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REPORT OF THE

DEPARTMENT OF WELFARE AND INSTITUTIONS

TO

THE GOVERNOR

AND

THE GENERAL ASSEMBLY OF VIRGINIA

House Document No. 9

COMMONWEALTH OF VIRGINIA
Department of Welfare and Institutions
Richmond
~~1973~~
1974

VIRGINIA DEPARTMENT OF WELFARE AND INSTITUTIONS

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Report of the
Department of Welfare and Institutions
to
The Governor and The General Assembly of Virginia

Richmond, Virginia
November 1, 1973

To: HONORABLE LINWOOD HOLTON, *Governor of Virginia*
and
THE GENERAL ASSEMBLY OF VIRGINIA

INTRODUCTION

House Joint Resolution 216 of the 1973 session of the General Assembly directed that the Department of Welfare and Institutions continue, in cooperation with the Division of Drug Abuse Control, its study and development of a plan for the treatment of drug addicts begun under House Joint Resolution 66 of the 1972 session of the General Assembly. The study was expanded to include all elements of the correctional system, State and local, and all offenders, juvenile and adult, who are incarcerated for violations of criminal laws as a result of drug abuse as well as those offenders incarcerated for violations of drug laws.

HOUSE JOINT RESOLUTION NO. 216

Directing the Department of Welfare and Institutions to continue its study to develop a plan for the treatment of drug addicts accused of violations of drug abuse laws or confined in local jails for convictions of such laws.

Offered January 19, 1973

Patrons—Messrs. Philpott, Anderson, Morrison and Giesen

Whereas, House Joint Resolution No. 66 of the 1972 Session of the General Assembly directed the Department of Welfare and Institutions to conduct a study and develop a plan for the treatment of drug addicts accused of violations of drug laws or confined in jails for violating such laws and to submit its report prior to the 1973 Session of the General Assembly; and

Whereas, the Department has not had sufficient time to complete such study due to the limited time and resources available; and

Whereas, the study should be expanded to comprehend all elements of the corrections system, State and local, and all offenders, juvenile and adult, who are incarcerated for violations of general criminal laws as a result of drug abuse as well as those offenders incarcerated for violations of drug laws; and

Whereas, the Department of Health, Education and Welfare has recently commissioned an intensive study of all drug abuse control and treatment modalities in an effort to determine which, if any, have proven reasonably effective, the Department of Welfare and Institutions' study should be continued so that the results of this nationwide survey can be utilized as a resource in the Departments' study; now, therefore be it

Resolved by the House of Delegates, the Senate concurring, That the Department of Welfare and Institutions is directed to continue in cooperation with the Division of Drug Abuse Control its study and development of a plan for the treatment of drug addicts accused of violations of drug abuse laws or confined in jails for convictions of such laws as directed by House Joint Resolution No. 66 of the 1972 Session of the Virginia General Assembly; and be it

Resolved, further, That the study be expanded to comprehend all elements of the the correctional system, State and local, and all offenders, juvenile and adult, who are incarcerated for violations of criminal laws as a result of drug abuse as well as those offenders incarcerated for violations of drug laws.

The Department of Welfare and Institutions shall conclude its work and make its report to the Governor and the General Assembly not later than November one, nineteen hundred seventy-three.

On February 1, 1973, the current study was begun. As the resolution directs, the study was clearly divisible into three parts: (1) a study to determine the extent of the drug abuse problem in the Department, (2) a study or search of the literature on all drug abuse control and treatment modalities to determine those which have proven reasonably effective, and (3) a plan for the treatment of the drug abuser who is confined in the correctional system under the authority of the Department of Welfare and Institutions.

Mr. Martin B. Omansky was retained by the Division of Drug Abuse

Control to conduct a literature search of various treatment modalities and to submit recommendations for Virginia's correctional system. A summary of his survey is included in Section II of this report, and the complete text is available at the Bureau of Planning and Program Development, Department of Welfare and Institutions.

The study of the drug abuse problem in the Department of Welfare and Institutions was divided into four distinct phases which were conducted simultaneously between February and July of this year. These phases were:

1. A survey of jail managers' perceptions of the drug abuse problem, the need for drug programs, and the need for drug education and training for staff in the jails.

2. A survey of selected staff members of the Division of Corrections to: (a) determine their perceptions of the drug abuse problem, the need for drug programs, and the need for drug education and training for the staffs in the institutions, and (b) measure the level of general drug knowledge of these selected staff members.

3. A survey of selected staff members of the Division of Youth Service's institutions, local and State, to: (a) determine their perceptions of the drug abuse problem, the need for drug programs, and the need for drug education and training for the staff in the institutions, (b) measure the level of general drug knowledge of these selected staff members, and (c) determine the respondents' attitudes towards use of drugs and the laws affecting drug use.

4. A survey of selected inmates in order to develop comparative profiles of the drug abuser and non-abuser based on: (a) demographic, biographic, criminal and drug use data, and (b) attitudes toward drugs, the law, the institution, and society.

The complete text of the results of paragraphs 1 through 4 above are available at the Bureau of Planning and Program Development, Department of Welfare and Institutions.

The development of the plan for the intervention in the drug abuse cycle, was a matter of bringing together the needs identified in the staff and inmate surveys with the recommendations for treatment programming contained in Omansky's report of treatment modalities.

