

Using Drug Treatment to Promote Public Safety in Iowa
A Proposal by Iowa Attorney General Tom Miller
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1 Introduction to the 2004 Proposal.

A Commitment to proposal.

This proposal is the continuation of an ongoing effort by Iowa Attorney General Tom Miller to increase the levels of funding in Iowa for drug treatment and prevention. 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."*

During the 2003 legislative session increased support was shown for the idea that more use of drug treatment could be a cost-effective public policy alternative. While the Attorney General's proposal to increase spending for drug treatment was not adopted in 2003, the legislature did restore \$1.8 million in state funding for substance abuse treatment to maintain funding at the current level. Attorney General Miller has said that he believes legislators are indicating an increased awareness of the potential for more drug treatment funding as a cost-effective alternative or supplement to incarceration for certain non-violent offenders.

The Attorney General has made a long-term commitment to this issue and, despite the obvious difficulties of a tight state budget, he will continue to advocate for its adoption as long as it is necessary.

B Iowa's Methamphetamine Woes Continue.

Iowa has a particular problem in regard to methamphetamine. In 2002, 800 Iowans were sentenced to prison for meth related crimes — eight times the number in 1995. 5,300 Iowans were admitted to treatment — up 43% over five years. In 2002, law enforcement found over one thousand meth labs in the state — a 52% increase from two years earlier. The amount of meth seizures increased from 58,701 in all of 2002 to 123,761 in just the first nine months of 2003.

Iowa's situation in regard to meth is well summarized in the 2004 Iowa Drug Control Strategy:

“A number of characteristics about meth set it apart from other drugs, most notably that it is much more powerful and addictive, and can more easily cause long-term brain damage to those who use it. Researchers have found that at a time when treatment resources are being stretched ever tighter, longer treatment is required to break the cycle of meth addiction and crime. Unfortunately, meth is relatively inexpensive and easy to manufacture. Many addicts feed their habits by setting up their own meth labs. This enterprise takes advantage of seclusion afforded by the rural nature of the state, a ready supply of anhydrous ammonia and over-the-counter cold products containing pseudoephedrine, and the availability of other precursor materials. In addition, interstate highways cutting through Iowa provide easy access to markets, and reduce the risk of detection for out-of-state traffickers plying their deadly wares.”

Federal officials have identified Iowa as one of the nation's five largest meth markets. As a state we risk an unflattering reputation as one of the meth capitals of the nation. Such a reputation could be devastating to the state in terms of growth and economic development. The damage to our image as a clean, healthy state could be significant. It would be shameful for Iowa to become known as the “meth capital” of the nation - but we face that risk unless we are willing to do some things differently.

This ongoing problem is illustrated by a November, 2003 Des Moines Register series that highlights the urgency of meth problems in the state. The series concluded with an editorial entitled: “Begin with Treatment, Drug Courts.” We agree with this conclusion.

C National Momentum for Change.

Despite budget difficulties as bad, or worse, than Iowa's, other states are recognizing the cost effectiveness of an increased use of drug treatment to fight crime and curb the enormous cost associated with drug abuse. Some of these states are addressing the problem by diverting non-violent offenders to treatment and funding that treatment from the savings. Others are increasing funding from other sources.

C The Kansas legislature passed a drug treatment diversion bill to require some non-violent offenders to undergo drug treatment for up to 18 months instead of prison. The legislation would free-up 194 prison beds by the end of 2004. Currently, each

prisoner costs the state about \$20,000 per year to feed, clothe and house, whereas drug treatment programs would cost between \$3,200 and \$6,400 per year.

