WGA Drug Policy Working Group

Drug Strategies in the West

Preliminary Draft

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Preface

During the WGA Winter Breakfast Meeting in Washington, DC on February 29, 2000, Neil Goldschmidt, former Governor of Oregon and Chairman of Drug Strategies, and Mathea Falco, President of Drug Strategies, joined the governors for a roundtable discussion of state drug policies. The conversation was highly animated and exceeded its allotted time on the agenda. At the end of the discussion, the governors unanimously supported WGA engaging the drug policy issue, including bringing ideas for implementation to them and their staffs at this year's annual meeting.

Purpose

The purpose for this 'white paper' is to provide the governors with background information regarding both drug use and innovative drug programs in the West in preparation for a plenary session, "Effective Drug Policies: Reducing Demand," that will be held on June 13 at the WGA Annual Meeting in Hawaii. The 'white paper' was developed by the WGA Drug Policy Working Group, which was formed in late March 2000. The working group currently includes representatives from 13 WGA states and from Drug Strategies. It is chaired by Kathy Ruffalo from the office of Governor Dirk Kempthorne of Idaho.

The working group held a meeting on April 28-29 in Denver to begin developing the report. It also has relied on e-mail, conference calls, and the WGA secure Web site to develop this 'white paper.'

Governors should consider this report as a 'snapshot' of drug use and drug programs in the West. The information in this 'white paper' is not intended to be all-inclusive or to fully characterize drug use and innovative drug programs in the region. Not all WGA member states participated in the working group. Furthermore, much of the data that we did receive is not complete or in a standardized format, making it difficult to compare statistics from different states. It should also be noted that not all of the programs under the 'Best Practices' and 'Promising Initiatives' sections have been evaluated. Therefore, we do not know their true level of effectiveness. As the working group further engages these issues, we anticipate updating and revising this report.

The focus of the white paper is on treatment and prevention programs, but it is not the intent to take away from the importance of enforcement, interdiction, and corrections programs. Western states need comprehensive strategies to address drug and alcohol abuse with increased emphasis on treatment and prevention.

Overview

In order to begin characterizing drug and alcohol abuse and drug programs in the West, the WGA Drug Policy Working Group developed a survey and submitted it to WGA member states to complete. The responses of the twelve Western states that participated ranged from very detailed to quite brief. Despite the lack of consistently comparable information, certain common themes emerged that characterize the scope of drug abuse problems in the region as well as state initiatives to reduce these problems.

All states report that their drug-related spending has increased substantially in recent years and continues to increase.

The twelve states reported that their anti-drug budgets continue to grow. However, all states noted that determining precisely how much of the state budget is allocated to this area is a central challenge. Responsibility for prevention, education, treatment, law enforcement and corrections is spread among many state agencies which often do not earmark the funds spent addressing drug abuse. However, most states can make an educated estimate of these amounts. Nonetheless, from state to state, these estimates may be based on very different assumptions which can undermine the accuracy of regional comparisons. Most states did not include the large infusion of federal funding which comes into their states and which is sometimes matched or placed in partnership with state and local funds.

More than half of state anti-drug budgets are spent on criminal justice and incarceration costs both for adults and juveniles with serious drug problems.

Drug crime is driving rapid increases in state incarceration rates and corrections costs throughout the region. The U.S. Bureau of Justice Statistics recently reported that during the past decade, eight western states were among the top ten states nationwide with the largest increases in corrections populations. While these increases may be due in large part to the fast-growing increases in the overall population in the Western states, many of these offenders have been convicted of drug law violations and/or have serious drug problems closely related to their offenses (for example, robbery, burglary, assault). State spending on drug prevention, education and treatment programs accounts for a much smaller portion of total anti-drug expenditures: reporting states estimated that spending in this area ranges from 20 to 30 percent. One must keep in mind that a portion of criminal justice and incarceration costs certainly includes and contributes to prevention, education, and treatment programs.

Alcohol and other drug abuse treatment is available for only a small fraction of those who need it.

States vary widely in their capacity to provide accurate assessments of treatment needs, both within the criminal justice system and in the general population. All the states report that they need better estimates of how many people need treatment, so that resources can be more effectively used. In the eight western states in which data were reported (AZ, ID, NV, ND, SD, HI, TX, WA), treatment is available to only a fraction of those that need it. Percentages range from a low of 6.6% to

a high of 30.1%. Among the eight states combined, 1,224,655 persons need treatment. Publicly funded treatment is available in those states to only 173,273, or to approximately 14% for those in need.

