Substance Use Among Female Inmates Entering the Texas Department of Criminal Justice - Institutional Division: 1994

Texas Commission on Alcohol and Drug Abuse

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Substance Use Among Female Inmates Entering the Texas Department of Criminal Justice - Institutional Division: 1994

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Texas Commission on Alcohol and Drug Abuse
Austin, Texas

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❖ Executive Summary

The sample for this study consisted of 500 female inmates, with an average age of 32.3 years. They ranged in age from 17-63. African Americans comprised 47.8% of the sample, followed by Whites (31.4%), and Hispanics (19.2%). Nearly 2% of the inmates were classified as members of other racial/ethnic groups. Almost half of the inmates sampled (45%) reported an average annual household income of less than $10,000, and 72% did not complete high school. Almost half of the women (46.2%) had been arrested for substance-related crimes.

Prevalence of Substance Use

A complete list of the female inmates' rates of use for each substance is shown in Appendix A, Table A.1. *Lifetime* rates are measures of overall exposure indicated by the percentage of inmates who had ever used a substance at least once. *Past-month or current use* measures the percentage of inmates who were active users during the last 30 days before their incarceration. *Past-year* use indicates the percentage of inmates who had used a substance in the past year, but not within the past month. With the exception of tobacco, lifetime prevalence rates for all substances varied significantly by race/ethnicity.

Licit Substance Use

Tobacco

- 78.8% of the inmates reported using tobacco during the month prior to incarceration.
- Almost 95% of the inmates reported lifetime tobacco use.

Alcohol

- Lifetime alcohol use was reported by 93.6% of the sample. 45.7% reported that they had consumed alcohol during their last month prior to incarceration.
- Although rates of lifetime use did not vary by age category, past-month use was more likely to occur among the inmates ages 35 and older. Rates of lifetime alcohol use were lower among African-American inmates (90.3%) than among

White or Hispanic inmates (96.9% and 96%, respectively).
- 16% of the total inmate sample were classified as heavy drinkers, according to the federal definition in the Substance Abuse and Mental Health Services Administration's *1991 National Household Survey on Drug Abuse*.

Inhalants

- 15.4% of the inmates reported having used inhalants at least once in their lives.
- Lifetime inhalant use was more common among Whites and Hispanics (23.1% and 21.4%, respectively) than African Americans (6.9%).
- The most popular substances reported by those who had used inhalants were Locker Room/ Rush, which are amyl or butyl nitrites (55.8%), and spray paint (26%).

Illicit Substance Use

Marijuana

- 83.4% of the inmates reported lifetime use of marijuana, making it the most common of the illicit drugs measured in this study.
- Past-month marijuana use was reported by 14.4% of the sample. These past-month users were most likely to be between the ages of 18-24 and White.
- Those who reported past-month use smoked marijuana an average of 17.2 days during that 30-day period.

Cocaine

- Powder cocaine was the second most popular of the illicit drugs in this study, with nearly 65% of the inmates reporting lifetime use and 15% reporting use during their last month on the street.
- Of the inmates who admitted injecting cocaine during the past year, one-third also admitted using heroin during that same time.
- Inmates who reported using cocaine during the past 30 days spent a median of $575 for the drug during that period.

Crack

- Although crack was the third most prevalent drug in terms of lifetime use (54.9%), it was more likely to have been used in the past month than any of the other illicit drugs measured in this study (21.8%).
- Inmates between the ages of 25-34 had the highest rates of lifetime crack use.
- Both past-month and lifetime crack use were highest among African Americans.
- Those who had smoked crack in the past month before incarceration had done so an average of 21 days during that period and spent a median of $438 for the drug.

Uppers

- 27.8% of the sample reported lifetime use of uppers and 3% reported past-month use.
- Use of uppers was significantly more likely to occur among Whites than Hispanics or African Americans.
- The most common upper used by these inmates was methadrine (or crank), which had been used by 40% of those inmates who reported lifetime upper use.

Downers

- Over one-third (34.4%) of the inmates reported lifetime use of downers, and 5% reported past-month use.
- By far, the most commonly used downer was Valium, reported by 83.1% of the users.

Heroin

- Over one-third of the inmates (35.1%) reported lifetime heroin use and 11.4% reported past-month use.

- Heroin was the only illicit drug where prevalence of past-month use was higher among Hispanics than among White or African-American inmates; rates of lifetime use were approximately the same for Whites and Hispanics.
- Prevalence rates of lifetime heroin use were over twice as high for inmates 35 and older than for inmates ages 18-24 (46.9% versus 20.9%).
- The 57 inmates who reported using heroin during the month before incarceration had used it almost daily (average = 24.7 days) during that period.
- For that same month, these inmates reported spending a median of $975 for heroin alone—the highest of all of the illicit drugs measured in this study.

Other Opiates

- 15.6% of the inmates reported lifetime use of other opiates and 2.6% reported past-month use.
- Given that 75.6% of the inmates who reported other opiate use had also used heroin, it is likely that those who use other opiates most likely do so when they cannot afford or obtain heroin.
- Codeine tablets were used by 55.1% of the inmates who had ever used other opiates, making them the most commonly used drug in this category.

Psychedelics

- 30% of the inmates reported lifetime psychedelic use and only one woman reported past-month use.
- Lifetime prevalence was more common among White inmates than among Hispanic or African-American inmates.
- The most commonly used psychedelic was LSD, which was reported by 82.7% of those who had ever used psychedelics.

Any Illicit Drug

- Fully 92% of the female inmates surveyed reported using at least one illicit drug in their lifetime and 43.8% reported past-month use.
- Excluding alcohol and tobacco, 35.2% of the sample reported using two or more different types of substances during the past year (versus 28.7% of the male TDCJ-ID inmates). When alcohol is included the proportion of multiple substance users increases to 54.8%.
- There was a significant positive correlation between the number of substances used in the inmates' lifetimes and the number of times they had been arrested (see Figure 4.3 on page 22).

Comparisons with Nonincarcerated Texas Females

- The TDCJ-ID females reported significantly higher rates of lifetime use for all substances, and higher rates of past-month use for all drugs except for psychedelics.
- Relative to nonincarcerated Texas females, TDCJ-ID females were more than three times as likely to report any illicit drug use in their lifetimes, almost five times more likely to report lifetime use of inhalants, 11 times more likely to report lifetime use of cocaine, and almost 42 times more likely to have ever used crack.

Comparisons with the 1993 Survey of Male TDCJ-ID Inmates

- Female inmates reported significantly higher overall illicit drug use during the lifetime and past-month reporting periods than did male inmates. These differences were particularly noticeable for those substances which are

traditionally labeled “hard” drugs such as heroin and crack cocaine.
- Although female inmates were more likely to report past-month use of heroin and crack, they were less likely to report past-month use of alcohol, marijuana, and psychedelics than the male inmates.

Substance Dependence and Abuse Among Female Inmates

- 51.4% of the inmates were classified as being substance (i.e., alcohol or drug) dependent.
- 63.2% of the inmates were classified as having substance dependence or abuse. Surprisingly, the women had a much higher rate of drug dependence (45%) than the male inmates (32%).
- 97.8% of the inmates who were classified as substance misusers (i.e. abuse or dependence) were classified as medically indigent. Medical indigence was defined as an inmate’s being uninsured, having a city or county health card, or having an annual household income of less than $10,000.
- Over half of the inmates surveyed said that they had received some form of help with their substance use problems in the past.
- Of the inmates who reported receiving prior treatment or assistance, about one-third no longer met the criteria for being substance dependent.

Women’s Issues

Child Care

- Compared to male TDCJ-ID inmates, female inmates were more likely to have had children living with them at the time of arrest (46.9% versus 62.1%, respectively).
- Female inmates who were mothers and who were substance dependent were more likely (28.2%) to have been investigated by Child Protective Services than non-dependent inmates (17.5%).

Prostitution

- 30% of the inmates in this study reported engaging in some form of prostitution during their lifetime.
- Lifetime prostitution was reported by 50.4% of the substance-dependent inmates, versus only 8.1% of the non-dependent inmates.
- Prostitutes who reported running away from home began their careers at a significantly earlier age (mean = 22.8) than those who did not run away (mean = 26.4 years).
- 20.3% of those engaged in prostitution in this study had begun their careers before their 18th birthdays.

Women as Victims

- Over one-half of the inmates reported ever being beaten, choked, punched, or kicked. 80% of the time these assailants were the women’s spouses or mates.
- Abuse involving a weapon was reported by 36.6% of the inmates, with the largest single group of abusers (37.2%) also being the inmates’ spouses or mates.
- Inmates defined as substance dependent were significantly more likely than non-dependent inmates to report having been beaten, sexually abused, or attacked with a weapon.
- Substance-dependent inmates were significantly more likely than non-dependent inmates to have

a mate or a spouse who has sold illicit drugs, served time in jail or prison, and/or has a drug or alcohol problem (see Figure 6.4, p. 44).
- Among TDCJ-ID inmates, females were more likely than males to be medically indigent and to perceive themselves as being in poorer physical health.

Crime and Substance Use

Criminal Histories

- The most common crime among the female inmates was shoplifting, reported by almost half of the inmates (48.7%). The next nine most prevalent crimes were forgery or fraud (39.4%), drug sales—crack (28.9%), buying stolen goods (28.7%), drug sales—other than crack (24.8%), burglary (23.6%), assault—no weapon (23.4%), and property damage.
- When asked which came first, 72.2% of the women said they began experimenting with drugs before engaging in other criminal behavior. This was a higher proportion than the 62.5% of male inmates who said they had used drugs before engaging in other criminal behavior.
- Female inmates ages 25-34 and ages 35 and older (77.2% and 73.1%, respectively) were more likely than the inmates ages 18-24 (55.4%) to have experimented with drugs prior to becoming involved in other types of crime.

Criminal Behavior While Under the Influence

- 40% of the total inmate sample claimed to have been drunk or high at the time of the offense that led to their incarceration.
- White inmates were more likely than African Americans or Hispanics to report being under the influence at the time of this offense.
- 76.8% of the inmates said they would not have committed their most recent offense had they not been under the influence.
- Of those who had used any of the four most prevalent substances (powder cocaine, crack cocaine, heroin, and alcohol), the inmates who had been under the influence of alcohol were the most likely (87.5%) to attribute the commission of their most recent offense to that substance, followed by those who had been under the influence of powder cocaine (84.2%), crack (80.7%), and finally, heroin (61.3%).
- The number of drug use problems was the strongest predictor of financially motivated criminal behavior—better than all other demographic variables.

Drug Expenditures and Criminal Behavior

- Of the inmate sample, 44.1% actually exceeded their average weekly legal incomes with their average weekly drug expenditures; of the substance-dependent inmates, 66.4% did so.
- Of the 221 inmates who reported spending money on drugs during the year before incarceration, the median amount by which they exceeded their incomes was approximately $300 per week and $400 per week for those deemed substance dependent.

Mental Health

- Based on a seven-item depression scale, the average depression score for the total female inmate sample was significantly higher than that of the male inmates (i.e., the females were more depressed).

- Substance-dependent females were more than twice as likely as the other female inmates to be classified in the high depression category (30% versus 14%, respectively).

Social and Family Background

- Of the total inmate sample, 26% reported being sexually abused and 30% reported mental or emotional abuse while growing up.
- Virtually one-half of the inmates reported running away from home at least once while growing up.
- Substance-dependent inmates, in contrast with other inmates, rated their peers as being less likely to engage in prosocial activities (e.g., work regularly, spend time with families, etc.) and more likely to engage in antisocial behaviors (e.g., get drunk, use illegal drugs, sell illegal drugs, spend time in prison, etc.).

Substance Misuse and Gambling

- Female inmates were more likely than nonincarcerated Texas females to have gambled on non-lottery activities during the past year, to have gambled weekly, to have spent more than they intended, and to have chased their losses.
- Although substance misuse was associated with higher rates of non-lottery gambling among the nonincarcerated Texas females, this was not the case for TDCJ-ID females.

HIV Risk

- 47.4% of the inmates in this study reported having injected drugs in their lifetimes. In contrast, the proportion of male TDCJ-ID inmates who had injected drugs was 30%.
- Overall, 61.8% of the inmates were classified as being at high risk of contracting HIV.
- Inmates who were drug or alcohol dependent were significantly more likely (80.5%) than non-dependent inmates (42%) to be classified as being at high risk.

Conclusions

These data provide clear evidence that successfully treating substance-dependent female inmates involves offering alternatives not just to substance misuse, but to a host of destructive lifestyle patterns.

- The need for substance abuse treatment among these inmates is high. Over one-half (51.4%) of the female TDCJ-ID inmates in this study were classified as being substance dependent (i.e. they had three or more substance-related problems), with 63.2% having one or more substance problems. Over half of the inmates indicated that they would be interested in receiving substance abuse treatment, 40% of whom (22% of the total sample) would even be willing to extend their prison stay an additional three months. Virtually none of these women could afford treatment on their own.
- Compared to the TDCJ-ID male inmates, female inmates were more likely to have mental health problems such as depression, anxiety, and suicidal ideation, with substance-dependent female inmates scoring even higher on these items than did the other female inmates. Similarly, substance-dependent females were more likely than non-dependent females to report

certain classes of medical problems such as sexually transmitted diseases and potentially violence-related injuries.

- The association between drugs and crime was also demonstrated among these inmates. The low incomes and high rates of drug use typifying these inmates resulted in a large percentage (44.1%) who actually exceeded their average legal weekly incomes with their weekly drug expenditures. The proportion of substance-dependent inmates who exceeded their means was 66.4%.
- The provision of aftercare for these inmates will be integral to treatment effectiveness. Data from the present study indicate a high percentage of the total inmate sample, and an even higher percentage of those who are substance dependent, will be released into social networks where illicit drug use and criminality are more common than not. Compounding the problems these inmates face after substance treatment is single parenthood. Unlike the male inmates, the majority of female inmates had children living with them at the time of their arrest. The typical mother in the sample had three children whose average age was eight years.

❖ Chapter 1. Introduction

This report describes results from the first Texas Commission on Alcohol and Drug Abuse (TCADA) study of substance use among female prison inmates in Texas. The need for this study grew out of concern over the disproportionate increase in the number of women in the criminal justice system, both nationwide and in Texas. Nationally, the number of women in state prisons grew by 75 percent between 1986 and 1991, versus a 53 percent increase among males. This disparate growth rate is paralleled within the Texas Department of Criminal Justice–Institutional Division (TDCJ-ID), where the proportion of offenders receiving prison sentences who were female grew from 6.2 percent in 1980 to 15 percent by 1992—an increase of 142 percent.[1] At the end of fiscal year 1994, of the inmates in TDCJ-ID, 6 percent or 4,818 were female, up from the 1993 figure of 2,913.[2]

Because drug misuse has been implicated in the literature as either an antecedent or multiplier of criminal behavior,[3] TCADA conducted this study of female inmates to determine the extent to which this growing problem might be alleviated through substance abuse treatment.

Historical Background

During much of the nineteenth century, an opiate addict in this country was more likely to be female than male.[4] Women were commonly prescribed opiates for an array of problems ranging from anxiety to gynecological disorders. Once initiated, the use of opiates often outlasted the conditions for which they were prescribed. The typical user was a White, middle- to upper-class woman who, ironically, was probably opposed to alcohol consumption. This is in sharp contrast with present-day gender differences among the general population, where females are *less* likely than males to use illicit drugs.[5]

Probably the single greatest impetus for this shift in drug use patterns was the passage of the Harrison Act of 1914, which made it all but impossible for addicts to obtain opiates from legal sources. The abrupt reclassification of narcotic use from a quietly accepted activity to a criminal behavior apparently served as a more effective deterrent for women than for men, as the date of

the Harrison Act specifically marked the transition of narcotic use from a primarily female to a male phenomenon.[6] Opiate use was no longer considered an activity of the leisure class, but rather an underground activity limited to those who were, by definition, considered criminals.

Among today's criminal justice population, use of some illicit drugs remains higher for females than for males. This has been demonstrated among arrestees in many major U.S. cities as well as state prisons across the nation.[7] The underlying reasons for the higher rates of illicit drug use among females in the criminal justice system are still not well understood, most likely because criminal justice research has historically concentrated on males. Over the last 20 years or so, this has begun to change.

The importance of research regarding substance abuse and treatment specifically for women was accentuated by the advent of crack cocaine. Crack appears to have had a disproportionately negative impact on women, often involving sexual or other types of exploitation. In fact, according to research sociologists James Inciardi et al., women have become "...special victims of *crack*-cocaine, and [the] levels of human suffering within the ranks of women drug users [have] surpassed those of any previous era or epidemic."[8]

Substance Use and Crime

The association between substance use and criminal involvement for women is undeniable. According to a recent study of state prisoners conducted by the Bureau of Justice Statistics, women were more likely than men to have used illicit drugs, to have used them recently, and to have committed their offense in order to get money to buy drugs.[9]

The chronology of drug use and prostitution is especially suggestive of a causal link between drug use and crime—and one that appears to be relatively unique to women. In one study of New York and Atlanta prostitutes, female prostitutes were significantly more likely than male prostitutes to have begun using drugs before they had ever engaged in prostitution. Among this same sample, females were also more likely than males to have reported that they became prostitutes to support their drug habit.[10]

As this study will demonstrate, substance problems among female offenders are too pervasive to be ignored. Many of the surrounding issues regarding substance misuse, crime, and treatment are unique to females and cannot be properly addressed with generalizations from a male-dominated offender population. Furthermore, although the substance abuse treatment literature has begun examining the unique needs of female substance abusers, less attention has been devoted to these differences in service needs for female *offenders*. As a result, the primary goals of this study were (1) to examine the treatment needs among female TDCJ-ID inmates with special attention as to how their general needs compare with male TDCJ-ID inmates and, perhaps more importantly, (2) to explore ways in which the patterns and etiology of substance misuse among these women can be applied to enhance their treatment.

Endnotes

[1] T. Fabelo, *Projected State Jail Felony Population by Gender and Region, 1995 and 1996* (Austin, Tx.: Criminal Justice Policy Council, 1993).

[3] Texas Department of Criminal Justice-Institutional Division, *1994 Annual Report*. The proportion of females in prison differs from the proportion of offenders who received prison sentences for several reasons: one offender may have committed more than one crime and received multiple sentences; inmates enter and leave the system continuously; and inmates who are in substance treatment facilities or state jails are not included in the TDCJ-ID inmate tally.

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[8] J. A. Inciardi, D. L. Lockwood, and A. E. Pottieger, *Women and Crack Cocaine*. (New York, N.Y.: McMillan, 1993), 12.

[9] Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991: Women in Prison* (Washington, D.C.: U.S. Department of Justice, 1991).

[10] C. E. Sterk and K. W. Elifson, "Drug Related Violence and Street Prostitution" in *Drugs and Violence: Causes, Correlates, and Consequences* (Washington, D.C.: U.S. Government Printing Office, NIDA Monograph 103, DHHS Publication No. [ADM]90-1721, 1990) 208-221.

❖ Chapter 2. Methods

This study is one of several criminal justice population surveys conducted by TCADA, in association with the Public Policy Research Institute at Texas A&M University. Through these studies, TCADA attempts to include traditionally high-risk groups such as arrestees, male and female prisoners, and probationers in an overall treatment needs estimate and to explore their unique profiles and patterns of substance use.

This section provides a general summary of the study's sample, design, and survey instrument. Readers interested in additional information may refer to the technical report available separately.[1]

Sampling Issues

Data were collected from female inmates newly admitted to the TDCJ–ID Reception Center in Gatesville. All incoming female inmates are held in the Reception Center until they are classified and assigned to a prison unit. While at the Reception Center, inmates are assigned to cells based on random availability. That is, once an inmate has been sent to another unit, the next new inmate takes her place in that cell. According to Reception Center officials, there are no known systematic demographic or other background differences between cellblocks.

Inmates were sampled by cellblock, and because the cellblock assignments were made randomly, there was no sample selection bias in the interview process. After all inmates in one cellblock had been given an opportunity to participate in the study, inmates from the next cellblock were sampled. The order by which the cellblocks were sampled remained constant throughout the study.

Out of 574 inmates approached to participate in this study, 500 actually completed interviews. This resulted in an 87 percent cooperation rate. The remaining 74 inmates either refused to be interviewed or began the interview and did not complete it. There were no observed demographic differences between refusals and participants in this study.

Survey Instrument and Implementation

The survey instrument was a structured interview which, on average, took 1.5 hours to complete. The number of questions on the survey varied according to the number of substances the respondent reporting having used. Any time a respondent admitted to having used a particular substance, a series of questions followed to obtain more details as to how and when it was used. In cases where no use was admitted, the interviews could be completed in less than half an hour. This was not made known to the respondents at the beginning of the interview, however, and did not appear to significantly bias their responses.

The survey consisted of the five major areas included in an analogous survey of substance use among TDCJ-ID male inmates: prevalence of licit and illicit substance use, criminal history, family/peer relations, physical/mental health, and demographics,[2] plus an additional set of questions regarding issues which are either unique to or more problematic for women. These additional questions covered issues such as problem pregnancies, the need for child care, involvement with prostitution, and occurrences of physical or sexual abuse. Finally, the survey included additional sets of exploratory questions to measure prevalence of gambling, perceptions of punishments, and motivation for substance abuse treatment.

Interviews were conducted by 12 female teachers recruited from the Gatesville Independent School District. These interviewers received two days of intensive training from PPRI staff which included a detailed review of the survey instrument, instructions as to how to conduct the interview in a neutral fashion, and how to assure the inmates that their responses would be confidential. Much of the training time was devoted to practical experience with the instrument between pairs of interviewers.

Facilitation and standardization of the data collection process were further enhanced by the Computer Assisted Interviewing (CAI) system used by PPRI. Interviewers read survey questions and entered the inmates' responses on laptop computers via the CAI system. This program automatically branched the interviews into different or additional sets of questions based on an inmate's responses. The CAI system also rejected responses which were out of range or were inconsistent with earlier responses.

Limitations

Self-Report

Reliance on self-report data stems from two major advantages it offers over urinalysis: (1) self-reported drug use information can be obtained at significantly lower cost, and (2) it can provide information about patterns of use over a long period of time, rather than use during the last few days, which is the case with urinalysis. However, the accuracy of self-report data has frequently been called into question. Since drug use is a sensitive topic, critics of self-report data argue that those queried will deliberately downplay their level of use, or deny using altogether. Long-term retrospective studies have also been challenged on the grounds that respondents can honestly fail to accurately recall their drug use histories.

A review of the literature, however, suggests that much of the concern over self-report data is unwarranted. In one follow-up mail survey of 55 former VA patients, 86 percent of the subjects with

positive urinalyses (UAs) had admitted using heroin, and 76 percent of positive UA subjects admitted to heroin use in person.[3] Another follow-up study of 1,500 former narcotic abusing patients reported a 74 percent match between self-reported drug use and urinalysis results.[4] Finally, in a sample of 110 heroin addicts in a methadone maintenance program, 70 percent of those with positive UAs (collected after the interviews) had reported some heroin use.[5] It is also interesting to note that in cases where self-report and UA data are discrepant, it is often due to higher self-reported levels of use. In fact, comparisons of UAs and self-reported use in the Drug Abuse Reporting Program (DARP) study show that UAs alone would have resulted in lower estimates of cocaine and opiate use.[6]

Similar findings have been reported between self-reported criminal justice involvement and more objective computerized criminal history data bases. Using a dichotomous arrest—no arrest variable, Amsel et al.[7] report a 78 percent match between self-reports and police records. For the 18 percent with discrepant reports, 45 percent (n = 60) of the subjects reported an arrest, while their police records did not. Likewise, in a comparison of preadmission characteristics among therapeutic community clients, self-reports of local alcohol- or drug-related arrests were correlated at .81, with the majority of discrepant cases due to a higher number of self-reported arrests.[8]

Sampling Error

Given that this was a simple random sample of inmates entering prison during the interview period, it can be theoretically argued that there is no sampling error in terms of representing the population of inmate admissions during that time. Of course, there will still be some variation between the female TDCJ-ID population at large and recent admissions, just as there will be some variance between prison admissions and the current prison admission sample. The differences between this survey sample and the population of admissions during that same time period, however, are assumed to be random. Consequently, standard errors of estimates were calculated using the conventional statistical methods. These values (for 95 percent confidence intervals) are footnoted in all prevalence tables listed in Appendices A and B.[9]

Endnotes

[1] B. Crouch, J. Dyer, and L. Halperin, *Methodology for the 1994 TCADA Study of Women Prisoners* (College Station, Tx.: Public Policy Research Institute, Texas A&M University, 1995).

[2] D. Farabee, *Substance Use Among Texas Department of Criminal Justice–Institutional Division Male Inmates, 1993* (Austin, Tx: Texas Commission on Alcohol and Drug Abuse, 1994).

[3] R. N. Bale, "The Validity and Reliability of Self-Reported Data from Heroin Addicts: Mailed Questionnaires Compared with Face-to-Face Interviews," *International Journal of the Addictions*, 14 (1979): 993-1000.

[4] Z. Amsel, W. Mandell, L. Matthias, C. Mason, and I. Hocherman, "Reliability and Validity of Self-Reported Illegal Activities and Drug Use Collected from Narcotic Addicts," *International Journal of the Addictions*, 11 (1976): 325-336.

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[7] Z. Amsel, et al., "Reliability and Validity of Self-Reported Illegal Activities and Drug Use Collected from Narcotic Addicts."

[8] S. A. Maisto, L. C. Sobell, and M. B. Sobell, "Corroboration of Drug Abusers' Self-Reports Through the Use of Multiple Data Sources," *American Journal of Alcohol Abuse*, 9 (1982): 301-308.

[9] Confidence intervals for Tables A1-A4 (Appendix A) and Tables B1-B4 (Appendix B) have been multiplied by a finite population correction factor (FPC) of .957 (i.e., 1-n/N) which is recommended for samples comprising more than 5 percent of the total population of interest.

❖ Chapter 3. Description of the Sample

The demographic characteristics for the sample are presented in Table 3.1. The average age of the respondents was 32.3 years, ranging from 17 to 63. African Americans comprised 47.8 percent of the sample, followed by Whites (31.4 percent), Hispanics (19.2 percent), and "Other" (1.6 percent). Of those classified as "Other," five were Native Americans, one was Vietnamese, and two remained unclassified. Almost one-third of these inmates (32.8 percent) were unemployed before coming to prison, 44.6 percent reported an annual household income of less than $10,000, and 71.9 percent did not complete high school.

TDCJ-ID Official Records

The official TDCJ-ID offense records for this sample are shown in Table 3.2. These data are limited to the most recently recorded offense for each inmate and do not necessarily reflect the offenses for which they were being incarcerated at the time of the interview.

The collective rate of crimes against persons was significantly higher among inmates between the ages of 18-24 than among inmates 25 and older. Of the three age groups, the inmates ages 35 and older were the least likely to commit crimes against property and the most likely to have been arrested for substance-related crimes. Although not indicated in Table 3.2, White inmates (37.6 percent) were less likely than African Americans (49.4 percent) or Hispanics (50 percent) to have most recently been arrested for a substance-related crime. No other racial/ethnic differences were found among types of recent offenses.

In comparison to the 1993 male TDCJ-ID sample (see Figure 3.1), recent offenses for female inmates were significantly less likely to involve crimes against persons, although the margin of difference was almost negligible among young inmates. Conversely, substance-related crimes, particularly possession and distribution of cocaine, were more common among female inmates than among male inmates. The overall percentage of

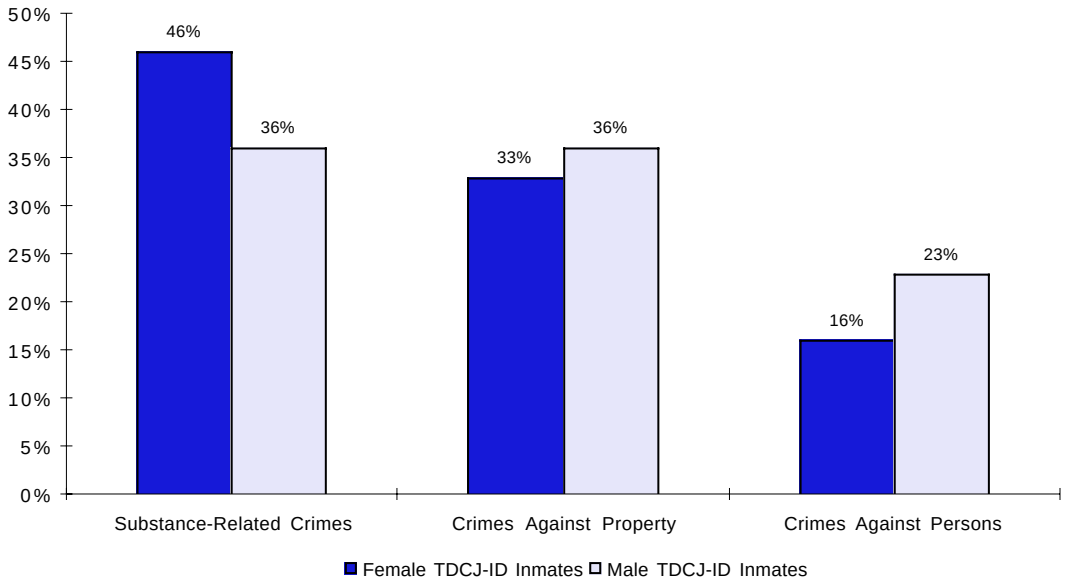
Table 3.1. Demographics of the 1994 TDCJ-ID Female Inmate Sample

	Younger Female Inmates (18-24)		Mid-Age Female Inmates (25-34)		Older Female Inmates (35 and older)		Inmates in Sample	
	N	%	N	%	N	%	N	%
Total	**86**	**17.2%**	**234**	**46.8%**	**180**	**36.0%**	**500**	**100.0%**
Race/Ethnicity								
White	25	29.1%	80	34.2%	52	28.9%	157	31.4%
African American	38	44.2%	110	47.0%	91	50.6%	239	47.8%
Hispanic	22	25.6%	40	17.1%	34	18.9%	96	19.2%
Other	1	1.2%	4	1.7%	3	1.7%	8	1.6%
Marital Status								
Married	25	29.4%	60	25.8%	50	27.8%	135	27.1%
Widowed	2	2.4%	4	1.7%	15	8.3%	21	4.2%
Divorced	7	8.2%	36	15.5%	48	26.7%	91	18.3%
Separated	4	4.7%	45	19.3%	35	19.4%	84	16.9%
Never Married	47	55.3%	88	37.8%	32	17.8%	167	33.5%
Employment Status								
Working Full-Time	23	26.7%	77	32.9%	45	25.0%	145	29.0%
Working Part-Time	11	12.8%	34	14.5%	29	16.1%	74	14.8%
Attending School	1	1.2%	5	2.1%	4	2.2%	10	2.0%
Keeping House	17	19.8%	37	15.8%	37	20.6%	91	18.2%
Disabled	0	0.0%	3	1.3%	9	5.0%	12	2.4%
Unemployed	31	36.1%	77	32.9%	56	31.1%	164	32.8%
Don't Know/Refused	3	3.5%	1	0.4%	0	0.0%	4	0.8%
Family Income								
Under $10,000	42	48.8%	100	42.7%	81	45.0%	223	44.6%
$10,001 - $20,000	13	15.1%	42	18.0%	24	13.3%	79	15.8%
$20,001 - $30,000	3	3.5%	15	6.4%	11	6.1%	29	5.8%
$30,001 - $40,000	2	2.3%	6	2.6%	6	3.3%	14	2.8%
$40,001 - $50,000	0	0.0%	1	0.4%	2	1.1%	3	0.6%
$50,000 and Above	2	2.3%	5	2.1%	8	4.4%	15	3.0%
Don't Know/Refused	24	27.9%	65	27.8%	48	26.7%	137	27.4%
Education								
Did Not Complete High School	75	88.2%	165	70.8%	118	65.6%	358	71.9%
High School Graduate	7	8.2%	43	18.5%	27	15.0%	77	15.5%
Some College	2	2.4%	21	9.0%	34	18.9%	57	11.5%
College Graduate	1	1.2%	4	1.7%	1	0.6%	6	1.2%

Table 3.2. Most Recently Recorded Offenses of the 1994 Female TDCJ-ID Sample

	Younger Female Inmates *(18-24)*		Mid-Age Female Inmates *(25-34)*		Older Female Inmates *(35 and older)*		All	
Crimes Against Persons	**21**	**(24.4%)**	**37**	**(15.8%)**	**23**	**(12.8%)**	**81**	**(16.2%)**
Homicide	6	(7.0%)	8	(3.4%)	10	(5.6%)	24	(4.8%)
Kidnapping	0	(0.0%)	0	(0.0%)	0	(0.0%)	0	(0.0%)
Sexual Assault	3	(3.5%)	1	(0.4%)	0	(0.0%)	4	(0.8%)
Robbery	7	(8.1%)	17	(7.3%)	6	(3.3%)	30	(6.0%)
Assault	5	(5.8%)	8	(3.4%)	7	(3.9%)	20	(4.0%)
Hit and Run	0	(0.0%)	3	(1.3%)	0	(0.0%)	3	(0.6%)
Crimes Against Property	**28**	**(32.6%)**	**89**	**(38.0%)**	**49**	**(27.2%)**	**166**	**(33.2%)**
Arson	1	(1.2%)	0	(0.0%)	2	(1.1%)	3	(0.6%)
Burglary	8	(9.3%)	21	(9.0%)	8	(4.4%)	37	(7.4%)
Larceny	5	(5.8%)	27	(11.5%)	24	(13.3%)	56	(11.2%)
Vehicle Theft	3	(3.5%)	5	(2.1%)	2	(1.1%)	10	(2.0%)
Forgery/Counterfeiting	8	(9.3%)	32	(13.7%)	8	(4.4%)	48	(9.6%)
Fraud	3	(3.5%)	4	(1.7%)	5	(2.8%)	12	(2.4%)
Substance-Related Crimes	**34**	**(39.5%)**	**99**	**(42.3%)**	**98**	**(54.4%)**	**231**	**(46.2%)**
Distribute Heroin	1	(1.2%)	0	(0.0%)	4	(2.2%)	5	(1.0%)
Possess Heroin	2	(2.3%)	7	(3.0%)	10	(5.6%)	19	(3.8%)
Distribute Cocaine	8	(9.3%)	27	(11.5%)	23	(12.8%)	58	(11.6%)
Possess Cocaine	14	(16.3%)	39	(16.7%)	35	(19.4%)	88	(17.6%)
Distribute Other Controlled Sub.	6	(7.0%)	6	(2.6%)	8	(4.4%)	20	(4.0%)
Possess Other Controlled Sub.	3	(3.5%)	12	(5.1%)	13	(7.2%)	28	(5.6%)
Other Drug Offenses	0	(0.0%)	3	(1.3%)	1	(0.6%)	4	(0.8%)
DWI	0	(0.0%)	5	(2.1%)	4	(2.2%)	9	(1.8%)
Miscellaneous Crimes	**1**	**(1.2%)**	**8**	**(3.4%)**	**3**	**(1.7%)**	**12**	**(2.4%)**
Indecent Exposure	0	(0.0%)	2	(0.9%)	0	(0.0%)	2	(0.4%)
Prostitution (Procuring)	0	(0.0%)	1	(0.4%)	0	(0.0%)	1	(0.2%)
Resisting Officer	0	(0.0%)	0	(0.0%)	0	(0.0%)	0	(0.0%)
Escape	0	(0.0%)	2	(0.9%)	0	(0.0%)	2	(0.4%)
Perjury	0	(0.0%)	1	(0.4%)	1	(0.6%)	2	(0.4%)
Carrying Concealed Weapon	0	(0.0%)	0	(0.0%)	1	(0.6%)	1	(0.2%)
Public Order	1	(1.2%)	2	(0.9%)	1	(0.6%)	4	(0.8%)

Figure 3.1. Major Crime Categories, by Gender, Based On Most Recently Recorded Offense



inmates who had committed property crimes was only slightly higher among males than females (36 versus 33.2 percent, respectively). However, consistent with other research, females were more likely than males to have been arrested for larceny or fraud.[1]

Perhaps the most noteworthy trend in the offense data is the overall proportion of incoming female inmates who had been arrested for substance-related crimes—46.2 percent. This was by far the most prominent category of offense for these inmates.

