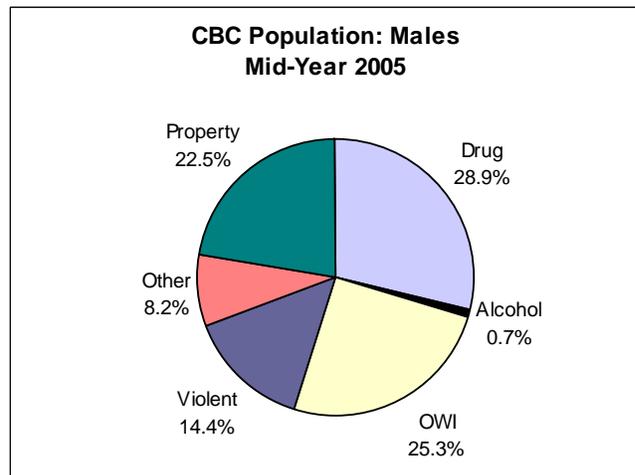
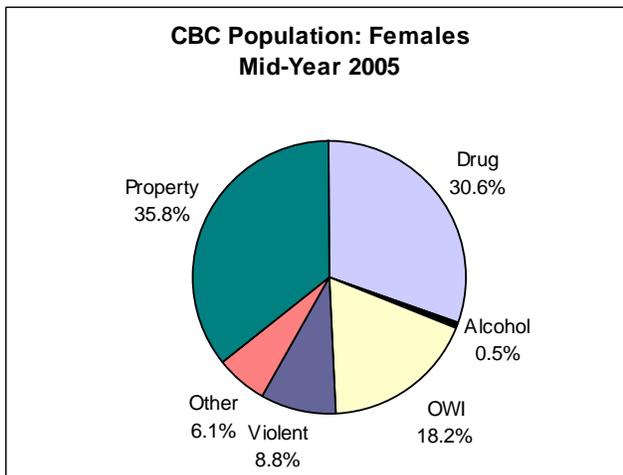
# Alcohol & Drug-Related Crime

## Community-Based Corrections

On June 30, 2005 there were 30,281 offenders under supervision by the district departments of correctional services. Of these, 8,857 were under supervision for drug offenses (as their most serious offense); 7,133 for drunken driving (OWI); and 201 for other alcohol-related crimes such as public intoxication.



A slightly higher proportion of female offenders were under supervision for drug crimes than men. However, a greater proportion of men were under supervision for OWI than women.

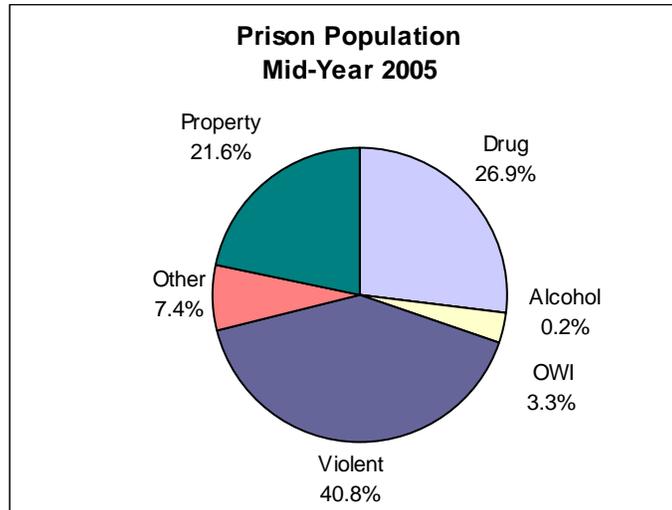


Total females: 7,476; Total males: 22,752. Missing sex identifiers: 53, which were excluded from sex-specific charts but included in CBC totals.

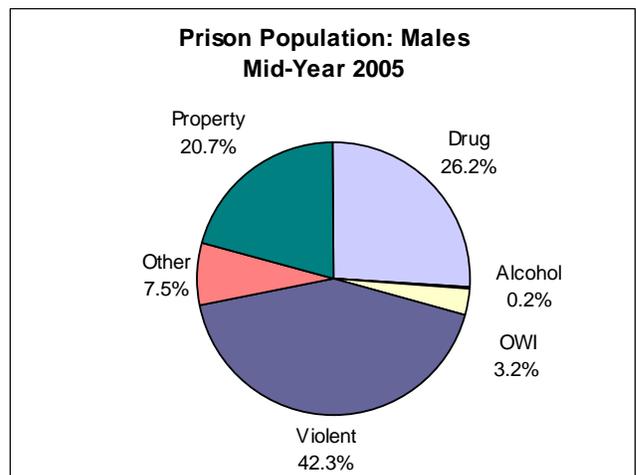
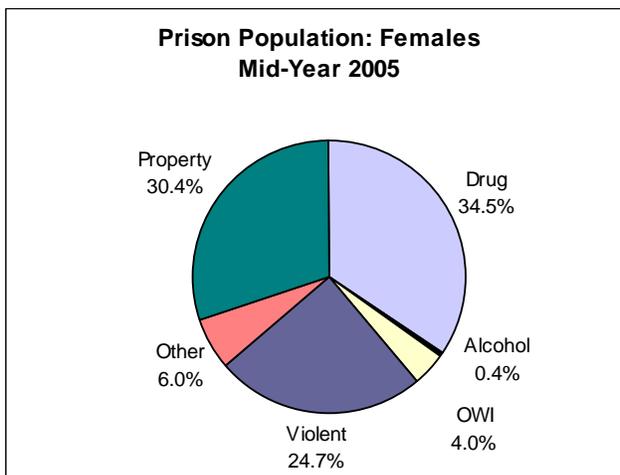
# Alcohol & Drug-Related Crime

## Prisons

On June 30, 2005 Iowa's prisons held 8,578 offenders. Of these, 2,248 were incarcerated for drug offenses (as their most serious offense); 272 for drunken driving (OWI); and 17 for other alcohol-related crimes such as public intoxication.



Just over one-fourth of male offenders, but over one-third of female offenders, were incarcerated for drug crimes.

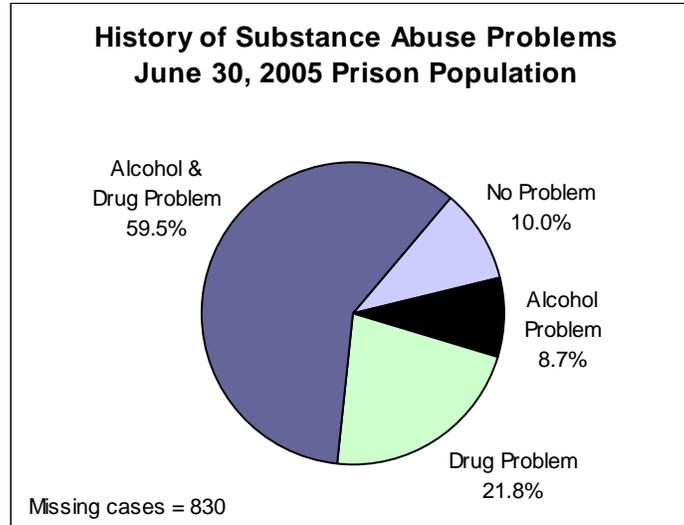


Data includes 718 females and 7,648 males. Information includes Iowa sentenced prisoners and violator program participants. Federal and interstate compact cases were excluded.

