
A Process-Descriptive Study of the Drug Aftercare Program for Drug-Dependent Federal Offenders

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**A PROCESS-DESCRIPTIVE STUDY OF
THE DRUG AFTERCARE
PROGRAM FOR DRUG-DEPENDENT
FEDERAL OFFENDERS**

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U.S. Department of Justice
National Institute of Justice

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Federal Judicial Center
August 1984

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Cite as J. Eaglin, A Process-Descriptive Study of the Drug Aftercare Program for Drug-Dependent Federal Offenders (Federal Judicial Center 1984).

FJC-R-84-1

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I. INTRODUCTION

This report details the findings and conclusions of the Federal Judicial Center's preliminary study of the aftercare program for drug-dependent federal offenders.

The federal drug aftercare program was initially established by the Narcotic Addict Rehabilitation Act of 1966 (NARA).¹ At that time, authority for operating the aftercare program was delegated to the Federal Bureau of Prisons. Over the years, the program expanded to include non-NARA offenders, covering all drug-dependent parolees, mandatory releasees, and probationers. With the enactment of the Contract Services for Drug-Dependent Federal Offenders Act of 1978,² responsibility for operating the program was transferred from the attorney general of the United States and the director of the Federal Bureau of Prisons to the director of the Administrative Office of the United States Courts. The Probation Division of the Administrative Office was given responsibility for administering the program, and specific authority to contract for aftercare services was delegated to the chief probation officer in each district.

The study described herein was undertaken in fiscal year 1981 by Macro Systems, Inc., under contract to the Center. The contractor's report was presented to the Center in April 1982.³ The present report incorporates much of the substance and many of the findings of that report.

It must be understood that the study's purposes were decidedly preliminary. Although data on the adjustment experiences of the drug aftercare population were collected, there was no immediate intent to link adjustment experiences with offender characteristics, service provider type, nature and frequency of services, or other factors. At some future point, however, the data base generated by the case file reviews could, in conjunction with other data, permit the linking of process variables to adjustment.

1. 18 U.S.C. § 4251 (1966).

2. 18 U.S.C. § 4255 (1978).

3. J. Ross, M. Weschsler, & J. Williams, Preliminary Evaluation of the Drug Aftercare Program for Drug Dependent Federal Offenders: Case File Reviews (Macro Systems, Inc. 1982).

Organization of the Report

This report is organized into six chapters. In the remainder of this chapter, an effort is made to provide the reader with a brief background on the structure and general approach of the federal drug aftercare program. Chapter 2 discusses the study's methodology, describing the selection procedures employed to arrive at a sample of probation districts from which to collect drug aftercare case file data. In addition, procedures used to select the sample of offenders in drug aftercare in each of the ten study districts are described. The third chapter provides detailed statistics on a variety of characteristics of the offender population. Chapter 4 presents data on the nature and type of drug aftercare services that were planned for the offenders studied, focusing on program plans, intended drug aftercare service providers, and related service delivery projections contained in the case files of the study population. Chapter 5 presents statistics on the nature, quantity, and in some instances, quality of aftercare services received by offenders during the study period. The final chapter provides preliminary statistics on the adjustment experiences of the sample of offenders in aftercare. Again, the results presented here must be viewed as purely preliminary, given that a relatively brief aftercare enrollment period (six months) was covered by the study.

The basic policies and procedures of the aftercare program are set forth in volume 10 of the *Guide to Judiciary Policies and Procedures*.⁴ As described in that volume, aftercare is the treatment and urine surveillance provided addicted or drug-dependent federal offenders after their release from institutions or placement on probation. As such, the aftercare program is a supervision program, not a postcorrections support effort. Treatment and urine surveillance are provided by the direct order of the district court or Parole Commission. Both treatment for drug dependency and urine surveillance may be provided by contracting for the needed services, directly by probation officers, or a by combination thereof.

A range of drug aftercare services is available under the program. Required services for each offender in the program include urine collection, testing, and reporting, along with some form of counseling (individual, group, family, or a combination). A number of additional, optional services may be provided to offenders in the program, including vocational guidance, education and training, job placement and skill testing, psychological workup/evaluation, psy-

4. Administrative Office of the United States Courts, *Guide to Judiciary Policies and Procedures: Probation Manual*, vol. X-B, ch. 10 (draft).

chotherapy, ambulatory detoxification, inpatient detoxification, methadone maintenance, client transportation, temporary housing, therapeutic community, and emergency financial assistance. Although these services are potentially available in all the districts studied, use of these services varies widely from district to district.

Offenders eligible for participation in the aftercare program include all probationers, parolees, and mandatory releasees addicted to or dependent on drugs, as defined in 18 U.S.C. § 4251(a) and 42 U.S.C. § 201. Individuals who are committed for treatment under title II of the NARA are also eligible for the program.

The U.S. probation officer is generally responsible for recommending aftercare to the court after completion of the presentence investigation. The court may then order drug treatment as a condition of probation. Similarly, staff at a Federal Bureau of Prisons institution from which an offender is to be paroled are responsible for recommending aftercare to the parole commissioner as a condition of release for drug-dependent inmates.

The aftercare services may be provided in-house by the probation officer, by a community treatment center at no cost to the government, or by a private contractor. If the probation officer provides the aftercare services directly, they must be of the same intensity and quality as those provided by contract agencies. Where the probation district does not provide direct aftercare services, the chief probation officer may seek to obtain such services from community agencies at no cost to the government or, if unavailable from such an agency, by contract with local providers.

In the four years since responsibility for the aftercare program has been with the Probation Division of the Administrative Office, district aftercare programs have been carefully monitored by the division. There has not been, however, any systematic effort to evaluate the operation or effectiveness of the drug aftercare program. In October 1981, as part of a phased evaluation process, the Federal Judicial Center, working with a contractor, Macro Systems, Inc., conducted a preliminary study of the program. The study had two interrelated components. One component involved interviewing a sample of federal district court judges, probation officers, and regional parole commissioners and administrative hearing examiners to explore the nature and consistency of standards by which drug-dependent federal offenders are identified and required, as a condition of probation or parole, to participate in the drug aftercare program. The other part of the study, on which this report is based, involved an analysis of data contained in probation case files of probationers and parolees enrolled in the aftercare program. Both parts of the study were conducted in a sample of ten

Chapter I

probation districts representing a cross section of drug treatment approaches.

II. METHODOLOGY

Selection of Probation Offices

The principal objective of the study was to generate process-descriptive data on the operation of the federal drug aftercare program. It was anticipated that the results of this examination would significantly inform any follow-up effort to design and implement a program impact or outcome evaluation.

The primary drug aftercare program data are contained in case files maintained by probation offices. We decided to draw a sample of ten probation offices from which aftercare program data would be collected. Two considerations guided this selection process. The first focused on the aftercare service delivery approach of each of the 95 probation offices. On the basis of information provided by the Probation Division, all of the federal probation offices' aftercare programs were classified as one of the following: (a) probation office service provider, (b) contractor service provider, (c) community agency service provider, or (d) combination of service providers. The second criterion used in selecting the sample focused on the size of the aftercare caseload in each district. Each of the offices was categorized as having a large, medium, or small offender population enrolled in aftercare.

The ten districts selected on the basis of these criteria were the Central District of California, Northern District of Illinois, Northern District of Indiana, District of Maryland, Eastern District of Michigan, Eastern District of Missouri, District of Nebraska, District of New Jersey, Southern District of New York, and Southern District of Texas. In this report, the districts are identified only by an assigned number. Table 1 shows that five districts planned to obtain contractor-provided services for at least three-quarters of their cases. District 3 called for contractors in 79 percent (138 of 175), District 4 in 96 percent (85 of 89), District 5 in 92 percent (83 of 90), District 8 in 83 percent (59 of 71), and District 10 in 96 percent (275 of 286) of its cases. On the basis of their intent to provide 75 percent or more of treatment services under contract, these five districts were considered to be contract districts.

TABLE 1
Intended Service Provider: Frequencies by District

Service Provider	1	2	3	4	5	6	7	8	9	10	Total by Provider
Contract	1 (0.2)	0 (0.0)	119 (21.2)	81 (14.0)	81 (14.4)	3 (0.5)	0 (0.0)	19 (3.4)	0 (0.0)	258 (45.9)	562 (45.0)
Probation office (PO)	71 (57.3)	4 (3.2)	2 (1.6)	0 (0.0)	0 (0.0)	18 (14.5)	2 (1.6)	10 (8.1)	10 (8.1)	7 (5.6)	124 (10.0)
Noncontract	1 (2.2)	8 (17.4)	27 (58.7)	3 (6.5)	5 (10.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (4.2)	46 (3.7)
Contract and PO	87 (51.8)	4 (2.4)	3 (1.8)	1 (0.6)	1 (0.6)	26 (15.5)	0 (0.0)	40 (23.8)	0 (0.0)	6 (3.6)	168 (13.7)
Contract and noncontract	10 (23.8)	1 (2.4)	16 (38.1)	3 (7.1)	1 (2.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	11 (26.2)	42 (3.4)
PO and noncontract	87 (32.0)	79 (29.0)	2 (0.7)	0 (0.0)	2 (0.7)	69 (25.4)	26 (9.6)	2 (0.7)	3 (1.1)	2 (0.7)	272 (22.0)
Other	13 (56.5)	3 (13.0)	6 (26.1)	1 (4.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	23 (1.9)
Total by district	270 (21.8)	99 (8.0)	175 (14.1)	89 (7.2)	90 (7.3)	116 (9.4)	28 (2.3)	71 (5.7)	13 (1.1)	286 (23.1)	1,237 (100.0)

NOTE: Figures in parentheses are row percentages.

Methodology

In four of the other five districts, the intended service provider for three-quarters or more of the cases was the probation officer, noncontract community agencies, or a combination of the two, with no contractor involvement. The service plans for these districts revealed that contractors were not called for in 92 percent (91 of 99) of the cases in District 2, 75 percent (87 of 116) in District 6, 100 percent (28) in District 7, and 100 percent (13) in District 9.

Selection of the Sample of Offenders in Aftercare

Case file data from each of the ten sample districts were collected for all offenders meeting the following criteria: (a) The offender had been identified by the probation office as being in the aftercare program; (b) he or she had been in aftercare for a period of at least six months prior to the time data collection commenced; and (c) the offender was not in the process of being transferred to another district for supervision.

A total of 1,365 offenders meeting the above criteria were initially identified for study, but 105 offenders were dropped from the sample after examination of their case files disclosed that some had not been required to participate in aftercare as a condition of supervision, that some were not in fact receiving any aftercare services, and that some were in the protected-witness program. We therefore attempted to collect case file data on a total of 1,260 offenders. Because we were not always able to collect complete data on all of these offenders, the figures presented in this report for some of the measures do not always add to 1,260. The data collection began in June 1982 and primarily covered events occurring during the preceding six months.

Data Collection Instrument

A data collection instrument covering 87 variables was developed for this study (see appendix A). The instrument contained items related to the entire range of aftercare services an offender might receive. In addition, it was designed to gather extensive data on offender characteristics, as well as on the adjustment experiences of each of the offenders during the six-month period immediately preceding the data collection effort.

III. CHARACTERISTICS OF OFFENDERS

For purposes of this report, offender characteristics encompass the basic demographics of the drug aftercare population under study, as well as other key traits in this population prior to or at the time of aftercare enrollment. Basic demographics include age, race, sex, and education. Other traits of interest include employment during the six months immediately preceding enrollment in aftercare, nature of the instant offense(s) that led to aftercare, nature of an offender's sentence and term of imprisonment or probation imposed by the court, supervision status, drugs on which an offender was dependent at the time of or immediately prior to enrollment, and time in aftercare.

A delineation of offender characteristics is important in order to describe the population being studied and to suggest the extent to which this population is comparable to (a) the entire aftercare population, (b) the larger population of federal probationers and parolees, and/or (c) similar populations studied in the past. Such a comparison is helpful in determining the generalizability of the present findings. A delineation of offender characteristics is important for two other reasons as well. First, to the extent that the actual program caseload differs from the study population, two broad questions arise: (a) Are screening procedures operating effectively, and (b) is the program, which is geared to providing drug aftercare services to the expected offender, also appropriate to meet the needs of the unexpected groups enrolled in the program? Second, in any future effort to design an evaluation of the aftercare program, offender characteristics represent variables that will need to be controlled, or otherwise recognized, in the evaluation design.

This chapter begins with a discussion of the basic demographics of the cases studied, followed by a consideration of the other variables of interest.

Age

As shown in table 2, the mean age for the population under study was 33.8 years. Four districts had a higher mean age and six a lower one. Districts 1 and 10 had the highest mean ages, each over 35. District 9 had the lowest mean age, 29.

TABLE 2
Basic Demographics of Offenders Studied

Characteristic	Number	Mean in Years	Percentage
Age		33.8	
Sex			
Male	1,057		84.0
Female	203		16.0
Race			
White	624		49.6
Black	625		49.7
Other	8		0.6
Education		12.0	

Not surprisingly, most of the drug aftercare population fell between the ages of 21 and 40 (see table 16).⁵ There were a few notable differences among the districts in their representation of certain age groups in the study population. For the 21-25 age group, which constituted 12 percent of the total, two of the larger districts differed markedly from the norm. District 1 had only 6 percent (16 of 274) in this age group, but District 3 had 22 percent (41 of 183). District 3 was also the only one with offenders under 20 years old (3 percent, or 5 of 183). District 10 had a disproportionately larger number in the 36-40 age group (22 percent, or 64 of 289), compared with the norm of 17 percent. Finally, District 1 had 13 percent (36 of 274) in the 41-45 age group, compared with the norm of 8 percent.

From the data above, it appears that Districts 1 and 10 have been working to a greater degree than the other districts with an older drug user population. In contrast, District 3 has been working with a more youthful aftercare population. The difference in offender age groups between these districts is likely a reflection of patterns in the drug user population of each.

5. Tables 16-33 are contained in appendix B *infra*.

Sex

The sex ratio of the drug aftercare population roughly approximates that of the larger federal correctional system. As shown in table 2, 84 percent (1,057) were male and 16 percent (203) were female. There were variations in the ratio of males to females from district to district, as shown in table 17. None of the other variations are particularly noteworthy.

Race

The racial composition of the drug aftercare population was split evenly between whites and blacks. As shown in table 2, 49.6 percent (624) were white and 49.7 percent (625) were black. Only eight cases (0.6 percent) fell into the "other" category. Although Hispanics were generally included in the white category, they accounted for most of the offenders in the "other" category.

Some districts varied from the even ratio of whites to blacks (see table 18). Districts 4 and 5 differed the most from the norm. In District 4, 92 percent (83 of 90) were white and only 8 percent (7) were black. In contrast, in District 5, 27 percent (25 of 92) were white and 72 percent (66) were black.

Education

As table 2 shows, the mean education for the offenders in the study group was 12 years, meaning completion of high school or receipt of a graduate equivalency diploma (GED). The variation in mean educational attainment across districts was narrow. Four districts had a mean of more than 12 years of education, with the highest, District 9, at 12.7 years. Of the six districts with means under 12 years, the lowest was District 1, with a mean of 11.7 years.

How frequently educational attainment stopped at a particular stage deserves further exploration. Slightly more than three-quarters (76 percent, or 892 of 1,181) of the offenders ended their formal education upon completing high school or receiving a GED. Another 12 percent (145) completed college, and 11 percent (125) showed no other formal education after eighth grade. Only 0.7 percent (7) failed to finish eighth grade, and only 0.8 percent (10) started high school but failed to graduate or get a GED.

A few districts varied from the norm in the clustering of years of education. Districts 1 and 5 had disproportionately high percentages of offenders who stopped their education at eighth grade, but District 10 had only 2 percent (6 of 279) at this stage, compared with the sample mean of 11 percent.

Employment before Instant Conviction

One item of interest was the offender's employment status during the six-month period immediately preceding his or her instant conviction. This item is generally viewed as an important indicator of the offender's pre-aftercare work habits, which, in turn, offer some indication of the offender's prospects for rehabilitation. No data were collected on the offender's employment prior to the six-month period, nor were data collected about the offender's work skills.

Slightly more than one-half of the drug aftercare study population (51 percent, or 613 of 1,206) were not employed or were engaged in an illegal occupation during the six-month period immediately prior to the instant conviction (see table 19). This group included offenders with extremely sporadic work habits, who went from job to job without holding any single position for a substantial time period and who had idle periods between jobs. Slightly more than one-quarter (303) were steadily employed full-time. The remainder were incarcerated (8 percent, or 99), worked part-time (10 percent, or 118), or fell into the "other" employment category (6 percent, or 73), which included all offenders who were in school or otherwise productively occupied.

Instant Offense

Knowledge of the offender's instant offense may assist in determining the appropriateness of aftercare services and in assessing later adjustment experiences. For each offender, up to three instant offenses were recorded and then translated into codes representing offense severity. On the basis of this information, we first looked at the relative prevalence of drug versus non-drug offenses. For drug offenses, we then examined the nature of the drug offense in light of the drug schedule involved. Finally, for non-drug offenses, we looked at the distribution of crimes against person as opposed to crimes against property.

Drug versus Non-Drug Offenses

Table 3 shows drug versus non-drug offenses for up to three instant offenses. The most important element of this information is that in the study population, there was a 2:3 ratio of drug to non-drug offenses. Of the total offenses, 40 percent (631 of 1,575) were drug offenses and 60 percent (944) were non-drug offenses. It is thus clear that the majority of offenders in the study population did not have a drug offense as one of their instant offenses. A second point also emerges from table 3: Most offenders had convictions involving a single instant offense. Only 22 percent (277 of 1,260) had a second offense, and even fewer, 3 percent (38), had a third offense. Exactly three-fourths of the offenders had only a single instant offense recorded.

TABLE 3
Drug versus Non-Drug Instant Offenses

Instant Offense	Drug Offense	Non-Drug Offense	Total by Instant Offense
Offense 1	505 (40.1)	755 (59.9)	1,260 (100.0)
Offense 2	112 (40.4)	165 (59.6)	277 (100.0)
Offense 3	14 (36.8)	24 (63.2)	38 (100.0)
Total by drug/non-drug offense	631 (40.1)	944 (59.9)	1,575 (100.0)

NOTE: Figures in parentheses are column percentages.

Table 4 breaks down the 631 recorded drug offenses by type of offense and by drug schedule. There were five possible drug-related offenses: selling, importing/exporting, manufacturing, possession, and prescription- or records-related offenses. For the sake of specificity, we also attempted to distinguish between major drugs within the drug schedules. Within Schedule 1, we distinguished between offenses that involved heroin and offenses that involved other Schedule 1 drugs or referred to Schedule 1 but did not specify a drug. Within Schedule 2, we made similar differentiations between cocaine and other drugs. Within Schedule 3, we differentiated between PCP and other Schedule 3 drugs. No prescription or records offenses were found, nor offenses involving Schedule 4 or 5 drugs.

Table 4 shows that the typical drug offense for which an offender in the study population was convicted was the sale of heroin. Schedule 1 drugs, including heroin, were involved in 72 percent (453 of 631) of the drug offenses. Heroin, specifically, was involved

TABLE 4
Drug Schedule by Type of Drug Offense

Drug Schedule	Selling	Import-Export	Manufacturing	Possession	Unspecified	Total by Schedule
Schedule 1						
No reference to heroin	61 (32.6)	7 (3.7)	100 (53.5)	18 (9.6)	1 (0.5)	187 (29.6)
Heroin	216 (81.2)	14 (5.3)	7 (2.6)	21 (7.9)	8 (3.0)	266 (42.2)
Schedule 2						
No reference to cocaine	27 (69.2)	3 (7.7)	0 (0.0)	9 (23.1)	0 (0.0)	39 (6.2)
Cocaine	61 (83.6)	4 (5.5)	1 (1.4)	7 (9.6)	0 (0.0)	73 (11.6)
Schedule 3						
No reference to PCP	5 (83.3)	0 (0.0)	1 (16.7)	0 (0.0)	0 (0.0)	6 (0.95)
PCP	8 (66.7)	0 (0.0)	3 (25.0)	1 (8.3)	0 (0.0)	12 (1.9)
Schedule 4	2 (33.3)	0 (0.0)	0 (0.0)	4 (66.7)	0 (0.0)	6 (0.95)
Schedule unspecified	13 (31.0)	5 (11.9)	0 (0.0)	16 (38.1)	8 (19.0)	42 (6.7)
Total by offense	393 (62.3)	33 (5.2)	112 (17.7)	76 (12.0)	17 (2.7)	631 (100.0)

NOTE: Figures in parentheses are row percentages.

Characteristics of Offenders

in 42 percent (266) of the drug offenses and in at least 59 percent (266 of 453) of the Schedule 1 offenses. Drug sales accounted for 62 percent (393 of 631) of the drug offenses.

Sale of heroin accounted for 34 percent (216) of the drug offenses. Schedule 2 offenses accounted for 18 percent (112 of 631) of the drug offenses, of which at least 12 percent (73) involved cocaine. Schedule 3 offenses accounted for less than 3 percent; and in 7 percent of the drug offenses, the schedule could not be determined. In terms of other drug offenses, 5 percent (33 of 631) involved import or export of drugs, 18 percent (112) involved manufacturing, and 12 percent (76) involved possession. In 3 percent (17) of the drug offenses, the nature of the offense could not be determined.

This discussion of offenses other than the sale of Schedule 1 drugs masks three important findings. First, non-Schedule 1 sales accounted for 19 percent (116) of the drug offenses. Second, Schedule 1 offenses other than sales accounted for another 28 percent (176) of all drug offenses. Finally, building on the first two findings, a negligible portion of the drug offenses involved offenses other than sales or Schedule 1 drugs.

Aside from sales of heroin and other Schedule 1 drugs, two other offenses accounted for major shares of the total. The first is sale of Schedule 2 drugs, which accounted for 14 percent (88) of the drug offenses. At least two-thirds (69 percent, or 61 of 88) of these drug sales involved cocaine. The second is the manufacturing of Schedule 1 drugs, which accounted for 17 percent (107) of the drug offenses. In nearly all instances (94 percent, or 100 of 107), such offenses involved manufacture of a Schedule 1 drug other than heroin.

Person versus Property Offenses

Table 5 distinguishes between offenses against person and those against property for the 755 non-drug offenses. The distinction is important because persons with a history of violence are often considered poor candidates for many forms of drug treatment. The table establishes conclusively that only a small segment (3 percent) of the non-drug offenses were crimes against person. There were no significant district-by-district variations in the concentration of crimes against person.

Sentence

There are four sentence-related variables that enhance a description of the study population: the nature of the sentence; the term

TABLE 5
Person versus Property Offenses
(for Non-Drug Offenses)

Instant Offense	Against Person	Against Property	Total by Instant Offense
Offense 1	16 (2.1)	739 (97.9)	755 (100.0)
Offense 2	9 (5.5)	156 (94.5)	165 (100.0)
Offense 3	0 (0.0)	24 (100.0)	24 (100.0)
Total by person/property	25 (2.6)	919 (97.4)	944 (100.0)

NOTE: Figures in parentheses are column percentages.

of imprisonment for those who were incarcerated; special sentencing provisions imposed on those incarcerated, such as Federal Youth Corrections Act (FYCA) sentences; and the term of probation for probationers. We consider each of these variables in turn, focusing primarily on the sentence resulting from the first-listed instant offense.

The reader should bear in mind that any effort to draw conclusions about the sentencing practices of the districts from the descriptors of the supervisee population in the district is both unwarranted and dangerous. Although there is, for example, a substantial tendency for parolees to be released to the district from which they are sentenced, nearly every district has offenders whose supervision has been transferred from some other district. Thus, the sentences received by individuals under supervision in a particular district cannot be viewed as indicators of that district's sentencing practices.

Nature of Sentence

Not surprisingly, most sentences (65 percent, or 814 of 1,251) involved simply imprisonment or probation and/or fine. Split sentences of six months' imprisonment or less, with probation to follow, accounted for 9 percent (115). Mixed sentences of more than six months, followed by probation or a special parole term, accounted for 19 percent (238). Another 5 percent (58) of the sentences involved imprisonment and/or probation concurrent with or consecutive to another sentence already in effect.

There were three major interdistrict variations in the sentences imposed on the offenders in the study. First, there was wide variation in use of alternatives to simple sentencing (straight imprison-

ment or probation). The group norm for simple sentences was 65 percent, but the percentage sentenced in this manner ranged from 49 percent (District 6) to 92 percent (District 9). Of the ten districts, Districts 4, 6, 7, and 8 used this sentencing option the least, relying more than the others on mixed sentences (six months or more, followed by probation or special parole). Second, District 1 was responsible for nearly one-third (33 percent, or 19 of 58) of the concurrent and consecutive sentencing. Third, there was little evidence, outside of District 6, that Drug Abuse Prevention Control Act (DAPCA)⁶ sentences were used. District 6 accounted for 73 percent (16 of 22) of the DAPCA sentences.

Term of Imprisonment

The mean term of imprisonment for the study population was 130 months. District means ranged from a high of 185 months in District 8 to a low of 64 months in District 9. Four districts (4, 5, 6, and 9) had means of 100 or less, four (1, 2, 3, and 7) had means from 101 to 120, and two (8 and 10) had means over 160 months. The terms of imprisonment clustered minimally. The most frequently used terms fell in three ranges: 1 to 6 months accounted for 16 percent (129 of 820), 49 to 60 months for 12 percent (96), and 109 to 120 months for 14 percent (115). The remaining 58 percent of terms spread over a range from 6 to 240 months.