Treatment is scarce, although intensive outpatient programs are relatively inexpensive compared to taxpayer costs incurred by drug abuse. A major study in California in 1992 found that every dollar spent on treatment saves $7 in reduced costs to the public, primarily because of reductions in crime and increases in productivity. Federal funds for treatment, which flow through to the states in block grants, represent only 25% of the total Federal drug budget (almost $20 billion in FY 2001). Expanding treatment availability would require substantial increases in, or relocation of, Federal and state funding. One must keep in mind that a portion of criminal justice and incarceration costs certainly includes and contributes to prevention, education, and treatment programs.

States are expanding drug courts as a cost-effective alternative to incarceration for nonviolent drug offenders.

Drug courts, which place nonviolent drug offenders into court-supervised treatment instead of jail, are gaining wide acceptance. There are currently 168 drug courts in the Western states and 104 additional drug courts are being planned. Some states have adapted the original drug court model (for adult drug offenders) into family drug courts and juvenile drug courts. Although these courts have not yet been extensively evaluated, national studies have found that drug courts reduce recidivism by half to two-thirds among those who "graduate," at a fraction of the cost for incarceration. Several Western states report similar findings in their initial evaluations of drug courts.

All states in the region have drug education and prevention programs in a substantial portion of their schools; however, very little information is available as to effectiveness.

Many different programs are currently used in schools across the Western region; however, most of them are not based on research regarding the most effective approaches, and they are not generally well funded, especially in rural areas. (This is also true across the country.) The U.S. Department of Education now requires that school drug and violence prevention programs be research based in order to obtain Federal funding under the Safe and Drug Free Communities program. States recognize the urgent need to develop better information on which programs schools have adopted and to move towards programs of proven effectiveness.

Methamphetamine

Methamphetamine is a very powerful stimulant sometimes called “Speed”, “Crank”, “Crystal”, or “Crystal Meth.” It is generally found in powder or crystalline form and can be taken orally, snorted, or injected. It is a synthetic psychostimulant that produces intoxication, dependence, and psychosis. Methamphetamine has mood-altering effects, behavioral effects such as increased activity and decreased appetite, and a high lasting 8 to 24 hours. Although there is an initial general sense of well-

being, methamphetamine use has been associated with both long- and short-term problems such as brain damage, cognitive impairment and memory loss, stroke, anorexia, hyperthermia, hepatitis, HIV transmission, heightened anxiety, increased aggression, and paranoia.

Historically, methamphetamine use has been concentrated primarily in the West and Southwest. A number of indicators–including methamphetamine laboratory seizure data and arrest data from the U.S. Department of Justice–clearly show that methamphetamine use is spreading throughout the United States. Of particular concern is both the increasing use among populations not previously known to use this drug, and the emerging use in cities and rural settings previously thought to be largely unaffected by illicit drugs. Meth use is particularly problematic in the rural areas, many of which lack the infrastructures necessary to deal with a major drug problem.

Where is Meth coming from?

The various outlaw biker gangs historically controlled the methamphetamine market. That situation has changed over the last 8 - 10 years as the Mexican Drug Organizations have taken over much of the market. According to the January 2000 Federal Methamphetamine Interagency Task Force Report, the drug is manufactured and distributed by Mexican sources using established drug trafficking routes. The precursor chemicals necessary to manufacture methamphetamine are controlled in the United States but that is not the case in Mexico. Consequently, many large scale clandestine methamphetamine labs are in operation in Mexico. They are able to smuggle large shipments across the border in commercial vehicles, as is evident by the large scale highway interdiction seizures which are frequently made across the western United States.

Another source for Methamphetamine is the increasing number of clandestine methamphetamine labs operating in the United States. According to the U.S. Department of Justice**,** Drug Enforcement Agency (DEA) seizures of clandestine laboratories increased from 218 in 1993 to 1623 in 1998. There were an additional 4,136 local and state seizures nationwide in 1998. Not only has there been a steady rise in meth labs, there is growing spread of labs from the Southwest, across the West, and now into the East.

Most early labs utilized an ether process. These were frequently discovered due to the odor of the ether. This method was followed by the red phosphorus method, which is still used by some "cooks." The most popular methods, by far, are the various ephedrine and Psudoephedrine cook down methods. It is easy to get on the Internet, search the word 'methamphetamine,' and find several hundred recipes for methamphetamine.

Most significant for western states is that meth labs appear to be increasing in the West, and continue to comprise a major portion of the domestically produced drug. 65 of the 71 "super labs" (10 pounds of capacity or more) seized by DEA in 1998 were in the West; 57 of those were in California. These super labs accounted for 78% of production capacity seized.

