

# **Creating a Safer Iowa by Increasing Funding for Drug Treatment: 2008 Proposal**

## **Iowa Attorney General Tom Miller's Office**

Attorney General Tom Miller continues to advocate for state policies that he believes will make Iowa a safer state. He strongly believes that one of those policies is to better fund certain key strategies to deal with the problem of drug-related crime in Iowa. This proposal contains requests for specific and strategic state funding increases in drug-related enforcement/adjudication, prevention and treatment.

Attorney General Miller is especially committed to strengthening Iowa's efforts in drug treatment. Each legislative session since 2003 he has issued an appeal to the legislature to significantly increase the levels of funding in Iowa for drug treatment. As the state's top law enforcement official, the Attorney General remains convinced that *"The number-one thing we can do to fight crime is fight drugs, and the number-one thing we can do to fight drugs is to do a better job with drug treatment."*

### **1 The Status of Drug Abuse in Iowa: A Continuing Threat.**

The passage of the Iowa Pseudoephedrine Control Law in 2005 has resulted in a 90% decline in meth labs in the state. The number of meth labs has fallen from 1,500 reported in 2004 to 168 in 2007. The law has been an enormous help in protecting children and others from exposure to toxic meth lab sites and freeing law enforcement from the time-consuming and dangerous job of cleaning up meth labs. The success of this important state legislation has caused Iowa to be seen as a national leader in meth control.

Despite these significant benefits, the drug problem in Iowa is not solved. The landmark 2005 law did not reduce the demand for meth in Iowa. It was never promised or intended to do so. Even before the pseudoephedrine control law was adopted, only about 20% of the meth used in Iowa was "homemade". Imported meth is taking the place of the meth previously made in Iowa. In fact, according to the 2007 National Drug Threat Assessment, meth production and distribution has been consolidated under sophisticated international drug trafficking organizations. These organizations are strong, organized and difficult for law enforcement to disrupt. The number of meth admissions for treatment has declined slightly over the last two years but Iowa still rates having the eighth highest number of meth treatment admissions in the country and the third highest rate of admissions. Meth is still a problem in Iowa.

Alcohol remains the most frequently abused drug in our state. Indeed, there are more arrests for OWI in Iowa than for any other offense. Marijuana continues to be the most frequently abused illegal drug in Iowa. An additional concern is that the price of cocaine has declined even while its purity has increased. Increases in the potency of both marijuana and cocaine are a particular concern to law enforcement and treatment

officials. In addition, there is a continuing concern about growth in the abuse of pharmaceutical drugs.

Iowa still remains one of the safest places in America in regard to crime, but the use of meth and other drugs remains a persistent threat to that security.

## **2 A Three-prong Approach Is Needed To Deal With Drugs: Enforcement, Prevention and Treatment.**

**Enforcement / Prosecution:** Law enforcement agencies and prosecutors in Iowa are to be commended for the vigorous job they do in arresting and prosecuting drug dealers and users. Drug shipments crossing the state on our Interstate highways are being intercepted. Meth lab responses have been markedly reduced. Drug dealers and users are being arrested and prosecuted.

According to a report by the Governor's Office of Drug Control Policy, funding for drug-related enforcement and adjudication will total about \$38.4 million in FY2008, up slightly from prior years.

**Prevention:** Efforts to control demand through education exist throughout the state, but more funding is needed to supplement these efforts. Overall, the state will spend about \$19.6 million on prevention in FY2008 – a level comparable to the last several years.

**Treatment:** The state will spend \$56.6 million on all treatment-related programs in FY2008. This figure represents a return to the approximate spending level of \$55.5 million spent in FY2001 and some improvement from the intervening years when funding declined. Meanwhile demand for drug treatment in Iowa has increased.

A favorable development in treatment funding is the awarding of a \$9.4 million 3-year federal grant to the Iowa Department of Public Health. The grant funds Iowa's Access to Recovery program to expand services and supports that enhance treatment. While the grant does not provide funding for treatment, it does fund "wrap-around" services such as transportation that will help to remove many of the barriers to substance abuse treatment commonly encountered by people wanting help.