The organization of this report is as follows:

Section I — Recommendations

Section II — Summary of the Literature Survey of Drug Abuse Control and Treatment Modalities

Section III — Summary of Staff and Inmate Surveys

Section IV — Summary of Needs and Current Services in Drug Abuse Control and Treatment

Appendix I — Glossary

Appendix II — Budget Request

Acknowledgement is made of those agencies and people who have contributed time, effort, and guidance to this study. The State agencies who have assisted are the Division of Drug Abuse Control and the Bureau of Drug Rehabilitation of the Department of Mental Health and Mental Retardation. While they have responsibilities to assist in this type of study, their contributions went far beyond their stated responsibilities.

There are five individuals without whose help the inmate survey and analysis would not have been possible. These five, Dr. Charles Thomas, Dr. James Williams, Dr. Lynn Nelson, Matthew Zingraff, and Eric Poole of the Department of Sociology and Anthropology, Virginia Commonwealth University, conducted the inmate survey and performed the computer analysis of the survey. This was done on their own time because they are dedicated to seeing quality evaluation of the correctional system, and, more importantly, because they believe that higher education has a valuable contribution to make to the State agencies. They have demonstrated that it not only is possible, but necessary, for this cooperative effort to exist in this State.

Finally, too numerous to mention are the various groups and individuals within the Department who assisted in putting this report together.

SECTION I—RECOMMENDATIONS

Recommendations are made in three areas of drug abuse control and treatment: education and training, treatment, and research. The justifications are cited following each recommendation and may be found in Section IV of the report.

A. EDUCATION AND TRAINING *

1. Develop a capability for teaching basic drug and alcohol education within the divisional, insitutional, and jails training staffs. (Section IV, Paragraph A., 1.).

2. Provide training for a minimum of one full time drug and alcohol treatment specialist at each major institution in the Correctional System. (Section IV, Paragraph A., 2.).

Conduct basic drug and alcohol awareness education classes for all correctional personnel, State and local, juvenile and adult, who have daily contact with clients. Such training will include but not be limited to: (Section IV, Paragraph A., 3.).

a. Identification of narcotics, drugs and alcohol.

b. Characteristics of persons under the influence of narcotics, drugs, and alcohol.

c. Identification of the withdrawal symptoms of narcotics, drugs, and alcohol.

d. Emergency treatment of withdrawal until medical personnel arrive.

B. TREATMENT

1. Establish a drug specific treatment program in a separate institution for adults. (Section IV, B., 7.).

2. Establish a drug specific treatment program within an existing major adult correctional institution. (Section IV, B., 2.).

3. Provide adjunct treatment services for the drug and alcohol abuser at each institution. (Section IV, B., 3.).

4. Provide drug and alcohol treatment programs in work and study release, pre-release, and community correctional programs.

5. Provide active reentry and follow-up services in the community for released drug and alcohol abusers in cooperation with the Virginia Probation and Parole Board and licensed local drug treatment programs.

C. RESEARCH (Section IV, C.)

1. Establish an evaluative research component within the Department to:

a. Develop instruments to identify individual and group needs of the clients.

b. Develop instruments to measure the prosocial changes in client's attitudes and behavior.

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* Note: Drug education is the teaching of general drug information.
Drug training is the teaching of skills to perform specific functions such as treatment.

c. Develop evaluation guides to measure the effectiveness of resocialization programs in the Correctional System.

d. Develop pre-implementation evaluation methods to determine the effects of new programs on the overall Correctional System and their potential for effecting prosocial change in clients' attitudes and behavior.

2. Establish a research review board which will determine if research proposals will contribute new and needed information for the Department, meet proper safeguards for confidentiality and individual rights as outlined in Departmental procedures, and follow research methodology acceptable for scientific inquiry. This review board would be responsive to the Director, Department of Welfare and Institutions to assist him in managing the evaluative research program in the Department.

The objective of these recommendations is to resocialize the drug abuse client through programs of evaluation, training, and treatment. All three are necessary complements to successful intervention. The above recommendations are the beginning of an ever improving plan for drug and alcohol abuse treatment and prevention.

A complete text of the study, including the surveys of inmates and staff and the literature search, is available at the Bureau of Planning and Program Development, Department of Welfare and Institutions.

SECTION II

SUMMARY OF THE STUDY OF DRUG ABUSE CONTROL AND TREATMENT MODALITIES

Chapter I — Introduction

In classifying treatment modalities a distinction can be drawn according to the criteria for success which are implicit in the therapy programs. The terms treatment, rehabilitation, management and care are defined in light of their objectives. Even the most sophisticated therapy for drug abuse cannot guarantee "cure" because of two factors: (1) the complex pattern of root causes; and (2) the memory of the drug experience, which often can be orgiastic.

Chapter II — History of Treatment

The history of attitudes toward opiate addiction in America is a mixture of 19th century enlightenment and 20th century dogmatism. Modern records of drug dependence begin in the 18th century, but there were no prohibitive laws or governmental control measures established until the early 20th century. The Harrison Narcotics Act of 1914, administered by the Internal Revenue Service, defined drug dependency as criminal and proscribed maintenance and detoxification treatment by private physicians. Treatment facilities established by the Internal Revenue Service (1919-23) and the Public Health Service (1935-65) first practiced maintenance and later, detoxification, with no effort at research leading to improved therapeutic treatment. Since 1958, new treatment and research programs have been attempted which are detailed in Chapter III. Only in the last ten years have government jurisdictions moved to implement new approaches.

