GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE 1996 REPORT AND RECOMMENDATIONS TO REDUCE SUBSTANCE ABUSE IN WASHINGTON STATE

Dennis Flannigan, Council Chair
Carol Owens, Staff Coordinator

November 1996

WASHINGTON STATE
COMMUNITY, TRADE AND
ECONOMIC DEVELOPMENT

Building Foundations for the Future

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GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE

SUBSTANCE ABUSE REDUCTION GOALS

PREVENTION

1. Prevent and reduce the misuse and abuse of alcohol, tobacco, and other drugs.

2. Focus on outcome-based prevention strategies to increase the effectiveness of prevention efforts.

3. Increase community ownership and responsibility for prevention of misuse of alcohol, tobacco, and other drugs.

TREATMENT

1. Increase access to, and availability of, culturally-appropriate chemical dependency treatment, as clinically necessary.

2. Reduce the negative effects of alcohol, tobacco, and other drugs.

3. Address the basic needs of people in chemical dependency treatment.

LAW AND JUSTICE

1. Increase public safety.

2. Increase the effectiveness of law and justice efforts to reduce alcohol and other drug abuse-related crimes.

3. Foster citizen involvement and support for effective law and justice efforts, including community-oriented policing.

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EXECUTIVE SUMMARY

More than 10,000 Washingtonians died in 1990--one every hour of every day--from use and abuse of tobacco, alcohol, and other drugs.[1] Drug and alcohol abuse alone cost Washingtonians an estimated $1.81 billion that same year, plus immeasurable human suffering.[2]

This report presents the 1996 Recommendations of the Washington State Governor's Council on Substance Abuse (the Council). It also provides a snapshot of current use and abuse of alcohol, tobacco, and other drugs in Washington State, and describes efforts to address their human and economic costs.

Chapter 1 contains background information on the Council and the process culminating in the 1996 Recommendations, which are outlined in Chapter 2. Chapters 3 and 4 set the context for and describe current initiatives designed to reduce substance abuse in this state. A brief look at future directions for the Council's work closes the body of the report in Chapter 5. The appendices provide a glossary, current program profiles and funding statistics.

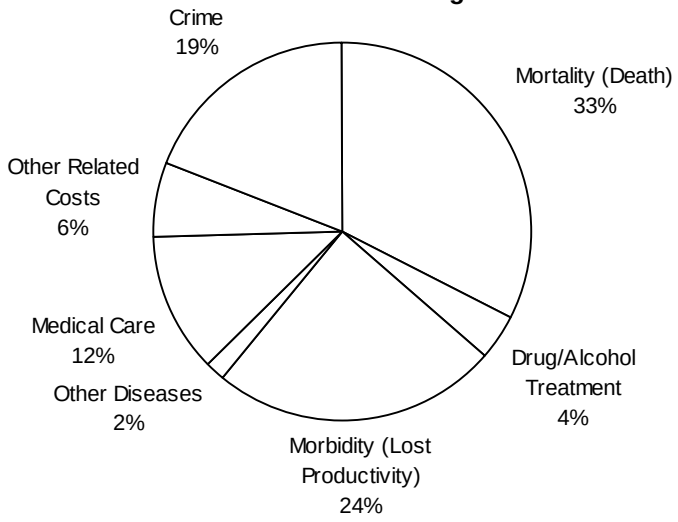
Chapter 1

TOWARD A COMMON STRATEGY FOR REDUCING SUBSTANCE ABUSE IN WASHINGTON STATE

Washington State residents responding to a 1995 Board of Health survey identified "misuse of alcohol and other drugs" as the most important health issue state government should address.[3] How significant is such misuse in this state? In 1990 more than 7,900 Washingtonians died due to the use and abuse of tobacco, and 2,100 Washingtonians died due to the use and abuse of alcohol and other drugs--one every hour of every day.[4] Drug and alcohol abuse alone cost Washingtonians $1.81 billion in 1990,[5] not to mention the immeasurable human suffering.

"Washington State residents…identified 'misuse of alcohol and other drugs' as the most important health issue state government should address."

Breakdown of the $1.81 Billion Economic Cost of Substance Abuse in Washington State[6]



This report presents recommendations of the Governor's Council on Substance Abuse (the Council) and relevant background information intended to aid efforts to reduce the social and economic costs of alcohol, tobacco, and other drug misuse and abuse in Washington State.

THE GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE

Governor Mike Lowry created the Council in 1994 to develop innovative and coordinated solutions to Washington State's problems stemming from the misuse and abuse of alcohol, tobacco, and other drugs. The Council is expected to help respond to the significant human, social, and economic costs of substance abuse.[7]

"The Council's definition of substance abuse encompasses the misuse of alcohol, tobacco, drugs, and other substances such as over-the-counter medications, gasoline, and glue."

The Council adopted a global mission statement and common values to guide their work. The Council's definition of substance abuse encompasses the misuse of alcohol, tobacco, drugs, and other substances such as over-the-counter medications, gasoline, and glue.[8]

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE [9]

Mission Statement

To reduce substance abuse in the state of Washington.