There were many interdistrict variations in terms of imprisonment. This finding was already suggested by the wide range in mean months sentenced, with the highest district exceeding the lowest by a factor of three. Two differences stand out. First, two districts (1 and 2) were responsible for 40 percent (51 of 129) of the sentences of 1 to 6 months. District 1, in fact, used sentences of 12 months or less 37 percent (48 of 131) of the time. Second, District 10 handed down 36 percent of the sentences of greater than 120 months, as well as 42 percent of the sentences of greater than 240 months.

Special Sentencing Provisions

Of the 820 offenders for whom a term of imprisonment was indicated, 11 percent (87) were sentenced under either the FYCA or the NARA. Of these, 59 percent (51 of 87) were sentenced under section (b) of the FYCA, 21 percent (18) under section (c) of the FYCA, and 21 percent (18) under the NARA. All districts supervised offenders with FYCA sentences, and seven had offenders with NARA sen-

6. 21 U.S.C. §§ 801-966 (1970).

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tences. District 10 accounted for 44 percent (8 of 18) of the NARA sentences.

Term of Probation

The mean probation term for the study population was 43 months, varying from a high of 51 months in District 4 to a low of 37 in District 3. Three districts had means of 47 months or higher; the other seven all had means of 42 months or less. Most offenders given probation fell into either of two ranges: 44 percent (351 of 806) were given 25 to 36 months, and 31 percent (252) were given 49 to 60 months.

There were many interdistrict variations in probation terms. For example, District 3 accounted for 61 percent (30 of 49) of the sentences of 1 to 18 months, which were granted in 26 percent (30 of 116) of its probation cases. In contrast, six districts (2, 4, 5, 6, 9, and 10) gave sentences of 18 months or less to only 5 percent of their cases. In the upper range, three districts (4, 6, and 10) granted probation terms of 49 to 60 months in 45 percent or more of their cases. Six districts (1, 3, 5, 7, 9, and 10) granted terms of that length in no more than 25 percent of their cases. At most intermediate points, the variation was also wide.

Supervision Status

Parolees outnumbered probationers by 170 in the study population, which contained 714 parolees (57 percent) and 544 probationers (43 percent) (see table 20). Districts 4, 5, 7, and 8 had aftercare caseloads composed of between 79 and 96 percent parolees. Parolees in District 10 constituted 65 percent (189 of 289) of the caseload. In contrast, Districts 1 and 2 had aftercare caseloads in which probationers outnumbered parolees by approximately 2:1. In District 1, 66 percent (180 of 273), and in District 2, 67 percent (68 of 102) were probationers.

Offender Classification

A probationer's classification level is generally derived from a statistical predictive scale, the Risk Prediction Scale 80 (RPS 80), which calculates the offender's risk of recidivism during supervision on the basis of selected offender characteristics. This scale permits the offender to be classified as either high activity or low activity. Parolees are classified on the basis of their scores on the Sa-

Characteristics of Offenders

lient Factor Scale. A shift in classification for parolees or probationers, upward or downward, implies a change in the frequency of direct and collateral contacts, a change in the frequency of urine collections, and other similar changes.

The high-activity designation was assigned to 69 percent (825 of 1,196) of the study population, and 14 percent (162) were classified as low activity. An additional 17 percent (206) were apparently not classified as either high or low activity. Nearly all of these offenders were supervised in District 1, which used an entirely different classification scheme from those of the other districts. According to officials in District 1, all of its cases would fit into the high-activity classification. Assuming this statement to be accurate, 86 percent (1,022 of 1,196) of the entire study population were classified as high activity.

There were few district-by-district variations in classifications, aside from District 1's use of a different classification scheme. The high-activity classification covered at least 70 percent of the offenders in all of the remaining districts except one (District 9, with 46 percent, or 6 of 13). Only District 5, with 99 percent (83 of 84), exceeded the 90 percent level.

Drugs of Dependence before Enrollment in Aftercare

A series of items on the study's data collection instrument was used to code information concerning the drugs on which the offender had a history of dependence. Information on prior drugs of abuse could prove to be of value in determining the appropriateness of aftercare services as well as in assessing the nature and extent of an offender's adjustment experiences. To be considered to have a history of dependence on a given drug, an offender need not have been dependent on it immediately prior to or while participating in the aftercare program. The offender needed only to have shown a sustained pattern of use of or involvement with the drug. It should be noted that aftercare treatment is often used as a preventive measure in cases in which an offender has a documented history of drug use. This is especially true for some parolees. The following discussion focuses on the prevalence of use among the offenders studied for each drug category, on the extent of single-drug use within each category, and on the major combinations of drugs

used. For a substantial number of offenders in the study population, no history of drug use could be documented.⁷

Approximately two-thirds of the offenders in the study population (64 percent, or 811 of 1,260) had a documented history of dependency on heroin. This was clearly the drug of choice among the offenders in the sample. Methadone had been used by 13 percent (159), other opiates by 7 percent (90), barbiturates and sedatives by 16 percent (196), amphetamines and stimulants other than cocaine by 14 percent (176), cocaine by 27 percent (334), marijuana by 39 percent (492), hallucinogens by 11 percent (134), and other drugs by 4 percent (48). Use of one or more drugs was identified for 88 percent (1,111) of the 1,260 offenders in the study population.

There were variations among districts in the prevalence of use of particular drugs. Heroin use was highest in Districts 1, 2, and 8. While 64 percent of the sample population had been dependent on heroin, the number reached or exceeded 70 percent in those three districts.

Illegal use of methadone was reported for 13 percent of the sample population, but reached 29 percent in District 1, which accounted for more than half of the methadone use documented. Two other districts also showed prior methadone use that was above the average: District 3 had 15 percent (28 of 184) and District 8 had 18 percent (13 of 71).

Other-opiate use was highest in Districts 3 and 7, both with 14 percent. In District 3, 25 of 184, and in District 7, 4 of 28 had used other opiates. This compares with the norm for the entire study population of 7 percent.

Barbiturates and sedatives were used to a disproportionately high degree in Districts 3, 4, 7, and 9. Compared with a norm of 16 percent, in District 3, 21 percent (38 of 184) of the offenders had case file information indicating illegal use of those drugs. In District 4, the figure was 27 percent (24 of 90); in District 7, 21 percent (6 of 28); and in District 9, 23 percent (3 of 13). The small caseloads in the last two districts limit the meaningfulness of their figures.

Prior abuse of amphetamines and stimulants appeared to be disproportionately high in Districts 3, 4, 8, and 9. The norm for amphetamine and stimulant use was 14 percent. However, in District 3, 21 percent (38 of 184) had a documented history of amphetamine

7. Unfortunately, because of the enormous variation in the quality of data on drug history from one case file to the next, it was impossible to record detailed information on drug history. Aside from the data collected, it would have been useful to know the frequency with which each drug was taken, the amount taken, the primacy that one drug had over another, and the time periods for use of each drug.

and stimulant use. District 4 had a figure of 13 percent (12 of 90); District 8, 28 percent (20 of 71); and District 9, 23 percent (3 of 13).

Cocaine use was high in four districts, but highest in District 1, where 42 percent (114 of 274) of the offenders studied had used it, as compared with a norm of 27 percent. In District 2, 29 percent (30 of 102) had used cocaine.

Marijuana use, with a norm of 39 percent for the entire study population, was markedly low in three districts (1, 5, and 6), but lowest in District 1, with 23 percent (64 of 274). Marijuana was used by more than 60 percent in the smallest district (9) and by about 50 percent in four others (3, 4, 8, and 10).

Hallucinogens were used most often in District 3, where 23 percent (43 of 184) had used them, in comparison with the norm of 11 percent. Use of hallucinogens was lowest in District 8, at 2 percent (2 of 90).

From the above district-by-district analyses, it is apparent that certain districts were strongly associated with particular drugs. Offenders in District 1 were well above the norms in use of heroin, illegal methadone, and cocaine. District 2 also ranked high in heroin and cocaine use. District 3 was above the norm in almost every category of drug use, with the exception of marijuana, heroin, and other opiates. Offenders in District 4 stood out for their high use of barbiturates and amphetamines. District 7 was above norms in three categories: other opiates, barbiturates, and cocaine. District 8 rated high in offender use of heroin, methadone, and other drugs. The other districts were above norms in no more than one drug category, discounting the wide fluctuations in the smallest district (District 9).

Single-Drug Users

If we exclude the offenders for whom there was no documented evidence of drug abuse, the average offender in the study population had abused at least two different drugs. Thus, although most in the study population were polydrug users, there was a substantial segment of 430 offenders, or about 39 percent of those with a documented drug history, who could be termed single-drug users, that is, who had been dependent on only one drug prior to after-care enrollment.

As shown in table 6, many offenders in the study population had used one of the three most widely used drugs exclusively. This group consisted primarily of 296 heroin users, who represented 69 percent of the single-drug users and 24 percent of the study population. Another 35 single-drug users, dependent solely on cocaine, represented 3 percent of the study population and 8 percent of the

TABLE 6
Drugs Used by Offenders before Enrollment in Aftercare

Type of Dependency	Heroin	Methadone	Other Opiates	Barbiturates	Amphetamines	Cocaine	Marijuana	Hallucinogens	Other	Total by Type
Dependent on this drug only	296 (68.8) (36.4)	6 (1.4) (3.7)	8 (1.9) (8.8)	4 (0.9) (2.0)	8 (1.9) (4.6)	35 (8.2) (10.5)	66 (15.3) (13.4)	3 (0.7) (2.2)	4 (0.9) (8.3)	430 (38.7)
Dependent on this drug and others	515 (63.6)	153 (96.3)	82 (91.2)	192 (98.0)	165 (95.4)	299 (89.5)	426 (86.6)	131 (97.8)	44 (91.7)	681 (61.3)
Total by drug	811 (73.0)	159 (14.3)	90 (8.1)	196 (17.6)	176 (15.6)	334 (30.1)	492 (44.3)	134 (12.1)	48 (4.3)	1,111 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

single-drug users. A surprising 66 offenders, or 5 percent of the study population, had used only marijuana. Exclusive use of marijuana accounted for 15 percent of the cases of single-drug use. Users of a drug other than heroin, cocaine, or marijuana made up only 8 percent of the single-drug group.

Drugs Used in Combination

The majority of the documented drug users in the study were polydrug users. If we leave out the single-drug users and those for whom there was no documented drug use history, there remain 681 offenders who used an average of three drugs each.

Table 7 presents the two-way combinations with which the drug aftercare population used the nine categories of drugs, showing 36 different combinations (72 permutations). These results illuminate two major issues of interest. First, are the combinations of drugs documented in the general literature also found in the drug aftercare population? Second, how large a portion of the study population falls into the major combination subgroups?

Heroin with additional opiates. Heroin users are thought to use other opiates when heroin becomes scarce or too expensive.⁸ Not surprisingly, most of the study's users of illegal methadone or other opiates were also dependent on heroin. Among offenders in the study who were primarily methadone users, 94 percent (150 of 159) used heroin as well. Similarly, 72 percent of users of other opiates were also dependent on heroin. The converse was not true. Only 19 percent of heroin-dependent offenders (150 of 811) also used illegal methadone, and 8 percent (65) of heroin users used other opiates.

Opiates with stimulants. The use of opiates in combination with stimulants is a well-documented pattern of drug use.⁹ Among cocaine users, 61 percent (203 of 334) also used heroin, 17 percent (58) used methadone, and 11 percent (35) used other opiates. Conversely, 25 percent (203 of 811) of heroin users also used cocaine, as did 37 percent of methadone users and 39 percent of other-opiate users.

The patterns were similar for stimulants other than cocaine. Among amphetamine users, 60 percent (104 of 173) used heroin as well, 14 percent (24) used illegal methadone, and 12 percent (20) used other opiates. Conversely, 13 percent (104 of 811) of heroin

8. Consad Research Corporation, Final Report: Bureau of Prisons Addict Commitment Client Outcome Evaluation and NARA I/II/III Comparisons (1974); D.N. Nurco et al., A Case Study: Narcotic Addiction over a Quarter of a Century in a Major American City, 1950-1977 (1979); J. Kaplan, *Heroin for Addicts*, 18 Stan. Law. 4 (1983).

9. W.H. McGlothlin et al., An Evaluation of the California Civil Addict Program (1977); National Institute on Drug Abuse, Drug Treatment in New York City and Washington, D.C.: Followup Studies (1977).

users also used amphetamines, as did 15 percent of methadone users and 22 percent of other-opiate users.

The largest group (203) of opiate-stimulant users in the study population used heroin and cocaine. Heroin-cocaine users made up 18 percent of the documented drug users. Heroin-amphetamine users made up 9 percent and methadone-cocaine users, 5 percent.

Opiates with barbiturates. Another well-established pattern is the use of opiates in combination with barbiturates.¹⁰ Among barbiturate users, heroin was used by 65 percent (128 of 196), illegal methadone by 18 percent (35), and other opiates by 16 percent (32). Conversely, 16 percent of heroin users also used barbiturates, as did 22 percent of methadone users and 36 percent of offenders dependent on other opiates. The heroin-barbiturate users made up 12 percent of the documented drug users.

Marijuana and other drugs. Marijuana is often regarded as the constant in other forms of drug abuse. This belief was supported by the present findings. Among barbiturate users, 68 percent (133 of 196) also used marijuana, as did 70 percent of amphetamine users (121 of 173), 56 percent of cocaine users (187 of 334), and 76 percent of hallucinogen users (102 of 134). This pattern of marijuana use was not as strong among opiate users, but was still apparent. Among heroin users, 35 percent (287 of 811) used marijuana, as did 32 percent (51 of 159) of illegal-methadone users and 38 percent (34 of 90) of other-opiate users.

The converse—that marijuana use implies use of other drugs—did not hold true. Among marijuana users, 58 percent (287 of 492) used heroin, 10 percent (51) used illegal methadone, and 7 percent (34) used other opiates. Twenty-seven percent (133) of the marijuana users were also dependent on barbiturates, 25 percent (121) used amphetamines, 38 percent (187) used cocaine, and 21 percent (102) used hallucinogens. Marijuana-heroin users made up 26 percent of the documented drug users; marijuana-methadone users, 5 percent; marijuana-barbiturate users, 12 percent; marijuana-amphetamine users, 11 percent; marijuana-cocaine users, 17 percent; and marijuana-hallucinogen users, 9 percent.

From the foregoing discussion of drugs used in combination, it is apparent that all the drug usage patterns documented in the general literature were present in the drug aftercare population. Certain drug combinations, however, were overrepresented as a function of the large numbers of opiate and cocaine users. That finding probably reflects screening practices with regard to users of opiates

10. See *supra* note 9.

and cocaine, in that they are more likely to be consistently tested by the probation officer for illegal drug use.

Apparent Non-Drug Users

Nearly an eighth of the aftercare study population, 12 percent (149 of 1,260), had no clearly documented drug use history (see table 21). For 79 of these cases (6 percent), there was no reference anywhere in the case file to a drug history or to any recent drug use. Case files for another 70 offenders (6 percent) did contain some general references to the offender's "drug problem," but did not mention a specific drug that the offender was known or thought to have used.¹¹

Thus, there were two categories of apparent non-drug users in our sample: The first group contained offenders whose case files had no references to a drug history; the second, offenders whose files had veiled references to a drug history. This distinction is important because the two groups raise somewhat different problems. The general references to drug use may be a sign of poor record keeping and inadequate presentence investigation; however, where there is no indication at all of drug history, it is difficult to make the same argument. The offenders with no drug history raise a question about the screening process, namely, why these offenders were required to take part in drug treatment. The latter question also applies, though to a lesser degree, to the second group, for whom case file evidence of drug history was weak at best.

General reference to drug history. Three of the districts exceeded 6 percent for the proportion of case files with no specific data on drugs used. In District 3, 8 percent (14 of 184) of the case files had general references to a drug history; in District 5, 13 percent (12 of 92); and in District 6, 13 percent (15 of 117). These three districts accounted for 59 percent (41 of 70) of the cases with only general references to a drug history. Again, this issue raises questions about the adequacy and accuracy of record keeping and the presentence investigation processes in these districts.

The high number of apparent non-drug users in the study population raised the question, Why were these individuals required to

11. It should be noted that nearly all the offenders who made up this group of apparent non-drug users were formally required to participate in drug treatment as a condition of supervision. An additional 43 offenders who lacked a stipulation to participate in drug treatment were not in treatment on their own and were therefore dropped and not counted in the 1,260 cases studied. Sixty-two more cases were dropped from the original sample of 1,365 for a variety of other reasons, including duplication of another case in the study population, participation in the witness protection program, being processed for violation, and no record of the case in the district.

participate in drug treatment? To answer that question, we considered the possibility that many of them might be alcoholics for whom drug treatment seemed to represent a viable treatment alternative, whether or not the Probation Division's procedures allowed for their treatment under the drug aftercare program. We therefore analyzed the data to determine if the non-drug users were also described in their case files as being in need of counseling for alcohol abuse.

In general, the non-drug users were not alcoholics who had slipped through the program's selection process. Of the 149 non-drug users, only 9 percent (13 of 149) were considered to be in need of alcohol counseling. This figure is virtually identical to the 9 percent (108 of 1,260) of the overall study population who were identified as in need of alcohol counseling. Among those with no drug history, 10 percent (8 of 79) needed alcohol counseling, as did 7 percent (5 of 70) of those with general references to a drug history.

Months in Aftercare

The typical offender in the study population had spent 15 months in aftercare.¹² The ten districts differed greatly, however, in the length of time their drug aftercare cases had spent in aftercare. In two districts (4 and 10), the mean time spent in aftercare was 12 months, the lowest mean for the ten districts. The highest mean was 20 months in District 9.

A closer look at the time spent in aftercare by the sample population reveals the following distribution: 0 to 5 months, 10 percent; 6 to 10 months, 25 percent; 11 to 15 months, 21 percent; 16 to 20 months, 13 percent; 21 to 25 months, 12 percent; and 26 to 28 months, 20 percent.

Table 22 shows the district variation in the amount of time offenders spent in aftercare.¹³ The two districts with the lowest

12. The definition of the term *in aftercare* is not as straightforward as it may seem. For most offenders, time in aftercare starts when a treatment condition is imposed and ends when the condition is removed, the offender's supervision is revoked, or the offender is incarcerated for a period exceeding 90 days. However, some offenders enter treatment voluntarily prior to the imposition of treatment; for them, aftercare starts when they enter treatment voluntarily. If an offender enters treatment voluntarily and the conditions of supervision are not modified to stipulate treatment, then time in aftercare ends whenever he or she stops voluntary treatment.

13. The Probation Division assumed responsibility for the drug aftercare program on October 1, 1979. Any time spent by offenders in the old aftercare program, operated by the Bureau of Prisons, was not counted. Most offenders in the 26-to-28-month category had spent some time in the old program.

means had offenders primarily with 15 or fewer months in aftercare. Compared with a norm of 55 percent in aftercare for 15 months or less, District 4 had 80 percent (72 of 90) and District 10 had 73 percent (201 of 277). Compared with a norm of 45 percent in aftercare for 16 months or longer, District 9 had 77 percent (10 of 13) and District 6 had 68 percent (79 of 116). In fact, in District 6, 41 percent (48) were in the 26-to-28-month group, most of whom were thus carryovers from the Bureau of Prisons aftercare program.

From these findings it is apparent that during 1981, certain districts were much more active than others in adding to their aftercare caseloads. In six districts (1, 2, 5, 6, 7, and 9), at least one-quarter of the cases had been in aftercare 26 to 28 months.

Summary and Conclusions

The offender characteristics studied ranged from basic demographics to other key traits such as history of drug use, the instant conviction leading to aftercare enrollment, employment status immediately prior to the instant conviction, and type of sentencing. The following is a summary of the findings on the characteristics of the drug aftercare population:

Age. The average age was just under 34 years, with district averages ranging from 29 to 35. More than 80 percent were between the ages of 21 and 40, and more than 50 percent were in the 26-35 age bracket. The two largest districts accounted for most of those who were over 35.

Sex. The ratio of males to females was slightly greater than 5:1.

Race. The racial composition was a virtual 50-50 split of blacks and whites. Less than 1 percent represented other races. Two districts, in particular, departed from this even ratio. One had a 9:1 ratio of whites to blacks, the other a 7:3 ratio of blacks to whites. Three other districts had 3:2 ratios, with blacks representing the majority in two.

Education. The average level of educational attainment was 12 years, that is, high school graduation or receipt of a GED. The range among the districts was from 11.7 to 12.7 years of education. Three-fourths terminated their education after 12 years, one-tenth after eighth grade, and one-eighth after college. The percentage completing college ranged from 9 to 21 percent; there was similarly wide variation in the percentage stopping school at the eighth grade.

Employment before instant conviction. One-half were not regularly employed during the six-month period immediately preced-

ing the instant conviction. One-fourth were employed full-time and one-tenth part-time. One in 12 were incarcerated during most of the six months before the instant conviction. Two districts were well above the norm in pre-aftercare full-time employment and two were well below. One district had triple the average for the proportion incarcerated.

Instant offense. Two-fifths of the instant offenses were drug offenses, and the rest were non-drug offenses. Crimes against property accounted for greater than 97 percent of the non-drug offenses; crimes against person, for less than 3 percent. Of the drug offenses, 62 percent involved drug sales, and 72 percent involved Schedule 1 drugs. The three major drug offense categories were heroin sales (34 percent of drug offenses), manufacture of Schedule 1 drugs other than heroin (17 percent), and cocaine sales (10 percent).

Nature of sentence. Slightly under two-thirds of the offenders were given a simple term of imprisonment or of probation, with or without a fine. Split sentences of six months' imprisonment or less, with probation to follow, were imposed on 9 percent; mixed sentences of more than six months' imprisonment, with probation to follow, on 19 percent; imprisonment and/or probation concurrent with or consecutive to another sentence already in effect, on less than 5 percent; and various Drug Abuse Prevention Control Act sentences, on less than 2 percent. The prospects of obtaining a simple sentence ranged from even odds in one district to a 9:1 certainty in another. One district handed down one-third of the concurrent and consecutive sentences, and another was responsible for nearly three-fourths of the DAPCA sentences.

Term of imprisonment. The average imprisonment sentence was 130 months, but the district averages ranged from 64 to 185 months. Four districts had averages under 100 months, four between 101 and 120, and two over 160. The three most frequently used sentences, accounting for 42 percent of the total, were 6 months or less, 49-60 months, and 109-120 months. Two districts accounted for 40 percent of the sentences in the less-than-six-months category; another district handed down more than one-third of the sentences in excess of ten years.

Special sentencing provisions. Approximately 11 percent were sentenced under one of the Federal Youth Corrections Act titles or under title II of the Narcotic Addict Rehabilitation Act. A single district supervised nearly half of the NARA offenders.

Term of probation. The average probation sentence was 43 months, but district averages ranged from 37 to 51 months. Three-fourths of the probation terms fell into either of two categories: 25-36 months or 49-60 months.

Supervision status. The ratio of parolees to probationers was slightly under 3:2 for the total study population. In four districts, the ratio was at least 3:1. In two other districts, the proportions were reversed, with probationers outnumbering parolees 2:1.

Offender classification. Nine of the ten districts used the high-versus low-activity differentiation in classifying offenders. These nine classified 84 percent as high activity and 16 percent as low activity. The tenth district used a three-tiered classification system, of which all three tiers were gradations of the high-activity classification. Counting the tenth district, 86 percent of the drug aftercare population were classified as the equivalent of high activity.

Drugs of dependence before enrollment in aftercare. Heroin was clearly the drug of choice, with two-thirds of the aftercare population having used heroin. Methadone had been used by approximately 13 percent; other opiates, by 7 percent; barbiturates and sedatives, by 16 percent; amphetamines and stimulants other than cocaine, by 14 percent; cocaine, by 27 percent; marijuana, by 39 percent; hallucinogens, by 11 percent; and other drugs, by 4 percent. The pre-aftercare patterns of drug use varied from district to district. For example, one district was greatly overrepresented in heroin, methadone, and cocaine users; a second district had a high number of amphetamine and stimulant users; and a third district had high proportions of other-opiate, barbiturate, and cocaine users. This apparent interdistrict variation doubtless reflects variations in actual drug prevalence as well as variations in screening practices and in the thoroughness of case files.

Single-drug users. Approximately 40 percent of the documented drug users had been dependent on a single drug prior to aftercare enrollment. One-third of the heroin users, one-seventh of the marijuana users, and one-tenth of the cocaine users had used each drug exclusively. Exclusive use of heroin was equally represented across most districts, but exclusive use of cocaine and exclusive use of marijuana were each concentrated in two districts.

Drugs used in combination. Excluding single-drug users and non-drug users, the typical offender had been dependent on three categories of drugs. The most widely used drug combinations were marijuana-heroin (26 percent of the documented drug users), heroin-cocaine (18 percent), marijuana-cocaine (17 percent), heroin-methadone (14 percent), and marijuana-barbiturates (12 percent).

