

# House Subcommittee on Criminal Justice, Drug Policy and Human Resources

## Methamphetamine in Salt Lake County

Dear Chairman Souder, Ranking Member Cummings, Committee Members and Staff:

### **Introduction**

My name is Patrick Fleming and I am the director of the Salt Lake County, Division of Substance Abuse Services which is located in Salt Lake City, Utah. Our agency is responsible, under the policy guidance of the Salt Lake County Council and Mayor, for the delivery of substance abuse prevention, intervention, and treatment services to the million citizens who reside in our county. We are the largest substance abuse system in the intermountain west with as estimated 12,000 admissions in 2006. We employ a managed care/contracted model and partner with the private sector and other governmental organizations to deliver these services to our citizens. This model allows us to leverage almost an additional 25 cents on the dollar in other non-public funds with which we can offer more services.

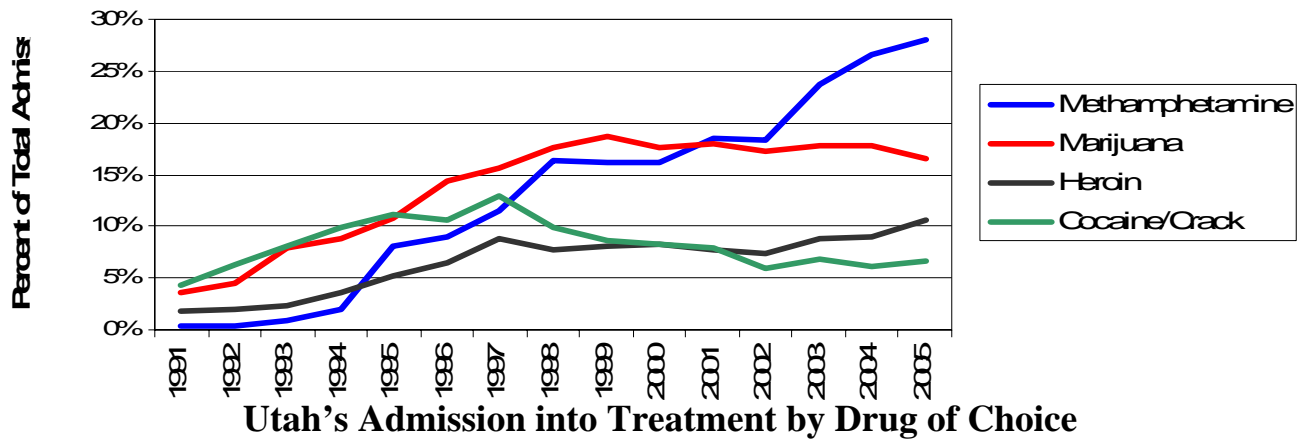
Three major points are made in this testimony along with some recommendations of how to deal with the problem of methamphetamine 1) substance abuse, being fueled currently by Methamphetamine, is the major aggravating factor in Salt Lake County (SLCo) today when it comes to crime, health care costs, and social problems like domestic violence, employment retention, and decrease in economic security; 2) The so called “war on drugs” has been lost; and 3) We need to have a different approach to dealing with substance abuse in the United States as we have begun to do in SLCo with its “Alternatives to Incarceration” project.

*Substance abuse and Methamphetamine or METH are used interchangeably in this paper.*

### **POINT # 1 - METHAMPHETAMINE “FUEL FOR THE FIRE”**

**Treatment Gap** - In SLCo, almost 47,000 adults and youth are considered to be in need of treatment services for substance abuse. The current capacity of SLCo’s public treatment system is approximately 12,000 slots. Nationally, there are over 12 million Americans in need of substance abuse treatment with only 3 million receiving treatment. This gap between need and capacity is commonly referred to as the treatment gap. The bad news is that this “treatment gap” further exacerbates the problem of substance abuse which is truly one of the major aggravating health care issues in America, and SLCo today. The good news is that it can be prevented and treated successfully!

**Methamphetamine** - Methamphetamine (METH) became the primary drug of choice for SLCo residents who use and abuse illegal drugs in 2001. METH is an incredibly addicting and devastating illegal drug that emerged in Utah in the mid 1990s. METH is cheap, easy to manufacture, and has become one of the main contributors to Utah’s crime problem. METH is especially destructive because addiction and dependence are established so quickly.