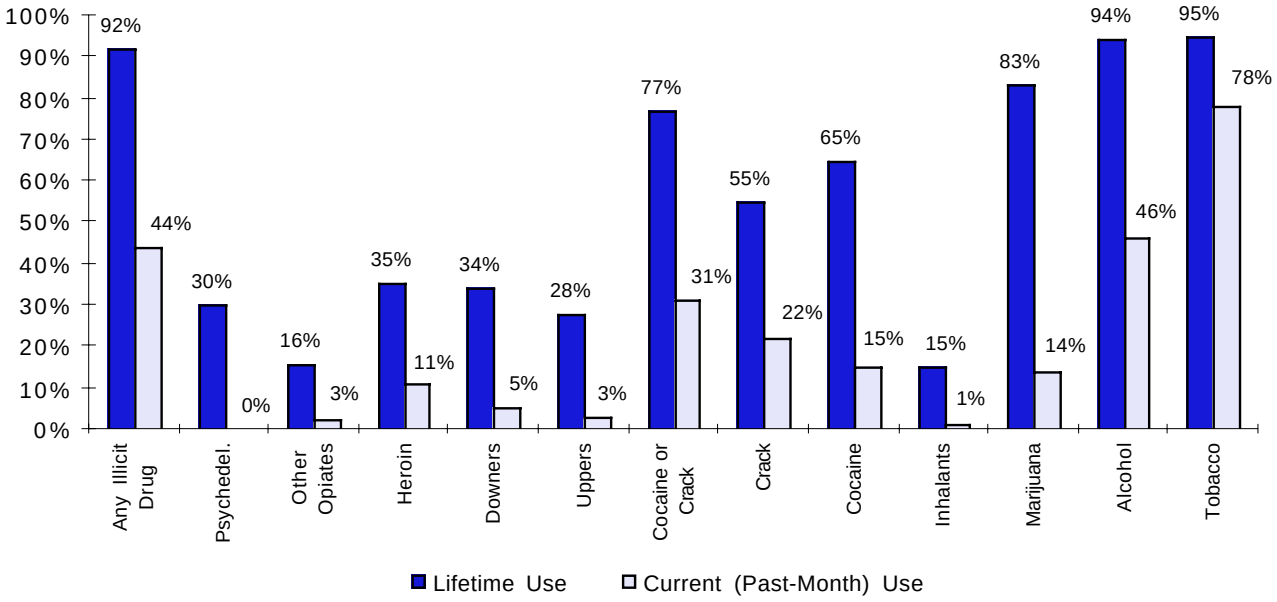
Endnotes

[1] K. English, "Self-Reported Crime Rates of Women Prisoners," *Journal of Quantitative Criminology*, 9 (1993): 357-382.

❖ Chapter 4. Prevalence of Substance Use

Tables A-1 and A-2 in Appendix A provide percentages of female inmates who had used each substance during their lifetimes, during the past month and during the past year, categorized by age and race/ethnicity. Lifetime rates are measures of overall exposure indicated by the percentage of inmates who had ever used a substance at least once. Past-month or current use measures the percentage of inmates who were active users during the last 30 days prior to their incarceration. Past-year or recent rates of use indicate the percentage of inmates who had used a substance in the past year, but not within the past month. For the present discussion, substance use rates for the inmates in their last month on the street and during their lifetimes are displayed in Figure 4.1.

Figure 4.1. Lifetime and Current Substance Use Among 1994 TDCJ-ID Female Inmates



Licit Substances

Tobacco

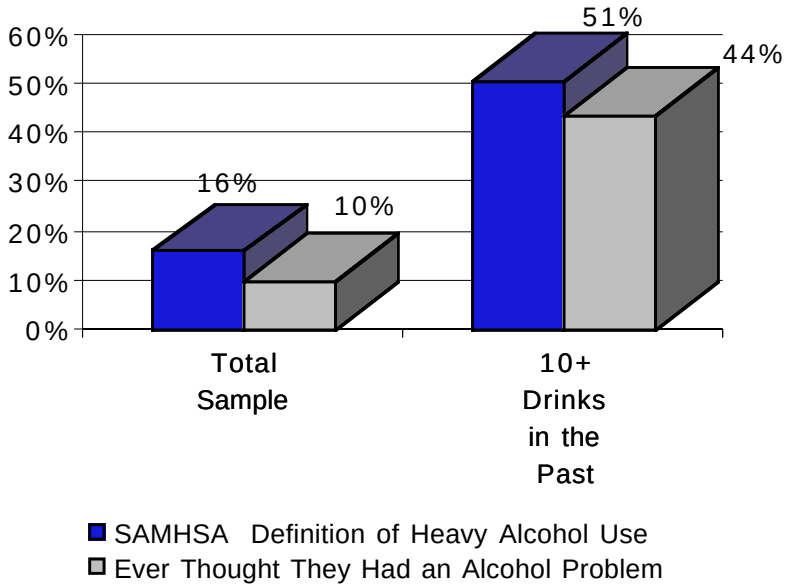
Almost 95 percent of the inmates had used tobacco during their lifetimes; 78.8 percent reported using during the month prior to incarceration. Those who reported smoking daily smoked an average of 15 cigarettes (three-fourths of a pack) a day. The average age of first tobacco use for all smokers in the sample was 14.9 years. The typical daily smoker began daily tobacco use at 17.7 years of age, corroborating other research which suggests that those who become habitual smokers normally begin smoking before their 18th birthday.[1] Rates of tobacco use did not vary by age category or race/ethnicity.

Alcohol

Lifetime alcohol use was reported by 93.6 percent of the sample. Just under one-half of the women (45.7 percent) reported that they had consumed alcohol during their last month on the street. The average age of first alcohol use (excluding childhood sips from a parent or other relative) was 16.1 years. Although rates of lifetime use did not differ by age, past-month use was significantly more likely to occur among inmates ages 35 and over. However, rates of lifetime alcohol use varied by race/ethnicity, with African-American inmates being less likely (90.3 percent) than Whites or Hispanics (96.9 and 96 percent, respectively) to have ever used alcohol.

Of the 228 inmates who had consumed at least 10 drinks in the past year, 61.8 percent reported that they usually drank beer. The second most popular form of alcohol among the women was liquor (11.4 percent), with wine and mixed drinks almost equally preferred (9.6 and 8.8 percent, respectively). By far, these inmates were most

Figure 4.2. Percentage of Female TDCJ-ID Inmates Who Thought They Had an Alcohol Problem



likely to drink at home (48.2 percent). Other popular settings were bars (15.8 percent), at a friend's house (10.5 percent), or at a night club (6.1 percent).

To distinguish between casual and heavy alcohol use, this report borrows from the Substance Abuse and Mental Health Services Administration's (SAMHSA) *1991 National Household Survey on Drug Abuse* definition of heavy alcohol use.[2] Incorporating both quantity and frequency of use, SAMHSA defines heavy alcohol use as five or more drinks on five or more occasions in the past month. Sixteen percent of the total sample met this heavy use criterion. Among those who had 10 or more drinks in the past year, 50.6 percent were classified as heavy users. These figures coincide with the inmates' self-assessments when asked if they thought they were dependent on alcohol during the month prior to incarceration. Ten percent of the total inmate sample and 43.8 percent of those having 10 or more drinks in the past year said "yes" to this question (see Figure 4.2). On average, these heavy drinkers consumed five or more drinks 10.3 days of the month.

Inhalants

The term "inhalants" is used here as a general category of volatile substances (e.g., gasoline, glue, and paint), anesthetics, nitrates, and aerosols which can be inhaled to produce states of euphoria, intoxication, or sexual arousal. Although it is true that other drugs can be inhaled for these purposes, "inhalants" refer to those substances which are exclusively so administered. Prolonged use of inhalants, especially in high concentrations, can cause irreversible damage to the central and peripheral nervous system and can even be fatal.[3]

Although 15.4 percent of the inmates had used inhalants at some time in their lives, less than one percent (.6 percent) had used during the month before incarceration. Rates of lifetime inhalant use were significantly higher among Whites and Hispanics (23.1 and 21.4 percent, respectively) than among African Americans (6.9 percent). The average age of first inhalant use was 17.2 years. The most commonly used inhalants were Locker Room and Rush (55.8 percent), which are made from amyl and butyl nitrites. Locker Room and Rush are marketed ostensibly as room odorizers, but are most commonly sold in bars or discotheques for recreational purposes. These nitrites,

Table 4.1. Types of Inhalants Used by Female TDCJ-ID Inmates Who Had Ever Used Inhalants

Inhalant	Percentage of Inmates Who Had Ever Used Inhalants
Degreaser	0.0%
Cleaning Fluid	1.3%
Correction Fluid	7.8%
Laughing Gas	0.0%
Whippets	0.0%
Nitrous Oxide	3.8%
Halothane/Ether	0.0%
Locker Room/Rush	55.8%
Poppers	2.5%
Butyl Nitrate	0.0%
Amyl Nitrate	3.8%
Paint Thinner	2.5%
Lacquer Thinner	0.0%
Toluene	1.2%
Glue	11.6%
Airplane Glue	1.3%
Shoe Shine	3.8%
Other Aerosols	5.2%
Spray Paint	26.0%
Lighter Fluid	3.8%
Gasoline	15.6%
Other	6.5%

also referred to as "poppers," have been used nonmedically since the late 1960s by both males and females to increase the intensity and duration of orgasm, but have become increasingly popular among gay males.[4] The second most commonly reported inhalant was spray paint (26 percent). All of the inhalants used by the female inmates and their corresponding prevalence rates are listed in Table 4.1.

Most of the inmates who had used inhalants appeared to have done so on a limited basis. Seventy-three percent of those who reported lifetime inhalant use said they had used inhalants 10 or less times. However, this means a quarter of the lifetime users had inhaled substances repeatedly. In fact, 19.5 percent of these inmates reported inhaling substances 50 to 100 times.

Illicit Substances

Marijuana

In terms of lifetime use, marijuana was by far the most commonly used illicit drug among these female inmates, with 83.4 percent of the sample having smoked marijuana at some time in their lives. Past-month use was reported by 14.4 percent of the sample. Average age of first use was 16.6 years.

Patterns of use varied to some extent by age and race/ethnicity. Whereas overall rates of lifetime use did not differ by age group, current or past-month use was significantly higher among the inmates ages 18-24 (29.1 percent) than those ages 25-34 (14.5 percent) or 35 and over (7.2 percent). Rates of lifetime and past-month marijuana use were both significantly highest among White inmates.

Twenty-eight percent of the inmates who had smoked marijuana during their lifetimes said that they had done so 200 times or more. Those who reported past-month use (n = 70) smoked marijuana an average of 17.2 days during that 30-day period.

Cocaine

Powder cocaine was the second most popular of the illicit drugs in this study. Nearly 65 percent of the inmates reported some lifetime use, with 15 percent having used in the month before incarceration. Lifetime prevalence of cocaine use was significantly higher among older inmates than among those in the youngest age group. Racial/ethnic patterns of use were similar for lifetime and past-month use, with African-American inmates being less likely than the other two groups to have used in either time frame.

The average age of first cocaine use was 23.2 years, relatively late in contrast to most other illicit drugs reported in this study. Sixty percent of these inmates had used cocaine on 50 or more occasions. Inmates who reported using cocaine during the last 30 days before incarceration (n = 73) spent a median of $575.00 for the drug during that period.[5]

Routes of cocaine administration and their prevalence rates are shown in Table 4.2. Inmates were only slightly more likely to have snorted cocaine than to have injected it (69 and 67 percent, respectively). Slightly fewer than 7 percent of the cocaine users reported ingesting the drug orally. Whereas the older inmates were the least likely to report snorting cocaine, they were the most likely to have injected it. White inmates were more likely than the other two racial/ethnic groups to report any of the three major routes of transmission: sniffing, swallowing, or injecting.

Speedballing (i.e., injecting a mixture of co-

Table 4.2. Routes of Cocaine Administration Reported by Female TDCJ-ID Inmates Who Had Ever Used Cocaine

	Age			Race/Ethnicity			Total
	18-54	25-34	35+	White	African American	Hispanic	
Sniffing/Snorting	78.1%	76.2%	57.6%	79.0%	61.0%	65.0%	68.8%
Swallowing/Drinking	4.9%	9.9%	3.8%	12.0%	4.0%	4.0%	6.8%
Injecting Intravenously	53.7%	62.9%	75.0%	75.0%	59.0%	66.0%	66.7%
Skin Popping	2.4%	5.3%	3.8%	6.0%	2.0%	6.0%	4.3%
Other	12.0%	16.0%	11.0%	19.0%	11.0%	9.0%	13.6%

caine and heroin), could not be measured directly from the data. However, a surrogate measure based on the number of inmates who reported that they had injected both heroin and cocaine during the past year suggests that speedballing is practiced by 11.4 percent of the total sample. Of the inmates who reported having injected cocaine during the past year, one-third also admitted to using heroin during that same time.

Crack

Although crack was the third most prevalent drug in terms of lifetime use (54.9 percent), it was more likely to have been used in the past month than any of the other illicit drugs measured in this study (21.8 percent). Lifetime crack use was more prevalent among inmates between the ages of 25 to 34 than among younger, and to a lesser extent, older inmates. Racial/ethnic differences for either lifetime or past-month use showed significantly higher rates among African-American inmates.

Sixty-three percent of the crack users indicated that they had used crack at least 50 times in their lives. Those who had used crack in the past month (n = 75) smoked it an average of 20.9 days during that time and spent a median of $438.00 for the drug. The average age of onset for crack was a relatively old 26.9 years—most likely because crack was not widely available in Texas until 1986.[6]

Uppers

In this report, use of uppers refers to the nonmedical use of stimulants such as amphetamines or methamphetamines. Uppers were the seventh most popular class of illicit drug reported by the inmate sample. Lifetime use was reported by 27.8 percent of the inmates. Only 3 percent reported using uppers during their last 30 days on

Table 4.3. Types of Stimulants Used by Female TDCJ-ID Inmates Who Had Ever Used Stimulants

Stimulant	Percentage of Inmates Who Had Ever Used Stimulants
Benzedrine	9.4%
Dexedrine	7.9%
Methadrine	39.6%
Ritalin	3.6%
Preludin	23.7%
Crystal	25.9%
Methamphetamine	28.1%
Uppers	5.8%
Speed	32.4%
Pep Pills	7.9%
Diet Pills	23.0%
No Doz, Vivarin	5.7%
Other	0.7%

Table 4.4. Routes of Stimulant Administration Reported by Female TDCJ-ID Inmates Who Had Ever Used Stimulants

	Age			Race/Ethnicity			Total
	18-54	25-34	35+	White	African American	Hispanic	
Sniffing/Snorting	31.0%	39.0%	31.5%	48.1%	15.0%	25.0%	35.3%
Swallowing/Drinking	68.8%	75.0%	69.0%	69.0%	68.0%	83.0%	72.0%
Injecting Intravenously	63.0%	54.0%	63.0%	73.0%	41.0%	38.0%	58.0%
Skin Popping	6.3%	1.0%	2.0%	3.9%	0.0%	0.0%	2.0%
Smoking	18.8%	16.0%	15.0%	22.1%	8.8%	8.0%	16.0%

the street. Prevalence of upper use did not show any significant variation by age. There was a strong effect for race/ethnicity, however, with White inmates being much more likely than African-American and Hispanic inmates to report either past-month or lifetime stimulant use. The average age of first use was 19.6 years.

The most popular type of upper (reported by 39.6 percent of these inmates) was methadrine, also referred to as crank. Other types of uppers and their prevalence rates are presented in Table 4.3. Routes of administration did not vary by age group, but in some cases varied by race/ethnicity (see Table 4.4). Specifically, White inmates were more likely than African-American or Hispanic inmates to report either sniffing or injecting uppers.

Among the relatively small number of inmates who reported upper use during the 30 days before incarceration (n = 14), the median amount spent during that time was $100.00. These past-month users reported having used an average of 17.8 days out of that month.

Downers

The use of downers as described here refers to the nonmedical use of prescription drugs which tend to have a depressant or "downer" effect. Over one-third of the sample (34.4 percent) reported some downer use in their lifetimes, making it the fifth most prevalent illicit drug reported. Five percent of the inmates reported using downers within the last month. Although rates of downer use were not significantly associated with age, they varied by race/ethnicity. Lifetime use of downers was more likely to occur among Whites than among Hispanics or African Americans. Current users, however, were as likely to be White as Hispanic, and least likely to be African American. The average age of first use was 20.3 years.

By far the most commonly used downer was Valium, which had been used by 83.1 percent of those who had used downers. Quaaludes were the next most popular (43.6 percent), followed by Seconals (i.e., "reds"). As for primary routes of administration, virtually all of these inmates reported having ingested the drug orally (96.5 percent) and a much smaller, but notable, proportion reported having injected the drug (15.7 percent; see Table 4.5). There were no significant differences between age or racial/ethnic groups in the routes of administration used.

The 23 inmates who reported using downers in the past 30 days spent a median of less than $5.00 on the drug during that time. This is a curious finding, given that this same group

Table 4.5. Routes of Downer Administration Reported by Female TDCJ-ID Inmates Who Had Ever Used Downers

	Age			Race/Ethnicity			Total
	18-54	25-34	35+	White	African American	Hispanic	
Sniffing/Snorting	4.6%	1.2%	3.0%	3.7%	0.0%	3.0%	2.3%
Swallowing/Drinking	95.0%	97.0%	97.0%	97.5%	95.0%	97.0%	96.5%
Injecting Intravenously	9.0%	14.0%	20.0%	18.5%	12.5%	13.0%	15.7%
Skin Popping	4.6%	1.2%	2.0%	3.7%	0.0%	0.0%	1.7%
Smoking	0.0%	3.5%	3.0%	2.5%	1.8%	3.0%	3.0%

reported using downers 16 of these 30 days, and indicates that the amount these women spend on some drugs may not be reflect the amount consumed. In fact, when the inmates who reported any past-year illicit drug use were asked about how they had paid for or obtained the drugs they had used, their most common response (80.5 percent) was that they had been given drugs for free.

Heroin

Heroin was the fourth most commonly reported illicit drug in the study—35 percent of the women reported lifetime use and 11.4 percent reported past-month use. Heroin was the only illicit drug where past-month use was higher among Hispanic inmates than White or African-American inmates. Rates of lifetime heroin use were approximately the same for Whites and Hispanics and were significantly higher than that found among African Americans. There was also a significant trend for rates of lifetime or past-month use to increase with each successive age group. In fact, prevalence rates for lifetime heroin use were over twice as high for the women ages 35 and older than for those ages 18-24 (46.9 versus 20.9 percent, respectively). The average age of first heroin use was 23.8 years, the latest of all of the drugs reported except for crack.

The most common route of administration for heroin was intravenous injection (91 percent). However, a sizable proportion of the users (26 percent) also reported ingesting the drug nasally. As indicated in Table 4.6, preferred routes tended to vary somewhat by age and/or race/ethnicity. The primary age difference was for the 18-24 year-old inmates to be more likely than those ages 25-34 or 35 and older to swallow the drug. With regard to racial/ethnic differences, Whites were significantly less likely than African Americans, and to a lesser extent Hispanics, to have snorted heroin. However, Whites were significantly more likely than African Americans to have injected the drug.

Another factor marginally associated with the route of administration was the type of heroin preferred. Inmates who indicated a preference for snorting heroin were most likely to prefer China White and least likely to prefer Black Tar, probably because the latter is too gummy to inhale. On the other hand, those who preferred to inject were most likely to prefer Black Tar and least likely to prefer China White.

Sixty-five percent of the heroin users in this sample reported having used the drug 50 times or more. The 57 inmates who reported using heroin during the month before incarceration used it almost daily (average = 24.7 days) during that

Table 4.6. Routes of Heroin Administration Reported by Female TDCJ-ID Inmates Who Had Ever Used Heroin

	Age			Race/Ethnicity			Total
	18-54	25-34	35+	White	African American	Hispanic	
Sniffing/Snorting	11.0%	27.0%	28.0%	15.0%	38.0%	29.0%	26.0%
Swallowing/Drinking	11.0%	1.4%	2.0%	4.0%	0.0%	2.0%	2.3%
Injecting Intravenously	100.0%	90.0%	89.0%	96.0%	84.0%	91.0%	91.0%
Skin Popping	16.7%	8.0%	14.0%	17.0%	11.0%	6.7%	12.0%
Smoking/Free Basing	0.0%	2.7%	5.0%	3.0%	2.0%	4.0%	3.0%

time. During that month, these inmates reported spending a median amount of $975.00 for heroin alone—the highest of all of the illicit drugs measured in this study.

As mentioned earlier, speedballing was fairly popular among cocaine injectors, with an estimated 33.3 percent also injecting heroin during the year before incarceration. Among heroin injectors, however, speedballing was apparently the norm. Of the 78 inmates who reported past-year heroin use, 92 percent also had injected powder cocaine.

Other Opiates

In addition to heroin, the survey also queried inmates about their nonmedical use of other opiates such as morphine, Percodan, and codeine. Other opiates had the lowest prevalence of all illicit drugs in the study, with 15.6 percent of the inmates reporting lifetime use and 2.6 percent reporting past-month use. It should be pointed out that the *other opiates* category is included in the study in order to comprehensively measure what substances are being used. Inclusion of this category does not assume a distinct category of other opiate users but, more plausibly, a group of primarily heroin users who resort to other opiates when heroin is not available. Some support for this notion comes from the finding that slightly over three-fourths of the inmates who reported lifetime use of other opiates also reported lifetime heroin use.

Although rates of past-month use of other opiates were too low to allow statistical analysis, lifetime rates were sufficiently high to allow some inferences. Specifically, there was a slight, albeit nonsignificant, trend for other opiate users to be in the older age categories. Among the three racial/ethnic categories, lifetime use of other opiates was significantly higher for Whites than for African Americans, with lifetime use for Hispanics falling in between. The average age of first use of other opiates was 22.2 years.

Codeine tablets were the most commonly used of the other opiates and were used by 55.1 percent of all inmates reporting lifetime use of other opiates. Demerol and Percodan were also popular (used by 53.8 and 42.3 percent of the inmates who had used other opiates, respectively). The 10 inmates who reported having used other opiates during the month before incarceration used them an average of 13.7 days during that time.

Psychedelics

Lifetime use of psychedelics, also referred to as hallucinogens, was reported by 30 percent of the sample. Only one inmate reported past-month use of psychedelics. The likelihood of any lifetime

psychedelic use was not associated with age, but it was associated with race/ethnicity. White inmates were the most likely and African Americans were the least likely to report ever having used psychedelics. The average age of first use was 18.9 years.

The most commonly used psychedelic was LSD, which had been used by 82.7 percent of all psychedelic users (see Table 4.7). Sixty-eight percent of all psychedelic users in the sample cited LSD as being the first psychedelic they had ever used. The next most popular was PCP, or Angel Dust, which was reported by 29.3 percent of those who had ever used hallucinogens. A relatively small percentage (11.3 percent) of psychedelic users reported having used them 50 or more times in their lives.

Any Illicit Drug

Fully 92 percent of the female inmates surveyed reported having used at least one illicit drug in their lifetimes. Past-month illicit drug use was reported by 43.8 percent of the sample. The overall prevalence rates, whether for past-month or lifetime drug use, did not differ significantly by age. They varied, however, by race/ethnicity. Past-month use was significantly more likely to be reported by White inmates than by either African-American or Hispanic inmates. On the other hand, there was a marginally significant trend for lifetime illicit drug use to be higher among African-American inmates, followed closely by White inmates, and least likely to be reported by Hispanic inmates.

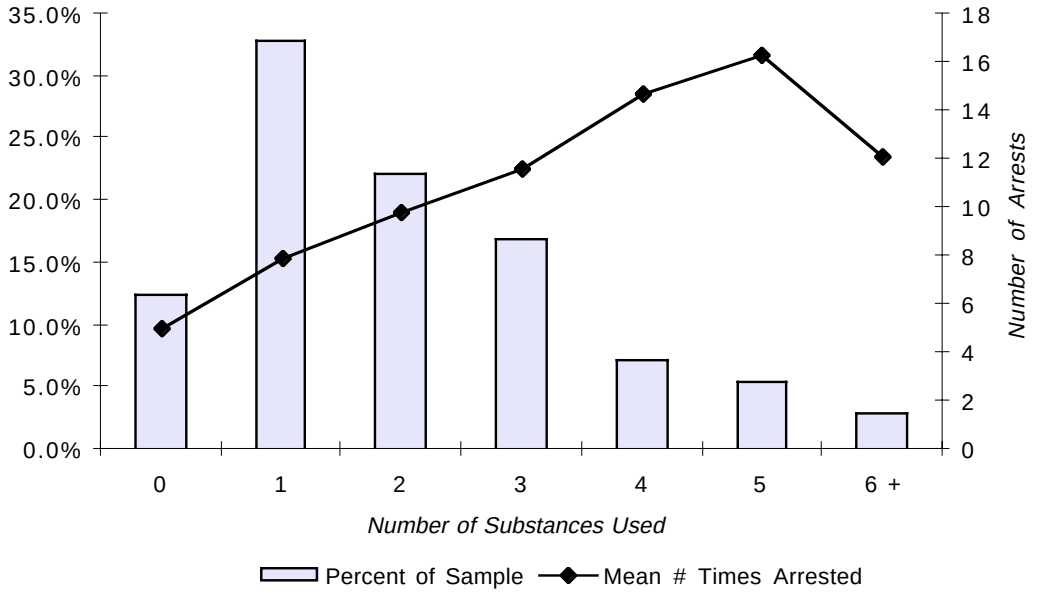
Table 4.7. Types of Psychedelics Used by Female TDCJ-ID Inmates Who Had Ever Used Psychedelics

Psychedelic	Percentage of Inmates Who Had Ever Used Psychedelics
LSD	82.7%
PCP	29.3%
Peyote	10.0%
Mescaline	14.7%
Ecstasy	20.7%
Eve	0.6%
Psilocybin Mushrooms	25.3%

The present survey did not measure prevalence of concurrent substance use (polydrug use). It is possible, however, to determine the number of multiple substance users, that is, those who had used more than one substance but not necessarily in conjunction with one another. Excluding alcohol,[7] 35.2 percent of the sample reported using two or more different types of substances during the past year (versus 28.7 percent of TDCJ-ID males). When alcohol was included, the proportion of multiple substance users increased to 54.8 percent (48 percent for TDCJ-ID males). The racial/ethnic and age patterns of use were the same for both definitions of multiple substance users: rates were significantly higher among inmates 18-24 years old and among White inmates.

A number of studies (including the 1993 TDCJ-ID male inmate study) have demonstrated a positive association between multiple substance use and criminality.[8] This is especially true when alcohol is one of the substances used. Although criminality is discussed further in Chapter 6, it deserves some mention here with regard to multiple substance use. Data from the present study revealed a significant positive correlation ($r = .23$) between the number of substances used in an inmate's lifetime and the number of times she had been arrested (see Figure 4.3), which was almost identical to the association found for male inmates. The curious decline in arrest rates among inmates using six or more substances, however, was unique

Figure 4.3. Number of Substances Used in Lifetime by Mean Number of Arrests



to women and is worthy of further research.

Comparisons with Other Texas Populations

The following two sections compare substance use data collected during this study with data from the 1993 TDCJ-ID male inmate study[9] and with data related to nonincarcerated female Texans collected as part of the *1993 Texas Survey of Substance Use Among Adults*.[10]

It is clear from the preceding discussion that the types and amounts of substances used are often associated with demographic factors such as age and race/ethnicity. Because the age and ethnic proportions of the TDCJ-ID male inmates and the adult female adult population surveyed in 1993 are not the same as for the female inmates surveyed in 1994, it is possible that some differences in reported substance use among these populations result from these demographic differences only. It can also be argued that the demographic composition of these populations are central to understanding variations in substance use patterns and should not be controlled for statistically. Therefore, the data in this study are examined in two ways: the unadjusted comparisons discussed in both sections below are followed by weighted or adjusted comparisons which adjust the male inmate sample and the nonincarcerated females to match the age and racial/ethnic proportions of the female inmate sample.

1993 TDCJ-ID Males

Unadjusted Comparisons

The unweighted prevalence data from the 1993 TDCJ-ID male inmate study can be found in Table A-5, Appendix A. Not controlling for demographic differences between the two samples, female inmates were more likely than male inmates to report past-month use of tobacco, crack, heroin, and overall illicit drug use. They were less likely

than the males to report past-month alcohol, marijuana, or psychedelic use. Past-month use of inhalants, cocaine, uppers, downers, and other opiates did not differ significantly between the two groups.

The slight imbalance toward female inmates in terms of past-month substance use is decidedly greater for lifetime use. In fact, the only substance that was more commonly reported by males was alcohol. Female inmates reported significantly higher lifetime rates of tobacco, cocaine, crack, downers, heroin, other opiates, and overall illicit drug use than did their TDCJ-ID male counterparts. Prevalence of marijuana, inhalant, upper, and psychedelic use were not significantly different between genders.

Adjusted Comparisons

The adjusted prevalence data from the 1993 TDCJ-ID male inmate study is shown in Table A-6, Appendix A. Figures 4.4 and 4.5 show the lifetime prevalence rates for the male and female TDCJ-ID samples. Reweighting the male inmate data to match the age and racial/ethnic distribution of the female inmates resulted in only minor changes from the unadjusted comparisons above. The only change in past-month prevalence was for tobacco, which was no longer significantly more likely to occur among women than men. The only changes in lifetime substance use were for uppers and for downers. Use of uppers was more likely to be reported by males than females in the adjusted comparison and use of downers was no longer significantly higher among females.

Weighted or unweighted, overall illicit drug use during the past-month and lifetime reporting periods was significantly higher among the female inmates. These differences are most noticeable among those substances traditionally labeled as

Figure 4.4. Substance Use Among 1994 Female TDCJ-ID Inmates and 1993 Male TDCJ-ID Inmates

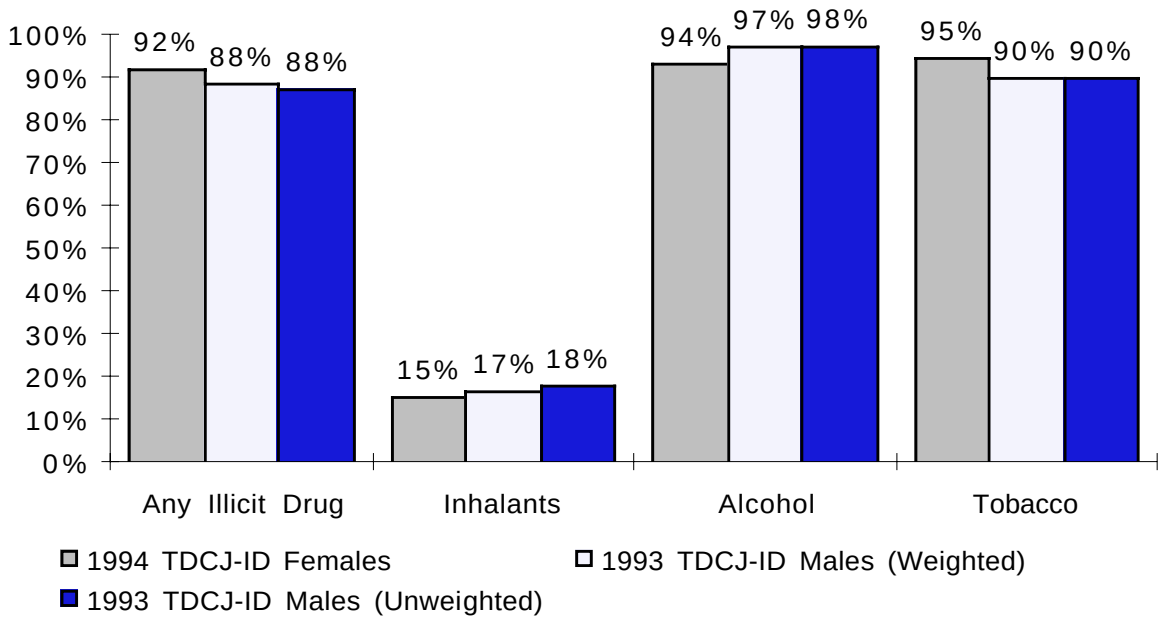
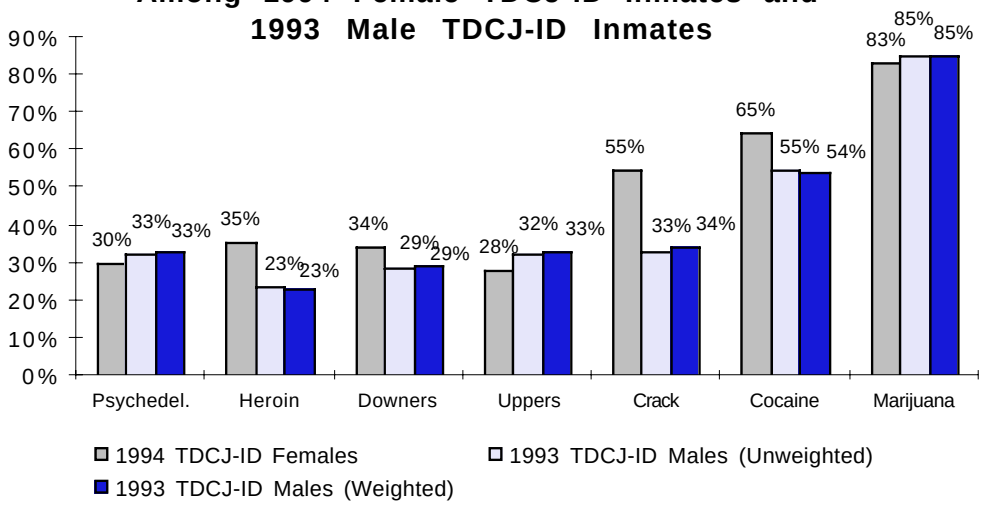


Figure 4.5. Use of Selected Illicit Substances Among 1994 Female TDCJ-ID Inmates and 1993 Male TDCJ-ID Inmates



"hard" drugs, such as heroin and crack cocaine.