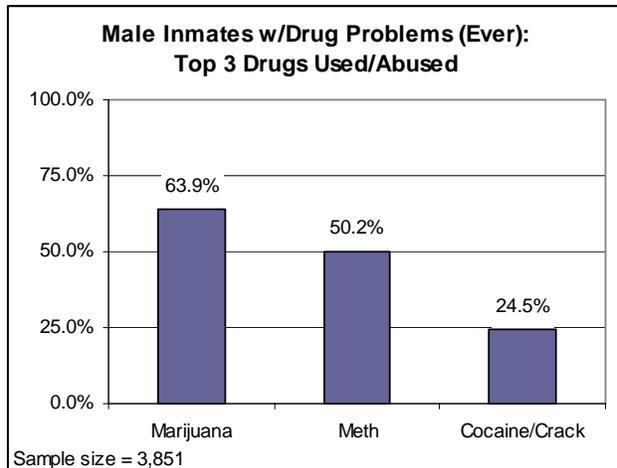
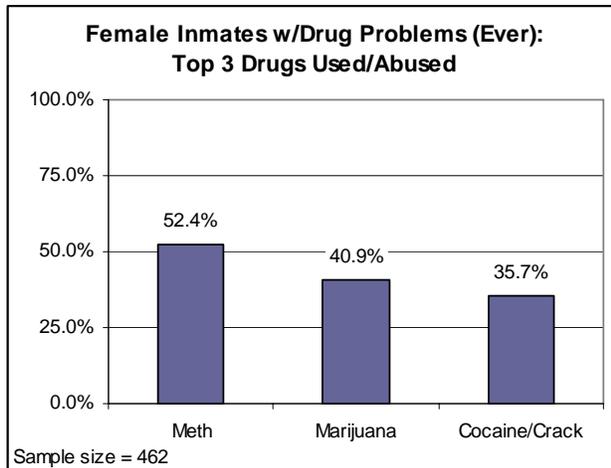
# Alcohol & Drug Problems

## Prisons

Information concerning offenders' alcohol and drug problems were available in LSI-R risk assessments for 7,571 offenders, or approximately 90% of the 8,401 non-Federal inmates incarcerated in Iowa's prison system on June 30, 2005.<sup>8</sup> Ninety percent had current or past problems with alcohol or drugs, with the majority of inmates having current or past problems with *both* alcohol and drugs.



Information on substances used or abused was available for 4,313 or about 70% of the 6,156 offenders who had ever had a drug problem. Marijuana, methamphetamines and cocaine/crack were the drugs most often cited by both male and female offenders.



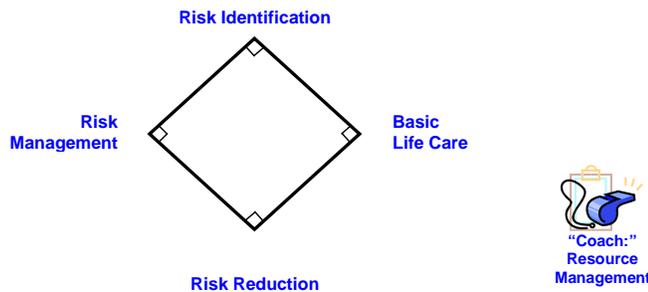
Offenders may have used or abused multiple drugs, including alcohol.

<sup>8</sup> Some of these LSI-R assessments were quite old, submitted as early as the year 2000. This analysis is therefore limited to describing *histories* of substance abuse problems among offenders (LSI-R questions 37-38), rather than current problems.

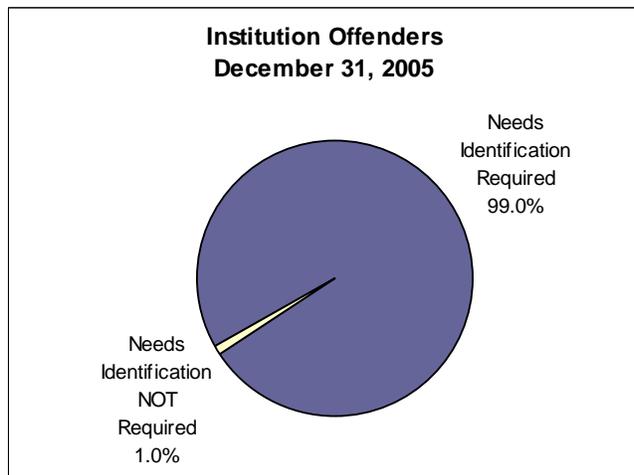
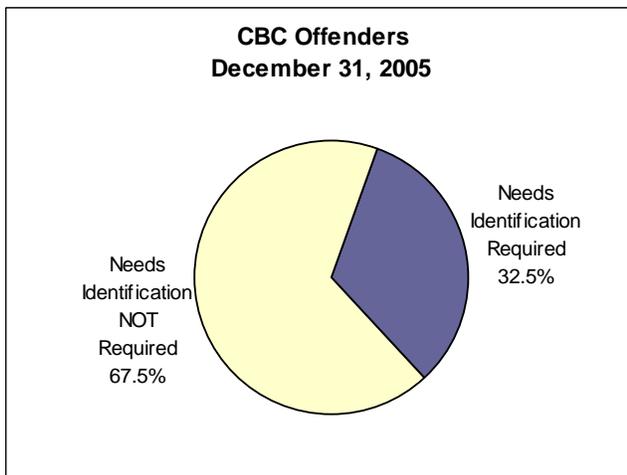
## Corrections Strategy: Assessment & Treatment

As demonstrated so far, while a substantial number of offenders are serving sentences for drug- and alcohol-related offenses, the scope of offenders' substance abuse is much larger. When admitted to CBC supervision or the prison system, offender risk and needs are assessed. Many needs are criminogenic, that is, they are issues that if left unaddressed, will contribute to an offender's likelihood to reoffend. In this way, risk and needs are closely related.

The corrections system does four fundamental things. The first three, basic life care for offenders, risk identification and risk management, cover the bases of managing offenders. However, only risk reduction "hits a home run" to significantly affect offender outcomes and community safety, and improve the state's return on investment in corrections spending.

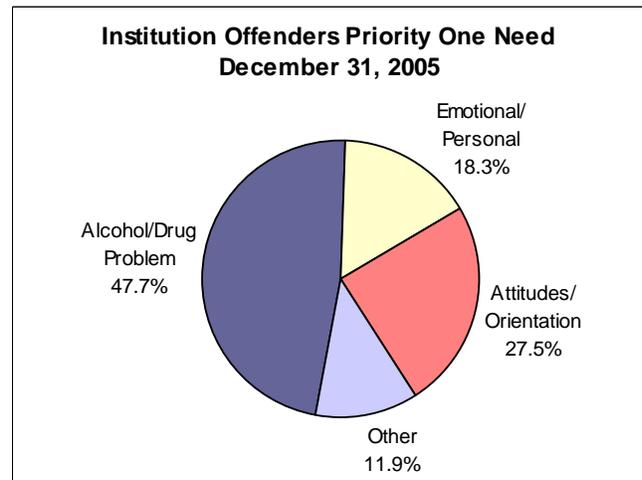
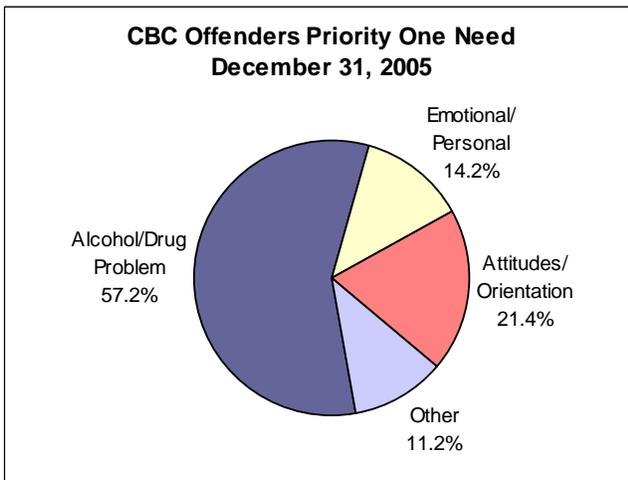