Chaper III — Survey of Published Sources

This survey includes coverage of four recently published general surveys of drug abuse treatment modalities and additional sources based on an expanded treatment concept which includes sociological, religious, mystical, meditative, electronic, and recreational practices that have some bearing on the re-humanizing of the individual. Treatment methods are described and evaluated. There is consensus in the literature as to the negative value of detoxification without therapy, civil commitment, and psychoanalysis. Methadone maintenance and therapeutic communities are the two most reliable and widely accepted drug treatment therapies. Chemotherapy, including narcotic antagonists, LSD therapy, and heroin maintenance, is experimental and results are thus far inconclusive. Significant research has been done on transcendental meditation with the result that scholars believe the technique is effective in the treatment of polydrug abusers. A number of recent advances in general psychology show promise as supplementary therapy techniques, e.g. psychodrama, transactional analysis, Gestalt therapy, and sensitivity training. Two of the most promising are primal therapy and hypnotherapy. Other supplementary methods can be characterized as alternative highs: yoga, certain recreational activities and biofeedback.

Chapter IV — Survey of State Programs

Only a major commitment by a state would cause the establishment of a comprehensive, effective drug treatment program. The vast majority of jurisdictions view drug dependency as a treatable behavior disorder, and more than one in four programs were operating some innovative, experimental therapy. Those states that have made a financial and intellectual commitment now have something to show for their efforts. Connecticut is the best example of a working program. In all, there are about ten states with worthwhile

programs. These states operate intervention, diversion, in-house, and post-release programs that track the offender from beginning to end. Most use the therapeutic community style of encounter therapy, utilizing ex-addict therapists and professional supervision. Some even have separate units, cell blocks, or cottages devoted to this purpose. Work release centers outside of correctional institutions are also common in these comprehensive approaches. The greatest prospect for success, if we can believe the data thus far submitted, occurs when corrections services become part of an integrated criminal justice system effort.

* Chapter V — State of the Art

The single most powerful psychological tool (modality) for the treatment of drug dependency is the therapeutic community. In this study, we have seen its widespread acceptance throughout the country, and there is ample reason why this is so.

First of all, the notion of a therapeutic community (TC) is not new. Before the advent of State Mental Hospitals, persons with emotional problems went to small group homes run by doctors. The doctors ran the homes like a domineering father would his own, and the patients were *required*, by "family" pressure and the disapproving "father" to get well. For persons with certain kinds of mental disorders, this structure was useful. The TC is much the same — a structured surrogate family that demands *and gets* behavior change from its members. In this general descriptive sense, TC's are alike. There are variations on the theme, of course — everything from the traditional "hard core" regimen run by Marathon House of Rhode Island to the relaxed atmosphere of Synanon City in Tomales Bay, California.

Successful therapeutic communities have one important thing in common: they are run by well-trained ex-addicts. There is no substitute for such a staff, and it can be said with reasonable certainty that the further the staff departs from this standard, the less successful the therapeutic community will be. It is instructive to interject the following information as supportive of this position: Many of the responding corrections agencies emphasized the absolute necessity for ex-addict staff, and those programs that under-utilized such people, such as the South Carolina program, expressed surprise when they discovered that *only* ex-addicts could do certain jobs.

Without other services and procedures, however, the TC would not function nearly as well as it does. For example, it is *critical* that drug dependent persons be forced to opt for treatment. So few real volunteers appear for treatment that they can be statistically discounted. A quick survey of TC's would show that the people most likely to succeed in the programs are those under probation or parole conditions. Directors of TC's would also tell you that the tighter the legal sanctions and controls on the person, the better the chance for a "cure". The significant thing to remember, however, is that outside of the very special TC environment, this use of authority would be resented and resisted. It is mysterious, but true nonetheless, that a peer-group therapy center can impose restrictions and demands on patients which, in a correctional facility would be food for riot. The key is the credibility of the staff — the ex-addicts that have experienced the same thing as the patients, and who can be "trusted". For the sake of appearance, or for the purpose of legitimizing the effort, many therapeutic communities retain a "straight" front man, usually a doctor, psychologist, or psychiatrist. Though lip service is given to the

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* Chapter V of the literature survey has been reproduced verbatim from Omansky's report. References to "I" or "analyst" refer to Omansky.

notion of professional/paraprofessional teamwork, the ex-addicts in most programs still operate the nuts and bolts of the therapy program, while the professionals learn from observation.

The TC is not without its problems. Good staff is hard to find. When found, the staff people tend to be arrogant and resentful of even well-intentioned interference. Turnover of ex-addict staff has been high in some programs, and not all trained ex-addicts are dependable. But the truth remains unsullied; sooner or later, *all* abstinence programs will come around to the conclusion that ex-addict therapists, well-paid and well-trained, are the cornerstones of treatment.

The therapeutic community can also be a hybrid, a program which remains at its core an ex-addict operated facility, but which incorporates other therapy techniques. Of the literature surveyed in this document, two relatively new therapy techniques, hypnotherapy and transactional analysis, are particularly good tools with which to probe the unconscious mind; the cost and time required is much lower than traditional psychoanalysis. TC's have this weakness, in that they do not perform much beyond behavior therapy. The incorporation of these two might achieve good results. Transactional analysis is a technique that teaches people to analyze their behavior in simple everyday terms. It is being used widely in marriage counseling and has been introduced in some corporations, corrections facilities, and even some therapeutic communities. As an adjunct to a TC program, especially toward the end of the therapy regimen, T.A. would prove most helpful.

