

**Using Drug Treatment to Promote Public Safety in Iowa
A Proposal by Iowa Attorney General Tom Miller
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A	Community Based Treatment	\$5 million
B	Corrections Treatment	\$2.5 million
C	Adult and Juvenile Drug Courts	\$3 million
D	Jail-based Treatment Programs	\$2 million
E	State Training Schools	\$.390,000
F	Additional Prevention Grants	\$1 million
	Total	\$13.89 million

1 Introduction to the 2005 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. It is a continuation of an effort begun by the Attorney General with the 2003 legislative session. 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.”***

Past legislative sessions have shown increasing support for the idea that more use of drug treatment could be a cost-effective public policy alternative. Attorney General Miller believes legislators and the public are becoming more aware of the potential for more drug treatment funding as a cost-effective alternative or supplement to incarceration for certain non-violent offenders. This year's proposal for a \$13.89 million increase in spending for drug treatment and prevention is scaled back in comparison to the prior proposal. While the need for a substantial funding increase is still acute, this year's proposal focuses more specifically on what the Attorney General's office believes are the most crucial areas for improvement.

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 drug treatment and prevention funding for as long as it is necessary.

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.

Iowa has a particular problem in regard to methamphetamine.

- 👉 The Federal DEA reported 1294 Iowa meth lab incidents in 2003, the 3rd largest number of meth labs of any state in the nation. As of November, 2004, Iowa has the 3rd highest number of meth lab incidents reported to the DEA during 2004, and is 2nd on a per-capita basis.
- 👉 A federal report on drug treatment admissions says Iowa has the 4th highest rate of meth addiction in the nation.
- 👉 The Iowa Division of Narcotics Enforcement reported 1,369 meth lab incidents in calendar year 2004. That number exceeds the 2003 record of 1,155 lab responses...or more 3 per day.
- 👉 State narcotics agents confiscated 352 pounds of methamphetamine from communities throughout Iowa in 2003, twice the previous record quantity.

- ☺ The proportion of Iowa's drug treatment adult clientele listing meth as their primary substance of abuse has risen to an all-time high of 15.8%.
- ☺ Over the last two years (CYs 2002 & 2003), the Iowa Department of Human Services classified 821 Iowa children as victims of abuse due to parents manufacturing meth or possessing meth precursor chemicals.

Federal officials have identified Iowa as one of the nation's 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.

While meth is the state's highest profile drug problem, the state's drug problem is not limited to that drug.

- ☺ The number of adults screened/admitted into treatment for marijuana use has increased 38% since 1996. Marijuana accounts for 22.7% of all screenings and admissions to treatment in Iowa. *(Iowa's Drug Control Strategy 2005)*
- ☺ Cocaine/Crack accounted for 5.3% of Iowa drug treatment screenings and admissions. *(Iowa's Drug Control Strategy 2005)*
- ☺ And alcohol remains the drug most often abused by Iowans. 55.6% of all screenings and admissions to treatment in Iowa were for alcohol. *(Iowa's Drug Control Strategy 2005)*

The size of the state's drug problem can also be seen in law enforcement data:

- ☺ Between 1994 and 2002, the rate of reported arrests for drug offenses nearly doubled. *(Iowa's Drug Control Strategy 2005)*
- ☺ There has been a 30.7% increase in the number of indictable misdemeanor and felony drug charges adjudicated by the Iowa District Court from 1999 to 2003. *(Iowa's Drug Control Strategy 2005)*
- ☺ Drug cases represented 25% of the charges and 24% of the convictions on Iowa court dockets in FY2003. *(Iowa's Drug Control Strategy 2005)*

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.

☞ Drug convictions in Iowa continue to increase: [Iowa's Drug Control Strategy 2005]

1999	8,810
2000	9,595
2001	9,881
2002	11,886
2003	12,635

☞ The Criminal Appeals Division of the Iowa Attorney General's Office handles appeals from convictions for drug possession, possession with intent to deliver, manufacturing, drug tax stamp and possession of precursors. These cases continue to occupy a significant portion of the caseload handled by the Iowa Attorney General's Criminal Appeals Division. In 2004, the division completed 115 such cases, which amounted to about 15 percent of the total number of cases closed. A much greater percentage of the total caseload can be factually linked to drug abuse in crimes such as burglaries, assaults and robberies.