According to the National Institute of Corrections, appropriate treatment reduces recidivism by 30%. The Iowa corrections system redesign currently underway is focusing on correct identification of need, providing appropriate treatments and interventions for offenders' top priority needs, and measuring outcomes to determine which treatments and interventions work best. Because treating low risk offenders can actually contribute to their failure, the corrections redesign is focusing assessment and resources on offenders deemed to be at higher risk to reoffend than others. Lower risk offenders do not receive these needs assessments per policy.



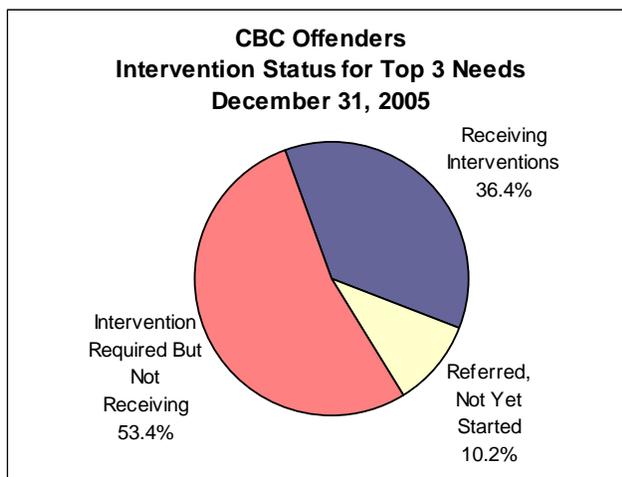
## Substance Abuse Treatment Needs & Interventions

The top need of the majority of offenders under CBC supervision, and nearly half of offenders in institutions, is an alcohol and/or drug problem. At yearend 2005, a total of 8,473 high risk offenders under CBC supervision or in prison had a priority one need of substance abuse identified. The Iowa Department of Corrections is currently focusing attention on improving identification of treatment needs among its high risk offender population. It is anticipated that improvements will result in a greater number of high risk offenders being assessed. However, substance abuse is likely to continue to be the number one issue for offenders.



Data includes 9,868 CBC offenders and 8,554 prisoners.

Availability of adequate treatment resources for all top needs, including substance abuse, appears to be an issue. Many offenders were waiting to get into intervention programs as of yearend 2005.



## Effective Substance Abuse Treatment

The research stresses that risk assessments are needed to guide referrals to the appropriate treatment levels and intensity (Knight et al., 1999). Treatment levels may be classified as: a) Low (self-help); b) Moderate (out-patient); and c) High (inpatient/residential). Inappropriate placements reduce treatment effectiveness and efficiency.

Research documents that intensive treatment is most effective for high-severity cases (Griffith et al., 1999). Intensive treatment is defined as six to twelve months in a residential (isolated) treatment unit. Setting, duration and staff training are important in establishing intensive treatment interventions. Intensive treatment **plus aftercare** results in significantly better outcomes (Delaware & California TC Programs; Texas /High Severity Group).

Research also documents the following crucial elements for effective treatment:

- Offender engagement.
- Participation in transitional "aftercare."
- Special needs addressed: Co-occurring health disorders, HIV/AIDS, and issues particular to specific offender groups such as race/ethnicity, women, and youth.

Motivational interviewing strategies have been found to improve offender engagement. Also, research demonstrates court-mandated treatment can be effective with low motivation offenders.

Promising therapeutic approaches include:

- Selective education, 12 step, and cognitive-behavioral therapies.
- Use of agonists (such as methadone) for heroin dependence.
- Accountability coupled with treatment are among the most effective strategies (Huddleston III, 2005).

**New National Research Program For Corrections-Based Treatment.** The National Institute of Drug Abuse (NIDA) has funded a 5-year cooperative agreement project, The Criminal Justice Drug Abuse Treatment Studies, to investigate key elements of correctional drug treatment systems in the U.S. and make recommendations for policies to enhance outcomes and improve the overall efficiency of treatment service delivery. The establishment of science-based evidence for guiding treatment of correctional populations to reduce drug use and crime-related costs to society is the key objective of this landmark study.

## Iowa Outcomes: Treatment Works<sup>9</sup>

Three studies done in Iowa, *Iowa Adult Methamphetamine Treatment Project – Final Report, 2003*; *Iowa Outcomes Monitoring System (IOMS) Iowa Project, 2005*; and *Final Report of the Polk County Adult Drug Court, 2001* demonstrate that treatment for addiction is effective. Key findings are below:

**Treatment is effective in stopping methamphetamine use.** The 2003 report found that 71.2% of the clients using methamphetamine remained abstinent six months after treatment and 75.4% of clients were abstinent one year after treatment. The 2005 report found that of those who were interviewed six months after their discharge, 65.4% of methamphetamine users were abstinent, 49.3% of marijuana users were abstinent, and 47.1% of those admitted for alcohol abuse were abstinent.

(Source: Iowa Department of Public Health and Iowa Consortium for Substance Abuse Research and Evaluation)

**Treatment helps those in recovery stay out of jail.** The 2003 report found that 90.4% of methamphetamine clients had not been arrested six months after treatment and 95.7% of methamphetamine clients interviewed one year after treatment had not been arrested during the previous six months. The 2005 study found that in the six months after treatment, 89.2% of methamphetamine users had not been arrested, 88.1% of alcohol users had not been arrested, 98.1% of cocaine users had not been arrested, and 83.9% of marijuana users had not been arrested. These rates compare to 32.4% of clients who had not been arrested in 12 months prior to treatment.

(Source: Iowa Department of Public Health and Iowa Consortium for Substance Abuse Research and Evaluation)

**Treatment helps people get back to work.** The 2003 report found that 54.8% of the methamphetamine clients were working full time six months after treatment while 66.7% were working full time one year after treatment. The 2005 report found that the percentage of those employed full time increased by 14.3% for all clients.

(Source: Iowa Department of Public Health and Iowa Consortium for Substance Abuse Research and Evaluation)

**While longer treatment periods improve outcomes, results for clients treated for approximately 60 days or less are still impressive.** In general, clients who were treated for longer periods of time were more likely to be abstinent: 38.1% for 31-60 days, 61.1% for 61-90 days, 53.2% for 91-120 days and 61.1% for more than 120 days.

(Source: Iowa Department of Public Health and Iowa Consortium for Substance Abuse Research and Evaluation)

**A drug court study shows savings on justice system costs.** The 2001 study of methamphetamine and other drug offenders graduating from the Polk County Drug Court showed that they had received more treatment, had lower re-arrest rates, and saved on justice system costs.

