WHICH INMATES PARTICIPATE IN PRISON TREATMENT PROGRAMS?

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This paper summarizes the results of a Rand study undertaken for the purposes of determining what percentage of prison inmates nationwide need specified treatment programs, and of those who need it, what proportion actually receive such treatment while imprisoned. Of further interest was whether an inmate's probability of receiving needed treatment was significantly affected by other characteristics, such as age, race, prior criminal history, sentence length, and commitment offense. The data base utilized for this study is the 1974 Survey of Inmates of State Correctional Facilities, collected by the Bureau of the Census. The data was reanalyzed by the author for the purposes of this study.
ABSTRACT

This study was undertaken to learn more about the allocation of treatment resources in a prison setting. Questions addressed were: How many inmates need particular types of treatment? What predicts participation in alcohol, drug, job training, and education programs? Are inmates with certain characteristics left out of programs? The analysis relies on interview data collected on over 10,000 state prison inmates, then weighted so that the results represent all 191,000 inmates in state prisons at the time of the 1974 survey.

The results show that overall forty-one percent of inmates nationwide participate in some treatment program while incarcerated.

The author classified each inmate as to his need for four types of treatment — alcohol rehabilitation, drug rehabilitation, job training, and education. An inmate's "need for treatment" was then compared to the actual treatment he received. It was discovered that 22 percent of the inmates needed alcohol rehabilitation, 23 percent needed drug rehabilitation, 31 percent needed job training, and 68 percent needed further education. In comparing treatment need with treatment received, it was observed that about one in four or five inmates with identified needs participates in prison treatment programs related to his needs.

The study examined several factors as to their association with treatment program participation. In relation to age, it was found that older inmates are more likely to receive needed alcohol treatment, whereas younger inmates more often receive education and job training. There was no association between age and participation in drug programs. In looking at the effects of race, it was discovered that given a group of inmates having a need for alcohol and drug treatment, whites are significantly more likely to receive alcohol treatment, whereas blacks are more likely to receive drug treatment. The only prison program that appeared to be keyed to inmates close to the end of their sentence was job training; other programs were distributed evenly throughout an inmate's sentence. There was no association
between an inmate’s commitment offense and his participation in programs. As expected, the results showed that inmates having more than 5 years to serve have a greater chance of becoming involved in programs than inmates with shorter sentences. These long-termers are preponderantly found in job training programs. Contrary to some expectations, there was little association between the number of times an inmate had been previously incarcerated and his program participation rate.

Further analysis of the combined effects of several inmates characteristics revealed interesting results. Controlling for the fact that an inmate needs alcohol treatment, his race will significantly effect whether he participates in the program — young, black inmates do not participate frequently. Older white inmates, regardless of prior record, are the most frequent participants in alcohol programs. The opposite is true for drug programs — black inmates participate more frequently, across all age and prior record categories.
ACKNOWLEDGMENTS

The author wishes to thank Carolyn Thompson and Thomas Petersik of the National Prisoner Statistics, U.S. Bureau of the Census, for their willingness to share the 1974 Survey of State Inmates with the author. The author is also appreciative to Sue Polich and Charles Hubay for providing the computer programming for this analysis.
INTRODUCTION

Prison treatment has been and remains a salient criminal justice issue, marked by intense controversy. Particularly in recent years, strong positions have been expressed on the futility of prison treatment programs, for example, by Bailey (1966), Kassenbaum et al. (1971), Robinson and Smith (1971), Ward (1973), Martinson et al. (1974), Lipton et al. (1975). These voices -- against a backdrop of mounting prison populations and budgetary pressures -- seemingly propelled punishment and incapacitation into greater prominence as prison goals.