Common Values

- We will work collaboratively, while also recognizing diversity, combining efforts of the private, public, tribal, and nonprofit sectors.
- Whenever possible, we will build on and strengthen effective structures, systems, and organizations that are addressing substance abuse, rather than the development of new programs.
- We will develop balanced and accountable strategies for reducing substance abuse, not emphasizing one approach over another but recognizing that a complex problem requires more than one method of resolution.

In November of 1995 the Council presented the following eight recommendations to Governor Lowry:

1995 COUNCIL RECOMMENDATIONS[10]

1. Prevention works, support positive learning.
2. Battle the media glamorization of drugs and alcohol.
3. Bolster family support systems.
4. Unite with citizens.
5. Back law enforcement.
6. Fund drug courts.
7. Review taxation.
8. Strengthen drug-free workplaces.

DEVELOPMENT OF THE COUNCIL'S 1996 RECOMMENDATIONS

Governor Lowry directed the Council to develop recommendations for a state and local strategy on substance abuse through Executive Order 95-01. "The strategy should," in the words of the order, "balance prevention, education, intervention, treatment, and law and justice."[11] The Council's 1996 Recommendations take the form of goals, outcome measures, action strategies, and policy and study issues in each of three areas: prevention (includes education), treatment/intervention, and law and justice. (See Chapter 2 of this report for a complete listing.)

These recommendations are not intended to cover every program or action needed to reduce substance abuse in Washington State. Members expect, rather, that their work will serve as a common ground on which to base future planning and progress tracking.

Key to the Council's understanding of its role and process was a 1995 Legislative Budget Committee (LBC) publication, *Drug and Alcohol Abuse Programs*, which reviewed state-funded efforts in Washington State.[13] The report noted the existence of two legislatively mandated health policy documents developed through parallel processes. One, the *Public Health Improvement Plan* (*PHIP*; Department of Health), is intended to provide direction to local health jurisdictions; and the other, the *State Public Health Report* (Board of Health), provides direction to state government.[14]

Legislators, for the first time, adopted specific statewide goals and targets relating to substance abuse by approving the *PHIP* in 1995.[15] Although the *PHIP* and *State Public Health Report* each contain a number of strategies for substance abuse reduction, neither document establishes priority rankings. As the LBC report noted, "The state does not have a means to prioritize those strategies and programs for funding and to identify which strategies are most suited to meet statewide goals."[16]

Percent of serious crime assumed to be attributed to ALCOHOL in Washington State:

Auto Theft	5%
Burglary	5%
Robbery	4%
Larceny	4%
Homicide	30%
Felony Assaults	27%

Percent of serious crime assumed to be attributed to OTHER DRUGS in Washington State:[12]

Auto Theft	19%
Burglary	22%
Prostitution	13%
Robbery	27%
Larceny	19%
Homicide	10%
Stolen Property	19%
Felony Assaults	10%

The LBC report identified the Council as having a key role to play in developing common statewide substance abuse reduction goals, and in their prioritization. Three of the report's four recommendations mentioned the Council.[17]

Leading Actual Causes of Death in the United States -- 1990[18]

	Percentage of Total Deaths
Tobacco	19%
Diet/Activity Patterns	14%
Alcohol	5%
Microbial Agents	4%
Toxic Agents	3%
Firearms	2%
Sexual Behavior	1%
Motor Vehicles	1%
Illicit Use of Drugs	1%
TOTAL	50%

LEGISLATIVE BUDGET COMMITTEE RECOMMENDATIONS

Recommendation 1

The legislature should consider directing the Governor's Council on Substance Abuse to work with state and local agencies involved in substance abuse prevention and treatment to develop a common set of substance abuse reduction goals.

Recommendation 2

In order to meet state goals for reducing substance abuse, the legislature should consider directing the Governor's Council on Substance Abuse to identify policy and funding priorities for strategies and for programs. The council should communicate those priorities to the legislature through the governor's biennial budget request.

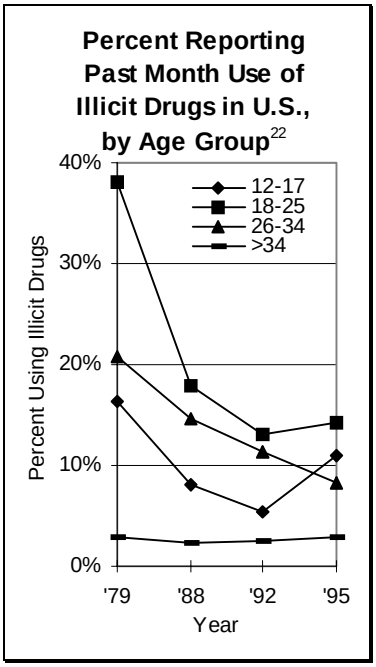
Recommendation 4

The legislature should consider directing the Governor's Council on Substance Abuse to submit a prioritized list of substance abuse research requests to the legislature through the Governor's biennial budget request. The council should work with state and local agencies and research professionals in developing those research priorities.