Apparent non-drug users. Approximately one-eighth of the aftercare population had no clearly documented history of drug use. About half of those had no reference anywhere in their case files to a drug history or to current drug use. For the other half, the case files made general references to the offender's "drug problem," but did not mention a specific drug the offender had used. In three districts, the proportion of non-drug users was as high as 15 to 26 percent. The possibility that a disproportionate number of the non-drug users might be in need of alcohol counseling was tested, with negative results. The non-drug users raise questions about the adequacy of the presentence investigation, the thoroughness of record keeping, and the justification used for stipulation of drug treatment.

Months in aftercare. The typical offender had spent slightly more than 15 months in aftercare, but the district averages ranged from 12 to 20 months.

Prototype Offender

The general findings can be distilled into the following profile of the typical offender in the study population:

He is a 34-year-old white or black male, is a high school graduate, and has been enrolled in aftercare for 15 months. For the six months prior to the conviction that led to aftercare, he probably did not work regularly, but if he did, the job was as likely as not to have been full-time. The odds are 3:2 that he is a parolee and 2:1 that he was given a simple sentence of imprisonment for 130 months. His instant offense could have been a property offense or a drug offense. If it was a drug offense, the probabilities are 3:1 that the offense involved drug sales and 2:3 that the offense was sale of a Schedule 1 drug, most likely heroin. Chances are 2:1 that he was dependent on heroin and 2:1 that he also used two or three other drugs, most likely marijuana, cocaine, and/or methadone.

IV. AFTERCARE SERVICE PLANS

This chapter examines a range of variables that, taken together, provide a picture of the services that were planned for the drug aftercare population under study. These variables are important in the description of district-by-district variations in the actual provision of aftercare services contained in the next chapter.

In reviewing an offender's service plan, we sought to determine the source of referral to treatment. We also reviewed case files to ascertain whether the offender was required, as a condition of probation or parole, to take part in the aftercare program or entered the program in some other manner. Any of several documents could tell us how the offender was classified and, therefore, how closely the offender was to be supervised. The offender's general classification as high or low activity has implications for frequency of direct and collateral contact with a probation officer. In addition, the offender's phase of urine collection indicates how many urine samples were to be taken each month as well as the intended ratio of scheduled versus surprise urine collections.

Aside from the level of supervision, it is important to determine the intended providers of aftercare services. The typical case file contains several supervision-planning documents that permit one to determine the type of provider from whom the offender was supposed to receive most treatment services (e.g., counseling, urine testing, and other services). Generally, provider type refers to the probation officer, to agencies under contract to the probation office, to community agencies providing services at no cost to the government, or to various combinations of the above. It is particularly important to pinpoint the intended collector of urine samples, because urine surveillance generally allows for more frequent offender monitoring than most of the other services.

Aftercare Required as Condition of Supervision

The vast majority of the cases studied were originally required to participate in aftercare by the court or the Parole Commission. Aftercare conditions were imposed either at sentencing (of probation-

ers) or upon release (of parolees) in 88 percent of the cases (1,088 of 1,236) (see table 23). In an additional 7 percent (80) of the cases, conditions of supervision were later modified to require aftercare participation. About half of these cases were probation cases (39, or 3 percent) and half parole cases (41, or 3 percent). Ninety-five percent of the study population, therefore, had a drug aftercare condition imposed.

There were, however, a total of 68 offenders in the study population whose case files contained no indication of a formal court or Parole Commission order requiring participation in aftercare. Exactly half of them were considered to be in aftercare "on their own," and the other half entered aftercare some other way. Most of the latter group were referred to treatment by the probation officer, without formal modification of the conditions of supervision to require aftercare.

The offenders who entered the program other than by original condition of release to probation or parole were not evenly distributed among the study districts; Districts 1, 2, 3, and 10 accounted for 84 percent of them. Moreover, among these offenders, half the cases with modified conditions came from District 1, and 70 percent of those referred to treatment by a probation officer came from District 3.

One question that arose was whether any of the 68 offenders who were not required to participate in aftercare by stipulation of the court or the Parole Commission were receiving aftercare services under contract. The *Probation Manual* states,

If during the course of supervision the U.S. probation officer becomes aware of a drug abuse problem of a client, he should petition the court (probationers) or the Parole Commission (parolees, special parole terms, or mandatory releases) for a modification of conditions which would require and authorize aftercare services.¹⁴

Of those who were not stipulated to receive drug aftercare, 28 percent (19) were nevertheless receiving contracted services. Of these, 3 were in treatment on their own and 16 were in treatment for some other reason, which typically meant probation officer referral. All of them were from Districts 1 and 3. District 1 provided contract services for the 3 who were in treatment on their own and for 2 of the others. District 3 provided contract services for 14. Apparently, District 3 referred offenders to treatment from contract agencies and paid for this treatment on a fairly regular basis with-

14. Administrative Office of the United States Courts, *supra* note 4, at 15.

out modifying the conditions of supervision as required by the Probation Division.

Source of Referral to Treatment

Aside from the 68 offenders discussed in the previous section, offenders were referred to treatment by one of four possible sources. The smallest group (33 of 1,163, or 3 percent) was made up of parolees who were committed for treatment under title II of the NARA and who participated in a specialized drug treatment program while in confinement. Upon release, these offenders were ordered to take part in the aftercare program. Another 613 of the cases for whom data were available were also parolees. Of these, the majority had participated in a specialized drug abuse program (DAP) while in confinement. DAP offenders made up 30 percent (345) of the population. The other group of parolees were institutionally programmed drug-dependent releasees (IPDDRs) who did not receive specialized drug treatment services while in confinement; IPDDRs constituted 23 percent (268) of the total. The balance of the sample (44 percent, or 517 of 1,163) were referred to aftercare as probationers.

There were a few interdistrict variations in source of referral. We mentioned in chapter 3 that a few districts, notably Districts 1 and 2, had a disproportionate number of probationers in their caseloads. Nearly all of the 33 NARA offenders were in three districts, specifically, Districts 3 (8), 8 (4), and 10 (15). The mix of DAPs and IPDDRs varied greatly from district to district. In six districts, DAPs were by far the largest single group. In four of these districts (4, 5, 7, and 8), more than 70 percent of the aftercare caseload were DAPs. District 10 was unique in that the majority of its cases (57 percent, or 159 of 281) were IPDDRs.

These variations in source of referral have several possible implications. First, the likelihood that the parolee populations received drug treatment during the period of confinement immediately preceding aftercare varied from district to district. This variation may lead to different approaches and responses to aftercare among parolees from district to district. Second, the overrepresentation of probationers in a few districts may systematically affect the relative ease or difficulty with which supervision practices can be modified and technical violations dealt with effectively.

Program Plan in Case File

The program plan is an important document filled out by the probation officer when an offender is received for supervision. It indicates the range of services that the offender may require. In addition, it serves as both a needs assessment and an initial treatment plan. Unless the probation officer has completed the program plan, an offender may not receive any contract aftercare services. A copy of the program plan is required to be in the case file of each offender in aftercare.

For the sample studied, it was as likely as not that a program plan would be in the offender's case file. The program plan, or a local adaptation with all essential elements, was found in 54 percent (671 of 1,246) of the case files. It was absent from the remaining 46 percent (575).

Perhaps more meaningful than the figures for the entire study population are the interdistrict variations. Of the three districts initially classified for study purposes as noncontract districts, two uniformly did not have any form of program plans in the case files. The third noncontract district did develop program plans for each case. Among the other seven districts, three had program plans in about 80 to 90 percent of the case files: District 5 had program plans in 88 percent (81 of 92); District 6, in 81 percent (95 of 117); and District 10, in 87 percent (246 of 284). The two districts with the lowest percentages of program plans were District 1, with 18 percent (47 of 269), and District 3, with 44 percent (80 of 182). In addition to the great variation among districts in the inclusion of program plans in the case files, there was much variation in the content of the program plans as well in how consistently they were filled out.

Intended Service Provider

When an offender is received for supervision, the probation officer uses one or more documents to develop a treatment plan or approach. These include the program plan, discussed above; the classification and initial supervision plan; and an opening entry in the chronological files, typically entitled "Resume and Treatment Plan." From these sources, it is possible to extract the intended type of service provider: contractor, probation officer, noncontract community agency, or a combination. This information provides a picture of how districts plan to deliver services; more important, it enables one to construct district typologies that reflect the intended

mix of service providers. On a case-by-case basis, however, one cannot assume that each offender actually received services from the providers identified in the plan.

As was shown in table 1, in the majority of cases, at least some services were expected to be provided by contractors. In 45 percent (562 of 1,237) of the cases studied, contractor-provided services were expected exclusively. Ten percent (124) of the cases were to be serviced solely by the probation officer and 4 percent (46) by noncontract community agencies. In addition, 14 percent (168) of the cases were to receive treatment services from a combination of probation officer and contractor, 3 percent (42) from a combination of contractor and noncontract community agency, and 22 percent (272) from a combination of probation officer and noncontract community agency. Finally, 2 percent (23) were to receive aftercare services from other sources. Grouped another way, 62 percent of the cases (772 of 1,237) called for some contractor services, 46 percent (564) were to be serviced at least partially by the probation officer, and 29 percent (360) were to receive at least some services from a noncontract community agency.

Intended Collector of Urine Samples

The identity of the intended collector of urine samples is important because the offender's most frequent contact is generally with whoever gives the urine test. Rarely (in 6 percent of 1,211 cases) did the treatment plan turn over this responsibility to a noncontract community agency alone. Typically, the urine collector was either a contractor or a probation officer. Treatment plans indicated that urine collection was a contractor's responsibility in 50 percent (610) of the cases, was the responsibility of the probation officer in 30 percent (363), and was split between the probation officer and a contract or noncontract agency in 13 percent (162).

The district-by-district variations paralleled those for intended service providers. The five districts intending to rely on contractors for 75 percent or more of their treatment services also planned to use contractors for most urine collections: District 8 indicated reliance on contractors alone for 61 percent of the urine collections; the other four districts (3, 4, 5, and 10) indicated reliance on contractors for 80 to 93 percent of the collections.

In contrast, districts 1, 2, 6, and 9 planned to rely on the probation officer for urine collections either exclusively or in conjunction with collections performed outside the probation office by a contract or noncontract agency; probation officer involvement ranged

from 81 to 100 percent in those cases. Only District 7 planned a major use of noncontract agencies, choosing them for 93 percent of the urine collections.

Phase of Urine Collection

The phase of urine collection dictates how often urine specimens are to be collected each month and what percentage of the time they are to be "surprise" collections taken without advance notice. The phase is supposed to be a function of the length of time an offender has been supervised and the extent to which urine collections have demonstrated abstinence from drug use. An offender who has moved to a lower phase, calling for less frequent collections, can be moved back to a higher phase if his or her urine specimens begin to show traces of illegal drugs or if other supervision problems arise. At least six urine samples per month are collected from offenders in Phase 1 (note that Phase 1 is actually "higher" than Phase 2). This initial stage lasts approximately six months. A minimum of two samples in each month are collected on a surprise basis, with no more than 24 hours' advance notice to the offender. After approximately six months of negative test results, an offender is moved to Phase 2, wherein the urine collections are reduced to four per month. After an additional period of three months of negative test results, the offender is placed in Phase 3, with urine collections reduced to two per month.¹⁵

Offenders were well distributed across the three urine collection phases. Forty-two percent (324 of 765) were in Phase 1, 29 percent (225) in Phase 2, and 26 percent (201) in Phase 3. The primary source of interdistrict variation was that three districts (1, 2, and 9) did not employ the method of urine collection phases. Instead, they relied almost exclusively on their probation officer to collect urine specimens, generally at each direct contact, and viewed the phase of urine collection as a function of the offender's appearance schedule.

Other Identified Needs

The range of treatment services listed in the program plan is wide. However, other treatment needs may also be recorded in the offender's file. The probation officer may have noted these other

15. Administrative Office of the United States Courts, *The Supervision Process*—Publication 106, at 33 (1983).

needs in the comments section of the program plan, in the classification and initial supervision plan, or in the chronological files. In some cases, these other needs may have come to light as early as the presentence investigation. If these additional needs were found to be pervasive, it would be important for the Probation Division to consider including the relevant services as a standard part of the aftercare program. Three need areas were examined: medical attention, academic assistance, and alcohol counseling. An important consideration in assessing the needs in these three areas is that because they are not incorporated into the program plan form, they might be systematically underreported.

Medical attention was required in 7 percent (86 of 1,260) of the aftercare cases. The proportion needing medical attention unrelated to drug treatment ranged from a low of 4 percent in Districts 8 and 10 to a high of 11 percent in District 5. In three districts (1, 2, and 5), more than 9 percent of the aftercare cases required medical attention.

Approximately 8 percent (94 of 1,260) of the case files studied indicated that academic assistance was needed. The variation here was much wider, ranging from a low of 0 percent in District 7 to a high of 23 percent in District 4. In three districts (1, 4, and 8), more than 12 percent of the case files noted a need for academic assistance.

Alcohol counseling was needed by 9 percent (108 of 1,260) of the cases. The proportion needing alcohol counseling ranged from 3 percent (District 8) to 14 percent (District 4). More than 11 percent of the offenders in aftercare in four of the districts (1, 2, 3, and 4) needed alcohol counseling.

Summary and Conclusions

The services planned for offenders in aftercare are typically reflected in several probation case file documents and are the composite of a range of factors, including referral source, classification, and intended service provider. The following is a summary of the findings about the service plans developed for the drug aftercare population studied.

Aftercare required as condition of supervision. Drug aftercare conditions were imposed either at initial sentencing (of probationers) or upon release (of parolees) in 88 percent of the cases. An additional 7 percent had their conditions of supervision modified later to require drug aftercare. Half of the offenders who were not formally required by the court or the Parole Commission to par-

ticipate in aftercare entered "on their own," and the other half entered aftercare some other way, generally through referral by a probation officer. Nearly all the offenders whose conditions were added later or who were in aftercare without a drug treatment stipulation were from one of three districts. Most of those referred by a probation officer without the required modification of conditions were from a single district. Of those offenders who were not stipulated to receive drug aftercare, nearly one-third received contract services; all of those not stipulated were from two districts.

Source of referral to treatment. There were four sources of referral to aftercare. The largest group of offenders (44 percent) were referred as probationers. The other groups were referred as parolees: NARA offenders (3 percent), DAP offenders (non-NARA addicted or drug-dependent offenders who participated in a specialized drug abuse treatment program in an institution of confinement and have been ordered by the Parole Commission to participate in an aftercare program following release) (30 percent), and IPDDRs (institutionally programmed drug-dependent releasees who did not participate in special drug abuse treatment while in confinement, but are receiving aftercare services as parolees, mandatory releasees, or special parole term releasees) (23 percent). The mix of offenders varied greatly among districts. For example, probationers represented a 2:1 majority in two districts, DAP parolees were at least a 7:3 majority in four, and IPDDRs were a 3:2 majority in one. Nearly all the NARA offenders were concentrated in three districts.

Program plan in case file. A formal program plan was found in 54 percent of the case files. This figure is deceptive, however, because the districts varied greatly in how consistently the program plans were developed and filled out, as well as in their regular placement in the file. Two of the predefined noncontract districts uniformly did not have program plans in their case files because they were not used. The third predefined noncontract district consistently placed one in each case file. Among the other districts, three had program plans in as many as 80 to 90 percent of their case files. At the other extreme, two districts had program plans in 18 and 44 percent of their case files.

Intended service provider. The various treatment plans indicated that 62 percent of the cases called for some contractor services, 46 percent were to be serviced at least partially by a probation officer, and 29 percent were to receive at least some services from a noncontract community agency. Approximately 60 percent of the cases called for exclusive use of one of these three provider types, and three-fourths of the time it was a contractor that was called for. The variations in provider mix helped to define the districts as contract, noncontract, and mixed. Five districts were considered contract districts on the basis of their calling for contractor-provided services for at least 75 percent of their aftercare cases. Four districts qualified as noncontract on the basis of the fact that the intended service provider for at least 75 percent of their cases was a probation officer, noncontract community agency, or combina-

tion of the two, with no contractor involvement. The tenth district was categorized as mixed because it relied on contract and noncontract agencies equally. These typologies reflect intended providers of aftercare services only and must be compared with actual service providers (see chapter 5).

Intended collector of urine samples. Treatment plans placed the task of urine collection with a contractor half the time, kept the responsibility within the probation office in 30 percent of the cases, and split the responsibility between probation office and contract or noncontract agency in another 13 percent. In only 6 percent of the cases was this responsibility turned over to a noncontract agency alone. Variations by district paralleled those for intended service providers. In the five contract districts, four relied on contractors exclusively to collect urine in 80 to 90 percent of their cases; the fifth relied exclusively on contractors for 60 percent of its urine collections. Four of the other five districts relied on probation officers for urine collections in 80 to 100 percent of their cases. The fifth earmarked more than 90 percent of its urine collections for noncontract agencies.

Phase of urine collection. Seven of the ten districts categorized offenders according to their phase of urine collection. These seven placed 42 percent of the study population in Phase 1, 29 percent in Phase 2, and 26 percent in Phase 3. There was variation among districts in the proportion in each phase. Three districts placed 48 to 59 percent in Phase 1, three had equal numbers in all three phases, and another district split most of its caseload between the first two phases.

Other identified needs. Treatment plans showed that non-drug-related medical attention was needed in 7 percent of the cases, academic assistance in 8 percent, and alcohol counseling in 9 percent. For the entire study population, the identified need for medical attention ranged from 4 to 11 percent; for academic assistance, from 0 to 23 percent; and for alcohol counseling, from 3 to 14 percent.

Prototype Aftercare Service Plan

The general findings can be distilled into the following profile of the typical aftercare service plan:

The odds are 5:4 that the offender is a parolee, either a DAP or an IPDDR, who was stipulated by the Parole Commission upon release from prison to take part in drug treatment. He or she is classified as high activity. The chances are 50-50 that the offender's case file contains a program plan. The odds are 3:2 that the treatment plan, in whatever form it takes, calls for some services to be provided by a contractor, 4:5 against some services being reserved for the probation officer, and 3:7 against involvement of noncontract agencies. The chances are even that a contractor collects the offender's urine specimens, and 1:3 against their being collected by

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a probation officer. Chances are 3:1 that the offender is in either Phase 1 or 2 of urine testing. The probabilities are low that he or she has been identified as needing medical attention, academic assistance, or alcohol counseling.

V. AFTERCARE SERVICES PROVIDED

Chapter 10 of the Probation Division's *Probation Manual* describes a range of services that probation districts may provide to drug-dependent federal offenders. That chapter authorizes districts to arrange for these services under contract if the services are not available either from the probation office's own resources or from a community agency at no cost to the government. Two services are emphasized: urine surveillance and counseling. A variety of other services, identified on the aftercare program plan form, may also be provided. These other services include, but are not limited to, vocational testing, training, and placement; psychological-psychiatric workup/evaluation; psychotherapy; ambulatory and inpatient detoxification; methadone maintenance; therapeutic community services; temporary housing assistance; and emergency transportation and financial assistance.

This chapter describes the extent to which these services were provided during the six-month period studied (the period immediately preceding review of the case files). Major variations across districts in the range of those services are also presented. We begin with a discussion of urine testing, then focus on several variables related to counseling, and finally, examine the delivery of other available aftercare services.

Urine Testing

Urine surveillance is considered one of the two most important services provided to the drug-dependent federal offender because it generally provides the most regular form of contact with the offender and is a primary means to identify instances of illegal drug use. It also assists the offender in demonstrating that he (or she) has refrained from such use. The study focused on two major concerns related to use of urine testing. The first concern was the frequency of urine collections and the second was the manner in which probation officers modified supervision practices in response to positive (dirty) urine tests.

Frequency of Urine Collections

The mean number of urine samples taken during the six-month period studied reflects the regularity of collections. For the study population, the average number of urine specimens collected per offender over the six-month period was 14. The variation from one district to another was wide, with the most frequent collector taking more than three times as many urine samples as the least frequent. Districts 1 and 2 collected urine least often, with 6 and 7 urine samples collected over the six-month period. These two districts collected urine half as frequently as the third least frequent collector. District 5 collected urine most frequently (22) over the six-month period, followed by District 6 (19) and District 7 (19). If we exclude the 74 offenders whose case files suggested that they gave no urine specimens over the six-month period, the mean for the entire population increases to 15, with a low of 7 and a high of 23. Employing this zero-less mean, the ranking of the frequency of urine collections remains the same, except that two of the higher frequency districts exchange ranks.

Differences in the frequency of urine collections were found among the districts. The 74 offenders who apparently gave no urine specimens constituted 6 percent of the total (1,191). One to 5 urine samples were taken from 20 percent of the offenders studied (227 of 1,117); 6 to 10, from 20 percent (231); and 11 to 15, from 17 percent (194). In the two low districts (1 and 2), 80 percent (190 of 237) and 82 percent (67 of 82) of offenders, respectively, had 10 or fewer urine collections. The most frequent urine collector (District 5) took 10 or fewer urine samples in less than half its cases. In contrast, the two low districts took 21 or more urines from only 1 percent of their cases. District 5, the most frequent collector, took 21 or more urine samples from 58 percent (52 of 90) of its cases; and 20 of those 52 offenders, or 39 percent, gave more than 30 urine specimens. Between these extremes, there was enormous variation in the frequency of urine collections.

Frequency of collections by phase. Chapter 10 of the *Probation Manual* specifies the minimum number of urine samples to be collected during each of the three phases of urine collection. As the offender moves from Phase 1 to Phase 2, and from Phase 2 to Phase 3, the number of scheduled urine collections is supposed to decrease, while the number of unscheduled or surprise collections remains constant.

By comparing the offender's phase of urine collection (at the end of the six months) with the number of urine specimens collected during the six-month period studied, we gained a sense of whether the collection requirements for each phase were actually being fol-

lowed. However, these findings are not conclusive for two reasons. First, because we lacked the means to identify offenders who had recently changed phase classifications, the urine collections documented for some offenders took place while they were in a previous phase. Second, the findings for the number of urine collections probably understate actual urine collections by up to 15 percent. This is because some of the case files had incomplete information for the last month covered by our data collection effort.

There was some correspondence between phase of urine collection and the number of urine specimens taken during the six-month period. There was little difference between Phases 1 and 2 in the mean number of urines collected. Offenders in Phase 1 gave 19 urine samples each during the last six months. Those in Phase 2 gave about 19 as well. Those in Phase 3 gave 13, notably fewer than in the two other phases.

Further research will be needed to establish more conclusively whether there is a relationship between the phases of urine collection and the number of urine specimens collected for testing. As mentioned above, the primary difficulty with this analysis is that the offender's phase when the urine was collected was often unknown. It appears that for the offenders studied, there was no difference in frequency of collection between the first two phases. And because offenders were as likely to move up as down between the phases, it appears that the offender's phase and the number of urine collections have little relationship.

The real issue appears to involve scheduled versus actual urine collections by phase. Offenders in Phase 1 may well have been scheduled for more urine collections than those in Phase 2, but the higher rates of no-shows and stalls in Phase 1 may make the actual number of urine collections in the two phases appear very similar. In contrast, the offenders in Phase 3 may have become more reliable in appearances, and because urine collections in this phase are unscheduled, they probably missed fewer collections. These possibilities require further empirical examination.

Probation Officers' Responses to Positive Urine Tests

An integral part of the urine surveillance process is how the probation officer responds to positive urine tests. (Table 24 presents data on the number of positive urine tests per offender for each of the study districts.) To answer this question, we attempted to identify from the case files any changes in supervision practices occurring after indications of positive urine tests. We differentiated between the probation officer's response to the first or second positive over the six-month study period and the response to the third or

fourth positive during the same period. Again, the inquiry was limited to reactions to tests taken during the six-month period studied. We collected no data about urine collections, positives, or probation officer responses prior to this six-month period.

First or second positive. Responses to the first or second positive urine test tended to be lenient. Table 25 shows that approximately two-thirds of the time (67 percent, or 332 of 499), there was no discernible change in supervision practices. In 12 percent (60) of the cases, direct and/or collateral contacts were increased. The offender was placed in a residential program in 5 percent (23) of the cases. Treatment was changed in some way short of residential placement in 4 percent (21), and urine collections were increased in 4 percent (21). Only in 4 percent (18) of the cases did the probation officer request a violation hearing. In 5 percent (24) of the cases, the probation officer responded with a combination of the actions listed above or in some other way (e.g., delayed change of phase; sent letter of reprimand). In interpreting these responses, it is important to bear in mind that supervision practices may well have changed in many other, sometimes subtle ways that were not explicitly recorded by the probation officer. The analysis here is limited to documented changes.

There were a few interdistrict variations in probation officers' responses to the first or second positive urine (see table 25). First, there was great variation in how frequently the probation officer made changes in supervision after the first or second positive. No response occurred in from 17 percent (District 7) to 82 percent (District 3) of the instances of first or second positive urine tests.

Second, there were variations in the specific mode of response. More frequent contacts were the predominant response. In four districts (2, 6, 7, and 9), if there was a response, at least 50 percent of the time it was to increase contacts. District 10 was the clear exception. In that district, the most frequent response, occurring in 18 percent (12 of 66) of the cases, was to place the offender in a residential program. In general, the second most frequent responses in District 10 were to collect urine samples more frequently or to request a violation hearing; both these responses occurred in 12 percent (8) of the cases. District 10 accounted for 52 percent (12 of 23) of residential placements after the first or second positive urine test, 38 percent (8 of 21) of the more frequent urine collections, and 44 percent (8 of 18) of the violation hearing requests.