But the advocates of treatment are being heard too. Rebuttals to the criticisms of these treatment programs have been recently advanced by Glaser (1974), Palmer (1974, 1975) and Adams (1976) among others. Palmer, for example, pointed out that when different types of treatment are used with certain types of offenders, these various methods of treatment can be differentially effective. According to Palmer, "Martinson referred to 39 studies -- 48 percent of the total -- as having yielded positive or partially positive results. In light of this finding, it was surely amiss to have elsewhere characterized these same studies as being few and isolated exceptions".¹

Thus, a substantial percentage of treatments worked selectively even though they could not be regarded as reducing recidivism for all offenders. This differential impact has become the basis for a middle-of-the-road position: prison treatment programs should not be abandoned but instead should be tailored to specific types of offenders for whom particular treatments have been shown to be effective. Differential treatment is being forcefully argued as an appropriate correctional policy for the future.² To implement it, corrections personnel must ask: "Which methods work for what types of offenders under what conditions and in what settings?" ³ Even though corrections may not be able to prescribe the "right" treatment modality for each offender type, it can pursue the goal of linking offender types and treatment types, so as to involve as many offenders as possible in treatments that are potentially effective. By allocating treatment resources accordingly, the differential treatment proponents argue, the
corrections system should be more effective in reducing recidivism rates.

The author believes that future policy concerning prison treatment will center on the allocation of scarce treatment resources to selected types of inmates. Some programs, for example, are likely to be oriented to first-time offenders who are thought to be least committed to a criminal lifestyle and who are expected to benefit the most. At the other extreme, the federal government is currently considering tailoring certain programs to career criminals, with specific treatment needs. In order to formulate future policy concerning prison treatment, one needs to begin with a full grasp of present practice. To this end, two questions must be answered: 1) What treatment programs are currently employed in prisons, and how many inmates of what types are participating? 2) What is known about the rehabilitative effectiveness of these programs?

An examination of corrections literature reveals that attention has been given primarily to the issue of effectiveness in achieving rehabilitation. There has been no broad attempt to survey the breadth of treatment programs employed in prison and the number of inmates of specified characteristics who have participated. Given the paucity of empirical data on how much use has been made of what rehabilitative programs, it could be argued that the majority of inmates have served only punitive terms with inconsequential exposure to rehabilitative efforts. Hawkins comments: "It is simply that despite the theoretical emphasis on reform and the widespread use of the terminology of rehabilitation, the actual experience of imprisonment for most persons imprisoned in this country in this century has been simply punitive." He observes further:

Ask a state prison administrator if there is any effective rehabilitative effort being made in his system and he will instantly begin talking about shortage of money, the problems with security and "troublemakers". He will not answer the question "yes" or "no". But if you should manage to confront him with the direct question, he would have to say "no" in at least forty-six of the fifty states prison systems in this
country.

We do not have in America, and we never have had, any rehabilitation program on a significant scale for a significant length of time.6

But, given the paucity of empirical data, a markedly contrary view is also often advanced. For instance, Conrad states "the ideology of people-changing permeates corrections. Modern prisons remain committed to treatment; echelons of personnel to carry it out are established on every table of organization".

The need for information concerning the extent to which prison inmates actually participate in treatment programs prompted a study to investigate the following questions:7

- What percentage of state prison inmates nationwide appear to need specified treatment programs -- e.g., drug and alcohol rehabilitation, education and vocational training?
- Of those with identified treatment needs, what proportion are participating in appropriate prison treatment programs?
- What inmate characteristics (e.g., age, race, prior record, length of current sentence, percentage of term already served) appear to be predictive of whether or not he participates in treatment programs?

**METHODOLOGY**

This study is based on an analysis of data which resulted from a 1974 survey of state prison inmates conducted by the U.S. Bureau of the Census under the aegis of the Law Enforcement Assistance Administration. The survey involved personal interviews of 10,400 inmates from 190 state correctional facilities scientifically sampled from a complete national universe of 710 facilities.8 The sample comprised about one inmate of every 18 incarcerated in state correctional facilities nationwide. The sample data were weighted to represent the estimated 191,400 inmates in state correctional facilities by means of complex statistical procedures.9 The results presented, based on the weighted data are valid estimates of state inmate characteristics nationwide.
Data gathered in the inmate interviews included demographic characteristics, incarceration history, the present conviction and its circumstances, employment and income prior to the arrest for the current conviction; drug and alcohol usage; and participation in prison treatment programs. The author's findings on the use of prison treatment programs derive from an analysis of the Bureau of the Census data tapes containing the interview information.