**SLCo's Treatment Population** – Alcohol is still SLCo's #1 substance abuse problem but after alcohol (36.8%), methamphetamine is the most commonly abused drug among SLCo residents who entered treatment in 2005 (27.6%). This was followed by marijuana (16.1%), heroin (10.4%) and cocaine/crack (6.4%). In almost every other state in the nation, marijuana is the highest drug after alcohol, which highlights Utah's problem with METH. Methamphetamine surpassed marijuana in Utah by 2001, and has continued an upward trend since then.

**Primary Substance by Gender  
FY2005**

	Male	Female	Total
Alcohol	36.8%	22.2%	31.2%
Marijuana/Hashish	18.4%	12.5%	16.1%
Heroin	11.5%	8.6%	10.4%
Other Opiates/Synthetics	3.4%	6.4%	4.5%
Club Drugs	0.1%	0.1%	0.1%
Other Hallucinogens	0.2%	0.2%	0.2%
Cocaine/Crack	6.0%	7.2%	6.4%
Methamphetamine	21.0%	38.3%	27.6%
Other Stimulants	0.3%	0.6%	0.4%
Benzodiazepines	0.3%	1.2%	0.6%
Other Sedative-Hypnotics	0.0%	0.4%	0.2%
Inhalants	0.1%	0.1%	0.1%
Over-the-Counter	0.1%	0.0%	0.1%
Other	0.1%	0.1%	0.1%
None/Missing	1.8%	2.3%	2.0%
<b>Total:</b>	<b>11,742</b>	<b>7,243</b>	<b>18,985</b>

**Criminal Justice System Involvement** - The number of referrals into Utah's community-based substance abuse programs from the criminal justice system has risen dramatically over the past 5 years. At the same time, the number of inmates who need substance abuse treatment services has also risen to 70% of all incarcerated state prisoners. It must be remembered that 95% of all inmates will be released back to their communities after they serve their sentences. The impact of these released prisoners on the community will be profound and negative IF community-based substance abuse services are not in place. The release of substance abusing prisoners from state prisons or county jails who do not have a funded treatment slot waiting for them will place an immediate burden on courts, county jails, and local law enforcement agencies. In order to

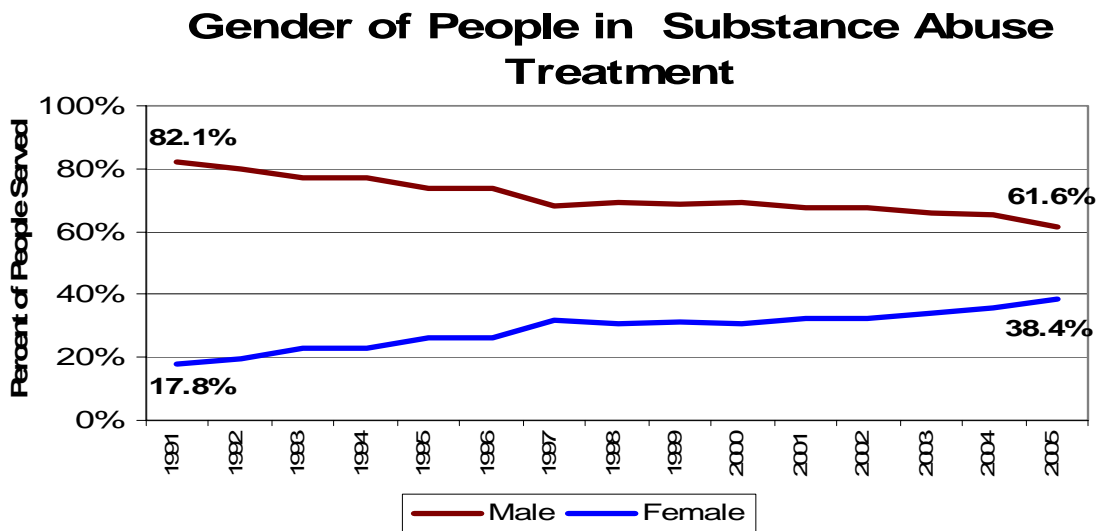
help make these releases successful, funds need to accompany these early release inmates back into the community for substance abuse treatment.