Third or fourth positive. Responses to the third or fourth positive urine test were somewhat more stringent, though in a surprising 51 percent (108 of 213) of the cases, there was still no explicit response (see table 26). Among the cases that brought about an ex-

PLICIT response, the response hierarchy was, as one might expect, nearly the reverse of that for the first or second positive. After the first or second positive, the most frequent response by far was to increase contacts; after the third or fourth, this was the least frequent response. After the first or second positive, the least frequent response was to request a violation hearing; after the third or fourth, this was clearly the predominant response.

Table 8 summarizes these and other changes in the response hierarchy from first or second to third or fourth positive urine tests. In 18 percent (39 of 213) of the cases, the response was to request a violation hearing. In 8 percent (18), the probation officer attempted to change the offender's drug treatment program without going so far as a residential placement. In 6 percent (12) of the cases, there was a residential placement and, in the same number, an increase in urine collections. In only 5 percent (10) were contacts increased.

TABLE 8
Probation Officers' Responses to Positive Urine Tests

Response	After First or Second Positive	After Third or Fourth Positive
More frequent contacts	60 (12.0)	10 (4.7)
Residential placement	23 (4.6)	12 (5.6)
Other changes in treatment	21 (4.2)	18 (8.5)
More frequent urine collections	21 (4.2)	12 (5.6)
Request for violation hearing	18 (3.6)	39 (18.3)
No change	332 (66.5)	108 (50.7)
Combination	11 (2.2)	9 (4.2)
Other	13 (2.6)	5 (2.3)
Total	499 (100.0)	213 (100.0)

NOTE: Figures in parentheses are row percentages.

There were no important interdistrict differences in responses to the third or fourth positive urine test. In all ten districts, violation hearing requests moved up in the response hierarchy and more frequent contacts moved down (relative to responses to first or second positive urine tests). In seven of the ten districts, requests for a violation hearing became the predominant response; in six of the ten districts, more frequent contacts became the least frequent response. Thus, it seems that limited action was taken after the first

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or second positive urine test, but after the third or fourth, there was a strong tendency to request a violation hearing. Even after the third or fourth positive, however, there was no explicit response in half the cases.

Counseling

Counseling is the second of the two aftercare services given emphasis by the Probation Division. Chapter 10 of the *Probation Manual* describes counseling as a required service, stating "the form is optional but must be available."¹⁶ Chapter 10 also specifies that to ensure intensive individual care, the counselor shall provide not less than one 30-minute session each week unless otherwise agreed upon by the probation officer and aftercare staff. Counseling must be provided by a qualified professional counselor.

A number of questions related to counseling require discussion: How many of the offenders received counseling? From what types of providers? How many counseling sessions did they typically have during the six-month period studied? How many days usually elapsed between sessions? In what types of counseling did the offenders take part? How long were the sessions?

Provider of Counseling

Table 9 shows for each district the number of offenders receiving the bulk of their counseling from each type of provider or combination of providers. Because we were interested in determining the full range of counseling providers, the table includes the probation officer as a provider. Only 5 percent (61 of 1,231) of the case files for offenders studied contained no information on counseling. An additional 24 percent (296) received the bulk of their counseling from the probation officer. The largest group, 44 percent (545), received the bulk of their counseling from contractors. Seven percent (85) received counseling from noncontract community agencies, 6 percent (70) from a probation officer and contractor equally, 2 percent (28) from a contractor and noncontract agency equally, and 10 percent (122) from a probation officer and noncontract agency equally. An additional 2 percent (24) received the bulk of their counseling from another source.

The ten study districts were categorized as contract, noncontract, or mixed on the basis of the extent to which their initial plans for their aftercare cases reflected an intent to rely on one provider

16. Administrative Office of the United States Courts, *supra* note 4, at 23.

TABLE 9
Provider of Counseling: Frequencies by District

Provider	1	2	3	4	5	6	7	8	9	10	Total by Provider
No counseling	10 (16.4)	12 (19.7)	11 (18.0)	3 (4.9)	3 (4.9)	2 (3.3)	0 (0.0)	11 (18.0)	0 (0.0)	9 (14.8)	61 (5.0)
Contractor	7 (1.3)	1 (0.2)	126 (23.1)	61 (11.2)	70 (12.8)	9 (1.7)	0 (0.0)	27 (5.0)	0 (0.0)	244 (44.8)	545 (44.5)
Probation officer	131 (44.3)	11 (3.7)	8 (2.7)	1 (0.3)	1 (0.3)	93 (31.4)	8 (2.7)	19 (6.4)	13 (4.4)	11 (3.7)	296 (24.0)
Noncontract agency	24 (28.2)	31 (36.5)	19 (22.4)	3 (3.5)	3 (3.5)	1 (1.2)	2 (2.4)	1 (1.2)	0 (0.0)	1 (1.2)	85 (6.9)
Contract agency and probation officer	24 (34.3)	0 (0.0)	0 (0.0)	16 (22.9)	9 (12.9)	5 (7.1)	3 (4.3)	10 (14.3)	0 (0.0)	3 (4.3)	70 (5.7)
Contract and noncontract agency	6 (21.4)	0 (0.0)	6 (21.4)	2 (7.1)	0 (0.0)	2 (7.1)	0 (0.0)	1 (3.6)	0 (0.0)	11 (39.3)	28 (2.3)
Probation officer and noncontract agency	59 (48.4)	34 (27.9)	1 (0.8)	2 (1.6)	3 (2.5)	5 (4.1)	15 (12.3)	2 (1.6)	0 (0.0)	1 (0.8)	122 (9.9)
Other	10 (41.7)	2 (0.3)	8 (31.3)	2 (8.3)	1 (42.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.2)	24 (1.9)
Total by district	271 (22.0)	91 (7.4)	179 (14.5)	90 (7.3)	90 (7.3)	117 (9.5)	28 (2.3)	71 (5.8)	13 (1.1)	281 (22.8)	1,231 (100.0)

NOTE: Figures in parentheses are row percentages.

type over another. Districts 3, 4, 5, 8, and 10 were categorized as contract; Districts 2, 6, 7, and 9 as noncontract; and District 1 as mixed. The actual provision of aftercare counseling services should correspond with those categories and, by and large, they did.

Aftercare counseling in contract districts. Of the five contract districts, four used contractors exclusively for at least two-thirds of their aftercare cases. The fifth district (8) relied on contractors exclusively for only 38 percent of its caseload. If we enlarge the provider category to include use of contractors in combination with other providers, the results are as follows: Three of the five districts (4, 5, and 10) used contractors in 87 percent or more of their cases, District 3 used contractors in 74 percent, and District 8 used contractors in only 54 percent, suggesting that the latter was not truly a contract district. This is consistent with the finding that, among the five contract districts, District 8 was the only one that expressed the intention to rely on contractors alone for less than 75 percent (i.e., 60 percent) of its urine collections. District 8 used noncontract agencies as a counseling source in 6 percent (4 of 71) of its cases and the probation officer in 44 percent (31); in 15.5 percent (11) there was no counseling. Thus, with only 54 percent of its cases having received counseling from a contractor, District 8 is best considered a contract district with extensive probation officer involvement.

It is noteworthy that only 56 of the 711 cases in the five contract districts received counseling from noncontract agencies; 46 percent of those were in District 3, where 26 of 179 cases received services from noncontract agencies. This did not represent a large enough degree of noncontract involvement to characterize the district as mixed, but there was a strong orientation to noncontract services—particularly in outlying parts of the district.

Aftercare counseling in noncontract districts. The four noncontract districts (2, 6, 7, and 9) and the one mixed district (1) all qualified as noncontract districts. In all five, 85 percent or more of the cases received no counseling from a contractor. Offenders in aftercare in the noncontract districts received counseling primarily from a noncontract agency, from a probation officer, or from a combination of the two. The use of contract services in the five districts ranged from 1 percent (1 of 91) in District 2 to 14 percent in both District 1 (37 of 271) and District 6 (16 of 117).

There were interesting variations in how the noncontract counseling was provided. Four of the five districts (1, 6, 7, and 9) relied on the probation officer as a counselor in 75 percent or more of their cases. In two of these districts, the probation officer provided a substantial amount of the counseling: 88 percent (103 of 117) in

District 6 and 100 percent (13 of 13) in District 9. District 2 was the only noncontract district to rely on probation officers in less than 75 percent of its cases. Though it used the free services of community agencies in 72 percent of its cases, probation officers were still involved in 33 percent. Two other districts (1 and 7) relied heavily on probation officers as counselors, but also made substantial use of noncontract agencies: District 1 used noncontract agencies in 33 percent (89 of 271) of its cases; District 7, in 61 percent (17 of 28).

On the basis of the varied patterns of providing counseling in these districts, it is clear that the term *noncontract* takes on a different meaning from district to district. Perhaps the single most important distinction among the noncontract districts is in how they provide counseling services.

Frequency of Counseling by Professionals Other Than the Probation Officer

To measure the frequency of professional counseling, the term was defined so as to exclude counseling provided by probation officers. This definition is based primarily on methodological concerns and does not imply that the probation officer did not often meet the qualifications of a professional counselor set forth in chapter 10 of the *Probation Manual*. The definition does presume that, by and large, the counselors in contract and noncontract agencies possessed the appropriate qualifications. This assumption was not tested and therefore requires examination in future research.

The data on several counseling-related variables are based on a limited segment of the study population for two reasons. First, because our definition of professional counseling excluded sessions with a probation officer, the data from districts that relied heavily on the probation officer for counseling came from a relatively small portion of their total caseloads. Second, in districts that relied primarily on noncontract agencies, little information had been maintained about frequency, duration, or nature of counseling. Thus, again, those data came from a restricted portion of the caseloads.

In the discussion of counseling frequency, we have excluded all offenders who had no professional counseling or for whom the number of sessions could not be determined. The segment of the study population receiving documented counseling sessions constituted a bare majority (51 percent, or 647 of 1,260). The rest (613) were split in a 3:2 ratio between those who had no professional counseling and those whose professional counseling was not documented.

The 647 offenders who received documented counseling sessions had a mean of 14 sessions each over the six-month study period. This is the equivalent of 1 session approximately every other week (1 every 13 days). The mean number of sessions ranged from 11 in District 4 to 27 in District 6, which was the only district with a mean exceeding 18 sessions.

In certain districts, large segments of the caseloads received no professional counseling from a contract or noncontract agency. In three districts (1, 6, and 9), the majority of offenders received no professional counseling from a contract or noncontract agency. In two districts (1 and 2), more than one-third of the cases received counseling that could not be quantified because it was performed by noncontract community agencies, which provided little feedback.

Days without counseling. The number of days without counseling that elapsed before each of the offender's last three professional counseling sessions should generally be consistent with the mean number of counseling sessions received over the six-month period studied, which was one session every 13 days.

For the entire study population, the number of days elapsed without counseling before each of the offender's last three professional counseling sessions averaged 13.8, 13.3, and 12.9. These figures are consistent with and add credibility to the 13-day figure derived from the six-month total. Clearly, those who received documented professional counseling were not counseled on the chapter 10 mandated average of at least 30 minutes per week; once every other week appeared to be more standard.

There were large district-by-district variations among the eight districts for which data were available. District 1 varied from the other districts in that it was the only district with a frequency of one session every 15 days. Two districts provided professional counseling approximately once every 10 days. District 6 provided counseling every 8 days and District 10 every 10 days. These two districts approached the expected standard of once-a-week counseling.

Nature of Counseling

Nearly all the professional counseling received by the study population was individual counseling. Of the last three counseling sessions, 92 percent (1,638 of 1,779) involved individual counseling and 6 percent (105 of 1,779) involved group counseling. Less than 1 percent (5 of 1,779) of the sessions involved family counseling. The principal interdistrict variation occurred in group counseling. Eight districts (all except 8 and 9) offered group counseling; however, one

district (5) accounted for more than half (53 percent, or 56 of 105) of the documented group-counseling sessions.

Duration of Counseling Sessions

On the basis of the duration of the last three sessions noted in the case files, the mean professional counseling session lasted 50 minutes, which is 20 minutes longer than the 30-minute session that is supposed to occur once a week. These data on length of session, combined with the preceding data on frequency, suggest that a standard of one hour every two weeks might be more consistent with current practice than the required weekly half-hour. The counseling sessions varied greatly in mean duration from district to district. Districts 4 and 8 had the shortest sessions, lasting 37 and 36 minutes, respectively. Three districts (1, 5, and 10) had sessions that lasted between 50 and 60 minutes. The other three districts for which we had data (3, 6, and 7) had sessions averaging between 60 and 65 minutes.

Other Aftercare Services Provided

Twelve services other than urine testing and counseling were examined during the review of case files. Only one, methadone maintenance, was provided to more than 10 percent of the study population. As shown in table 10, methadone maintenance was provided in 11 percent (132 of 1,259) of the cases studied. After methadone maintenance, the next five most frequently provided services, in descending order of frequency, were vocational placement (9 percent, or 116 of 1,259), emergency transportation assistance (8 percent, or 104 of 1,259), therapeutic (inpatient) services (7 percent, or 92 of 1,259), psychotherapy (7 percent, or 89 of 1,259), and vocational training (6 percent, or 72 of 1,259).

For the entire study population, 43 percent (423 of 886) of these other services were provided by a single district, District 1.¹⁷ This

17. There is some question whether the data on services provided by District 1 are comparable with the other districts' data. Because approximately 70 percent of the 274 cases reviewed in this district were four to eight months out of date, it was necessary to collect much of the data through interviews with probation officers working from their field notes. We do not suggest that the interviewed officers overreported the use of other services; as it turned out, this district was one of the two lowest on urine collection frequency, as well as by far the highest on other services. Rather, the case file review process in the other nine districts may have underreported the facts somewhat.

TABLE 10
Other Aftercare Services: Frequencies by District

Service	1	2	3	4	5	6	7	8	9	10	Total by Service
Vocational testing	30 (50.0)	6 (10.0)	1 (1.7)	4 (6.7)	3 (5.0)	5 (8.3)	4 (6.7)	5 (8.3)	0 (0.0)	2 (3.3)	60 (6.8)
Vocational training	30 (41.7)	9 (12.5)	8 (11.1)	2 (2.8)	6 (8.3)	10 (13.9)	1 (1.4)	5 (6.9)	0 (0.0)	1 (1.4)	72 (7.9)
Vocational placement	49 (42.2)	12 (10.3)	13 (11.2)	5 (4.3)	6 (5.2)	22 (19.0)	3 (2.6)	3 (2.6)	0 (0.0)	3 (2.6)	116 (13.1)
Psychological-psychiatric workup	26 (36.1)	5 (6.9)	6 (8.3)	8 (11.1)	1 (1.4)	5 (6.9)	4 (5.6)	0 (0.0)	0 (0.0)	17 (23.6)	72 (8.1)
Psychotherapy	48 (53.9)	3 (3.4)	8 (9.0)	5 (5.6)	0 (0.0)	7 (7.9)	4 (4.5)	3 (3.4)	0 (0.0)	11 (12.4)	89 (10.0)
Ambulatory detoxification	10 (22.2)	14 (31.1)	7 (15.6)	1 (2.2)	3 (6.7)	7 (15.6)	0 (0.0)	2 (4.4)	0 (0.0)	1 (2.2)	45 (5.1)
Inpatient detoxification	16 (43.2)	6 (16.2)	1 (2.7)	0 (0.0)	2 (5.4)	2 (5.4)	1 (2.7)	3 (8.1)	0 (0.0)	6 (16.2)	37 (4.2)
Metadone maintenance	67 (50.8)	24 (18.2)	15 (11.4)	2 (1.5)	1 (0.8)	11 (8.3)	0 (0.0)	1 (0.8)	0 (0.0)	11 (8.3)	132 (14.8)
Therapeutic community	34 (37.0)	12 (13.0)	14 (15.2)	3 (3.3)	3 (3.3)	14 (15.2)	2 (2.2)	2 (2.2)	0 (0.0)	8 (8.7)	92 (10.3)
Temporary housing	11 (57.9)	0 (0.0)	1 (5.3)	0 (0.0)	1 (5.3)	2 (10.5)	0 (0.0)	2 (10.5)	0 (0.0)	2 (10.5)	19 (2.1)
Emergency transportation	68 (65.4)	1 (1.0)	2 (1.9)	0 (0.0)	30 (28.8)	1 (1.0)	1 (1.0)	1 (1.0)	0 (0.0)	0 (0.0)	104 (11.7)
Emergency financial assistance	34 (70.8)	6 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (6.3)	2 (4.2)	0 (0.0)	3 (6.3)	48 (5.4)
Total services by district	423 (47.7)	98 (11.1)	76 (8.6)	30 (3.4)	56 (6.3)	86 (9.7)	23 (2.6)	29 (3.3)	0 (0.0)	65 (7.3)	886 (100.0)
Services received per offender	1.54	0.96	0.41	0.33	0.61	0.74	0.82	0.41	0.0	0.23	0.70

NOTE: Figures in parentheses are row percentages.

Aftercare Services

district also accounted for the largest share of each service except ambulatory detoxification, of which District 2 was the largest provider. The figures for other services received per offender in each of the ten districts, also shown in table 10, are equally interesting. Of the four leading providers of other services (Districts 1, 2, 6, and 7), none were categorized as contract districts on the basis of their intended service providers. Three were considered noncontract districts (2, 6, and 7) and one a mixed district (1). The discussion to follow examines the 12 services in the "other" category in terms of the proportion provided by each district and the types of providers for each service.

Vocational testing. The bulk of vocational testing was provided in District 1, which accounted for 50 percent (30 of 60) of this service. District 2, which accounted for 10 percent (6) of the vocational testing, was the only other district providing 10 percent or more. Noncontract community agencies provided the service in 53 percent (30 of 57) of the cases. In 28 percent (16), vocational training was provided by contractors. In 7 percent (4), it was provided by a combination of noncontract and contract agencies.

There were differences across districts in the type of service provider. In District 1, both contract and noncontract agencies were used. Contractors provided 47 percent (14 of 30) of District 1's vocational testing; noncontract community agencies, 40 percent (12); and contract and noncontract agencies combined, 13 percent (4). District 1 accounted for 90 percent (18 of 20) of the contracted vocational testing. Outside of District 1, 67 percent (18 of 27) of the vocational testing was provided by noncontract community agencies.

Vocational training. District 1 provided 42 percent (30 of 72) of the vocational training given to the drug aftercare population. In addition, three other districts provided 10 percent or more each of the vocational training: District 2 accounted for 13 percent (9), District 3 for 11 percent (8), and District 6 for 14 percent (10). Noncontract community agencies provided this service in 58 percent (42 of 72) of the cases. In 24 percent (17) of the cases, vocational training was provided by contractors. In 6 percent (4), it was provided by the probation officer teamed with a noncontract agency. The probation office itself provided this service for 3 percent (2) and others for 10 percent (7) of the cases.

There were again differences across districts in the type of service provider. District 1 relied heavily on both contract and noncontract agencies. Contractors provided 47 percent (14 of 30) of District 1's vocational training; noncontract community agencies, 50 percent (15 of 30). District 1 accounted for 82 percent (14 of 17) of the contracted vocational training. Outside of District 1, 64 percent (27

of 42) of the vocational training was provided by noncontract community agencies, with an additional 10 percent provided by a probation officer teamed with a noncontract agency.

Vocational placement. District 1 also provided 42 percent (49 of 116) of the vocational placement services. Three other districts provided 10 percent or more each of the total vocational placement services: District 2 accounted for 10 percent (12), District 3 for 11 percent (13), and District 6 for 19 percent (22). Noncontract community agencies contributed 32 percent (36 of 111) of these services. An additional 28 percent (31) were provided under contract, and 15 percent (17) were direct services of the probation office. Another 20 percent (22) of the services were provided using combinations of contractors, noncontract agencies, and the probation office, with 5 percent (5) contributed by others.

The interdistrict variations for vocational placement generally resembled those for the two vocational services discussed above. Contractors provided 52 percent (25 of 48) of District 1's vocational placement services. Noncontract agencies contributed only 13 percent (6), a much lower share than for the two other vocational services. An additional 29 percent (14) of District 1's vocational placement services were provided by the probation office or by various combinations. District 1, nonetheless, still accounted for most of the contracted vocational placement services, providing 81 percent (35 of 43). Outside of District 1, 48 percent (30 of 63) of placement services were provided by noncontract community agencies, which represents a lower share than for the two other vocational services. The void seems to have been filled by the probation officer acting as employment specialist.

Psychological-psychiatric workup/evaluation. District 1 provided 36 percent (26 of 72) of the psychological-psychiatric workups/evaluations. Two other districts provided at least 10 percent of the workups received by the drug aftercare population: District 4 provided 11 percent (8) and District 10 provided 24 percent (17). Contractors provided 58 percent (38 of 66) of the workups; noncontract community agencies, 27 percent (18). Combinations provided 5 percent (3); others, 11 percent (7).

There were two major interdistrict variations in the providers of psychological-psychiatric workups/evaluations. In District 1, workups were provided twice as often by contractors, which accounted for 54 percent (14 of 26), as by noncontract agencies, which accounted for only 27 percent (7). Outside District 1, the 2:1 ratio of contract to noncontract agencies held up, with 60 percent (24 of 40) provided by contractors and 28 percent (11) by noncontract agencies.

Psychotherapy. District 1 provided 54 percent (48 of 89) of the psychotherapy. District 10 provided 12 percent (11). No other district accounted for 10 percent or more of the psychotherapy given to the study population. Contractors provided 55 percent (47 of 86) of the psychotherapy and noncontract community agencies contributed 30 percent (26), with the remaining 15 percent (13) provided by others.

The district-by-district variations in providers of psychotherapy paralleled the variations for psychological-psychiatric workups. In District 1, psychotherapy was provided twice as often by contractors, which accounted for 61 percent (28 of 46), as by noncontract agencies, which accounted for only 26 percent (12). Outside of District 1, there was a slight tendency to choose contractors (58 percent, or 19 of 33) over noncontractors (42 percent, or 14 of 33). Excluding Districts 1 and 10, the other eight districts relied more heavily on noncontract community agencies (14) than on contractors (9) for psychotherapy.

Ambulatory detoxification. District 2 provided the largest share of ambulatory detoxification, accounting for 31 percent (14 of 45). Three other districts provided at least 10 percent each of the ambulatory detoxification: District 1 accounted for 22 percent (10), District 3 for 16 percent (7), and District 6 also for 16 percent (7). Noncontract community agencies provided 49 percent (22 of 45) of ambulatory detoxification; contractors, 31 percent (14); the probation office teamed with a noncontract agency, 13 percent (6); and others, 7 percent (3).

There were clear differences across districts in the type of provider relied upon for ambulatory detoxification. Four districts (3, 4, 5, and 10) made no use of noncontract agencies, relying instead upon contractors.

Inpatient detoxification. District 1 provided 43 percent (16 of 37) of the inpatient detoxification. Noncontract community agencies provided 56 percent (20 of 36). Contractors provided 19 percent (7), with the probation officer and various combinations providing 11 percent (4) and others providing 14 percent (5).

The interdistrict variations discussed in relation to ambulatory detoxification extended to inpatient detoxification as well. Two districts (5 and 10) relied primarily on contractors, which accounted for 19 percent (7 of 36) of the total inpatient detoxification. The other six districts (1, 2, 3, 6, 7, and 8) offering inpatient detoxification relied almost exclusively on noncontract community agencies. These six chose a noncontract agency over a contractor 91 percent (20 of 22) of the time and provided 78 percent (29 of 37) of the inpatient detoxification.

Methadone maintenance. District 1 provided 51 percent (67 of 132) of the methadone maintenance. In addition, two other districts provided at least 10 percent each: District 2 accounted for 18 percent (24) and District 3 for 11 percent (15). Noncontract community agencies provided 70 percent (92 of 132) of the methadone maintenance, and contractors accounted for 18 percent (24). Combinations involving a noncontract agency were responsible for 5 percent (6) and the probation office or others for 7 percent (10).

The interdistrict variations in the type of methadone maintenance provider resembled the variations in the type of provider of the two detoxification services.

Therapeutic community services. District 1 provided 37 percent (34 of 92) of the therapeutic (inpatient) community services. Three other districts accounted for at least 10 percent each of the therapeutic services received by the study population: District 2 provided 13 percent (12); District 3, 15 percent (14); and District 6, also 15 percent (14). Noncontract agencies contributed 69 percent (60 of 87) of these services. Contractors were responsible for 21 percent (18), and combinations involving a noncontract agency accounted for 6 percent (5).

There were interdistrict variations in the provider of therapeutic community services. Six districts used contractors, but only one used contractors exclusively, and this district (8) provided only 2 percent (2 of 87) of the total therapeutic community services. One major provider of these services (District 6) relied on contract and noncontract agencies with approximately equal frequency.

Temporary housing assistance. District 1 provided 58 percent (11 of 19) of the temporary housing assistance received by the study population. Districts 8 and 10 provided 11 percent (2) each. Noncontract agencies contributed 67 percent (12 of 18). Contractors were responsible for 22 percent; the probation office or some other entity, for 11 percent.

Emergency transportation assistance. District 1 accounted for 65 percent (68 of 104) of the emergency transportation assistance. District 5 provided transportation assistance during the study period to 29 percent (30) of its aftercare population. Overall, the probation officer provided this service 45 percent (47 of 104) of the time. A probation officer/contractor combination was responsible for 27 percent (28), contractors for 26 percent (27), and noncontract community agencies for 2 percent (2).