The LBC also suggested that planning models such as those suggested by the Washington Performance Partnership and government accountability laws be used to develop a common set of recommendations for substance abuse reduction in Washington State. These models outline a sequential progression of mission, goals, strategies, and funding priorities. Linkages between these are not apparent in Washington State's current statewide substance abuse reduction plans.[19]

During the 1996 Legislative Session, Washington lawmakers unanimously amended the state law regulating budget development. The new amendment requires state government agencies to establish measurable goals, strategies, and objectives for all major programs.[20] The change further defined the Council's process, resulting in efforts to identify outcome measures for each goal.

To begin its work this year, the Council compiled a comprehensive list of existing goals, objectives, and outcome measures relevant to substance abuse reduction efforts in Washington State. In total, Council staff found over 200 separate goals and strategies. (Because of its length, this compilation is not included in this report.) Sources included:



- State Board of Health (*Washington State Public Health Report*)
- Department of Health (*Public Health Improvement Plan*)
- Governor's Fetal Alcohol Syndrome Panel (*1995 Recommendations to Governor Lowry*)
- Title I of the Federal Educate America Act
- *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*
- *1995 National Drug Control Strategy*

These goals, objectives, and outcome measures provided a starting point for Council members and the groups advising them as they developed the 1996 recommendations.

Council members also considered input from the Washington Interagency Network Against Substance Abuse (WIN), a group representing state government agencies administering programs related to substance abuse. WIN members and a representative workgroup of law and justice professionals developed statewide goal and strategy suggestions related to prevention, treatment, and law and justice. The groups also provided overviews of current state programs in each of these areas.

During May and June 1996, Council members developed nine goals intended to form a basis for collaborative efforts across prevention, intervention, education, treatment, and law and justice programs. Based on the Council's goals, Council staff worked with the WIN and law and justice workgroups to develop 1997-99 Biennial Action Strategies for consideration by the Council.

At their August meeting, the Council finalized their 1996 Substance Abuse Reduction recommendations. The recommendations, outlined in Chapter 2, include:

- Common goals to reduce substance abuse;
- Outcome measures to track progress toward meeting common goals;
- Prioritized action strategies for funding consideration during the 1997-99 Biennium; and
- Revenue-neutral study/policy issues for the next biennium.

Chapter 2

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE 1996 RECOMMENDATIONS

The Council's nine common goals outline priority areas to be addressed across prevention, treatment, and law and justice. Their related action strategies, policies, and study issues do not attempt to be comprehensive. Instead, they provide a common way to begin planning efforts to *reduce substance abuse in Washington State*--the Council's mission.

The action strategies, policies, and study issues listed in this report are specific recommendations to the Governor for the 1997-99 Biennium in keeping with the Council's intent to present a balanced approach. Specific recommendations are presented and ranked separately for prevention, treatment, and law and justice. Rank numbers in parenthesis after each strategy indicate how this strategy is ranked within its specific category, i.e., prevention, treatment, or law and justice. It is the intent of the Council to update the action strategy, policy, and study issue recommendations during each biennial budget process.

Specific outcomes listed for prevention, treatment, and law and justice will, if accomplished, document meaningful progress toward each of the nine substance abuse reduction goals.

For detailed descriptions of the action strategies, see Appendix F. For detailed descriptions of the policy and study issues, see Appendix G.

PREVENTION RECOMMENDATIONS

ACTION STRATEGIES AND POLICY AND STUDY ISSUES BY GOAL

Goal 1: Prevent and reduce the misuse and abuse of alcohol, tobacco, and other drugs.

1997-99 Action Strategies Recommended:

A. Increase capacity for schools and parents to work successfully with children in need of early intervention through enhancement of K-3 primary intervention services. (Rank: 1)

B. Counter advertising promoting the use of alcohol, tobacco, and other drugs. Increase the general public's ability to evaluate pro-substance abuse messages, through dissemination of media literacy materials and training. (Rank: 2)

1997-99 Policy and Study Issue:

A. Research the effects of increasing the tax on tobacco. Explore potential for dedicating tobacco tax funds to prevention and control efforts.

Goal 2: Focus on outcome-based prevention strategies to increase the effectiveness of prevention efforts.

1997-99 Action Strategy Recommended:

A. Enhance opportunities for parents to participate in parent education programs. (Rank: 3)

1997-99 Policy and Study Issues:

A. Develop a statewide strategic plan for substance abuse prevention using information gathered for the Council's process.

B. Implement a process for state agencies to work with communities and each other to develop common outcome-based planning and evaluation methods.

Goal 3: Increase community ownership and responsibility for prevention of misuse of alcohol, tobacco, and other drugs.

1997-99 Action Strategy Recommended:

A. Enhance effective enforcement of existing laws related to the use of tobacco and alcohol by minors. (Rank: 4)

1997-99 Policy and Study Issues:

A. Review school suspension policies to identify effective strategies and programs for students in danger of suspension due to abuse of alcohol, tobacco, or other drugs.

B. Develop revisions to strengthen provisions of the clean air act and workplace laws to provide more smoke-free environments.

Other Suggestions For Actions To Prevent Substance Abuse

A. Disseminate to community organizations information and training on using the risk and protective factor model for substance abuse reduction to develop effective, community-based prevention strategies.