Meth Lab Problems

These clandestine methamphetamine labs pose many problems, including safety issues and environmental concerns. These lab sites are considered hazardous waste sites by EPA and require

expensive safety equipment to dismantle them. There are also various OSHA requirements that govern safety requirements for the law enforcement officers responding to these sites. Improper response to these clan labs can result in serious injury or death.

The cost of cleaning up these hazardous clandestine meth lab sites can range from $3,000 to $5,000 for a relatively small operation to as much as $50,000 to $100,000 for a large site. There is usually five pounds of waste generated for every one pound of product. This waste is often dumped in backyards, rural areas, in rivers, or fields. The impact on groundwater supplies is obvious. If state agencies work in conjunction with the Federal DEA, they have access to COPS Grant "Super Fund" money to pay for the clean-up. If not, they are normally responsible for the clean-up costs themselves.

Prevention and Treatment Programs

Given a limited time schedule, the WGA Drug Policy Working Group was not able to gather such data as the number of users of meth, the number of users needing treatment, and the current capacity for meth treatment. As the working group continues to investigate meth use, we will endeavor to get these numbers in order to characterize the 'human toll' that this drug is causing.

The Federal Methamphetamine Interagency Task Force Report states that effective prevention programs should be comprehensive, e.g. involving the individual, families, schools, the media, law enforcement officials, health care providers, other professionals who directly serve youths, and community agencies and organizations. The program components should be well integrated in theme and content so they reinforce one another.

Treatment of methamphetamine addicts presents many problems. The drug is extremely powerful and requires long term treatment for any success. Most successful programs require a six to twelve month residential treatment followed by extensive out-patient monitoring. Along with the powerful addiction of the drug are the associated medical problems. These include severe weight loss, cardiac problems, respiratory problems, and tooth and gum separation. Recent studies have shown a close similarity between extended meth use and Alzheimer's disease. The projected long term medical costs for these meth addicts is staggering.

Unfortunately, there is no end in sight for the methamphetamine problem. Huge shipments of methamphetamine continue to be seized after being smuggled into the United States from Mexico. Increasing numbers of clandestine meth labs are seized each year in the western United States. Ongoing studies related to methamphetamine continue to paint a bleak picture for the future of methamphetamine addicts. The future costs to our medical, social service, criminal justice, and corrections systems is frightening. Methamphetamine is a problem that demands our attention.

The January 2000 Federal Methamphetamine Interagency Task Force Report offers a number of recommendations in the areas of prevention and education, treatment, law enforcement, and research. This report, conducted over the past two years by a task force of federal and non-federal experts from the fields of law enforcement, prevention, education, and treatment, could serve as a useful guide to the western states wanting to develop programs to address the meth problem.

Drug Trends

Trends in Drug Usage

In 1998, more than six percent of Americans used illicit drugs, compared to over seven percent of the Western region's residents. The total number of illicit users nationwide is 13.6 million, four million of whom are drug addicts. These numbers remained relatively stable from 1992 to1998.

Among illicit drugs, marijuana is by far the "drug of choice." However, methamphetamine accounts for most of the growth is arrests, caseloads, and incarceration, and is the fastest growing part of the drug abuse problem.

Illicit drug use is highly correlated with educational status but not racial groups. It is a major contributor to deaths due to overdose, suicide, homicide, and HIV-AIDS. As the perceived risk of illicit drug use decreases, drug use increases and vice versa.

WGA states are also major transhipment states where illegal drugs initially enter the country, are stored temporarily, and then are moved to population centers in other parts of the nation.

Drug Use Among Youth

Polysubstance abuse is a considerable trend among adolescents 12 to 17 years old. According to SAMHSA, "young smokers are 12 times more likely to also take illicit drugs and are 16 times more likely to drink alcohol heavily than young nonsmokers. Youths who are heavy alcohol drinkers are 24 times more likely to take drugs than are young nondrinkers."

Youth initiation of marijuana and cocaine are at historically high levels, including early initiation by pre-teens.

Trends in Drugs and the Criminal Justice System

During the last two decades, more and more Americans are being incarcerated, a large percentage of whom committed drug-related crimes.

The FBI Uniform Crime Reports reported a 358 percent increase in drug arrests between 1973 and 1996 going from 329,000 in 1973 to 1.5 million in 1996. This increase has greatly impacted prison populations, which grew on average by 64,000 inmates each year between 1990-1997. In 1997, there were a total of 1.8 million inmates: 99,000 in federal prisons; 1.1 million in state prisons; and 567,000 in local jails. The total national prison population is nearing 2 million this year.

Drugs, alcohol and crime go together. Half of all inmates are poly-substance abusers. Further, drug law violators constitute 25 percent of all adult inmates. Another 3 million are on parole or probation.