**Gender Differences** – Gender differences and drug use are significant in Utah. The most drastic differences are in alcohol and methamphetamine use. The bottom line is that men are more likely to abuse alcohol, and women are more likely to abuse drugs in Utah.

Women who use METH are typically depressed, dependent on a male for financial support, lacking in marketable vocational skills, and overwhelmed with child care responsibilities. Of particular concern is the fact that two-thirds (68%) of these women have young, dependent children. METH appears to be appealing to young women in the short term for several reasons:

- It is cheap and easy to get;
- Individuals report that the effects of the drug are extremely appealing
- It gives them the energy they need to take care of their children;
- It gives them the energy to maintain a home;
- It gives them the energy to keep working; and
- It helps women lose weight (often referred to as the “Jenny Crank” drug).

**Closing the Gender Gap** – Currently, males represent two-thirds of the treatment population. In 1991, males represented 82% of the treatment population, and since then the number of women entering treatment has doubled. In 1991, 83% of the admissions in Utah were for alcohol, but in 2003 only 37% of admissions were primarily for alcohol. Treatment for abuse of drugs has almost tripled in the past 13 years.



**Age of METH Users** – METH use is concentrated in the early adult years in both women and men in Utah. This is of particular note since these age patterns also coincide with the prime child bearing and child rearing years for most individuals. We must focus our prevention, intervention, and treatment activities on these age groups or risk losing the next generation of children if their parents become addicted to METH.

**Primary Substance of Abuse by Age Grouping  
FY2005**

	Under 18	18 to 25	26 to 35	36 to 45	46 to 65	66 and over	Missing	Total
Alcohol	472	1,213	1,326	1,568	1,298	38	10	5,925
Marijuana/Hashish	1,343	904	495	229	89	0	4	3,064
Heroin	18	558	556	470	364	2	0	1,968
Other Opiates/Synthetics	18	250	295	183	108	1	0	855
Club Drugs	6	13	5	1	1	0	0	26
Other Hallucinogens	7	17	12	5	2	0	0	43
Cocaine/Crack	44	231	339	436	172	0	1	1,223
Methamphetamine	187	1,624	1,998	1,126	291	0	9	5,235
Other Stimulants	1	18	24	19	14	0	0	76
Benzodiazepines	2	27	29	40	18	0	0	116
Other Sedative-Hypnotics	1	3	11	9	6	0	0	30
Inhalants	11	5	3	0	0	0	0	19
Over-the-Counter	3	7	1	0	1	0	0	12
Other	2	5	5	4	3	0	0	19
None/Missing	240	26	23	18	9	0	58	374

**POINT # 2 – RATHER THAN A “WAR ON DRUGS” A NEW STRATEGY SHOULD BE DEVELOPED THAT INCLUDES TREATMENT AND PREVENTION AS A MORE EQUAL PARTNER IN SOLVING THE PROBLEM**

While law enforcement has done a good job on fighting METH in Utah, since the 1980’s a disproportionate amount of resources has gone into the interdiction side of the drug wars and not enough into the treatment and prevention side. We need more balance. Nationally, we spend \$246 billion annually in direct costs related to alcohol and drug abuse (courts, law enforcement, health care, child welfare, etc.) and an additional \$30 billion spent each year to incarcerate offenders with drug problems. Consider the following:

**STRONG LINK BETWEEN DRUG USE AND CRIME**

- Almost one in three prisoners said they committed their current offense while under the influence of drugs
- One in six committed their current crime to get money for drugs (not including alcohol)

**INCARCERATION (without treatment) HAS A NEGLIGIBLE IMPACT ON DRUG USE ONCE AN OFFENDER IS RELEASED**

- More than 95% of offenders will eventually return to the community
- 70% to 85% of offenders will return to the community untreated.
- In Utah, 50% of inmates return to prison within one year. 70% return within three years. 85% of those who return are drug involved.