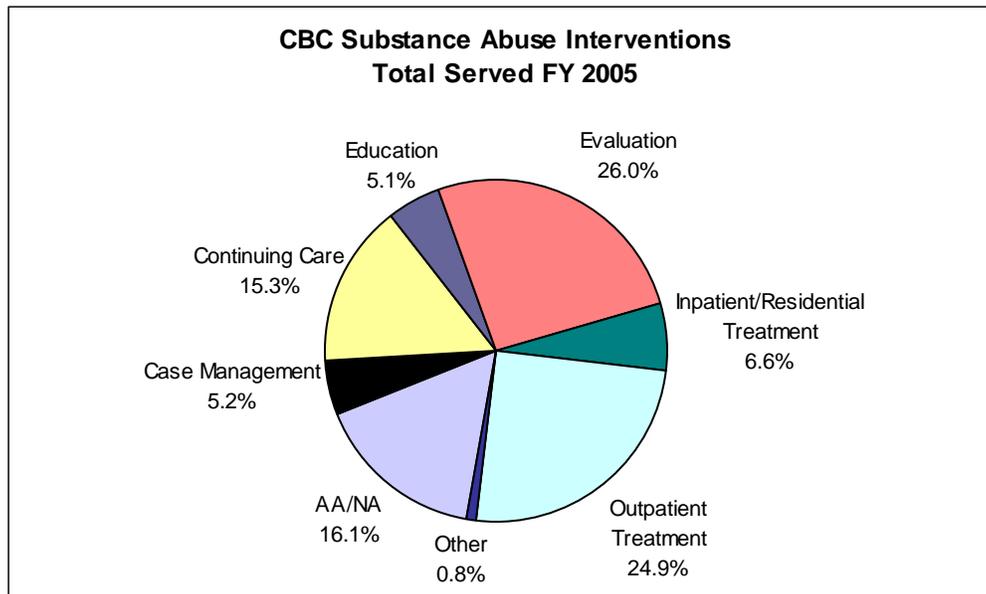
(Source: Division of Criminal & Juvenile Justice Planning, Iowa Department of Human Rights)

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<sup>9</sup> Information on this page is excerpted verbatim from Iowa Department of Public Health handout, “Treatment Works: People Recover from Addiction even Methamphetamine” (undated). Please note that with the exception of the Polk County Drug Court study, which was specific to offenders, the other studies cited included both criminal justice and non-criminal justice clients.

## Substance Abuse Interventions Community-Based Corrections

At yearend 2005, a total of 2,343 offenders under CBC supervision were in an intervention to evaluate or address their substance abuse treatment need (where the substance abuse problem was one of their top three needs). More are served in a given year (as used in this report, “total served” refers to offenders in the intervention at the beginning of the year, plus new admissions into the intervention). During FY2005, a total of 16,405 offenders received a substance abuse intervention (this is “total served”).

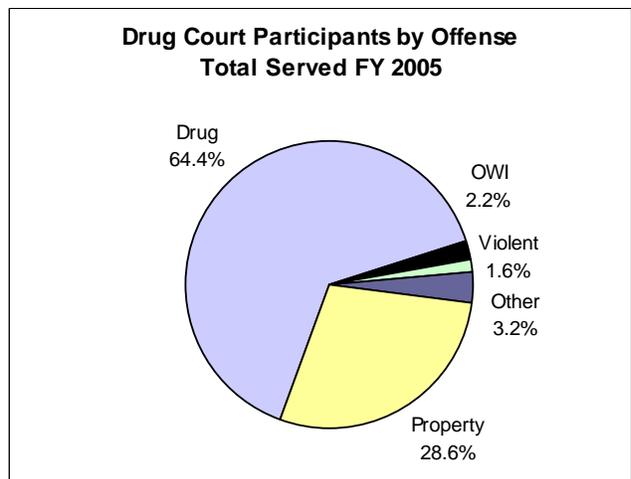
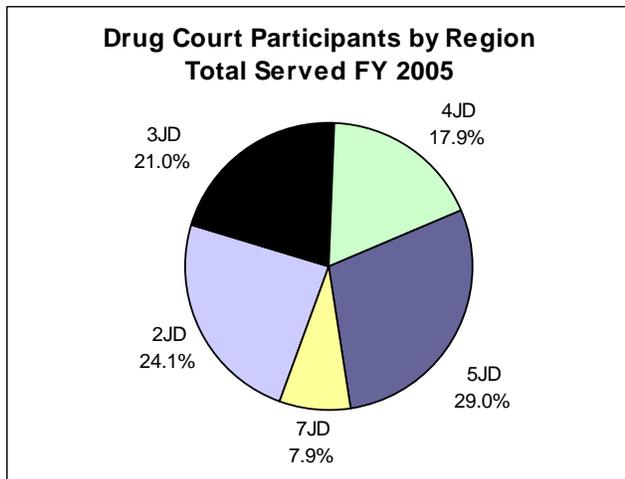


Three important programs offered in the CBC’s are drug courts, OWI programs, and Treatment Alternatives to Street Crime (TASC). The following pages describe the types of offenders served by these programs in FY 2005.

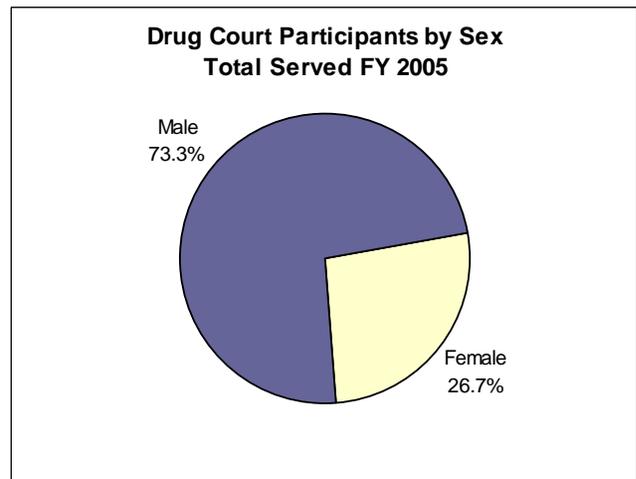
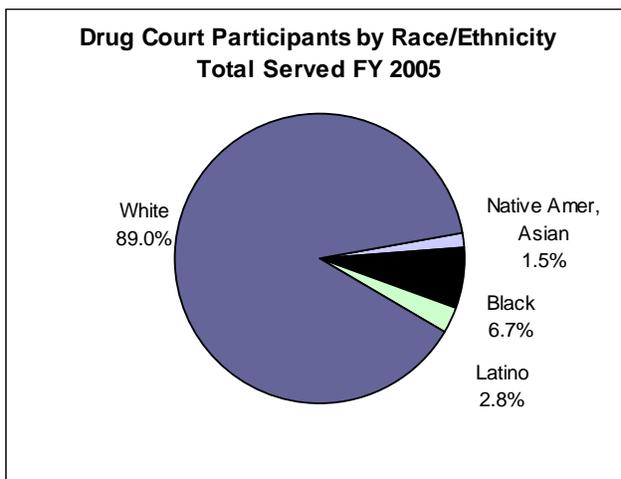
## Drug Courts

During FY2005, 390 offenders were served by drug courts in Council Bluffs, Davenport, Des Moines, Marshalltown, Mason City and Sioux City. A new drug court in Waterloo has since begun operating. Some drug courts feature participation and oversight by Iowa judges, who meet with offenders frequently to review their progress and provide encouragement for those doing well, and sanctions for violations, as appropriate. Other drug courts feature citizen panels in lieu of the judge to perform the oversight function.