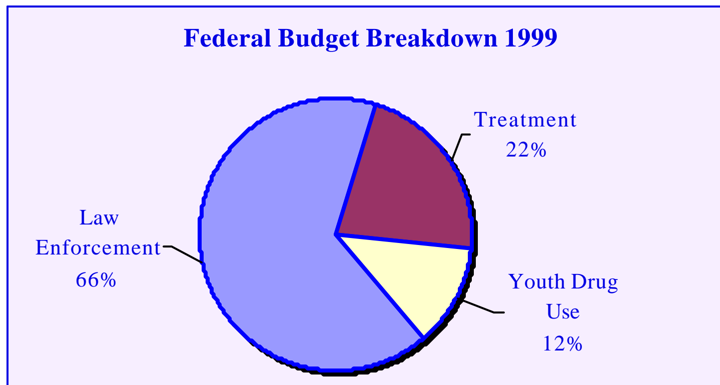
Forty percent of the nation's adult and juvenile facilities offer substance abuse treatment, but only 10 percent of prisoners participate. Few facilities offer post-release

Trends in Budgets

Spending per Inmate	
Corrections	$23,406
Corrections, Judicial & Legal	$39,201
Corrections, Judicial, Legal & Police	$71,465

With the increase in drug crimes and in enforcement, there has been a corresponding increase in government spending. The National Association of State Budget Officers reported that the 1998 state spending for corrections totaled more than $30.2 billion, a 4.7 percent increase over the previous year. Between 1992 and 1998, state corrections spending increased an average of 8.2 percent. The Federal Bureau of Prisons budget increased from $220 million in 1986 to $3.19 billion in 1997.

The federal drug budget has grown from $1.5 billion in 1981 to $18.1 in 1999, with two-thirds of the budget going for supply side activities (see graph above). To date, the federal government has spent over $160 billion while state and local governments have spent an additional $320 billion to combat illicit drugs.



In addition to the large amounts of money spent directly on drugs, there is a high cost for drug related health-care costs. Nationally, $7.6 billion is spent in health-care costs for drug abuse. Taxpayers pay about two-thirds of these costs through medicare; medicaid; and local, state and federal agency budgets.

Best Practices and Proven Alternatives

The Drug Policy Working Group surveyed western states to find out what they are doing to address the demand for alcohol and illicit drugs. This section is based on our findings from the 12 States that provided information, which included Montana, Nebraska, Wyoming, Nevada, New Mexico, Arizona, Washington, North Dakota, South Dakota, Hawaii, Texas and Idaho. For more detailed information about specific programs, the Appendix includes brief descriptions of a number of 'Promising Initiatives' in the West.

Treatment Services

Non-Correctional - Best Practices

The Western States are making a concerted effort to address the needs of non-Correctional populations. An effective strategy of community based treatment is an evolving process, but there are

key components that need to be considered in the development of a system of care. A number of these components are: Screening and Assessment centers that allow for the accurate diagnosis of chemical abuse and dependency issues and related co-morbid conditions; a system of treatment services that is gender, culturally and age specific; a treatment system that includes structured outpatient treatment services, day treatment services, residential treatment services, long term residential programming and a minimum of 1 year of ongoing continued care services. Also critical is a treatment process that addresses the unique needs of pregnant substance abusing women, methamphetamine users, and inhalant abusing youth. Access to services needs to be based on standardized placement criteria and each component needs to be evaluated to assess effectiveness, but structural changes based on the outcome of the evaluation component.

Correctional

Many of the Western States have identified the needs of the inmates within the adult and juvenile correctional facilities and have made efforts to provide needed services to the incarcerated populations.

As with the non-Correctional based treatment system, the first step in a correctional model needs to begin with an accurate screening and assessment process. Once an individual is assessed, a determination can be made as to what level of impairment exists and then placement can occur. Types of programming that are proven to be promising include treatment services based on a community based structured outpatient treatment model which provides services while the individual is housed within their primary living area, or a therapeutic community approach which separates inmates with similar chemical dependency diagnosis and structured treatment for up to 2 years is provided. Both models have proven to be effective, but a key component of all programs is the ongoing care the inmate receives when he returns to the community. Critical areas of therapeutic support include access to supportive alcohol and drug focused half-house and structured continued care services for up to one year. Therapists working with this population need specialized training to effectively deal with inmate issues.

All program components must be evaluated to determine effectiveness.