On the horizon is another technique, not really a therapy, which is gaining increasing acceptance as a modality for the treatment of polydrug abusers. The name of the technique is transcendental meditation. Developed by the Maharishi Mahesh Yogi, it has been studied by researchers at the Harvard Medical School and found to be a remarkable tool in the relief of anxiety, nervous disorders, and drug abuse. Researchers report up to a 90% reduction in the incidence of marijuana and hallucinogen use among persons in a large control group. Most college campuses have TM instructors in the vicinity, (including the Virginia Commonwealth University) and the Defense Department reportedly has trained personnel in the technique to aid in mental alertness while on guard duty. The cost of TM is a minimum of $35 per person, but this is a one-time fee. If any one new breakthrough can be identified in the prevention and/or reduction of drug abuse, it is this simple meditative technique developed by an idiosyncratic holy man, bedecked in flowers and partial to Rolls Royce Silver Shadows. In a comprehensive drug control program, TM should be included.

The most publicized modality for the treatment of drug dependency is methadone maintenance. Done properly, maintenance can be of enormous help in the management of addicted opiate users. But methadone maintenance has some severe drawbacks: (1) it treats only the heroin addict; polydrug abusers cannot be justifiably maintained on methadone; (2) methadone maintenance interferes with psychotherapy; the presence of the drug in the system dampens the emotions in tranquilizer fashion; (3) there is some question as to whether methadone is appropriate for young adults; (4) minority groups claim methadone is a form of "social control" and vehemently oppose its use; and (5) being primarily an out-patient modality, methadone maintenance is not a relevant treatment inside a residential setting.

Most specialists in the field agree that methadone maintenance is *the* state of the art. The analyst disagrees. If the goal of the state is simply to control crime-prone individuals and to reduce recidivism, then methadone maintenance is the modality of choice, and must be considered the most

advanced tool available. If, on the other hand, the state has, as its objective, complete rehabilitation of offender/addicts, the therapeutic community has a far greater potential. TC's deal with the psychology of the addict, the root cause of the behavior, if you will; methadone deals with the symptom of the root cause.

Realistically, neither therapeutic communities nor methadone maintenance programs have achieved the kind of "cure" ratios that everyone would hope for. In terms of recidivism, TC's claim they can reduce it down to 20% for addict-offenders. Methadone programs say the same thing about their technique. Both modalities have been known to fudge on their statistics. TC's, for example, usually count only those people that finish their program; the many dropouts along the way are not counted. Methadone programs measure success by urine monitoring and reduction of arrests. However, urinalysis is an unreliable indicator (often 40% of samples are inaccurate), and the lower arrest figures may indicate that methadone enables patients to be more efficient, more careful, less desperate thieves. Overall, methadone holds people very well, but does little to change attitudes; TC's hold people in treatment poorly, but they are able to treat those that stay effectively. From the analyst's point of view, the treatment of choice would depend on the goal of the institution. Perhaps the institution's decision would be guided by what its administrators would choose for their own children, should that unfortunate happenstance occur.

Wanting to maximize the potential of the TC and methadone options, many communities have turned to a multi-modality approach. This means that under one umbrella system, several therapy options are made available. And although multi-modality isn't a therapy in itself, its full implementation has to be considered part of the avante-garde in the field of drug treatment.

With reference to drug treatment programs associated with Corrections Departments, the State of the Art is not a treatment modality, but rather a succession of procedures and services during and after incarceration. Here is a composite model of such a system.

1. State-wide intake and evaluation unit which orients the inmate and makes recommendations for placement into treatment.

2. Encounter group therapy inside the institution led by ex-addicts working from a community treatment program base.

3. Availability inside the institution of other group therapy models to supplement the encounter groups.

4. At the option of the institution, a separate wing, cell block, or cottage behind the wall, devoted to the operation of a therapeutic community. Inmates participating in such a unit would have to be close to parole eligibility.

5. A combination therapeutic community/work-release center in the community designed to assist inmates in adjustment to the outside.

6. At the option of the corrections system, a contractual relationship with a community-based treatment program to accept parolees. This would include both therapeutic communities and methadone maintenance programs.

7. Appropriate education and training opportunities built into each step along the way.

8. Central authority and coordination that serves to hold the inmate in his therapy track through to completion and discharge.

With reference to No. 8 above, it is appropriate to note here that two

systems have been devised to serve that purpose — TASC and Addict Diversion. TASC is the acronym for Treatment Alternatives to Street Crime, a Federal program. It is designed as an interlocking system of court-related controls and therapy alternatives that ensure the participation of the patient in therapy, under the sanction that if he does not cooperate, he will be placed back into the Penitentiary to serve his sentence.

Addict diversion is a pre-trial procedure which attempts to divert addicts into therapy prior to any trial. A pre-indictment hearing (a diversion hearing) is held, and testimony taken relevant to the accused's drug history. If in the opinion of the judge and the therapy team, the individual could benefit from therapy, the charges are stayed. The accused proceeds to the treatment facility; if he leaves, the charges are brought into active status, and the normal criminal procedure is observed.

Both TASC and Addict Diversion are state of the art legal processes, and they are essential to any comprehensive drug treatment system.

A statement on the "state of the art" in the field of drug abuse treatment would not be complete without mention of two particular areas — religious conversion and "alternative highs".