1993 Nonincarcerated Females

The higher overall rate of illicit drug use among female inmates relative to male inmates is in itself disturbing, especially considering that drug use among male TDCJ-ID inmates is markedly higher than that of the general population. But the extent of the substance problem among the female inmates is even more apparent when the rates of use are contrasted with rates among

Figure 4.6. Substance Use Among 1994 Female TDCJ-ID Inmates and 1993 Nonincarcerated Texas Females

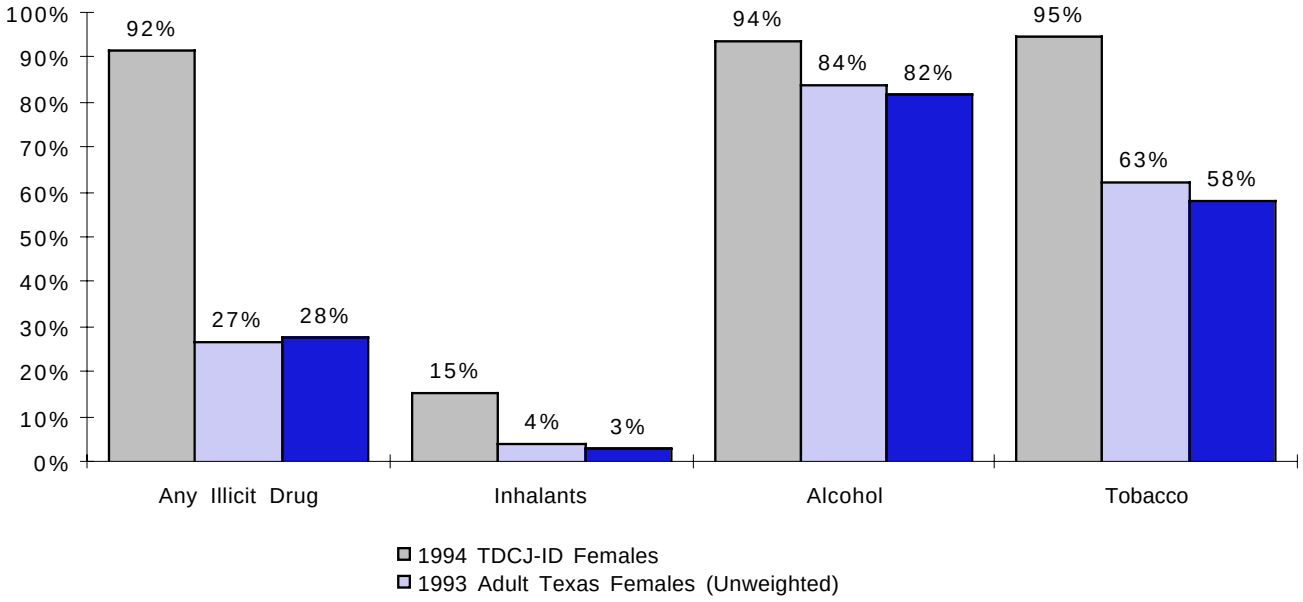
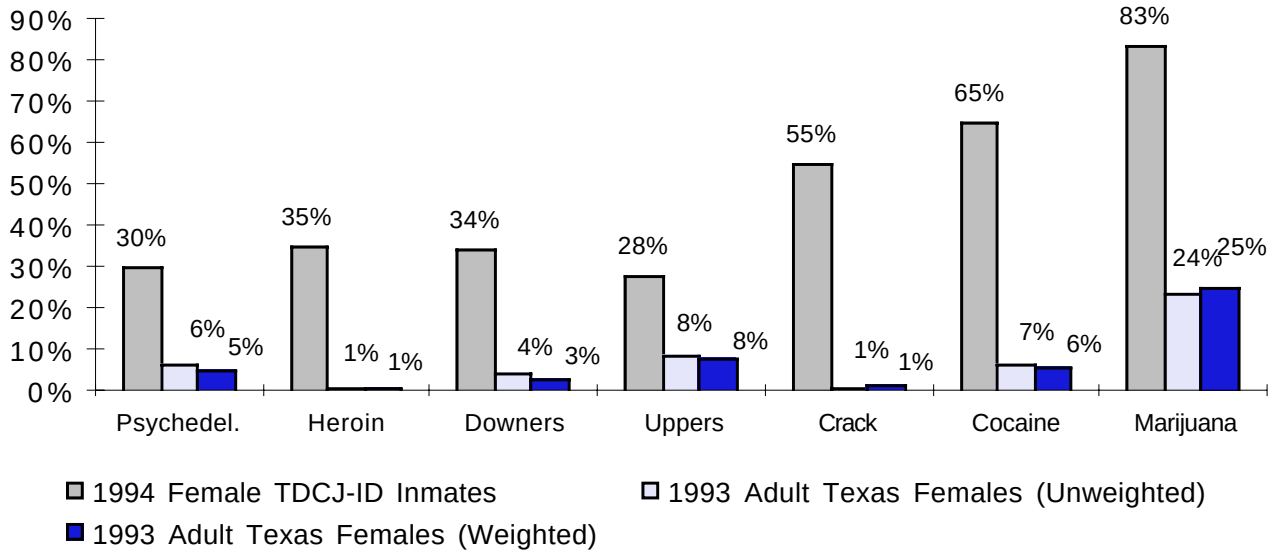


Figure 4.7. Lifetime Use of Selected Illicit Substances Among 1994 Female Inmates and 1993 Nonincarcerated Texas Females



females in the general Texas population.

Unadjusted Comparisons

Relative to nonincarcerated females in Texas, female TDCJ-ID inmates reported significantly higher lifetime rates of all classes of substances measured in this study (unadjusted prevalence data for the general population of Texas females are presented in Table A-7, Appendix A). The disparities in prevalence of lifetime substance use were paralleled in the comparisons of past-month use, with the exception of psychedelic use which was virtually nonexistent in either sample.

Adjusted comparisons

The reweighted data for this comparison sample are presented in Table A-8, Appendix A. Figures 4.6 and 4.7 compare lifetime substance use rates between the TDCJ-ID females and the nonincarcerated female sample. As with the unadjusted comparisons, the TDCJ-ID females reported significantly higher rates of lifetime use for all substances, and higher rates of past-month use for all drugs except for psychedelics.

As mentioned earlier, the extent of the substance use problem among these female prison inmates is best illustrated by comparing their prevalence of use with that of the general Texas female population. But simply stating that the TDCJ-ID females report higher rates of substance use than nonincarcerated females ignores the extremity of the differences. As can be seen in Table 4.8, TDCJ-ID inmates were over three times as likely as the nonincarcerated women to report any illicit drug use in their lifetimes. For many of the individual drugs, the disparity was even greater, with TDCJ-ID females being almost five times more likely to have ever used inhalants, 11 times more likely to have ever used cocaine, and 42 times more likely to have ever used crack, relative to other Texas women.

Differences in the rates of illicit drug use during the month prior to incarceration were even more pronounced than those found for lifetime

Table 4.8. Lifetime and Past-Month Use of Substances Among 1994 TDCJ-ID Female Inmates Versus 1993 Nonincarcerated Texas Females

	Lifetime			Past 30 days		
	1994 TDCJ-ID Female Inmates	1993 Texas Females (Weighted)	TDCJ/TX Females Odds Ratio	1994 TDCJ-ID Female Inmates	1993 Texas Females (Weighted)	TDCJ/TX Females Odds Ratio
Tobacco	94.6%	58.4%	1.6	78.8%	22.3%	3.5
Alcohol	93.6%	82.1%	1.1	45.7%	32.2%	1.4
Marijuana	83.4%	25.2%	3.3	14.4%	1.3%	11.1
Inhalants	15.4%	3.3%	4.6	0.6%	0.1%	6.0
Cocaine	64.8%	5.8%	11.1	15.0%	0.1%	150.0
Crack	54.9%	1.3%	42.0	21.8%	0.1%	218.0
Cocaine or Crack	77.2%	6.0%	12.9	31.2%	0.1%	312.0
Uppers	27.8%	7.7%	3.6	3.0%	0.1%	30.0
Downers	34.4%	3.0%	11.5	5.0%	0.1%	50.0
Heroin	35.1%	0.6%	58.5	11.4%	0.1%	114.0
Other Opiates	15.6%	1.2%	15.6	2.6%	0.2%	13.0
Psychedelics	30.0%	4.7%	6.4	0.2%	0.1%	2.0
Any Illicit Drug(s)	92.0%	28.4%	3.2	43.8%	2.6%	23.1

use. Use of any illicit drug during this period was 23 times more likely to occur among the inmates than the comparison group. Except for past-month marijuana use, which was 11 times more common among the inmates, the rates of illicit drug use among the nonincarcerated female sample were so low that the odds ratios are no longer statistically sound indicators of the magnitude of differences between the samples. Nevertheless, these ratios are generally illustrative of the strong association between drug use and crime among women.

Profiles of Substance Users by Subgroups

Patterns of Use by Age

Rates of lifetime and past-month substance use for each age category are shown in Table 4.9. Only statistically significant differences will be discussed in this section, as well as in the following section comparing use between the three major racial/ethnic groups.

With regard to lifetime substance use, only three drugs showed different rates of use by age. Rates of cocaine and heroin use were highest among inmates 35 years of age and over. Interestingly, these rates showed a linear increase from the youngest to the oldest classes of inmates. In contrast, the relationship between age and lifetime crack use was curvilinear, with inmates ages 25-34 reporting the highest rates. Despite fluctuations for individual drugs, however, the overall rates of lifetime use of any illicit drug use did not differ significantly by age.

Rates of past-month substance use showed different patterns of use than those found for lifetime rates. The one exception was heroin which, consistent with lifetime use patterns, was more common among inmates 35 and older than those in the young or mid-age categories. Current use of marijuana was highest among the inmates 18-24 years old, and lowest among those in the 35

and older category. Current inhalant use, although highest among young inmates, occurred in numbers too small to be statistically analyzed. Finally, rates of alcohol use during this time frame were highest among the inmates ages 35 and older and lowest among those 18-24.

Typical Illicit Drug Users by Age Category

An alternative way to examine these data is to generate descriptive profiles of the typical illicit drug user for each age category. The descriptions that follow are based only on inmates who reported using at least one type of illicit drug during the past year, hereafter referred to as recent users. It should also be pointed out that the following profiles are based on the modal, or most common, rates for each descriptor and, therefore, provide a very simplified image of a complex population.

For this section and the following section which discusses differences by race/ethnicity, the following items comprise the descriptive profiles: (1) the drug which caused the inmate the most trouble, (2) marital status, (3) level of education, (4) employment status, (5) household income, and (6) the mean lifetime number of arrests.

The typical female inmate who had recently used illicit drugs was between the ages of 18 to 24, African American, unmarried, and had less than 12 years of school. She claimed crack as her most problematic drug. She was unemployed during the year prior to incarceration and reported having an average annual household income of under $10,000. The typical illicit drug user in this age category reported having been arrested eight times in her life.

Among inmates in the mid-age (24-35) category, the typical recent drug user was also an unmarried African American with less than 12 years of school. Unlike the typical illicit drug users in the older and younger groups, however, she was as likely to be employed as unemployed. Even so, she reported an annual household income of under $10,000. Crack was the most problematic drug for this inmate. She reported having been arrested 12

Table 4.9. Lifetime and Current Substance Use Among 1994 Female TDCJ-ID Inmates, by Age

	Lifetime Use			Current Use (Used in the Month Before Incarceration)		
	18-24	25-34	35 +	18-24	25-34	35 +
Tobacco	91.9%	95.3%	95.0%	80.2%	79.5%	77.2%
Alcohol	91.9%	94.4%	93.3%	32.6%	46.4%	51.1%
Marijuana	86.0%	83.8%	81.7%	29.1%	14.5%	7.2%
Inhalants	16.3%	17.5%	12.2%	2.3%	0.4%	0.0%
Cocaine	47.7%	64.5%	73.3%	16.3%	15.0%	14.4%
Crack	43.0%	62.8%	50.3%	19.8%	24.8%	19.0%
Uppers	18.6%	29.5%	30.0%	5.8%	3.4%	1.1%
Downers	25.6%	36.8%	35.6%	3.5%	4.7%	6.1%
Heroin	20.9%	31.2%	46.9%	9.3%	8.5%	16.2%
Other Opiates	9.3%	16.2%	17.8%	2.3%	2.6%	2.8%
Psychedelics	25.6%	30.8%	31.1%	0.0%	0.4%	0.0%
Any Illicit Drug	89.5%	93.6%	91.1%	48.8%	45.3%	39.4%

times during her life.

The typical older inmate (ages 35 and older) who claimed recent use of one or more illicit drugs, was also African American, unmarried, had less than 12 years of school, and reported an annual income of under $10,000 during the year preceding incarceration. This inmate was the most likely to be unemployed. She, like the others, cited crack as the drug that caused her the most problems and reported that she had been arrested 13 times in her life.

Patterns of Use by Race/Ethnicity

Prevalence rates for lifetime and current substance use, broken down by race/ethnicity, are presented in Table 4.10. For all race/ethnicity analyses, the category of "other" has been excluded because the small number of inmates in this category made it difficult to analyze statistically. Also, due to the heterogeneity of this group, it was unclear as to what actual population the results could be generalized. As a result, this discussion is limited to the three largest populations: African Americans, Whites, and Hispanics.

With the exception of tobacco, lifetime prevalence rates for all licit and illicit substance use varied significantly by race/ethnicity. For the two remaining licit substances, alcohol and inhalants, rates of lifetime use were lowest among African Americans and virtually identical for Whites and Hispanics. Whites reported the highest lifetime usage rates of marijuana, cocaine, uppers, downers, other opiates, and psychedelics. Hispanic inmates were slightly more likely than Whites, and significantly more likely than African Americans, to have ever used heroin. Finally, whereas African-American inmates tended to have the lowest prevalence rates of the three groups for all other drugs, they were by far (70 percent) the most likely to report lifetime use of crack. The percentage of inmates using any illicit drug during their lifetimes was significantly higher among African-American inmates than Hispanic inmates, with

Table 4.9. Lifetime and Current Substance Use Among 1994 Female TDCJ-ID Inmates, by Age

	Lifetime Use			Current Use (Used in the Month Before Incarceration)		
	18-24	25-34	35 +	18-24	25-34	35 +
Tobacco	91.9%	95.3%	95.0%	80.2%	79.5%	77.2%
Alcohol	91.9%	94.4%	93.3%	32.6%	46.4%	51.1%
Marijuana	86.0%	83.8%	81.7%	29.1%	14.5%	7.2%
Inhalants	16.3%	17.5%	12.2%	2.3%	0.4%	0.0%
Cocaine	47.7%	64.5%	73.3%	16.3%	15.0%	14.4%
Crack	43.0%	62.8%	50.3%	19.8%	24.8%	19.0%
Uppers	18.6%	29.5%	30.0%	5.8%	3.4%	1.1%
Downers	25.6%	36.8%	35.6%	3.5%	4.7%	6.1%
Heroin	20.9%	31.2%	46.9%	9.3%	8.5%	16.2%
Other Opiates	9.3%	16.2%	17.8%	2.3%	2.6%	2.8%
Psychedelics	25.6%	30.8%	31.1%	0.0%	0.4%	0.0%
Any Illicit Drug	89.5%	93.6%	91.1%	48.8%	45.3%	39.4%

Whites falling midway between these two groups.

Rates of past-month licit substance use were not significantly associated with race/ethnicity. However, race/ethnicity was associated with the prevalence rates of seven of the eight illicit drugs measured. In many cases, the patterns of current illicit drug use mirrored those found for lifetime use. For example, White inmates were more likely than the other two groups to report past-month use of marijuana or uppers. Whites and Hispanics reported similar rates of use for cocaine and downers, both of which were higher than those reported by African Americans. Again, as with lifetime use, Hispanics were the most likely of the three groups to report using heroin and African Americans were the most likely to report having used crack. Use of any illicit drug during the past month showed a slightly different racial/ethnic distribution than that of lifetime substance use, where Whites reported the highest rates and African Americans and Hispanics reported rates that were approximately equal.

Typical Illicit Drug Users by Race/Ethnicity

The typical White inmate who reported recent (past-year) use of illicit drugs was between the ages of 25 to 34 and reports that crack was her most problematic drug. She was single, had a full- or part-time job, and had an annual household income of under $10,000 in the year preceding incarceration. She reported 12 arrests in her life.

Of the African American inmates in this sample, the typical inmate who reported recent illicit drug use was also in the mid-age category, unmarried, unemployed, and cited crack as the drug that caused her the most problems. She, too, had less than 12 years of school and an annual household income of less than $10,000. She had been arrested on 12 occasions.

The typical Hispanic inmate who reported having used illicit drugs during the past year had a slightly different profile than that of their White or African-American counterparts. Although she was also between the ages of 25 to 34, single, with less than 12 years of school, she was as likely to be employed as unemployed. Furthermore, in contrast to the typical White or African-American inmate described above who cited crack as their most problematic drug, she was equally likely to report either powder cocaine or heroin. A similar finding was observed among Hispanics in the male TDCJ-ID data, where additional analyses attributed this phenomenon to the popularity of speedballing.[11] The typical inmate in this category reported slightly more than 11 lifetime arrests.

Endnotes

[1] Center for Disease Control, "Cigarette Smoking Among Youth—United States, 1989," *Morbidity and Mortality Weekly Report,* 40 (1991): 712-715.

[2] Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Race/Ethnicity, Socioeconomic Status, and Drug Abuse* (Washington, D.C.: U. S. Government Printing Office, DHHS Publication No. (SMA) 93-2062, 1993).

[3] J. T. Hormes, C. M. Filley, and N. L. Rosenberg, "Neurologic Sequelae of Chronic Solvent Vapor Abuse," *Neurology,* 36 (1986): 698-702.

[4] G. M. Everett, "Effects of Amyl Nitrite ('Poppers') on Sexual Experience," *Medical Aspects of Human Sexuality*, 6 (1972): 146.

[5] The median rather than the mean dollar amounts were used for all illicit drug expenditures because it is less sensitive to the extreme values reported and, therefore, provided a better measure of true central tendencies.

[6] R. Spence, "Drug Abuse Trends in Texas: December 1986," in *Drug Abuse Trends and Research Issues: Community Epidemiology Work Group Proceedings* (Washington, D.C.: U.S. Department of Health and Human Services, 1986) II-7 through II-27.

[7] Tobacco was not included in either of the multiple substance use estimates.

[8] R. R. Clayton, "Multiple Drug Use: Epidemiology, Correlates, and Consequences," *Recent Developments in Alcohol*, 4

(1986):7; D. Farabee, *Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice–Institutional Division: 1993* (Austin, Tx.: Texas Commission on Alcohol and Drug Abuse, 1994), 42-48.

[9] D. Farabee, *Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice–Institutional Division: 1993*, 70-71.

[10] L. Wallisch, *1993 Texas Survey of Substance Use Among Adults* (Austin, Tx.: Texas Commission on Alcohol and Drug Abuse, 1994), 81.

[11] D. Farabee, *Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice—Institutional Division: 1993*, 29.

❖ Chapter 5. Treatment Need

It is necessary to consider a host of factors when estimating treatment needs among this population. The primary consideration, of course, is the proportion of inmates who meet established criteria for substance dependence or abuse. However, additional information such as their motivation for treatment and their ability to pay for such services is indicative of how many of these inmates would be unlikely to receive treatment were they not under legal coercion.

Defining Treatment Need

Inmates who reported having consumed 10 or more drinks in the past year, or having used inhalants or any illicit drug during the past year were asked additional questions to assess the level of problems associated with their use. To distinguish between casual and problematic drug or alcohol use, this study borrowed from the Diagnostic Interview Schedule,[1] which assesses the presence of nine diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R*) definition of dependence.[2] The *DSM-III-R* generally defines dependence as the presence of cognitive, behavioral, and physiological symptoms indicating continued use of a psychoactive drug in spite of its negative consequences.

The nine diagnostic criteria for psychoactive substance use are shown in Table 5.1. According to the *DSM-III-R*, substance dependence is defined as the presence of three or more of these symptoms. A second category, that of substance *abuse*, is a category of users who did not meet the dependence criteria but reported experiencing one or two symptoms of dependence. This definition of abuse differs from the standard *DSM-III-R* definition which only includes those who (1) show a maladaptive pattern of use such as continued use despite adverse consequences, and/or regular use in physically hazardous situations; and (2) have had some of the symptoms for at least one month, or repeatedly over a longer period.

Nevertheless, the present study relies on the former less restrictive definition of abuse for two reasons. First, it allows comparisons to be made

Table 5.1. Diagnostic Criteria for Psychoactive Substance Dependence from the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised*

At least three of the following:

(1) Substance is often taken in larger amounts or over a longer period than the person intended
(2) Persistent desire or one or more unsuccessful efforts to cut down or control substance use
(3) A great deal of time is spent in activities necessary to get the substance, taking the substance, or recovering from its effects
(4) Frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations at work, home, or school, or when substance is physically hazardous
(5) Important social, occupational, or recreational activities given up because of substance use
(6) Continued substance use despite knowledge of having a persistent recurrent social, psychological, of physical problem that is caused or exacerbated by the use of the substance
(7) Marked tolerance
(8) Characteristic withdrawal symptoms
(9) Substance often used to reduce withdrawal

between inmates based on a continuum of substance problems. Second, the standard definition of abuse excludes many inmates who themselves feel they are in need of treatment. Using the stricter *DSM-III-R* definition of substance abuse excludes seven inmates who felt that they were in need of treatment. The abuse classification used in this study, however, includes these seven inmates in the estimate. The proportions of inmates meeting the dependence or abuse criteria for drugs or alcohol are displayed in Figure 5.1.

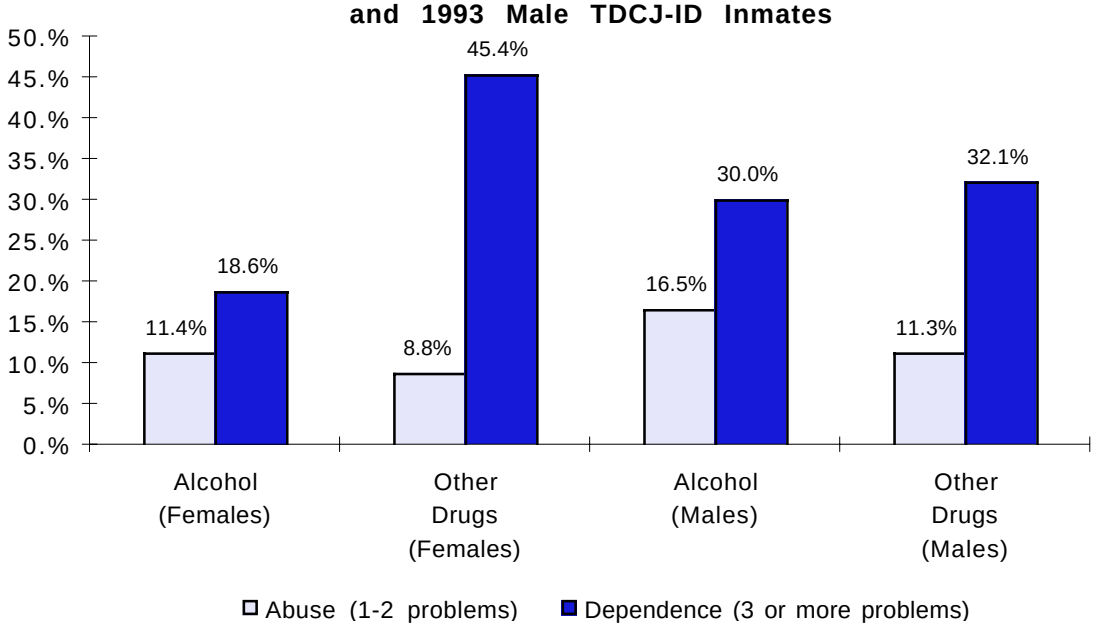
Of the inmates sampled, 18.6 percent met the *DSM-III-R* criteria for alcohol dependence, and a much higher proportion of inmates (45.4 percent) met the criteria for drug dependence. Rates of alcohol and drug abuse were considerably lower (11.4 and 8.8 percent, respectively). According to the *DSM-III-R*, beginning users are the most likely to be classified as substance abusers, rather than dependent. Given the high rates of dependence among these inmates, combined with the relatively low rates of abuse, it is likely that many of these women entered prison with established substance use histories.

It should also be noted that some of these categories are not mutually exclusive. For instance, it is possible to qualify as both a drug abuser and alcohol dependent, or vice versa, or to be both drug and alcohol dependent.

An overall estimate of substance dependence was calculated by combining the number of inmates who met the drug and/or alcohol dependence criteria. **Slightly over half of the inmates (51.4 percent) were thus classified as substance dependent.**

Excluding overlapping classifications, the overall proportion of inmates who are either substance abusers or substance dependent is 63.2 percent. Interestingly, this combined estimate is equal to that of the male TDCJ-ID inmates.[3]

Figure 5.1. Substance Dependence and Abuse Among 1994 Female and 1993 Male TDCJ-ID Inmates



Neither age nor race/ethnicity was associated with the likelihood of being assigned to this combined category.

Discussing drug dependence, alcohol dependence, and drug and alcohol abuse tends to become awkward in a study of this size. For discussion purposes, the term *misusers* will be used as a way to refer to all inmates who were classified as either being alcohol/drug dependent or being an alcohol/drug abuser.

Prevalence of Individual Alcohol Problems by Demographics

The prevalence rates for individual alcohol dependence criteria are presented in Table 5.2. The types of alcohol problems reported by these inmates (i.e., those inmates who reported consuming 10 or more alcoholic beverages during the past year) did not show any significant variation by age category.

In contrast, race/ethnicity was associated with four of the 12 alcohol-related problems reported. Whites were significantly more likely than Hispanics to report having been drunk at work or school, or while taking care of children. Whites were more likely than African Americans to report having been drunk in dangerous situations (e.g., while driving a car) and to have consumed more alcohol in order to reduce the effects of withdrawal. Finally, White inmates were more likely than inmates in either of the other two racial/ethnic groups to have given up important activities such as work, school, or social events in order to drink.

Prevalence of Individual Drug Problems by Demographics

An examination of the percentages in Table 5.3 indicates considerably more demographic variation in the types of drug-related problems reported, as compared to those found in the preceding section regarding alcohol use. Inmates in the youngest age group were less likely than the other inmates to report spending a great deal of time using or recovering from drug use, giving up important

Table 5.2. Alcohol Problems Reported by Female TDCJ-ID Inmates by Age and Race/Ethnicity: 1994

Problem*	Age Category			Race/Ethnicity			
	18-24	25-34	35+	White	African Amer.	Hispanic	Total
Drunk larger amounts than intended	59%	48%	47%	51%	49%	48%	49%
Tried to cut down but couldn't	29%	37%	26%	32%	27%	40%	31%
Great deal of time drinking/recovering from alcohol	35%	36%	35%	43%	29%	38%	35%
Been high at work, school, or taking care of children	26%	25%	19%	30%	22%	12%	23%
Been high in dangerous situations	35%	44%	33%	51%	27%	43%	38%
Given up important activities to drink	26%	30%	22%	35%	21%	24%	26%
Continued use despite psychological problems**	100%	91%	85%	93%	90%	86%	90%
Continued use despite health problems**	100%	94%	80%	92%	88%	83%	89%
Continued use despite family/work problems**	85%	89%	83%	94%	81%	81%	87%
Needed more to get the same effect	35%	31%	26%	36%	24%	31%	30%
Has stopping caused withdrawal	15%	21%	12%	19%	13%	19%	16%
Ever drink to reduce withdrawal	18%	17%	13%	22%	10%	17%	15%

* Percentages are based on the subsample who reported having 10 or more drinks during the past year (n=226).

** These questions were asked only of inmates who reported having these problems initially (n's=62, 36, and 83, respectively).

Table 5.3. Drug Problems Reported by Female TDCJ-ID Inmates by Age and Race/Ethnicity: 1994

Problem*	Age Category			Race/Ethnicity			
	18-24	25-34	35+	White	African Amer.	Hispanic	Total
Used larger amounts than intended	66%	74%	63%	74%	67%	63%	69%
Tried to cut down but couldn't	55%	70%	65%	67%	65%	63%	66%
Great deal of time using/recovering from drug use	53%	74%	70%	71%	66%	69%	69%
Been high at work, school, or taking care of children	26%	40%	32%	46%	30%	25%	35%
Been high in dangerous situations	34%	48%	41%	60%	31%	44%	43%
Given up important activities to use	49%	70%	61%	67%	61%	63%	63%
Continued use despite psychological problems**	96%	96%	88%	99%	89%	93%	94%
Continued use despite health problems**	92%	95%	81%	97%	82%	81%	89%
Continued use despite family/work problems**	93%	96%	91%	99%	93%	90%	94%
Needed more to get the same effect	45%	64%	67%	70%	56%	65%	62%
Has stopping caused withdrawal	21%	38%	39%	45%	21%	58%	35%
Ever use to reduce withdrawal	23%	44%	41%	50%	24%	65%	40%

* Percentages are based on the subsample who reported having used inhalants or any illicit drug during the past year (n=308).

** These questions were asked only of inmates who reported having these problems initially (n's=171, 82, and 224, respectively).

activities to use drugs, using more drugs in order to achieve the same effect, experiencing withdrawal, or having to use drugs in order to reduce the effects of withdrawal.

Several drug-related problems were also associated with race/ethnicity. White inmates were significantly more likely than the other two groups to report being high at work, school, or while taking care of their children. There was also a marginally significant trend for White inmates to report continued drug use despite negative psychological consequences and to need greater amounts of a drug in order to get the same effect, relative to African-American inmates. Finally, African Americans were the least likely of the three racial/ethnic groups to report having experienced withdrawal or to have ever used drugs to reduce the effects of withdrawal.

Medical Indigence

An integral part of assessing the need for publicly funded substance abuse treatment lies in determining the proportion of substance misusers who would not be able to afford such services on their own. For many substance misusers, incarceration provides the first and only exposure to treatment.[4]

To determine the need for publicly funded treatment among the present inmate sample, inmates were categorized as medically indigent if they were uninsured, covered by Medicaid, had a city or county health card, or had an annual household income of less than $10,000. According to this definition, 94 percent of the total female inmate sample was classified as medically indigent. Furthermore, there was a significant association between medical indigence and substance misuse. Whereas 87.5 percent of the inmates who were not classified as substance misusers were determined to be medically indigent, 97.8 percent of the misusers were so classified. Simply stated, of the inmates who appeared to need some form of substance abuse treatment, almost none (2.2 percent) would have been able to afford it.

Motivation for Treatment

Although it could be argued that motivation for treatment is unnecessary when legal coercion is involved, there is some evidence that clients perceived by treatment staff as being motivated tend to comply with treatment and maintain abstinence following discharge better than their unwilling counterparts.[5]

To measure treatment motivation, inmates were asked

- *Would you be interested in participating in a drug or alcohol treatment program at this time?*

Over one-half (56.4 percent) of the total inmate sample answered “yes” to this question.

When developing the survey protocol, the authors considered the possibility that the number of positive responses to the preceding question might be inflated if treatment were perceived as an easier or faster alternative to one’s current sentence. Consequently, inmates who answered “yes” to the preceding question were then asked

- *Would you be willing to participate in an in-prison drug or alcohol program if it meant extending your stay in prison for three months?*

Fully 39.4 percent of those originally expressing interest in treatment agreed to this hypothetical condition, amounting to slightly over one-fifth (22 percent) of the total inmate sample (see Figure 5.2).

Figure 5.2. Motivation of Female TDCJ-ID Inmates for Treatment: 1994

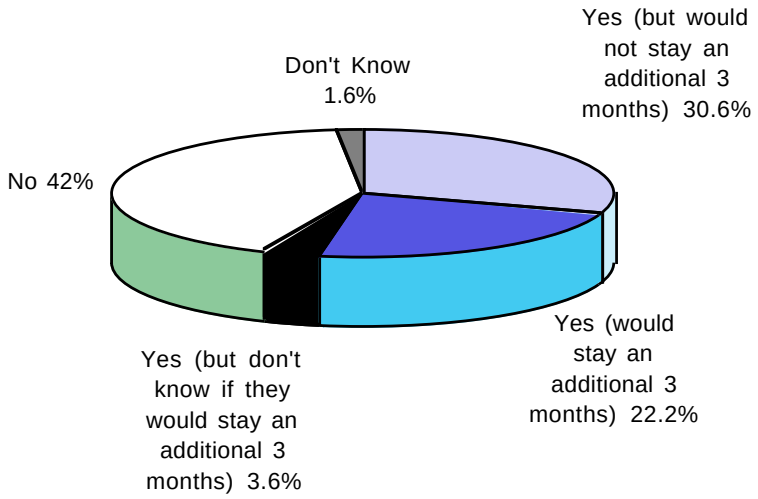
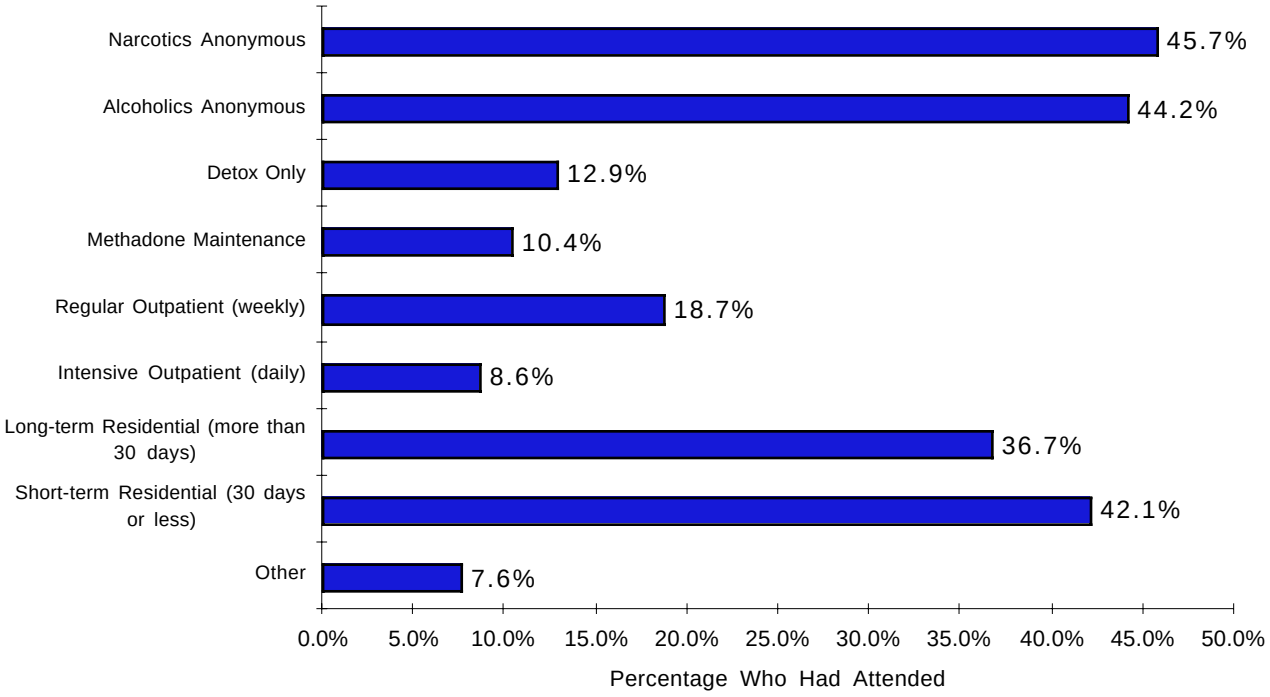


Figure 5.3: Type of Treatment Most Recently Attended by Female Inmates Who Had Ever Received Treatment



Previous Treatment Experience

Over half (55.6 percent) of the inmates surveyed said that they had received some form of help with their substance use problems in the past. The most common programs mentioned were Narcotics Anonymous (45.7 percent), Alcoholics Anonymous (44.2 percent), and short-term residential treatment (42.1 percent). The full list of modalities and the percentages of inmates who have participated in them are displayed in Figure 5.3.