The major apparent interdistrict variation was that District 1 was unique in its heavy reliance on probation officers to provide emergency transportation assistance and in its use of the probation officer/contractor team as a means of providing this service. Much

of District 1's transportation assistance (carfare) was, in fact, distributed to the offender by a probation officer, but with funds disbursed through a contractor. Thus, neither the contractor nor the probation officer category fully describes the type of service provider for that district. Most of the instances of emergency transportation assistance in District 1 are more accurately described as a contractor/probation officer team effort.

Emergency financial assistance. District 1 provided 71 percent (34 of 48) of the emergency financial assistance. District 2 accounted for 13 percent (6 of 48) and was the only other district with more than a 10 percent share of the total. The probation officer provided 76 percent (35 of 46) of the emergency financial assistance, with the rest provided by contractors or various combinations.

Again, the interdistrict variation may prove illusory. Most of the financial assistance provided in District 1 was credited to the probation officer. In fact, much of it was provided through the same type of probation officer/contractor relationship as described above for emergency transportation assistance, and should probably have been so recorded.

Summary and Conclusions

Each offender in drug aftercare is required to have urine collection/testing and professional counseling. In addition, a dozen or more other services may also be provided. The following is a summary of the findings about the aftercare services received by the offenders studied:

Frequency of urine collections. No urine samples were given by 6 percent of the offenders in aftercare; 1 to 5, by 20 percent; 6 to 10, by 20 percent; 11 to 15, by 17 percent; 16 to 20, by 12 percent; 21 to 25, by 10 percent; over 25, by 15 percent. The average number of urine samples collected over a six-month period was 14 per offender; excluding those who gave no urine, the average was 15 per offender. The district averages ranged from 7 to 23.

Frequency of collections by phase. Phase 1 and 2 offenders had virtually identical numbers of urine collections during the six-month study period (18.9 and 18.5). Phase 3 offenders gave substantially fewer urine samples (12.8).

Probation officers' responses to positive urine tests. For two-thirds of the cases, the probation officer did not change supervision practices after the first or second positive urine test. The most frequent response was to increase direct and/or collateral contacts (12 percent of the cases). Other responses were to place

the offender in a residential treatment program (5 percent), increase urine collections (4 percent), change treatment in some other way (5 percent), or request a violation hearing (5 percent). Supervision practices remained unchanged in from 17 to 82 percent of the cases, depending on the district. In some of the districts, the most frequent response was to increase contacts; in one district, it was placement in residential treatment.

After the third or fourth positive urine test, there was no discernible probation officer response in half (51 percent) the cases. The response hierarchy was an inversion of the response hierarchy after the first or second positive. Where there was a response, most frequently it was to request a violation hearing (18 percent); the least frequent response was to increase contacts (5 percent). Other responses included residential placement (6 percent), increased urine collections (6 percent), and other changes in treatment (8 percent). In seven of ten districts, the predominant response was to request a violation hearing.

Provider of counseling. Only 5 percent of the cases received no counseling during the six-month study period; 44 percent received the bulk of counseling from a contractor; 24 percent, from a probation officer; and 7 percent, from a noncontract agency. The remainder received counseling from combinations or others. The district typologies based on intended service provider (contract, noncontract, or mixed) generally matched the actual counseling providers. Four of the five contract districts used contractors in 74 percent or more of their cases; the fifth used contractors in only 54 percent, otherwise relying heavily on its probation officers, not on noncontract agencies. The four noncontract and one mixed district all qualified as noncontract districts on the basis of their exclusion of contractors from at least 85 percent of their cases. They differed greatly, however, in their reliance on noncontract agencies or probation officers for counseling.

Frequency of counseling by professionals other than the probation officer. Professional counseling sessions from a contract or noncontract agency were documented for slightly more than one-half of the offenders. The number of sessions averaged 14 over the six-month period, or 1 every 13 days. This was well under the once-a-week minimum required by the Probation Division. The six-month averages ranged from 11 to 27, but only one district averaged more than 18. In three districts, the majority received no professional counseling from a contract or noncontract agency. In two districts, more than one-third of the offenders in aftercare received counseling that could not be quantified because it was provided by noncontract agencies that provided little feedback.

Days without counseling. The time intervals without counseling between the typical offender's last three counseling sessions over the six-month study period averaged 13.8, 13.3, and 12.9 days. The range was from 9 to 38 days elapsed. In only one district was the average greater than 15 days elapsed.

Nature of counseling. Individual counseling accounted for 92 percent of the counseling sessions; group counseling, for 6 percent. More than half of the documented group counseling took place in one district.

Duration of counseling sessions. The average counseling session lasted 50 minutes, much longer than the average 30-minute session that is supposed to occur weekly. The district averages ranged from 36 to 65 minutes, but only two districts had average sessions under 50 minutes, and three districts averaged 60 to 65 minutes.

Other aftercare services provided. Of the 12 other services studied, methadone maintenance was the most often provided, at 11 percent. The following additional services were provided in descending frequency: vocational placement (9 percent), emergency transportation assistance (8 percent), therapeutic community services (7 percent), psychotherapy (7 percent), vocational training (6 percent), psychological-psychiatric workup/evaluation (6 percent), vocational testing (6 percent), emergency financial assistance (4 percent), inpatient detoxification (3 percent), and temporary housing assistance (2 percent). Nearly half (48 percent) of the 886 instances of delivery of other services were credited to a single district, which accounted for the largest share of each service except ambulatory detoxification. None of the four leading providers of other services were classified as contract districts. It is significant that the contract districts, which might be viewed as those with the least direct involvement with the clients, were also the districts least likely to provide other services.

Prototype Aftercare Services

The general findings can be distilled into the following profile of the aftercare services typically received by an offender in the study population:

The offender has given 15 urine specimens in the last six months. Assuming he or she had positives, after the first one or two the odds are 2:1 that the probation officer did not alter supervision in any explicit way. If anything, the probation officer required the offender to come into the probation office more frequently. If he or she had three or four positives, the odds are even that there was still no change. However, if the probation officer took action, it was probably to request a violation or revocation hearing. The odds are 4:5 that the bulk of counseling is provided by a contractor and 3:1 against its being provided mainly by the probation officer. If the offender receives professional counseling, it is individual counseling, takes place about once every other week, and lasts 50 minutes each time. Other than giving urine samples and getting counseling, the offender receives at most one other service, most likely methadone maintenance, vocational placement, or emergency carefare.

VI. ADJUSTMENT EXPERIENCES

Although any effort to measure the outcomes of public programs raises complex methodological issues, this is particularly true for efforts to measure the outcomes of correctional programs. Often there is a strong tendency to attribute variations in outcomes to different program models or components. In this chapter, we examine several variables that may be viewed as possible aftercare outcome measures or, put another way, measures of the offenders' adjustment experiences while in the program. The outcome measures included in our analyses are the kind that would be germane to most correctional programs: current employment status, new arrests and/or convictions, and technical violations. Because of the special nature of the drug aftercare population, however, other outcome-related variables also had to be considered. These additional variables include association with known or suspected drug traffickers; the nature of new drug offenses or convictions, if any; and, where a technical violation was based on drug use, the types of drugs used. It should be noted that this was a process-oriented study. As such, no attempt was made to identify the specific services that would or should contribute to a favorable adjustment. Nor was any effort made to isolate the factors that might explain the varied adjustment experiences of the offenders in our study sample.

Current Employment Status

A narrow majority (51 percent, or 608 of 1,190) of the offenders in aftercare were considered to be gainfully or productively occupied full-time in some other pursuit, such as school, during the period studied. These included 42 percent (500) who were employed by someone else on a full-time basis, 6 percent (72) who were self-employed full-time, 2 percent (21) who were full-time students, and 1 percent (15) who combined part-time work and school. An additional 10 percent (120) fell into an "other" category, which consisted primarily of persons who were gainfully occupied part-time (e.g., part-time job, part-time school, volunteer work) or who lived in res-

idential programs (1 percent, or 14 of 1,190). This should be contrasted with the finding reported in chapter 3 that slightly more than one-quarter (303 of 1,206) of the offenders studied were steadily employed on a full-time basis during the six-month period prior to their instant convictions.

In the four districts with the highest number of employed offenders, at least 58 percent (District 3), and as many as 69 percent (District 9), were gainfully occupied full-time. In the other six districts, less than 50 percent of the offenders were gainfully occupied full-time; the lowest rate was 40 percent. The wide variation in the rates of full-time gainful occupation across districts may primarily reflect the variation in general employment prospects in different parts of the country. Nonetheless, a substantially larger percentage of offenders were employed while in aftercare than were employed during the period immediately preceding their instant convictions.

Association with Drug Traffickers

Perhaps one of the most difficult questions a probation officer must decide is whether an offender in aftercare has been associating with persons known to be or suspected of trafficking in drugs. The case file data indicated that about 20 percent (237 of 1,216) of the offenders studied were apparently associating with drug traffickers (see table 27). In six districts (1, 4, 5, 6, 7, and 8), case file records for slightly more than 25 percent of the drug aftercare population indicated such associations. Given the absence of a great deal of variation on this measure, it is probably safe to assume that for the majority of the sample cases such associations had not transpired or had not come to the attention of the probation officer.

Positive Urine Tests

The frequency and types of positive (dirty) urine tests suggest the extent to which an offender has returned to or continued the use of drugs. In examining program outcomes, several questions about urine samples arise: What percentage of the drug aftercare population had no positive urine tests? What was the average number of positives per offender, excluding those with no positives? What drugs came up positive most often? What drug combinations showed up most frequently? Were the types of drugs that showed up the same types that the offenders had used before enrollment in aftercare? In this section, these questions are examined for the

entire study population and, in most instances, on a district-by-district basis. To standardize the results, we limited our inquiry to the six-month period immediately preceding the commencement of data collection.

More than two-fifths (43 percent, or 515 of 1,205) of the study population had at least one positive urine test during the six-month period.¹⁸ Of these 515, 77 percent (394) had between 1 and 5 positives; 17 percent (89) had between 5 and 10; 5 percent (28) had between 11 and 20; and 1 percent (4) had 21 or more. Slightly more than one-third of those with positives (34 percent, or 177 of 515) had a single positive. The mean number of positive urine tests for the entire population was 2. However, if offenders with no positives are excluded, the mean changes to 4.

Table 11 displays several differences across districts in the number of positive urine tests. The percentage of a district's caseload with one or more positives varied widely, from lows of 25 percent (70 of 276) in District 10 and 26 percent (16 of 61) in District 8 to highs of 69 percent (9 of 13) in District 9 and 68 percent (62 of 91) in District 5. The first set of means in table 11 shows similar variation. For the entire study population, including those with no positive urine samples, the means ranged from lows of less than 1 in Districts 4, 8, and 10 to highs of 4 in Districts 5 and 9. If a high percentage of a district's caseload had one or more positives, this tended to inflate the mean for the entire caseload. The second set of means in table 11, therefore, is limited to those offenders who had one or more positives. This set of means also shows wide inter-district variation. The means vary from lows of 2 in District 8 and 3 in District 4 to highs of 6 in Districts 5 and 6.

From the figures in table 11, we can draw two conclusions. The first is that there was extremely wide variation by district in the percentage of the aftercare caseload with one or more positive urine specimens and in the mean number of positives for those who did not remain completely clean. On both measures, the highest district exceeded the lowest by a factor of three. The second conclusion is that there is a relationship between the percentage of offenders who had one or more positives and the mean number of positives for those offenders. In general, the greater the percentage of a district's caseload with one or more positives, the greater the mean number of positives for those with one or more. This can be interpreted in several ways. One possibility is that the districts

18. The 55 offenders for whom no data on the number of dirty urine specimens were available have been excluded from this and all subsequent analysis in this section. Even when reference is made to the "entire study population," these cases are excluded.

TABLE 11
Positive Urine Tests by District

Key Rankings among Districts	1	2	3	4	5	6	7	8	9	10	Total by Study Population
Percentage of total caseload with one or more positives	50.2	53.0	44.2	34.4	68.1	49.1	42.9	26.2	69.2	25.2	42.7
Ranking	7	8	5	3	9	6	4	2	10	1	
Mean number of positives for entire caseload	1.4	1.7	1.7	0.9	3.9	2.8	1.2	0.6	3.5	0.8	1.6
Ranking	5	6-7	6-7	3	10	8	4	1	9	2	
Mean number of positives for offenders with one or more positives	2.8	3.2	3.9	2.6	5.8	5.7	3.0	2.1	5.1	3.1	3.7
Ranking	3	6	7	2	10	9	4	1	8	5	

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with the larger percentages of active drug users simply had more persistent drug users in their caseloads. Another possibility is that as more and more offenders' samples "come up dirty," a district becomes more tolerant of high numbers of positives.

Drugs Detected

Table 12 shows the types of drugs detected in the urine samples of the 515 offenders who had one or more positives. The largest number of positives was for other opiates (28 percent, or 252). Aside from positives for heroin itself, positives for the other opiates and for quinine also suggest heroin use. The offenders with 252 positives for other opiates also had at least 135 and as many as 179 positives for morphine, which is one of heroin's metabolites. Quinine, with which heroin is often cut, was found in 22 percent (199) of the positive urine samples. There were 124 offenders who had positives for both other opiates and quinine, strongly suggesting heroin use. Of those with quinine positives, 60 percent also had other-opiate positives, but only 47 percent with other-opiate positives had quinine positives. A more definitive identification of heroin users was not possible from the data available.

Several interdistrict variations in urine positives are revealed in table 12. Three districts (1, 4, and 10) accounted for 84 percent (38 of 45) of the heroin positives.

Positives for illegal methadone were found primarily in three districts (1, 2, and 6), which together had 73 percent (56 of 77). District 1 alone had 38 percent (29) of the positives for illegal methadone.

Each of the study districts had positives for other opiates. Districts 1, 5, 6, and 3, in descending order, had the largest numbers of positives for other opiates.

Barbiturate positives and amphetamine positives were found in every district except District 9. Use of these two drugs was most frequent in District 3, which accounted for 20 percent (20 of 100) of the total number of barbiturate and amphetamine positives.

Cocaine showed up in 15 percent or more of the positives in Districts 1 and 10. District 1, however, had 42 percent (42 of 101) of the cocaine positives.

Certain drugs detected in the urine samples of offenders in some districts are not routinely screened for in all of the districts.¹⁹

19. During the period studied, the two testing labs under contract to the Probation Division were required to test for morphine, methadone, cocaine, specified amphetamines and barbiturates, quinine, PCP, and cyclodene. Additional drugs are also tested for as part of the basic screening at no additional cost. To test for certain drugs (e.g., valium), however, a special test must be requested by the district at additional cost. Special tests for marijuana were not generally performed in the districts during the period studied.

TABLE 12
Drugs Detected in Positive Urine Samples: Frequencies by District

Drugs Detected	1	2	3	4	5	6	7	8	9	10	Total by Drug
Heroin	20 (44.4)	1 (2.2)	1 (2.2)	7 (15.6)	2 (4.4)	2 (4.4)	1 (2.2)	0 (0.0)	0 (0.0)	11 (24.4)	45 (5.0)
Methadone	29 (37.7)	10 (13.0)	7 (9.1)	0 (0.0)	5 (6.5)	17 (22.1)	0 (0.0)	2 (2.6)	0 (0.0)	7 (9.1)	77 (8.6)
Other opiates	48 (19.0)	32 (12.7)	33 (13.1)	15 (6.0)	48 (19.0)	35 (13.9)	5 (2.0)	9 (3.6)	2 (0.8)	25 (9.9)	252 (28.1)
Barbiturates and sedatives	14 (20.9)	10 (14.9)	12 (17.9)	1 (1.5)	10 (14.9)	8 (11.9)	2 (3.0)	2 (3.0)	0 (0.0)	8 (11.9)	67 (7.5)
Amphetamines and stimulants	3 (9.1)	3 (9.1)	8 (24.2)	6 (18.2)	2 (6.1)	3 (9.1)	3 (9.1)	1 (3.0)	0 (0.0)	4 (12.1)	33 (3.7)
Cocaine	42 (41.6)	11 (10.9)	10 (9.9)	1 (1.0)	10 (9.9)	10 (9.9)	2 (2.0)	0 (0.0)	0 (0.0)	15 (14.9)	101 (11.2)
Marijuana	0 (0.0)	14 (37.8)	0 (0.0)	1 (2.7)	2 (5.4)	2 (5.4)	1 (2.7)	0 (0.0)	8 (21.6)	9 (24.3)	37 (4.1)
Hallucinogens	9 (45.0)	1 (5.0)	6 (30.0)	0 (0.0)	0 (0.0)	2 (10.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (10.0)	20 (2.2)
Quinine	57 (28.6)	40 (20.1)	49 (24.6)	2 (1.0)	25 (12.6)	19 (9.5)	3 (1.5)	2 (1.0)	0 (0.0)	2 (1.0)	199 (22.2)
Other	21 (32.8)	5 (7.8)	2 (3.1)	2 (3.1)	11 (17.2)	6 (9.4)	3 (4.7)	5 (7.8)	1 (1.6)	8 (12.5)	64 (7.1)
Unspecified	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (66.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (33.3)	3 (0.3)
Total by district	243 (27.1)	127 (14.1)	128 (14.3)	35 (3.9)	117 (13.0)	104 (11.6)	20 (2.2)	21 (2.3)	11 (1.2)	99 (10.2)	898 (100.0)

NOTE: Figures in parentheses are row percentages.

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Marijuana, for example, was not routinely tested for because, unlike the use of opiates and cocaine, its use was not of general interest, and a reliable urine test for its active ingredient, THC, was expensive. Therefore, the percentage of offenders with positives for marijuana cannot be translated directly into prevalence rates by district for use of that drug. Marijuana positives were found primarily in three districts (2, 9, and 10), which accounted for 84 percent (31 of 37) of the marijuana positives. District 2 had 38 percent of the marijuana positives, and Districts 9 and 10 had 22 and 24 percent, respectively. It is possible that these three districts ordered special tests for marijuana more regularly than did the other seven districts.

Hallucinogen positives were largely limited to two districts (1 and 3), which accounted for 75 percent (15 of 20) of these positives.

Quinine positives varied greatly in frequency from district to district. Five districts (1, 2, 3, 5, and 6) accounted for 95 percent (190 of 199) of the quinine positives. In contrast, the other five districts (4, 7, 8, 9, and 10) accounted for only 5 percent (9 of 199). The only feasible explanation for this wide variation is differences in offenders' drug-cutting practices across districts, in that the Probation Division's contract requires uniform testing for quinine.

Drug combinations in positive urine samples. Certain combinations of drugs appeared in positive urine samples with some frequency. For purposes of this analysis, a combination was defined to include not only traces of two drugs in a single urine specimen but also use by a single offender of two different drugs within the six-month period. In addition to the combinations involving quinine, four other major drug combinations were each found in 3 percent or more of the positives. For offenders with one or more positives, methadone was combined with other opiates in 9 percent (46 of 515) of the samples, cocaine with other opiates in 8 percent (42), barbiturates with other opiates in 6 percent (31), and methadone with cocaine in 4 percent (18).

Resumed or Continued Drug Use and Use of New Drugs

Table 13 shows the relationship between drug use prior to aftercare enrollment and drug use during aftercare.²⁰ The table allows

20. In making inferences about new use, we have assumed that the case files correctly listed the drugs that the offenders used prior to aftercare. However, the probation officer may not have felt obliged to list certain drugs often considered less problematic, such as marijuana. To the extent that the case files understated the preprogram use of a given drug, our estimates of the proportions of new users are likely to be inflated.

TABLE 13
Drugs Detected in Positive Urine Samples by Drugs of Prior Dependency

Drug of Prior Dependency	Drug Detected in Sample											Total by Prior Dependency
	Her.	Meth.	Opi.	Bar.	Amph.	Coc.	Mar.	Hall.	Qui.	Other	Opi. & Qui.	
Heroin	41 (11.1) (93.2) (6.8)	65 (17.6) (89.0) (14.0)	192 (52.0) (83.8) (41.4)	47 (12.7) (73.4) (10.1)	20 (5.4) (62.5) (4.3)	75 (20.3) (76.5) (16.2)	23 (6.2) (63.9) (5.0)	11 (3.0) (57.9) (2.4)	166 (45.0) (90.2) (35.8)	49 (13.3) (84.5) (10.6)	95 (25.7) (88.8) (20.5)	369 (79.5)
Methadone	6 (7.5) (13.6) (1.3)	21 (26.3) (28.8) (4.5)	37 (46.3) (8.0) (8.0)	11 (13.8) (17.2) (2.4)	2 (2.5) (6.3) (0.4)	10 (12.5) (10.2) (2.2)	1 (1.3) (2.8) (0.2)	6 (7.5) (31.6) (1.3)	38 (47.5) (20.7) (8.2)	14 (17.5) (24.1) (3.0)	25 (31.3) (23.4) (5.4)	80 (17.2)
Other opiates	4 (9.8) (9.1) (0.9)	5 (12.2) (6.8) (1.1)	29 (70.7) (12.7) (6.3)	11 (26.8) (17.2) (2.4)	4 (9.8) (12.5) (0.9)	10 (24.4) (10.2) (2.2)	1 (2.4) (2.8) (0.2)	0 (0.0) (0.0) (0.0)	18 (43.9) (9.8) (3.9)	7 (17.1) (12.1) (1.5)	13 (31.7) (12.1) (2.8)	41 (8.8)
Barbiturates and sedatives	6 (9.4) (13.6) (1.3)	11 (17.2) (15.1) (2.4)	30 (46.9) (13.1) (6.5)	15 (23.4) (23.4) (3.2)	8 (12.5) (25.0) (1.7)	6 (9.4) (6.1) (1.3)	6 (9.4) (16.7) (1.3)	2 (3.1) (10.5) (0.4)	22 (34.4) (12.0) (4.7)	11 (17.2) (19.0) (2.4)	12 (18.8) (11.2) (2.6)	64 (13.8)
Amphetamines and stimulants	2 (4.0) (4.5) (0.4)	10 (20.0) (13.7) (2.2)	25 (50.0) (10.9) (5.4)	9 (18.0) (14.1) (1.9)	11 (22.0) (34.4) (2.4)	4 (8.0) (4.1) (0.9)	4 (8.0) (11.1) (0.9)	3 (6.0) (15.8) (0.6)	11 (22.0) (6.0) (2.4)	6 (12.0) (10.3) (1.3)	5 (10.0) (4.7) (1.1)	50 (10.8)

TABLE 13 (Continued)

Drug of Prior Dependency	Drug Detected in Sample										Total by Prior Dependency	
	Her.	Meth.	Opi.	Bar.	Amph.	Coc.	Mar.	Hall.	Qui.	Other		Opi. & Qui.
Cocaine	11 (8.1) (25.0) (2.4)	17 (12.6) (23.3) (3.7)	55 (40.7) (24.0) (11.9)	20 (14.8) (31.3) (4.3)	5 (3.7) (15.6) (1.1)	39 (28.9) (39.8) (8.4)	7 (5.2) (19.4) (1.5)	8 (5.9) (42.1) (1.7)	61 (45.2) (33.2) (13.1)	13 (9.6) (22.4) (2.8)	34 (25.2) (31.8) (7.3)	135 (29.1)
Marijuana	11 (6.4) (25.0) (2.4)	24 (14.0) (32.9) (5.2)	77 (45.0) (33.6) (16.6)	21 (12.3) (32.8) (4.5)	11 (6.4) (34.4) (2.4)	35 (20.5) (35.7) (7.5)	21 (12.3) (58.3) (4.5)	9 (5.3) (47.4) (1.9)	60 (35.1) (32.6) (12.9)	18 (10.5) (31.0) (3.9)	30 (17.5) (28.0) (6.5)	171 (36.9)
Hallucinogens	1 (2.7) (2.3) (0.2)	7 (18.9) (9.6) (1.5)	11 (29.7) (4.8) (2.4)	4 (10.8) (6.3) (0.9)	2 (5.4) (6.3) (0.4)	4 (10.8) (4.1) (0.9)	2 (5.4) (5.6) (0.4)	12 (32.4) (63.2) (2.6)	6 (16.2) (3.3) (1.3)	4 (10.8) (6.9) (0.9)	1 (2.7) (0.9) (0.2)	37 (8.0)
Other	1 (6.3) (2.3) (0.2)	3 (18.8) (4.1) (0.0)	6 (37.5) (2.6) (1.3)	4 (25.0) (6.3) (0.9)	3 (18.8) (9.4) (0.6)	4 (25.0) (4.1) (0.9)	0 (0.0) (0.0) (0.0)	0 (0.0) (0.0) (0.0)	8 (50.0) (4.3) (1.7)	1 (6.3) (1.7) (0.2)	4 (25.0) (3.7) (0.9)	16 (3.4)
Total by drug indicated	44 (9.5)	73 (15.7)	229 (49.4)	64 (13.8)	32 (6.9)	98 (21.1)	36 (7.8)	19 (4.1)	184 (39.7)	58 (12.5)	107 (23.1)	464 (100.0)

NOTE: Figures in parentheses are row (top), column (middle), and cell (bottom) percentages; Her. = heroin, Meth. = methadone, Opi. = other opiates, Bar. = barbiturates and sedatives, Amph. = amphetamines and stimulants, Coc. = cocaine, Mar. = marijuana, Hall. = hallucinogens, Qui. = quinine, and Opi. & Qui. = other opiates and quinine.