Some religious organizations have been active in the rehabilitation of addicts. Teen Challenge is a fundamentalist Christian movement which has done considerable work in this field, especially in Southern California. The so-called Jesus Freaks, basically groups of young Christians living and working communally, also have converted many former drug abusers to the fold. And the Black Muslims, operating and organizing inside correctional facilities, have claimed hundreds, perhaps even thousands, of inmate converts to the ascetic, self-discipline of the Muslim philosophy. The power of religious conversion and the strength of faith in these efforts should not be demeaned, for the results, although not statistically documented, are observable, positive, and real. Conversion is part of the "state of the art."

The last general area of advanced techniques is the range of activities known as "alternative highs". These are things that people do to feel good without the use of chemicals. In the literature survey, many such activities are listed and described. Taken singularly, no one activity seems promising; taken all together, the activities seem to be a hodge-podge of disassociated drivel. But taken judiciously, implemented according to the needs of each individual, "alternative highs" can positively contribute to inmate/addict rehabilitation.

The complete text of Section II, "Summary of the Study of Drug Abuse Control and Treatment Modalities," is available at the Bureau of Planning and Program Development, Department of Welfare and Institutions.

SECTION III

SUMMARY OF STAFF AND INMATE SURVEYS

Staff Survey

A survey was conducted among the staffs of Virginia's adult and juvenile correctional facilities, both State and local, to obtain their perception of the drug abuse problem in their facilities and their recommendations for treatment of clients. Different questionnaires were designed for three groups: Jails Managers throughout the State, selected administrative and professional service personnel in the institutions of the Division of Corrections, and selected personnel at both State and local facilities of the Division of Youth Services. Except for the Jail Managers questionnaire, which was more limited but did correlate with an earlier study by the Division of Drug Abuse Control, information sought was the respondent's perception of extent and type of drug use in his institution, and his personal basic knowledge of and attitudes toward drug use and abuse.

The rate of questionnaire returned from the three groups was:

Jail Managers	88.3%
Division of Corrections	63%
Division of Youth Services	72%

Major findings are generally consistent among the three groups.

1. It is the perception among institutional staff that polydrug abuse is predominant and heroin poses the least problem. Jails Manager and Division of Corrections staff also rated alcohol as an equally predominant problem.

2. Perceived existence of custody or treatment problems in handling the drug abuser, which are not problems in handling the general population in the institutions, was reported as follows:

Jail Managers	21%
Division of Corrections	79%
Division of Youth Services	37%

3. The following needs were found to exist in all institutions:

a. Effective education and training programs on identification of drugs and drug abusers, and providing emergency treatment must be established in the entire correctional system, juvenile and adult, at both State and local levels.

b. A drug specific treatment program must be established in the Division of Corrections. The jails and the local juvenile agencies need to evaluate the use of local, licensed drug treatment facilities for specific clients who demonstrate a need for such services. The State juvenile institutions should assess their needs in this area as a part of the study of differential treatment programs now in progress. It is not recommended that they have a drug specific treatment program at this time, because the existing treatment mechanism is adequate until that comprehensive study is completed.

c. Systematic research is needed in a number of areas, but immediate attention should be directed toward (a) client needs evaluation, and (b) program evaluation.

Inmate Survey

A sample was conducted among inmates at two institutions of the Division

of Corrections: the State Industrial Farm for Women and the Southampton Correctional Farm. Comparative data was sought on drug abusers and non-abusers to establish demographical, biographical, criminal, and drug use profiles of the inmate population. Data was sought to construct attitudinal scales which would permit a comparison of inmate attitudes toward the prison organization. These comparisons would determine the need for drug specific treatment programs.

Major findings relevant to the study are:

1. Approximately 50% of the inmates responding stated that there is abuse of drugs in the institution.

2. The institutional drug abuse pattern is one of polydrug use, which can be assumed to be a result of the users substituting whatever is available for their preferred drug.

3. The drug abuser has generally achieved a higher educational level than the non-abusing inmate.

4. The drug abuser has a more negative attitude toward the institution and society than the abusing inmate.

5. The drug abuser has higher positive expectations of his post prison life chances than does the non-abusing inmate.

6. There is a need for social-psychological research to determine characteristics of the person the system is attempting to resocialize and the effectiveness of institutional programs. Additional research would also be required to obtain a more complete picture of the extent and type of drug abuse in the correctional system.

A complete text of Section III, "Summary of Staff and Inmate Surveys," is available at the Bureau of Planning and Program Development, Department of Welfare and Institutions.

SECTION IV

NEEDS, PRESENT PROGRAMS, AND RESOURCES FOR DEVELOPING A PLAN FOR THE TREATMENT OF DRUG ABUSERS IN THE DEPARTMENT OF WELFARE AND INSTITUTIONS

The study of the drug abuse problem in the Department of Welfare and Institutions identified needs which must be met through existing programs and through a plan for filling the gaps in existing services. The recommendations in Section I of this report comprise the plan for filling the gaps in the Department's drug treatment programs. They are restated here with a summary of the needs for the present programs, and resources available for implementation of the program recommendations.

A. EDUCATION AND TREATMENT

1. Develop a capability for teaching basic drug and alcohol education within the divisional, institutional, and jails training staffs.

The needs for general drug awareness education are stated in paragraph A.3. of this section. Because of the needs for education, it is a matter of sound cost effectiveness to develop an internal training capability. Patterns of narcotic, drug, and alcohol abuse are in a constant state of flux. The current trend is to polydrug and alcohol abuse with an increasing number of younger people using alcohol in larger quantities. Constant change is here to stay, and it will cost less to update the training staffs than using outside trainers on a continuing basis.