Well over half of the inmates currently classified as substance misusers (56.7 percent) had received some form of professional help for their problem. Of all inmates who reported having received prior treatment or assistance, 37 percent no longer qualified as being substance dependent.

Endnotes

[1] L. Robbins, L. Cottler, and T. Babor, *Diagnostic Interview Schedule—Substance Abuse Module* (St. Louis, Mo.: Washington University School of Medicine, School of Psychiatry, 1990).

[2] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised* (Washington, D.C.: American Psychiatric Association, 1987). In May of 1994, the *DSM-III-R* was updated and released as the *DSM-IV* (American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* [Washington, D.C., American Psychiatric Association, 1994]). With regard to psychoactive substance use disorders, the *DSM-IV* includes several changes such as two fewer diagnostic criteria for dependence, and two new criteria for abuse. However, in order to be consistent with other recent and ongoing prevalence studies, the estimates of substance dependence are derived according to the *DSM-III-R* definition.

[3] D. Farabee, *Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice—Institutional Division* (Austin, Tx.: Texas Commission on Alcohol and Drug Abuse, 1994), 31-39.

[4] F. M. Tims, and C. G. Leukefeld, C. G., "The Challenge of Drug Abuse Treatment in Prisons and Jails," in *Drug Abuse Treatment in Prisons and Jails*, eds. C. G. Leukefeld and C. R. Schuster (Washington, D.C.: U.S. Government Printing Office, NIDA Monograph 118, DHHS Publication No. [ADM] 92-1884), 1-7.

[5] D. G. Finlay, "Changing Problem Drinkers," *Social Work Research and Abstracts*, 13 (1977): 30-37.

❖ Chapter 6. Women's Issues

A central goal of this study was to establish the extent of substance misuse among female TDCJ-ID inmates. Additionally, this chapter and those that follow explore other problems endemic to this population which could also be addressed in treatment. Although some of these problems (e.g., prostitution) are found among male offenders as well, they occur at much higher rates among females. Likewise, although the burden of child care may fall to either parent, it is nevertheless a fact of life in our society that single-parent households are typically headed by the mother. Therefore, the issues discussed below were defined as "women's issues" because they are statistically associated with being female—their inclusion was not based on value judgments regarding societal roles.

Use During Pregnancy

Women who abuse cocaine or crack have increased risks of problem pregnancies and miscarriages.[1] It has been estimated that in the United States alone some 375,000 drug-exposed infants are born every year.[2] Although the relationship between unsuccessful pregnancies and substance misuse was not directly assessed, the present data allowed comparisons of the rates of miscarriages by substance misusing and nonmisusing inmates.

The prevalence of substance dependence among these women and the high birth rate among them compound the potential risk of problem pregnancies due to drug or alcohol use. A vast majority (87.4 percent) of the inmates reported having been pregnant at least once in their lives. On average, these inmates reported 3.7 pregnancies. Nineteen women (3.8 percent) reported being pregnant at the time of the interview. It is also worth noting that well over half (56.5 percent) of the 437 women in the sample who had ever been pregnant had their first pregnancy at or before the age of 17.

Overall, 33.9 percent of the inmates who had ever been pregnant reported having had at least one miscarriage. Comparisons by substance dependence status showed a marginally significant

trend for miscarriages to be more likely to occur among substance-dependent inmates (37.7 percent) than among nondependent inmates (30.1 percent).

Child Care

Consistent with national statistics,[3] female prison inmates in this study were more likely to be parents than were TDCJ-ID males (83.6 versus 73 percent, respectively). Compared to TDCJ-ID male inmates, females inmates were also more likely to have had children living with them at the time of arrest (62.1 versus 46.9 percent, respectively). Seventy-nine percent of the mothers in this sample expected their children to live with them after their release from prison. The typical mother in this sample had three children (mean = 2.7) with an average age of only 8.4 years.

Evidence exists that incarcerated mothers have almost identical attitudes regarding the importance of parenting behaviors as nonincarcerated mothers who are of similar socioeconomic background, age, and marital status.[4] Although this particular finding could not be replicated in the present study, it was possible to make comparisons between the percentages of substance dependent and nondependent inmates who had been investigated by Child Protective Services (CPS) in the year before incarceration.

Of the overall sample of mothers in this study, almost one-fourth (23.1 percent) reported being investigated by CPS during the past year. Dividing this sample of mothers by substance dependence status, however, shows that substance-dependent inmates (28.2 percent) are significantly more likely than nondependent inmates (17.5 percent) to have been under investigation (Figure 6.1).

Figure 6.1. Percentage of Female Inmates Who Had Been Investigated by Child Protective Services, by Substance Dependence

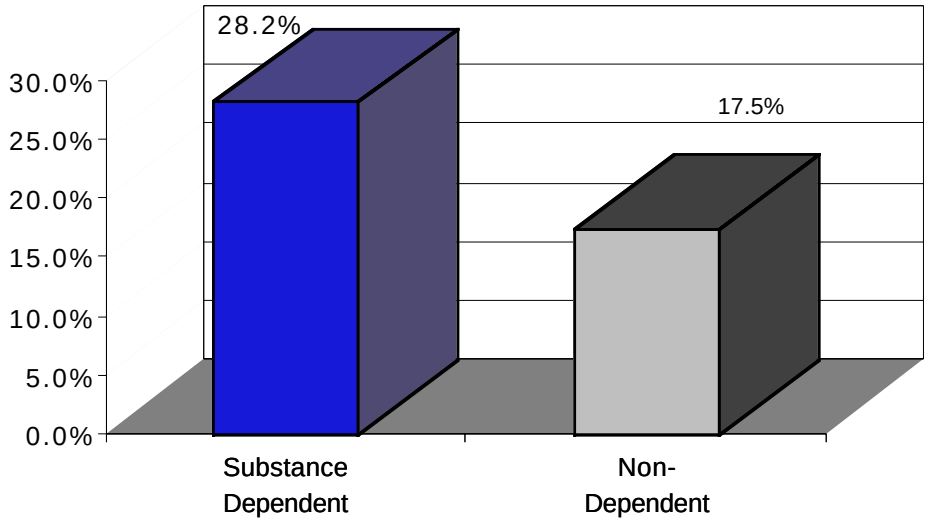
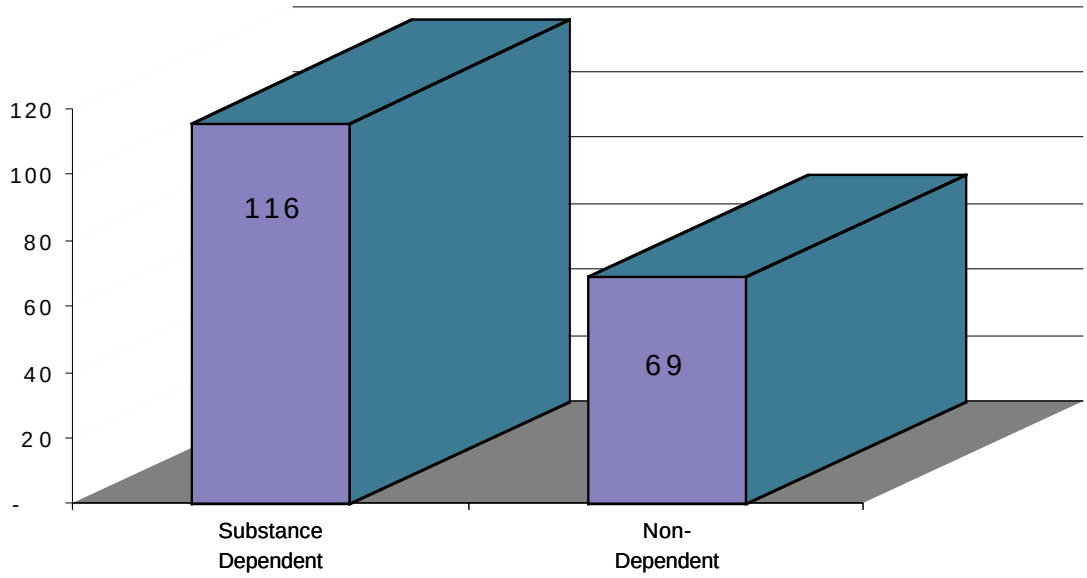


Figure 6.2: Mean Number of Times Engaged in Prostitution, by Substance Dependence



Prostitution

Women who engage in prostitution, especially street prostitution, are likely targets of violent victimization and sexually transmitted disease, which pose personal and public health problems. Research examining the relationship between drug use and prostitution indicates that, although drug use is not always an antecedent to prostitution, it often fosters its continuation.[5]

Thirty percent of all inmates sampled reported that they had engaged in some form of prostitution during their lifetimes, and had done so an average of 109 times—although there was considerable variation (standard deviation = 115.5). Women who met the criteria for substance misuse were much more likely than non-misusers to report lifetime prostitution (39.2 versus 7.1 percent, respectively). The sharpest contrast, however, was between drug dependent and nondependent inmates, with 50.4 percent of the former reporting lifetime prostitution, versus only 8.1 percent of those who were nondependent. In fact, 84 percent of the inmates who reported lifetime prostitution were classified as drug dependent. There was also a marginally significant difference in the frequency by which these two groups engaged in prostitution. The small group of nondependent inmates who had traded sex for money or drugs (n = 18) reported doing so an average of 69 times in their lifetimes while their drug dependent counterparts had done so an average of 116 times. Interestingly, prostitutes who reported running away from home began their careers at a significantly younger age (mean = 22.8 years) than those who did not run away (mean = 26.4 years). Overall, 20.3 percent of the prostitutes in this study had begun their careers before turning 18 years of age.

Women as Victims

Rates of physical, emotional, and sexual abuse are disproportionately high among female offenders and often occur early in life. A large-scale

Table 6.1. Prevalence of Adulthood Abuse Among Female TDCJ-ID Inmates and Relationship to Perpetrator

	Sexual Abuse	Physical (No Weapon)	Physical (Weapon)	Total
Percentage of Female Inmates Who Had Ever Been Abused	**30.8%**	**53.4%**	**36.6%**	
Source of Abuse				
Spouse/Partner	31.2%	80.5%	37.2%	54.8%
Male Acquaintance	19.5%	15.7%	16.9%	17.0%
Male Stranger	33.1%	9.4%	27.3%	20.9%
Group of Males	4.5%	1.1%	1.6%	2.1%
Trick/John/Date	13.0%	6.7%	8.7%	8.9%
Drug Trade Associate	1.3%	1.5%	2.0%	1.6%
Dealer	0.0%	0.8%	1.6%	0.8%
Pimp	0.0%	1.5%	0.0%	0.7%
Family Member	15.6%	7.1%	3.8%	8.3%

study of female offenders conducted by the American Correctional Association found that before 20 years of age, 36 percent had been physically abused and 30 percent had been sexually abused.[6] There is also evidence that girls who are abused are at greater risk of becoming criminally involved as adults.[7]

The prevalence of abuse during childhood is central to the family background analysis described in Chapter 8. The present discussion focuses on these offenders' exposure to violence and sexual abuse as adults. Table 6.1 shows the most common relationships reported between the inmate victims and their assailants, most often the men with whom they were intimately involved.

Sexual abuse was reported by 30.8 percent of the total inmate sample. As shown in Table 6.1, the abuser was most likely to be a male stranger (33.1 percent), but was almost as likely to be the inmate's husband or mate (31.2 percent).

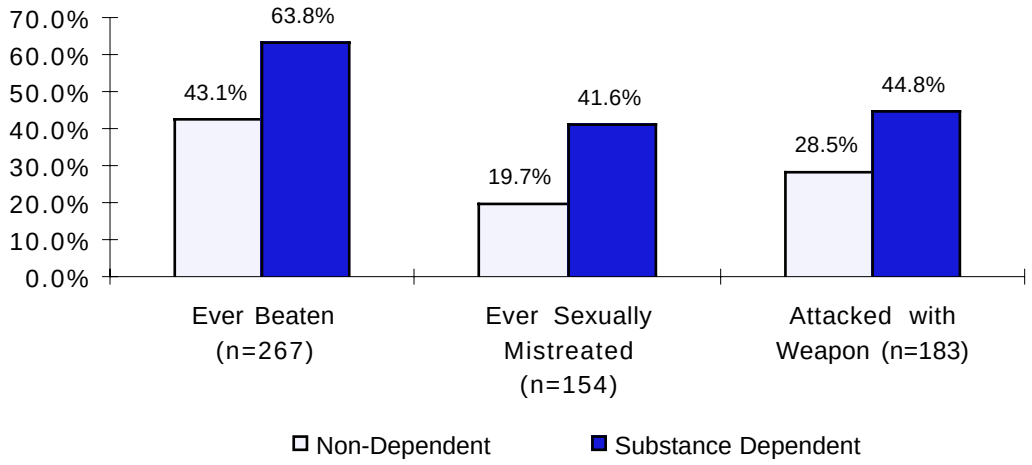
Two questions reflecting different levels of severity were asked of these inmates regarding their physical abuse:

- *Have you ever been beaten, choked, punched, or kicked?* and
- *Have you ever been attacked with a weapon such as a gun, knife, or heavy object?*

Over half of the inmates (53.4 percent) reported being beaten, choked, punched, or kicked. As shown in Table 6.1, this type of abuse was by far (80.5 percent) the most commonly delivered by the women's spouses or mates. The more severe physical abuse (i.e., entailing a weapon) was reported by 36.6 percent of the sample, with the largest single group of abusers (37.2 percent) also being the inmates' spouses or mates.

The use of drugs or alcohol as a means of coping with physical, emotional, or sexual abuse has the unfortunate consequence of increasing the user's vulnerability to further abuse. The association between substance dependence and adulthood abuse reported by the women interviewed was great. As seen in Figure 6.3, inmates defined as substance dependent were significantly more likely than nondependent inmates to report having

Figure 6.3 Percentage of Female Inmates Who Have Experienced Abuse as Adults, by Substance Dependence



been beaten, sexually abused, and attacked with a weapon (i.e., gun, knife, or heavy object) as adults.

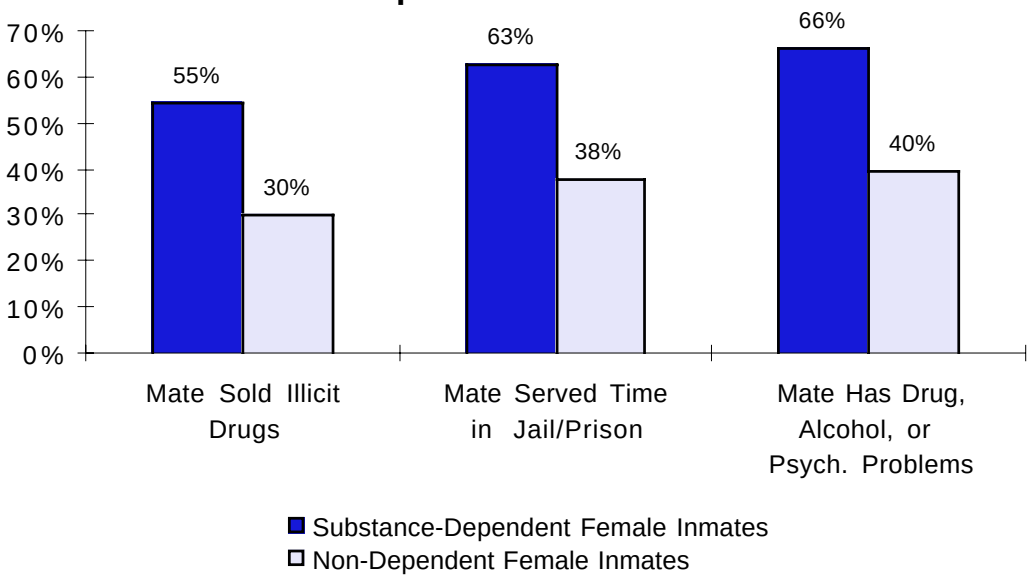
Because the present data indicate a high rate of deviance among the men with whom the female inmates were intimate, the influence of these men was further explored. Other research has demonstrated that having an addicted male spouse or partner is among the strongest predictors of female drug addiction.[8]

To examine this association in the present sample, the proportion of women whose mates had served time in jail or prison, those whose mates had been involved in trading illicit drugs, and those who described their mates as having a drug or alcohol problem were contrasted between the female inmates who themselves had significant substance problems and those who did not (Figure 6.4). The current results provide further evidence of the association between the drug and criminal involvement of the male partner and the drug dependence of the female. Well over half (54.6 percent) of the inmates who were drug dependent reported being involved with someone who sold illicit drugs, as opposed to 30.4 percent of the non-drug dependent inmates. There were similar differences between the proportions of drug-dependent and non-drug-dependent inmates whose mates had served time in jail or prison (62.6 versus 37.7 percent, respectively). The greatest difference, however, was found in the likelihood of having a mate with a drug or alcohol problem between substance-dependent and nondependent female inmates (66.2 versus 39.5 percent, respectively).

Life Skills

Relative to the male TDCJ-ID inmate sample,

Figure 6.4. Characteristics of Mates, by Substance Dependence of Female Inmates



the females in this study appeared less self-sufficient economically. The females were much less likely than the males to have been working full time before coming to prison (29 versus 56.9 percent, respectively), more likely to report annual household incomes of $10,000 or less (44.6 versus 35.4 percent, respectively), and more likely to have dropped out of school before completing their senior year (71.9 versus 65.6 percent, respectively).[9] These deficits were even more pronounced among the female inmates classified as substance dependent. Compared to the other female inmates, substance misusers were somewhat more likely to have dropped out of school before completing the 12th grade (74.3 versus 69.3 percent, respectively). Similarly, whereas 24.3 percent of the nonmisusing inmates reported being unemployed prior to incarceration, this was true for 40 percent of the substance misusers.

These data provide clear evidence that the rehabilitative needs of female offenders, and especially of the large subset of substance misusers, include academic and/or vocational remediation. Their high dropout rates and low rates of employment mean fewer post-prison options for these women and may even serve to perpetuate their dependence on men who are themselves likely to be criminally involved.

Medical Status

Female inmates in this study were not only more likely than male inmates to be medically indigent (see Chapter 5), they also perceived themselves as being in poorer health. On a scale of 1 (“Excellent”) to 4 (“Poor”), females rated their overall physical health as being significantly poorer than did the male inmates (means = 2.24 versus 2.06, respectively).

The female inmates were asked to report the

specific physical problems they have experienced. For the sake of the present discussion, these problems were categorized into three classes: sexually transmitted diseases, chronic medical problems, and externally induced injuries.

Sexually Transmitted Diseases (STDs)

Thirty-six percent of the females in this study reported ever having syphilis, gonorrhea, genital herpes, genital warts, trichomonas, chlamydia, or HIV/AIDS. Approximately 13 percent of the inmates reported having two or more of these diseases during their lifetimes. The most common STDs were syphilis (13.8 percent) and gonorrhea (15.8 percent). Eleven (2.2 percent) of the inmates said that they had been diagnosed with HIV or AIDS.

The likelihood of contracting an STD was associated with age and race/ethnicity. Specifically, lifetime prevalence of any STD listed above was most common among inmates ages 35 and over and decreased linearly with age. African Americans (41.8 percent) were somewhat more likely than Whites (35.7 percent), and significantly more likely than Hispanics (21.9 percent) to have ever contracted an STD. Hepatitis, which is associated with, but not exclusively related to sexual contact, was reported by 16.2 percent of the sample. Substance-dependent inmates were over twice as likely as nondependents to report ever having an STD (48.3 versus 23.1 percent, respectively), a finding consistent with the HIV-substance dependence association discussed in Chapter 11.

Chronic Medical Problems

Medical problems comprising this category were tuberculosis, high blood pressure, heart problems, stroke, pneumonia, emphysema, diabetes, asthma, arthritis, cancer, kidney infection, and thyroid problems. Lifetime prevalence rates for having any of these conditions was 60.8 percent. The most commonly reported problems were high blood pressure (17 percent), asthma (16.6 percent), and arthritis (15.4 percent). White inmates (72.6 percent) were significantly more likely than either African Americans (57.7 percent) or Hispanics (49 percent) to have ever experienced any of these chronic illnesses. As found with STDs, these chronic medical problems were most likely to be reported by inmates ages 35 and older. Rates of chronic medical problems did not vary significantly by substance dependence status.

Externally Induced Injuries

Inmates were also asked a free-response question regarding any serious injuries they had sustained. Injuries were reported by 24.8 percent of the sample, and were not significantly related to age or race/ethnicity. The most common problems were back injuries (6.8 percent) and bone fractures (8.6 percent). Also of interest is the smaller, but noteworthy, proportion of inmates (4.2 percent) who reported having been shot or stabbed in their lifetimes. The circumstances under which these injuries occurred are unknown. However, because injuries involving broken bones, guns, or knives are likely results of violent intentions, they were grouped together as a general measure of *potential* victimization. Sixty-eight percent of the relatively small number of women sustaining injuries in this category (n = 62) were substance dependent. In fact, substance-dependent inmates were approximately twice as likely as nondependents (16.3 versus 8.2 percent, respectively) to report injuries in this category.

Endnotes

[1] A. Geller, "The Effects of Drug Use During Pregnancy," in, *Alcohol and Drugs are Women's Issues, Vol. 1, A Review of the Issues*, ed. Paula Rother (Metuchen, N.J.: Women's Action Alliance and The Scarecrow Press, 1991), 101-106.

[2] I. J. Chasnoff, "Drug Use and Women: Establishing a Standard of Care," in *Prenatal Use of Licit and Illicit Drugs*, ed. D. E. Huffings (New York, N. Y.: Academy of Sciences, 1989) 208-210.

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[4] L. LeFlore and M. A. Holston, "Perceived Importance of Parenting Behaviors as Reported by Inmate Mothers: An Exploratory Study," *Journal of Offender Counseling, Services, and Rehabilitation*, 14 (1989): 5-21.

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[8] W. R. Cuskey, L. H. Berger, and J. Densen-Gerger, "Issues in the Treatment of Female Addiction: A Review and Critique of the Literature," in *Women and Mental Health*, eds. E. Howell and M. Boys (New York, N. Y.: Basic Books, 1981), 269-295.

[9] D. Farabee, *Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice—Institutional Division*: *1993* (Austin, Tx.: Texas Commission on Alcohol and Drug Abuse, 1994), 8.

❖ Chapter 7. Crime and Substance Use

Causal influences of drug use on crime, or vice versa, have not been easy to demonstrate. There is evidence, however, that drug dependence often leads to an increase in crime among those already engaged in criminal behavior.[1] Furthermore, rates of criminal behavior tend to diminish following drug abuse treatment.[2]

This chapter examines survey data which relate drug use to crime. Although these data are subject to the limitations found in other correlational studies, they uncover some notable patterns between the two behaviors. Although the data presented here do not explain the initiation of criminality in terms of drug use, they support the role of drug use in the maintenance and acceleration of crime.

Criminal Histories

Because it is estimated that most criminal acts go unpunished, the present study queried inmates about their "unofficial" criminal histories. Specifically, inmates were asked if they had ever committed any of 25 crimes and, if so, during what time period. Inmates were asked to report crimes whether or not they resulted in being caught or arrested. These overall crime rates are listed in Table B-1 located in Appendix B. Tables B-2 through B-4 show crime rates for each of the three major racial/ethnic groups.

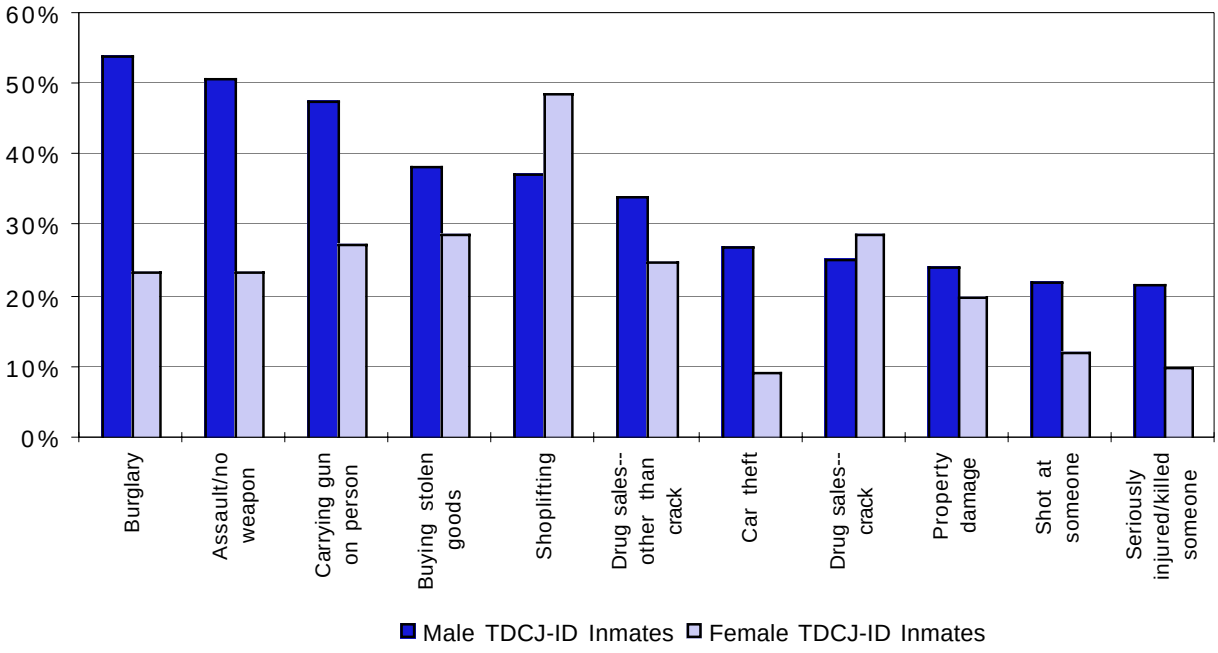
There are many differences between male and female inmates, and these are perhaps most clearly exemplified in the types of crimes committed. These differences are displayed graphically in Figure 7.1, where the prevalence rates of the 11 most commonly reported crimes committed by the TDCJ-ID males are contrasted with the females' rates for those same crimes.

As shown in Table B-1, the most commonly self-reported crime was shoplifting, reported by almost half of the inmates (48.7 percent). The next nine most prevalent crimes were forgery or fraud (39.4 percent), drug sales–crack cocaine (28.9 percent), buying stolen goods (28.7 percent), carried gun on person (27.5 percent), prostitution (27.4 percent),[3] drug sales–other than crack (24.8 percent), burglary (23.6 percent), assault–no weapon (23.4 percent), and property damage (19.8 percent). The following discussion focuses on these 10 most commonly reported crimes.

Differences by Age Category

The following five of the 10 most prevalent self-reported crimes showed significant variation by age group: burglary, robbery with a gun, assault

Figure 7.1. Prevalence Rates Among Male and Female Inmates for the Most Commonly Reported Male Crimes



without a weapon, prostitution, and property damage. The prevalence rates for all of these crimes were highest among inmates ages 18-24, with the exception of prostitution, which was highest among the inmates ages 25-34. It should also be noted that higher rates of criminality among young offenders were apparent for virtually all of the crimes reported. This same phenomenon was also observed among the TDCJ-ID males, although the types of crimes committed differed considerably.

Differences by Race/Ethnicity

Racial/ethnic differences were found in the likelihood of reporting burglary, forgery, drug sales–crack, drug sales–other than crack, and property damage. Whites were more likely than the other racial/ethnic groups to report forgery and property damage. Hispanic inmates reported higher rates of burglary and drug sales other than crack. African-American inmates, consistent with their male TDCJ-ID counterparts, were most likely to report drug sales of crack only. The specificity of crack cocaine among African Americans is further evidenced by the finding that they are less than half as likely as Whites or Hispanics to be involved in the sale of other drugs.

Which Comes First?

All inmates in the sample who reported using at least one type of illicit drug during their lives were asked

- *In your own experience, which did you start experimenting with first—doing drugs or crime?*

Female TDCJ-ID inmates were more likely than their male counterparts to have begun using

drugs before committing other crimes (72.2 versus 62.5 percent, respectively). This finding is consistent with other research suggesting that drug use is more commonly a route to criminality for women than for men.[4] Another 21.8 percent of the female inmates reported criminal involvement before ever having used drugs, and 6 percent said that they began both at the same time.

The chronology of drug use and criminality showed significant variation by age and race/ethnicity. Inmates ages 25-34 (77.2 percent), and to a slightly lesser extent, inmates 35 and older (73.1 percent), were much more likely than the youngest group of inmates (55.4 percent) to have experimented with drugs prior to becoming involved in other types of crime, as was the pattern among TDCJ-ID males. Comparisons between racial/ethnic groups showed Whites as being significantly more likely than African Americans or Hispanics to have used illicit drugs before committing other crimes.

Criminal Behavior While Under the Influence

All inmates were asked the following question regarding their level of substance use at the time of their most recent offenses:

Think about the offense that led to your being in prison—

- *Were you high on anything when you committed it? (yes/no)*

Almost 40 percent (39.9 percent) of the total inmate sample answered this question affirmatively. Although the likelihood of committing this offense while under the influence was independent of age, there was a statistically significant tendency for this to occur more among White (46.5 percent) than African American (34.6 percent) inmates.

Some may be skeptical of these results on the grounds that attributing one's offense to the influence of a drug could in some way be perceived as exonerating. However, urine samples collected among recently arrested women in Dallas, Houston, and San Antonio showed that approximately 60 percent of these women had been using some type of illicit drug during the previous 48 hours—most commonly crack or powder cocaine.[5]

Of the 198 inmates who said they committed their crimes while under the influence, one-third claimed to have been using crack, 27.3 percent claimed to have been using powder cocaine, 25.3 percent claimed to have been drinking, and 23.2 percent said they had been using heroin. The complete list of these drugs and the percentage of inmates who reported having been under their influence at the time of their most recent offense is presented in Figure 7.2.

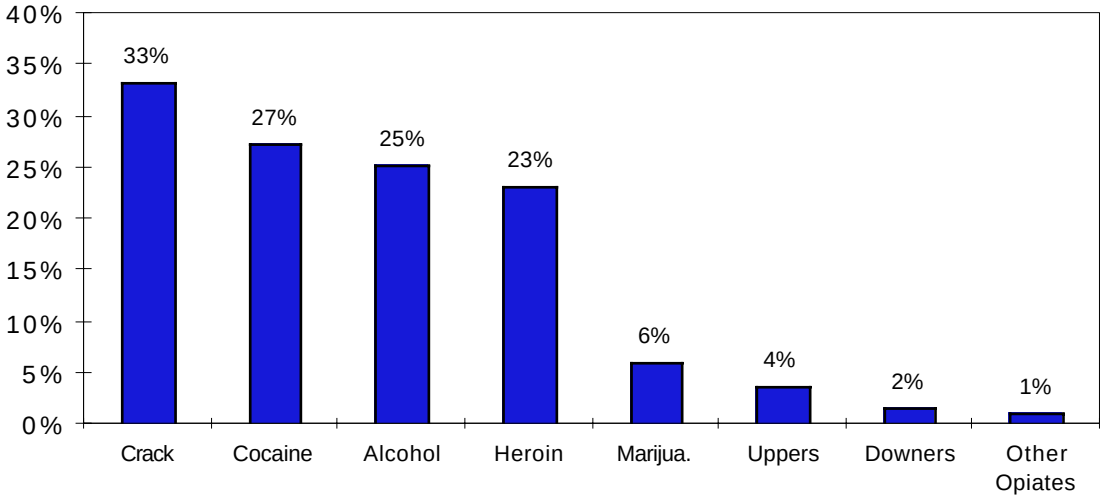
- *At the time of the offense, would you say that you were: very high/drunk, somewhat high/drunk, a little high/drunk, coming down?*

This question was only asked of those inmates who indicated above that they were under the influence at the time of their most recent offense. Of these 198 inmates, 41.5 percent rated themselves as being very drunk or high at that time. These ratings did not show any significant variation by age or race/ethnicity.

- *Would you have committed the offense had you not been high/drunk? (yes/no)*

Less than one-fourth (23.2 percent) of these inmates said that they would have committed their most recent offense had they not been under the influence of drugs or alcohol. Interestingly, inmates in the youngest age group (18-24) were

Figure 7.2: Substances Used During the Commission of the Crime that Led to Current Sentence



more likely (36.7 percent) than inmates ages 25-34 (16 percent) or 35 and older (27.9 percent) to say they would have committed their offense anyway.

Further analysis also revealed drug-specific differences in the extent to which these offenders attributed their behavior to the substance they had been using. Limiting the sample to those who reported having used any of the four most prevalent substances (i.e., cocaine, crack, heroin, and alcohol), inmates under the influence of alcohol were the most likely (87.5 percent) to attribute the commission of their most recent offense to the influence of that substance, followed by powder cocaine (84.2 percent), crack (80.7 percent) and, finally, heroin (61.3 percent).

Substance Use as a Predictor of Criminal Behavior

One plausible explanation for the strong relationship between drug use and crime is that both behaviors are expressions of deviance. Therefore, those whose social environments place them at high risk of one form of deviance are also likely to engage in the other. Substance abuse alone, according to this perspective, should not significantly enhance the ability to predict criminality once other background variables are taken into account.

To test this hypothesis, we attempted to predict the frequency of property and violent crimes using two classes of predictors: demographics (age, race, education level, marital status, employment status, and income) and substance use (number of *DSM-III-R* alcohol problems and number of *DSM-III-R* drug problems). Demographics were included as a way to approximate an inmate's social background. The substance use variables were included to determine their unique contributions to predicting criminal behavior, statistically controlling for the effects of the demographic predictors. All of these variables were entered in a stepwise multiple regression model.[6]

Rather than predicting frequency of criminal behavior in the general sense, the types of crimes reported were divided into financially motivated, or *property* crimes, and *violent* crimes. These variables were further divided into past month and lifetime occurrences, resulting in a total of four criteria variables. The property crime measure included crimes such as burglary, car theft, and shoplifting. Violent crimes included crimes such as threatening someone with a gun or knife, seriously injuring or killing someone, and rape.

The results of the four stepwise regressions are presented in Table 7.1. The predictor variables listed in each regression table are the only ones which uniquely and significantly predicted crime after controlling for the effects of all the other predictors in the overall regression model. The following are shown for each predictor:

- A parameter estimate value, which is a standardized measure of each variable's relative contribution to the predictive equation, as well as the direction of the predictor variable's relationship to the variable being predicted (i.e., positive or negative);
- Its R-square value, which indicates what portion of the overall variation in the crime variable that predictor can explain;
- Its F value, which is the ratio of total variance to error variance; and
- Level of statistical significance, i.e., the probability of these findings occurring by chance.

For example, by looking at past-year property crimes in Table 7.1, it can be seen that three variables were selected from the overall set of predictors as having the strongest unique associations (which can be either positively or negatively associated) with the commission of property crimes during the past year. Examination of these three parameter estimates indicates that the typical perpetrator in this category had a higher number of drug problems (i.e., this variable had a positive parameter value), was more likely to be African American, and tended to be younger, relative to other inmates not reporting past year property crimes.