In order to relate prison treatment to inmate needs, it was necessary to devise a set of definitional thresholds for such needs — specifically, for alcohol rehabilitation, drug rehabilitation, job training, and education. Whether an inmate has a need for a particular rehabilitative treatment is a subjective matter. It is influenced by a number of factors, including the evaluator's own experience, the relevant resource constraints, the inmate's history of other such treatment, etc. For our purposes, however, we require objective criteria of an inmate's need for treatment. In choosing criteria, we are constrained to the information gathered in the interviews, which was not obtained with our purposes in mind. Given this limitation, our choices for reasonable criteria are the following:

- An alcohol rehabilitation need existed if an inmate responded that he had been drinking "heavily" at the time of his current offense.

  The interview data revealed that 44 percent of the inmate population had been drinking at the time of their current offense, and of these, one-half state they had been drinking "heavily". In terms of our definition, therefore, about 22 percent of the inmate population are judged to have needed alcohol rehabilitation programs.

- A drug rehabilitation need existed if an inmate responded that he had used heroin daily or almost daily prior to his current offense.
The interview data revealed that 23 percent of the inmate population had used heroin daily, and needed, by our definition, drug rehabilitation.

- A job training need existed if an inmate responded that he did not have a job during most of the month prior to the arrest leading to his current incarceration.

The interview data revealed that 12 percent of the inmate population had no job and were seeking employment in the month prior to arrest, while 19 percent had no job and were not seeking employment. Thus, a total of about 31 percent are judged to have needed job training.

- An educational need existed if an inmate responded that he had attended no higher than the 11th grade before his current imprisonment.

The interview data revealed that 23 percent of the inmate population had not attended 9th grade and another 45 percent had not attended the 12th grade. Thus, 68 percent had not passed our threshold and are judged to have needed more education.

FINDINGS

Overall Inmate Participation In Prison Treatment Programs

The responses disclosed that 59 percent of state prison inmates were not involved in any prison treatment programs at the time of the survey. Forty-four percent of the remainder had a work assignment only, and 15 percent had neither a work assignment nor treatment involvement -- they were "idle". The 41 percent who were participating in treatment programs consisted of 30 percent involved in only one program and 11 percent involved in two or more. Table 1 displays the extent of participation in terms of treatment program type.
Table 1
PERCENT OF PRISON INMATES NATIONWIDE PARTICIPATING IN TREATMENT PROGRAMS

<table>
<thead>
<tr>
<th>Type of Program</th>
<th>Current Participation$^a$</th>
<th>Completed Program During Current Term$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>22875 (12.0%)</td>
<td>17130 (9.0%)</td>
</tr>
<tr>
<td>Job training</td>
<td>23650 (12.4%)</td>
<td>25918 (13.6%)</td>
</tr>
<tr>
<td>Psychological counseling</td>
<td>13801 (7.2%)</td>
<td>15156 (7.9%)</td>
</tr>
<tr>
<td>Religious counseling</td>
<td>5025 (2.6%)</td>
<td>3294 (1.7%)</td>
</tr>
<tr>
<td>Alcohol rehabilitation</td>
<td>11497 (6.0%)</td>
<td>6438 (3.4%)</td>
</tr>
<tr>
<td>Drug rehabilitation</td>
<td>7138 (3.7%)</td>
<td>5558 (2.9%)</td>
</tr>
<tr>
<td>Other programs</td>
<td>21054 (11.1%)</td>
<td>10229 (5.4%)</td>
</tr>
</tbody>
</table>

$^a$An inmate may be in more than one program type.