The majority of offenders served in drug courts during FY2005 had a drug offense as their most serious offense; over one-fourth of participants were under correctional supervision property crimes.

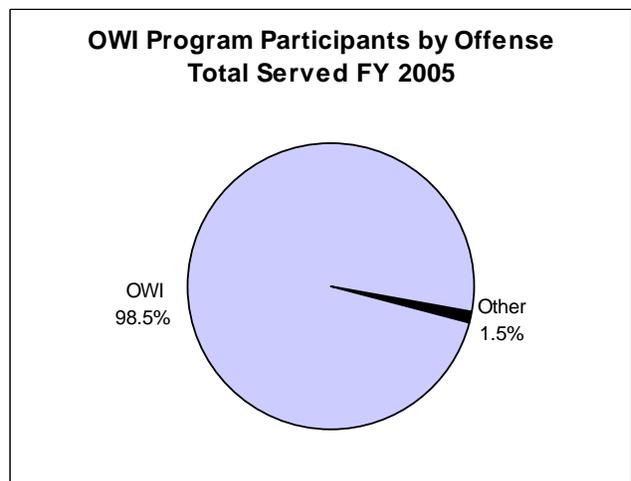
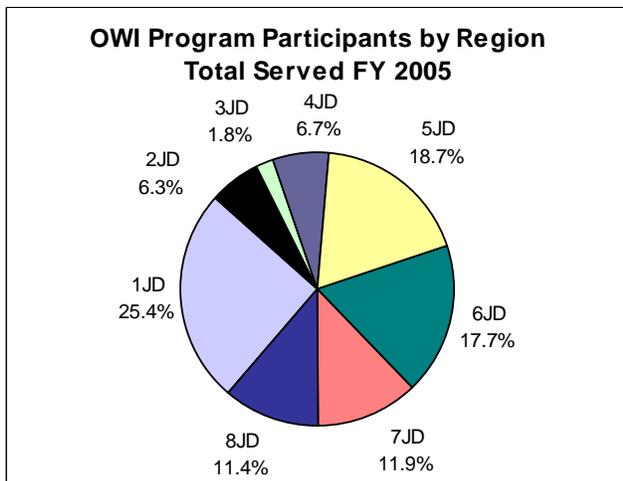


Most (89%) drug court participants were Caucasian, and 73.3% were male.

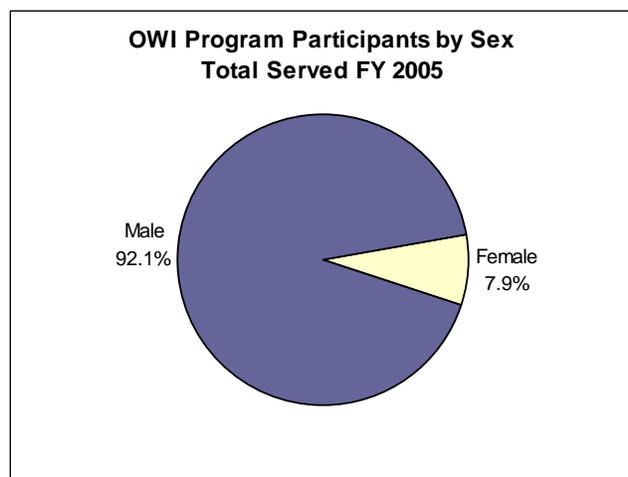
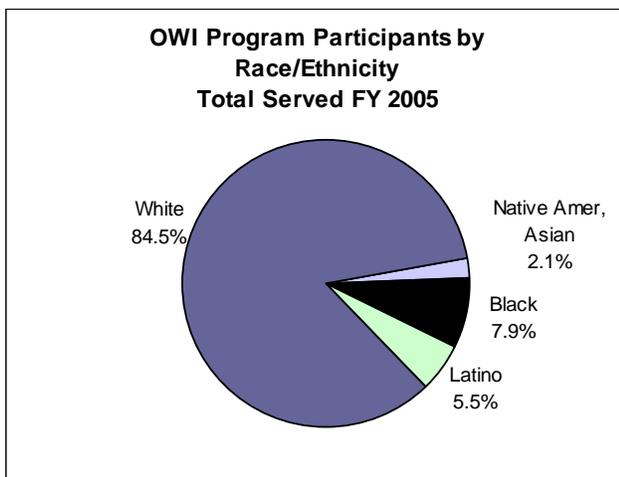


## OWI Programs

OWI programs for drunken drivers operate in all judicial districts and numerous locations. During FY2005, 763 offenders were served by these programs. OWI programs feature intensive treatment while residing in a community-based facility, and are an effective diversion from the state prison system. During FY2005, 199 offenders served an initial, usually short, prison stay and were released to the OWI program, compared with 326 total admissions to the OWI program (the remaining offenders waited for OWI placement in jail or under community-based corrections supervision). During FY2005, 476 offenders sentenced to the OWI Continuum were released from residential facilities; of these, 398 or about 84% were considered successful discharges.



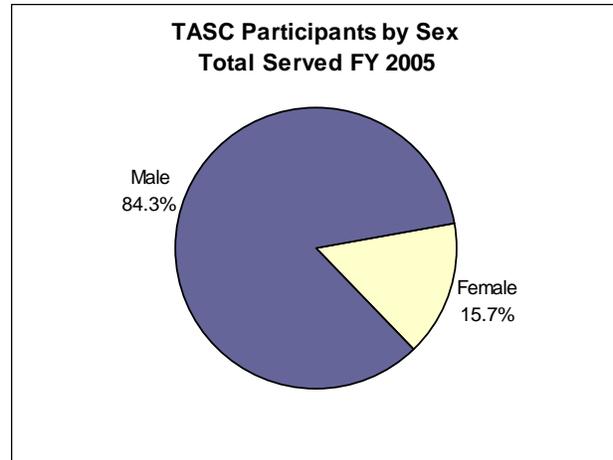
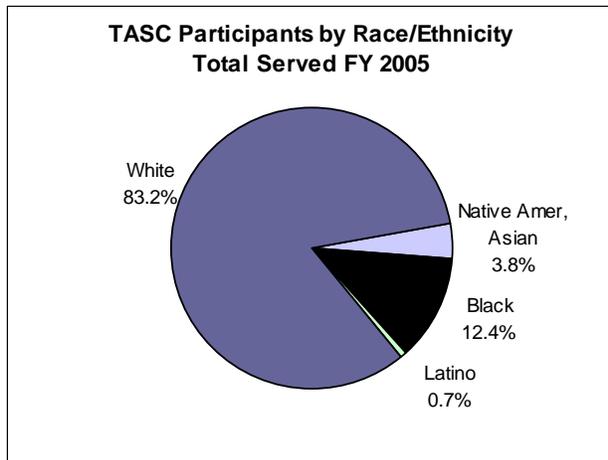
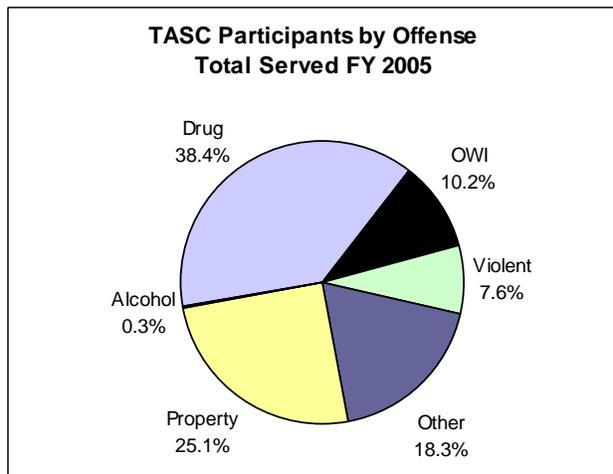
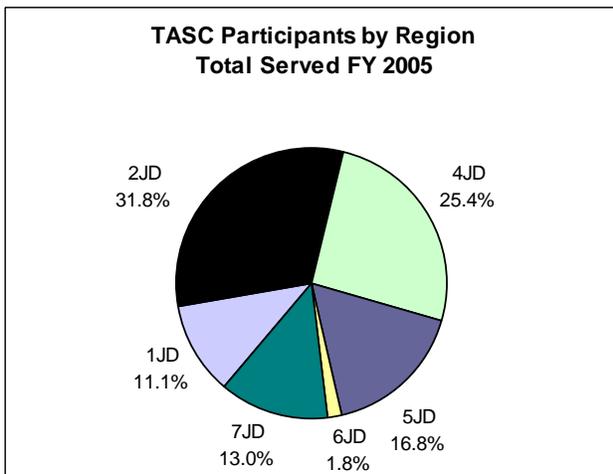
Most OWI program participants in FY2005 were male Caucasians.