An interesting trend, which was also found among the TDCJ-ID male inmates, was for the number of drug problems to be the most predictive variable for either past year or lifetime property crimes while being less predictive of violent crimes. These findings suggest that the drug/crime relationship is driven more strongly by a utilitarian need to support one's addiction, rather than mere behavioral disinhibition.

A unique finding of this study, however, is the relative predictive strength of the number of alcohol problems in predicting lifetime violence. Although overall rates of violence were low among these female offenders, making it difficult to predict, the number of alcohol-related problems emerged as the single most significant predictor. Overall, as seen by the Model R-squares, women's crime rates were more difficult to predict than men's. However, the number of drug problems accounted for more of the variance in women's property crimes than in men's. Simply stated, crime rates, particularly property crimes, among female inmates appear to be less related to demographic background variables and more related to drug use than do the crime rates of male offenders.

Drug Expenditures Versus Legal Income

Comparing average weekly drug expenditures with average weekly legal incomes exemplifies the

Table 7.1. Multiple Stepwise Regression Results for Models Predicting Past-Year and Lifetime Property Violent Crimes

	Parameter Estimate	R Square	F	Probability
Property Crimes				
Past Year				
Number of Drug Problems	0.13	0.13	53.3	0.0001
African American	0.26	0.01	4.8	0.03
Married	-0.27	0.01	3.7	0.05
Age	-0.01	0.01	2.4	0.12
Model		0.15		
Lifetime				
Number of Drug Problems	0.13	0.16	67.2	0.0001
African American	0.28	0.01	6.1	0.01
Age	-0.01	0.01	4.5	0.03
Model		0.18		
	Parameter Estimate	**R Square**	**F**	**Probability**
Violent Crimes				
Past Year				
Age	-0.01	0.02	6.4	0.01
In School or Employed	-0.17	0.01	5.5	0.02
Number of Drug Problems	0.02	0.01	3.3	0.07
Model		0.04		
Lifetime				
Number of Alcohol Problems	0.07	0.02	7.8	0.01
In School or Employed	-0.28	0.01	5.0	0.03
Age	-0.02	0.01	4.2	0.04
Hispanic	-0.29	0.01	3.6	0.06
Model		0.06		

* Model refers to the combination of all of the predictor variables selected in the stepwise process.

economic aspect of the drug/crime association. The analysis was based on the following free-response questions:

- *In the last year, prior to being locked up, about how much money would you say you made per week from your job or other legal activities?* and
- *How much money did you spend per week on drugs in the last year prior to being locked up*?

To determine the relative drug costs for each inmate, the average amount of money spent weekly on drugs was subtracted from that person's average weekly income. This resulted in a positive or negative value of each inmate's net income after drug expenses.

Of the total inmate sample, 44.1 percent actually exceeded their average weekly legal incomes with their weekly drug expenditures.[7]

Dividing the sample into those who were drug or alcohol dependent and those who were not reveals that whereas 19.8 percent of those classified as nondependent exceeded their incomes with drug expenses, this was true for 66.4 percent of the inmates classified as dependent. Of the 221 inmates who reported spending money on drugs during the year before incarceration, the median amount spent was approximately $300.00 per week; $400.00 per week for those classified as dependent. The median weekly income for these 221 inmates was no income at all, meaning that over half (n = 112) of these women had no regular weekly income in the year before they entered prison.

Perceptions of Punishment

All of the inmates in the study were asked questions regarding their perceptions of various levels of punitive criminal justice sanctions. As shown in Figure 7.3, male and female inmates agreed that probation has gotten stricter, with two-thirds indicating that they would prefer a prison sentence over probation. Interestingly, although female inmates were more likely than male inmates to believe that they would serve most of their prison time, they were also more likely to agree that the possibility of going to prison does not serve as a deterrent to crime. In either case, a decided majority of inmates rejected the notion that the threat of a prison sentence deters crime.

To gain more insight into the relative punitiveness of probation versus prison, inmates were asked several forced choice questions regarding their preferences. As seen in Figure 7.4, one year in prison is perceived as being equal to about four and one-half years on probation. In contrast, the male TDCJ-ID inmates equated one year of prison to approximately three and one-half years. This finding could be subject to any number of interpretations. One plausible explanation would be that female offenders perceived prison as being more

Figure 7.3. Comparison of Perceptions of Punishment Held by Male and Female TDCJ-ID Inmates

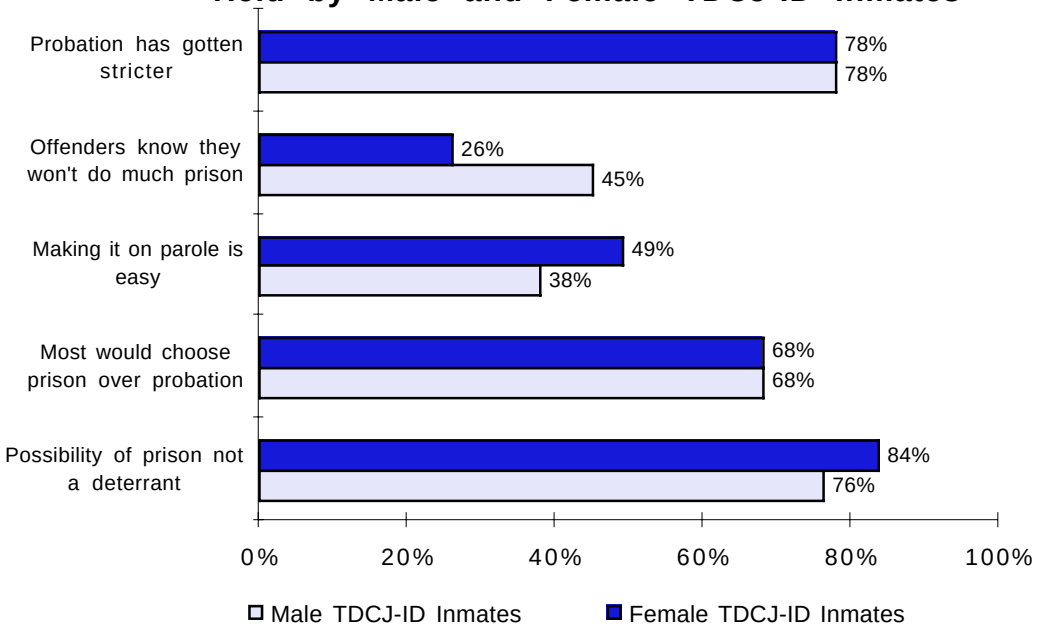
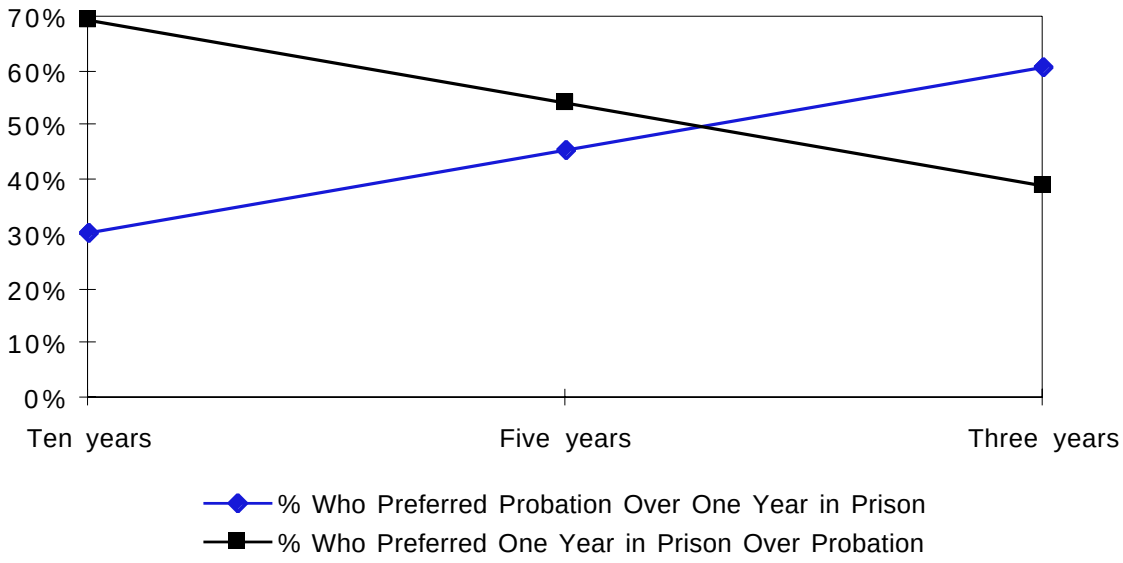


Figure 7.4. Perceptions of Punishment: Which Would Be Easier—Probation or Prison?



aversive than do male offenders, possibly because more female than male inmates have children. As a result, these women may be more willing than the men to extend their probation terms because they tend to have more familial obligations.

Endnotes

[1] D. N. Nurco, J. C. Ball, J. W. Shaffer, and T. E. Hanlon, "The Criminality of Narcotic Addicts." *Journal of Nervous Mental Disorders*, 173 (1985): 94-102.

[2] G. DeLeon, "The Therapeutic Community: Status and Evolution," *International Journal of the Addictions*, 20 (1985): 823-844; D. D. Simpson, and H. J. Friend, "Legal Status and Long-Term Outcomes for Addicts in the DARP Followup Project," in *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*, eds. C. G. Leukefeld and F. M. Tims (Washington, D.C.: U.S. Government Printing Office, NIDA Monograph 86. DHHS Publication No. [ADM]84-1143, 1988).

[3] This proportion is slightly lower than that reported in Chapter 6 because the earlier value defined prostitution as both sex for money as well as for drugs.

[4] C. E. Sterk and K. W. Elifson, "Drug Related Violence and Street Prostitution," in *Drugs and Violence: Causes, Correlates, and Consequences*, eds. M. De La Rosa, E. Lambert, and B. Gropper (Washington, D.C.: U. S. Government Printing Office, NIDA Monograph 103, DHHS publication no. [ADM] 90-1721, 1990). 208-221.

[5] National Institute of Justice, *Research in Brief: Drug Use Forecasting, First and Second Quarters* (Washington, D.C.: U.S. Department of Justice, 1992).

[6] This is a statistical procedure in which the predictor variable that has the highest correlation with the criterion variable is first entered into the equation, followed by the variable which explains the largest amount of the remaining variation, and so on. After each step, the predictor variables are reexamined to determine if they still uniquely account for a significant amount of the variance. Those that do not are removed from the equation. This procedure continues until no other variable can be added which significantly improves the model's predictive power.

[7] Because self-reported estimates of income tend to be unusually vulnerable to social desirability and poor recall, income data underwent two screens in order to be included in this analysis. First, the estimated weekly income was deleted from the analysis if it was greater than three standard deviations above the mean for the entire sample. Second, income estimates were excluded if the respondent was rated by the interviewer as not responding truthfully (approximately 8 percent). These interviewer ratings have been demonstrated elsewhere as effective statistical screens (D. Farabee and E. Fredlund, "Self-Reported Drug Use Among Recently Admitted Jail Inmates: Estimating Prevalence and Treatment Needs, " manuscript submitted for publication.) Furthermore, an additional 34 inmates had to be excluded because they either refused to answer one of these two questions or claimed not to know the answer.

❖ Chapter 8. Social and Family Background

Research on female offenders has revealed high rates of childhood physical and sexual abuse.[1] It has been theorized that these negative living conditions may force these females to leave home at an early age, often with inadequate preparation or skills to support themselves through honest means.[2]

Ratings of Family Life

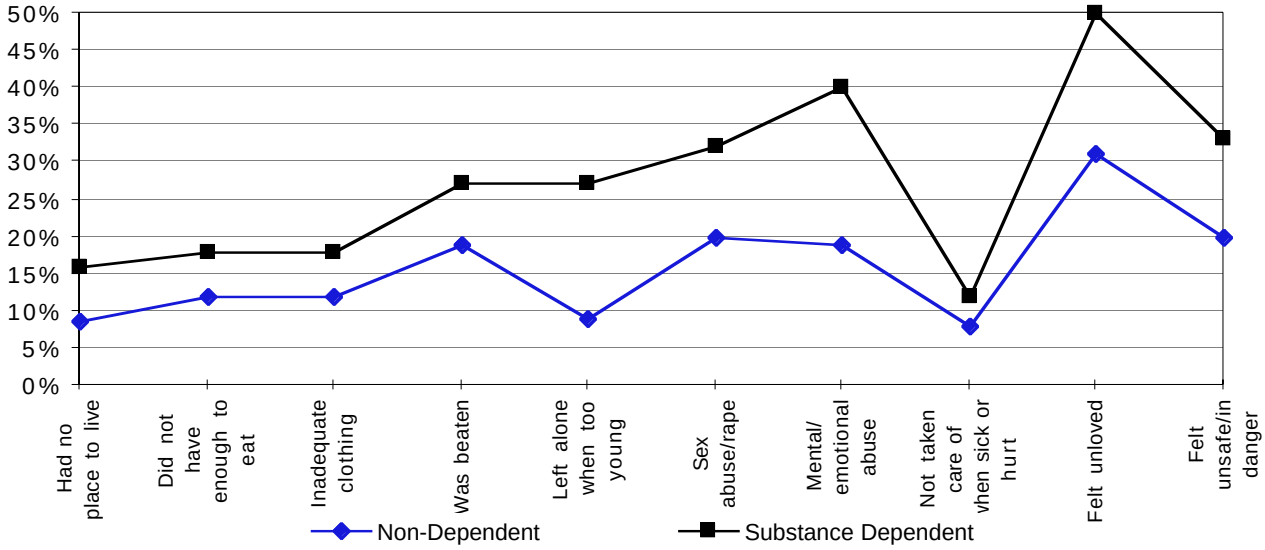
In the present study, the apparent influence of maltreatment during childhood on the criminal behavior of the inmates was supported. Inmates who reported ever having run away from home reported significantly more family-related problems (see Figure 8.1 for items) during their childhood (mean = 3.02) than did those who never ran away (mean = 1.25). In turn, the actual frequency of running away was moderately, but significantly, correlated with the total number of lifetime arrests (r = .19).

As a whole, the family environments reported by these inmates were troubled, with 26 percent reporting sexual abuse and 30 percent reporting mental or emotional abuse. As shown in Figure 8.1, however, these problems occurred at even higher rates among inmates who were classified as being substance dependent. In fact, all of the between-group differences are statistically significant, with the exceptions of *not having enough food* (which was marginally significant, p = .08), *not having adequate clothes* (also marginally significant, p = .06), and *not taken care of when sick*.

Childhood Maltreatment

With the exception of *being left alone*, inmates were asked to describe their current living environments using the same family background questions shown in Figure 8.1. Seven of these remaining nine items were conceptually grouped together to form two indices: ***Poverty*** (*had no place to live, did not have enough to eat, did not have adequate clothes to wear*), and ***Abuse*** (*being beaten, sexually abused /raped, being mentally or emotionally abused, felt unsafe or in danger*). Because the ranges of these indices differed, the mean rather

Figure 8.1. Percentages of Female Inmates Who Reported Family Problems, by Substance Dependence Status



than the sum of the constitutent items were used. This resulted in a minimum possible score of 0 and a maximum score of 1.

For both male and female TDCJ-ID inmates, the extent of maltreatment (i.e., poverty and abuse) experienced during childhood was significantly correlated with the levels of maltreatment as adults. Of greater importance, however, are the gender-specific effects that these early experiences seem to have. Table 8.1 shows the correlation

Table 8.1. Correlations Between Childhood Living Conditions and Those in Adulthood: 1993 Male TDCJ-ID Inmates and 1994 Female TDCJ-ID Inmates

	Male Inmates	Female Inmates
Correlation Between Childhood Poverty and Adulthood Poverty	0.28	0.37
Correlation Between Childhood Abuse and Adulthood Abuse	0.41	0.47

Note: All correlations are significant at the .0001 level.

Table 8.2. Mean Scale Scores for Adulthood and Childhood Living Conditions for 1993 Male and 1994 Female TDCJ-ID Inmates

	1993 Male TDCJ-ID Inmates			1994 Female TDCJ-ID Inmates		
	Mean*	Standard Deviation	ANCOVA	Mean*	Standard Deviation	ANCOVA
Childhood Poverty	0.04	0.16		0.14	0.30	
Childhood Abuse	0.05	0.16		0.26	0.35	
Adulthood Poverty	0.04	0.16	0.05	0.27	0.37	0.24
Adulthood Abuse	0.03	0.10	0.06	0.45	0.39	0.39

* Range = 0-1

Note: All between-group mean differences are significant at the .0001 level, including those which were Ancova-adjusted.

coefficients between poverty and abuse during childhood and adulthood for both the male and female TDCJ-ID inmate samples.

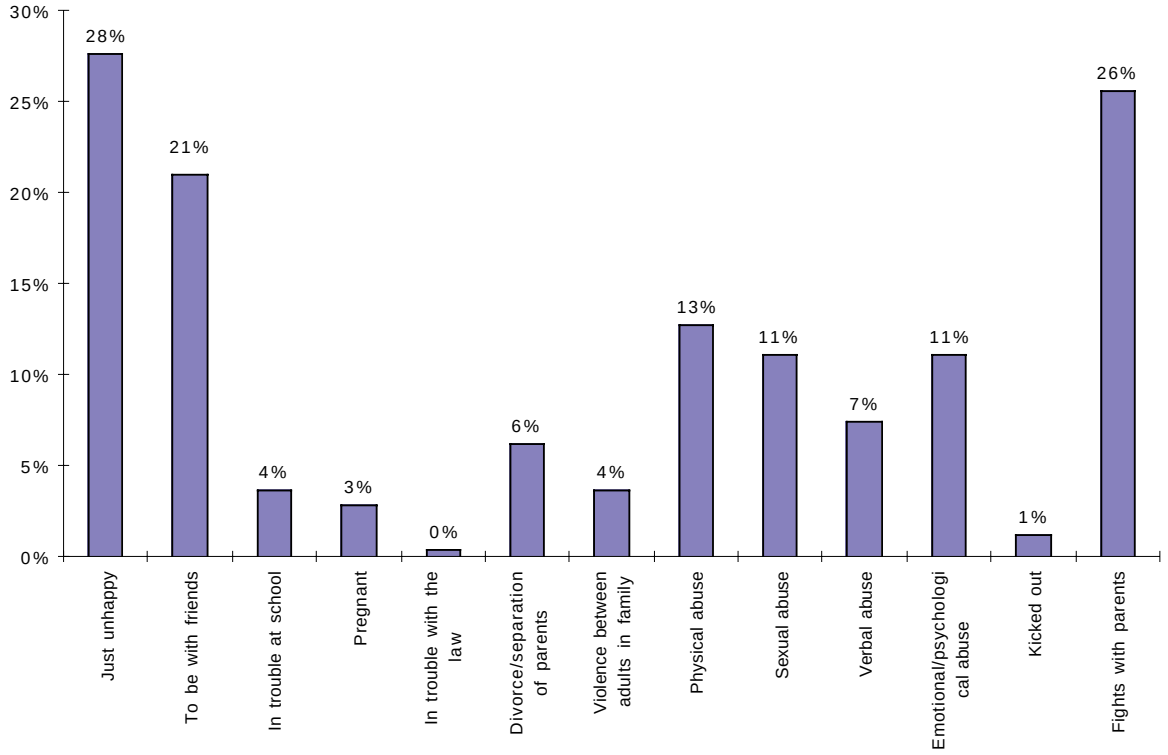
Whereas childhood poverty and abuse were significantly correlated with these same conditions in adulthood for both male and female inmates, the correlations were stronger for females. Women from impoverished backgrounds were more likely to continue to experience conditions of poverty as adults (r = .37) than were men (r = .28). Physical, sexual, and emotional abuse also appear to affect women much more than men, with childhood abuse being more strongly related to adulthood abuse for women than for men (r's = .47 versus .41, respectively). Why female inmates appear to be less adept at overcoming adverse conditions of their upbringing is unclear. One explanation could be that the extent of maltreatment suffered by these women was greater than that of their male TDCJ-ID counterparts, and therefore, more difficult to overcome. There is strong support for this hypothesis in the mean maltreatment scale scores presented in Table 8.2. In childhood as well as adulthood, the female inmates reported significantly higher levels of poverty and abuse. In Table 8.2, the means under the ANCOVA[3] heading, which have been adjusted for childhood maltreatment levels, remain significantly higher for females. In other words, even when the high base rates at early childhood maltreatment have been controlled for, the females still seem to persist in more impoverished and abusive conditions as adults than do males. This finding corroborates other research results which suggest that early childhood maltreatment may impact males and females differently.[4]

Running Away

Because virtually half of the inmates reported running away from home at least once while growing up, the reasons they gave for running away seemed worthy of exploration, especially given its predictive value regarding subsequent criminal behavior. The reasons offered by these women, and the percentages by which these reasons were reported are displayed in Figure 8.2.

The general pattern of these responses suggests a rather intuitive sequence of avoiding family discord, sometimes including physical or sexual abuse, in favor of staying with friends. The most commonly cited reason for running away, however, was simply that they were "just unhappy." It

Figure 8.2. Reasons for Running Away from Home as Given by Female TDCJ-ID Inmates Who Had Run Away at Least Once



is unclear whether their unhappiness was attributable to their family circumstances or other events. But in either case, their decision to run away too often led to dependence on someone else, either a mate who was at high risk of being criminally involved, or their peers, who are described below.

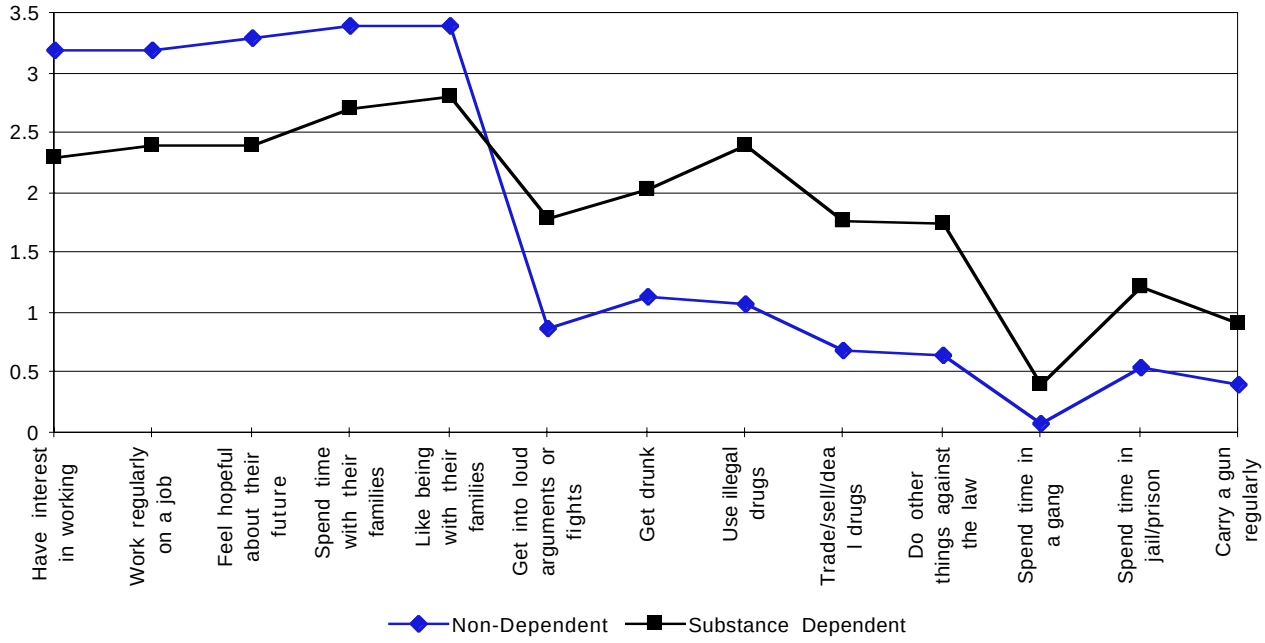
Ratings of Peer Behaviors

All inmates who acknowledged having at least one friend during the last six months were asked to rate how often their friends engaged in each of the 13 behaviors listed in Figure 8.3. Response options ranged from 0 ("Never") to 4 ("Always").

As found among the TDCJ-ID males, female inmates who reported problematic substance use described their peers as being more deviant than did inmates who were not classified as having substance problems. Specifically, substance-dependent inmates rated their peers as being less likely to engage in prosocial activities (e.g., work regularly, spend time with families, etc.) and more likely to engage in antisocial activities (e.g., get drunk, use illegal drugs, sell illegal drugs, spend time in jail or prison, etc.). All of these pairwise comparisons were statistically significant. It is also worth noting that 18.4 percent of these inmates indicated that they had *no* friends.

Of those inmates who reported having friends, however, the association between an inmate's own substance use and that of their peers was remarkable—not because it was unexpected, but rather because of the implications it holds for substance-dependent inmates after release. Peer substance use has consistently emerged as one of the strongest predictors of one's own substance use.[5] Its predictive power is further supported by the present data, which shows that inmates who were drug or alcohol dependent were significantly more likely to have friends who used illegal drugs (78.3

Figure 8.3. Mean Ratings of Peer Behavior by Substance Use Problem Status for Female TDCJ-ID Inmates: 1994



percent) than were those were not substance dependent (42.9 percent). Regardless of the type or extent of treatment offered to these inmates during incarceration, they will be released into an environment where illicit drug use is commonplace and the risk of relapse high. These data and the data from the TDCJ-ID male study suggest that providing some form of post-release treatment aftercare to the inmates is imperative. The female inmates are especially influenced by the mates who appear to have a powerful and almost wholly negative influence on them. The most comprehensive and conscientiously applied treatment cannot be expected to be effective if the clients return to a chronically abusive and criminogenic environment. This seems particularly important for women, as post-treatment social support has been shown to be a strong predictor of positive treatment outcomes.[6]

Endnotes

[1] E. S. Lake, "An Exploration of the Violent Victim Experiences of Female Offenders," *Violence and Victims*, 8 (1993): 41-51.

[2] M. Chesney-Lind, "Girls' Crime and Woman's Place: Toward a Feminist Model of Female Delinquency," *Crime and Delinquency*, 35 (1989): 5-29.

[3] ANCOVA, or Analysis of Covariance, is a statistical technique which allows group means to be compared after adjusting for their preexisting differences.

[4] T. Ireland and C. Widom, "Childhood Victimization and Risk for Alcohol and Drug Arrests," *The International Journal of Addicitions*, 29(1994): 235-274.

[5] W. E. K. Lehman, D. Farabee, M. L. Holcom, and D. D. Simpson, "Prediction of Substance Use in the Workplace: Unique Contributions of the Demographic and Work Environment Variables," *Journal of Drug Issues* (in press).

[6] J. H. MacDonald, "Predictors of Treatment Outcome for Alcoholic Women. *International Journal of the Addictions*, 22 (1987): 235-248.

❖ Chapter 9. Mental Health

There is evidence in the research literature that female drug addicts more commonly suffer from anxiety and depression than do nonaddicted females or even addicted males.[1] Furthermore, depression has been associated with less-successful treatment outcomes.[2] Unfortunately, establishing the dynamics of the relationship between mental health problems and substance use is beyond the scope of this study. Although it has been shown that prolonged use of alcohol or certain drugs produces long-term psychoactive effects such as depression (as is the case with alcohol) or paranoia (as is the case with stimulants), other addicts report using drugs or alcohol as a means of "self-medicating" pre-existing mental disorders.[3]

Regardless of the relationship between substance use and mental health, the psychological well-being of the female inmates, especially of those who would qualify for substance abuse treatment, should be an integral part of effective treatment planning. To this end, the survey included a brief depression scale and some single-item mental health indicators which allowed for some interesting comparisons between substance-dependent inmates and inmates who were not classified as substance dependent.

Except for the depression scale which was a seven-item version of the 20-item Center for Epidemiologic Studies Depression (CES-D) scale, the mental health measures are single-item measures which are intended to provide relative contrasts between inmates.[4] There are no established norms for these items.

Depression

The short version of the CES-D consisted of seven items listed below. The questioning began with the phrase, "*Please tell me how often you have felt this way prior to being locked-up*."

- *I did not feel like eating; my appetite was poor;*
- *I had trouble keeping my mind on what I was doing;*
- *I felt depressed;*

- *I felt everything I did was an effort;*
- *My sleep was restless;*
- *I felt sad;* and
- *I could not "get going."*

Responses to these individual items ranged from 1 ("Never") to 4 ("Frequently"). These responses were then summed to produce depression index scores which ranged from 7 to 28, with higher scores indicating higher levels of depression. The average depression score for the total inmate sample was 17.6, significantly higher than that of the TDCJ-ID males (mean = 15.6). Further, these depression scores varied as a function of substance dependence, with substance-dependent inmates scoring significantly higher than other inmates (19.5 versus 15.6, respectively; see Table 9.1). These groups differed not only in the severity of their depression, but in its likelihood of occurrence, as well. Substance-dependent inmates (30 percent) were more than twice as likely as other inmates (14 percent) to be classified in the high depression category.[5]

Other Indicators

The six other single-item measures of mental health were as follows:

- *I had hallucinations.*
- *I felt anxious or had a lot of tension.*
- *I got into arguments or fights with other people.*
- *I felt suspicious and distrustful of other people.*
- *I had serious thoughts of suicide.*
- *I attempted suicide.*

As with the depression scale items, response options ranged from 1 ("Never") to 4 ("Frequently"). With the exception of actual suicide attempts, differences between the mean responses of dependent and non-dependent inmates for all of these statements were consistently in the same direction: substance-dependent inmates reported having these problems significantly more often.

Inmates were also asked:

- *Have any of these problems ever significantly interfered with your life or activities?*

Table 9.1. Mean Psychological Functioning Scores for Female TDCJ-ID Inmates, by Substance Problem Status

Problem	Non-Dependent		Dependent	
	Mean	*Standard Deviation*	*Mean*	*Standard Deviation*
Depression	15.56	(5.6)	19.5	(4.9)
Hallucinations	1.26	(.72)	1.41	(.83)
Anxiety/Tension	2.39	(1.1)	2.85	(1.0)
Arguments/Fights	1.57	(.87)	2.14	(1.0)
Suspicious/Distrustful	1.9	(1.06)	2.53	(1.12)
Suicidal Ideation	1.19	(.60)	1.43	(.79)
Attempted Suicide	1.15	(.50)	1.22	(.55)

*All T-test comparisons are signficant at the .001 level, with the exception of attempted suicide.

- *Have you ever seen a health professional (doctor, nurse, psychologist, therapist) for "nerves" or psychological problems you were having?* and
- *Have you ever been given a mental health diagnosis by a medical professional?*

Consistent with the above self-reported occurrences of mental health problem indicators, substance-dependent inmates (51.8 percent) were more likely than other inmates (28.4 percent) to report that these problems had significantly interfered with their lives. Furthermore, commensurate differences were found in the proportions of inmates who had actually sought treatment in the past. Inmates classified as substance dependent were significantly more likely than nondependent inmates (43.6 versus 32.5 percent, respectively) to report that they had seen a mental health professional for their problems. Finally, of the inmates who had sought professional help (n = 191), substance-dependent inmates (58 percent) were more likely than nondependent inmates (43 percent) to have actually received a psychiatric diagnosis.

Implications for Treatment

The mental health measures in this study are not diagnostic in the clinical sense. Rather, they were included as brief measures by which relative rates of occurrence could be compared between groups of interest—namely, those who are substance dependent and those who are not. These comparisons clearly demonstrate an association between substance dependence and poor mental health. In fact, of the inmates who were classified in the high depression category, 69.4 percent were drug or alcohol dependent. This finding is consistent with results from other prison studies which report 66[6] to 84[7] percent of mentally ill inmates are also drug or alcohol dependent.

The mental health problems among female TDCJ-ID inmates in general, and particularly of those who are substance dependent, must be addressed if treatment is to be effective. Indeed, in contrast to substance-dependent males who are clinically depressed, depressed female addicts are more likely to have been depressed *before* the onset of their drug problem, lending some credence to the self-medication theory mentioned earlier.[8] At the very least, providing treatment for substance-dependent offenders could reduce depression—one major treatment evaluation study has shown a trend for several major drug abuse treatment modalities, especially residential programs, to reduce depression and suicidal ideation.[9]

Endnotes

[1] Women's Drug Research Project, *Addict Women: Family dynamics, Self Perceptions and Support Systems* (Rockville, Md.: National Institute on Drug Abuse, Services Research. Monograph Series, 1979).

[2] T. R. Kosten, B. J. Rounsaville, and H. D. Kleber, "A 2.5-Year Follow-Up of Cocaine Use Among Treated Opioid Addicts: Have Our Treatments Helped?" *Archives of General Psychiatry*, 44 (1987): 281-284.

[3] G. E. Woody, A. T. McLellan, C. P. O'Brien, and L. Luborsky, "Addressing Psychiatric Comorbidity," in *Improving Drug Abuse Treatment*, eds. in R. W. Pickens, C. G. Leukefeld, and C. R. Schuster (Washington, D.C.: U.S. Government Printing Office, NIDA Monograph 106. DHHS Publication No. [ADM] 91-1754, 1991).

[4] N. Breslau, " Depressive Symptoms, Major Depression, and Generalized Anxiety: A Comparison of Self-Reports on CES-D and Results from Diagnostic Interviews," *Psychiatric Research*, 15 (1985): 219-229.

[5] In order to compare percentages, depression scores were divided into low and high depression categories relative to the 80th percentile score of 22.

[6] D. A. Regier, M. E. Farmer, D. A. Rae, B. Z. Locke, S. J. Keith, L. L. Judd, and F. K. Goodwin, "Comorbidity of Mental Disorders with Alcohol and Other Drug Abuse: Results from

the Epidemiologic Catchment Area (ECA) Study," *Journal of the American Medical* Association, 264 (1990): 2511-2518.

[7] J. A. Chiles, E. Von Cleve, R. P. Jemelka, E. Trupin, "Substance Abuse and Psychiatric Disorders in Prison Inmates," *Hospital and Community Psychiatry*, 41 (1990): 1132-1133.

[8] S. B. Blume, "Chemical Dependency in Women: Important Issues," *American Journal of Drug and Alcohol Abuse*, 16 (1990): 297-307.

[9] R. L. Hubbard, M. E. Marsden, J. V. Rachal, H. J. Harwood, E. R. Cavanaugh, and Ginzburg, *Drug Abuse Treatment: A National Study of Effectiveness* (Chapel Hill, N. C.: The University of North Carolina Press, 1989).

❖ Chapter 10. Gambling

Gambling prevalence among the general adult Texas population suggests an association between problem gambling and illicit drug use.[1] Among male TDCJ-ID inmates, however, gambling rates were found to be approximately the same between those who were substance misusers and other inmates.[2] This section examines the gambling behavior of female TDCJ-ID inmates, exploring the interaction between substance misuse, criminal justice involvement, and gender as they relate to several similar survey items regarding gambling collected from the general population of adult Texas females, male TDCJ-ID inmates, and the present sample of TDCJ-ID females.