Prevention

Some of the Western States report that 100% of the schools have prevention curriculums in their school system with 90% being based on Research Prevention models. To conduct effective prevention services, it is critical to have research based prevention programming in place from elementary through middle school, with booster sessions from middle school through high school. It is also critical to involve the community in which the school is located in the prevention efforts. This includes developing local coalitions (including students) to assess alcohol, drug and violence issues and develop a community plan to address the issues. It is also critical to have in place student assistance models that can allow for a student to be referred to needed services once a problem is identified. The final step is to develop a system of secondary and early intervention services on a statewide basis that can effectively address a youth's chemical use/abuse issues as soon as they are identified.

With regard to all of the programming for prevention efforts and dollars going into our schools, we

must keep kids from using substances, alcohol, tobacco, drugs, etc. Current statistics indicate that drug use, teen pregnancy, violence occurs most frequently drug the high risk hours after school from 2:30 P.M.-6:30 P.M. More out of school programs and a change of the school day hours needs to be encouraged to keep our youth safe and to "prevent" first use. National evaluations indicate this has more of an effect on our kids than many of the drug programs.

It is also critical to evaluate prevention efforts and adjust programming based on data received.

Drug Courts

An emerging program in many of the western states that has been effective at reducing crime and drug abuse are adult, juvenile and family drug courts. Nevada reported that the recidivism rate among the 1,955 people enrolled in its two adult courts and two family and juvenile courts was approximately 11% compared to the general criminal recidivism rate of 65%. Not all states have drug courts operating, and most reported that the demand for drug courts was far greater than the supply.

Conclusions

In developing this white paper, the WGA Drug Policy Working Group came to a number of conclusions that are outlined in this section. These recommendations are based on the information that is included in the preceding sections, and also on the 'Best Practices and Proven Alternatives' section which includes a number of 'Promising Initiatives' and appears as an item in the Appendix.

- Drug and alcohol abuse continue to have tremendous detrimental impacts on the health and well-being of individuals, families and communities across the West.

- States, rather than the federal government, are in a better position to understand the substance abuse problem confronting them. The federal government needs to work closely with the states to provide the resources necessary to meet the individual and unique needs of each state rather than approaching the issue in a one size fits all manner.

- Citizens must be held accountable for their actions. However, alternatives to incarceration and the increased availability of treatment are important.

- The federal government and the states need comprehensive drug and alcohol abuse strategies, including prevention, intervention, education, treatment, aftercare and enforcement.

- Innovative demand side programs have emerged that have been very effective at keeping people off of drugs in the first place and from returning to prison after release. States can build upon these successes by exchanging information on innovative programs dealing with the prevention, treatment, aftercare, and law enforcement aspects of the substance abuse problem. Innovative

programs should be explored, replicated where appropriate, and scientifically studied to verify their effectiveness.

- The far-reaching destructive impact of methamphetamine manufacturing cannot be ignored. The public safety, public health and environmental menace from methamphetamine labs is immediate. It is imperative that adequate funding for the cleanup of methamphetamine labs be maintained.

- Affected states should create and maintain partnerships with federal, state and local law enforcement and public safety agencies to reach effective solutions for the continued funding of clandestine methamphetamine lab cleanup.

- The WGA governors should seek to initiate a critical analysis of current practices and public policies to implement effective strategies to deal with drug use and its effects upon our states. The Western Governors' Association should convene a Western Drug Policy Summit to heighten public awareness of the region's substance abuse problems and further promote effective solutions.

Appendix

Promising Initiatives

Following are descriptions of some promising initiatives that are being undertaken in some of the Western states.

South Dakota

Comprehensive Substance Abuse Treatment is available for adults and juveniles incarcerated within the Department of Corrections. In fiscal year 1999, 597 adults and 237 juveniles received treatment services. Abstinent rates for adults one year post-treatment is 54.2% and for adolescents one year post treatment is 37.9% (these rates are after the inmate is discharged from the institution).

The State has established a community based diversion program for adolescents arrested for alcohol or drug related offenses. There has been established three levels of care - 8 hour primary prevention program, 30 hour intensive prevention program, and a structured outpatient treatment model - in all Circuit Courts in the State. Juveniles are placed in a particular level of care based on a standardized screening tool. Data shows that only 9% of juveniles served require multiple levels of services for their alcohol/drug issues.