- C Wisconsin Gov. Jim Doyle (D) proposed in his 2003-2005 budget to transfer 400 non-violent offenders into drug treatment programs for up to 90 days.
- C In Hawaii, former Gov. Benjamin Cayetano (D) signed a diversion bill in 2002 mandating that first-time offenders convicted of drug use or possession be sentenced to treatment with probation.
- C Indiana has developed a “forensic diversion” program that allows judges discretion to send nonviolent offenders to treatment if mental illness or substance abuse contributed to the crime.
- C New Mexico passed several sentencing reforms and expanded drug treatment programs in 2001 and 2002.
- C Voters in Arizona and California approved sweeping ballot measures requiring drug treatment with probation instead of jail for low-level offenders. Their programs have served as models for other states.
- C Voters in Jackson County, Mo. have extended their quarter-cent sales tax used to fund drug enforcement, prevention, and treatment. Called the Community-Backed Anti-Drug Tax (COMBAT), the tax generates \$15-20 million annually. It was originally approved in 1989 and has now been extended to 2011.
- C According to Stateline Magazine, other states like Washington, Arkansas, Maryland, Mississippi, Oklahoma, and South Carolina, are also exploring increasing the use of treatment when dealing with drug offenders.
- C Several other states have increased funding for substance abuse treatment by using other funding sources such as liquor taxes. These states include Florida, Ohio and Oklahoma.

D Changes to the 2003 proposal.

The 2004 proposal has been simplified by the separation of the Attorney General’s drug treatment proposal from his support for funding state tobacco control programs at the level recommended by the Centers for Disease Control. The separation of these two proposals results in a price tag for increased drug prevention and treatment efforts of \$29

million - \$15 million less than in 2003. The Attorney General remains committed to full funding for tobacco control but believes the issues of drug treatment and tobacco control can best be dealt with in separate legislative packages. Apart from this change, the Attorney General's funding request for drug treatment remains the same as in 2003. While funding of the package is the legislature's prerogative, 15 cents of a proposed one dollar increase in the cigarette tax is estimated to generate revenues adequate to fully fund the drug treatment and prevention initiatives described in this proposal.

2 As a State, We Are Not Making the Desired Progress in the War on Drugs.

Undoubtedly Iowa remains one of the safest places in America in regard to crime but we are seeing a persistent and growing threat to that security. Drug crimes, or drug-related crimes, continue to occupy a large proportion of time and resources for Iowa law enforcement, prosecutors, and those who provide services to families in need.

- C Between 1994 and 2001, the rate of reported arrests for drug offenses nearly doubled.
- C Drug cases represented 23% of the charges and 22% of the convictions on Iowa court dockets in 2002.
- C Drug convictions increased from 8,810 in 1999 to 11,886 in 2002.
- C In 2002 800 Iowans were sentenced to prison for meth related crimes — eight times the number in 1995.
- C Data indicates that the number of screenings / admissions for the treatment of a primary substance of abuse other than alcohol rose 26% from FY96 to FY03.

As a state, we are not making the desired progress in the war on drugs.

3 A Three-prong Approach Is Needed To Deal With Drugs: Prosecution, Prevention and Treatment.

A Prosecution.

Law enforcement and prosecutors in Iowa are doing a fine job dealing with an almost intractable problem. Drug shipments across the state on our Interstate highways are being intercepted. Meth labs in Iowa are being discovered. Drug dealers and users are being arrested and prosecuted. However, most law enforcement officers and prosecutors agree that prosecution alone will not solve the drug problem.

C Drug-related convictions in Iowa have increased significantly.

FY2000	8,635
FY2001	10,096
FY2002	11,832
FY2003	14,229

C State Prison Admissions. The number of state prison admissions for drug offenses has steadily risen.

1995	338
2000	841
2003	1,112

C The Criminal Appeals Division of the Iowa Attorney General's Office is handling an increasing number of appeals involving drug possession, possession with intent to deliver, manufacturing, tax stamp and possession of precursors. In the year 2001, the division completed 161 such cases. That number increased to 182 by 2003. Similarly, the percentage of drug case appeals handled by the division has increased from 17% in 2001 to 23% in 2003.

B Prevention.