Current resources in the Department are the training personnel in the divisions, institutions, and jails section. Two of the jails trainers have already participated in the core course offered by the National Training Institute in Washington, D.C. Members of the Division of Corrections Training School are scheduled to attend this Fall. There are additional courses at the National Training Institute, Yale University, and the University of Miami which will broaden the trainers' base of knowledge and prepare them further to conduct a basic drug education course.

The coordination of training in drug abuse will be done through the Division of Drug Abuse Control, which has a listing of current schools and seminars and receives updated listings of course offerings. The Department of Health will coordinate opportunities in alcohol training. In addition, both of these agencies have indicated they could provide training aids to assist in teaching the drug education classes.

A final source of training for the training staffs is through higher education. The Education Coordinator, Division of Drug Abuse Control, is working with representatives of higher education to have established a number of credit and non-credit courses on drugs and drug abuse in different geographical areas of the State. Courses like these should enable the trainers to keep abreast of the current trends in narcotic, drug, and alcohol abuse.

2. Provide training for a minimum of one full time drug and alcohol treatment specialist at each major institution in the correctional system.

The Crime Control Act of 1973 requires that before a correctional system may be awarded funds it must have treatment programs for narcotic addicts,

narcotic and drug abusers, alcoholics, and alcohol abusers. Paragraph B. of this section outlines the recommendations which will meet these requirements.

In conducting any drug and alcohol treatment programs it is necessary that personnel be trained in accepted treatment modalities. However, because of the change in drug use patterns, it will be necessary for the treatment personnel to receive a thorough basic knowledge followed by continuing education to keep them current with new and revised techniques. The advantage of these treatment techniques is that they are useful with many clients other than the drug and alcohol abuser. Thus, these trained personnel will be a valuable resource in overall treatment program development.

The requirement for a minimum of one staff member from each institution will provide the capability to conduct adjunct drug and alcohol services in all institutions. In those institutions which will have drug specific treatment programs, all personnel working directly with the clients should have a basic course as minimum training while those more involved in treatment should receive the more advanced and sophisticated training.

Application for those courses may be made directly to the specific institutions, or through the Division of Drug Abuse Control. Because all schools operate under Federal grant, the cost to the Department is travel, subsistence, and lodging.

3. Conduct basic drug and alcohol awareness education classes for all correctional personnel, State and local, juvenile and adult, who have daily contact with clients. Such training will include but not be limited to:

a. Identification of narcotics, drugs, and alcohol.

b. Characteristics of persons under the influence of narcotics, drugs, and alcohol.

c. Identification of withdrawal symptoms of narcotic, drug, and alcohol abusers.

d. Emergency treatment of withdrawal until medical personnel arrive.

The trend towards polydrug and alcohol abuse requires that correctional personnel be able to identify the various narcotics, drugs, and alcohol in order to detect and control these substances. Staff and inmate respondents indicated that a variety of drugs were available in the institutions. Identification of those substances and awareness of the characteristics of persons under their influence will help reduce the problem of drug abuse in institutions.

The general drug knowledge inventories which tested the respondents' knowledge of nomenclature, effects, and types of narcotics and drugs showed a low level of this knowledge. Because of the large number of clients entering the correctional system who have abused narcotics, drugs, and alcohol, it is necessary that correctional personnel have adequate knowledge in these areas.

Another justification for such education is the high risk of death occurring when a barbiturate abuser withdraws "cold turkey" without observation.

Finally, the majority of respondents on the staff surveys requested this education in order to be more effective in their jobs.

The current resources available are the training sections mentioned previously. To date, as evidenced by the survey results, the education has been inadequate. A second source of education at this time is the Department of Vocational Rehabilitation Drug Education Specialists provided to one juvenile

and three adult institutions. Again, the survey results indicate this training has not been effective for a majority of the staff.

Because of the needs listed and the apparent ineffectiveness of drug education efforts to date, it is necessary to plan for both initial and follow-up drug education programs.

It is recommended that the Divisional Training Sections and the Jails Training Section provide a minimum of 20 hours instruction to all personnel who have daily contact with the clients. In addition, each person should be required to attend 4 hours of classes annually to update this basic education conducted by the institutional training officers.

Throughout the training, but more specifically while the trainers are receiving their training, it will be necessary to have the cooperation of the Division of Drug Abuse Control, Bureau of Alcohol Studies, and Bureau of Drug Rehabilitation for coordinating and making resources available to the correctional system.

Alcohol will be included within this educational effort, since the prevention of all substance abuse is similar. The program, both initial and follow-up, will by necessity be flexible to permit the instruction to be taught to be as current as possible. Therefore, it will be necessary for the Department to work closely with the State agencies mentioned above to insure that the information is factual, informative, and presented in an interesting manner. Also, because of the wide geographical area encountered with the jails and local programs, it may be necessary to solicit local or regional components of these agencies, such as Chapter 10 Boards, Regional Drug Abuse Councils and licensed Drug Programs, to offer assistance, or to present the information to personnel. The key to this recommendation is the utilization of all possible resources, both within and without the Department of Welfare and Institutions.

B. TREATMENT

1. Establish a drug specific treatment program in a separate institution for adults.

The central point in any drug or alcohol intervention plan must be the provision for the resocialization of the abuser. Resocialization is defined as a prosocial change in attitudes, beliefs, and behavior.