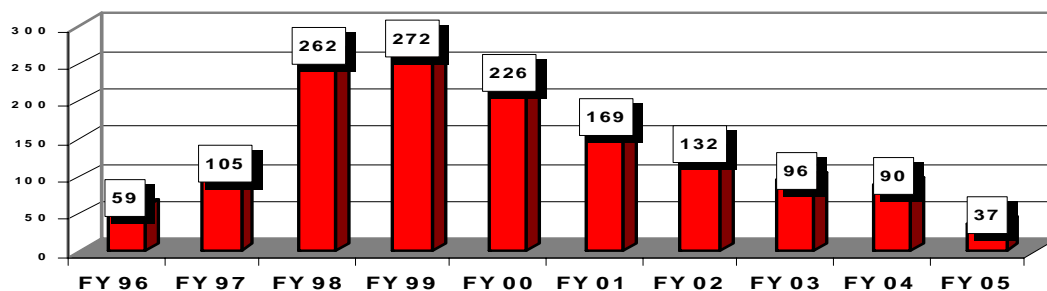
**DOMESTIC PRODUCTION OF METH IS ON THE DECLINE**

- DEA reports a decrease of METH lab seizures from 272 in 1999 to just 37 in 2005

# 67% Reduction in Labs



## DEA METRO NARCOTICS TASK FORCE Fiscal Year Clandestine Laboratory Seizures (FY 05 Data Range: 10 / 01 / 04 - 04 / 19 / 05)



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## POINT #3 - LET'S BE SMART ABOUT SUBSTANCE ABUSE – IT ACTS JUST LIKE A CHRONIC, RELAPSING DISEASE – LET'S TREAT IT LIKE A CHRONIC, RELAPSING DISEASE

It is time for a new approach to dealing with substance abuse and addiction in Utah and the United States.

### Strategies Used To Impact Substance Abuse

The two major strategies used to mitigate the impact of substance abuse in the United States are prevention of abuse and treatment of addiction. Remember - *substance abuse is a preventable behavior and addiction is a treatable disease.*

### Most offenders needing treatment, don't receive it

Simply locking up offenders does little to reduce the risk of recidivism so treatment services are provided within the prisons. The Utah Department of Corrections estimates that only about one-third of those who need services are able to access treatment.

### Meth Treatment Works In the U.S.

Data collection from treatment patients in SLCo shows that treatment leads to reduction in use of substances, and often total abstinence. Those completing treatment are able to live independently, stay employed and contribute to their families and communities. Data from other states substantiates the same results.

## STUDIES SHOWING THE EFFICACY OF METHAMPHETAMINE TREATMENT\*

PROGRAM	FINDINGS
Colorado	Abstinence rates for methamphetamine users higher after discharge (80%) than for people receiving treatment for other substances.
California	Study of in-patient methamphetamine treatment in 13 counties; abstention rates at 87% nine months after beginning treatment; criminal activity cut by nearly 20%.
Michigan	Study of methamphetamine treatment in 2005; found a 24% decrease in homelessness; 62% decline in arrests, and a 37% increase in employment; drug use at discharge decreased by 64%.
Nevada	Survey of state non-profit treatment providers; 90% of persons completing treatment were drug-free at discharge.
Tennessee	Study of methamphetamine treatment; finds significant abstention rates (65% after six months) for persons completing treatment and positive employment) from 10% full-time employment to 46% full-time) and recidivism (11% re-arrest) outcomes.
Texas	Study found an abstention rate of 74% and an employment rate of 56% two months after discharge; 96% report no arrests during this time frame.
Utah	Study of methamphetamine treatment in 2004 found an abstention rate of 61% at discharge.
Washington State	Study comparing treatment outcomes for methamphetamine and other substances; concludes no measurable difference, with positive outcomes in abstention, recidivism, employment, and treatment re-admissions.

\* From various state, federal, and national reports compiled the Sentencing Project in its "The Next Big Thing? Methamphetamine in the United States" June 2006.