We are doing a fair job in the area of prevention. Efforts to control demand through education are prevalent throughout the state. Comprehensive prevention grants from the Iowa Department of Public Health cover the entire state and provide core prevention services in areas such as mentoring, community coalitions and workplace initiatives. In addition the department manages a three-year state incentive grant promoting the use of

best practices for 12-17 year-olds to reduce alcohol, tobacco, and marijuana use. These are good programs but they need strengthening. The total state spending for prevention programs in Iowa in FY2004 is approximately \$22.2 million. (The total of \$22.2 million includes \$7.2 million in state funds and \$15 million federal. It should be noted that many of these prevention programs are general in nature and may include areas of emphasis other than drug treatment. The program most relevant to this discussion is the Iowa Department of Public Health Comprehensive Prevention grant program with total funding of \$3.4 million, \$429,000 state money and \$3.0 million in federal funds.)

C Treatment.

In 2003 we recommended a significant increase in the funding available for drug treatment in the state. That recommendation is supported by the 2004 Iowa Drug Control Strategy which says:

“More needs to be done to break the cycle of addiction, which repeats itself over and over in the lives of addicts continually moving between jails and courtrooms and correctional facilities, draining scarce public resources in addition to ruining their own lives and those around them. Research-based substance abuse treatment programming has been shown to be successful, but it requires an investment in resources greater than is currently being made. Those resources can be accessed through an increase in the state cigarette levy, which is currently lower than in surrounding states.”

Treatment is inadequately funded. While the state will spend \$51.1 million in FY2004 (\$28.8 million in state dollars and \$22.2 federal) on treatment, that amount is not adequate to meet the increasing need. Overall, we are doing a good job with the funding that is available but it is not adequate for the numbers needing treatment and for the proper length of stay to get the job done.

This lack of funding for treatment is the reality in Iowa and across America. The Federal Government estimated that 3.5 million people in America need treatment but are not seeking help - roughly the population of Iowa. As many as 70 % of criminal offenders have substance abuse problems.

4 Drug Treatment Reduces Crime and is Cost Effective.

Increasing the money available for substance abuse treatment will reduce crime and make Iowans safer.

A Substance Abuse is Directly Correlated with Criminal Behavior.

About 80 % of those in prison have been identified as having a substance abuse problem.

There are generally considered to be three specific links between crime and drugs. First, there is the violence due to the direct effects of a drug on the user (Psychopharmacological). Second, there is the violence committed in order to generate money to buy expensive drugs. (Economic-Compulsive). Third, there is the violence associated with the marketing of illicit drugs such as turf wars (Systemic).

These theories are demonstrated in data from Iowa police and corrections officials. The Arrestee Drug Abuse Monitoring Program (ADAM) report, "Drug Use and Related Matters Among Adult Arrestees, 2001" showed that in Des Moines 56.6 % of arrestees tested positive for drugs and 35 % were at risk for alcohol dependence. In addition, the Iowa Department of Corrections reports that 75-80 % of all correctional clients admit to a history of substance abuse.

This association between drugs and crime is also shown by several other studies:

C Nearly one-quarter (22 %) of federal prison inmates and one-third (33 %) of state prison inmates reported being under the influence of drugs at the time of their offense [Bureau of Justice Statistics]

C Among state and federal prison inmates, 27% of those serving sentences for

burglary said they committed their offense to buy drugs. [Bureau of Justice Statistics]

C In the 70% of cases in which the victim formed an opinion, 31% believed the offender was under the drugs or alcohol. [National Crime Victimization Study, 2000]

But perhaps the link between crime and drugs is best described by an Iowan who is herself a recovering alcoholic. In a July 29, 2003 letter to the Des Moines Register, an Iowan wrote, “As a recovering alcoholic, I know the addiction does not go away by only being incarcerated. It prolongs the problem. When the person is released without proper treatment, the addict will use again and again. Each time the crimes can and/or will escalate. They are a danger to themselves, their families and society.”

B Substance Abuse Treatment Works.

Research involving numerous large-scale studies consistently demonstrates that treatment has beneficial outcomes. These federally funded and independently evaluated studies include the Drug Abuse Treatment Outcome Study (DATOS), the National Treatment Improvement Evaluation Study (NTIES), the Treatment Outcome Prospective Study (TOPS), and the Drug Abuse Reporting Program (DARP). They have all confirmed drug abuse treatment efficacy through 1-year followup.