Despite this new development, treatment in Iowa faces significant challenges. Funding has not kept pace with demand. Meth addiction has been found to require longer and more intensive treatment. Important aftercare services are limited and sometimes non-existent in rural areas. And community treatment programs are facing a challenge in retaining drug treatment counselors due to an inability to provide competitive compensation.

**3 Drug Treatment Reduces Crime and is Cost-Effective.** Increasing the money available for substance abuse treatment will reduce crime and make Iowans safer.

**Substance Abuse is Directly Correlated with Criminal Behavior.** About 80% of those in prison have been identified as having a substance abuse problem. Nearly one-third of state prison inmates reported being under the influence of drugs at the time of their offense. Among state and federal prison inmates, 27% of those serving sentences for burglary said they committed their offense to buy drugs.

**Substance Abuse Treatment Works.** Research involving numerous large-scale studies consistently demonstrates that treatment has beneficial outcomes. According to the National Clearinghouse for Alcohol and Drug Information, U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Administration (SAMHSA), clients served by federally-funded substance abuse treatment programs were able to reduce their drug use by about 50% for as long as one year after treatment.

These results are verified in Iowa by research conducted by the Iowa Consortium for Substance Abuse Research and Evaluation. The 2007 Outcomes Monitoring Report on treatment in Iowa shows that 49.6% of treatment clients had successfully abstained six months after treatment.

While these numbers do not suggest that treatment is easy -- nor necessarily successful on the first attempt -- they do suggest that treatment works, especially when funding is adequate to provide an adequate length of stay. Substance abuse treatment is seen as particularly successful when it is compared to other chronic health conditions such as diabetes, asthma and heart disease.

**Substance Abuse Treatment Reduces Crime.** The National Treatment Improvement Evaluation Study (NTIES) is a congressionally-mandated five-year study of the impact of drug and alcohol treatment on thousands of clients in hundreds of treatment centers that received support from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Administration (SAMHSA). The results showed that criminal behavior was greatly reduced after drug treatment:

- **Drug use dropped 41%.**
- **Selling drugs declined 78%.**
- **Arrests for any crime declined 64%.**

Research by the Iowa Consortium for Substance Abuse Research and Evaluation confirms these results. In its 2007 Outcomes Monitoring Report, it noted that 87% of Iowa drug treatment clients reported no arrests in the six months after treatment.

**Substance Abuse Treatment is Cost Effective.** Multiple studies have shown that the benefits of substance abuse treatment outweigh the costs. According to the National Institute on Drug Abuse, “Treatment for adults and adolescents is cost-effective because it reduces costs related to drug-abuse, associated with health care, and crime-related costs including incarceration.”

- A 2006 study of the Iowa Jail-Based Substance Abuse Treatment Program showed the average cost of treatment in that program to be \$30.19 compared to the cost of \$64.02 to house an inmate in a State prison facility.
- A landmark RAND Corporation study estimated that money spent on treatment for people prosecuted on federal cocaine charges should reduce serious crimes about 15 times more effectively than incarceration.
- The CALDATA study in California found that for every tax dollar invested in substance abuse treatment, taxpayers saved seven dollars in future crime and health-related costs.
- Studies in two Washington state clinics demonstrated that each dollar invested in inpatient treatment had an economic return of over \$9, while outpatient treatment yielded a return of \$23.

## **4 Proposal:**

### **(A) Expand Treatment (\$7 Million increase)**

Funding for drug treatment has not kept pace with demand. According to the Governor’s Office of Drug Control Policy, 47,252 clients were screened or admitted to drug treatment in FY2007. That number represents a 100% increase since 1992. But during that same period of time, funding for drug treatment increased by only about 56%. The state has under-funded treatment needs.

We propose an increase of \$7 million to the Iowa Department of Public Health appropriation that provides funding for community substance abuse treatment services. These services include evaluation, referral, counseling and aftercare. The state currently spends \$26.5 million for these services. (FY2008: \$1,019,284 in state general funds, \$9,565,315 in federal funds; \$13,800,000 in state tobacco funds and \$740,000 in gambling funds.)