Because the abuse problem identified within the Department is that of polydrug and alcohol abuse, the recommendations here differ from those of the literature survey recommendations. The recommendation here is to utilize a separate institution, such as a Correctional Unit, exclusively for a drug specific treatment program. The reasons for this difference are as follows:

a. The literature survey dealt almost exclusively with narcotic addiction, and the problem identified in the study is one of polydrug and alcohol abuse.

b. Because of the prevalence of polydrug and alcohol abuse, the initial specific treatment program should be used as a vehicle for evaluating treatment modalities. Using a separate institution will enable controlled evaluation and research without the intervening variables which would be present if the program were carried out in an existing major institution.

c. The recommendations in the literature search require that such a program in an institution be completely isolated from other institution programs and personnel. This would not be practicable in the existing institutions.

d. The establishment of a specific treatment program in an existing institution is phase two in the treatment recommendations.

The reason for establishing a specific treatment program is that the study pointed out a difference in attitudes of the self-reported drug user. They tended to be more negative on all scales measuring attitudes toward the institution, toward law and order, and toward normative means of achieving goals in life. Drug abusers identified more with the criminal subculture, and the inmate subculture. The one positive attitude found was that the drug abuser had greater expectations of his life chances after release than the rest of the population surveyed. One additional factor that showed a significant difference between the drug abuser and non-drug abuser was the amount of education. The drug abuser generally had at least a high school education, while the non-drug abuser generally had less than a high school education.

The need for specific treatment programs is based on two factors: an attempt to treat polydrug and alcohol abuse in combination, and a difference in attitudes and educational level between drug abusers and non-drug abusers.

At the present time, the Southampton Correctional Farm drug treatment program is the only such full scale program in the Department. In the Division of Corrections' input to the 1974 Division of Justice and Crime Prevention Plan, there is a request for funds to establish a similar program at the State Industrial Farm for Women, as well as to continue the existing program at Southampton.

In addition, there is a request that funds for a drug specific treatment program in a separate institution be included in the DJCP Plan. The plan for this program was submitted to the Division of Drug Abuse Control for inclusion of the State Plan for Drug Abuse Control.

While the actual planning and implementation of the drug specific treatment program are the responsibility of the Division of Corrections, the following concepts which were recommended in the literature survey should be used as guidelines:

a. Provide a single intake, evaluation, and re-evaluation center which would orient, recommend treatment tracks, and monitor progress of clients and program quality.

b. Establish a therapeutic community program with a variety of treatment modalities included.

c. Provide for a system of progression through the therapeutic community into release programs such as work and study release, community correctional centers, and parole.

d. Establish treatment teams composed of professionals and former drug abusers.

Further recommendations are first, that qualified people with experience in establishing drug and alcohol programs be consulted as to the design and implementation of this program. Second, that responsible staff members visit the programs of states recommended as having the better drug treatment programs in the literature search.

2. Establish drug specific treatment programs within an existing major adult correctional institution.

The needs for drug specific programs are outlined in the above section. It is important that once a program is designed and tested it be repeated inside the existing institutions. Since over 40% of the clients received report drug abuse and over 86% report alcohol, drug, and combined drug and alcohol abuse, it will

be impractical to have separate institutions for all the abusers. Therefore, specific programs should be established in institutions as quickly as is feasible using the guidelines set out above.

3. Provide adjunct treatment services at each institution for the drug and alcohol abuser.

4. Provided drug and alcohol treatment programs in Work and Study Release, Pre-Release and Community Correctional Programs.

5. Provide active re-entry and followup services in the community for released drug and alcohol abusers in cooperation with the Virginia Probation and Parole Board and licensed local drug treatment programs.

Over 86% of the clients being received in the Division of Corrections have a need for some alcohol and drug treatment. Not all can be included in specifically designed programs, but if the properly trained treatment personnel are available, then group therapy, individual counseling, and peer confrontation groups can be offered at each institution. In addition to the treatment personnel, all possible sources of volunteer services such as Alcoholics Anonymous, Offender Aid and Restoration, Churches, licensed local drug program, etc., will be solicited in order to provide every opportunity for resocialization to occur in the institutions.

C. RESEARCH

1. Establish an evaluative research component within the Department to:

a. Develop instruments to identify individual and group needs of the clients.

b. Develop instruments to measure the prosocial changes in clients attitudes and behavior.

c. Develop evaluation guides to measure the effectiveness of resocialization programs in the correctional system.

d. Develop pre-implementation evaluation methods to determine the effects of new programs on the overall correctional system and their potential for effecting prosocial change in client's attitudes and behavior.

2. Establish a research review board which will determine if research proposals will contribute new and needed information for the Department, meet proper safeguards for confidentiality and individual rights as outlined in Departmental procedures, and follow research methodology acceptable for scientific inquiry. This review board would be responsive to the Director, Department of Welfare and Institutions to assist him in managing the evaluative research program in the Department.

In the current organizational structure of the Department of Welfare and Institutions, two bureaus in the Division of Administration (the Bureau of Research and Reporting and the Bureau of Management Systems) are in the process of analyzing information systems within the Department. However, even with the new information systems, there will still be a need for evaluative research as outlined in the recommendations.

The Crime Control Act of 1973 requires that before a correctional system may be awarded funds, it must be performing ongoing evaluation of its programs to measure their effectiveness in the resocialization of clients.

The Department does not have the capability, at this time, to perform the evaluative research functions outlined in the recommendation. This lack of capability is a significant problem because it is mandatory that a correctional

system be able to assess cost benefit analysis of its programs and provide the best programs for the least dollar cost. Such evaluation is possible only if data on program and client process is gathered and analyzed.

