



# POLICY BRIEF

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## The Effects of California's Enhanced Drug and Contraband Interdiction Program

*In 2014, the California Department of Corrections and Rehabilitation began a demonstration of the Enhanced Drug and Contraband Interdiction Program at 11 prisons in California. Using data provided by the Department, this study finds that the intensive version of the program yielded a 23% decline in failure rates of random drug tests over the period studied, and a reduction in the number of cellphone violations, but that these same institutions experienced increased levels of drug-related rules violations. The moderate program had no discernable impact on drug abuse in the prisons in which it was tested.*

### Context

Beginning in fiscal year 2015, the California Legislature provided the California Department of Corrections and Rehabilitation (CDCR) \$10.4 million to implement a two-year contraband interdiction effort, the Enhanced Drug and Contraband Interdiction Program (EDCIP) demonstration. This program introduced random monthly drug testing of roughly 10% of inmates at all California prisons.

The EDCIP also targeted 11 institutions believed to have the most serious and pervasive contraband problems for interventions involving greater use of K-9 detection teams and ion spectrometry scanning technology. Detection screening technology, both for trace amounts of narcotics and in some instances full body scans, was used on inmates, visitors, staff, and mail at intervention institutions. CDCR deployed an intensive version of the intervention at three institutions and a moderate version at eight institutions, with the

key differences between the two residing in the volume of this scanning activity.

### Methodology

We use administrative data provided by CDCR to evaluate the effects of the moderate and intensive versions of the EDCIP on drug use and recorded inmate misconduct in California prisons. We use data on the proportion of random drug tests that are either refused or that result in a positive outcome to identify institutions that are most similar to the intensive and moderate intervention sites in terms of pre-intervention prevalence of drug abuse. We then compare the changes in the proportion of drug tests that result in a failure at intervention and non-intervention institutions. We also construct a panel data set that varies by month and institution for the period spanning the implementation of the EDCIP program. We use these data to test for an effect of the intervention on the number of monthly lockdowns, total

recorded rules violations per inmate, and the rules violations rates for specific types of misconduct.

## Results

The random drug tests at baseline reveal drug abuse in all California institutions, with a near 10% failure rate. Most of the failures are due to drug detection rather than test refusals, with failure rates varying considerably across institutions.

Fig. 1 - Drug Test Failure Rates

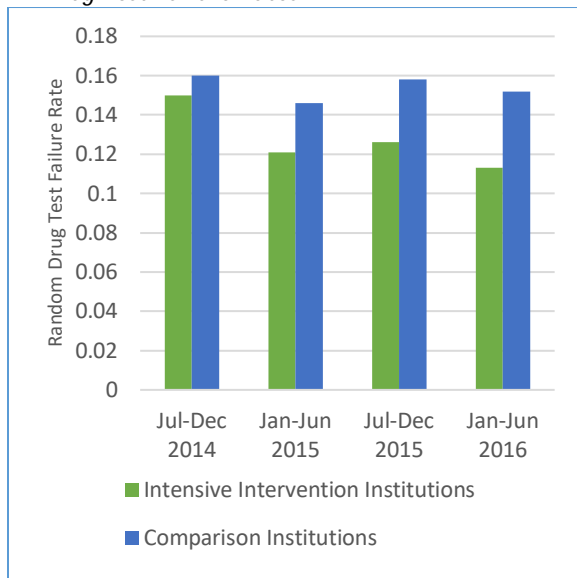


Figure 1 displays the failure rates of random drug tests administered at intensive intervention sites, as well as institutions in the comparison group. The first period (Jul-Dec 2014) corresponds to a period where the EDCIP intervention had yet to ramp up to full scale. There is a modest difference in drug-abuse between the intervention sites and the comparison institutions, but this difference is not statistically significant. The gap between the two groups widens and is statistically significant in the initial post-treatment period (Jan-Jun 2015). The gap widens further over the second (Jul-Dec 2015) and third (Jan-Jun 2016) post-intervention periods, and the results suggest that the intensive intervention reduced drug-abuse levels by 23% relative to pre-intervention levels.

The intensive EDCIP intervention caused a substantial, statistically significant increase in the number of monthly rules violation reports. There is a very large increase in the rules violations rate for drug violations (drug-related rules violations

more than double) but moderate yet statistically significant declines in cellphone-related violations, with cellphone rules violations dropping by 13%. Results from sites at which the moderate version of the program was implemented did not show similar effects, and there was no measurable effect of the EDCIP on average monthly lockdowns. There is no evidence of an effect of the intensive intervention on assault and battery by inmates. We find no evidence of effects of the moderate intervention on inmate misconduct.

## Discussion

The intensive EDCIP successfully reduced drug-abuse levels and cellphone violations, but the institutions at which it was implemented also saw a notable increase in the number of recorded instances of inmate misconduct, primarily due to drug-related rules violations. Without a monetary value associated with a reduction in failed drug tests and cellphone violations in prisons, we cannot say whether these benefits outweigh the costs of the required equipment and additional staffing required to implement the intervention. We are also aware that any potential reduction in visitation would increase the cost of this program in terms of the welfare of inmates and their family.

Research on alternative programs is warranted. Programs that lower costs associated with regular phone calls may lower the number of cellphone violations in a facility. Enhanced substance abuse treatment efforts, such as substance replacement therapies like methadone treatment or extended-release naltrexone – a non-controlled substance that blocks the euphoric effects of opioids (which accounted for 54% of positive tests) for a month following injection – might reduce drug demand. Experimentation that combined interdiction efforts with such efforts targeted at contraband demand is certainly worth exploring.

The California Policy Lab builds better lives through data-driven policy. We are a project of the University of California, with sites at the Berkeley and Los Angeles campuses.

This research publication reflects the views of the authors and not necessarily the views of our funders, our staff, our advisory board, the Regents of the University of California, or the California Department of Corrections and Rehabilitation.