Among TDCJ-ID inmates, females were slightly less likely (56.2 percent) than males (60 percent) to have gambled on any activities during the year prior to incarceration. However, as shown in Figure 10.1, the types of activities on which these inmates gambled differed considerably. Female inmates were more likely than male inmates to have gambled on the lottery or to have played bingo during the year before their incarceration. Males, on the other hand, tended to gamble on cards, craps, dice, and other games of skill. These results parallel findings among the general Texas population which indicated men preferred to gamble on games of skill, whereas women were more likely to bet on games of chance.[3]

As shown in Table 10.1, no clear patterns were evident among the TDCJ-ID females to indicate a relationship between substance use and gambling. Furthermore, neither rates of past-year gambling on the lottery nor on other activities were associated with age or race/ethnicity. Of the 139 inmates who reported gambling on activities besides the lottery, substance abusers were significantly less likely than either of the other groups to report having chased their losses on a regular basis. This peculiar finding was the only statistically significant difference in this analysis. Aside from this, the substance misuse/gambling hypothesis received no support among the female inmates.

On the other hand, several differences were found between female TDCJ-ID inmates and female adults in the general Texas population. This interaction between the criminal justice involvement, substance misuse, and gambling habits of females replicated an interesting pattern found between male TDCJ-ID inmates and male adults in the general Texas population. Table 10.2 compares gambling data gathered during the female inmate survey with that collected from adult females who responded to the *1993 Texas Survey of Substance*

Table 10.1. Gambling Problems of Female TDCJ-ID Inmates by Substance Problem Status

	No Substance Problem	Substance Abuse	Substance Dependence	Total
Median Amount Spent Per Month	$19	$15	$19	$19
Bought Texas Lottery Tickets	43%	57%	53%	50%
Gambled on Other Activities	27%	35%	27%	28%
If so: Bet Weekly or More	65%	63%	70%	67%
Spent Too Much Money/Time	18%	22%	31%	25%
Chased Losses	23%	3%	31%	22%
Wanted to Stop But Couldn't	11%	6%	14%	11%

Use Among Adults.[4] Female inmates were more likely than nonincarcerated females to have gambled on non-lottery activities during the past year, to have gambled weekly, to have spent more than they intended, and to have chased their losses. It can be seen from these data that, with the exception of past-year lottery gambling which was higher among substance misusers in both populations, substance misuse among nonincarcerated females was significantly associated with increased rates of gambling on other activities during the past year. Furthermore, of the past-year gamblers in the general Texas population, substance misusers were more likely than non-misusers to report having gambled more than they had intended.

Endnotes

[1] L. Wallisch, *Gambling in Texas: 1992 Texas Survey of Adult Gambling Behavior* (Austin, Tx.: Texas Commission on Alcohol and Drug Abuse, 1993), 54-59.

[2] D. Farabee, *Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice–Instituional Division*, (Austin, Tx.: Texas Commission on Alcohol and Drug Abuse, 1994), 63-66.

[3] L. Wallisch, *Gambling in Texas: 1992 Texas Survey of Adult Gambling Behavior*, 32.

[4] L. Wallisch, *1993 Texas Survey of Substance Use Among Adults* (Austin, Tx.: Texas Commission on Alcohol and Drug Abuse, 1994), 55-57.

Table 10.2. Comparison of Gambling Behaviors Between 1993 Adult Texas Females and 1994 TDCJ-ID Female Inmates*

	Total Sample		Substance Problem	
	Nonincarcerated Texas Females	TDCJ-ID Female Inmates	Nonincarcerated Texas Females	TDCJ-ID Female Inmates
	(N=3351)	*(N=500)*	*(N=316)*	*(N=359)*
Gambled on Texas Lottery in past year	66.60%	50.00%	82.20%	54.10%
Gambled on Lottery only	44.20%	27.80%	64.60%	28.80%
	(N=432)	*(N=139)*	*(N=59)*	*(N=91)*
Gambled on other activities in past year*	12.50%	28.40%	21.10%	29.43%
If yes:				
Gambled Weekly	17.50%	42.50%	19.85%	46.10%
Gambled More than Intended	16.40%	25.18%	24.30%	28.57%
Chased Losses Most/Every Time	5.40%	22.30%	2.74%	21.98%

* Adult females were weighted to have same age and race/ethnic distribution as TDCJ inmates.

** Prevalence rates for this and the following items differ from those in the preceding table because they are limited to "other activities" included in the adult survey: bingo, horse racing, cards or dice games, slot machines, professional sports, or playing and betting on other games of skill such as bowling, pool, golf or video games.

❖ Chapter 11. HIV Risk

Rates of Human Immunodeficiency Virus (HIV), the cause of Acquired Immunodefi ciency Syndrome (AIDS), are higher among correctional populations than among the general population.[1] In fact, AIDS is now the leading cause of death in some correctional systems.[2] In contrast to men, it was estimated that the largest single source of AIDS among women in the United States (where the source could be reasonably determined) was through their own injecting drug use. It accounted for 43 percent of all identified female cases reported between July of 1993 and June of 1994. According to this same report by the Center for Disease Control, 38 percent of the cases were attributed to heterosexual contact.[3] Rates of AIDS in Texas remain somewhat lower than those found nationally. Modes of transmission in Texas also vary, with women being equally likely to contract the disease through their own injecting drug use (35 percent) or through heterosexual contact (35 percent).[4]

The high rates of drug use among the present TDCJ-ID female inmate population is in itself reason to believe that these women are at a heightened risk of contracting HIV. Of more specific concern is that they are more likely than their male TDCJ-ID counterparts to report lifetime heroin and cocaine use—the drugs most likely to be administered intravenously.

Injecting Drug Use

Of the total TDCJ-ID female inmate sample, 47.4 percent reported that they had injected drugs during their lifetimes. In contrast, lifetime injecting drug use was reported by 30 percent of the TDCJ-ID male sample. The majority of the female injecting drug users (IDUs) reported injecting cocaine (82.1 percent), This represents 43.2 percent of the total female inmate sample. Heroin, the second most popular drug of injection, was reported by almost one-third (32 percent) of the total sample.

Not surprisingly, injecting drug use was more common among substance-dependent inmates. Substance-dependent inmates were over twice as likely as nondependent inmates to have ever

injected drugs (66.2 versus 27.6 percent, respectively). In fact, of all of the inmates who had injected drugs—the single strongest predictor at the national level of acquiring AIDS among females—71.7 percent were classified as substance dependent. These results emphasize the importance of including HIV/AIDS education as a standard component of substance abuse treatment. There is some evidence that prevention programs can show signficant decreases in needle use and high-risk sexual behaviors.[5]

High-Risk Sexual Behavior

A composite measure was used to consolidate the many types of high-risk sexual behaviors into a single index score. This sex risk score combines these various risky behaviors in such a way that those behaviors posing the highest risk are weighted most heavily in the overall composite. The constituent items of the scale (see Table 11.1), as well as the rationale by which they are combined, are loosely based on the Southwest Regional Research Group sex risk index.[6]

Table 11.1 shows the average number of times that the respondents reported engaging in each of the high-risk sexual activities during the past 30 days on the street. Substance-dependent inmates, more often than other inmates, reported having unprotected sex with more partners, with more partners who are injecting drug users, and did so more often while they or their partners were intoxicated.

The present sex risk scale combines past 30-day frequencies in which the respondent has had unprotected sex with different sex partners, with IDUs, with strangers, anally, while trading for money or drugs, and/or while intoxicated.[7] The sex risk scores for this sample ranged from 0 (i.e., no high-risk sexual behaviors during the past 30 days) to 127, with an average of 7 and a median of slightly less than 1. Nevertheless, the median was approximated to 1 in order to distinguish between those who had not engaged in any of these high-risk behaviors during the month before incarceration, and the other 46 percent who had.

As shown in Figure 11.1, the likelihood and frequency of engaging in high-risk sexual activity

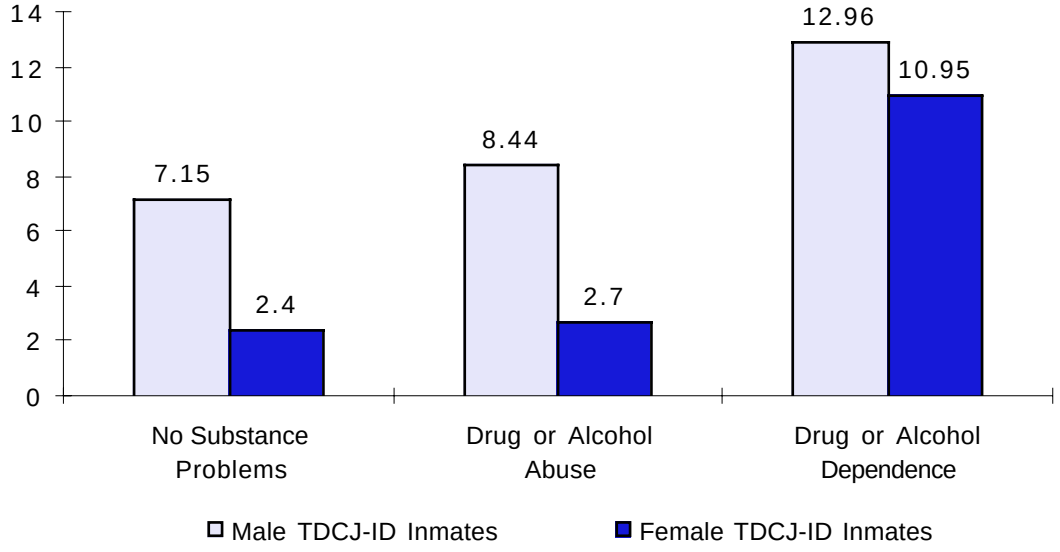
Table 11.1 Mean Scores of Female TDCJ-ID Inmates for Individual High-Risk Sex Items in the Past 30 Days

High-Risk Sex Item	Non-Dependent Inmate		Substance-Dependent Inmate		Overall	
	Mean	SD**	*Mean*	SD**	*Mean*	*SD***
Number of sex partners	1.20	(2.32)	3.08	(6.8)	2.20	(5.3)
Times with IDU	0.25	(1.6)	2.80	(8.2)	1.60	(6.2)
Times with non-regular partner/mate	0.92	(4.1)	4.20	(27.9)	2.70	(20.7)
Times involving anal sex	1.49	(14.9)	0.08	(.35)	0.73	(10.1)
Times while trading sex for drugs/money	0.07	(.4)	3.50	(27.9)	1.90	(20.4)
Times while you or partner were intoxicated	0.97	(3.4)	8.00	(32.8)	4.80	(24.3)

* Indicates that means are significantly different at the P<.05 level between substance-dependent and non-dependent inmates.

** Standard deviation (SD) is an indication of how representative the mean is of the sample. Higher SDs indicate a greater spread of values around the mean.

Figure 11.1. Mean Sex Risk Scores of 1993 Male and 1994 Female TDCJ-ID Inmates, by Substance Problem Status



is significantly higher among those inmates who are drug or alcohol dependent. There was also an interesting interaction between substance use, risky sexual activity, and gender. Whereas TDCJ-ID females have substantially lower sex risk scores than TDCJ-ID males in both the *No Substance Problems* and *Drug or Alcohol Abuse* categories, the disparity decreases sharply among inmates who are drug or alcohol dependent.

Finally, the strong association between substance dependence and engaging in risky sexual behaviors is demonstrated by its overrepresentation among those in the high-risk category—fully 70 percent of those engaging in risky sexual behavior during the month prior to incarceration were substance dependent. Furthermore, whereas 19.3 percent of non-dependent inmates were classified in the high sex-risk category, this was true for 43.6 percent of substance-dependent inmates.

Combined Risk

To determine the overall proportion of offenders whose behaviors place them at high risk of contracting HIV, an overall risk category was created. In order to be placed in this overall high-risk category, inmates had to meet one or both of the following criteria:

- Current or past injecting drug use, and
- Engaging in at least one of the six high-risk sexual behaviors described in the previous section during the 30 days prior to incarceration.

As defined by these criteria, 61.8 percent of the inmates in this study were classified as being at high risk of contracting HIV, slightly lower than the overall rate found among the TDCJ-ID males (63.5 percent). However, the proportions of inmates at high risk become widely disparate when the sample is divided by substance use status. Inmates who were drug or alcohol dependent were significantly more likely (80.5 percent) than non-

dependent inmates (42 percent) to be classified as being at high overall HIV risk.

Endnotes

[1] T. R. Hammett and S. Moini, *1990 Update on AIDS in Prison and Jails* (Washington, D.C.: National Institute of Justice, 1991).

[2] CDC Weekly, "Florida: AIDS Primary Cause of Death in Prison," *CDC Weekly* (1989); and M. E. Salive, G. S. Smith and T. F. Brewer, "Death in Prison: Changing Mortality Patterns Among Male Prisoners in Maryland," *American Journal of Public Health*, 80 (1990): 1479-1480.

[3] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, 1994* (Rockville, Md.: CDC National AIDS Clearinghouse, Vol. 6, Number 1).

[4] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, 1994*. The percentages reported here are based on the total number of reported cases, which includes a large number of cases (27 percent) where the mode of transmission has not yet been determined.

[5] H. K. Wexler, S. Magura, M. M. Beardsley, and H. Josepher, "ARRIVE: An AIDS Education/Relapse Prevention Model for High-Risk Parolees," *International Journal of the Addictions*, 29 (1994): 361-386.

[6] G. W. Joe, R. Menon, J. I. Copher, and D. D. Simpson, "Needle Use and Sex Risk Indices: A Methodological Report," *NIDA Research in Progress: Research Summaries from the Southwest Regional Research Group* (Bethesda, Md.: Nova Research, December, 1990), 7-10.

[7] To maximize the difference between low- and high-risk profiles, the raw frequencies for the individual behaviors were squared before they were summed. Furthermore, the squared frequencies for sex with IDUs, sex with strangers, and anal sex were multiplied by two to reflect their greater risk potential. Possible scores on this scale range from 0 to 225. Scores in the present study tend to be suppressed, however, because they refer to high-risk sexual behavior in the past 30 days as opposed to the past six-month time frame used in the Southwest Regional Research Group sex risk index.

❖ Chapter 12. Conclusions

The female inmates interviewed for this study were surprisingly open and eager to talk about their lives. The resulting aggregate story of these women was one of poverty, abuse, and illicit drug use. They were more likely than the male TDCJ-ID inmates to be poor (i.e., annual household income of under $10,000), more likely to have been subjected to physical and/or sexual abuse as adults, and more likely to have used hard drugs such as cocaine, crack, and heroin.

Over one-half (51.4 percent) of these inmates were classified as being substance dependent, with 63.2 percent having one or more substance problems. Although a vast majority of the inmates were medically indigent, over one-half indicated that they would be interested in receiving substance abuse treatment. Forty percent of those interested in receiving treatment, which equalled 22 percent of the total sample, would even be willing to extend their prison stay an additional three months.

Special Needs

Some of the most important findings of this study relate to the special needs of this potential treatment population. The problems of the overall female inmate population tend to be of greater magnitude among those who are substance dependent. For example, compared to the TDCJ-ID male inmates, female inmates were more likely to have mental health problems such as depression, anxiety, and suicidal ideation, with substance-dependent female inmates scoring even higher on these items than did the other female inmates. Similarly, substance-dependent females were more likely than non-dependent females to report certain classes of medical problems such as sexually transmitted diseases and injuries that may have been violence-related.

Another area of vital concern is the high risk of HIV confronting these inmates. Although the proportions of inmates meeting the criteria for high HIV risk were approximately the same between male and female inmates (63.5 versus

61.8 percent), the risk attributed to injecting drug use was one and one-half times greater among females. This is especially important given that injecting drug use, as discussed earlier, accounts for half of all AIDS cases among women.

The problems these women face are almost certainly compounded by having to shoulder the burden of parenthood alone. Unlike the male inmates, the majority of females in this study had children living with them at the time of their arrest. When a male *is* present in the household, he is likely to be abusive, criminally involved, and to have a drug or alcohol problem. This is especially true if the female is substance dependent.

Drugs and Crime

The low incomes and high rates of drug use typifying these inmates resulted in a large percentage (44.1 percent) who actually exceeded their average legal weekly incomes with their weekly drug expenditures. The proportion of substance-dependent inmates who exceeded their means was 66.4 percent.

For this reason, it was not surprising that 84 percent of the inmates who had engaged in prostitution were substance dependent. Likewise, the number of drug problems reported by these inmates more strongly and uniquely predicted the number of property crimes (most commonly shoplifting) than did any of the demographic background variables.

A Continuum of Care

Central to preventing relapse is the social support a treatment client receives following discharge. In a treatment evaluation of alcoholic women, the number of supportive relationships a woman had was positively related to a successful outcome.[1] Furthermore, it has been argued that the role of positive social support in maintaining abstinence is especially important for women.[2]

Data from the present study indicate a high percentage of the total inmate sample, and an even higher percentage of those who are substance dependent, will be released into social networks where illicit drug use and criminality are more common than not. This is particularly true of their spouses or mates. The positive impact of in-prison treatment for these inmates will undoubtedly be weakened, if not lost altogether, without the provision of extended aftercare and support. This conclusion is consistent with that of a recent study of female offender drug abuse treatment commissioned by the National Institute of Justice:[3]

> [N]ot only are more programs needed specifically geared toward rehabilitating women, but programs are also needed that provide continuing support for women to enable them to move from custodial to community care, or from intensive residential treatment to halfway houses or to cooperative living arrangements.

It is not the goal of this report to exonerate these inmates as victims of circumstance. However, many qualitative differences between male and female inmates emerged from the two studies conducted by TCADA. With the dark childhood and adulthood environments described by these women, it is difficult to ignore the implication that the roles of external and systemic variables are powerful in determining drug addiction and criminality among these women. Whether or not substance dependence develops as a means of coping with these problems is unclear. What is clear is that

among the substance-dependent inmates in this study, these problems tend to be most severe. The high rates of psychological, economic, medical, and social problems among substance-dependent female inmates suggest that a myopic view of substance abuse treatment will be ineffective. These data provide clear evidence that successfully treating substance-dependent female offenders involves offering alternatives—not just to substance misuse—but to a host of long-standing and destructive lifestyle patterns.

Endnotes

[1] J. G. MacDonald, "Prediction of Treatment Outcomes for Alcoholic Women," *International Journal of the Addiction*, 22 (1987), 235-248.

[2] S. M. Hall, D. A. Wasserman, and B. E. Havassy, "Relapse Prevention," in *Improving Drug Abuse Treatment*, eds. R.W. Pickens, C. G. Leukefeld, and C.R. Schuster (Washington, D.C.: U.S. Government Printing Office, NIDA Monograph 106. DHHS Publication No. [ADM] 91-1754, 1991).

[3] J. Wellisch, M. L. Prendergast, and M. D. Anglin, "Drug Abusing Women Offenders: Results of a National Survey," *National Institute of Justice: Research in Brief* (October, 1994), 6.

❖ Appendix A. Substance Use Prevalence Tables

Table A.1. Prevalence and Recency of Use by Age, Female TDCJ-ID Inmates: 1994

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Tobacco (All Inmates)	**94.6%**	**78.8%**	**3.6%**	**12.2%**	**5.4%**
Inmates 18-24	91.9%	80.2%	2.3%	9.3%	8.1%
Inmates 25-34	95.3%	79.5%	4.3%	11.5%	4.7%
Inmates 35 & older	95.0%	77.2%	3.3%	14.4%	5.0%
Alcohol (All Inmates)	**93.6%**	**45.7%**	**29.3%**	**18.6%**	**6.4%**
Inmates 18-24	91.9%	32.6%	39.5%	19.8%	8.1%
Inmates 25-34	94.4%	46.4%	30.0%	18.0%	5.6%
Inmates 35 & older	93.3%	51.1%	23.3%	18.9%	6.7%
Marijuana (All Inmates)	**83.4%**	**14.4%**	**13.8%**	**55.2%**	**16.6%**
Inmates 18-24	86.0%	29.1%	17.4%	39.5%	14.0%
Inmates 25-34	83.8%	14.5%	15.0%	54.3%	16.2%
Inmates 35 & older	81.7%	7.2%	10.6%	63.9%	18.3%
Inhalants (All Inmates)	**15.4%**	**0.6%**	**0.6%**	**14.2%**	**84.6%**
Inmates 18-24	16.3%	2.3%	2.3%	11.6%	83.7%
Inmates 25-34	17.5%	0.4%	0.0%	17.1%	82.5%
Inmates 35 & older	12.2%	0.0%	0.6%	11.7%	87.8%
Cocaine (All Inmates)	**64.8%**	**15.0%**	**10.0%**	**39.8%**	**35.2%**
Inmates 18-24	47.7%	16.3%	8.1%	23.3%	52.3%
Inmates 25-34	64.5%	15.0%	9.0%	40.6%	35.5%
Inmates 35 & older	73.3%	14.4%	12.2%	46.7%	26.7%
Crack (All Inmates)	**54.9%**	**21.8%**	**13.2%**	**19.8%**	**45.1%**
Inmates 18-24	43.0%	19.8%	8.1%	15.1%	57.0%
Inmates 25-34	62.8%	24.8%	16.7%	21.4%	37.2%
Inmates 35 & older	50.3%	19.0%	11.2%	20.1%	49.7%
Cocaine or Crack (All Inmates)	**77.2%**	**31.2%**	**16.8%**	**29.2%**	**22.8%**
Inmates 18-24	61.6%	30.2%	11.6%	19.8%	38.4%
Inmates 25-34	81.6%	34.2%	17.9%	29.5%	18.4%
Inmates 35 & older	78.9%	27.8%	17.8%	33.3%	21.1%
Uppers (all Inmates)	**27.8%**	**3.0%**	**2.6%**	**22.2%**	**72.2%**
Inmates 18-24	18.6%	5.8%	2.3%	10.5%	81.4%
Inmates 25-34	29.5%	3.4%	2.6%	23.5%	70.5%
Inmates 35 & older	30.0%	1.1%	2.8%	26.1%	70.0%
Downers (All Inmates)	**34.4%**	**5.0%**	**4.2%**	**25.2%**	**65.6%**
Inmates 18-24	25.6%	3.5%	0.0%	22.1%	74.4%
Inmates 25-34	36.8%	4.7%	5.6%	26.5%	63.2%
Inmates 35 & older	35.6%	6.1%	4.4%	25.0%	64.4%

Maximum 95% confidence limit for all inmates is 4.2%.
Maximum 95% confidence limit for age category is 6.9%.

Table A.1. Continued - Prevalence and Recency of Use of Female Inmates

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Heroin (All Inmates)	**35.1%**	**11.4%**	**4.8%**	**18.8%**	**64.9%**
Inmates 18-24	20.9%	9.3%	4.7%	7.0%	79.1%
Inmates 25-34	31.2%	8.5%	3.8%	18.8%	68.8%
Inmates 35 & older	46.9%	16.2%	6.1%	24.6%	53.1%
Other Opiates (All Inmates)	**15.6%**	**2.6%**	**3.2%**	**9.8%**	**84.4%**
Inmates 18-24	9.3%	2.3%	3.5%	3.5%	90.7%
Inmates 25-34	16.2%	2.6%	3.8%	9.8%	83.8%
Inmates 35 & older	17.8%	2.8%	2.2%	12.8%	82.2%
Psychedelics (All Inmates)	**30.0%**	**0.2%**	**2.2%**	**27.6%**	**70.0%**
Inmates 18-24	25.6%	0.0%	3.5%	22.1%	74.4%
Inmates 25-34	30.8%	0.4%	2.6%	27.8%	69.2%
Inmates 35 & older	31.1%	0.0%	1.1%	30.0%	68.9%
Any Illicit Drug(s) (All Inmates)	**92.0%**	**43.8%**	**18.2%**	**30.0%**	**8.0%**
Inmates 18-24	89.5%	48.8%	12.8%	27.9%	10.5%
Inmates 25-34	93.6%	45.3%	19.7%	28.6%	6.4%
Inmates 35 & older	91.1%	39.4%	18.9%	32.8%	8.9%

Maximum 95% confidence limit for all inmates is 4.2%.
Maximum 95% confidence limit for age category is 6.9%.

Table A.2. Prevalence and Recency of Use by Age, White Female TDCJ-ID Inmates: 1994

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Tobacco (All White Inmates)	**96.5%**	**82.5%**	**3.7%**	**10.3%**	**3.5%**
Inmates 18-24	92.0%	84.0%	0.0%	8.0%	8.0%
Inmates 25-34	100.0%	86.3%	5.0%	8.8%	0.0%
Inmates 35 & older	94.2%	76.9%	3.8%	13.5%	5.8%
Alcohol (All White Inmates)	**96.9%**	**47.9%**	**30.9%**	**18.0%**	**3.1%**
Inmates 18-24	96.0%	36.0%	44.0%	16.0%	4.0%
Inmates 25-34	96.3%	53.8%	26.3%	16.3%	3.8%
Inmates 35 & older	98.1%	46.2%	30.8%	21.2%	1.9%
Marijuana (All White Inmates)	**89.5%**	**20.5%**	**12.4%**	**56.5%**	**10.5%**
Inmates 18-24	88.0%	44.0%	12.0%	32.0%	12.0%
Inmates 25-34	93.8%	18.8%	16.3%	58.8%	6.3%
Inmates 35 & older	84.6%	11.5%	7.7%	65.4%	15.4%
Inhalants (All White Inmates)	**23.1%**	**2.0%**	**1.4%**	**19.8%**	**76.9%**
Inmates 18-24	28.0%	8.0%	4.0%	16.0%	72.0%
Inmates 25-34	28.8%	1.3%	0.0%	27.5%	71.3%
Inmates 35 & older	13.5%	0.0%	1.9%	11.5%	86.5%
Cocaine (All White Inmates)	**74.8%**	**23.0%**	**12.6%**	**39.1%**	**25.2%**
Inmates 18-24	56.0%	24.0%	12.0%	20.0%	44.0%
Inmates 25-34	80.0%	22.5%	13.8%	43.8%	20.0%
Inmates 35 & older	76.9%	23.1%	11.5%	42.3%	23.1%
Crack (All White Inmates)	**46.9%**	**16.6%**	**13.3%**	**17.0%**	**53.1%**
Inmates 18-24	48.0%	20.0%	20.0%	8.0%	52.0%
Inmates 25-34	57.5%	23.8%	13.8%	20.0%	42.5%
Inmates 35 & older	32.7%	5.8%	9.6%	17.3%	67.3%
Cocaine or Crack (All White Inmates)	**79.3%**	**31.3%**	**16.0%**	**31.9%**	**20.7%**
Inmates 18-24	72.0%	32.0%	16.0%	24.0%	28.0%
Inmates 25-34	83.8%	37.5%	15.0%	31.3%	16.3%
Inmates 35 & older	76.9%	23.1%	17.3%	36.5%	23.1%
Uppers (All White Inmates)	**48.8%**	**7.5%**	**5.8%**	**35.4%**	**51.2%**
Inmates 18-24	44.0%	16.0%	4.0%	24.0%	56.0%
Inmates 25-34	52.5%	8.8%	5.0%	38.8%	47.5%
Inmates 35 & older	46.2%	1.9%	7.7%	36.5%	53.8%
Downers (All White Inmates)	**50.9%**	**8.9%**	**5.5%**	**36.5%**	**49.1%**
Inmates 18-24	40.0%	4.0%	0.0%	36.0%	60.0%
Inmates 25-34	60.0%	8.8%	8.8%	42.5%	40.0%
Inmates 35 & older	44.2%	11.5%	3.8%	28.8%	55.8%

Maximum 95% confidence limit for all White inmates is 7.5%.
Maximum 95% confidence limit for age category is 10.4%.

Table A.2. Continued - Prevalence and Recency of Use, White Inmates

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Heroin (All White Inmates)	**45.5%**	**15.4%**	**5.3%**	**24.7%**	**54.5%**
Inmates 18-24	36.0%	12.0%	8.0%	16.0%	64.0%
Inmates 25-34	42.5%	13.8%	2.5%	26.3%	57.5%
Inmates 35 & older	53.8%	19.2%	7.7%	26.9%	46.2%
Other Opiates (All White Inmates)	**26.7%**	**3.4%**	**5.1%**	**18.2%**	**73.3%**
Inmates 18-24	24.0%	4.0%	12.0%	8.0%	76.0%
Inmates 25-34	27.5%	1.3%	5.0%	21.3%	72.5%
Inmates 35 & older	26.9%	5.8%	1.9%	19.2%	73.1%
Psychedelics (All White Inmates)	**51.7%**	**0.6%**	**6.3%**	**44.8%**	**48.3%**
Inmates 18-24	44.0%	0.0%	8.0%	36.0%	56.0%
Inmates 25-34	58.8%	1.3%	7.5%	50.0%	41.3%
Inmates 35 & older	46.2%	0.0%	3.8%	42.3%	53.8%
Any Illicit Drug(s) (All White Inmates)	**91.3%**	**51.3%**	**15.8%**	**24.2%**	**8.7%**
Inmates 18-24	88.0%	60.0%	8.0%	20.0%	12.0%
Inmates 25-34	96.3%	55.0%	17.5%	23.8%	3.7%
Inmates 35 & older	86.5%	42.3%	17.3%	26.9%	13.5%

Maximum 95% confidence limit for all White inmates is 7.5%.
Maximum 95% confidence limit for age category is 10.4%.

Table A.3. Prevalence and Recency of Use by Age, African-American Female TDCJ-ID Inmates: 1994

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Tobacco (All African-Amer. Inmates)	**93.2%**	**76.1%**	**4.2%**	**12.9%**	**6.8%**
Inmates 18-24	89.5%	76.3%	2.6%	10.5%	10.5%
Inmates 25-34	91.8%	73.6%	4.5%	13.6%	8.2%
Inmates 35 & older	96.7%	79.1%	4.4%	13.2%	3.3%
Alcohol (All African-Amer. Inmates)	**90.3%**	**48.3%**	**25.5%**	**16.5%**	**9.7%**
Inmates 18-24	86.8%	36.8%	31.6%	18.4%	13.2%
Inmates 25-34	90.8%	44.0%	28.4%	18.3%	9.2%
Inmates 35 & older	91.2%	59.3%	18.7%	13.2%	8.8%
Marijuana (All African-Amer. Inmates)	**80.3%**	**10.8%**	**16.0%**	**53.5%**	**19.7%**
Inmates 18-24	81.6%	26.3%	18.4%	36.8%	18.4%
Inmates 25-34	78.2%	10.0%	16.4%	51.8%	21.8%
Inmates 35 & older	82.4%	4.4%	14.3%	63.7%	17.6%
Inhalants (All African-Amer. Inmates)	**6.9%**	**0.0%**	**0.0%**	**6.9%**	**93.1%**
Inmates 18-24	0.0%	0.0%	0.0%	0.0%	100.0%
Inmates 25-34	5.5%	0.0%	0.0%	5.5%	94.5%
Inmates 35 & older	12.1%	0.0%	0.0%	12.1%	87.9%
Cocaine (All African-Amer. Inmates)	**54.4%**	**5.8%**	**6.1%**	**42.6%**	**45.6%**
Inmates 18-24	28.9%	7.9%	0.0%	21.1%	71.1%
Inmates 25-34	48.2%	1.8%	4.5%	41.8%	51.8%
Inmates 35 & older	74.7%	9.9%	11.0%	53.8%	25.3%
Crack (All African-Amer. Inmates)	**69.8%**	**31.5%**	**15.4%**	**22.9%**	**30.2%**
Inmates 18-24	47.4%	31.6%	2.6%	13.2%	52.6%
Inmates 25-34	74.5%	30.0%	20.0%	24.5%	25.5%
Inmates 35 & older	74.4%	33.3%	15.6%	25.6%	25.6%
Cocaine or Crack (All African-Amer. Inmates)	**77.3%**	**33.4%**	**17.4%**	**26.5%**	**22.7%**
Inmates 18-24	50.0%	34.2%	2.6%	13.2%	50.0%
Inmates 25-34	80.9%	30.9%	21.8%	28.2%	19.1%
Inmates 35 & older	85.7%	36.3%	18.7%	30.8%	14.3%
Uppers (All African-Amer. Inmates)	**13.9%**	**0.4%**	**0.8%**	**12.7%**	**86.1%**
Inmates 18-24	5.3%	0.0%	0.0%	5.3%	94.7%
Inmates 25-34	10.0%	0.0%	0.9%	9.1%	90.0%
Inmates 35 & older	23.1%	1.1%	1.1%	20.9%	76.9%
Downers (All African-Amer. Inmates)	**23.0%**	**1.2%**	**3.2%**	**18.5%**	**77.0%**
Inmates 18-24	7.9%	0.0%	0.0%	7.9%	92.1%
Inmates 25-34	19.1%	0.9%	1.8%	16.4%	80.9%
Inmates 35 & older	35.2%	2.2%	6.6%	26.4%	64.8%

Maximum 95% confidence limit for all African-American inmates is 6%.
Maximum 95% confidence limit for age category is 7.6%.

Table A.3. Continued - Prevalence and Recency of Use, African-American Inmates

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Heroin (All African-Amer. Inmates)	**22.5%**	**5.3%**	**2.5%**	**14.7%**	**77.5%**
Inmates 18-24	0.0%	0.0%	0.0%	0.0%	100.0%
Inmates 25-34	16.4%	1.8%	2.7%	11.8%	83.6%
Inmates 35 & older	41.1%	12.2%	3.3%	25.6%	58.9%
Other Opiates (All African-Amer. Inmates)	**8.1%**	**0.8%**	**2.5%**	**4.8%**	**91.9%**
Inmates 18-24	0.0%	0.0%	0.0%	0.0%	100.0%
Inmates 25-34	6.4%	0.9%	3.6%	1.8%	93.6%
Inmates 35 & older	14.3%	1.1%	2.2%	11.0%	85.7%
Psychedelics (All African-Amer. Inmates)	**13.0%**	**0.0%**	**0.5%**	**12.5%**	**87.0%**
Inmates 18-24	5.3%	0.0%	2.6%	2.6%	94.7%
Inmates 25-34	6.4%	0.0%	0.0%	6.4%	93.6%
Inmates 35 & older	25.3%	0.0%	0.0%	25.3%	74.7%
Any Illicit Drug(s) (All African-Amer. Inmates)	**94.0%**	**40.6%**	**19.6%**	**33.7%**	**6.0%**
Inmates 18-24	86.8%	47.4%	13.2%	26.3%	13.2%
Inmates 25-34	94.5%	37.3%	22.7%	34.5%	5.5%
Inmates 35 & older	96.7%	41.8%	18.7%	36.3%	3.3%

Maximum 95% confidence limit for all African-American inmates is 6%.
Maximum 95% confidence limit for age category is 7.6%.