In Washington State:[22]

- Eighty percent of high school seniors have used alcohol;
- Two-thirds have smoked cigarettes; and
- Almost half have tried marijuana.

PREVENTION OUTCOMES BY GOAL

The following outcomes, if accomplished, would document meaningful progress toward the three prevention goals.

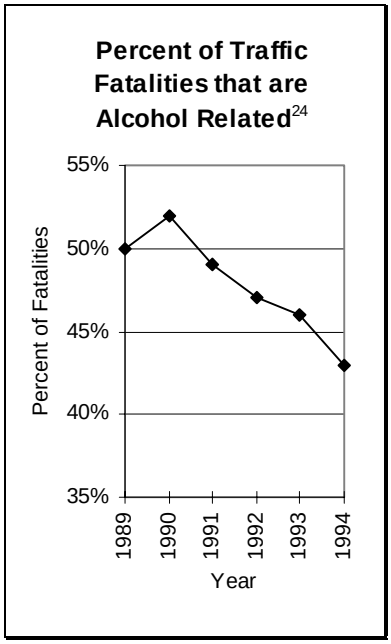
Goal 1: Prevent and reduce the misuse and abuse of alcohol, tobacco, and other drugs.

As demonstrated by--

A. Elimination of free tobacco samples.

B. Increased media responsibility for not glamorizing alcohol, tobacco, and other drugs.

C. Reduced advertising of alcohol and tobacco products.



D. Increased percentage of adults who do not use alcohol, tobacco, and other drugs.

E. Reduced per capita costs for health care related to use of alcohol, tobacco, and other drugs.

F. Reduced per capita tax costs for chemical dependency.

G. Increased percentage of youth who do not use alcohol, tobacco, and other drugs.

H. Increased positive parenting among families at high risk for abuse of alcohol and other drugs.

I. Major decrease or elimination of sales of alcohol and tobacco products to minors.

J. Reduced number of alcohol-related birth defects.

Goal 2: Focus on outcome-based prevention strategies to increase the effectiveness of prevention efforts.

As demonstrated by--

A. Decreased misuse and abuse of alcohol, tobacco, and other drugs.

B. Increased awareness of harm caused by alcohol, tobacco, and other drugs.

C. Increased research-based knowledge of what works to prevent the abuse of alcohol, tobacco, and other drugs.

D. Reduced alcohol and other drug-related auto and boat accidents and fatalities.

E. Increase in age of youths' first use of alcohol, tobacco, and other drugs.

F. Reduction in risk factors and an increase in the protective factors associated with alcohol, tobacco, and other drug use and abuse.

Goal 3: Increase community ownership and responsibility for prevention and misuse of alcohol, tobacco, and other drugs.

As demonstrated by--

A. Increased use of alternatives to suspension from school for abuse of alcohol, tobacco, and other drugs.

B. Increased number of and participation in alcohol, tobacco, and other drug-free community and other social events.

C. Increased number of smoke- and drug-free environments.

D. Increased linkages to provide pro-social, drug-free community support systems for youth.

E. Increased understanding among youth, families, and other community members that the misuse and abuse of alcohol, tobacco, and other drugs is not socially acceptable.

TREATMENT RECOMMENDATIONS

ACTION STRATEGIES AND POLICY AND STUDY ISSUES BY GOAL

Goal 1: Increase access to, and availability of, culturally-appropriate chemical dependency treatment, as clinically necessary.

Seventeen percent of adult American Indians currently need substance abuse treatment, compared to ten percent of the total adult population in Washington State.[24]

1997-99 Action Strategy Recommended:

A. Increase treatment capacity and access by enhancing: (Rank: 1)

1) Chemical dependency services to Native American communities;
2) The ADATSA (Alcohol and Drug Addiction Treatment and Support Act) Program to reduce the waiting list;
3) Treatment in jails and prisons;
4) Treatment for youth; and
5) Treatment for pregnant women.

1997-99 Policy and Study Issue:

A. Study involuntary commitment options to develop adequate services available statewide.

Goal 2: Reduce the negative effects of alcohol, tobacco, and other drugs.

1997-99 Action Strategy Recommendations:

A. Continue Fetal Alcohol Syndrome (FAS) advocacy for high-risk, substance abusing mothers, including prevention/intervention programs in Native American communities. (Rank: 2)

B. Expand alternatives to hospital-based detoxification services. (Rank: 4)

Goal 3: Address the basic needs of people in chemical dependency treatment.

1997-99 Action Strategy Recommendation:

A. Enhance vocational and educational opportunities for people in treatment and aftercare. (Rank: 3)

TREATMENT OUTCOMES BY GOAL

The following outcomes, if accomplished, would document meaningful progress had been made toward the three treatment goals.

Goal 1: Increase access to, and availability of, culturally-appropriate chemical dependency treatment, as clinically necessary.

As demonstrated by--

A. Increase in total number of people receiving chemical dependency treatment relative to the number of people in need of treatment.