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 leaving treatment. Use of the clients primary drug declined from 73% to 38%. Cocaine from 40% to 18%. Heroin from 24% to 13%, Crack from 50% to 25%.

Very promising results were recently released from a smaller study in Polk County, Iowa. This project is particularly interesting because it treated methamphetamine users --- traditionally the most difficult treatment group. In 1999, the Iowa Department of Public Health (IDPH) was awarded a three-year grant by the Center for Substance Abuse Treatment (CSAT) under the Targeted Capacity Expansion (TCE) Grant Program. The purpose of this grant was to expand and enhance methamphetamine treatment for adults

in Polk County Iowa. As a result of this program, an additional 125 methamphetamine-abusing clients were treated during each of the three grant years. Treatment was provided by a total of five substance abuse treatment agencies in the Des Moines area.

The Iowa Consortium for Substance Abuse Research and Evaluation conducted the evaluation component of the TCE project. The Consortium recruited clients to participate in 6- and 12-month post discharge follow-up interviews, tracked these clients, and then conducted interviews. The Consortium conducted 104 6-month interviews and 69 12-month interviews. Although this data is self-reported it is partially confirmed with random drug tests.

The results show that one year after treatment 75% of the clients were abstaining, 96% had not been arrested and 67% were working full time. These are very hopeful numbers indicating that even the most difficult drug addictions can be addressed in treatment.

C Substance Abuse Treatment Reduces Crime.

National Results:

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:

- C Selling drugs declined 78%,**
- C Shoplifting declined 82%,**
- C “Beating someone up” declined 78%,**
- C Arrest for drug possession declined 51%,**
- C Arrests for Any Crime declined 64%.**

More study data indicates that the number of clients receiving the majority of their

income illegally declined after treatment. 34% of men earned a majority of their income illegally before treatment and 8% after. Among women the decline was from 30% to 9%.

Iowa Results:

The Iowa Consortium for Substance Abuse Research and Evaluation at the University of Iowa conducts research for the Iowa Department of Public Health using an Outcome Monitoring System (OMS). The most recent report describes 368 randomly selected Iowa clients who had treatment admission dates during calendar year 2002. Only 10.9% of the clients had been arrested during the 6 months following treatment. Clients responding to “1-3 arrests” decreased by 58.2 percentage points between admission and follow-up.

D Substance Abuse Treatment Increases Employment.

While the primary emphasis of this proposal is on public safety, there are also important implications for the Iowa workforce. All Iowans benefit from having more happy and productive employees in our workforce. We are more productive as a state and there are more of us contributing to society through taxes and other means.

But there are special implications for employment in the area of substance abuse. We must be able to offer a positive alternative to drugs. If we are to appeal to youth to stay away from the destruction of drugs, we must offer them a vision of a productive and happy life without drugs. Employment is an important part of that vision.

According to the National Clearinghouse for Alcohol and Drug Information, the proportion of both male and female clients unable to work due to substance abuse declined after treatment.

- C 14% of men were unable to work before treatment, and that declined to 7% after
- C 31% of women were unable to work before treatment, 10% after.

Similarly the proportion of both male and female clients currently employed increased after treatment:

- C Men 20% employed before and 47% after,
- C Women 10% before and 29% after.

The Iowa Consortium for Substance Abuse Research and Evaluation at the University of Iowa conducts research for the Iowa Department of Public Health using an Outcome

Monitoring System (OMS). Their report issued in September 2003 describes 362 randomly selected Iowa clients who had treatment admission dates during 2002. The report shows:

- C Clients employed full time increased 13.7%
- C Clients employed part time increased 6.2%

- C Clients unemployed but looking for employment decreased 11.5%
- C Clients not in the labor force (not looking) decreased 8%

- C Clients responding to “no income” category dropped 14.3%.
- C Clients responding to “\$1001 to \$2000 for taxable monthly income” increased 14.1%.

E Substance Abuse Treatment Provides Economic Benefits Greater than the Costs.

According to research funded by the Center for Substance Abuse Treatment of HHS, drug treatment saves money. “A review of cost benefit studies examining a broad scope of client behavior and associated economic impacts have shown that the benefits of substance abuse treatment outweigh the costs.” The following studies assessed benefits in the first year of treatment.