Nevada

A program started by Sheriff Richard Kirkland has been tremendously successful, even receiving national recognition. The program is a High Step Boot Camp at the jail which targets the chronic alcoholics who cannot stop committing misdemeanors and therefore keep the revolving door to the jail continually spinning. The courts sentence the habitual misdemeanant to the six month maximum and the only benefits they receive come from their volunteering for the boot camp. It is a very structured program where they finish their education, learn basic discipline, are dried out and receive counseling all in the first phase. Then they enroll into a trade program (carpenter, cook, etc) taught at the jail by the community college. The last phase of their incarceration is spent working during the day at their chosen trade while spending the nights at the jail. Most of the money they earn is returned to the program, with the rest of it being placed into their account which is given to them upon release. A lot of the items they make, such as patio furniture and storage sheds, are sold to the public with the money again being divided between reimbursing the program and the prisoner. After they are released, there is a follow up program, which is the primary reason this boot camp program is successful where others have failed. The recidivism rate for these people has dropped tremendously and they have made the conversion from an anchor to productive citizens.

Hawaii

Two successful inmate in-facility therapeutic residential treatment programs developed by the department of public safety are KASH BOX (male only) and Ho'omana (Female only) both programs located on the island of Oahu. Both the KASH BOX and Ho'omana programs are long term (9 to 15 months) rehabilitation program for those individuals with a history of substance abuse / addiction and motivated for treatment. Both view chemical dependency as a disease of the body, mind, and spirit. The disease of addiction results in severe alienation from self, society, and family. To deal effectively with this disease, the program will focus on the total change in lifestyle that will allow the individual to remain chemical free and reduce recidivism. The KASH BOX and Ho'omana programs have been very successful in transitioning the inmate from prison back to the community.

Arizona

Juvenile Drug Courts, Family Courts and Diversion Programs – The Arizona Parents Commission on Drug Education and Prevention is supporting an initiative to enhance juvenile drug courts, family courts and diversion programs by providing funds for a parent component. Seven juvenile courts in Arizona's counties have been selected to participate in the program. Research indicates that parental involvement is a major protective factor in preventing and decreasing child substance use. These juvenile courts are requiring that parents actively participate in the substance abuse treatment of their children. Services to parents include family assessments, parenting classes, individual and family therapy, in-home skills training, substance abuse education and parent support groups. The Parents Commission is also funding an outcome evaluation that will measure drug use by juveniles participating in these programs and their subsequent encounters with the juvenile justice system.

ACTION Initiative – The ACTION Communities Initiative (Arizona's Compact to Improve Our Neighborhoods) is Governor Jane Dee Hull's new approach to comprehensive crime prevention and neighborhood revitalization. This "first-in-the-nation" program is a unique partnership between the Governor's Office, U.S. Department of Justice, and Arizona State University, who will bundle funds from all levels of government to provide a holistic attack on crime and neighborhood decay. Funds for drug treatment, education, job training, housing, police officers, economic development, infrastructure, after-school programs, etc. will be placed in one package of services for communities to bid on in an effort to truly turn around entire neighborhoods. The communities will design their own strategies and we will provide the needed resources. The first phase of the project has just gotten underway.

Arizona Drug and Gang Policy Council – In 1990, the Legislature created the Arizona Drug and Gang Policy Council to address, in a coordinated manner, the State's education, prevention, and treatment activities dealing with substance abuse and gangs. It is designed to ensure that state agencies work together in implementing a comprehensive strategy. The Council is chaired by the Governor and consists of 16 members, including the Attorney General, State Superintendent of Public Instruction, Administrative Director of the Courts, state agency directors from Health Services, Public Safety, Economic Security, Adult Corrections and Juvenile Corrections, and representatives from local government, community colleges, universities, business and community groups. The Council and a

Working Group composed of Council member representatives are currently working on ways to assess the effectiveness of publicly funded drug and gang prevention and treatment programs and direct funds to programs that have been shown to improve outcomes. Several tools have been or are currently being developed to provide the necessary information for these efforts:

- A statewide scorecard with 19 indicators of drug and gang problems in Arizona;
- A program inventory that identifies all prevention and treatment programs funding by Council member agencies;
- A geographic information system that will locate the problems tracked by the scorecard and follow federal, state, and local dollars to their specific delivery areas;
- Collections of treatment and prevention programs that have been evaluated to improve outcomes.

Character Education – In October,1999, Governor Jane Dee Hull spearheaded a statewide voluntary Character Education initiative. Her vision is to offer character education training to any educator or youth leader who wishes to take it and implement it into their curriculum. The curriculum is based on the nonpartisan and nonreligious values of trustworthiness, respect, responsibility, fairness, caring and citizenship, It is a collaboration between public and private sectors, with the executive-appointed Character Education Commission working closely with Arizona educators, nonprofit youth organizations and businesses. In addition, to ensure the long-term sustainability of the training, we founded the Arizona Character Education Foundation, a 501(c) 3 organization. The goals of the Character Education Commission and the Character Education Foundation are identical and share five liaison members. Thus far, a waiting list exists of interested nonprofit youth organizations and schools to receive the training.