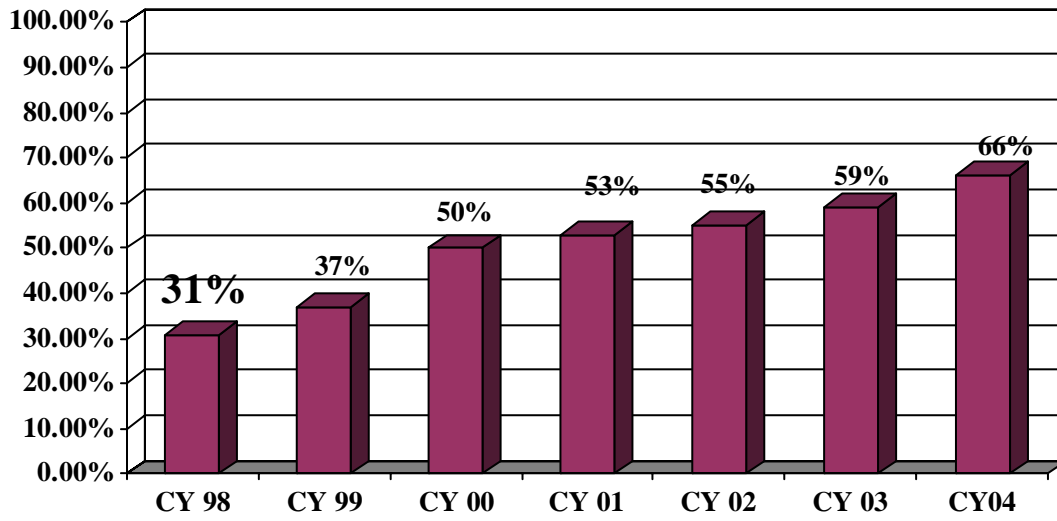
### Treatment is Cost Effective

Research on the cost offset for treatment services indicates that for every \$1.00 spent on treatment, almost \$6.00 in the costs of crime, healthcare, employment, and social impacts are saved. Investment in substance abuse services keeps families together; keeps people employed and keeps communities safe. Consider this: The cost to incarcerate a female drug abuser with two dependent children is approximately \$96,000 (\$30,000 to lock Mom up and \$33,000 a year for each child in foster care) while it costs about \$29,000 to fund a family treatment slot at a family treatment center. **The cost of treatment is much less than the cost of incarceration.** Because many substance abusers are non-violent offenders, community treatment is a viable way to preserve community safety while saving tax dollars.

### Treatment Preserves the Family

Perhaps the greatest costs are to families. Children who grow up with adults or older siblings who abuse substances stand a greater chance of becoming abusers themselves. These children may also be neglected, not receiving the appropriate care for their nutritional, educational and nurturing needs.

## Percent of Children Placed in Custody with Alcohol/Drug Contributing Factors



# RECOMMENDATIONS

- **Parity in health care insurance for substance abuse services**

In order to humanly deal substance abuse it must be recognized and treated like the disease that it is. Unless substance abuse is required coverage under health insurance plans it will continue to be primarily a system that is primarily funded by the taxpayer.

- **Treatment vs. Incarceration**

Treat the substance abusing offender in the community once community safety is assured. Community treatment saves tax dollars and is more effective. Support for efforts such as Utah's Drug Offender Reform Act (DORA) AND SLCo's County Offender Reform Act (CORA) offer a model – A TRUE PARTNERSHIP BETWEEN THE TREATMENT COMMUNITY AND THE LAW ENFORCEMENT COMMUNITY.

- **Increase the capacity of the community to offer treatment on demand**

The federal SAPTBG is the only stable funding available to treat many people for METH addiction. The SAPTBG should be increased by at least 15% to \$2.0 billion. The use of discretionary funding which by its nature is short-term, should be avoided. States and communities need to feel like they can rely on the federal government as a partner in the treatment of METH.

- **Make “treatment on demand” available to all pregnant and parenting women**

Women and children are disproportionately impacted by METH. These families should be offered access to family treatment whenever possible and as quickly as possible. Healthy families, where all of its members are free of alcohol or drug abuse, are the building block of a health society. A healthy society is more productive and economically stable. Healthy communities and families promote a safer environment and decrease crime.

- **Insist on a science-based approach to treatment and prevention that yield successful outcomes**

All substance abuse services whether publicly or privately funded should be based on proven, science-based approaches that meet or exceed best practice standards and yield the following outcomes that rely on facts and minimize sensationalism:

- Abstinence from Drug/Alcohol Use
- Increase Employment/Education
- Decrease Crime and Criminal Justice Services
- Promote Sound Family and Living Conditions

- **Develop a strategy to decrease supply**

Work closely with states to institute laws which make precursor drugs less available and work with foreign countries to eliminate the production of METH and precursor drugs for import into the U.S.