- C Studies in two Washington state clinics demonstrated that each dollar invested in full continuum care (inpatient treatment) and partial continuum care (intensive outpatient treatment) yielded an average return of \$9.70 and \$23.33 respectively.

- C Economic returns of about \$7 for every \$1 spent were also found in studies in California and Oregon state treatment systems.

- C Smaller but still notable estimates of \$4 to \$1 returns were found in a representative sample of Federally funded substance abuse treatment demonstration programs.

5 The Stigma: Not a Behavior, but a Disease.

Some people believe that drug and alcohol addiction is simply a matter of choice and that people can “just stop”. It is important to understand substance abuse addiction as a

disease instead of a result of personal weakness and moral failing

Addiction is a chronic, ongoing health problem that is not easy to cure. Recovery is a multi-step on-going process. It assumes that relapse will occur. 6.7 million Americans are affected by drug addiction and 13.8 million by alcoholism. These numbers are approximately equal to the number of Americans affected by heart disease (21 million).

The stigma is a barrier both to good public policy and also to good treatment. “To cope with stigma, addicted individuals and those in recovery may withdraw, exhibit denial or ambivalence, avoid getting the help they need, discontinue their recovery process, or ‘pass’ by hiding their status as individuals in recovery.” [Iowa Department of Public Health Report: “Reducing the Stigma of Alcohol and Other Drug Addiction in Iowa”]

This prejudice is in some ways understandable. As a society, we do not want to do anything to condone addiction. The use of stigma creates comforting emotional distance from the issue and simplifies the complexity of the condition. Until we can come to grips with talking about this issue, we will continue to pay a large social cost in crime, medical costs and lost productivity.

6 The State System for Substance Abuse Treatment.

A Community Programs Funded through the Iowa Department of Public Health.

There are about 80 local treatment programs in communities and hospitals across Iowa. About 30 of these are funded with money from the Iowa Department of Public Health while the remainder are funded through Medicaid and private insurance. All 80 are regulated by the IDPH. These numbers include community based programs to which an inmate might be referred after discharge but they do not include programs at the state corrections institutions.

42,000 persons reported to alcohol and drug centers in Iowa FY01-02, 63.9% of these referrals came from the criminal justice system. Most treatment is for alcohol followed by marijuana and meth. About 20% of new clients are under the age of 18 which provides special problems in funding and treatment.

These programs provide a continuum of care including:

C Inpatient hospital type setting for detoxification,

- C Residential 24-hour care for intensive treatment,
- C Halfway House,
- C Outpatient intensive day treatment,
- C Outpatient less intensive treatment,
- C Continuing care.

The programs are facing several funding-related challenges:

- C Keeping up with best practices such as the use of more individualized treatment and wraparound treatment services.
- C Maintaining quality staff because of inadequate pay levels.
- C Finding adequate treatment space to meet the demand.
- C Preventing clients from moving through the system too quickly so that they can receive effective treatment, especially for meth.

B State Correctional Institutions Funded through the Department of Corrections.

Seventy-five to eighty percent of all correctional clients admit to a history of substance abuse. However, the capacity of Iowa’s prison system to deliver substance abuse treatment has been reduced by 34% since FY2001. The Department of Corrections is capable of treating just over half of all those who should receive substance abuse treatment while still incarcerated. Despite on-going increases in the cost of delivering treatment service, the estimated amount of state and federal funds expended for licensed substance abuse treatment has been reduced by nearly 16% in the past year alone.

Corrections officials should be commended for maintaining this level of treatment services while still meeting the other needs of the institutions. In the Corrections Department budget, funds are not earmarked for treatment but are instead considered part of operations. It is to the credit of corrections officials that they have maintained the level of treatment they have in the face of budget cuts.