Table A.4. Prevalence and Recency of Use by Age, Hispanic Female TDCJ-ID Inmates: 1994

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Tobacco (All Hispanic Inmates)	**93.7%**	**78.1%**	**2.0%**	**13.7%**	**6.3%**
Inmates 18-24	95.5%	81.8%	4.5%	9.1%	4.5%
Inmates 25-34	95.0%	82.5%	2.5%	10.0%	5.0%
Inmates 35 & older	91.2%	70.6%	0.0%	20.6%	8.8%
Alcohol (All Hispanic Inmates)	**96.0%**	**37.6%**	**35.0%**	**23.5%**	**4.0%**
Inmates 18-24	95.5%	22.7%	45.5%	27.3%	4.5%
Inmates 25-34	100.0%	42.5%	40.0%	17.5%	0.0%
Inmates 35 & older	91.2%	38.2%	23.5%	29.4%	8.8%
Marijuana (All Hispanic Inmates)	**79.4%**	**14.9%**	**9.5%**	**55.0%**	**20.6%**
Inmates 18-24	90.9%	13.6%	22.7%	54.5%	9.1%
Inmates 25-34	77.5%	20.0%	7.5%	50.0%	22.5%
Inmates 35 & older	76.5%	8.8%	5.9%	61.8%	23.5%
Inhalants (All Hispanic Inmates)	**21.4%**	**0.0%**	**0.8%**	**20.6%**	**78.6%**
Inmates 18-24	31.8%	0.0%	4.5%	27.3%	68.2%
Inmates 25-34	25.0%	0.0%	0.0%	25.0%	75.0%
Inmates 35 & older	11.8%	0.0%	0.0%	11.8%	88.2%
Cocaine (All Hispanic Inmates)	**71.3%**	**23.3%**	**12.3%**	**35.6%**	**28.7%**
Inmates 18-24	68.2%	22.7%	13.6%	31.8%	31.8%
Inmates 25-34	77.5%	32.5%	10.0%	35.0%	22.5%
Inmates 35 & older	64.7%	11.8%	14.7%	38.2%	35.3%
Crack (All Hispanic Inmates)	**29.5%**	**6.9%**	**6.5%**	**16.1%**	**70.5%**
Inmates 18-24	31.8%	0.0%	4.5%	27.3%	68.2%
Inmates 25-34	40.0%	12.5%	10.0%	17.5%	60.0%
Inmates 35 & older	14.7%	2.9%	2.9%	8.8%	85.3%
Cocaine or Crack (All Hispanic Inmates)	**71.3%**	**24.5%**	**13.1%**	**33.7%**	**28.7%**
Inmates 18-24	68.2%	22.7%	18.2%	27.3%	31.8%
Inmates 25-34	77.5%	35.0%	10.0%	32.5%	22.5%
Inmates 35 & older	64.7%	11.8%	14.7%	38.2%	35.3%
Uppers (All Hispanic Inmates)	**26.0%**	**2.0%**	**0.8%**	**23.3%**	**74.0%**
Inmates 18-24	13.6%	4.5%	4.5%	4.5%	86.4%
Inmates 25-34	32.5%	2.5%	0.0%	30.0%	67.5%
Inmates 35 & older	23.5%	0.0%	0.0%	23.5%	76.5%
Downers (All Hispanic Inmates)	**32.3%**	**7.2%**	**3.5%**	**21.6%**	**67.7%**
Inmates 18-24	36.4%	9.1%	0.0%	27.3%	63.6%
Inmates 25-34	37.5%	7.5%	7.5%	22.5%	62.5%
Inmates 35 & older	23.5%	5.9%	0.0%	17.6%	76.5%

Maximum 95% confidence limit for all Hispanic inmates is 9.5%.
Maximum 95% confidence limit for age category is 16.1%.

Table A.4. Continued - Prevalence and Recency of Use, Hispanic Inmates

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Heroin (All Hispanic Inmates)	**47.3%**	**19.5%**	**10.5%**	**17.3%**	**52.7%**
Inmates 18-24	40.9%	22.7%	9.1%	9.1%	59.1%
Inmates 25-34	47.5%	17.5%	10.0%	20.0%	52.5%
Inmates 35 & older	50.0%	20.6%	11.8%	17.6%	50.0%
Other Opiates (All Hispanic Inmates)	**15.2%**	**6.5%**	**2.2%**	**6.4%**	**84.8%**
Inmates 18-24	9.1%	4.5%	0.0%	4.5%	90.9%
Inmates 25-34	20.0%	10.0%	2.5%	7.5%	80.0%
Inmates 35 & older	11.8%	2.9%	2.9%	5.9%	88.2%
Psychedelics (All Hispanic Inmates)	**33.5%**	**0.0%**	**0.0%**	**33.5%**	**66.5%**
Inmates 18-24	36.4%	0.0%	0.0%	36.4%	63.6%
Inmates 25-34	42.5%	0.0%	0.0%	42.5%	57.5%
Inmates 35 & older	20.6%	0.0%	0.0%	20.6%	79.4%
Any Illicit Drug(s) (All Hispanic Inmates)	**85.8%**	**39.1%**	**16.4%**	**30.4%**	**14.2%**
Inmates 18-24	95.5%	36.4%	18.2%	40.9%	4.5%
Inmates 25-34	85.0%	47.5%	12.5%	25.0%	15.0%
Inmates 35 & older	82.4%	29.4%	20.6%	32.4%	17.6%

Maximum 95% confidence limit for all Hispanic inmates is 9.5%.
Maximum 95% confidence limit for age category is 16.1%.

Table A.5. Prevalence and Recency of Use by Age, Male TDCJ-ID Inmates: 1993 (Unadjusted)

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Tobacco (All Male Inmates)	**90.0%**	**73.5%**	**4.2%**	**12.3%**	**10.0%**
Inmates 18-24	90.1%	72.6%	5.7%	11.8%	9.9%
Inmates 25-34	86.7%	71.9%	4.2%	10.5%	13.3%
Inmates 35 & older	93.6%	75.8%	3.3%	14.4%	6.4%
Alcohol (All Male Inmates)	**97.6%**	**53.6%**	**23.2%**	**20.7%**	**2.4%**
Inmates 18-24	95.8%	58.2%	22.5%	15.0%	4.2%
Inmates 25-34	98.4%	50.8%	24.6%	23.0%	1.6%
Inmates 35 & older	97.7%	54.2%	22.1%	21.3%	2.3%
Marijuana (All Male Inmates)	**84.8%**	**18.5%**	**14.1%**	**52.1%**	**15.2%**
Inmates 18-24	87.3%	31.9%	19.7%	35.7%	12.7%
Inmates 25-34	90.9%	18.5%	15.0%	57.4%	9.1%
Inmates 35 & older	76.7%	11.3%	10.0%	55.4%	23.3%
Inhalants (All Male Inmates)	**17.7%**	**0.7%**	**0.8%**	**16.2%**	**82.3%**
Inmates 18-24	19.7%	2.3%	2.3%	15.0%	80.3%
Inmates 25-34	18.3%	0.5%	0.5%	17.3%	81.7%
Inmates 35 & older	15.9%	0.0%	0.3%	15.6%	84.1%
Cocaine (All Male Inmates)	**54.7%**	**13.3%**	**8.4%**	**33.0%**	**45.3%**
Inmates 18-24	43.9%	11.3%	10.4%	22.2%	56.1%
Inmates 25-34	59.5%	14.1%	8.7%	36.8%	40.5%
Inmates 35 & older	55.3%	13.6%	6.9%	34.7%	44.7%
Crack (All Male Inmates)	**32.6%**	**9.1%**	**7.6%**	**15.9%**	**67.4%**
Inmates 18-24	24.9%	5.6%	6.1%	13.1%	75.1%
Inmates 25-34	37.9%	12.6%	8.2%	17.1%	62.1%
Inmates 35 & older	31.0%	7.2%	7.7%	16.2%	69.0%
Cocaine or Crack (All Male Inmates)	**59.9%**	**18.7%**	**11.8%**	**29.3%**	**40.1%**
Inmates 18-24	48.4%	15.0%	11.3%	22.1%	51.6%
Inmates 25-34	65.6%	22.2%	11.7%	31.6%	34.4%
Inmates 35 & older	60.0%	16.9%	12.3%	30.8%	40.0%
Uppers (All Male Inmates)	**32.0%**	**4.0%**	**2.7%**	**25.2%**	**68.0%**
Inmates 18-24	25.6%	4.7%	3.8%	17.1%	74.4%
Inmates 25-34	32.8%	3.8%	2.8%	26.2%	67.2%
Inmates 35 & older	34.6%	3.9%	2.1%	28.6%	65.4%
Downers (All Male Inmates)	**28.5%**	**3.5%**	**4.2%**	**20.8%**	**71.5%**
Inmates 18-24	24.4%	5.2%	6.1%	13.1%	75.6%
Inmates 25-34	29.0%	4.4%	4.0%	20.6%	71.0%
Inmates 35 & older	30.1%	1.5%	3.3%	25.2%	69.9%

Maximum 95% confidence limit for all male inmates is 3%.
Maximum 95% confidence limit for age category is 4.7%.

Table A.5. Continued - Prevalence and Recency of Use, Male Inmates (Unadjusted)

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Heroin (All Male Inmates)	**23.3%**	**6.6%**	**3.0%**	**13.6%**	**76.7%**
Inmates 18-24	12.7%	4.2%	3.8%	4.7%	87.3%
Inmates 25-34	19.5%	4.7%	2.3%	12.4%	80.5%
Inmates 35 & older	33.2%	10.1%	3.4%	19.8%	66.8%
Other Opiates (All Male Inmates)	**11.9%**	**2.0%**	**1.9%**	**8.0%**	**88.1%**
Inmates 18-24	7.5%	0.5%	1.9%	5.2%	92.5%
Inmates 25-34	10.3%	1.9%	2.1%	6.3%	89.7%
Inmates 35 & older	15.9%	3.1%	1.5%	11.3%	84.1%
Psychedelics (All Male Inmates)	**32.5%**	**3.4%**	**3.6%**	**25.5%**	**67.5%**
Inmates 18-24	38.0%	9.4%	8.5%	20.2%	62.0%
Inmates 25-34	30.5%	2.8%	3.8%	23.9%	69.5%
Inmates 35 & older	31.7%	0.8%	0.8%	30.2%	68.3%
Any Illicit Drug(s) (All Male Inmates)	**87.6%**	**34.7%**	**17.4%**	**35.5%**	**12.4%**
Inmates 18-24	90.6%	41.3%	21.1%	28.2%	9.4%
Inmates 25-34	92.3%	36.8%	16.2%	39.3%	7.7%
Inmates 35 & older	80.8%	28.7%	16.7%	35.4%	19.2%

Maximum 95% confidence limit for all male inmates is 3%.
Maximum 95% confidence limit for age category is 4.7%.

Table A.6. Prevalence and Recency of Use by Age, Male TDCJ-ID Inmates: 1993 (Adjusted*)

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Tobacco (All Male Inmates)	**90.1%**	**74.8%**	**3.7%**	**11.8%**	**9.9%**
Inmates 18-24	89.4%	72.5%	5.1%	11.8%	10.6%
Inmates 25-34	87.3%	74.2%	3.5%	9.6%	12.7%
Inmates 35 & older	94.1%	76.9%	3.3%	13.9%	5.9%
Alcohol (All Male Inmates)	**97.3%**	**54.0%**	**22.7%**	**20.8%**	**2.7%**
Inmates 18-24	95.3%	58.4%	21.8%	15.1%	4.7%
Inmates 25-34	98.3%	52.5%	23.9%	21.9%	1.7%
Inmates 35 & older	97.6%	52.8%	22.0%	22.9%	2.4%
Marijuana (All Male Inmates)	**85.3%**	**18.9%**	**13.9%**	**52.5%**	**14.7%**
Inmates 18-24	87.5%	32.2%	19.4%	35.9%	12.5%
Inmates 25-34	91.7%	19.7%	15.4%	56.7%	8.3%
Inmates 35 & older	77.4%	10.5%	9.5%	57.4%	22.6%
Inhalants (All Male Inmates)	**16.5%**	**0.6%**	**0.6%**	**15.4%**	**83.5%**
Inmates 18-24	18.0%	2.2%	1.8%	14.0%	82.0%
Inmates 25-34	18.3%	0.4%	0.3%	17.6%	81.7%
Inmates 35 & older	14.5%	0.0%	0.2%	14.3%	85.0%
Cocaine (All Male Inmates)	**54.0%**	**12.8%**	**8.1%**	**33.2%**	**46.0%**
Inmates 18-24	41.7%	11.1%	9.6%	20.9%	58.3%
Inmates 25-34	60.1%	12.9%	9.4%	37.8%	39.9%
Inmates 35 & older	55.4%	13.6%	6.4%	35.4%	44.6%
Crack (All Male Inmates)	**34.2%**	**9.9%**	**8.1%**	**16.3%**	**65.8%**
Inmates 18-24	25.4%	6.2%	5.9%	13.3%	74.6%
Inmates 25-34	39.8%	13.3%	9.0%	17.5%	60.2%
Inmates 35 & older	34.0%	8.4%	9.0%	16.6%	66.0%
Cocaine or Crack (All Male Inmates)	**59.7%**	**19.0%**	**11.8%**	**29.0%**	**40.3%**
Inmates 18-24	46.5%	15.3%	10.6%	20.7%	53.5%
Inmates 25-34	66.1%	22.2%	12.1%	31.8%	33.9%
Inmates 35 & older	61.3%	17.6%	13.0%	30.7%	38.7%
Uppers (All Male Inmates)	**32.9%**	**4.2%**	**2.8%**	**26.0%**	**67.1%**
Inmates 18-24	26.1%	5.0%	3.9%	17.2%	73.9%
Inmates 25-34	36.8%	4.3%	3.2%	29.3%	63.2%
Inmates 35 & older	32.7%	3.5%	1.9%	27.3%	67.3%
Downers (All Male Inmates)	**29.1%**	**3.4%**	**4.2%**	**21.6%**	**70.9%**
Inmates 18-24	24.0%	5.0%	5.9%	13.1%	76.0%
Inmates 25-34	31.7%	4.6%	4.4%	22.7%	68.3%
Inmates 35 & older	30.0%	1.4%	3.4%	25.2%	70.0%

* Adjusted to the age and race proportions of the female inmates.
Maximum 95% confidence limit for all male inmates is 3%.
Maximum 95% confidence limit for age category is 6.7%.

Table A.6. Continued - Prevalence and Recency of Use, Male Inmates (Adjusted*)

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Heroin (All Male Inmates)	**22.9%**	**5.9%**	**2.9%**	**14.1%**	**77.1%**
Inmates 18-24	11.5%	3.3%	3.9%	4.3%	88.5%
Inmates 25-34	20.0%	4.2%	2.4%	13.4%	80.0%
Inmates 35 & older	33.0%	9.5%	2.9%	20.6%	67.0%
Other Opiates (All Male Inmates)	**11.8%**	**2.0%**	**1.6%**	**8.3%**	**88.2%**
Inmates 18-24	7.7%	0.5%	2.0%	5.2%	92.3%
Inmates 25-34	11.4%	2.2%	1.6%	7.6%	88.6%
Inmates 35 & older	14.6%	2.6%	1.2%	10.9%	85.4%
Psychedelics (All Male Inmates)	**33.0%**	**3.5%**	**3.6%**	**25.9%**	**67.0%**
Inmates 18-24	37.5%	9.5%	8.5%	19.4%	62.5%
Inmates 25-34	34.3%	3.1%	4.1%	27.2%	65.7%
Inmates 35 & older	29.8%	0.6%	0.6%	28.6%	70.2%
Any Illicit Drug(s) (All Male Inmates)	**88.4%**	**34.7%**	**17.1%**	**36.7%**	**11.6%**
Inmates 18-24	90.7%	41.3%	20.5%	28.9%	9.3%
Inmates 25-34	93.6%	37.8%	16.1%	39.6%	6.4%
Inmates 35 & older	82.0%	27.9%	16.9%	37.3%	18.0%

* Adjusted to the age and race proportions of the female inmates.
Maximum 95% confidence limit for all male inmates is 3%.
Maximum 95% confidence limit for age category is 6.7%.

Table A.7. Prevalence and Recency of Use by Age, Nonincarcerated Texas Females: 1993 (Unadjusted)

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Tobacco (All Adult Females)	**62.5%**	**20.5%**	**3.4%**	**38.6%**	**37.5%**
Females 18-24	58.9%	23.3%	8.3%	27.4%	41.1%
Females 25-34	62.7%	23.3%	5.0%	34.5%	37.3%
Females 35 & older	63.4%	18.8%	1.6%	42.9%	36.6%
Alcohol (All Adult Females)	**84.2%**	**35.0%**	**25.6%**	**23.6%**	**15.8%**
Females 18-24	88.1%	44.9%	30.2%	13.0%	11.9%
Females 25-34	87.3%	41.6%	27.1%	18.5%	12.7%
Females 35 & older	82.1%	30.1%	23.9%	28.1%	17.9%
Marijuana (All Adult Females)	**23.5%**	**1.3%**	**1.5%**	**20.7%**	**76.5%**
Females 18-24	30.7%	5.2%	6.0%	19.6%	69.3%
Females 25-34	36.6%	1.6%	1.9%	33.1%	63.4%
Females 35 & older	16.8%	0.3%	0.2%	16.3%	83.2%
Inhalants (All Adult Females)	**3.5%**	**0.2%**	**0.0%**	**3.3%**	**96.5%**
Females 18-24	7.8%	0.1%	0.1%	7.6%	92.2%
Females 25-34	5.9%	0.2%	0.0%	5.7%	94.1%
Females 35 & older	1.6%	0.2%	0.0%	1.4%	98.4%
Cocaine (All Adult Females)	**6.5%**	**0.2%**	**0.4%**	**5.9%**	**93.5%**
Females 18-24	9.1%	0.9%	1.8%	6.4%	90.9%
Females 25-34	11.6%	0.1%	0.3%	11.3%	88.4%
Females 35 & older	3.9%	0.0%	0.1%	3.8%	96.1%
Crack (All Adult Females)	**0.9%**	**0.0%**	**0.1%**	**0.8%**	**99.1%**
Females 18-24	2.1%	0.1%	0.0%	2.0%	97.9%
Females 25-34	1.4%	0.0%	0.2%	1.1%	98.6%
Females 35 & older	0.4%	0.0%	0.0%	0.4%	99.6%
Cocaine or Crack (All Adult Females)	**6.6%**	**0.2%**	**0.4%**	**6.0%**	**93.4%**
Females 18-24	9.3%	1.0%	1.8%	6.6%	90.7%
Females 25-34	11.7%	0.1%	0.4%	11.3%	88.3%
Females 35 & older	3.9%	0.0%	0.1%	3.8%	96.1%
Uppers (All Adult Females)	**8.4%**	**0.2%**	**0.8%**	**7.4%**	**91.6%**
Females 18-24	7.9%	0.5%	1.5%	5.9%	92.1%
Females 25-34	15.3%	0.0%	1.0%	14.3%	84.7%
Females 35 & older	5.9%	0.3%	0.5%	5.1%	94.1%
Downers (All Adult Females)	**4.2%**	**0.1%**	**0.5%**	**3.6%**	**95.8%**
Females 18-24	4.3%	0.1%	1.7%	2.5%	95.7%
Females 25-34	4.9%	0.3%	0.2%	4.4%	95.1%
Females 35 & older	4.0%	0.1%	0.3%	3.6%	96.0%

Maximum 95% confidence limit for all nonincarcerated adult female Texans is 2.3%.
Maximum 95% confidence limit for age category is 5.6%.

Table A.7. Continued - Prevalence and Recency of Use, Nonincarcerated Females (Unadjusted)

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Heroin (All Adult Females)	**0.5%**	**0.0%**	**0.0%**	**0.5%**	**99.5%**
Females 18-24	0.5%	0.0%	0.1%	0.4%	99.5%
Females 25-34	0.4%	0.0%	0.1%	0.3%	99.6%
Females 35 & older	0.5%	0.0%	0.0%	0.5%	99.5%
Other Opiates (All Adult Females)	**1.3%**	**0.0%**	**0.1%**	**1.2%**	**98.7%**
Females 18-24	2.0%	0.0%	0.2%	1.8%	98.0%
Females 25-34	1.9%	0.0%	0.1%	1.7%	98.1%
Females 35 & older	0.9%	0.0%	0.0%	0.8%	99.1%
Psychedelics (All Adult Females)	**6.1%**	**0.2%**	**0.4%**	**5.5%**	**93.9%**
Females 18-24	11.9%	1.4%	1.9%	8.6%	88.1%
Females 25-34	8.3%	0.0%	0.0%	8.3%	91.7%
Females 35 & older	3.8%	0.0%	0.1%	3.7%	96.2%
Any Illicit Drug(s) (All Adult Females)	**26.5%**	**1.7%**	**2.4%**	**22.5%**	**73.5%**
Females 18-24	35.2%	6.2%	7.5%	21.5%	64.8%
Females 25-34	41.5%	1.8%	2.8%	36.8%	58.5%
Females 35 & older	18.8%	0.6%	0.9%	17.3%	81.2%

Maximum 95% confidence limit for all nonincarcerated adult female Texans is 2.3%.
Maximum 95% confidence limit for age category is 5.6%.

Table A.8. Prevalence and Recency of Use by Age, Nonincarcerated Texas Females: 1993 (Adjusted)

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Tobacco (All Adult Females)	**67.5%**	**23.4%**	**4.6%**	**39.5%**	**32.5%**
Females 18-24	65.1%	26.4%	8.8%	29.8%	34.9%
Females 25-34	72.2%	27.4%	6.1%	38.7%	27.8%
Females 35 & older	66.3%	19.5%	1.6%	45.2%	33.7%
Alcohol (All Adult Females)	**87.9%**	**36.6%**	**28.6%**	**22.8%**	**12.1%**
Females 18-24	92.2%	46.3%	34.1%	11.8%	7.8%
Females 25-34	93.5%	43.9%	30.4%	19.1%	6.5%
Females 35 & older	82.5%	27.3%	24.5%	30.7%	17.5%
Marijuana (All Adult Females)	**27.1%**	**1.0%**	**3.0%**	**23.1%**	**72.9%**
Females 18-24	31.5%	3.1%	7.5%	21.0%	68.5%
Females 25-34	46.3%	0.4%	3.5%	42.4%	53.7%
Females 35 & older	14.2%	0.3%	0.3%	13.7%	85.8%
Inhalants (All Adult Females)	**3.9%**	**0.0%**	**0.0%**	**3.8%**	**96.1%**
Females 18-24	6.8%	0.0%	0.0%	6.8%	93.2%
Females 25-34	5.7%	0.0%	0.0%	5.7%	94.3%
Females 35 & older	1.3%	0.1%	0.0%	1.2%	98.7%
Cocaine (All Adult Females)	**8.0%**	**0.2%**	**0.6%**	**7.2%**	**92.0%**
Females 18-24	8.8%	0.7%	1.7%	6.4%	91.2%
Females 25-34	16.5%	0.0%	0.4%	16.1%	83.5%
Females 35 & older	2.9%	0.0%	0.1%	2.8%	97.1%
Crack (All Adult Females)	**1.4%**	**0.0%**	**0.1%**	**1.2%**	**98.6%**
Females 18-24	1.7%	0.0%	0.0%	1.7%	98.3%
Females 25-34	3.0%	0.0%	0.4%	2.6%	97.0%
Females 35 & older	0.3%	0.0%	0.0%	0.3%	99.7%
Cocaine or Crack (All Adult Females)	**8.0%**	**0.2%**	**0.6%**	**7.2%**	**92.0%**
Females 18-24	8.8%	0.7%	1.7%	6.4%	91.2%
Females 25-34	16.5%	0.0%	0.4%	16.1%	83.5%
Females 35 & older	3.0%	0.0%	0.1%	2.9%	97.0%
Uppers (All Adult Females)	**10.7%**	**0.1%**	**1.0%**	**9.6%**	**89.3%**
Females 18-24	10.8%	0.3%	2.0%	8.4%	89.2%
Females 25-34	20.5%	0.0%	1.3%	19.2%	79.5%
Females 35 & older	5.3%	0.1%	0.2%	5.1%	94.7%
Downers (All Adult Females)	**5.1%**	**0.1%**	**0.7%**	**4.3%**	**94.9%**
Females 18-24	5.7%	0.3%	1.7%	3.7%	94.3%
Females 25-34	8.7%	0.0%	0.9%	7.8%	91.3%
Females 35 & older	2.9%	0.1%	0.1%	2.7%	97.1%

* Adjusted to the age and race proportions of the female inmates.
Maximum 95% confidence limit for all nonincarcerated adult female Texans is 2.3%.
Maximum 95% confidence limit for age category is 4.4%.

Table A.8. Continued - Prevalence and Recency of Use, Nonincarcerated Females (Adjusted)

	Ever Used	Past Month	Past Year (Not Past Month)	Not Past Year	Never Used
Heroin (All Adult Females)	**0.6%**	**0.0%**	**0.1%**	**0.5%**	**99.4%**
Females 18-24	0.3%	0.0%	0.0%	0.3%	99.7%
Females 25-34	1.3%	0.0%	0.4%	0.9%	98.7%
Females 35 & older	0.3%	0.0%	0.0%	0.3%	99.7%
Other Opiates (All Adult Females)	**1.6%**	**0.0%**	**0.1%**	**1.5%**	**98.4%**
Females 18-24	2.0%	0.0%	0.3%	1.7%	98.0%
Females 25-34	3.0%	0.0%	0.0%	3.0%	97.0%
Females 35 & older	0.5%	0.0%	0.0%	0.5%	99.5%
Psychedelics (All Adult Females)	**8.3%**	**0.4%**	**0.5%**	**7.4%**	**91.7%**
Females 18-24	12.8%	1.7%	1.7%	9.5%	87.2%
Females 25-34	13.5%	0.0%	0.0%	13.5%	86.5%
Females 35 & older	3.0%	0.0%	0.1%	2.9%	97.0%
Any Illicit Drug (All Adult Females)	**30.7%**	**1.4%**	**3.6%**	**25.7%**	**69.3%**
Females 18-24	37.2%	4.1%	8.1%	25.0%	62.8%
Females 25-34	50.9%	0.4%	4.8%	45.7%	49.1%
Females 35 & older	16.2%	0.4%	0.5%	15.3%	83.8%

* Adjusted to the age and race proportions of the female inmates.
Maximum 95% confidence limit for all nonincarcerated adult female Texans is 2.3%.
Maximum 95% confidence limit for age category is 4.4%.

❖ Appendix B. Criminal History Tables

Table B.1. Prevalence and Recency of Crime by Age, Female TDCJ-ID Inmates: 1994

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Burglary (All Female Inmates)	**23.6%**	**1.8%**	**4.4%**	**17.4%**	**76.4%**
Inmates 18-24	31.4%	3.5%	8.1%	19.8%	68.6%
Inmates 25-34	25.2%	1.3%	5.1%	18.8%	74.8%
Inmates 35 & older	17.9%	1.7%	1.7%	14.5%	82.1%
Car Theft (All Female Inmates)	**9.4%**	**2.2%**	**1.6%**	**5.6%**	**90.6%**
Inmates 18-24	15.1%	4.7%	3.5%	7.0%	84.9%
Inmates 25-34	10.7%	2.6%	1.7%	6.4%	89.3%
Inmates 35 & older	5.0%	0.6%	0.6%	3.9%	95.0%
Auto Parts Theft (All Female Inmates)	**2.6%**	**0.8%**	**0.6%**	**1.2%**	**97.4%**
Inmates 18-24	4.7%	2.3%	1.2%	1.2%	95.3%
Inmates 25-34	2.1%	0.4%	0.4%	1.3%	97.9%
Inmates 35 & older	2.2%	0.6%	0.6%	1.1%	97.8%
Shoplifting (All Female Inmates)	**48.7%**	**10.6%**	**8.6%**	**29.5%**	**51.3%**
Inmates 18-24	53.5%	11.6%	9.3%	32.6%	46.5%
Inmates 25-34	47.0%	10.3%	9.4%	27.4%	53.0%
Inmates 35 & older	48.6%	10.6%	7.3%	30.7%	51.4%
Forgery or Fraud (All Female Inmates)	**39.4%**	**4.2%**	**8.0%**	**27.1%**	**60.6%**
Inmates 18-24	30.2%	9.3%	5.8%	15.1%	69.8%
Inmates 25-34	39.7%	3.0%	11.5%	25.2%	60.3%
Inmates 35 & older	43.3%	3.4%	4.5%	35.4%	56.7%
Pick Pocketing/Purse Snatching (All Female Inmates)	**7.2%**	**1.6%**	**1.2%**	**4.4%**	**92.8%**
Inmates 18-24	17.4%	5.8%	3.5%	8.1%	82.6%
Inmates 25-34	6.0%	1.3%	0.9%	3.8%	94.0%
Inmates 35 & older	3.9%	0.0%	0.6%	3.4%	96.1%
Buying Stolen Goods (All Female Inmates)	**28.7%**	**5.0%**	**7.4%**	**16.2%**	**71.3%**
Inmates 18-24	26.7%	8.1%	7.0%	11.6%	73.3%
Inmates 25-34	29.9%	4.3%	7.3%	18.4%	70.1%
Inmates 35 & older	27.9%	4.5%	7.8%	15.6%	72.1%
Robbery--No Weapon (All Female Inmates)	**9.2%**	**2.0%**	**1.2%**	**6.0%**	**90.8%**
Inmates 18-24	11.6%	4.7%	2.3%	4.7%	88.4%
Inmates 25-34	10.3%	2.1%	1.3%	6.8%	89.7%
Inmates 35 & older	6.7%	0.6%	0.6%	5.6%	93.3%
Robbery--With Gun (All Female Inmates)	**5.2%**	**1.6%**	**0.8%**	**2.8%**	**94.8%**
Inmates 18-24	11.6%	3.5%	3.5%	4.7%	88.4%
Inmates 25-34	3.4%	1.3%	0.4%	1.7%	96.6%
Inmates 35 & older	4.5%	1.1%	0.0%	3.4%	95.5%

Maximum 95% confidence limit for all female inmates is 4.2%.
Maximum 95% confidence limit for age category is 6.9%.

Table B.1. Continued - Prevalence and Recency of Crime, Female Inmates

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Robbery--With Knife (All Female Inmates)	**3.2%**	**0.8%**	**0.4%**	**2.0%**	**96.8%**
Inmates 18-24	4.7%	2.3%	1.2%	1.2%	95.3%
Inmates 25-34	4.3%	0.9%	0.0%	3.4%	95.7%
Inmates 35 & older	1.1%	0.0%	0.6%	0.6%	98.9%
Gambling (All Female Inmates)	**4.0%**	**1.8%**	**1.2%**	**1.0%**	**96.0%**
Inmates 18-24	9.3%	5.8%	2.3%	1.2%	90.7%
Inmates 25-34	3.0%	0.4%	1.7%	0.9%	97.0%
Inmates 35 & older	2.8%	1.7%	0.0%	1.1%	97.2%
Drug Sales — Crack Cocaine (All Female Inmates)	**28.9%**	**11.0%**	**7.2%**	**10.6%**	**71.1%**
Inmates 18-24	31.4%	16.3%	5.8%	9.3%	68.6%
Inmates 25-34	29.5%	11.1%	8.1%	10.3%	70.5%
Inmates 35 & older	26.8%	8.4%	6.7%	11.7%	73.2%
Drug Sales — Other Drugs (All Female Inmates)	**24.8%**	**5.4%**	**3.2%**	**16.1%**	**75.2%**
Inmates 18-24	30.2%	10.5%	2.3%	17.4%	69.8%
Inmates 25-34	23.2%	4.3%	3.4%	15.5%	76.8%
Inmates 35 & older	24.2%	4.5%	3.4%	16.3%	75.8%
Assault--No Weapon (All Female Inmates)	**23.4%**	**4.0%**	**5.2%**	**14.2%**	**76.6%**
Inmates 18-24	45.3%	12.8%	10.5%	22.1%	54.7%
Inmates 25-34	22.2%	2.6%	5.6%	14.1%	77.8%
Inmates 35 & older	14.5%	1.7%	2.2%	10.6%	85.5%
Threatened Someone with Knife (All Female Inmates)	**11.4%**	**2.2%**	**2.4%**	**6.8%**	**88.6%**
Inmates 18-24	20.9%	5.8%	5.8%	9.3%	79.1%
Inmates 25-34	11.1%	1.7%	1.3%	8.1%	88.9%
Inmates 35 & older	7.3%	1.1%	2.2%	3.9%	92.7%
Threatened Someone with Gun (All Female Inmates)	**12.2%**	**2.0%**	**1.6%**	**8.6%**	**87.8%**
Inmates 18-24	16.3%	7.0%	3.5%	5.8%	83.7%
Inmates 25-34	10.3%	0.9%	1.3%	8.1%	89.7%
Inmates 35 & older	12.8%	1.1%	1.1%	10.6%	87.2%
Cut Someone with Knife (All Female Inmates)	**12.6%**	**1.0%**	**3.0%**	**8.6%**	**87.4%**
Inmates 18-24	20.9%	3.5%	5.8%	11.6%	79.1%
Inmates 25-34	11.1%	0.4%	2.1%	8.5%	88.9%
Inmates 35 & older	10.6%	0.6%	2.8%	7.3%	89.4%
Shot at Someone (All Female Inmates)	**11.9%**	**0.8%**	**1.4%**	**9.7%**	**88.1%**
Inmates 18-24	15.1%	3.5%	3.5%	8.1%	84.9%
Inmates 25-34	9.0%	0.0%	1.3%	7.7%	91.0%
Inmates 35 & older	14.0%	0.6%	0.6%	12.9%	86.0%

Maximum 95% confidence limit for all female inmates is 4.2%.
Maximum 95% confidence limit for age category is 6.9%.

Table B.1. Continued - Prevalence and Recency of Crime, Female Inmates

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Carried Gun on Person (All Female Inmates)	**27.5%**	**6.0%**	**2.8%**	**18.6%**	**72.5%**
Inmates 18-24	31.4%	12.8%	5.8%	12.8%	68.6%
Inmates 25-34	24.8%	4.3%	2.1%	18.4%	75.2%
Inmates 35 & older	29.1%	5.0%	2.2%	21.8%	70.9%
Seriously Injured or Killed Someone (All Female Inmates)	**9.9%**	**0.8%**	**1.6%**	**7.4%**	**90.1%**
Inmates 18-24	12.8%	2.3%	2.3%	8.1%	87.2%
Inmates 25-34	8.1%	0.9%	0.4%	6.8%	91.9%
Inmates 35 & older	10.7%	0.0%	2.8%	7.9%	89.3%
Sexual Assault or Rape (All Female Inmates)	**1.0%**	**0.6%**	**0.0%**	**0.4%**	**99.0%**
Inmates 18-24	2.3%	2.3%	0.0%	0.0%	97.7%
Inmates 25-34	0.4%	0.0%	0.0%	0.4%	99.6%
Inmates 35 & older	1.1%	0.6%	0.0%	0.6%	98.9%
Prostitution (All Female Inmates)	**27.4%**	**10.5%**	**5.6%**	**11.3%**	**72.6%**
Inmates 18-24	20.9%	12.8%	5.8%	2.3%	79.1%
Inmates 25-34	32.3%	10.8%	6.9%	14.7%	67.7%
Inmates 35 & older	24.0%	8.9%	3.9%	11.2%	76.0%
Procuring/Pimping (All Female Inmates)	**3.4%**	**1.2%**	**0.4%**	**1.8%**	**96.6%**
Inmates 18-24	7.0%	2.3%	1.2%	3.5%	93.0%
Inmates 25-34	2.6%	0.9%	0.4%	1.3%	97.4%
Inmates 35 & older	2.8%	1.1%	0.0%	1.7%	97.2%
Property Damage (All Female Inmates)	**19.8%**	**2.6%**	**3.8%**	**13.4%**	**80.2%**
Inmates 18-24	33.7%	9.3%	7.0%	17.4%	66.3%
Inmates 25-34	19.2%	1.3%	3.4%	14.5%	80.8%
Inmates 35 & older	14.0%	1.1%	2.8%	10.1%	86.0%
Stole from Employer (All Female Inmates)	**10.2%**	**1.2%**	**1.8%**	**7.2%**	**89.8%**
Inmates 18-24	15.1%	2.3%	5.8%	7.0%	84.9%
Inmates 25-34	10.3%	0.9%	0.9%	8.5%	89.7%
Inmates 35 & older	7.8%	1.1%	1.1%	5.6%	92.2%
Other Crime Not Mentioned (All Female Inmates)	**7.6%**	**0.0%**	**0.0%**	**7.6%**	**92.4%**
Inmates 18-24	4.7%	0.0%	0.0%	4.7%	95.3%
Inmates 25-34	8.6%	0.0%	0.0%	8.6%	91.4%
Inmates 35 & older	7.8%	0.0%	0.0%	7.8%	92.2%

Maximum 95% confidence limit for all female inmates is 4.2%.
Maximum 95% confidence limit for age category is 6.9%.