## TASC Programs

TASC programs operate in six of the eight judicial districts. TASC programs represent a partnership between corrections and the substance abuse treatment system to provide offenders coordinated treatment from both systems. TASC staff, on request by the court, provides pretrial or presentence substance abuse assessments to facilitate the offender's move into treatment. TASC programs target younger, high risk, drug-involved offenders, with the goal of diverting these offenders from more restrictive and more expensive incarceration.

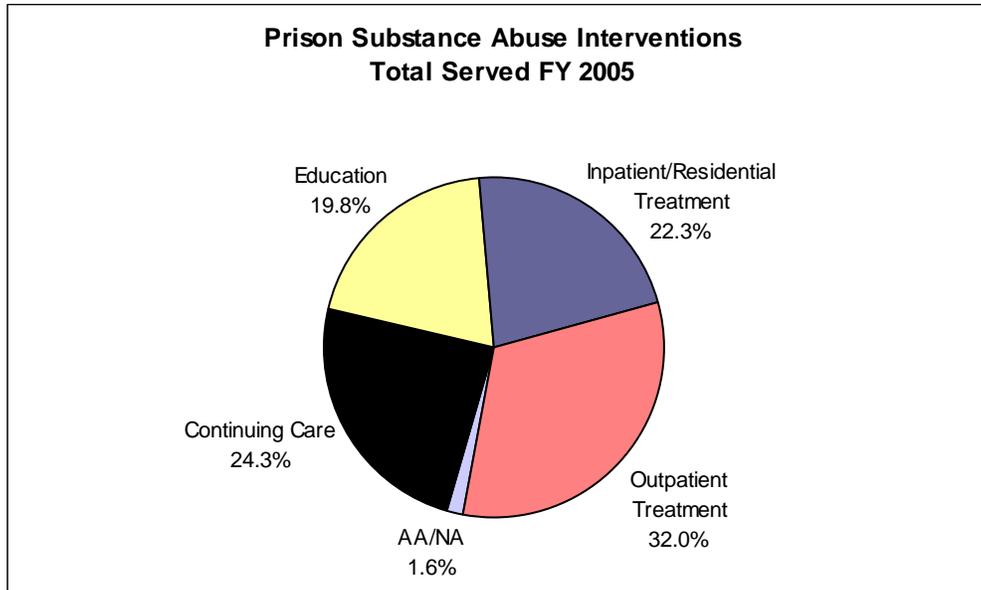
During FY2005, 606 offenders were served by TASC programs. TASC participants were under supervision for a range of offenses, with drug offenses and property crimes being the most common. Over 80% of participants were male Caucasians.



## Substance Abuse Interventions

### Prisons

At yearend 2005, a total of 1,064 offenders in Iowa's prison system were in an intervention to address their substance abuse treatment need (where the substance abuse problem was one of their top three needs). More are served in a given year; during FY2005, a total of 4,456 offenders received a substance abuse intervention (total served).



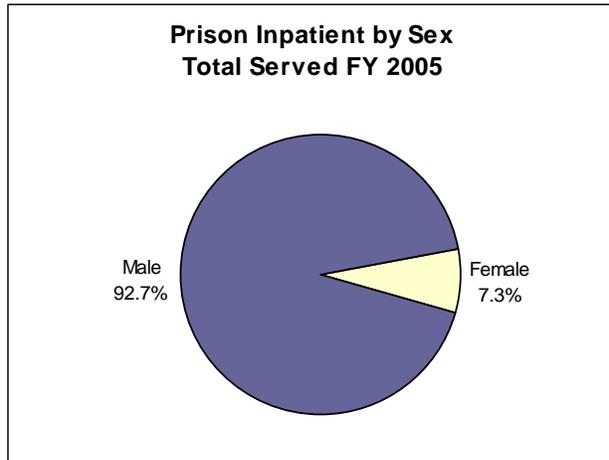
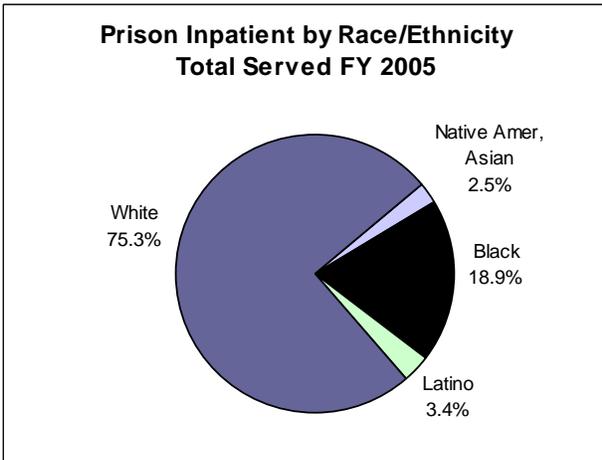
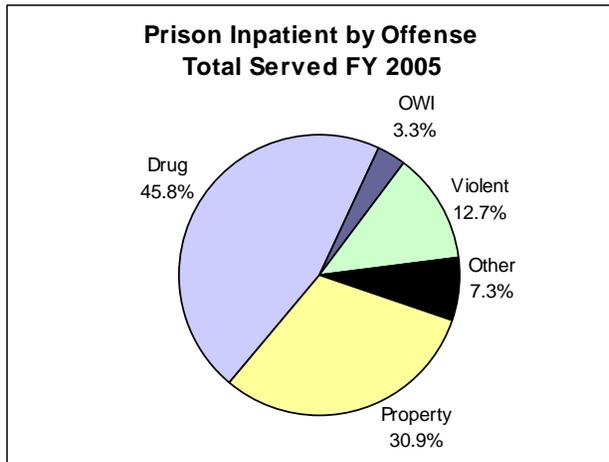
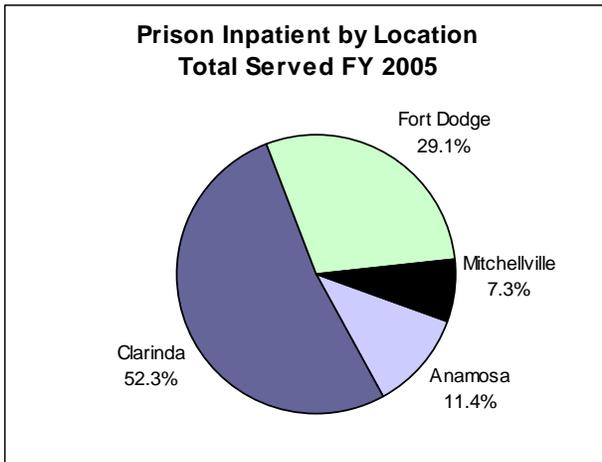
There are currently sixteen licensed substance abuse treatment programs within the prison system, at nine facilities. All together, these programs have a capacity to treat up to 1,915 offenders per year. Inpatient slots comprise 654 of the total.