Participation In Programs Relative To Need For Treatment

The overall percentage of inmates who are participating in a given treatment program is a gross measure, inadequate for the purpose of examining the "match" between inmate need for treatment and treatment actually received. Table 2 presents a breakdown of inmate treatment needs, using the categories previously defined, and shows what percent of those with a need have been or are now, participating in programs which address those needs.
Table 2

SATISFACTION OF TREATMENT NEEDS

<table>
<thead>
<tr>
<th>Type of Treatment Need</th>
<th>Percent Needing Treatment&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Percent of Inmates with Treatment Need Satisfied&lt;sup&gt;b&lt;/sup&gt; (of the 100 percent who needed treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol rehabilitation</td>
<td>42554 (22%)</td>
<td>8210 (19%)</td>
</tr>
<tr>
<td>Drug rehabilitation</td>
<td>45051 (23%)</td>
<td>8557 (19%)</td>
</tr>
<tr>
<td>Job training</td>
<td>59006 (31%)</td>
<td>14740 (25%)</td>
</tr>
<tr>
<td>Educational</td>
<td>130169 (68%)</td>
<td>29957 (23%)</td>
</tr>
</tbody>
</table>

<sup>a</sup>See definitions of treatment need (pp. 4-5).

<sup>b</sup>Inmates identified as in need of treatment who were currently participating in or had completed corresponding treatment programs.

Using our definitions of treatment need, approximately 15 percent of the national population of inmates evidenced no need for any of the four treatments studied.

We observe that about one in four or five inmates with "identified needs" participated in treatment programs related to their needs. Given this limited satisfaction of treatment needs, it is natural to look for factors that help to explain whether a "needful" inmate participated in appropriate programs. Is it the case, for instance, that young violent inmates rarely participate in programs? Or, perhaps only inmates serving long sentences have an opportunity to become involved in job training programs? If certain inmates are consistently excluded from particular prison programs, there are policy implications for future program planning. Additionally, such results would be useful in interpreting various recidivism studies that control only for program participation, ignoring other inmate characteristics. We examined six factors as to their association with treatment program participation: age, race, time remaining to serve, length of sentence, commitment offense type, and number of prior incarcerations.
Association of Age with Program Participation. How age may affect participation in treatment programs is not clear. A number of plausible but opposing hypotheses exist. For instance, the younger inmate may be viewed as less committed to a life of crime and therefore more strongly encouraged by the staff to enter treatment programs. As a result, younger inmates may be disproportionately represented in such programs. Another view is that older inmates are naturally maturing out of crime, more receptive to treatment, and therefore more encouraged by the staff to participate. As a result, older inmates may be disproportionately represented in such programs.

Since many prison programs are voluntary, there is also the issue of whether age affects an inmate's willingness to participate. Various prison subculture theories would suggest that age (as well as race, crime type, and prior record) may place the inmate in different prison groups, and the influences of those groups may serve to discourage the inmate from becoming involved in any prison-run activities. The issue examined in Table 3 is: given that an inmate has a need for a particular treatment, will his age significantly affect his probability of receiving the appropriate treatment?

<table>
<thead>
<tr>
<th>Type of Treatment Need</th>
<th>&lt;20</th>
<th>21-24</th>
<th>25-29</th>
<th>30-34</th>
<th>25-39</th>
<th>&gt;39</th>
<th>Tau c*</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol rehabilitation</td>
<td>7</td>
<td>14</td>
<td>16</td>
<td>21</td>
<td>28</td>
<td>30</td>
<td>&lt;.01</td>
<td></td>
</tr>
<tr>
<td>Drug rehabilitation</td>
<td>12</td>
<td>18</td>
<td>22</td>
<td>22</td>
<td>14</td>
<td>19</td>
<td>.05</td>
<td></td>
</tr>
<tr>
<td>Job training</td>
<td>24</td>
<td>26</td>
<td>28</td>
<td>27</td>
<td>22</td>
<td>15</td>
<td>.03</td>
<td></td>
</tr>
<tr>
<td>Educational</td>
<td>26</td>
<td>27</td>
<td>24</td>
<td>23</td>
<td>20</td>
<td>16</td>
<td>&lt;.01</td>
<td></td>
</tr>
<tr>
<td>All Treatment Needs</td>
<td>21</td>
<td>23</td>
<td>23</td>
<td>23</td>
<td>21</td>
<td>19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Kendall's Tau c is used rather than chi square because the categories are ranked. Here, Tau c is measuring whether there is an association between age (a ranked variable) and receiving needed treatment. For all purposes, Tau c is interpreted similar to X².
The most pronounced association between age and program participation occurs among those with alcohol rehabilitation needs -- the older the inmate, the more likely he is to receive treatment. Among those with job training and educational needs, there is a tendency for the older inmates (35 years and older) to participate in treatment to a moderately less degree than younger inmates. The association of age with treatment among those having drug rehabilitation needs appears very weak, if any.