<u>Summary of Corrections Institutions Cuts</u>	End of FY01	September, 2003
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Daily Capacity: Licensed Prison Program Beds/Slots	843	599
Annual Capacity: Licensed Prison Program Beds/Slots	2276	1501
Licensed Prison Program Staff (FTE)	62.5	42

These cuts are particularly damaging to the level of intensity needed to provide effective treatment. Some inmates are best served in more cost-effective community based corrections. Others need to receive intensive services while still in prison. It is no bargain to provide diluted, ineffective services. Unfortunately, some of that intensity is being lost because of program eliminations and staffing reductions. For example therapy staff are performing other duties instead of spending full time on therapy.

One particularly impressive example of intensive programming is the 9-month intensive Therapeutic Community approach. The Anamosa State Penitentiary and the Iowa Correctional Institution for Women at Mitchellville each have programs that provide a living environment which is somewhat isolated from the regular prison population and with programming that is approximately nine months in length. These intensive programs are currently funded under federal grants but unfortunately the grant funding the Anamosa program is being discontinued.

7 Proposal: The Single Best Thing We Can Do To Fight Crime.

Drugs are our single biggest crime problem and treatment is the best way to fight drug use. The best public policy tool to reduce crime in Iowa is to increase the availability and duration of substance abuse treatment for adult and juvenile addiction to illicit drugs and alcohol. The Attorney General proposes that resources for substance abuse treatment and related programs should be increased in the amount of approximately \$29 million. These funds would be used to get more people into treatment, and let them stay in treatment long enough to get the maximum benefit.

Estimated Funding Outline:

Community Based Treatment	\$10 million
Corrections Treatment	\$5 million

Drug Courts	\$3 million
Diversion Programs	\$1 million
Jail Programs	\$4 million
Knoxville Program	\$4 million
State Training Schools	\$390,000
Prevention Grants.	\$2 million
Total	\$29.39 million

A Community-based Treatment. (Estimated \$10 million increase)

The State Capacities Work Group in 2001 was charged with the task of determining treatment capacity in the state and estimating the costs for increased capacity. The most effective scenario recommended by the group called for an increase in both the number of beds and the length of stay. The increased cost for that maximum scenario was \$13.9 million. We believe that the current system could not absorb that size of increase in a single year because of workforce issues and so we recommend \$10 million in the first year, \$10 million in the second, and \$15 million by the third.

B Prison / Corrections Treatment. (Estimated \$5 million increase)

The current estimated expenditure for licensed substance abuse treatment in Iowa prisons is \$4.17 million. This provides “residential” level of care treatment for about 900 offenders and “outpatient” level of care for about 517 offenders. A \$9 million annual budget targeted for licensed substance abuse treatment could adequately address the need for treatment within the prisons. An additional \$300,000 should be used to reinstate a centralized substance abuse treatment needs assessment process at the Oakdale reception center.

C Adult and Juvenile Drug Courts. (Estimated \$3 million)

Drug Courts for adults, juvenile or both exist in Des Moines, Sioux City, Mason City, Marshalltown, and in the Fourth Judicial District. These programs are funded primarily through federal grants and they are proving their effectiveness. The state should ensure their continuation and expansion.

Drug Courts are one of the most effective things we can do in part because of the intersection that is created between the criminal justice system and the treatment system.

The Court serves as a particularly effective incentive for requiring treatment. Defendants hear the message that failure to comply will result in sanctions. Because of this feature, judicial cooperation is crucial to success.

The Des Moines Register noted in an editorial in regard to the Polk County Juvenile Drug Court“ one program that benefits the entire state. It’s a bargain for taxpayers. It works.” The Polk County Juvenile Drug Court has a 75% graduation rate and few referrals back to juvenile court the following year. The program costs as little as \$14 per day.

Similarly an evaluation of the Polk County Adult Drug Court by the state Criminal and Juvenile Justice Planning agency found that graduates had a lower post-program recidivism than comparison groups. The study found that the program reduced overall correction costs.

The Iowa Department of Public Health estimates that placing drug courts to serve 40 adults and 40 juveniles in each of the states eight judicial districts would cost \$2.92 million.