Some of the increased funding should be allocated to licensed treatment facilities that allow substance abusing parents to receive services alongside their children while obtaining substance abuse treatment. Increased support for this particular group will make kids safer and also reduce costs for the Iowa human services system. Iowa currently has three such facilities: *House of Mercy* in Des Moines, *Heart of Iowa* in

Cedar Rapids and *Jackson Recovery* in Sioux City. Funds need to be used to ensure the continued success of these programs and expansion of this concept to high-need areas of the state where such services do not currently exist.

**(B) Expand Drug Courts (\$3 Million increase)**

Drug court programs specially tailored to the specific needs of families, juveniles and adults in local communities have shown success in Iowa. Because these programs are proving their effectiveness, the state should ensure their continuation and expansion.

Drug courts are effective because they combine the authority of the court with the effectiveness of drug treatment. The court ensures that there is a strong incentive for clients to complete treatment and stay clean. Defendants hear the message that failure to comply will result in sanctions.

Drug Courts currently exist in Des Moines Davenport, Sioux City Mason City, Marshalltown Waterloo, Council Bluffs, Cedar Rapids, Ottumwa and Ida-Cherokee-Crawford Counties. Some of these courts serve adults, some serve families and others serve juveniles. Ensuring the continued existence of these effective programs is a crucial part of Iowa's fight against drug abuse. Communities that do not yet have drug court programs should be allowed to choose the model most appropriate for their unique community needs.

Substance abuse treatment centers for caretakers of children work best when combined with family drug courts such as the model created by Judge Karla Fultz in Des Moines. The program maintains a 75% success rate in family reunification and sobriety. Family drug courts give caretakers of children the opportunity to succeed in treatment while remaining connected with their children. In September 2007, the Iowa Courts received a grant providing \$500,000 over each of the next five years to fund judge-led family drug court collaboratives. Programs are planned for Polk, Linn, Scott, Woodbury, Wapello, Cherokee and Ida counties.

In addition to this federal support for family drug courts, increased state funding would provide support to continue and expand the other drug court models that serve juveniles and adults.

**(C) Fund After-School Programs (\$5 million increase)**

Another key component in fighting drug abuse is prevention. One key prevention strategy is the use of effective after-school programs to provide activities and adult supervision for youth during high-risk hours. These programs provide alternative activities to increase learning opportunities while importantly reducing the likelihood of substance abuse and other risky behaviors.

According to a study by the Children's Defense Fund, Iowa has the nation's second-highest percentage of families where both parents (or the only parent) works. According to one study, 29% of Iowa's K-12 youth are responsible for taking care of themselves after school. Hundreds of thousands of Iowa youth could benefit both academically and in terms of safety from having structured and supervised activities while their parents are still at work.

Studies show that children are most at risk during unsupervised after-school hours. It is during this time that they are most likely to be involved in risky behaviors such as drug use or sexual activity. Violent juvenile crime is most likely to occur between 3pm and 6pm. Juvenile crime triples during this time.

After-school programs promote the safety of youth by providing safe and supervised places for youth to go until their parents get off work. This time can be used to educate youth about the dangers of substance abuse.

In a study of American teens, the YMCA found that youth who are unsupervised after school are three times more likely to use drugs than their peers who are supervised. In 2006, the legislature made its first-ever state appropriation for after-school by allocating \$150,000 to the Iowa Department of Education for competitive grants for after-school programs. Applications for these limited funds totaled over \$2 million. In 2007, funding was increased to \$1 million and requests for funding totaled over \$4 million

The Iowa Afterschool Alliance is seeking an increase of \$5 million to fund the need for effective after-school programs in Iowa. The alliance is made up of after-school programs, YMCAs, Boys and Girls Clubs, 4-H/Iowa State Extension, Iowa PTA, and others. These programs can reduce juvenile crime and prevent future substance abuse.

**5 Conclusion:** These recommendations total \$15 million in increases in drug enforcement/adjudication, prevention and treatment funding. Maintaining strong efforts in these areas is crucial to our fight against the devastating effect of drugs on our society.

This proposal pays special attention to drug treatment because adequately funding drug treatment is the single most effective thing the state of Iowa can do to fight crime. But, unfortunately, it has been consistently under-funded. We know that drug treatment reduces the demand for drugs and that, in turn, reduces crime. Or, stated another way, *“The number- one thing we can do to fight crime is fight drugs, and the number-one thing we can do to fight drugs is to do a better job with drug treatment.”*