Meth and Kids Initiative – The Arizona Department of Public Safety estimates that 150 children are rescued from clandestine meth labs every year. The Meth and Kids Initiative is a statewide collaborative effort by the Arizona Attorney General's Office, Governor's Division of Drug Policy, Child Protective Services, health care providers and law enforcement agencies. The intent of the initiative is to protect children forced to live in clandestine meth labs by removing them from the home at the time of lab seizure, providing prompt and thorough treatment in response to an assumed toxic chemical exposure, and ensuring long-term safety by involving Child Protective Services.

Texas

Lone Star Leaders – Governor Bush's Lone Star Leaders initiative focuses on five key resources that experts say help youth make right choices and avoid high-risk behaviors: (i) parental/family connectedness; (ii) mentoring; (iii) abstinence; (iv) character education; and (v) after-school programs. Although this initiative isn't specifically targeted at drug abuse, it is designed to help young people make right choices, including whether or not to use drugs.

Prison Treatment Programs – In 1991, the Texas legislature created the In-Prison Therapeutic Community (IPTC) and the Substance Abuse Felony Punishment (SAFP) treatment programs for offenders whose substance abuse was linked to their crimes. Under Texas law, a judge may sentence a

defendant to the SAFP program as a condition of probation. The program is an intensive nine to twelve month drug treatment program (locked up) that is followed by three months in a community residential facility and then twelve months of outpatient treatment.

The IPTC program is nine to twelve months of intensive substance abuse treatment. The Board of Pardons and Paroles must vote to place qualified offenders in the program and successful graduates are then paroled. If the inmate fails to complete the program, then he stays in prison. The SAFP and IPTC are considered high quality treatment programs.

"Turn Around Texas" – Governor Bush has been a strong supporter of "Turn Around Texas" - a community-based drug fighting initiative that encourages neighborhoods to mobilize to combat drugs through community involvement, street marches, and vigils. After implementing the program, Taylor, Texas (the first Texas "Turn Around" community) reduced its overall crime rate by 32% and violent crime by 80%. Seventeen Texas cities have a "Turn Around Texas" program. Six cities received some start-up funds from the Governor's Criminal Justice Division while the remaining cities have funded their own programs.

New Mexico

Harm Reduction Act (Needle Exchange) – The "Harm Reduction Act" became effective on June 20, 1997. The purpose of the act is to create a program where intravenous drug user can exchange a used hypodermic syringe, needle or other object used to inject controlled substances or controlled substance analogs into the human body for a sterile hypodermic syringe and needle. The purpose of this needle exchange is to prevent the transmission of blood-borne diseases such as HIV/AIDS, and hepatitis B and C, and also to encourage intravenous drug users to seek substance abuse treatment and ensure that participants receive individual counseling and education to decrease the risk of transmission of blood-borne diseases. In addition, the needle exchange program serves as a pathway to providing other social and health services to the addicted individual who would otherwise not receive any assistance.

Supporters of needle exchange programs include the National Academy of Sciences, the American Medical Association, the American Bar Association, the U.S. Conference of Mayors and the World Bank. A 1994 study of New York City intravenous drug users concluded that "regular participation in these syringe exchange programs would reduce the risk of HIV infection by approximately half."

Idaho

Attendance Court – As part of a comprehensive approach to substance abuse prevention, the Idaho juvenile justice system is developing an exciting program called "Attendance Court." Begun by Magistrate Judge John Varin, attendance court began as an effort to work with elementary school children who are consistently truant with numerous unexcused absences. Frequent truancy will force a child to fall farther behind in their studies and they may become more frustrated at school and at home.

Judge Varin, working with his district elementary schools, receives a list of elementary school students with a high number of unexcused absences. The judge will then bring his entire court process to the school. Every aspect of the proceedings are official – including the bailiff, the court reporter, a

social worker and school staff. Parents or guardians of the children are compelled to attend the court proceedings. Idaho Code requires the parent or guardian of a child over the age of 7 to have their children attend school. If a child is an habitual truant, the court has jurisdiction to hold the parents accountable.

The purpose of attendance court is not to punish the young children who are truant. In fact, the exact opposite is true. Once a child and his/her family is before the court, the judge is able to determine the root cause for the child's failure to attend class. Often times the problems are related to family difficulties. The solution to attendance problems may require connecting families to social services. In other cases, it just takes a stern message from the judge. The goal of the court is to keep children from starting on the wrong path at an early age. By working with the children and the families at the front end of the juvenile justice system, the state of Idaho may keep a child from having to go before the judge at a later date for a more serious offense.