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us to determine the percentage of offenders who used a specific drug prior to aftercare enrollment and later showed traces of the same drug in urine specimens. Conversely, it also shows the percentage of offenders with current positives for a drug who had used it prior to aftercare and, by inference, the percentage who became new users of that drug during aftercare. In addition, the table shows the percentage of offenders who used a specific drug prior to aftercare enrollment and later showed traces of a different drug in urine specimens. Finally, it shows the percentage of users of the second drug who, prior to aftercare enrollment, used the first drug. The discussion that follows places emphasis on determining the percentage of prior users of a given drug who showed positives for it while under supervision and, conversely, the percentage of those with current positives for a given drug who were either prior or new users. The discussion is limited to the 464 offenders for whom there was specific information about the drugs detected in positive urine specimens and the drugs used prior to aftercare enrollment.

Heroin. Among the offenders who had one or more positive urine samples for any drug during the period studied were 369 prior heroin users. Of these 369, 11 percent (41) had current positives for heroin, signifying return to or resumption of heroin use. Conversely, 41 of the 44 who had current positives for heroin (93 percent) were prior heroin users. In addition, 52 percent (192 of 369) of the prior heroin users who had positive urine samples for any drug had positives for other opiates, and 45 percent (166 of 369) had positives for quinine. Twenty-six percent (95 of 369) had positives for both other opiates and quinine, strongly suggesting return to or resumption of heroin use. Conversely, 84 percent (192 of 229) of offenders with positives for other opiates were prior heroin users, as were 90 percent (166 of 184) of those with quinine positives and 89 percent (95 of 107) of those with positives for both other opiates and quinine. This implies that some of those with positives indicative of heroin use were new heroin users.

Methadone. Among those with positive urine samples were 80 prior users of illegal methadone. Of these, 26 percent (21 of 80) had current positives for methadone, which suggests that they had resumed or continued use of methadone. Conversely, 21 of the 73 who had current positives for methadone (29 percent) were prior users of that drug. This implies that 71 percent (52 of 73) of the offenders with positives for methadone were new users. Similarly, 18 percent (65 of 369) of the prior heroin users had positives for methadone, and 89 percent (65 of 73) of those with positives for methadone were prior heroin users.

Other opiates. Among the offenders with positive urine samples were 41 prior users of opiates other than heroin and illegal methadone. Of these, 71 percent (29 of 41) had current positives for one or more of the other opiates, indicating resumed or continued use of some other opiate. Conversely, only 29 of the 229 offenders whose samples contained traces of other opiates (13 percent) had case file entries indicating use of other opiates previous to aftercare. This should not be interpreted to mean that 87 percent were new users of other opiates, however, because most were probably new heroin users.

Barbiturates. Among those with positive urine samples were 64 prior barbiturate users. Of these, 23 percent (15 of 64) had current positives for barbiturates, indicating resumed or continued use. Conversely, 15 of the 64 with current positives for barbiturates (23 percent) were prior barbiturate users. This implies that 77 percent (49 of 64) of the offenders with positives for barbiturates during the period studied were new users.

Amphetamines. Among the offenders with positive urine samples were 50 prior amphetamine users. Of these, 22 percent (11 of 50) had current positives for amphetamines, signifying resumed or continued use. Conversely, 11 of the 32 offenders with current positives for amphetamines (34 percent) were prior amphetamine users. This implies that 66 percent (21 of 32) of the offenders with positives for amphetamines were new users.

Cocaine. Among those with positive urine samples were 135 prior cocaine users. Of these, 29 percent (39 of 135) had current positives for cocaine, indicating that they had returned to or continued cocaine use. Conversely, 59 of the 98 who had current positives for cocaine (40 percent) were prior cocaine users. This implies that 60 percent (59 of 98) of the offenders with positives for cocaine were new cocaine users.

Marijuana. Among those with positive urine samples were 171 prior marijuana users. Of these, 12 percent (21 of 171) had current positives for marijuana, indicating resumed or continued use. Conversely, 21 of the 36 offenders who had current positives for marijuana (58 percent) were prior marijuana users. This implies that 42 percent (15 of 36) of those with positives for marijuana were new users.

Hallucinogens. Among the offenders with positive urine samples were 37 prior hallucinogen users. Of these, 32 percent (12 of 37) had current positives for hallucinogens, indicating that they had resumed or continued hallucinogen use. Conversely, 12 of the 19 offenders with current positives for hallucinogens (67 percent) were

prior hallucinogen users. This implies that 37 percent (7 of 19) of those with positives for hallucinogens were new users.

Analysis of the data in table 13 suggests some significant probabilities, which may be of interest to aftercare program managers: Prior heroin or other-opiate users who use drugs during aftercare are likely to stick with those drugs. In contrast, prior users of such drugs as barbiturates, amphetamines, cocaine, and hallucinogens who use drugs during aftercare are more likely to shift to some different substance. These probabilities may warrant specific surveillance strategies by probation officers.

Number Arrested during Enrollment in Aftercare

The offender's arrest record during aftercare enrollment provides a gross measure of criminal activity. In this section, we consider these questions: What proportion of the drug aftercare population were arrested during the six-month period studied? How often were they arrested? What was the nature of their offenses—crimes against person, crimes against property, or drug offenses? Among those arrested for drug-related offenses, were the arrests for possession only or for more serious offenses such as sale or manufacture of drugs?

More than one-fourth of the aftercare population (27 percent, or 334 of 1,259) were arrested at least once during the period of study (see table 28). There was considerable variation from one district to another in the percentage of offenders arrested. In seven of the ten districts, the proportion arrested was within six percentage points of the study population norm of 27 percent. Two districts were well above the norm: In District 5, 38 percent (35 of 92) were arrested; in District 2, 44 percent (45 of 102). At the opposite extreme, in District 10 only 15 percent (43 of 289) were arrested.

Number of New Arrests

Of those arrested while in aftercare, 66 percent (219 of 334) were arrested once; 23 percent (76), twice; 6 percent (19), three times; 3 percent (11), four times; 1 percent (4), five times; and 1 percent (3), seven or more times.

The only noteworthy interdistrict variation was related to the percentage of a district's arrestees with a single arrest. In eight districts, at least 60 percent of those arrested were arrested only once. In three districts (1, 7, and 10), at least 74 percent of arrestees were arrested a single time. District 2 was the clear exception, in that half of its arrestees were arrested two or more times. This district

had not only the highest arrest rate but also the highest number of arrests for each arrestee.

Nature of Offenses Leading to New Arrests

The nature of the offenses leading to the new arrests is important, especially in comparison with the instant offenses. Fifteen percent (49 of 334) of those newly arrested were arrested for crimes against person; 45 percent (148), for crimes against property; 11 percent (37), for multiple offenses against person and property; and 29 percent (97), for drug offenses.

Seventy percent of the offenders were newly arrested for non-drug offenses, which conforms closely to the finding, reported in chapter 3, that 60 percent of instant offenses were not drug related. There was, however, a disturbing shift in the proportion of crime-against-person offenses. Among the instant offenses, only 4 percent were classified as crimes against person; of the new arrests, 25 percent were for crimes against person.

The districts varied greatly in the nature of the new offenses. The proportion of arrests for crimes against property ranged from 36 percent or less in four districts (1, 2, 3, and 4) to 66 percent or higher in four others (5, 6, 7, and 9).

Nature of new drug offenses. Of the offenders arrested for new drug offenses, 57 percent (55 of 97) were charged with simple possession; 28 percent (27 of 97) with more serious offenses, such as sale, importation/exportation, manufacture, or possession with intent to distribute; and 16 percent (15 of 97) with other drug-related crimes, such as possession of paraphernalia or driving while under the influence of drugs (see table 29). It is difficult to identify any meaningful interdistrict variations, given the relatively small numbers involved.

Convictions during Enrollment in Aftercare

An offender's conviction record is generally considered a more reliable measure of criminal activity than is an arrest history. This section considers a set of questions parallel to those in the previous discussion of offenders arrested: What proportion of the drug aftercare population were convicted of new offenses during the six-month period studied? How often were they convicted? What was the nature of their offenses: crimes against person, crimes against property, or drug offenses? Among those convicted of drug-related offenses, were the convictions for possession only or for more serious offenses such as sale or manufacture of drugs?

Approximately one-tenth of the study population (10 percent, or 127 of 1,260) were convicted subsequent to entering aftercare (see table 30). In District 7, 18 percent (5 of 28) of the offenders were convicted of an offense while in aftercare. District 2, which had the highest arrest rate, also had the highest percentage of offenders with convictions (21 of 102) during the period of aftercare enrollment studied.

The nature of any new offenses for which an offender was convicted while in aftercare is also important, especially when compared with the original conviction that resulted in the requirement to participate in aftercare. Table 31 indicates that of the offenders with convictions occurring while in aftercare, 13 percent (16 of 123) committed crimes against person and 59 percent (72 of 123) committed crimes against property. This is consistent with the finding, reported in chapter 3, that the majority of the offenders in the study sample had original convictions involving property crimes.

When we examined the new convictions to determine how many drug-related offenses were involved, we found that 29 of 123 convictions were for illegal drug transactions. The majority (16 of 29) involved simple possession; 7 were for possession with intent to distribute; and 6 were for other miscellaneous drug offenses, such as possession of drug paraphernalia or driving while under the influence of drugs.

Technical Violations

The request for a probation violation hearing is made by the probation officer to the sentencing judge. It is usually made after the officer determines on a factual basis that "the frequency or seriousness of violations of technical conditions indicates that the probationer is unable or unwilling to comply with the terms of his conditional liberty."²¹ In the case of a parolee, the probation officer makes the request for a revocation hearing to the U.S. Parole Commission.²² It should be noted that technical violations cover a range of behaviors, some of which are less serious than others (e.g., failure to report for scheduled office visits). The probation officer's request for a violation or revocation hearing signals the offender's failure to comply with the conditions of supervision. It should be emphasized that the conditions specific to the drug aftercare stipulation are generally applicable to all probationers and parolees. In

21. Administrative Office of the United States Courts, *supra* note 4, vol. X-A, at § 5200 (transmittal 7, Feb. 15, 1979).

22. *Id.* vol. X-B, at § 7500 (transmittal 11, May 18, 1979).

addition, the violation or revocation process generally involves a request for a change in the offender's supervision status, ranging from more frequent contacts to a revocation of supervision.

In this section, the following questions related to technical violations are considered: What proportion of the drug aftercare population under study were formally charged with technical violations? What conditions of supervision were they charged with violating? If one of the violations was illegal drug use, what drugs were used? Were the drugs involved of the same type as those on which the offender was dependent prior to aftercare enrollment? What were the ultimate results of the violation hearing: revocation of probation or parole, or a specific change in the officer's supervision practices?

Number Charged with Technical Violations

Nearly three-tenths of the drug aftercare population (354 of 1,210) were formally charged with one or more technical violations of the conditions of supervision. (The results or outcomes of the charges are discussed later in this chapter.) Approximately 35 percent (122 of 354) of the offenders charged with technical violations were in District 10 (see table 32). District 1 had the second highest number of offenders charged with violations (53, or 15 percent). We do not know what factors accounted for the large number of technical violations charged in District 10. We suspect that the district has a policy of being less lenient with offenders who have committed or are suspected of committing technical violations.

Nature of Technical Violations Charged

Table 14 lists the conditions that the offenders in aftercare were charged with violating. Most of the offenders faced multiple charges. A total of 706 technical violation charges were placed against 354 offenders. Analyses of the charges indicated that 28 percent (197) alleged illegal drug use, 26 percent (184) alleged failure to report for counseling, and an additional 17 percent (118) alleged failure to comply with the urine collection requirement. The relatively large number of technical violations charged in those three areas suggests that probation officers were especially concerned with enforcing the three conditions of supervision that are most basic to the aftercare program. This finding, of course, must be viewed in light of the finding, reported earlier, that technical violations occurred more frequently in some districts, for example, Districts 1 and 10, than in others. These district differences, however, do not necessarily mean that supervision problems actually

TABLE 14
Nature of Technical Violations Charged: Frequencies by District

Nature of Violation	1	2	3	4	5	6	7	8	9	10	Total by Violation
Absconded	14 (22.2)	2 (3.2)	6 (9.5)	3 (4.8)	7 (11.1)	9 (14.3)	2 (3.2)	4 (6.3)	2 (3.2)	14 (22.2)	63 (8.9)
Failed to report for counseling	23 (12.5)	7 (3.8)	21 (11.4)	14 (7.6)	23 (12.5)	16 (8.7)	2 (1.1)	7 (3.8)	2 (1.1)	69 (37.5)	184 (26.1)
Refused urine collection	2 (1.7)	6 (5.1)	11 (9.3)	12 (10.2)	17 (14.4)	10 (8.5)	0 (0.0)	4 (3.4)	1 (0.8)	55 (46.6)	118 (16.7)
Drug use	36 (18.3)	12 (6.1)	19 (9.6)	14 (7.1)	19 (9.6)	13 (6.6)	5 (2.5)	8 (4.1)	3 (1.5)	68 (34.5)	197 (27.9)
Other	35 (25.2)	17 (12.2)	16 (11.5)	17 (12.2)	12 (8.6)	8 (5.8)	2 (1.4)	11 (7.9)	1 (0.7)	20 (14.4)	139 (19.6)
Unspecified	1 (20.0)	0 (0.0)	1 (20.0)	1 (20.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (40.0)	5 (0.7)
Total by district	111 (15.7)	44 (6.2)	74 (10.5)	61 (8.6)	78 (11.0)	56 (7.9)	11 (1.6)	34 (4.8)	9 (1.3)	228 (32.3)	706 (100.0)

NOTE: Figures in parentheses are row percentages.

Adjustment Experiences

varied from district to district. For example, the differences may be a function of district variation in the application of probation conditions.

Alleged Violations Involving Drug Use

Given the special treatment needs of the drug aftercare population, it is important to determine not only how often drug use was alleged in violation or revocation petitions but also the specific types of drugs involved. Table 15 presents a breakdown of the 197 allegations of drug-related technical violations (see table 14), showing the various drugs alleged in 321 instances of drug use. The data shown in table 15 are consistent with a number of the patterns noted in other parts of this report. Heroin use, for example, was alleged in 17 percent (54 of 321) of the drug-related technical violations. Four districts (1, 2, 4, and 10) accounted for 83 percent (45 of 54) of the alleged heroin use. (Note that other opiates were sometimes referenced in the violation report without mention of heroin, even when their presence in conjunction with quinine clearly indicated heroin use.) The only district accounting for more than 17 percent of the alleged use of other opiates was District 10, which claimed 32 percent (23 of 73). Three districts (1, 5, and 10) accounted for 63 percent of the alleged use of other opiates.

Use of illegal methadone was mentioned in the violation reports of primarily three districts (1, 5, and 10), which accounted for 90 percent (17 of 19) of the alleged methadone use. In District 1, 13 percent (9 of 68) of the alleged drug-related violations involved use of illegal methadone.

Cocaine use was charged primarily in Districts 1 and 10, which accounted for 65 percent (37 of 57) of all violations involving cocaine.

The drugs referenced in the violation reports of those charged with drug use may usefully be compared with the drugs reportedly used prior to aftercare enrollment to answer the question, Were offenders charged with violations for use of the same drugs they used before enrollment in aftercare?

Resumed or continued drug use. Of the prior heroin users charged with drug-related violations during the period studied, 37 percent (44 of 118) were charged with heroin use and 41 percent (48 of 118) were charged with use of opiates other than heroin or methadone. Of the prior cocaine users charged with drug-related violations, 48 percent (21 of 44) were charged with cocaine use.

Prior use of heroin and cocaine contributed more than prior use of other drugs, such as barbiturates and marijuana, to the likelihood of being charged for use of the same drug while enrolled in

TABLE 15
Alleged Technical Violations Involving Drug Use: Frequencies by District

Drug Used	1	2	3	4	5	6	7	8	9	10	Total by Drug Used
Heroin	16 (29.6)	9 (16.7)	5 (9.3)	8 (14.8)	4 (7.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	12 (22.2)	54 (16.8)
Methadone	9 (47.4)	0 (0.0)	1 (5.3)	0 (0.0)	3 (15.8)	1 (5.3)	0 (0.0)	0 (0.0)	0 (0.0)	5 (26.3)	19 (5.9)
Other opiates	11 (15.1)	6 (8.2)	7 (9.6)	3 (4.1)	12 (16.4)	7 (9.6)	2 (2.7)	2 (2.7)	0 (0.0)	23 (31.5)	73 (22.7)
Barbiturates and sedatives	6 (26.1)	1 (4.3)	2 (8.7)	0 (0.0)	5 (21.7)	1 (4.3)	1 (4.3)	1 (4.3)	0 (0.0)	6 (26.1)	23 (7.2)
Amphetamines and stimulants	2 (9.1)	1 (4.5)	2 (9.1)	7 (31.8)	1 (4.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	9 (40.9)	22 (6.9)
Cocaine	16 (28.0)	4 (7.0)	3 (5.3)	0 (0.0)	5 (8.8)	5 (8.8)	0 (0.0)	1 (1.8)	2 (3.6)	21 (36.9)	57 (17.8)
Marijuana	1 (4.0)	2 (8.0)	6 (24.0)	1 (4.0)	3 (12.0)	1 (4.0)	0 (0.0)	1 (4.0)	1 (4.0)	9 (36.0)	25 (7.8)
Hallucinogens	0 (0.0)	0 (0.0)	5 (50.0)	0 (0.0)	1 (10.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	4 (40.0)	10 (3.1)
Other	4 (16.0)	1 (4.0)	6 (24.0)	1 (4.0)	2 (8.0)	0 (0.0)	1 (4.0)	5 (20.0)	1 (4.0)	4 (16.0)	25 (7.8)
Unspecified	3 (23.1)	0 (0.0)	0 (0.0)	0 (0.0)	2 (15.4)	3 (23.1)	2 (15.4)	0 (0.0)	0 (0.0)	3 (23.1)	13 (4.0)
Total by district	68 (21.1)	24 (7.5)	37 (11.5)	20 (6.2)	38 (11.8)	18 (5.6)	6 (1.9)	10 (3.1)	4 (1.2)	96 (29.9)	321 (100.0)

NOTE: Figures in parentheses are row percentages.

aftercare. This can be interpreted in two ways. First, certain drug use patterns may be more stable or persistent than others. Second, the criminal justice system may impose sanctions more consistently for certain forms of drug use than for others. Both explanations doubtless hold some truth; further research is needed, however, to differentiate the two effects.

Use of new drugs. Only 8 percent (4 of 48) of those charged in technical violations with heroin use were not prior heroin users. In contrast, 79 percent (46 of 58) of those charged with use of other opiates had not used other opiates prior to their aftercare enrollment. In fact, the majority had probably used heroin, which metabolizes as morphine. Among those charged with use of illegal methadone, 56 percent (9 of 16) were apparently new users of the drug; 68 percent (13 of 19) of those charged with using barbiturates and sedatives were new users, as were 55 percent (12 of 22) of those charged with using amphetamines and stimulants and 59 percent (30 of 51) of those charged with cocaine use. Among those charged with use of marijuana, only 27 percent (6 of 22) were new users; the figure for hallucinogens was similarly low, with only 22 percent (2 of 9) being new users. Thus, with the major exception of heroin users, the majority of offenders in aftercare charged with drug use were apparently using a drug they had not used prior to aftercare enrollment.

Results of Technical Violations

The result of the violation hearing is important in assessing an offender's community adjustment. Examining that result is particularly appropriate when the outcome involves revocation of supervision. For more than 7 percent of the 354 offenders charged with technical violations during the period studied, no outcome could be determined at the time of the case file review. A number of factors may account for the absence of this information: The violation or revocation charges may still have been pending; the hearing's outcome may not yet have been recorded or filed; or the case may have been decided and the offender's conditions of supervision unchanged. Table 33 presents the data on the results of technical violations. The most frequent outcome, revocation of community supervision followed by imprisonment, occurred in 31 percent (103 of 328) of the cases for which violation outcomes were available. The next most frequent outcome was continuation of the offender's supervision with no new conditions or changes noted in the case file; 22 percent (72 of 328) of the technical violation cases fell into that category. Another 14 percent (47) involved an assortment of specific changes in supervision practices, such as more frequent contacts,

more frequent urine collections, or residential placement. Finally, 6 percent (19) were combinations of other outcomes (e.g., more frequent contacts and urine collections; revocation and brief imprisonment, to be followed by a return to supervision).

If we exclude the 72 cases for which no changes in supervision practices were noted, the rates for the various outcomes take on different proportions. Of the 150 cases with specified outcomes other than combinations, 69 percent (103 of 150) resulted in revocation and imprisonment; 20 percent (30) resulted in residential placement; and 11 percent (17) resulted in more frequent contacts or more frequent urine collections. Thus, in almost 90 percent of the cases for which a specific outcome was known, the violation or revocation hearing resulted in some form of increased physical restriction, in either a correctional institution or a residential treatment center.

There were three noteworthy interdistrict variations and one important note of similarity in the technical violation outcomes:

1. There was great variation in the proportion of cases with no indication of changed supervision practices. Excluding District 9, which had only three violation cases, the two districts with the most complete outcome information were District 5, at 83 percent (29 of 35), and District 7, at 63 percent (5 of 8).
2. Use of residential placements was limited primarily to District 10, which accounted for 60 percent (18 of 30).
3. Although District 10 had more revocations than any other district (26), it did not have the highest revocation rate. For all its violation cases, District 5 had a revocation rate of 71 percent (25 of 35); excluding cases with no changes indicated or with combination outcomes, its revocation rate was 78 percent (25 of 32).
4. In all districts except District 8, at least 60 percent of the cases for which outcomes were known resulted in the imposition of significant sanctions by the court or the Parole Commission.

Summary and Conclusions

The adjustment experiences of the drug aftercare population were measured in terms of outcomes generally relevant to correctional programs (e.g., current employment status, occurrence of new arrests or convictions) as well as in terms of outcomes relevant to the population's particular involvement in drug abuse (e.g., association with drug traffickers, frequency and nature of positive urine tests). The following is a summary of the findings on the adjustment experiences of the drug aftercare population studied:

Current employment status. A narrow majority of the offenders (51 percent) were gainfully or productively occupied full-time. Four-fifths of these worked full-time for another individual, and the others were self-employed or students, either full-time or splitting time between a job and school. Another 39 percent were unemployed, most of them able-bodied; 9 percent were gainfully occupied part-time; and 1 percent lived in a residential treatment program. The percentage who were able-bodied but unemployed ranged by district from 24 to 43 percent. This should be contrasted with the fact that slightly more than 25 percent of the offenders studied were steadily employed on a full-time basis during the six-month period prior to the conviction that resulted in their enrollment in the aftercare program.

Association with drug traffickers. One out of five case files contained some reference to an offender's association with known or suspected drug traffickers while in aftercare. Considerable variation on this item was found among the districts. District 1 had 30 percent of the offenders whose case files contained some indication of association with drug traffickers. District 9 had the lowest proportion of such offenders, less than 1 percent.

Positive urine tests. During the six-month study period, 43 percent of the offenders had at least one dirty urine specimen. Slightly more than three-fourths of these (77 percent) had between 1 and 5 positives; 17 percent had 5 to 10; 5 percent had 11 to 20; and 1 percent had 21 or more. The average number of positives per offender was 2, counting those who had no positives; among those with 1 or more positives, the average was 4. District averages for offenders with 1 or more positives ranged from 2 to 6.

Drugs detected. There were traces of heroin in 5 percent of the positive urine samples, methadone in 9 percent, other opiates in 28 percent, barbiturates and sedatives in 8 percent, amphetamines and stimulants in 4 percent, cocaine in 11 percent, marijuana in 4 percent, hallucinogens in 2 percent, quinine in 22 percent, and other drugs in 7 percent. Positives for heroin, methadone, and marijuana were each largely restricted to different combinations of three districts. Hallucinogen positives and barbiturate and amphetamine positives were concentrated in two districts. A single district had 42 percent of the cocaine positives. Other opiates were found in at least 25 percent of positives in eight districts. Quinine positives also varied greatly in frequency: Five districts accounted for 95 percent of the positives with traces of quinine. Differences in offenders' drug-cutting practices among the districts probably account for the differing frequencies with which positives for quinine were found.

Drug combinations in positive urine samples. Over the six-month period, many offenders had positives for two or more different drugs, though not necessarily at the same time. The most frequent drug combinations were quinine/other opiates (24 percent), methadone/other opiates (9 percent), barbiturates/other opiates (6

percent), and methadone/cocaine (4 percent). The quinine/other opiate combination was usually interpreted to indicate heroin use.