B Prevention.

Efforts to control demand through education are prevalent throughout the state but more funding is needed to support these efforts. As stated in "Iowa's Drug Control Strategy 2005", "There are 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. These programs deliver consistent messages sustained over a long period of time, and are aimed at impacting attitudes and behavior toward drugs. But such a long-term payoff requires an upfront investment."

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 FY2005 is approximately \$26.5 million. (The total of \$26.5 million includes approximately \$6.5 million in state and other funds and \$20 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, \$416,000 state money and \$2.9 million in federal funds.) [Iowa's Drug Control Strategy 2005]

C Treatment.

We recommend a significant increase in the funding available for drug treatment in the

state. That recommendation is supported by Iowa's Iowa Drug Control Strategy 2005 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, particularly for longer -- albeit more costly -- stays, which is exactly what meth-addicted clients need. A recently-released drug treatment outcomes study by the Iowa Consortium for Substance Abuse Research and Evaluation, showed that the abstinence rate for those in treatment for over 120 days to be about 50% higher than for those in treatment only 31-60 days. But as with prevention, it requires an investment in resources greater than is currently being made.”

Treatment is inadequately funded. According to Iowa's Drug Control Strategy 2005, the state will spend \$49.1 million treatment dollars in FY2005 (\$22.8 million in state dollars and \$26.3 federal and other). 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:

- ☞ 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]
- ☞ 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]
- ☞ In the 70% of cases in which the victim formed an opinion, 31% believed the offender was under the influence of 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 follow-up.

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%.

These results are verified in Iowa by research conducted by the Iowa Consortium for Substance Abuse Research and Evaluation. The September, 2004 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, 50.2% of all users had successfully abstained six months after treatment. Importantly, the abstinence

percentage for clients who were in treatment longer than 30 days increased in essentially a straight line as the length of stay increased. When the length of treatment exceeded 120 days, the abstinence rate exceeded 60%

Meth users had a surprisingly high abstinence rate of 65.5% 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.

Data from the Iowa report showed that 88.7% of clients had not been arrested after treatment- compared to only 30.9% upon admission. And 52.7% of clients were employed full time - compared to 36.1% at admission. When treatment works the rewards to society are significant both in terms of reducing crime and in terms of increasing productivity.

C 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:

- 👍 **Selling drugs declined 78%,**
- 👍 **Shoplifting declined 82%,**
- 👍 **“Beating someone up” declined 78%,**
- 👍 **Arrest for drug possession declined 51%,**
- 👍 **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%.

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.

- 👉 14% of men were unable to work before treatment, and that declined to 7% after.
- 👉 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:

- 👉 Men 20% employed before and 47% after,
- 👉 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 2004 describes 362 randomly selected Iowa clients who had treatment admission dates during 2002. The report shows:

- 👉 Clients employed full time increased 16.7%
- 👉 Clients employed part time increased 3.9%

- 👉 Clients unemployed but looking for employment decreased 9%
- 👉 Clients not in the labor force (not looking) decreased 11.7%

- 👉 Clients responding to “no income” category dropped 25.0%
- 👉 Clients responding to “\$1001 to \$2000 for taxable monthly income” increased 8.1%.

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.

- 👉 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.

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

- 👉 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 common problem in our society. 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). A study by Peter D. Hart Research released in May, 2004 showed that 63% of Americans said that there had been a “great deal” or “some” impact on their lives as the result of addiction – and 72% of them said the addiction was among a family member.

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.

The stigma regarding addiction 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 are regulated by the IDPH. These numbers include community based programs to which an ex-offender might be referred after discharge but they do not include programs at the state corrections institutions.

40,771 persons reported to alcohol and drug centers in Iowa FY03-04, 60.5% of these referrals came from the criminal justice system. Most treatment is for alcohol followed

by marijuana and meth. About 15% 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:

- 👉 Inpatient hospital type setting for detoxification,
- 👉 Residential 24-hour care for intensive treatment,
- 👉 Halfway House,
- 👉 Outpatient intensive day treatment,
- 👉 Outpatient less intensive treatment,
- 👉 Continuing care.

