

**Using Drug Treatment to Promote Public Safety  
and the Well-being of Children in Iowa:  
Proposal by Iowa Attorney General Tom Miller  
December 20, 2005**

Each legislative session since 2003 Attorney General Tom Miller has issued an appeal to the legislature to significantly 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."*

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 increased substance abuse treatment and prevention funding for as long as it is necessary.

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## **1 There is Still Much to do in the War on Drugs.**

The passage of Iowa Pseudoephedrine Control Law has resulted in a dramatic decline in meth labs in the state. This bill 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.

Despite these significant benefits, the meth problem in Iowa is not solved. All indications from informal law enforcement reports indicate that, while the number of meth labs is down dramatically, the supply of meth in Iowa, and the appetite for it, has not decreased. Imported meth appears to be taking the place of the meth previously made in clandestine labs.

Even before the pseudoephedrine control law was adopted, only about 20% of the meth used in Iowa was homemade. The rest entered the state via interstate drug trafficking. Iowa still remains one of the safest places in America in regard to crime but meth remains a persistent and growing threat to that security. The meth problem has not gone away.

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

**Enforcement:** 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.

**Prevention:** Efforts to control demand through education are prevalent throughout the state but more funding is needed to support these efforts. There is a new generation of evidence-based prevention strategies that, when combined with innovative meth-specific approaches, have proven to be effective in reducing meth use before it gets started.

**Treatment:** We recommend a significant increase in the funding available for substance abuse treatment in the state. Current funding 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.

According to the Governor's Office of Drug Control Strategy the state will spend \$50.2 million dollars on treatment in FY2006 - a small increase over the FY2005 level of \$49.1 million. Unfortunately the current overall funding level is 10% lower than in FY2001 when we spent \$55.5 million on substance abuse treatment. The state share of that funding has declined 13%.

### 3 Drug Abuse is a Significant Threat to Iowa Children.

**Drug-related child abuse is on the rise.** According to Prevent Child Abuse Iowa, DHS records show that Iowa has had much higher rates of child abuse in the past four years than in preceding years. In 2000, these figures began a steep climb, going from 10,822 abused children in 2000 to 14,936 abused children in 2003 and 14,499 abused children in 2004.

In 2004, the Iowa Department of Human Services confirmed 1,713 cases of child abuse involving an illegal drug being present in a child's body as a result of the actions of a parent or other caretaker – an increase of 1,035 cases from 2001 to 2004 – a jump of more than 150 percent. While confirmed reports may include one or more of several illegal drugs, the drug most often found in a child's system was methamphetamine. Additionally, there were 299 cases in 2004 in which a parent or caretaker was involved in manufacturing methamphetamine in the presence of his or her child.

Statewide, the rise in drug-affected child abuse was widespread, with increases in 63 counties from 2001 to 2004. Seven counties confirmed at least 65 more cases of drug-affected children in 2004 than in 2001: Linn (182), Black Hawk (119), Woodbury (112), Dubuque (98), Cerro Gordo (76), Wapello (69), and Appanoose (65). As a proportion of their child population, the drug-affected child abuse rate increases were the largest in Appanoose, Monroe, and Wapello.

**The impact of substance abuse causes untold risks to children.** Much of substance abuse's impact on children is undetected. Many of Iowa's drug endangered children fall into the category of *denial of critical care* and are never viewed as victims of drug-related child abuse. An August 2005 DHS study assessed the impact of parental meth use or manufacturing on child protection cases in the 16-county Council Bluffs service area in western Iowa. The study, similar to one conducted in 2003, found that 49% of the child welfare cases of DHS workers in that area had a known "meth" factor – parents using, cooking, or selling. In this region of the state, there has been no decrease in the meth problem as it relates to children in the child welfare system; methamphetamine continues to have an impact on about half of all cases.

Iowa's drug-related abuse numbers, limited to two categories codified by statute, include only some of the cases where children are harmed by parental use or manufacturing of meth. Hence, under current law, the Iowa Department of Human Services is only able to track and record those instances where officials actually found evidence of illegal drugs in a child's body or discovered parents manufacturing meth with a child present. Undetected cases are, obviously, never noted and drug-related child abuse figures are affected by how diligently officials discern the effects on children of parental drug use or manufacturing.

Additionally, Iowa's drug-related abuse numbers count only some of the harm that children of substance-abusing parents suffer. According to mental health experts, children whose parents use methamphetamine face risks from chronic neglect, chaotic home lives, violence associated with drug sales, and inconsistent parenting. Because of these risks, many Iowa children end up in the child protection system because they suffered other abuse, including neglect, physical injury, or sexual abuse. Yet with many of Iowa's drug endangered children falling into the category of *denial of critical care*, we may be failing to track them as victims of drug-related child abuse.

**Parental substance use results in a lack of permanency for too many Iowa children.**

Parental substance abuse has caused untold numbers of Iowa children to be removed from their families and be placed into the foster care system. Between Nov. 2003 and October 1, 2005 the Iowa Court of Appeals filed opinions in 158 cases in which children were before the Court due to the use of drugs by their parents. These 158 cases represent the fate of 303 Iowa children in proceedings upholding adjudications of Child in Need of Assistance and the Termination of Parental Rights. Substance abuse's tragic toll on the stability of children places the need for caretaker treatment at the top of state priorities.