Examining the overall program participation rates, we observe that young (less than 20 years) and relatively old inmates (greater than 35 years) participate in programs to a lesser extent that those in the middle age groups. As the last column of the table points out, all of these differences are statistically significant. Statistical significance is due in part to the large sample size.

**Association of Race with Program Participation.** We distinguish among whites, blacks, and other minorities in examining the association between race and whether or not an inmate will participate in needed treatment programs. The subcultures that exists in prison may serve to encourage or discourage certain racial groups from participating in prison programs. Table 4 presents the results.

<table>
<thead>
<tr>
<th>Type of Treatment Need</th>
<th>Race</th>
<th>Others</th>
<th>X²</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Whites</td>
<td>Blacks</td>
<td>Minorities</td>
<td></td>
</tr>
<tr>
<td>Alcohol rehabilitation</td>
<td>22</td>
<td>12</td>
<td>23</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Drug rehabilitation</td>
<td>16</td>
<td>22</td>
<td>17</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Job training</td>
<td>25</td>
<td>25</td>
<td>16</td>
<td>NS</td>
</tr>
<tr>
<td>Educational</td>
<td>22</td>
<td>24</td>
<td>14</td>
<td>.02</td>
</tr>
<tr>
<td>All Treatment Needs</td>
<td>21</td>
<td>22</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>
Relative to blacks with treatment needs, whites were more likely to receive treatment in the area of alcohol rehabilitation; however, they were less likely to receive drug treatment when they needed it. Relative to other minorities, whites participated more often in both job training and education. Black inmates participated more often than other minorities in drug programs, job training, and educational programs. Overall, there is a slight tendency for whites and blacks to become more involved in prison treatment programs than other minority groups.

The most significant finding in Table 4 is that given a group of inmates having a need for alcohol and drug treatment, whites are significantly more likely to receive alcohol treatment, whereas blacks are more likely to receive drug treatment.

**Association of Time Remaining to be Served with Program Participation.** In a recent Rand Survey of correctional administrators, attention was drawn to the fact that some institutions allow inmates to enter programs only if they have a particular "sentence time remaining to be served".\(^{12}\) For instance, some keyed job training programs to inmates who were close to release. We examined our data to see whether program participation rates were associated with time left to be served. The only noteworthy shift in program participation shown appears in the job training area, which is lighter in the first half of the time served compared with the remaining half. (22 percent, as compared with 30 percent, Tau c, P < .01).

**Association of Sentence Length with Program Participation.** One might expect that the length of sentence to be served would affect an inmate's involvement in treatment programs. It is conceivable that long term inmates get involved in different programs, or that they participate to a greater or lesser extent than short-termers. Table 5 deals with this possibility.
Table 5
PERCENT OF INMATES RECEIVING NEEDED TREATMENT, 
BY MAXIMUM SENTENCE LENGTH TO BE SERVED

<table>
<thead>
<tr>
<th>Type of Treatment Need</th>
<th>Less than 2 yrs.</th>
<th>2-5 yrs.</th>
<th>5-7 yrs.</th>
<th>More than 7 yrs.</th>
<th>Tau c</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol rehabilitation</td>
<td>17</td>
<td>22</td>
<td>21</td>
<td>21</td>
<td>.03</td>
<td></td>
</tr>
<tr>
<td>Drug rehabilitation</td>
<td>17</td>
<td>23</td>
<td>24</td>
<td>18</td>
<td>&lt;.01</td>
<td></td>
</tr>
<tr>
<td>Job training</td>
<td>18</td>
<td>27</td>
<td>40</td>
<td>35</td>
<td>&lt;.01</td>
<td></td>
</tr>
<tr>
<td>Educational</td>
<td>22</td>
<td>24</td>
<td>24</td>
<td>25</td>
<td>.03</td>
<td></td>
</tr>
<tr>
<td>All Treatment Needs</td>
<td>19</td>
<td>22</td>
<td>26</td>
<td>25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5 discloses that "short termers" generally participate less in treatment programs than long termers, as seems reasonable to expect. A marked association between sentence length and program participation appears only in the area of job training, wherein an inmate with a sentence length of more than five years is considerably more likely to be involved than an inmate with a shorter sentence.