Resumed or continued drug use and use of new drugs. For those who had both a documented history of prior drug use and one or more positive urine tests, the drugs previously used were compared with the drugs found in current positives. This analysis showed the proportion of each drug's prior users who had resumed use of the drug as well as the proportion of current drug users who were new users of that drug. The following figures show the proportion of prior users of a drug who had current positives for it (documented resumed users): heroin, 11 percent; illegal methadone, 26 percent; other opiates, 71 percent; barbiturates, 23 percent; amphetamines, 22 percent; cocaine, 29 percent; marijuana, 12 percent; and hallucinogens, 32 percent. The figures for heroin are deceptive because most drug tests do not measure heroin, but its metabolites. In this regard, 52 percent of prior heroin users had positives for other opiates; 45 percent, for quinine; and 26 percent, for both. The following figures show the proportion of those with current positives for a particular drug who were probably new users of the drug: heroin, 7 percent; illegal methadone, 71 percent; other opiates (probably including some heroin), 87 percent; barbiturates, 77 percent; amphetamines, 66 percent; cocaine, 60 percent; marijuana, 42 percent; and hallucinogens, 37 percent. Most of the apparently new users of other opiates (84 percent) were prior heroin users who were probably again using heroin, not other opiates. The other drugs, however, to varied extents, attracted genuinely new users. The large number of new users may be explained by the fact that information on pre-aftercare drug use was grossly incomplete.

Number arrested during enrollment in aftercare. During enrollment in aftercare, 27 percent of the offenders were arrested and 10 percent were convicted after a new arrest. Two-thirds of those arrested had a single new arrest and 79 percent of those convicted had one new conviction. Offenders newly arrested ranged from 15 to 44 percent of a district's caseload and offenders newly convicted ranged up to 21 percent. A single district had the highest arrest and conviction rates as well as the highest proportion of multiple arrests and convictions.

Nature of offenses leading to new arrests. Fifteen percent of those newly arrested were arrested for crimes against person; 45 percent, for crimes against property; 11 percent, for crimes against person and property; and 29 percent, for drug offenses. Of those arrested for drug offenses, 57 percent were charged with simple possession; 28 percent with more serious offenses, such as sale and manufacture; and 15 percent with other drug-related offenses, such as driving while under the influence of drugs. A disturbing shift was noted in the proportion of crime-against-person offenses. When we looked at the convictions that got the offenders into aftercare, we found 1 in 25 involved crimes against persons; in the new arrests 1 offense in every 4 was a crime against person. Crimes against person accounted for 13 percent of the new convic-

tions; crimes against property, for 59 percent; crimes against person and property, for 7 percent; and drug offenses, for 22 percent. Of drug convictions, 55 percent were for simple possession, 24 percent for more serious offenses, and 21 percent for other drug-related crimes. There were wide fluctuations from district to district in the nature of arrests and convictions. Most notable is that in only two districts was the proportion convicted for drug offenses as high as the proportion of initial convictions involving drugs.

Technical violations. Twenty-nine percent of the drug aftercare population were formally charged with one or more technical violations of the conditions of supervision. The violation charge rate ranged from 20 percent in two districts to 44 percent in two others.

Nature of technical violations charged. Drug use was the most consistently cited basis for a violation hearing request, appearing in 45 percent of one district's requests and in at least 22 percent of the other nine districts' requests. Of those charged with technical violations, 22 percent had absconded, 26 percent had failed to report for counseling, 17 percent had refused to submit urine specimens, 28 percent showed evidence of continued or resumed drug use, and 20 percent violated other conditions of supervision (e.g., were arrested or failed to report to a probation officer). There were variations among districts in the types of violations charged. The charge of absconding appeared most frequently in the petitions of three districts (1, 6, and 10). Failure to report for counseling appeared in at least 25 percent of each district's violation charges, but in six districts this charge was referenced in 58 percent, whereas in four others it appeared in 38 percent.

Alleged violations involving drug use. Prior use of certain drugs contributed more than prior use of other drugs to the likelihood of later being charged with a violation for resumption of use of a given drug. Heroin use was charged in 17 percent of the drug-related violations; use of illegal methadone, in 6 percent; other opiates, which many probation officers interpreted as indications of heroin use, in 23 percent; amphetamines and stimulants, in 7 percent; cocaine, in 18 percent; marijuana, in 8 percent; hallucinogens, in 3 percent; and other drugs, in 8 percent. In 4 percent of the alleged drug-related violations, no drug was specified. Districts varied in the type of drugs they referenced in violation charges. Charges of heroin use were concentrated in four districts. Charges of methadone use were concentrated in three districts, as were charges of barbiturate and sedative use. Charges of use of amphetamines and stimulants, cocaine, marijuana, and hallucinogens were each concentrated in two districts.

Of the prior heroin users charged with drug-related violations, 37 percent were charged with heroin use, and 41 percent were charged with use of opiates other than heroin and methadone.

Many of those charged with use of a given drug were new users of that drug. Eight percent of those charged with heroin use were new users, as were 56 percent of those charged with using illegal

methadone, 55 percent of those charged with using amphetamines and stimulants, 59 percent of those charged with using cocaine, 27 percent of those charged with using marijuana, and 22 percent of those charged with using hallucinogens. Although 79 percent of those charged with using other opiates were apparently new users, most had probably used heroin that had metabolized as morphine (one of the other opiates).

Results of technical violations. Results were unavailable in approximately 7 percent of the violation cases, often because the cases were still pending. Of the cases with specified outcomes other than combined outcomes, 69 percent resulted in revocation and imprisonment, 20 percent in residential placement, and 11 percent in more frequent contacts or urine collections or other changes in treatment practices. Combining the revocations and residential placements, 90 percent of violations resulted in some form of physical restrictions. Except for one small district, no district imposed physical restrictions in fewer than 60 percent of the cases for which specific outcomes were documented. A single district accounted for 60 percent of the residential placements. Excluding cases with no indicated outcome or with combination outcomes, the revocation rate by district was as high as 78 percent.

Prototype Adjustment Experiences

The general findings can be distilled into the following profile of the typical adjustment experiences of an offender in the aftercare population studied:

The odds are even that the offender is gainfully or productively occupied full-time, most likely working for another person. If the offender is unemployed, he or she is still able-bodied. The odds are 4:1 against his or her having associated with known or suspected drug traffickers. Chances are close to even that the offender has had one or more positive urine tests. If he or she has had any positives, they probably number about four. The positive urine specimens most likely showed traces of quinine and other opiates, with good chances of showing cocaine as well. Assuming all these were found in the urine, the chances are 9:1 that the offender used heroin prior to aftercare enrollment and 2:3 against his or her having previously used cocaine as well. The odds are 3:1 against his or her having been arrested during aftercare, but if arrested, they are 2:1 that he or she was arrested only once. The probability of his or her having been convicted following an arrest, however, is 9:1; if convicted, the odds are 4:1 that he or she was convicted only once. The odds are better than even that any arrest or conviction was for a crime against person and about 3:1 that it was not for a drug offense. If the offense involved drugs, chances are 1:1 that it was simple possession. The likelihood of the offender's having been charged with a technical violation is 1:3. However, if he or she was

charged, the odds are better than even that the charge was for failure to report for counseling and/or continued drug use. Chances are 5:1 against his or her having absconded and 2:1 against having refused to submit to urine collections. If the violation was drug related, it is likely that use of heroin, other opiates, and/or cocaine was cited. The chances are 4:1 that the result of any violation was some form of physical restriction, most likely revocation and imprisonment.

APPENDIX A
Case File Data Collection Instrument

DRUG AFTERCARE ABSTRACT FORM

1. Offender's Name: _____
Last First M.L.
2. I.D. Number: _____
3. Offender's Supervision Status
 - 1 = Probation
 - 2 = Parole
 - 7 = Other (List: _____)
 - 8 = Missing data
4. Offender's source of referral for treatment
 - 1 = NARA (Title II)
 - 2 = DAP
 - 3 = IPDDR
 - 4 = Probationer
 - 5 = PSA
 - 6 = Pre-release
 - 8 = Missing data
5. Did Court or Parole Commission impose specific aftercare condition(s) at either initial sentence or upon release?
 - 1 = Yes
 - 2 = No
6. If "no," the offender got into the Drug Aftercare Program in the following way:
 - 1 = Probation Officer petitioned court for modification of conditions to require aftercare services
 - 2 = Probation Officer petitioned Parole Commission for modification of conditions to require aftercare services
 - 3 = Individual is in Aftercare Program on his or her own, without Court or Parole Commission order
 - 4 = Other (List: _____)
 - 8 = No indication of how offender got into Aftercare
7. Offender's employment record for the six-month period immediately preceding the conviction that got him/her into Aftercare program:
 - 0 = Offender was unemployed during all or most of the six months immediately preceding this conviction
 - 1 = Offender was incarcerated
 - 2 = Offender was employed part-time (less than 35 hours per week)
 - 3 = Offender was steadily employed on a full-time basis (35 hours or more per week)
 - 7 = Other (List: _____)
 - 8 = Missing data

8. Drugs on which the offender was dependent before enrolling in the Aftercare program. (Mark all that apply; enter "0" if answer does not apply.)

- 1 = Heroin
- 1 = Methadone
- 1 = Other opiates (List: _____)
- 1 = Barbiturates and other sedatives
- 1 = Amphetamines and other stimulants
- 1 = Cocaine
- 1 = Marijuana
- 1 = Hallucinogens
- 1 = Other (List: _____)

- 1 = No indication of drug abuse
- 8 = No data on specific drugs used

9. Is there a document called a "Program Plan" in the offender's case file?

- 1 = Yes
- 2 = No

10. Treatment services were supposed to be provided to the offender by:

- 1 = All aftercare services by contract
- 2 = All aftercare services provided by probation office
- 3 = Utilization of available community services
- 4 = Combination of contract and PO provided services
- 5 = Combination of contract and community services
- 6 = Combination of PO and community resources
- 7 = Other (List: _____)
- 8 = Missing data

11. Urine collection was supposed to be done by:

- 1 = Contractor
- 2 = PO
- 3 = Non-contract agency or individual
- 4 = Combination PO and contract/non-contract
- 7 = Other (List: _____)
- 8 = Missing data

12. Offender was most recently classified as:

- 1 = High activity
- 2 = Low activity
- 7 = Other (List: _____)
- 8 = Missing data

13. Needs of the offender identified when he or she entered the Aftercare program: (Mark all that apply. Enter "0" if answer does not apply.)

- 1 = Medical attention (other than for drug abuse)
- 1 = Academic assistance
- 1 = Alcohol counseling

14. Number of months offender has been in the Aftercare program:

- 1-30 = Number of months
- 98 = Missing data

15. Offender was most recently placed in the following phase of urine collection:

- 1 = Phase One
- 2 = Phase Two
- 3 = Phase Three
- 7 = Other (List: _____)
- 8 = Missing data

16. Total number of urine collections taken from offender during last six months:

17. Number of positive urines offender has had in last six months:

18. If the offender has had positive urine in the last six months (Question 17), the drugs shown in the positive urines were: (Mark all that apply; enter "0" if answer does not apply.)

- 1 = Heroin
- 1 = Methadone
- 1 = Other opiates (List: _____)
- 1 = Barbiturates and other sedatives
- 1 = Amphetamines and other stimulants
- 1 = Cocaine
- 1 = Marijuana
- 1 = Hallucinogens
- 1 = Quinine
- 1 = Other (List: _____)

- 1 = No indication of drug abuse
- 8 = No data on specific drugs used

19. Were any of the drugs listed in Question 18 listed earlier in Question 8?

- 1 = Yes
- 2 = No

20. If the offender had positive urines in the last six months (Question 17), the response after the offender's first or second positive urine(s), other than threats, was to:

- 0 = N/A, offender has no positive urines
- 1 = Increase frequency of contacts with the offender, his or her family, associates and/or employers
- 2 = Place offender in a residential program
- 3 = Change treatment other than placement in a residential program
- 4 = Increase frequency of urine collections
- 5 = Request violation hearing
- 6 = No indication of change in supervision
- 7 = Combination (List: _____)
- 8 = Other (List: _____)

21. If the offender had three or more positive urines (Question 17), the response after the offender's third or fourth positive urine(s), other than threats, was to:

- 0 = N/A, offender had less than three positive urines
- 1 = Increase frequency of contacts with the offender, his family, associates and/or employers
- 2 = Place offender in a residential program
- 3 = Change in treatment other than placement in a residential program
- 4 = Increase frequency of urine collections
- 5 = Request violation hearing
- 6 = No indication of change in supervision
- 7 = Combination (List: _____)
- 8 = Other (List: _____)

22. Presently employed or otherwise productively occupied:

- 0 = Offender is able-bodied but is presently unemployed and is not otherwise involved in any productive efforts
- 1 = Offender is physically or mentally incapable of working and, therefore, is not involved in any productive efforts
- 2 = Offender is employed by another person for 35 or more hours per week
- 3 = Offender is self-employed and is devoting 35 or more hours a week to such work
- 4 = Offender is attending school and carrying on equivalent of 12 undergraduate college hours
- 5 = Offender is working a minimum of 10 hours per week and attending school with an equivalent of 6 credit hours
- 7 = Other (List: _____)
- 8 = Missing data

23. The bulk of counseling over the last six months has been provided by:

- 0 = N/A, offender has not received counseling
- 1 = Contract agency
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

24. Name(s) of individual(s) providing counseling to offender during last six months:

25. Total number of counseling sessions with contractor and/or community service agency during the last six months:

- 00 = No counseling sessions
- 01-96 = Number of sessions
- 97 = Other (List: _____)
- 98 = Missing data

26. Duration of most recent counseling session (included in Question 25):

- 00 = No counseling sessions
- 01-96 = Number of minutes of counseling
- 97 = Other (List: _____)
- 98 = Missing data

27. Nature of most recent counseling session:

- 0 = No counseling
- 1 = Individual counseling
- 2 = Group counseling
- 3 = Family counseling
- 7 = Other (List: _____)
- 8 = Missing data

28. Number of days that passed without counseling between most recent counseling session and the last prior session:

- 00 = No counseling
- 01-96 = Number of days passed
- 97 = Other (List: _____)
- 98 = Missing data

29. Duration of second most recent counseling (included in Question 25) in minutes:

- 00 = No counseling
- 01-96 = Number of minutes of counseling
- 97 = Other (List: _____)
- 98 = Missing data

30. Nature of second most recent counseling session:

- 0 = No counseling
- 1 = Individual counseling
- 2 = Group counseling
- 3 = Family counseling
- 7 = Other (List: _____)
- 8 = Missing data

31. Number of days that passed between second most recent counseling session and the last prior session:

- 00 = No counseling
- 01-96 = Number of days passed
- 97 = Other (List: _____)
- 98 = Missing data

32. Duration of third most recent counseling session (included in Question 25) in minutes:

- 00 = No counseling
- 01-96 = Number of minutes of counseling
- 97 = Other (List: _____)
- 98 = Missing data

33. Nature of third most recent counseling session:

- 0 = No counseling
- 1 = Individual counseling
- 2 = Group counseling
- 3 = Family counseling
- 7 = Other (List: _____)
- 8 = Missing data

34. Number of days that passed between third most recent counseling session and the last prior session:

- 00 = No counseling
- 01-96 = Number of days passed
- 97 = Other (List: _____)
- 98 = Missing data

35. During the past six months, the offender received vocational testing services:

- 1 = Yes
- 2 = No

36. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

37. During the past six months, the offender received vocational training:

- 1 = Yes
- 2 = No

38. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

39. During the past six months, the offender received vocational placement services:

- 1 = Yes
- 2 = No

40. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

41. During the past six months, the offender received psychological-psychiatric workup/evaluation services:

- 1 = Yes
- 2 = No

42. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

43. During the past six months, the offender received psychotherapy services:

- 1 = Yes
- 2 = No

44. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

45. During the past six months, the offender received ambulatory detoxification services:

- 1 = Yes
- 2 = No

46. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

47. During the past six months, the offender received inpatient detoxification services:

- 1 = Yes
- 2 = No

48. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

49. During the past six months, the offender received methadone maintenance services:

- 1 = Yes
- 2 = No

50. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

51. During the past six months, the offender received therapeutic community services:

- 1 = Yes
- 2 = No

52. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

53. During the past six months, the offender received temporary housing assistance:

- 1 = Yes
- 2 = No

54. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

55. During the past six months, the offender received emergency transportation assistance:

- 1 = Yes
- 2 = No

56. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

57. During the past six months, the offender received emergency financial assistance:

- 1 = Yes
- 2 = No

58. If "yes," the above services were provided by:

- 1 = Outside contractor
- 2 = Probation officer
- 3 = Community service agency at no additional cost
- 4 = Combination contractor and PO
- 5 = Combination contractor and community service agency
- 6 = Combination PO and community service agency
- 7 = Other (List: _____)
- 8 = Missing data

59. Since entering the program, has the offender been arrested for any offense, other than minor traffic infractions?

- 1 = Yes
- 2 = No

60. If "yes," how many times has he or she been arrested since entering the program?

- 1-6 = Number of arrests
- 7 = Other (List: _____)
- 8 = Missing data

61. Nature of new arrest(s):

- 1 = Offense(s) involved crime(s) against person
- 2 = Offense(s) involved crime(s) against property
- 3 = Offense(s) involved elements of both (1) and (2)
- 8 = Missing data

62. Did the new arrest(s) involve drug-related charges?

- 0 = No drug involvement
- 1 = Importation, exportation, manufacture, or distribution of drugs or possession of drugs with intent to distribute
- 2 = Possession of drugs only
- 3 = Other drug-related charge (List: _____)
- 8 = Missing data

63. Since entering the program, has the offender been convicted for any offense, other than minor traffic infractions?

- 1 = Yes
- 2 = No

64. If answer is "yes," how many new convictions has he or she had since entering the program?

- 1-6 = number of convictions
- 7 = other (List: _____)
- 8 = missing data

65. Nature of new conviction:

- 1 = Offense(s) involved crime(s) against person
- 2 = Offense(s) involved crime(s) against property
- 3 = Offense(s) involved elements of both (1) and (2) above
- 8 = Missing data

66. Did the new conviction(s) involve drugs?

- 0 = No drug involvement
- 1 = Importation, exportation, manufacture, or distribution of drugs, or possession of drugs with intent to distribute
- 2 = Possession of drugs only
- 3 = Other drug-related charge (List: _____)
- 8 = Missing data

13. Offense #3: Risk factor

14. Offense #1: Nature of sentence
Term of imprisonment
Other: _____

Nature of imprisonment sentence
Term of probation or special parole
Other: _____

15. Offense #2: Nature of sentence
Term of imprisonment
Other: _____

Nature of imprisonment sentence
Term of probation or special parole
Other: _____

16. Offense #3: Nature of sentence
Term of imprisonment
Other: _____

Nature of imprisonment sentence
Term of probation or special parole
Other: _____

APPENDIX B
Tables 16 to 33

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TABLE 16
Age of Offenders: Frequencies by District

Age Group in Years	1	2	3	4	5	6	7	8	9	10	Total by Group
20 and under	0 (0.0) (0.0)	0 (0.0) (0.0)	5 (100.0) (2.7)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	5 (0.4) (0.0)
21 to 25	16 (10.9) (5.8)	17 (11.6) (16.7)	41 (27.9) (22.4)	12 (8.2) (13.3)	7 (4.8) (7.6)	12 (8.2) (10.3)	3 (2.0) (10.7)	7 (4.8) (9.9)	5 (3.4) (38.5)	27 (18.4) (9.3)	147 (11.7)
26 to 30	66 (21.2) (24.1)	37 (11.9) (36.3)	39 (12.5) (21.3)	30 (9.6) (33.3)	21 (6.7) (22.8)	29 (9.3) (24.8)	6 (1.9) (21.4)	23 (7.4) (32.4)	3 (1.0) (23.1)	58 (18.6) (20.1)	312 (24.8)
31 to 35	82 (22.2) (29.9)	30 (8.1) (29.4)	48 (13.0) (26.2)	23 (6.2) (25.6)	29 (7.8) (31.5)	30 (10.8) (34.2)	13 (3.5) (46.4)	26 (7.0) (36.6)	4 (1.1) (30.8)	75 (20.3) (26.0)	370 (29.4)
36 to 40	46 (21.9) (16.8)	12 (5.7) (11.8)	24 (11.4) (13.1)	13 (6.2) (14.4)	24 (11.4) (26.1)	17 (8.1) (14.5)	2 (1.0) (7.1)	7 (3.3) (9.9)	1 (0.5) (7.7)	64 (30.5) (22.1)	210 (16.7)
41 to 45	36 (37.5) (13.1)	4 (4.2) (3.9)	14 (14.6) (7.7)	3 (3.1) (3.3)	5 (5.2) (5.4)	5 (5.2) (4.3)	1 (1.0) (3.6)	2 (2.1) (2.8)	0 (0.0) (0.0)	26 (27.1) (9.0)	96 (7.6)
46 to 50	14 (20.6) (5.1)	2 (2.9) (2.0)	10 (14.7) (5.5)	5 (7.4) (5.6)	4 (5.9) (4.0)	7 (10.3) (6.0)	2 (2.9) (7.1)	4 (5.9) (5.6)	0 (0.0) (0.0)	20 (29.4) (6.9)	68 (5.4)
51 to 65	14 (27.5) (5.1)	0 (0.0) (0.0)	2 (3.9) (1.1)	4 (7.8) (4.4)	2 (3.9) (2.2)	7 (13.7) (6.0)	1 (2.0) (3.6)	2 (3.9) (2.8)	0 (0.0) (0.0)	19 (37.3) (6.6)	51 (4.1)
Total by district	274 (21.8)	102 (8.1)	183 (14.5)	90 (7.1)	92 (7.3)	117 (9.3)	28 (2.2)	71 (5.6)	13 (1.0)	289 (23.0)	1,259 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 17
Sex of Offenders: Frequencies by District

Sex	1	2	3	4	5	6	7	8	9	10	Total by Sex
Male	228 (21.6) (83.2)	76 (7.2) (74.5)	167 (15.8) (90.8)	82 (7.8) (91.1)	75 (7.1) (81.5)	96 (9.1) (82.1)	22 (2.1) (78.6)	59 (5.6) (83.1)	16 (0.9) (76.9)	242 (22.9) (83.7)	1,057 (83.9)
Female	46 (22.7) (16.8)	26 (12.8) (25.5)	17 (8.4) (9.2)	8 (3.9) (8.9)	17 (8.4) (18.5)	21 (10.3) (17.9)	6 (3.0) (21.4)	12 (5.9) (16.9)	3 (1.5) (23.1)	47 (23.2) (16.3)	203 (16.1)
Total by district	274 (21.7)	102 (8.1)	184 (14.6)	90 (7.1)	92 (7.3)	117 (9.3)	28 (2.2)	71 (5.6)	13 (1.0)	289 (22.9)	1,260 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 18
Race of Offenders: Frequencies by District

Race	1	2	3	4	5	6	7	8	9	10	Total by Race
White	130 (20.8) (47.6)	46 (7.4) (45.1)	71 (11.4) (39.0)	83 (13.3) (92.2)	25 (4.0) (27.2)	52 (8.3) (44.4)	15 (2.4) (53.6)	30 (4.8) (42.3)	8 (1.3) (61.5)	164 (26.3) (56.7)	624 (49.6)
Black	143 (22.9) (52.4)	55 (8.8) (53.9)	109 (17.4) (59.9)	7 (1.1) (7.8)	66 (10.6) (71.7)	64 (10.2) (54.7)	13 (2.1) (46.4)	41 (6.6) (57.7)	5 (0.8) (38.5)	122 (19.5) (42.2)	625 (49.7)
Other	0 (0.0) (0.0)	1 (12.5) (1.0)	2 (25.0) (1.1)	0 (0.0) (0.0)	1 (12.5) (1.1)	1 (12.5) (0.9)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	3 (37.5) (1.0)	8 (0.6)
Total by district	273 (21.7)	102 (8.1)	182 (14.5)	90 (7.2)	92 (7.3)	117 (9.3)	28 (2.2)	71 (5.6)	13 (1.0)	289 (23.0)	1,257 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 19
Employment Status before Instant Conviction: Frequencies by District

Employment Status	1	2	3	4	5	6	7	8	9	10	Total by Status
Unemployed	165 (26.9) (62.3)	55 (9.0) (55.0)	67 (10.9) (40.6)	28 (4.6) (31.5)	53 (8.6) (57.6)	65 (10.6) (58.6)	18 (2.9) (64.3)	29 (4.7) (41.4)	3 (8.5) (23.1)	130 (21.2) (47.6)	613 (50.8)
Incarcerated	18 (18.2) (6.8)	7 (7.1) (7.0)	14 (14.1) (8.5)	2 (2.0) (2.2)	8 (8.1) (8.7)	6 (6.1) (5.4)	0 (0.0) (0.0)	18 (18.2) (25.7)	0 (0.0) (0.0)	26 (26.3) (9.5)	99 (8.2)
Part-time	11 (9.3) (4.2)	9 (7.6) (9.0)	17 (14.4) (10.3)	20 (16.9) (22.5)	11 (9.3) (12.0)	8 (6.8) (7.2)	0 (0.0) (0.0)	6 (5.1) (8.6)	3 (2.5) (23.1)	33 (28.0) (12.1)	118 (9.8)
Full-time	50 (16.5) (18.9)	24 (7.9) (24.0)	50 (16.5) (30.3)	32 (10.6) (36.0)	18 (5.9) (19.6)	30 (9.9) (27.0)	9 (3.0) (32.1)	16 (5.3) (22.9)	7 (2.3) (53.8)	67 (22.1) (24.5)	303 (25.1)
Other	21 (28.8) (7.9)	5 (6.8) (5.0)	17 (23.3) (10.3)	7 (9.6) (7.9)	2 (2.7) (2.2)	2 (2.7) (1.8)	1 (1.4) (3.6)	1 (1.4) (1.4)	0 (0.0) (0.0)	17 (23.3) (6.2)	73 (6.1)
Total by district	265 (22.0)	100 (8.3)	165 (13.7)	89 (7.4)	92 (7.6)	111 (9.2)	28 (2.3)	70 (5.8)	13 (1.1)	273 (22.6)	1,206 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 20
Supervision Status: Frequencies by District