B. Increased percentage of underserved and special population members receiving chemical dependency treatment relative to the number in need of treatment (e.g., pregnant women with alcohol and other drug problems.)

C. Reduction in time people assessed in need of treatment remain on a waiting list before being admitted to treatment.

D. Reduction in the relapse rates for persons completing treatment.

In Washington State only 21 percent of low-income adults who need treatment receive it.[25]

Goal 2: Reduce the negative effects of alcohol, tobacco, and other drugs.

As demonstrated by--

A. Reduction in the incidence of domestic violence involving persons abusing alcohol and other drugs.

B. Reduced criminal arrests following chemical dependency treatment.

C. Reduced number of drunk and drugged driving offenses among persons during and after chemical dependency treatment.

D. Reduced need for alcohol and other drug-related emergency room visits, and reduced number and length of hospital stays.

Goal 3: Address the basic needs of people in chemical dependency treatment.

As demonstrated by--

A. Increased employment and self-sufficiency among people in treatment and aftercare.

B. Increased number of people living in safe and appropriate housing during and after chemical dependency treatment.

C. Increased parenting and family training and support provided to people during and after chemical dependency treatment.

D. Increased number of people completing treatment and vocational programs.

E. Increased community knowledge of and responsibility for providing chemical dependency treatment.

LAW AND JUSTICE RECOMMENDATIONS

ACTION STRATEGIES AND POLICY AND STUDY ISSUES BY GOAL

Seventeen percent of Washington State adults have used stimulants (mostly methamphetamines) at some time during their lives, compared to six percent of adults nationally.[26]

Goal 1: Increase public safety.

1997-99 Action Strategy Recommendation:

A. Enhance and sustain a methamphetamine team to enforce methamphetamine laws, and educate persons affected by methamphetamine production and sales. (Rank: 2)

1997-99 Policy and Study Issue:

A. Continue support for interagency drug task force efforts.

Goal 2: Increase the effectiveness of law and justice efforts to reduce alcohol and other drug abuse-related crimes.

1997-99 Action Strategy Recommendations:

A. Enhance and expand availability of drug courts in Washington State. (Rank: 1)

B. Improve and expand the justice information and criminal intelligence reporting systems. (Rank: 3)

1997-99 Policy and Study Issues:

A. Enact appropriate pen registration and one-party consent laws.

B. Develop effective sentencing alternatives to decrease the use of incarceration (e.g., day reporting and electronic detention.)

Goal 3: Foster citizen involvement and support for effective law and justice efforts, including community-oriented policing.

1997-99 Action Strategy Recommendations:

A. Develop ongoing citizen and local law enforcement training for community policing efforts. (Rank: 4)

1997-99 Policy and Study Issue:

A. Support cross-jurisdictional cooperation between local, state, Indian tribe, and federal law and justice systems.

LAW AND JUSTICE OUTCOMES BY GOAL

The following outcomes, if accomplished, would document meaningful progress toward the law and justice substance abuse reduction goals.

Goal 1: Increase public safety.

As demonstrated by--

A. Reduced alcohol and other drug-related crimes, and serious (Part I) crimes.

B. Decreased production of methamphetamines.

C. Reduced environmental contamination danger to the public from illegal methamphetamine labs.

D. Reduced barriers to investigation and prosecution of key drug suppliers.

Goal 2: Increase the effectiveness of law and justice efforts to reduce alcohol and other drug abuse-related crimes.

As demonstrated by--

A. Reduced alcohol and other drug-related crimes.

B. More efficient, effective, and faster response by the law and justice systems.

C. Decreased time between juvenile arrest and adjudication.

D. Increased utilization of sentencing alternatives that do not result in incarceration.

E. Increased coordination across jurisdictions for joint arrest and prosecution cooperation (city, county, tribes, state, and federal).

F. Increase in number of persons clinically assessed at the time of incarceration for alcohol, tobacco, and other drug treatment.

G. Increase in number of counties with reasonable access to juvenile detention facilities.

H. Reduced barriers to investigation and prosecution of illegal drug suppliers.

I. Increased level of technical assistance and education to retailers to reduce sales to minors.

From 1990 to 1993, the rate of arrests among juveniles (ages 10-17) for drug law violations increased 33 percent in Washington State.[27]

Goal 3: Foster citizen involvement and support for effective law and justice efforts, including community-oriented policing.

As demonstrated by--

A. Increased public perception of community safety.

B. Increase in favorable attitudes and willingness of the public to cooperate with law enforcement in efforts to combat alcohol and other drug abuse.

Chapter 3

WASHINGTON STATE EFFORTS AGAINST SUBSTANCE ABUSE: OVERVIEW

Many reliable sources document impacts of substance abuse in Washington State. Data selected from four such sources is summarized here.

SUBSTANCE ABUSE TRENDS REPORT

A report examining trends in tobacco, alcohol, and other drug abuse in Washington State, put out by the Department of Social and Health Services/Division of Alcohol and Substance Abuse, paints a complex picture. A portion of the report compares relevant data from this state to national data and to health goals published in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. As of 1994, Washington State had rates lower than the *Healthy People 2000* objectives for the following indicators related to substance abuse:[29]

One in ten adults in Washington State currently need drug and/or alcohol treatment.[28]

- Infant death rate.
- Percent of high school seniors engaging in recent heavy drinking.
- Deaths due to alcohol-related motor vehicle accidents.
- Deaths due to fire.
- Rate of syphilis.
- Rate of gonorrhea.
- Deaths due to homicide.