Association of Commitment Offense Type with Program Participation. We found no association between the type of offense an inmate was committed to prison for, and whether or not he participated in prison programs. In other words, persons convicted of rape or other violent crimes were just as likely to be found in job training programs as the burglar or robber. Surprisingly perhaps, inmates who were committed to prison for a drug related offense were not more likely to be participating in drug programs than other inmates.

Association of Number of Prior Incarcerations with Program Participation. The number of prior incarcerations is a measure of the length of an inmate's criminal career; of the hardening of his criminal attitudes; and, eventually, of his "maturing out." Conceivably, this factor could be related to participation in treatment programs. Some have suggested that career criminals are not as likely to participate in programs as a result of their hardened attitudes or the staff's
reluctance to expend resources given past failures.\textsuperscript{13} Our analysis suggests that there is no strong association between number of prior incarcerations and overall prison program participation. There appears to be a weak association between the number of prior incarcerations and receiving treatment in the area of alcohol rehabilitation, as was the case for inmate age, which is strongly correlated with the number of priors. Table 6 presents the findings.

<table>
<thead>
<tr>
<th>Type of Treatment Need</th>
<th>None</th>
<th>One Prior</th>
<th>Two Priors</th>
<th>Three or More Priors</th>
<th>( \tau_u ) c</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol rehabilitation</td>
<td>16</td>
<td>18</td>
<td>17</td>
<td>23</td>
<td>&lt;.01</td>
<td></td>
</tr>
<tr>
<td>Drug rehabilitation</td>
<td>19</td>
<td>22</td>
<td>16</td>
<td>19</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Job training</td>
<td>23</td>
<td>26</td>
<td>23</td>
<td>26</td>
<td>.07</td>
<td></td>
</tr>
<tr>
<td>Educational</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>21</td>
<td>&lt;.01</td>
<td></td>
</tr>
<tr>
<td>All Treatment Needs</td>
<td>22</td>
<td>23</td>
<td>22</td>
<td>22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( ^a \) Prior incarcerations is defined as terms of greater than one year either in an adult or juvenile facility.

The Association Between Race, Age, and Priors Combined, and Program Participation. To this point in the analysis we have ignored interactions. The results have shown that participation in prison programs is distributed rather randomly, i.e., that factors such as age, race, and number of priors do not dramatically affect whether or not an inmate participates in treatment programs once incarcerated.

In the table below we examine three factors (race, age, number of priors) and their combined effects on program participation. Table 7 gives us the opportunity to examine, for instance, whether a young, black prisoner with several prior incarcerations is involved in prison programs less than an older white, first offender.
Table 7
PERCENT OF INMATES RECEIVING NEEDED TREATMENT, BY RACE, AGE AND NUMBER OF PRIOR INCARCERATIONS

<table>
<thead>
<tr>
<th>Race</th>
<th>Age</th>
<th># Priors</th>
<th>Treatment Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alcohol</td>
</tr>
<tr>
<td>White</td>
<td>&lt;30</td>
<td>1-2</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3+</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>&gt;30</td>
<td>1-2</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3+</td>
<td>30</td>
</tr>
<tr>
<td>Black</td>
<td>&lt;30</td>
<td>1-2</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3+</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>&gt;30</td>
<td>1-2</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3+</td>
<td>14</td>
</tr>
</tbody>
</table>

Controlling for the fact that an inmate has a need for alcohol treatment, these results suggest that young blacks are very unlikely to receive such treatment. Older white inmates, regardless of their prior criminal record, are the most frequent participants in alcohol programs.

Blacks participate disproportionately in drug programs, regardless of age. There appears no systematic effect of prior record on drug participation. Whites who need drug treatment receive it less frequently, across all age and prior record categories.