Inpatient/residential treatment is an important prison-based intervention. Inpatient treatment is available in four institutions. The following page describes the types of offenders served by these inpatient substance abuse programs in FY 2005.

## Inpatient Substance Abuse Programs (in Prison)

During FY2005, a total of 974 offenders were served by inpatient substance abuse programs. The largest of these is at the Clarinda Correctional Facility.

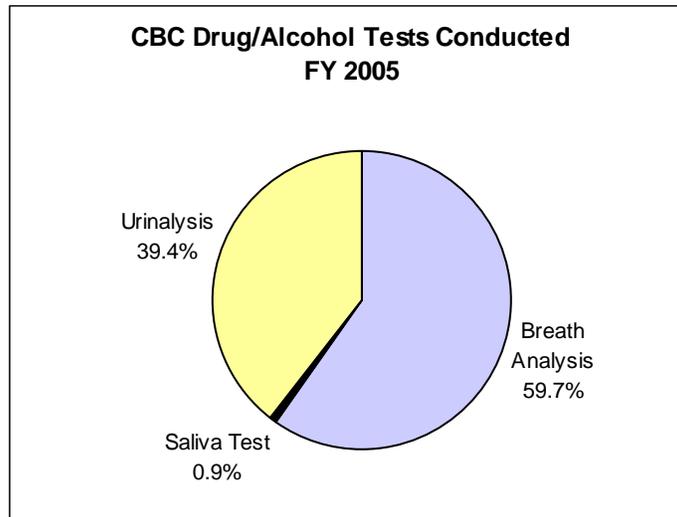
Over 45% of participants in inpatient programs were serving time for drug offenses as their most serious offense, and about 30% of participants were serving time for property crimes. About 75% of participants were Caucasian, and almost 19% were African-American. Most were male.



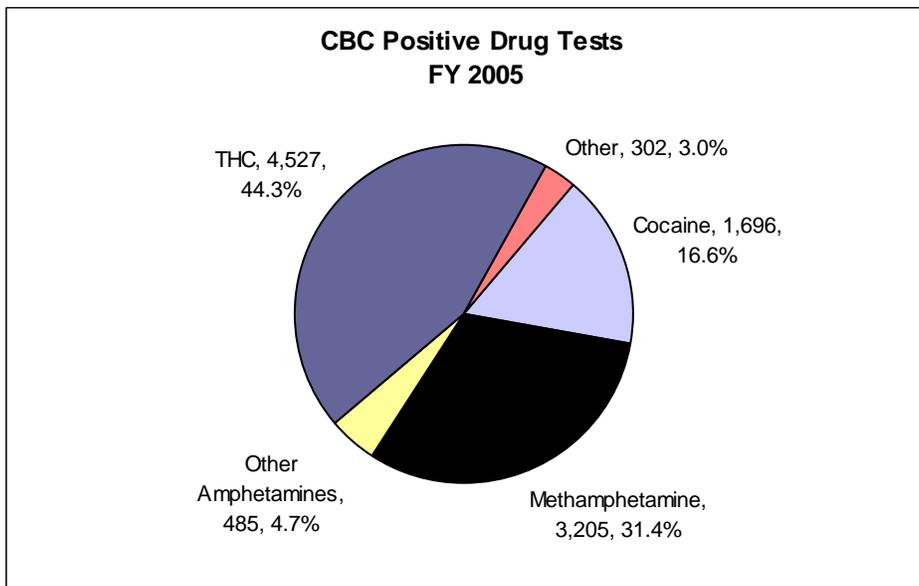
## Monitoring for Compliance

### Community-Based Corrections

During FY2005 the district departments of correctional services conducted 166,062 tests for substance abuse. Many offenders are tested weekly as an additional motivation for the offender to remain drug and/or alcohol free. The data on this page excludes instances where offenders admitted to using drugs or alcohol prior to being tested.



Urinalysis and saliva tests for drugs turned up thousands of instances where offenders continued using drugs while under supervision. A single test may identify a positive result for more than one drug. Marijuana (THC) was the drug most often found during drug testing, although methamphetamines accounted for nearly one-third of positive results.

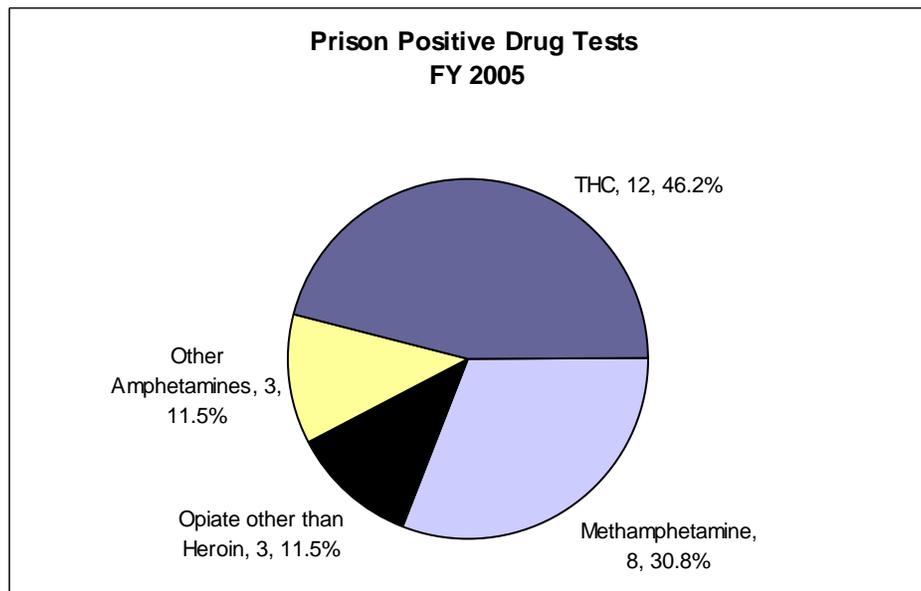


## Monitoring for Compliance Prisons

During FY2005 institutions conducted 4,562 tests for substance abuse, which usually occurs via urinalysis. Drug testing in Iowa's prison system is part of ensuring a safe and secure environment for staff and offenders.