Washington State compares positively to national averages for 25 measures of residents' health in relation to alcohol, tobacco, and other drug abuse. However, the state compares negatively on 19 other measures. As the table on page 23 indicates, there is much work to be done.

PUBLIC HEALTH IMPROVEMENT PLAN

The *Public Health Improvement Plan (PHIP)*, developed by the Department of Health, and approved by the state legislature, provides direction for local health jurisdictions. The 1994 *PHIP* detailed baselines and set Washington's first statewide targets in relation to specific substance abuse indicators.

SUBSTANCE ABUSE TARGETS FROM THE *PUBLIC HEALTH IMPROVEMENT PLAN*[30]

Washington Smoking Standards

Baseline	*Washington State*		*Year 2000*
	Year	*Rate*	*Target Rate*
Adult Overall	1992	21.2%	15%

Washington's Chemical Dependency Standards

Baseline		*Rate*	*Year 2000*
	Year	*Per 100,000*	*Target*
Rate			
Liver cirrhosis deaths	1992	9.4	7.12
Drug-related deaths (per 100,000)	1992	5.6	3.0

Washington's Primary Prevention Standards for Chemical Misuse

		Baseline	*Year 2000*
	Year	*Rate*	*Target Rate*
Regular Chemical Use (Grade 12)			
Alcohol	1992	51.8%	49.2%
Smoke Tobacco	1992	22.3%	21.2%
Chew Tobacco	1992	8.5%	8.1%
Marijuana	1992	17.3%	16.4%
Crack/Cocaine	1992	2.0%	1.9%

STATE PUBLIC HEALTH REPORT

Washington's *State Public Health Report* (State Board of Health) is intended by the legislature to steer state agency efforts. It lists among its seven priority health goals for 1997-99, two of which directly relate to substance abuse. The authors of the report mention chemical dependency and substance misuse and abuse in connection with all but one of the other goals in the report, as well.

COMPARING WASHINGTON STATE WITH THE NATION ON CURRENT HEALTH INDICATORS[i] [31]	
Washington State appears the **same** or **better** than the nation in:	Washington State appears **worse** than the nation in:
Recent use by 8th, 10th, and 12th grade students--cigarettes	8th, 10th, and 12th grade students who ever used--cigarettes
Recent use by 10th and 12th grade students--alcohol	8th, 10th, and 12th grade students who ever used--alcohol
Heavy drinking by 10th and 12th grade students	8th, 10th, and 12th grade students who ever used--marijuana
Perception of harm by high school seniors--trying cocaine	Recent use by 8th grade students--alcohol
Adult smoking rates	Recent use by 8th, 10th, and 12th grade students--marijuana
Low birth weight babies	Recent use by 8th, 10th, and 12th grade students--cocaine
Infant mortality	Heavy drinking by 8th grade students
Alcohol-related traffic fatalities	Perception of harm by high school seniors--heavy alcohol use
Residential fire deaths	Perception of harm by high school seniors--occasional marijuana use
Liver cirrhosis deaths	Drowning deaths
Lung cancer deaths	Alcohol-related liver cirrhosis deaths
Deaths from coronary heart disease	Drug-related deaths
Per capita alcohol consumption	Drug-related emergency room visits
Hospital discharges for alcohol-related morbidity	Deaths from chronic obstructive pulmonary disease
AIDS case rate	DUI arrests
Tuberculosis case rate	Prostitution arrests
Hepatitis B case rate	Property crime index
Syphilis infection rate	Suicide deaths
Gonorrhea infection rate	Divorce rate
Drug abuse violation arrests	
Homicide deaths	
Aggravated assault arrests	
Violent crime index	
Use of anabolic steroids by male high school seniors	
Teen birth rate	

[i] Comparisons are based on *Healthy People 2000* goals where applicable; otherwise, comparisons are based on desired health status. (For example, Washington appears "better" than the nation with regards to AIDS cases because Washington has a lower rate of AIDS than the nation.)

1997-99 WASHINGTON STATE PRIORITY HEALTH GOALS
STATE PUBLIC HEALTH REPORT[32]

- Reduce tobacco use and exposure to secondhand smoke.
- Reduce the misuse of alcohol and other drugs.
- Reduce preventable infant morbidity and infant mortality.
- Reduce the incidence and preventable consequences of infectious diseases.
- Control or reduce exposure to hazards in the environment in which we live, work, and play.
- Reduce the incidence of violence and preventable injuries.
- Assure access to population-based and personal health services, including health education, preventive services, and illness care.