Inmates who need employment programs participate in them randomly; that is, there is no systematic effect for race, age, or prior record. The only group that appears not to receive needed employment training is older blacks with one or two prior incarcerations.
Education Programs. Younger inmates, regardless of race or number of priors, participate in education programs more often than inmates over 30 years of age.

SUMMARY AND CONCLUSIONS

This study was undertaken to learn more about the allocation of treatment resources in a prison setting. Questions addressed were: Who participates in various programs? Are inmates with certain characteristics left out of programs? What factors are predictive of whether an inmate will become involved in programs? And so forth. The analysis relies on interview data collected on over 10,000 state prison inmates, then weighted so that the results represent all 191,000 inmates in state prisons at the time of the survey.

The results show that overall forty-one percent of inmates nationwide participate in some treatment program while incarcerated.

The author classified each inmate as to his need for four types of treatment -- alcohol rehabilitation, drug rehabilitation, job training, and education. An inmate's "need for treatment" was then compared to the actual treatment he received. It was discovered that 22 percent of the inmates needed alcohol rehabilitation, 23 percent needed drug rehabilitation, 31 percent needed job training, and 68 percent needed further education. In comparing treatment need with treatment received, it was observed that about one in four or five inmates with identified needs participate in prison treatment programs related to their needs.

The study examined several factors as to their association with treatment program participation. In relation to age, it was found that older inmates are more likely to receive needed alcohol treatment, whereas younger inmates more often receive education and job training. There was no association between age and participation in drug programs. In looking at the effects of race, it was discovered that given a group of inmates has a need for alcohol and drug treatment, whites are significantly more likely to receive alcohol treatment, whereas blacks are more likely to receive drug treatment. The only prison program that appeared to be keyed to inmates close to the
end of their sentence was job training; other programs were distributed evenly throughout an inmate's sentence. There was no association between an inmate's commitment offense and his participation in programs. As expected, the results showed that inmates having more than 5 years to serve have a greater chance of becoming involved in programs than inmates with shorter sentences. These long-termers are preponderantly found in job training programs. Contrary to some expectations, there was little association between the number of times an inmate had been previously incarcerated and his program participation rate.

Further analysis of the combined effects of several inmates' characteristics revealed interesting results. Controlling for the fact that an inmate needs alcohol treatment, his race will significantly affect whether he participates in the program — young, black inmates do not participate frequently. Older white inmates, regardless of prior record, are the most frequent participants in alcohol programs. The opposite is true for drug programs — black inmates participate more frequently, across all age and prior record categories.

In concluding, the data presented provide baseline information on the issue of prison treatment. The truth in the "no inmate gets treated versus all inmates gets treated" controversy appears somewhere in the middle — about one-fourth of the inmates who need treatment actually receive it.

We find no justification in devising programs for specific inmate groups on the presumption that they are not receiving treatments similar to other inmates. Treatment programs appear to be used randomly, with persons of all racial, age, and prior criminal histories participating.
FOOTNOTES


7. The study was conducted under Grant Number 77-N1-99-0072 from the National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, U.S. Department of Justice.

8. A facility was defined as a "functionally distinct group of adult (or youthful offender) inmates not included in the 1971 survey of local jails; which was operational on January 31, 1974; was capable of providing a unique inmate count; and possessed an address".


10. The questions posed to the inmate interviewees in these areas were the following:

"At the time of the offense(s) which resulted in your being in prison at this time, had you been drinking? (nao or yes) How much had you been drinking? (lightly, moderately, heavily)"

"Have you ever used heroin on a daily or almost daily basis? (no or yes)"

"Did you have a job or business most of the month before your arrest for your present offense(s)? (yes, full time; yes, part time; no, looking for work; no, not looking for work)"
"What was the highest grade you had attended before your imprisonment for your present offense? (Less than 9th grade; 9th-11th grade; 12th grade; some college)"


14. It is possible that individual states tailor specific treatment programs to inmates with certain characteristics, and that these policies are masked when pooled data are used. However, a study (reported in P. Honig, cit. 12) uncovered little evidence to support this notion.
REFERENCES