The programs are facing several funding-related challenges:

- 👉 Keeping up with best practices such as the use of more individualized treatment and wraparound treatment services.
- 👉 Maintaining quality staff because of inadequate pay levels.
- 👉 Finding adequate treatment space to meet the demand.
- 👉 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 (approximately 36,500 offenders) admit to a history of substance abuse. However, the capacity of Iowa's correctional system to deliver substance abuse treatment has been reduced by 41% since FY2001. The Department of Corrections is capable of treating only half of all those who should receive substance abuse treatment while still incarcerated.

The current estimated expenditure for licensed substance abuse treatment in Iowa prisons is \$4.45 million. This provides "residential" level of care treatment for about 700 offenders and "outpatient" level of care for about 1,000 offenders. Additionally, \$1 million provides for the treatment of nearly 800 OWI offenders in community corrections residential treatment programs

Community-based Correction treatment capacity to serve offenders has been reduced by 50% in TASC (assessment and treatment referral/monitoring) and 34% in OWI programs. 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 10% in the current 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.

Summary of Corrections Institutions Cuts	End of FY01	December, 2004
Daily Capacity: Licensed Prison Program Beds/Slots	843	696
Annual Capacity: Licensed Prison Program Beds/Slots	2276	1766
Licensed Prison Program Staff (FTE)	62.5	49
Community-Based Correction OWI Offenders Served	1190*	777
Community-Based Correction TASC Assessments Completed	2645*	1530

*1999 data due to data inaccuracy when ICON implemented

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. Additionally, the Dual Diagnosis Program in the First Judicial District is an American Corrections Association Best Practices Award Winner for comprehensive treatment of offenders in the community with both substance abuse and mental illness diagnosis. These intensive programs are currently funded under federal grants however, the grant funding is potentially jeopardized due to reductions and formula change in the Byrne grant funds.

Federal grant funding that has fueled much of Iowa's offender treatment programming will be reduced and redirected under the omnibus spending measure for 2005 approved by Congress. The omnibus spending measure merges the Edward Byrne Memorial State and Local Law Enforcement Assistance Program (Byrne) and the Local Law Enforcement Block Grant (LLEBG) into a single Justice Assistance Grant Program (JAG), and alters the funding formula in favor of states/communities with higher rates of violent crime (Part 1 Crimes). According to figures provided by the U.S. Department of Justice for the congressionally-approved appropriations package, and analysis conducted by the Iowa Governor's Office of Drug Control Policy (ODCP):

- ☺ Iowa loses \$2,474,564 for state coordinated drug enforcement, treatment and prevention programs (Byrne)
- ☺ Iowa gains \$1,543,656 for law enforcement programs in communities with higher than average rates of violent crime (LLEBG)
- ☺ Iowa will realize a *net* loss of \$930, 999 in federal drug and violent crime control grant funding in 2005

Iowa’s correctional system currently receives nearly \$1,000,000.00 in Byrne funds (Dual Diagnosis, First District; Therapeutic Communities, Iowa Correctional Institution for Women and Anamosa State Penitentiary; Drug Courts, Second and Seventh District; Accountability & Outpatient Treatment Failure Program, Sixth District; Restorative Justice, Eighth District). Additionally, Iowa’s community-based substance abuse treatment programs serving offender populations in the community receives over \$400,000.00 in Byrne funds. Reductions in Byrne funded treatment programs are very likely in the State FY 2006 due to the federal funding reductions coupled with the formula changes directing how the funds will be spent.

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	\$5 million
Corrections Treatment	\$2.5 million
Drug Courts	\$3 million
Jail Programs	\$2 million
State Training Schools	\$390,000
Additional Prevention Grants	\$1 million
 Total	 \$13.89 million

A Community-based Treatment. (Estimated \$5 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 an increase of \$5 million

with the hope that subsequent increases would follow for these crucial programs.

B Corrections System Treatment. (Estimated \$2.5 million increase)

It is estimated that a \$9 million annual budget targeted for licensed substance abuse treatment could adequately address the need for treatment within the prisons and community corrections OWI residential programs. We are advocating for a first step toward that goal by asking for an increase of \$2.5 million. About \$300,000 of this money 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.

In a 2003 editorial, The Des Moines Register 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 \$2.92 million.

D Jail-based Treatment Programs. (Estimated \$2 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 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 five of the larger

counties of the state would cost approximately \$2 million.

E 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.

F Statewide Comprehensive Prevention Programming Grants. (Estimated \$1 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.

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