COMMUNITY HEALTH AND SAFETY NETWORK PLANS

There are 53 community health and safety networks throughout Washington State. The networks function through community-based boards to conduct assessment, planning, and implementation of service activities designed to reduce the problem behaviors impacting children and families. The network boards are just completing a process to assess and prioritize the major problem behaviors they will address to build stronger communities for children and families. These problems include child abuse and neglect, youth substance abuse, teen violence, teen suicide, teen pregnancy, domestic violence, and school dropouts.

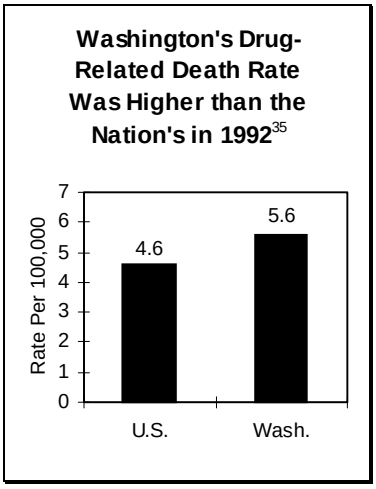
As of October 9, 1996, 50 of the community network plans had been submitted to the Family Policy Council for review. Out of these 50 network plans, 45 listed youth substance abuse as one of the top three priority problem behaviors to be addressed. Overall, networks rated child abuse and neglect as the top priority, youth substance abuse as the second priority, and domestic violence as the third priority.

Chapter 4

WASHINGTON STATE EFFORTS AGAINST SUBSTANCE ABUSE: PROGRAMS

THE SUBSTANCE ABUSE REDUCTION CONTINUUM

More than half of adult Americans (53 percent) view "drug abuse as a public health problem best handled by prevention and treatment programs," according to a 1995 survey. But when asked how they would spend $10 million to "fight the drug problem in your community," nearly half (44 percent) said they would spend "half on law enforcement and half on prevention, education, and treatment."[33]



Washington residents recommended a similarly balanced approach in a 1995 survey. To a question about what state government should do to accomplish the State Priority Health Goals, respondents suggested "education and preventative health measures," and "establishing or enforcing stricter laws related to alcohol, drug, and tobacco use" as their top two priorities.[35]

Broad-scale efforts to reduce substance abuse ideally balance prevention, treatment, and law and justice. Balanced efforts increase the entire system's effectiveness.

The following brief overview describes some of Washington State's current prevention, treatment, and law and justice efforts to reduce substance abuse. This section provides a snapshot of selected programs in Washington State. More complete lists and descriptions of specific programs can be found in Appendix C.

PREVENTION

Prevention consists of actions taken to reduce susceptibility or exposure to substance abuse problems. These actions include primary prevention, intervention, and education. Ideally, these actions are proactive, but prevention includes such steps as educating people who have already experimented with alcohol, tobacco, and other drugs. Examples of prevention activities include awareness programs in schools, parenting education programs, and drug-free workplace efforts.

"...prevention programs do 'change alcohol- and drug-related behaviors, change attitudes regarding alcohol and drug use, and increase the level of knowledge and awareness regarding alcohol and other drugs.' "

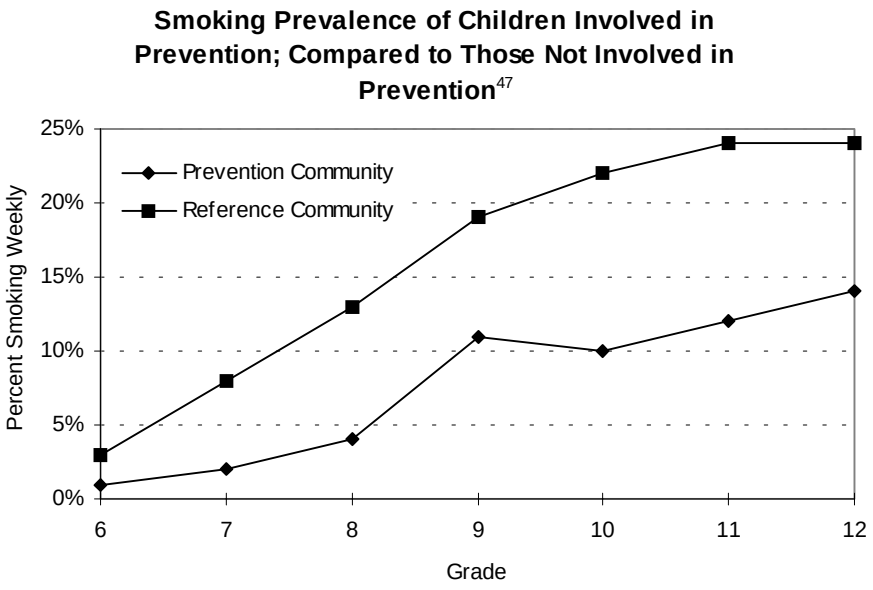
Prevention Overview

Abuse of alcohol, tobacco, and other drugs costs each U.S. resident roughly $1,608 per year--and that's the price for people who did not buy any.[36] Washington State residents appear to be worse than the nation as a whole on several indicators of alcohol and other drug abuse, including drug-related emergency room visits, drownings, suicides, and drug-related deaths.[37] Although a lower percentage of youth and adults in Washington State than across the nation report being current smokers,[38] Washington's death rate from chronic pulmonary obstructive disease (82 percent of which can be traced to smoking) remains above that of the United States as a whole.[39]

"In Washington State there are 22 deaths each day from tobacco use."