Supervision Status	1	2	3	4	5	6	7	8	9	10	Total by Status
Probation	180 (33.1) (65.9)	68 (12.5) (66.7)	84 (15.4) (45.7)	19 (3.5) (21.1)	13 (2.4) (14.1)	58 (10.7) (50.0)	1 (0.2) (3.6)	15 (2.8) (21.1)	6 (1.1) (46.2)	100 (18.4) (34.6)	544 (43.2)
Parole	93 (13.0) (34.1)	34 (4.8) (33.3)	100 (14.0) (54.3)	71 (9.9) (78.9)	79 (11.1) (85.9)	58 (8.1) (50.0)	27 (3.8) (96.4)	56 (7.8) (78.9)	7 (1.0) (53.8)	189 (26.5) (65.4)	714 (56.8)
Total by district	273 (21.7)	102 (8.1)	184 (14.6)	90 (7.2)	92 (7.3)	116 (9.2)	28 (2.2)	71 (5.6)	13 (1.0)	289 (23.0)	1,258 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 21
Lack of Documented Drug Use: Frequencies by District

Documented Drug Abuse?	1	2	3	4	5	6	7	8	9	10	Total by Documentation
Yes	258 (23.2) (94.2)	93 (8.4) (91.2)	168 (15.1) (91.3)	80 (7.2) (88.9)	68 (6.1) (73.9)	94 (8.5) (80.3)	27 (2.4) (96.4)	67 (6.0) (94.4)	13 (1.2) (100.0)	243 (21.9) (84.1)	1,111 (88.2)
No	5 (6.3) (1.8)	4 (5.1) (3.9)	2 (2.5) (1.1)	10 (12.7) (11.1)	12 (15.2) (13.0)	8 (10.1) (0.3)	0 (0.0) (0.0)	2 (2.5) (2.8)	0 (0.0) (0.0)	36 (45.6) (12.5)	79 (6.3)
Vague	11 (15.7) (4.6)	5 (7.1) (4.9)	14 (20.0) (7.6)	0 (0.0) (0.0)	12 (17.1) (13.0)	15 (21.4) (12.8)	1 (1.4) (3.6)	2 (2.9) (2.8)	0 (0.0) (0.0)	10 (14.3) (3.5)	70 (5.6)
Total by district	274 (21.7)	102 (8.1)	184 (14.6)	90 (7.1)	92 (7.3)	117 (9.3)	28 (2.2)	71 (5.6)	13 (1.0)	289 (22.9)	1,260 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 22
Months in Aftercare: Frequencies by District

Months	1	2	3	4	5	6	7	8	9	10	Total by Months
0 to 5	14 (11.2) (5.1)	3 (2.4) (3.0)	28 (22.4) (15.2)	12 (9.6) (13.3)	4 (3.2) (4.5)	6 (4.8) (5.2)	0 (0.0) (0.0)	4 (3.2) (5.6)	1 (0.8) (7.7)	53 (42.4) (19.1)	125 (10.1)
6 to 10	43 (14.1) (15.8)	29 (9.5) (29.0)	53 (17.4) (28.8)	30 (9.8) (33.3)	19 (6.2) (21.3)	19 (6.2) (16.4)	7 (2.3) (25.0)	14 (4.6) (19.7)	2 (0.7) (15.4)	89 (29.2) (32.1)	305 (24.6)
11 to 15	57 (22.3) (21.0)	21 (8.2) (21.0)	35 (13.7) (19.0)	30 (11.7) (33.3)	23 (9.0) (25.8)	12 (4.7) (10.3)	4 (1.6) (14.3)	15 (5.9) (21.1)	0 (0.0) (0.0)	59 (23.0) (21.3)	256 (20.6)
16 to 20	42 (26.3) (15.4)	11 (6.9) (11.0)	24 (15.0) (13.0)	4 (2.5) (4.4)	11 (6.9) (12.4)	14 (8.8) (12.1)	5 (3.1) (17.9)	14 (8.8) (19.7)	3 (1.9) (23.1)	32 (20.0) (11.6)	160 (12.9)
21 to 25	45 (31.3) (16.5)	4 (2.8) (4.0)	21 (14.6) (11.4)	8 (5.6) (8.9)	9 (6.3) (10.1)	17 (11.8) (14.7)	3 (2.1) (10.7)	10 (6.9) (14.1)	2 (1.4) (15.4)	25 (17.4) (9.0)	144 (11.6)
26 to 28	71 (28.4) (26.1)	32 (12.8) (32.0)	23 (9.2) (12.5)	6 (2.4) (6.7)	23 (9.2) (25.8)	48 (19.2) (41.4)	9 (3.6) (32.1)	14 (5.6) (19.7)	5 (2.0) (38.5)	19 (7.6) (6.9)	250 (20.2)
Total by district	272 (21.9)	100 (8.1)	184 (14.8)	90 (7.3)	89 (7.2)	116 (9.4)	28 (2.3)	71 (5.7)	13 (1.0)	277 (22.3)	1,240 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 23
Origin of Stipulation of Aftercare Conditions: Frequencies by District

Origin	1	2	3	4	5	6	7	8	9	10	Total by Origin
Probation officer petition to court	22 (56.4) (8.1)	2 (5.1) (2.1)	1 (2.6) (0.5)	2 (5.1) (2.3)	0 (0.0) (0.0)	1 (2.6) (0.9)	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (2.6) (7.7)	10 (25.6) (3.5)	39 (3.2)
Probation officer petition to Parole Commission	18 (43.9) (6.7)	3 (7.3) (3.1)	5 (12.2) (2.7)	1 (2.4) (1.1)	3 (7.3) (3.3)	1 (2.4) (0.9)	0 (0.0) (0.0)	3 (7.3) (4.4)	0 (0.0) (0.0)	7 (17.1) (2.5)	41 (3.3)
Offender's own volition	10 (29.4) (3.7)	17 (50.0) (17.5)	1 (2.9) (0.5)	3 (8.8) (3.4)	0 (0.0) (0.0)	2 (5.9) (1.8)	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (2.9) (7.7)	0 (0.0) (0.0)	34 (2.8)
Other	6 (17.6) (2.2)	2 (5.9) (2.1)	24 (70.6) (13.2)	1 (2.9) (1.1)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (2.9) (0.4)	34 (2.8)
Court or Parole Commission	214 (19.7) (79.3)	73 (6.7) (75.3)	151 (13.9) (83.0)	81 (7.4) (92.0)	88 (8.1) (96.7)	110 (10.1) (96.5)	28 (2.6) (100.0)	65 (6.0) (95.6)	11 (1.0) (84.6)	267 (24.5) (93.7)	1,088 (88.0)
Total by district	270 (21.8)	97 (7.8)	182 (14.7)	88 (7.1)	91 (7.4)	114 (9.2)	28 (2.3)	68 (5.5)	13 (1.1)	285 (23.1)	1,236 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 24
Number of Positive Urine Tests per Offender: Frequencies by District

Number of Tests	1	2	3	4	5	6	7	8	9	10	Total by Number
1	59 (33.3) (43.7)	16 (5.6) (18.9)	26 (14.7) (36.1)	11 (6.2) (35.5)	14 (7.9) (22.6)	14 (7.9) (25.5)	3 (1.7) (25.0)	7 (4.8) (43.8)	4 (2.3) (44.4)	29 (16.4) (41.4)	177 (34.4)
2	27 (24.8) (20.0)	18 (16.5) (34.0)	11 (16.1) (15.3)	7 (6.4) (22.6)	10 (9.2) (16.1)	8 (7.3) (14.5)	3 (2.8) (25.0)	6 (5.5) (37.5)	1 (0.9) (11.1)	18 (16.5) (25.7)	109 (21.2)
3	14 (24.1) (10.4)	7 (12.1) (13.2)	6 (10.3) (8.3)	7 (12.1) (22.6)	8 (13.8) (12.9)	4 (6.9) (7.3)	3 (5.2) (25.0)	2 (3.4) (12.5)	0 (0.0) (0.0)	7 (12.1) (10.0)	58 (11.3)
4	14 (28.0) (10.4)	9 (18.0) (17.0)	8 (16.0) (11.1)	2 (4.0) (6.5)	7 (14.0) (11.3)	4 (8.0) (7.3)	1 (2.0) (8.3)	0 (0.0) (0.0)	1 (2.0) (11.1)	4 (8.0) (5.7)	50 (9.7)
5 to 10	18 (20.2) (13.3)	7 (7.9) (13.2)	18 (20.2) (25.0)	4 (4.5) (12.9)	13 (14.6) (21.0)	16 (18.0) (29.1)	2 (2.2) (16.7)	1 (1.1) (6.3)	1 (1.1) (11.1)	9 (10.1) (12.9)	89 (17.3)
11 to 20	3 (10.7) (2.2)	2 (7.1) (3.8)	3 (10.7) (4.2)	0 (0.0) (0.0)	9 (32.1) (14.5)	7 (25.0) (12.7)	0 (0.0) (0.0)	0 (0.0) (0.0)	2 (7.1) (22.9)	2 (7.1) (2.9)	28 (5.4)
21+	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (25.0) (1.6)	2 (50.0) (3.6)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (25.0) (1.4)	4 (0.8)
Total by district	135 (26.2)	53 (10.3)	72 (14.0)	31 (6.0)	62 (12.0)	55 (10.7)	12 (2.3)	16 (3.1)	9 (1.7)	70 (13.6)	515 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 25
Probation Officers' Responses to First or Second Positive Urine Test: Frequencies by District

Response	1	2	3	4	5	6	7	8	9	10	Total by Response
More frequent contacts	13 (21.7) (10.1)	8 (13.3) (15.1)	3 (5.0) (4.2)	3 (5.0) (10.7)	8 (13.3) (13.1)	12 (20.0) (22.2)	7 (11.7) (58.3)	0 (0.0) (0.0)	3 (5.0) (33.3)	3 (5.0) (4.5)	60 (12.0)
Residential placement	6 (26.1) (4.7)	1 (4.3) (1.9)	1 (4.3) (1.4)	1 (4.3) (3.6)	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (4.3) (8.3)	1 (4.3) (6.3)	0 (0.0) (0.0)	12 (52.2) (18.2)	23 (4.6)
Other changes in treatment	7 (33.3) (5.4)	4 (19.0) (7.5)	1 (4.8) (1.4)	1 (4.6) (3.6)	2 (9.5) (3.3)	1 (4.8) (1.9)	1 (4.8) (8.3)	0 (0.0) (0.0)	1 (4.8) (11.1)	3 (14.3) (4.5)	21 (4.2)
More urine collections	3 (14.3) (2.3)	0 (0.0) (0.0)	1 (4.8) (1.4)	1 (4.8) (3.6)	3 (14.3) (4.9)	3 (14.3) (5.6)	1 (4.8) (8.3)	0 (0.0) (0.0)	1 (4.8) (11.1)	8 (38.1) (12.1)	21 (4.2)
Request for violation hearing	2 (11.1) (1.6)	1 (5.6) (1.9)	1 (5.6) (1.4)	2 (11.1) (7.1)	3 (16.7) (4.9)	1 (5.6) (1.9)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	8 (44.4) (12.1)	18 (3.6)
No change	90 (27.1) (69.8)	38 (11.4) (71.7)	58 (17.5) (81.7)	18 (5.4) (64.3)	44 (13.3) (72.1)	35 (10.5) (64.8)	2 (0.6) (16.7)	13 (3.9) (81.5)	4 (1.2) (44.4)	30 (9.0) (45.5)	332 (66.5)
Combination or other	8 (33.0) (0.6)	1 (9.1) (1.9)	6 (25.0) (8.4)	2 (18.2) (7.1)	1 (9.1) (1.6)	2 (8.3) (3.7)	0 (0.0) (0.0)	2 (8.3) (12.5)	0 (0.0) (0.0)	2 (18.2) (3.0)	24 (4.8)
Total by district	129 (25.9)	53 (10.6)	71 (14.2)	28 (5.6)	61 (12.2)	54 (10.8)	12 (2.4)	16 (3.2)	9 (1.8)	66 (13.2)	499 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 26
Probation Officers' Responses to Third or Fourth Positive Urine Test: Frequencies by District

Response	1	2	3	4	5	6	7	8	9	10	Total by Response
More frequent contacts	1 (10.0) (2.2)	2 (20.0) (8.3)	0 (0.0) (0.0)	0 (0.0) (0.0)	3 (30.0) (8.8)	2 (20.0) (6.7)	2 (20.0) (33.3)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	10 (4.7)
Residential placement	0 (0.0) (0.0)	2 (16.7) (8.3)	0 (0.0) (0.0)	1 (8.3) (9.1)	1 (8.3) (2.9)	2 (16.7) (6.7)	1 (8.3) (16.7)	2 (16.7) (66.7)	0 (0.0) (0.0)	3 (25.0) (14.3)	12 (5.6)
Other changes in treatment	5 (27.8) (10.9)	2 (11.1) (8.3)	3 (16.7) (8.8)	1 (5.6) (9.1)	2 (11.1) (5.9)	3 (16.7) (10.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	2 (11.1) (9.5)	18 (8.5)
More urine collections	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (8.3) (2.9)	0 (0.0) (0.0)	4 (33.3) (11.8)	2 (16.7) (6.7)	1 (8.3) (16.7)	0 (0.0) (0.0)	2 (16.7) (50.0)	2 (16.7) (9.5)	12 (5.6)
Request for violation hearing	7 (17.9) (15.2)	1 (2.6) (4.2)	4 (10.3) (11.8)	3 (7.7) (27.3)	7 (17.9) (20.6)	7 (17.9) (23.3)	1 (2.6) (16.7)	0 (0.0) (0.0)	2 (5.1) (50.0)	7 (17.9) (33.3)	39 (18.3)
No change	32 (29.6) (69.6)	13 (12.0) (54.2)	22 (20.4) (64.7)	6 (5.6) (54.5)	16 (14.8) (47.1)	12 (11.1) (40.0)	1 (0.9) (16.7)	0 (0.0) (0.0)	0 (0.0) (0.0)	6 (5.6) (28.6)	108 (50.7)
Combination or other	1 (7.1) (2.2)	4 (28.6) (16.7)	4 (28.6) (11.8)	0 (0.0) (0.0)	1 (11.1) (2.9)	2 (22.2) (6.7)	0 (0.0) (0.0)	1 (7.1) (33.3)	0 (0.0) (0.0)	1 (11.1) (0.5)	14 (6.6)
Total by district	46 (21.6)	24 (11.3)	34 (16.0)	11 (5.2)	34 (16.0)	30 (14.1)	6 (2.8)	3 (1.4)	4 (1.9)	21 (9.9)	213 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 27
Association with Drug Traffickers: Frequencies by District

Association?	1	2	3	4	5	6	7	8	9	10	Total by Association
Yes	72 (30.4) (26.5)	13 (5.5) (14.3)	26 (11.0) (14.3)	23 (9.7) (26.1)	28 (11.8) (32.9)	28 (11.8) (26.9)	7 (3.0) (25.0)	19 (8.0) (28.4)	2 (0.8) (15.4)	19 (8.0) (6.6)	237 (19.5)
No	200 (20.4) (73.5)	78 (8.0) (85.7)	156 (15.9) (85.7)	65 (6.6) (73.9)	57 (5.8) (67.1)	76 (7.8) (73.1)	21 (2.1) (75.0)	48 (4.9) (71.6)	11 (1.1) (84.6)	267 (27.3) (93.4)	979 (80.5)
Total by district	272 (22.4)	91 (7.5)	182 (15.0)	88 (7.2)	85 (7.0)	104 (8.6)	28 (2.3)	67 (5.5)	13 (1.1)	286 (23.5)	1,216 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 28
Number Arrested during Enrollment in Aftercare: Frequencies by District

Arrested?	1	2	3	4	5	6	7	8	9	10	Total by Arrested
Yes	68 (20.4) (24.8)	45 (13.5) (44.1)	53 (15.9) (28.8)	22 (6.6) (24.4)	35 (10.5) (38.0)	33 (9.9) (28.4)	9 (2.7) (32.1)	23 (6.9) (32.4)	3 (0.9) (23.1)	43 (12.9) (14.9)	334 (26.5)
No	206 (22.3) (75.2)	57 (6.2) (55.9)	131 (14.2) (71.2)	68 (7.4) (75.6)	57 (6.2) (62.0)	83 (9.0) (71.6)	19 (2.1) (67.9)	48 (5.2) (67.6)	10 (1.1) (76.9)	246 (26.6) (85.1)	925 (73.5)
Total by district	274 (21.8)	102 (8.1)	184 (14.6)	90 (7.1)	92 (7.3)	116 (9.2)	28 (2.2)	71 (5.6)	13 (1.0)	289 (23.0)	1,259 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 29
Nature of Drug Offenses Charged during Enrollment in Aftercare: Frequencies by District

Nature of Offense	1	2	3	4	5	6	7	8	9	10	Total by Offense
Not drug related	46 (19.6) (68.7)	33 (14.0) (73.3)	38 (16.2) (71.7)	15 (6.4) (68.2)	26 (11.1) (76.5)	23 (9.8) (69.7)	7 (3.0) (77.8)	18 (77.7) (78.3)	2 (0.9) (66.7)	27 (11.5) (62.8)	235 (70.8)
Intent to distribute	9 (33.3) (13.4)	3 (11.1) (6.7)	4 (14.8) (7.5)	3 (11.1) (13.6)	2 (7.4) (5.9)	1 (3.7) (3.0)	1 (3.7) (11.1)	1 (3.7) (4.3)	0 (0.0) (0.0)	3 (11.1) (7.0)	27 (8.1)
Simple possession	9 (16.4) (13.4)	6 (10.9) (13.3)	9 (16.4) (17.0)	4 (7.3) (18.2)	5 (9.1) (14.7)	9 (16.4) (27.3)	1 (1.8) (11.1)	4 (7.3) (17.4)	1 (1.8) (33.3)	7 (12.7) (16.3)	55 (16.6)
Other drug related	3 (20.0) (4.5)	3 (20.0) (6.7)	2 (13.3) (3.8)	0 (0.0) (0.0)	1 (6.7) (2.9)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	6 (40.0) (14.0)	15 (4.5)
Total by district	67 (20.2)	45 (13.6)	53 (16.0)	22 (6.6)	14 (10.2)	33 (9.9)	9 (2.7)	23 (6.9)	3 (0.9)	43 (13.0)	332 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 30
Number Convicted during Enrollment in Aftercare: Frequencies by District

Convicted?	1	2	3	4	5	6	7	8	9	10	Total by Convicted
Yes	29 (22.8) (10.6)	21 (16.5) (20.6)	18 (14.2) (9.8)	10 (7.9) (11.1)	12 (9.4) (13.0)	10 (7.9) (8.5)	5 (3.9) (17.9)	5 (3.9) (7.0)	2 (1.6) (15.4)	15 (11.8) (5.2)	127 (18.1)
No	245 (21.6) (89.4)	81 (7.1) (79.4)	166 (14.7) (90.2)	80 (7.1) (88.9)	80 (7.1) (87.0)	107 (9.4) (91.5)	23 (2.0) (82.1)	66 (5.8) (93.0)	11 (1.0) (84.6)	274 (24.2) (94.8)	1,133 (89.9)
Total by district	274 (21.7)	102 (8.1)	184 (14.6)	90 (7.1)	92 (7.3)	117 (9.3)	28 (2.2)	71 (5.6)	13 (1.8)	289 (22.9)	1,260 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 31
Nature of Convictions during Enrollment in Aftercare: Frequencies by District

Nature of Conviction	1	2	3	4	5	6	7	8	9	10	Total by Conviction
Against person	3 (18.8) (11.1)	2 (12.5) (9.5)	2 (12.5) (11.1)	2 (12.5) (20.0)	0 (0.0) (0.0)	1 (6.3) (10.0)	0 (0.0) (0.0)	1 (6.3) (20.0)	1 (6.3) (50.0)	4 (25.0) (30.8)	16 (13.0)
Against property	16 (22.2) (59.3)	11 (15.3) (52.4)	7 (9.7) (38.9)	2 (2.8) (20.0)	12 (16.7) (100.0)	9 (12.5) (90.0)	5 (6.9) (100.0)	3 (4.2) (60.0)	1 (1.4) (50.0)	6 (8.3) (46.2)	72 (58.5)
Person and property	2 (25.0) (7.4)	3 (37.5) (14.3)	0 (0.0) (0.0)	2 (25.0) (20.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (12.5) (7.7)	8 (6.5)
Other	6 (22.2) (22.2)	5 (18.5) (23.8)	9 (33.3) (50.0)	4 (14.8) (40.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (3.7) (20.0)	0 (0.0) (0.0)	2 (7.4) (15.4)	27 (22.0)
Total by district	27 (22.0)	21 (17.1)	18 (14.6)	10 (8.1)	12 (9.8)	10 (8.1)	5 (4.1)	5 (4.1)	2 (1.6)	13 (10.6)	123 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 32
Number Charged with Technical Violations: Frequencies by District

Charged?	1	2	3	4	5	6	7	8	9	10	Total by Charged
Yes	53 (15.0) (19.7)	23 (6.5) (23.5)	37 (10.5) (20.9)	25 (7.1) (28.1)	38 (10.7) (43.7)	25 (7.1) (24.3)	8 (2.3) (28.6)	20 (5.6) (28.2)	3 (0.8) (23.1)	122 (34.5) (44.4)	354 (29.3)
No	216 (25.2) (80.3)	75 (8.8) (76.5)	140 (16.4) (79.1)	64 (7.5) (71.9)	49 (5.7) (56.3)	78 (9.1) (75.7)	20 (2.3) (71.4)	51 (6.0) (71.8)	10 (1.2) (76.9)	153 (17.9) (55.6)	856 (78.7)
Total by district	269 (22.2)	98 (8.1)	177 (14.6)	89 (7.4)	87 (7.2)	103 (8.5)	28 (2.3)	71 (5.9)	13 (1.1)	275 (22.7)	1,210 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

TABLE 33
Results of Technical Violations: Frequencies by District

Result	1	2	3	4	5	6	7	8	9	10	Total by Result
More frequent contacts	1 (12.5) (2.3)	1 (12.5) (4.5)	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (12.5) (2.9)	1 (12.5) (4.2)	1 (12.5) (12.5)	0 (0.0) (0.0)	0 (0.0) (0.0)	3 (37.5) (2.6)	8 (2.4)
Residential placement	4 (13.3) (9.3)	1 (3.3) (4.5)	2 (6.7) (5.7)	2 (6.7) (8.3)	0 (0.0) (0.0)	1 (3.3) (4.2)	0 (0.0) (0.0)	2 (6.7) (10.0)	0 (0.0) (0.0)	18 (60.0) (15.8)	30 (9.1)
More urine collections	1 (11.1) (2.3)	0 (0.0) (0.0)	0 (0.0) (0.0)	1 (11.1) (4.2)	0 (0.0) (0.0)	1 (11.1) (4.2)	0 (0.0) (0.0)	1 (11.1) (5.0)	2 (22.2) (66.7)	3 (33.3) (2.6)	9 (2.7)
Imprisonment	10 (9.7) (23.3)	8 (7.8) (36.4)	8 (7.8) (22.9)	10 (9.7) (41.7)	25 (24.3) (71.4)	8 (7.8) (33.3)	4 (3.9) (50.0)	3 (2.9) (15.0)	1 (1.0) (33.3)	26 (25.2) (22.8)	103 (31.4)
No change indicated	1 (1.4) (2.3)	3 (4.2) (13.6)	6 (8.3) (17.1)	5 (6.9) (20.8)	2 (2.8) (5.7)	3 (4.2) (12.5)	0 (0.0) (0.0)	9 (12.5) (45.0)	0 (0.0) (0.0)	43 (59.7) (37.7)	72 (22.0)
Combination	0 (0.0) (0.0)	1 (5.3) (4.5)	3 (15.8) (8.6)	2 (10.5) (8.3)	1 (5.3) (2.9)	1 (5.3) (4.2)	0 (0.0) (0.0)	0 (0.0) (0.0)	0 (0.0) (0.0)	11 (57.9) (9.6)	19 (5.8)
Other change	26 (2.9) (60.4)	8 (11.1) (36.4)	16 (18.3) (45.7)	4 (5.6) (16.7)	6 (6.8) (17.1)	9 (10.3) (37.5)	3 (3.4) (37.5)	5 (5.7) (25.0)	0 (0.0) (0.0)	10 (11.4) (8.7)	87 (26.5)
Total by district	43 (13.1)	22 (6.7)	35 (10.7)	24 (7.3)	35 (10.7)	24 (7.3)	8 (2.4)	20 (6.1)	3 (0.9)	114 (34.8)	328 (100.0)

NOTE: Figures in parentheses are row (top) and column (bottom) percentages.

THE FEDERAL JUDICIAL CENTER

The Federal Judicial Center is the research, development, and training arm of the federal judicial system. It was established by Congress in 1967 (28 U.S.C. §§ 620-629), on the recommendation of the Judicial Conference of the United States.

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