D Diversion to Treatment Pilot Projects. (Estimated \$1 million)

The idea of this program is to use a screening tool to identify treatment-ready offenders immediately after arrest so that diversion to treatment occurs prior to the expenditure of legal and correctional resources. Eligible offenders accused of non-violent drug and property crimes would plead guilty enabling them to go the front of the line for full evaluation, treatment, and CBC supervision.

There are two keys to success: first, the use of a treatment-eligibility screening tool by pre-trial release interviewers; and second, priorities set by the prosecutors, public defenders, judges, DCS, and treatment programs to "fast track" these cases.

E Jail-based Treatment Programs. (Estimated \$4 million)

The programs that provide treatment within the jail setting are effective and reliable in part because of the benefits of treating a confined population. This program is currently

being implemented in Polk, Woodbury and Scott Counties. We believe it has great potential for other of the states larger counties. The Polk County program budget costs \$400,000 per year and serves 30-40 men and 10 women. Placing such a program in ten of the larger counties of the state would cost approximately \$4 million.

F Knoxville Secure Drug Treatment Program for Probationers. (Estimated \$4 million)

This funding would establish a secure drug treatment program at Knoxville for probationers who also have a substance abuse problem. The program would provide specialized treatment in a secure setting without increasing demands on the prison system.

G State Training Schools. (Estimated \$390,000 increase)

This funding would restore drug treatment programs at the state's two juvenile institutions. The 15-year long drug treatment program was discontinued because of state budget cuts in 2001. Since that time drug treatment has been available to only a small number of residents. To restore funding to prior levels, the boys training school at Eldora would receive \$270,000 and the Iowa Juvenile Home at Toledo would receive \$120,000. 81% of the youth entering the State Training School arrive with a substance abuse problem.

H Statewide Comprehensive Prevention Programming Grants. (Estimated \$2 million increase)

Additional funding for the Iowa Department of Public Health's Statewide Comprehensive Programming Grant Program will provide an important complement to the increased emphasis on treatment. Under this program 23 grantees provide drug prevention services to all 99 counties of the state on a per capita basis. The programs engage in local prevention activities such as working to reduce college binge drinking or strengthening families to discourage the use of alcohol and drugs. Current state and federal funding for the program is \$3.4 million.

8 Funding

While funding decisions about how to meet this critical state need are the responsibility of the Iowa Legislature, these proposals could be funded by fifteen cents from an increase in the tobacco tax which would raise approximately \$30 million in new state revenue. Attorney General Miller has long supported a higher Iowa tobacco tax because of the lives that can be saved through the reduction and cessation that comes from the increased price. In this regard, Attorney General Miller also supports the efforts of the Iowa Health Initiative for a one dollar increase in the cigarette tax.

It is particularly appropriate to use tobacco tax revenues to fund this drug treatment initiative because nicotine addiction is a frequently occurring co-addiction with other drugs. While there is no evidence of a direct, causal connection between addiction to nicotine and addiction to other drugs, there is an extremely high correlation between the two. Having one addiction greatly increases the probability of having another. The best practice for drug treatment includes treatment for nicotine addiction. While some other states have looked to increase liquor taxes to fund additional drug treatment, Iowa's liquor taxes are already among the highest in the nation.

The current Iowa cigarette tax is 36 cents. It has not increased since 1991 when it was increased 5 cents. More than 30 states have increased cigarette taxes since January 1, 2002. Iowa is currently 38th in the nation regarding cigarette tax level.

Each pack of cigarettes sold in this country costs the economy \$7.18 in health care and related expenditures. By comparison, the tax on a pack of cigarettes in Iowa is 75 cents (39 cents federal and 36 cents state). Smoking costs the U.S. approximately \$150 billion each year in health-care costs and lost productivity. In Iowa the estimated cost is \$1,618,000,000. Taxes charged on tobacco make up only a fraction of that cost.

Most importantly, a tax increase is a deterrent to young people starting and encouragement for smokers to quit. Economists estimate that a 10% increase in the price of cigarettes would reduce teenage smoking by 7% and overall consumption by 4-6%. Such a decline would help reduce the loss of life each year from tobacco. Smoking related disease claims an estimated

440,000
American lives
each year
including
more than
5,000
Iowans

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