**Parents addicted to illicit substances need additional services to support their efforts at recovery.**

To best assist drug endangered children, chemically dependent parents need expanded treatment services in order to effectively recover from addiction. Treatment services for caretakers have the best hope for success if coordinated with programming that places parents side-by-side with their children, integrates life-skills and teaches successful parenting. Policymakers should consider funding additional treatment programs for caretakers and family drug courts to assist chemically dependent parents who have a substance abuse problem, particularly in those areas of Iowa that have suffered the highest rates of child welfare removals and continue to struggle with parental addiction. A comprehensive approach to support the recovery of parents and caretakers, with wrap-around services for the mental and developmental needs of children, is critical for the recovery of families in Iowa and for the safety of children.

**4 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 (33 %) 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 September 2005 Outcomes Monitoring Report on treatment in Iowa shows high treatment rates and surprisingly it shows particularly high treatment rates for meth users. According to the report, 51.4% of all users had successfully abstained six months after treatment. Importantly, the abstinence percentage for clients who were in treatment longer than 60 days was 61.1% while the abstinence percentage for clients who were in treatment from 31 to 60 days was 38.1% demonstrating that funding for an adequate length of stay is important.

Meth users had a surprisingly high abstinence rate of 65.4% 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 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 treatment:

- C **Selling drugs declined 78%,**
- C **Arrests for any crime declined 64%.**

**Substance Abuse Treatment is Cost Effective.** Multiple studies have shown that the benefits of substance abuse treatment outweigh the 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 an return of \$23. Other studies show economic returns of \$4-7 for every \$1 spent

## **5 Proposal:**

**(A) Support for the Iowa Drug Policy Advisory Council Recommendation for Increased Funding for Drug Treatment in Iowa (\$7 million).** 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 addiction to illicit drugs and alcohol. The Attorney General believes that resources for substance abuse treatment and related programs should be significantly increased. These funds would be used to get more people into treatment, and let them stay in treatment long enough to get the maximum benefit.

The need for funding increases is across the board. It includes community based treatment, corrections system treatment, drug courts, jail-based programs, treatment for youth at the state training schools and additional prevention funding.

Overall spending for drug treatment in Iowa has declined 10% since 2001. State spending has declined 13%. This trend must change if we are to deal successfully with drug problems in Iowa. The Attorney General believes that the state should increase funding for substance abuse treatment and prevention. Each year since 2003, the Attorney General has called for significant increases in funding for substance abuse treatment and prevention. The Attorney General continues to support efforts to increase funding for this important priority including the \$7 million proposal being offered by the Governor's Office of Drug Control Policy on behalf of several state agencies.

**(B) Expand Treatment for Substance-Abusing Parents and Caretakers (\$7 Million)**

The Attorney General proposes that the state fund licensed treatment facilities that allow substance abusing parents to receive services alongside their children while obtaining substance abuse treatment. Iowa currently has 3 such facilities funded by the Iowa Department of Public Health: *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 the expansion of this concept to high-need areas of the state where such services do not currently exist. We believe six to ten facilities could be funded with these dollars depending upon the availability of federal funds and local need.

The three existing programs are models for drug treatment for women with children and they provide an excellent blueprint for expanded drug treatment in communities with high rates of drug-related child abuse. Given the great risk of harm that comes to children as a direct result of a parent's addiction, comprehensive services are needed to address a caretaker's addiction as well as to provide education and support with respect to their role and responsibilities as parents in a family setting. These three programs are examples of effective programs that provide intensive drug treatment and family reunification skills for substance-abusing parents at risk of losing their children.

Methamphetamine has come at a high cost to our state and to our children, more of whom are in foster care than in years past. Children of substance abusers face many difficulties not limited to negative environmental influences, physical illness and injury, emotional disturbances, educational deficits, and behavior problems. Children's survival and success are just as important as the parent's recovery and, as our future generation, we must make the needs of children our priority. The approach taken by *Heart of Iowa*, *House of Mercy* and *Jackson Recovery* allows children to receive critical services necessary to recover from the trauma of their family's substance abuse and enables them to live healthy, productive lives.

**(C) Expand Drug Courts. (\$3 Million).**

Drug Courts currently exist in Des Moines, Davenport, Sioux City, Mason City, Marshalltown, and in the Fourth Judicial District. Because these programs are proving their effectiveness, the state should ensure their continuation and expansion.

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. Family drug courts give caretakers of children the opportunity to succeed in treatment while remaining connected with their children.

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, the treatment system and the child welfare 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.

As early as 2003 a Des Moines Register editorial said that the Polk County Juvenile Drug Court is “.... 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 approximately \$3 million.

**Conclusion:** The State of Iowa needs to reverse a declining commitment to drug treatment because adequately funding drug treatment is the single most effective thing we can do in Iowa to fight crime. The Attorney General’s office believes that full funding of all the needs in the substance abuse treatment area would take something in the area of \$25 million in increased funding. Today, the Attorney General calls for an increase in spending of \$17 million by the state to address this crucial public safety need. He endorses budget packages already contained in state agency requests totaling just over \$7 million and also calls on legislators to fund a new program in the amount of \$7 million to address the specific treatment needs of drug addicted caretakers and their children. In addition he supports an expansion of drug courts in Iowa in the amount of \$3 million.