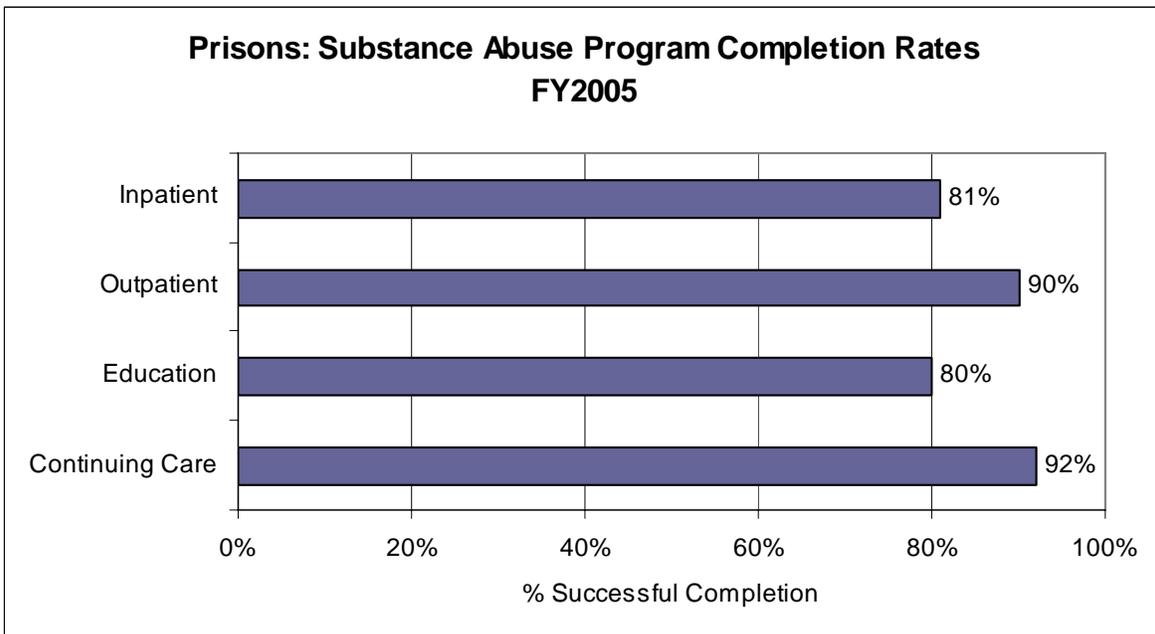
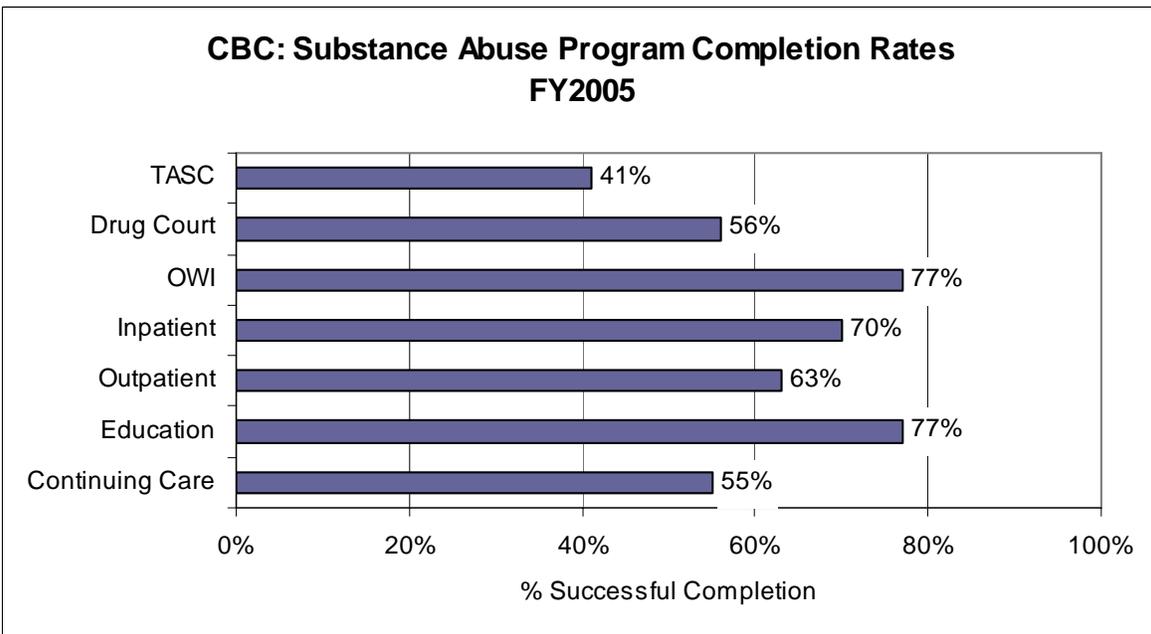


Few of these tests show positive results. However, the types of drugs found, as well as their proportions, are similar to findings for CBC offenders (see previous page).



## Outcomes: Program Completion Rates

Substance abuse program treatment providers endeavor to ensure the success of offender participants, including keeping participants in the program wherever possible. Rates of successful completion are one way to assess how well programs are performing their mission. However, lower completion rates may be an indicator that a higher risk offender is being served by a particular program, compared with others. Because offender risk may vary from program to program, outcome evaluations are an important way to assess whether a particular program is effective.



## Continued Commitment to Evidence-Based Practices

The findings reported by the Iowa Department of Public Health (see p. 9) clearly document that treatment works. The Iowa Department of Corrections is committed to further studies of our intervention programs to examine **what works best** for offenders, with a goal of reducing recidivism.

**For example, the Polk County Drug Court has been shown to reduce recidivism rates.** Offenders successfully completing that program had a recidivism rate of 33%, compared with 55% recidivism among offenders referred to the program but who did not enter the program.<sup>10</sup> The Polk County Drug Court also lowered overall corrections costs for offenders participating in the program, and findings suggest the program has diverted some offenders from prison.<sup>11</sup>

Iowa Justice Data Warehouse development is underway to provide programming which will readily track offenders following program completion, to study the outcome of their supervision, and beyond. Already, a link between ICON and ICIS (Iowa State Court Information System data) is able to match well over 90% of offenders between the two systems. We are working to make outcome information available **by intervention** to describe new charges and convictions occurring in the Iowa District Court following program completion. Additionally, reports will be readily available to describe, for offenders who are revoked from supervision, the most serious violations incurred leading to the revocation.

The Iowa Department of Corrections is also currently working with a number of research partners to study intervention programs in general, as well as several substance abuse treatment programs in particular.

All of these efforts have one goal in mind: to determine which programs work best so they may be replicated or expanded. Programs that work less well will be examined to see how they might be made more effective – or replaced. Ineffective programs will be discontinued and resources redirected to what does work. In this way, the Iowa Department of Corrections intends to transform the way we do business, and achieve a better return on investment – in terms of increased public safety – for each corrections dollar spent.

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<sup>10</sup> Division of Criminal and Juvenile Justice Planning, *Final Report on the Polk County Adult Drug Court: Executive Summary and Summary of Findings* (Iowa Department of Human Rights, 2001), 1. The report is published on the Internet at: [http://www.state.ia.us/dhr/cjpp/images/pdf/01\\_pub/execsummary.pdf](http://www.state.ia.us/dhr/cjpp/images/pdf/01_pub/execsummary.pdf).

<sup>11</sup> *Ibid.*, 4.