Table B.2. Prevalence and Recency of Crime by Age, White Female TDCJ-ID Inmates: 1994

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Burglary (All White Inmates)	**27.4%**	**2.8%**	**5.5%**	**19.2%**	**72.6%**
White Inmates 18-24	28.0%	4.0%	8.0%	16.0%	72.0%
White Inmates 25-34	35.0%	0.0%	8.8%	26.3%	65.0%
White Inmates 35 & Older	17.3%	5.8%	0.0%	11.5%	82.7%
Car Theft (All White Inmates)	**13.2%**	**3.0%**	**2.4%**	**7.8%**	**86.8%**
White Inmates 18-24	8.0%	0.0%	0.0%	8.0%	92.0%
White Inmates 25-34	15.0%	5.0%	3.8%	6.3%	85.0%
White Inmates 35 & Older	13.5%	1.9%	1.9%	9.6%	86.5%
Auto Parts Theft (All White Inmates)	**2.6%**	**0.0%**	**1.3%**	**1.3%**	**97.4%**
White Inmates 18-24	4.0%	0.0%	0.0%	4.0%	96.0%
White Inmates 25-34	2.5%	0.0%	1.3%	1.3%	97.5%
White Inmates 35 & Older	1.9%	0.0%	1.9%	0.0%	98.1%
Shoplifting (All White Inmates)	**44.6%**	**7.1%**	**9.9%**	**27.7%**	**55.4%**
White Inmates 18-24	60.0%	12.0%	4.0%	44.0%	40.0%
White Inmates 25-34	43.8%	6.3%	13.8%	23.8%	56.3%
White Inmates 35 & Older	38.5%	5.8%	7.7%	25.0%	61.5%
Forgery or Fraud (All White Inmates)	**48.4%**	**7.8%**	**10.3%**	**30.3%**	**51.6%**
White Inmates 18-24	56.0%	16.0%	12.0%	28.0%	44.0%
White Inmates 25-34	48.8%	6.3%	16.3%	26.3%	51.3%
White Inmates 35 & Older	44.2%	5.8%	1.9%	36.5%	55.8%
Pick Pocketing/Purse Snatching (All White Inmates)	**5.7%**	**1.3%**	**1.9%**	**2.5%**	**94.3%**
White Inmates 18-24	16.0%	4.0%	4.0%	8.0%	84.0%
White Inmates 25-34	6.3%	1.3%	2.5%	2.5%	93.8%
White Inmates 35 & Older	0.0%	0.0%	0.0%	0.0%	100.0%
Buying Stolen Goods (All White Inmates)	**27.5%**	**3.9%**	**5.0%**	**18.6%**	**72.5%**
White Inmates 18-24	24.0%	8.0%	4.0%	12.0%	76.0%
White Inmates 25-34	26.3%	2.5%	6.3%	17.5%	73.8%
White Inmates 35 & Older	30.8%	3.8%	3.8%	23.1%	69.2%
Robbery--No Weapon (All White Inmates)	**13.5%**	**3.1%**	**1.2%**	**9.2%**	**86.5%**
White Inmates 18-24	8.0%	4.0%	0.0%	4.0%	92.0%
White Inmates 25-34	20.0%	3.8%	2.5%	13.8%	80.0%
White Inmates 35 & Older	7.7%	1.9%	0.0%	5.8%	92.3%
Robbery--With Gun (All White Inmates)	**4.3%**	**1.2%**	**1.3%**	**1.9%**	**95.7%**
White Inmates 18-24	4.0%	0.0%	4.0%	0.0%	96.0%
White Inmates 25-34	6.3%	2.5%	1.3%	2.5%	93.8%
White Inmates 35 & Older	1.9%	0.0%	0.0%	1.9%	98.1%

Maximum 95% confidence limit for all White inmates is 4.2%.
Maximum 95% confidence limit for age category is 6.1%.

Table B.2. Continued - Prevalence and Recency of Crime, White Inmates

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Robbery--With Knife (All White Inmates)	**4.1%**	**0.6%**	**0.0%**	**3.5%**	**95.9%**
White Inmates 18-24	0.0%	0.0%	0.0%	0.0%	100.0%
White Inmates 25-34	8.8%	1.3%	0.0%	7.5%	91.3%
White Inmates 35 & Older	0.0%	0.0%	0.0%	0.0%	100.0%
Gambling (All White Inmates)	**4.6%**	**2.7%**	**2.0%**	**0.0%**	**95.4%**
White Inmates 18-24	12.0%	4.0%	8.0%	0.0%	88.0%
White Inmates 25-34	2.5%	1.3%	1.3%	0.0%	97.5%
White Inmates 35 & Older	3.8%	3.8%	0.0%	0.0%	96.2%
Drug Sales — Crack Cocaine (All White Inmates)	**16.5%**	**5.6%**	**3.7%**	**7.2%**	**83.5%**
White Inmates 18-24	16.0%	4.0%	8.0%	4.0%	84.0%
White Inmates 25-34	17.5%	7.5%	5.0%	5.0%	82.5%
White Inmates 35 & Older	15.4%	3.8%	0.0%	11.5%	84.6%
Drug Sales — Other Drugs (All White Inmates)	**33.1%**	**5.8%**	**6.3%**	**20.9%**	**66.9%**
White Inmates 18-24	40.0%	8.0%	8.0%	24.0%	60.0%
White Inmates 25-34	36.7%	5.1%	7.6%	24.1%	63.3%
White Inmates 35 & Older	25.0%	5.8%	3.8%	15.4%	75.0%
Assault--No Weapon (All White Inmates)	**23.2%**	**3.0%**	**5.8%**	**14.4%**	**76.8%**
White Inmates 18-24	48.0%	4.0%	20.0%	24.0%	52.0%
White Inmates 25-34	27.5%	5.0%	5.0%	17.5%	72.5%
White Inmates 35 & Older	5.8%	0.0%	0.0%	5.8%	94.2%
Threatened Someone with Knife (All White Inmates)	**12.5%**	**2.4%**	**2.0%**	**8.1%**	**87.5%**
White Inmates 18-24	28.0%	4.0%	8.0%	16.0%	72.0%
White Inmates 25-34	15.0%	3.8%	1.3%	10.0%	85.0%
White Inmates 35 & Older	1.9%	0.0%	0.0%	1.9%	98.1%
Threatened Someone with Gun (All White Inmates)	**13.9%**	**1.9%**	**1.3%**	**10.8%**	**86.1%**
White Inmates 18-24	16.0%	4.0%	4.0%	8.0%	84.0%
White Inmates 25-34	15.0%	2.5%	1.3%	11.3%	85.0%
White Inmates 35 & Older	11.5%	0.0%	0.0%	11.5%	88.5%
Cut Someone With Knife (All White Inmates)	**9.6%**	**0.0%**	**3.3%**	**6.3%**	**90.4%**
White Inmates 18-24	20.0%	0.0%	12.0%	8.0%	80.0%
White Inmates 25-34	8.8%	0.0%	1.3%	7.5%	91.3%
White Inmates 35 & Older	5.8%	0.0%	1.9%	3.8%	94.2%
Shot at Someone (All White Inmates)	**8.9%**	**0.7%**	**2.0%**	**6.3%**	**91.1%**
White Inmates 18-24	12.0%	4.0%	4.0%	4.0%	88.0%
White Inmates 25-34	8.8%	0.0%	1.3%	7.5%	91.3%
White Inmates 35 & Older	7.7%	0.0%	1.9%	5.8%	92.3%

Maximum 95% confidence limit for all White inmates is 4.2%.
Maximum 95% confidence limit for age category is 6.1%.

Table B.2. Continued - Prevalence and Recency of Crime, White Inmates

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Carried Gun on Person (All White Inmates)	**29.2%**	**6.5%**	**2.0%**	**20.8%**	**70.8%**
White Inmates 18-24	32.0%	8.0%	4.0%	20.0%	68.0%
White Inmates 25-34	30.0%	5.0%	1.3%	23.8%	70.0%
White Inmates 35 & Older	26.9%	7.7%	1.9%	17.3%	73.1%
Seriously Injured or Killed Someone (All White Inmates)	**8.7%**	**0.6%**	**2.1%**	**6.1%**	**91.3%**
White Inmates 18-24	8.0%	0.0%	4.0%	4.0%	92.0%
White Inmates 25-34	11.3%	1.3%	0.0%	10.0%	88.8%
White Inmates 35 & Older	5.8%	0.0%	3.8%	1.9%	94.2%
Sexual Assault or Rape (All White Inmates)	**1.3%**	**0.0%**	**0.0%**	**1.3%**	**98.7%**
White Inmates 18-24	0.0%	0.0%	0.0%	0.0%	100.0%
White Inmates 25-34	1.3%	0.0%	0.0%	1.3%	98.8%
White Inmates 35 & Older	1.9%	0.0%	0.0%	1.9%	98.1%
Prostitution (All White Inmates)	**28.0%**	**15.3%**	**2.5%**	**10.2%**	**72.0%**
White Inmates 18-24	20.0%	16.0%	4.0%	0.0%	80.0%
White Inmates 25-34	33.3%	17.9%	3.8%	11.5%	66.7%
White Inmates 35 & Older	25.0%	11.5%	0.0%	13.5%	75.0%
Procuring/Pimping (All White Inmates)	**4.4%**	**1.9%**	**0.7%**	**1.9%**	**95.6%**
White Inmates 18-24	8.0%	0.0%	4.0%	4.0%	92.0%
White Inmates 25-34	5.1%	2.5%	0.0%	2.5%	94.9%
White Inmates 35 & Older	1.9%	1.9%	0.0%	0.0%	98.1%
Property Damage (All White Inmates)	**29.0%**	**2.0%**	**5.8%**	**21.2%**	**71.0%**
White Inmates 18-24	44.0%	8.0%	8.0%	28.0%	56.0%
White Inmates 25-34	32.5%	1.3%	5.0%	26.3%	67.5%
White Inmates 35 & Older	17.3%	0.0%	5.8%	11.5%	82.7%
Stole From Employer (All White Inmates)	**15.6%**	**1.2%**	**3.3%**	**11.0%**	**84.4%**
White Inmates 18-24	20.0%	0.0%	8.0%	12.0%	80.0%
White Inmates 25-34	20.0%	2.5%	1.3%	16.3%	80.0%
White Inmates 35 & Older	7.7%	0.0%	3.8%	3.8%	92.3%
Other Crime Not Mentioned (All White Inmates)	**13.3%**	**0.0%**	**0.0%**	**13.3%**	**86.7%**
White Inmates 18-24	4.0%	0.0%	0.0%	4.0%	96.0%
White Inmates 25-34	15.2%	0.0%	0.0%	15.2%	84.8%
White Inmates 35 & Older	15.4%	0.0%	0.0%	15.4%	84.6%

Maximum 95% confidence limit for all White inmates is 4.2%.
Maximum 95% confidence limit for age category is 6.1%.

Table B.3. Prevalence and Recency of Crime by Age, African-American Female TDCJ-ID Inmates: 1994

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Burglary (All African-Amer. Inmates)	**14.8%**	**1.3%**	**3.4%**	**10.1%**	**85.2%**
African-Amer. Inmates 18-24	21.1%	2.6%	2.6%	15.8%	78.9%
African-Amer. Inmates 25-34	14.5%	1.8%	4.5%	8.2%	85.5%
African-Amer. Inmates 35 & Older	12.2%	0.0%	2.2%	10.0%	87.8%
Car Theft (All African-Amer. Inmates)	**5.3%**	**0.9%**	**0.9%**	**3.5%**	**94.7%**
African-Amer. Inmates 18-24	15.8%	5.3%	2.6%	7.9%	84.2%
African-Amer. Inmates 25-34	4.5%	0.0%	0.9%	3.6%	95.5%
African-Amer. Inmates 35 & Older	1.1%	0.0%	0.0%	1.1%	98.9%
Auto Parts Theft (All African-Amer. Inmates)	**1.3%**	**0.9%**	**0.0%**	**0.4%**	**98.7%**
African-Amer. Inmates 18-24	2.6%	2.6%	0.0%	0.0%	97.4%
African-Amer. Inmates 25-34	0.0%	0.0%	0.0%	0.0%	100.0%
African-Amer. Inmates 35 & Older	2.2%	1.1%	0.0%	1.1%	97.8%
Shoplifting (All African-Amer. Inmates)	**52.7%**	**11.7%**	**9.7%**	**31.3%**	**47.3%**
African-Amer. Inmates 18-24	44.7%	7.9%	10.5%	26.3%	55.3%
African-Amer. Inmates 25-34	50.0%	11.8%	9.1%	29.1%	50.0%
African-Amer. Inmates 35 & Older	60.0%	13.3%	10.0%	36.7%	40.0%
Forgery or Fraud (All African-Amer. Inmates)	**37.6%**	**3.0%**	**6.7%**	**27.8%**	**62.4%**
African-Amer. Inmates 18-24	15.8%	5.3%	2.6%	7.9%	84.2%
African-Amer. Inmates 25-34	37.3%	1.8%	10.0%	25.5%	62.7%
African-Amer. Inmates 35 & Older	48.3%	3.4%	4.5%	40.4%	51.7%
Pick Pocketing/Purse Snatching (All African-Amer. Inmates)	**6.0%**	**1.8%**	**0.0%**	**4.2%**	**94.0%**
African-Amer. Inmates 18-24	13.2%	7.9%	0.0%	5.3%	86.8%
African-Amer. Inmates 25-34	3.6%	0.9%	0.0%	2.7%	96.4%
African-Amer. Inmates 35 & Older	5.6%	0.0%	0.0%	5.6%	94.4%
Buying Stolen Goods (All African-Amer. Inmates)	**30.7%**	**5.1%**	**8.7%**	**16.8%**	**69.3%**
African-Amer. Inmates 18-24	26.3%	10.5%	2.6%	13.2%	73.7%
African-Amer. Inmates 25-34	33.6%	4.5%	8.2%	20.9%	66.4%
African-Amer. Inmates 35 & Older	28.9%	3.3%	12.2%	13.3%	71.1%
Robbery, No Weapon (All African-Amer. Inmates)	**4.6%**	**1.3%**	**0.4%**	**2.9%**	**95.4%**
African-Amer. Inmates 18-24	5.3%	5.3%	0.0%	0.0%	94.7%
African-Amer. Inmates 25-34	4.5%	0.9%	0.9%	2.7%	95.5%
African-Amer. Inmates 35 & Older	4.4%	0.0%	0.0%	4.4%	95.6%
Robbery, with Gun (All African-Amer. Inmates)	**4.3%**	**1.3%**	**0.5%**	**2.6%**	**95.7%**
African-Amer. Inmates 18-24	13.2%	2.6%	2.6%	7.9%	86.8%
African-Amer. Inmates 25-34	0.0%	0.0%	0.0%	0.0%	100.0%
African-Amer. Inmates 35 & Older	5.6%	2.2%	0.0%	3.3%	94.4%

Maximum 95% confidence limit for all African-American inmates is 4.2%.
Maximum 95% confidence limit for age category is 8.9%.

Table B.3. Continued - Prevalence and Recency of Crime, African-American Inmates

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Robbery, with Knife (All African-Amer. Inmates)	**1.3%**	**0.5%**	**0.0%**	**0.8%**	**98.7%**
African-Amer. Inmates 18-24	2.6%	2.6%	0.0%	0.0%	97.4%
African-Amer. Inmates 25-34	1.8%	0.0%	0.0%	1.8%	98.2%
African-Amer. Inmates 35 & Older	0.0%	0.0%	0.0%	0.0%	100.0%
Gambling (All African-Amer. Inmates)	**3.4%**	**1.3%**	**0.8%**	**1.2%**	**96.6%**
African-Amer. Inmates 18-24	5.3%	5.3%	0.0%	0.0%	94.7%
African-Amer. Inmates 25-34	3.6%	0.0%	1.8%	1.8%	96.4%
African-Amer. Inmates 35 & Older	2.2%	1.1%	0.0%	1.1%	97.8%
Drug Sales -- Crack Cocaine (All African-Amer. Inmates)	**43.9%**	**17.0%**	**11.3%**	**15.6%**	**56.1%**
African-Amer. Inmates 18-24	50.0%	26.3%	7.9%	15.8%	50.0%
African-Amer. Inmates 25-34	44.5%	16.4%	11.8%	16.4%	55.5%
African-Amer. Inmates 35 & Older	40.0%	13.3%	12.2%	14.4%	60.0%
Drug Sales -- Other Drugs (All African-Amer. Inmates)	**12.6%**	**2.2%**	**0.4%**	**10.0%**	**87.4%**
African-Amer. Inmates 18-24	18.4%	7.9%	0.0%	10.5%	81.6%
African-Amer. Inmates 25-34	6.4%	0.9%	0.9%	4.5%	93.6%
African-Amer. Inmates 35 & Older	18.0%	1.1%	0.0%	16.9%	82.0%
Assault, No Weapon (All African-Amer. Inmates)	**23.8%**	**3.5%**	**6.0%**	**14.3%**	**76.2%**
African-Amer. Inmates 18-24	44.7%	13.2%	10.5%	21.1%	55.3%
African-Amer. Inmates 25-34	17.3%	0.9%	5.5%	10.9%	82.7%
African-Amer. Inmates 35 & Older	22.2%	2.2%	4.4%	15.6%	77.8%
Threatened Someone with Knife (All African-Amer. Inmates)	**8.9%**	**1.7%**	**2.5%**	**4.7%**	**91.1%**
African-Amer. Inmates 18-24	13.2%	2.6%	2.6%	7.9%	86.8%
African-Amer. Inmates 25-34	7.3%	0.9%	0.9%	5.5%	92.7%
African-Amer. Inmates 35 & Older	8.9%	2.2%	4.4%	2.2%	91.1%
Threatened Someone with Gun (All African-Amer. Inmates)	**10.5%**	**0.9%**	**1.7%**	**7.9%**	**89.5%**
African-Amer. Inmates 18-24	15.8%	5.3%	5.3%	5.3%	84.2%
African-Amer. Inmates 25-34	6.4%	0.0%	0.9%	5.5%	93.6%
African-Amer. Inmates 35 & Older	13.3%	0.0%	1.1%	12.2%	86.7%
Cut Someone with Knife (All African-Amer. Inmates)	**12.7%**	**0.9%**	**2.9%**	**8.9%**	**87.3%**
African-Amer. Inmates 18-24	15.8%	2.6%	2.6%	10.5%	84.2%
African-Amer. Inmates 25-34	12.7%	0.9%	2.7%	9.1%	87.3%
African-Amer. Inmates 35 & Older	11.1%	0.0%	3.3%	7.8%	88.9%
Shot at Someone (All African-Amer. Inmates)	**12.1%**	**0.5%**	**1.3%**	**10.4%**	87.9%
African-Amer. Inmates 18-24	10.5%	2.6%	5.3%	2.6%	89.5%
African-Amer. Inmates 25-34	9.1%	0.0%	0.9%	8.2%	90.9%
African-Amer. Inmates 35 & Older	16.9%	0.0%	0.0%	16.9%	83.1%
Carried Gun on Person (All African-Amer. Inmates)	**27.7%**	**5.6%**	**3.8%**	**18.3%**	**72.3%**
African-Amer. Inmates 18-24	34.2%	13.2%	7.9%	13.2%	65.8%
African-Amer. Inmates 25-34	20.9%	4.5%	2.7%	13.6%	79.1%
African-Amer. Inmates 35 & Older	33.3%	3.3%	3.3%	26.7%	66.7%

Maximum 95% confidence limit for all African-American inmates is 4.2%.
Maximum 95% confidence limit for age category is 8.9%.

Table B.3. Continued - Prevalence and Recency of Crime, African-American Inmates

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	
Seriously Injured or Killed Someone (All African-Amer. Inmates)	**10.0%**	**0.9%**	**1.7%**	**7.4%**	**90.0%**
African-Amer. Inmates 18-24	7.9%	2.6%	2.6%	2.6%	92.1%
African-Amer. Inmates 25-34	6.4%	0.9%	0.0%	5.5%	93.6%
African-Amer. Inmates 35 & Older	15.6%	0.0%	3.3%	12.2%	84.4%
Sexual Assault or Rape (All African-Amer. Inmates)	**0.5%**	**0.5%**	**0.0%**	**0.0%**	**99.5%**
African-Amer. Inmates 18-24	2.6%	2.6%	0.0%	0.0%	97.4%
African-Amer. Inmates 25-34	0.0%	0.0%	0.0%	0.0%	100.0%
African-Amer. Inmates 35 & Older	0.0%	0.0%	0.0%	0.0%	100.0%
Prostitution (All African-Amer. Inmates)	**29.0%**	**8.5%**	**8.8%**	**11.7%**	**71.0%**
African-Amer. Inmates 18-24	23.7%	13.2%	7.9%	2.6%	76.3%
African-Amer. Inmates 25-34	32.7%	7.3%	10.0%	15.5%	67.3%
African-Amer. Inmates 35 & Older	26.7%	7.8%	7.8%	11.1%	73.3%
Procuring/Pimping (All African-Amer. Inmates)	**2.5%**	**0.5%**	**0.4%**	**1.6%**	**97.5%**
African-Amer. Inmates 18-24	2.6%	2.6%	0.0%	0.0%	97.4%
African-Amer. Inmates 25-34	1.8%	0.0%	0.9%	0.9%	98.2%
African-Amer. Inmates 35 & Older	3.3%	0.0%	0.0%	3.3%	96.7%
Property Damage (All African-Amer. Inmates)	**14.8%**	**3.1%**	**2.6%**	**9.2%**	**85.2%**
African-Amer. Inmates 18-24	23.7%	10.5%	5.3%	7.9%	76.3%
African-Amer. Inmates 25-34	12.7%	1.8%	2.7%	8.2%	87.3%
African-Amer. Inmates 35 & Older	13.3%	1.1%	1.1%	11.1%	86.7%
Stole from Employer (All African-Amer. Inmates)	**4.6%**	**0.5%**	**0.5%**	**3.7%**	**95.4%**
African-Amer. Inmates 18-24	7.9%	2.6%	2.6%	2.6%	92.1%
African-Amer. Inmates 25-34	1.8%	0.0%	0.0%	1.8%	98.2%
African-Amer. Inmates 35 & Older	6.7%	0.0%	0.0%	6.7%	93.3%
Other Crime Not Mentioned (All African-Amer. Inmates)	**4.7%**	**0.0%**	**0.0%**	**4.6%**	**95.3%**
African-Amer. Inmates 18-24	5.3%	0.0%	0.0%	5.3%	94.7%
African-Amer. Inmates 25-34	5.5%	0.0%	0.0%	5.5%	94.5%
African-Amer. Inmates 35 & Older	3.3%	0.0%	0.0%	3.3%	96.7%

Maximum 95% confidence limit for all African-American inmates is 4.2%.
Maximum 95% confidence limit for age category is 8.9%.

Table B.4. Prevalence and Recency of Crime by Age, Hispanic Female TDCJ-ID Inmates: 1994

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Burglary (All Hispanic Inmates)	**37.4%**	**2.0%**	**4.2%**	**31.3%**	**62.6%**
Hispanic Inmates 18-24	54.5%	4.5%	18.2%	31.8%	45.5%
Hispanic Inmates 25-34	35.0%	2.5%	0.0%	32.5%	65.0%
Hispanic Inmates 35 & older	32.4%	0.0%	2.9%	29.4%	67.6%
Car Theft (All Hispanic Inmates)	**13.2%**	**3.9%**	**1.6%**	**7.7%**	**86.8%**
Hispanic Inmates 18-24	22.7%	9.1%	9.1%	4.5%	77.3%
Hispanic Inmates 25-34	17.5%	5.0%	0.0%	12.5%	82.5%
Hispanic Inmates 35 & older	2.9%	0.0%	0.0%	2.9%	97.1%
Auto Parts Theft (All Hispanic Inmates)	**6.1%**	**2.0%**	**0.8%**	**3.4%**	**93.9%**
Hispanic Inmates 18-24	9.1%	4.5%	4.5%	0.0%	90.9%
Hispanic Inmates 25-34	7.5%	2.5%	0.0%	5.0%	92.5%
Hispanic Inmates 35 & older	2.9%	0.0%	0.0%	2.9%	97.1%
Shoplifting (All Hispanic Inmates)	**43.7%**	**13.3%**	**3.5%**	**26.8%**	**56.3%**
Hispanic Inmates 18-24	63.6%	18.2%	13.6%	31.8%	36.4%
Hispanic Inmates 25-34	45.0%	15.0%	2.5%	27.5%	55.0%
Hispanic Inmates 35 & older	32.4%	8.8%	0.0%	23.5%	67.6%
Forgery or Fraud (All Hispanic Inmates)	**28.2%**	**1.6%**	**7.5%**	**19.1%**	**71.8%**
Hispanic Inmates 18-24	27.3%	9.1%	4.5%	13.6%	72.7%
Hispanic Inmates 25-34	27.5%	0.0%	7.5%	20.0%	72.5%
Hispanic Inmates 35 & older	29.4%	0.0%	8.8%	20.6%	70.6%
Pick Pocketing/Purse Snatching (All Hispanic Inmates)	**12.7%**	**2.0%**	**2.6%**	**8.1%**	**87.3%**
Hispanic Inmates 18-24	27.3%	4.5%	9.1%	13.6%	72.7%
Hispanic Inmates 25-34	12.5%	2.5%	0.0%	10.0%	87.5%
Hispanic Inmates 35 & older	5.9%	0.0%	2.9%	2.9%	94.1%
Buying Stolen Goods (All Hispanic Inmates)	**23.8%**	**5.2%**	**7.7%**	**10.9%**	**76.2%**
Hispanic Inmates 18-24	27.3%	4.5%	18.2%	4.5%	72.7%
Hispanic Inmates 25-34	25.0%	5.0%	7.5%	12.5%	75.0%
Hispanic Inmates 35 & older	20.6%	5.9%	2.9%	11.8%	79.4%
Robbery--No Weapon (All Hispanic Inmates)	**12.5%**	**2.0%**	**2.6%**	**7.9%**	**87.5%**
Hispanic Inmates 18-24	27.3%	4.5%	9.1%	13.6%	72.7%
Hispanic Inmates 25-34	7.5%	2.5%	0.0%	5.0%	92.5%
Hispanic Inmates 35 & older	11.8%	0.0%	2.9%	8.8%	88.2%
Robbery--With Gun (All Hispanic Inmates)	**7.7%**	**2.7%**	**0.8%**	**4.2%**	**92.3%**
Hispanic Inmates 18-24	18.2%	9.1%	4.5%	4.5%	81.8%
Hispanic Inmates 25-34	7.5%	2.5%	0.0%	5.0%	92.5%
Hispanic Inmates 35 & older	2.9%	0.0%	0.0%	2.9%	97.1%

Maximum 95% confidence limit for all Hispanic inmates is 9.5%.
Maximum 95% confidence limit for age category is 19.9%.

Table B.4.Continued - Prevalence and Recency of Crime, Hispanic Inmates

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Robbery--With Knife (All Hispanic Inmates)	**4.6%**	**2.0%**	**1.8%**	**0.8%**	**95.4%**
Hispanic Inmates 18-24	13.6%	4.5%	4.5%	4.5%	86.4%
Hispanic Inmates 25-34	2.5%	2.5%	0.0%	0.0%	97.5%
Hispanic Inmates 35 & older	2.9%	0.0%	2.9%	0.0%	97.1%
Gambling (All Hispanic Inmates)	**3.5%**	**1.6%**	**1.2%**	**0.8%**	**96.5%**
Hispanic Inmates 18-24	13.6%	9.1%	0.0%	4.5%	86.4%
Hispanic Inmates 25-34	2.5%	0.0%	2.5%	0.0%	97.5%
Hispanic Inmates 35 & older	0.0%	0.0%	0.0%	0.0%	100.0%
Drug Sales — Crack Cocaine (All Hispanic Inmates)	**11.0%**	**4.6%**	**2.2%**	**4.2%**	**89.0%**
Hispanic Inmates 18-24	18.2%	13.6%	0.0%	4.5%	81.8%
Hispanic Inmates 25-34	10.0%	2.5%	2.5%	5.0%	90.0%
Hispanic Inmates 35 & older	8.8%	2.9%	2.9%	2.9%	91.2%
Drug Sales — Other Drugs (All Hispanic Inmates)	**39.5%**	**12.2%**	**5.4%**	**22.0%**	**60.5%**
Hispanic Inmates 18-24	40.9%	18.2%	0.0%	22.7%	59.1%
Hispanic Inmates 25-34	40.0%	12.5%	2.5%	25.0%	60.0%
Hispanic Inmates 35 & older	38.2%	8.8%	11.8%	17.6%	61.8%
Assault--No Weapon (All Hispanic Inmates)	**22.0%**	**5.1%**	**3.5%**	**13.4%**	**78.0%**
Hispanic Inmates 18-24	40.9%	22.7%	0.0%	18.2%	59.1%
Hispanic Inmates 25-34	27.5%	2.5%	7.5%	17.5%	72.5%
Hispanic Inmates 35 & older	5.9%	0.0%	0.0%	5.9%	94.1%
Threatened Someone with Knife (All Hispanic Inmates)	**14.9%**	**2.3%**	**2.7%**	**9.8%**	**85.1%**
Hispanic Inmates 18-24	27.3%	13.6%	9.1%	4.5%	72.7%
Hispanic Inmates 25-34	15.0%	0.0%	2.5%	12.5%	85.0%
Hispanic Inmates 35 & older	8.8%	0.0%	0.0%	8.8%	91.2%
Threatened Someone with Gun (All Hispanic Inmates)	**11.0%**	**2.3%**	**2.2%**	**6.4%**	**89.0%**
Hispanic Inmates 18-24	18.2%	13.6%	0.0%	4.5%	81.8%
Hispanic Inmates 25-34	10.0%	0.0%	2.5%	7.5%	90.0%
Hispanic Inmates 35 & older	8.8%	0.0%	2.9%	5.9%	91.2%
Cut Someone with Knife (All Hispanic Inmates)	**15.6%**	**1.6%**	**3.0%**	**11.0%**	**84.4%**
Hispanic Inmates 18-24	31.8%	9.1%	4.5%	18.2%	68.2%
Hispanic Inmates 25-34	12.5%	0.0%	2.5%	10.0%	87.5%
Hispanic Inmates 35 & older	11.8%	0.0%	2.9%	8.8%	88.2%
Shot at Someone (All Hispanic Inmates)	**12.5%**	**0.8%**	**1.2%**	**10.5%**	**87.5%**
Hispanic Inmates 18-24	27.3%	4.5%	0.0%	22.7%	72.7%
Hispanic Inmates 25-34	7.5%	0.0%	2.5%	5.0%	92.5%
Hispanic Inmates 35 & older	11.8%	0.0%	0.0%	11.8%	88.2%

Maximum 95% confidence limit for all Hispanic inmates is 9.5%.
Maximum 95% confidence limit for age category is 19.9%.

Table B.4.Continued - Prevalence and Recency of Crime, Hispanic Inmates

	Ever Committed	Past Month	Past Year (Not Past Month)	Not Past Year	Never Committed
Carried Gun on Person (All Hispanic Inmates)	**20.5%**	**4.3%**	**2.0%**	**14.3%**	**79.5%**
Hispanic Inmates 18-24	27.3%	18.2%	4.5%	4.5%	72.7%
Hispanic Inmates 25-34	22.5%	2.5%	2.5%	17.5%	77.5%
Hispanic Inmates 35 & older	14.7%	0.0%	0.0%	14.7%	85.3%
Seriously Injured or Killed Someone (All Hispanic Inmates)	**9.2%**	**0.8%**	**1.2%**	**7.2%**	**90.8%**
Hispanic Inmates 18-24	27.3%	4.5%	0.0%	22.7%	72.7%
Hispanic Inmates 25-34	5.0%	0.0%	2.5%	2.5%	95.0%
Hispanic Inmates 35 & older	5.9%	0.0%	0.0%	5.9%	94.1%
Sexual Assault or Rape (All Hispanic Inmates)	**0.8%**	**0.8%**	**0.0%**	**0.0%**	**99.2%**
Hispanic Inmates 18-24	4.5%	4.5%	0.0%	0.0%	95.5%
Hispanic Inmates 25-34	0.0%	0.0%	0.0%	0.0%	100.0%
Hispanic Inmates 35 & older	0.0%	0.0%	0.0%	0.0%	100.0%
Prostitution (All Hispanic Inmates)	**20.1%**	**6.0%**	**2.0%**	**12.1%**	**79.9%**
Hispanic Inmates 18-24	18.2%	9.1%	4.5%	4.5%	81.8%
Hispanic Inmates 25-34	25.0%	5.0%	2.5%	17.5%	75.0%
Hispanic Inmates 35 & older	14.7%	5.9%	0.0%	8.8%	85.3%
Procuring/Pimping (All Hispanic Inmates)	**2.4%**	**0.8%**	**0.0%**	**1.6%**	**97.6%**
Hispanic Inmates 18-24	13.6%	4.5%	0.0%	9.1%	86.4%
Hispanic Inmates 25-34	0.0%	0.0%	0.0%	0.0%	100.0%
Hispanic Inmates 35 & older	0.0%	0.0%	0.0%	0.0%	100.0%
Property Damage (All Hispanic Inmates)	**13.1%**	**1.6%**	**3.8%**	**7.7%**	**86.9%**
Hispanic Inmates 18-24	36.4%	9.1%	9.1%	18.2%	63.6%
Hispanic Inmates 25-34	10.0%	0.0%	2.5%	7.5%	90.0%
Hispanic Inmates 35 & older	5.9%	0.0%	2.9%	2.9%	94.1%
Stole from Employer (All Hispanic Inmates)	**11.9%**	**1.8%**	**2.7%**	**7.3%**	**88.1%**
Hispanic Inmates 18-24	22.7%	4.5%	9.1%	9.1%	77.3%
Hispanic Inmates 25-34	12.5%	0.0%	2.5%	10.0%	87.5%
Hispanic Inmates 35 & older	5.9%	2.9%	0.0%	2.9%	94.1%
Other Crime Not Mentioned (All Hispanic Inmates)	**5.1%**	**0.0%**	**0.0%**	**5.1%**	**94.9%**
Hispanic Inmates 18-24	4.5%	0.0%	0.0%	4.5%	95.5%
Hispanic Inmates 25-34	2.5%	0.0%	0.0%	2.5%	97.5%
Hispanic Inmates 35 & older	8.8%	0.0%	0.0%	8.8%	91.2%

Maximum 95% confidence limit for all Hispanic inmates is 9.5%.
Maximum 95% confidence limit for age category is 19.9%.