Combined Agency Methamphetamine Program – As part of the Governor Kempthorne's get tough policy on methamphetamine, the State of Idaho recently created a Combined Agency Methamphetamine Program, or CAMP, designed to establish a cooperative approach among local, state, and federal law enforcement agencies fighting the spread of methamphetamine production and trafficking.

This multi-agency effort includes the Idaho State Police, the Drug Enforcement Administration, local chiefs of police, county sheriffs, probation/parole officers, prosecutors, judges and social workers. Working together as team to share information and resources, CAMP is an excellent example of how agencies from different levels of government can work together with a common goal -- to interdict and apprehend methamphetamine cooks and traffickers.

Broad based therapeutic community approach – As part of the Idaho correctional system, the state has begun a comprehensive program for offender treatment using a broad-based therapeutic community approach. In addition to providing substance abuse treatment, the state has developed a cutting-edge program to combine this treatment with cognitive thinking programs as well. By enhancing substance abuse treatment with programs designed to address the criminal thinking of an offender as well, the therapeutic community is better able to work with the offender on the root cause of their addiction and subsequent crimes.

Faith and Justice Network – The state of Idaho has begun a Faith and Justice Network to strengthen the relationships between the faith community and the entire juvenile justice system. The goal of the program is to enhance the communication and collaboration between the faith community and the juvenile justice system. By working with one another as a team, it is possible to develop programs to keep juveniles out of the juvenile justice system in the first place and provide community-based assistance to the juveniles who exit the system.

North Dakota

Governor's Policy Advisory Board of Drugs and Alcohol – Governor Schafer created by executive order in 1999 a policy advisory board of 18 members to provide coordination of all drug and alcohol funding programs in the State. The Board is to implement effective policies and provide oversight to implement a comprehensive strategy that includes education, prevention, treatment, drug demand reduction, detection, interdiction, law enforcement, and incarceration to reduce criminal activities associated with the abuse of drugs in alcohol in North Dakota. Prior to the creation of the Board, programs were often uncoordinated, and without a consistent comprehensive strategy. Thus far the Board has promulgated a consistent reporting mechanism to inventory programs and funding. It has initiated a survey to determine funding cycles of the funding programs, and will provide to the Governor its recommendations to implement a comprehensive strategy regarding drug and alcohol abuse.

North Dakota Revocation Center – In January, 1999 North Dakota implemented a new program to divert probationers and other low-risk offenders from being returned to prison for a subsequent violation. The Revocation Center is used to take such offenders, who are often chemically dependent and place them in an intense treatment and cognitive restructuring program that teaches them how to reduce or avoid chances of future violations and the use of drugs. The premise of the program is that many offenders would benefit from a brief return to custody and intense treatment, rather than return for the remainder of their prison term if they were returned to Court for a probation violation. Although the program is still quite new, it has produced a recidivism rate of 18% in its 1st year, and has resulted in cost savings and saving prison bed space.

Colorado

The State Incentive Grant (Colorado Kids Ignore Drugs) has school/community partnerships throughout Colorado. The year-round program targets youth ages 12-17. The youth are not only recipients of program service, they are active members of the statewide advisory team and also provide leadership in their local programs.

Colorado has a project to reduce college binge drinking. The state, in partnership with the University of Denver and Colorado College, tests the social norms model. We have found that more students binge drink than was expected. The social norms model has shown to be one of the most effective models in reducing college binge drinking. We have a representative from Coors Brewery participating in this initiative.

Colorado partners in a 7-state consortium project funded through the National Institute of Drug Abuse. This project has given Colorado its first statewide school survey sample data and its first 10-year trend social indicators data for prevention program planning. These two components are allowing Colorado's prevention programs at both the state and local level to plan their funding and their programs more effectively based on risk and protective factor data.

Thoughts for the Year Ahead

Are we winning or losing? Do we know?

Have we held all existing policies/programs accountable?

Is a new drug policy "bottom line" of how we measure success emerging, and a new set of drug strategies aimed at that bottom line?

Alcohol and tobacco still impact states much more than all illicit drugs.

Can state criminal justice systems and budgets continue to support today's primary drug policies for the decade ahead?

How much of the state level drug problem has federal level solutions?

Some weak spots/some opportunities: diversion programs (like drug courts); drug treatment of inmates and parolees; science-based drug education; sentencing policies

Potential causes for the explosion in prison population growth may include: federal resources directed towards drugs; prosecutorial charging; law enforcement arrest and charging; more prison sentences, with longer sentences imposed; public attitude (real or perceived) to "get tough on crime"; fewer cases paroled or pardoned; recidivism among parolees and probationers. In short, dealing with the symptoms of drug abuse, but failing to solve underlying causes.

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