1. It should be noted that specific treatment programs for alcohol and drug abuse are recommended for adult corrections only. The reason is that there does not appear to be a significant number of juveniles in the system who have abused drugs or alcohol. Secondly, the Division of Youth Services is in the process of planning for comprehensive differential treatment programs. It is better to wait for the outcome of their study before recommending either for or against the establishment of such programs.

2. The State Department of Health had unsuccessful experience with mixing alcoholic and addict clients in treatment. It is therefore important to study whether the mixing of polydrug abusers and alcohol abusers in treatment is effective. This can be done by monitoring an alcohol and drug specific program outlined in B.1. and B.2. above.

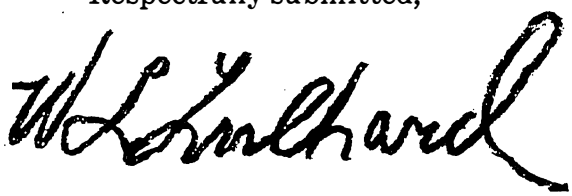
3. The current study was conducted with neither funding nor with sufficient time. Therefore, it is recommended that this study be expanded and funded to include all employees, clients, and correctional systems, as well as a sample survey of the Division of General Welfare staff and clients at both the State and local levels.

4. Funds should be provided to extend general drug and alcohol awareness education to all social service agencies under the direction of the Division of General Welfare.

5. A study should be made to determine the need for the Director of the Department of Welfare and Institutions, to have the authority to transfer a client committed to the Division of Youth Services or the Division of Corrections to a licensed local drug treatment program. Because of the limited resources, it may prove to be more expedient to transfer certain clients to these programs for treatment, especially hard-core opiate addicts.

A complete text of Section IV, "Needs, Present Programs, and Resources for Developing a Plan For The Treatment of Drug Abusers in the Department of Welfare and Institutions," is available at the Bureau of Planning and Program Development, Department of Welfare and Institutions.

Respectfully submitted,



WILLIAM L. LUKHARD
Director

Appendix 1 — GLOSSARY

The following list of terms used in this response are included to provide clarity for the reader and apply only to their use in this response.

Addiction—Psychological and physiological dependence on substance where tolerance develops.

Chemotheraphy—Use of chemicals in the treatment of drug addiction. Methadone is used for maintenance as a substitute for heroin. Narcotic antagonists cause immediate withdrawal from a narcotic and can be administered prior to or after the use of the narcotic.

Habituation—Psychological dependence on a substance without physiological dependence or tolerance.

Detoxification—The removal of a narcotic or drug from the system with a concurrent loss of physiological dependence.

Drug Abuse—Drug abuse includes the use of any illegal narcotic or drug and the misuse of any prescription narcotic or drug.

Drug Education—Drug education is the teaching and learning of drug information. Subjects which might be covered would be drug identification, source, and effects, abusers characteristics, withdrawal symptoms, and emergency medical procedures.

Drug Training—Drug training is the indepth teaching and learning of specific skills for the treatment, prevention, or control of drug abusers.

Drug Use—Drug use is the normal and legal use of narcotics and drugs in the manner prescribed by a physician of as instructed by the label.

Life Chances—The probability that an individual will attain or fail to attain important goals and experiences in life.

Polydrug—Polydrug refers to the abusers having no specific drug of choice such as Heroin, but will abuse a variety of drugs, such as, barbiturates, amphetamines, marihuana, LSD, etc., depending on either availability of a given drug or the effect desired.

Resocialization—Affecting prosocial change in attitudes, values, and behavior.

Treatment Track—The program prescribed after diagnosis and evaluation for the resocialization of the client. The track will lead from the present to the successful reintegration into the community including a program for follow-up.

Appendix II—BUDGET REQUESTS

Due to the fact that budget requests for the 1974-1976 General Fund budget and requests for funding in the 1974 Division of Justice and Crime Prevention Plan were submitted prior to the conclusion of this study and the formulation of the recommendations, there is a need to identify possible areas where additional funds or amendments to initial requests for funds will be needed.

A. Education and Training

No additions or changes are identified at this time.

B. Treatment

Current funding requested for 1974 from the Division of Justice and Crime Prevention are as follows:

1. Continuation of Southampton Corrections Farm Drug Treatment Program $110,000

2. Establishment of a Drug Treatment Program at the State Industrial Farm for Women $ 64,374

3. Establishment of a Drug Specific Treatment Program in the Division of Corrections $225,052

The above funding, if approved, should be sufficient for one year's operation commencing July 1, 1974. If a drug specific program is to begin prior to this date, a source of funds will have to be identified.

C. Research

Funding will have to be requested to cover the cost of the research component. Because experience has shown that an incumbent will be in a better position to determine the needs of the project, the following funding requirements provide for a Law Enforcement Research and Analysis Officer, Clerk-Typist, travel and supplies.

January 1, 1974 through June 30, 1974

Federal Share	State Share	Total
$10,162	$1,200	$11,362

July 1, 1974 through June 30, 1975

$21,414	$2,400	$23,814

July 1, 1975 through June 30, 1976

$22,435	$2,500	$24,935

Note 1: The above figures do not include the cost of office equipment as the research component will be a part of the Bureau of Planning and Program Development.

Note 2: It is planned that the funding of the research component be included in the 1976-78 and subsequent State budgets.