Research points to the connection between prevention programs and reductions in substance abuse. Georgia State University researcher Jim Emshoff, Ph.D., recently reviewed data from prevention efforts conducted across the nation between 1986 and 1992. Three-hundred and nine reports documented the effectiveness of specific prevention activities. Emshoff concluded that prevention programs do "change alcohol- and drug-related behaviors, change attitudes regarding alcohol and drug use, and increase the level of knowledge and awareness regarding alcohol and other drugs."[40]

Tobacco use is a case in point. In Washington State there are 22 deaths each day from tobacco use.[41] A 1994 report from the United States Surgeon General identified smoking as the chief preventable cause of disease and premature death in this country.[42] Eighty percent of adults nationally who ever smoked tried their first cigarette before age 18,[43] and most regular smokers begin as young people.[44] Research studies show that school-based prevention programs can reduce the number of youth who begin to smoke or use smokeless tobacco, especially when reinforced by similar efforts in the community.[45]



Almost 19 percent of Washington's 8th graders were current cigarette smokers in 1995.[47]

Richard Catalano, Ph.D., David Hawkins, Ph.D., and other researchers at the University of Washington have reviewed thirty years of research into the effectiveness of programs intended to prevent alcohol and other drug abuse, as well as conducting their own studies. Their findings document that the best outcomes are achieved by programs which: [48]

- Focus on reducing known risk factors;
- Focus on increasing known protective factors;
- Address risk factors at appropriate developmental stages;
- Intervene early before the behavior stabilizes;
- Target individuals and communities at greatest risk;
- Address multi-risk issues with multiple strategies; and
- Address cultural and ethnic factors.

Simply put, risk-focused prevention holds that "to prevent a problem from happening, we need to identify the factors which increase the risk of that problem developing and then find ways to reduce the risks."[49] Once these factors are recognized, a broad-perspective approach can be put in place to address community norms and conditions contributing to risk.

RISK FACTORS FOR ADOLESCENT SUBSTANCE ABUSE[50]

Community

- Availability of drugs.
- Community laws and norms favorable toward drug use, firearms, and crime.
- Transitions and mobility.
- Low neighborhood attachment and community disorganization.
- Extreme economic deprivation.

Family

- Family history of the problem behavior.
- Family management problems.
- Family conflict.
- Favorable parental attitudes and involvement in behavior.

School

- Early and persistent antisocial behavior.
- Academic failure in elementary school.
- Lack of commitment to school.

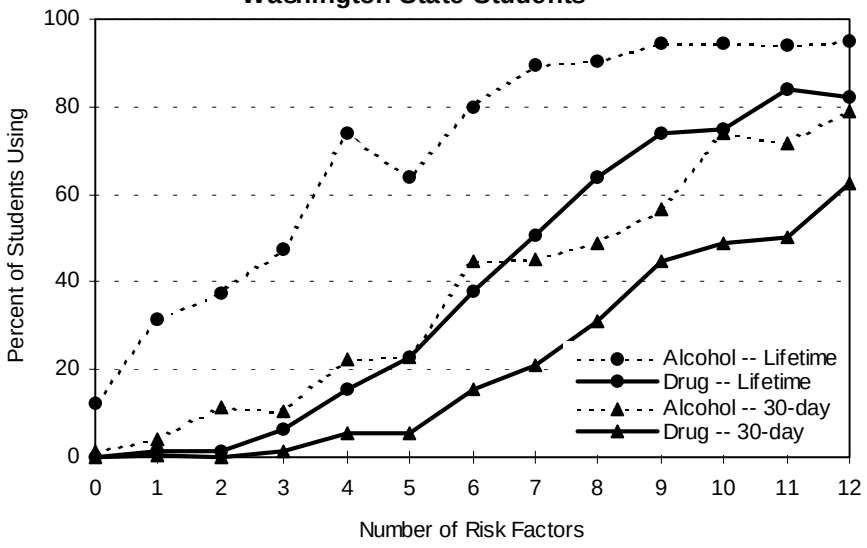
Individual/Peer

- Alienation and rebelliousness.
- Friends who engage in a problem behavior.
- Favorable attitudes toward the problem behavior.
- Early initiation of the problem behavior.
- Constitutional factors.

Washington State's Department of Social and Health Services' (DSHS) Division of Alcohol and Substance Abuse (DASA) began focusing their planning around risk-focused prevention in 1990.[51]

In order to assist local planners in implementing risk-focused prevention, DASA recently published a set of county profiles based on local indicators of youth problem behavior (ten indicators such as rate of youth in substance abuse treatment) and risk factors (56 indicators such as low school achievement scores). The profiles compare each county with both state averages and averages for similar counties in Washington State.

Relationship Between Alcohol and Drug Use and the Number of Risk Factors Reported by Washington State Students[53]



At least 12 percent of all Washington State youth have a substance abuse problem by their senior year.[53]

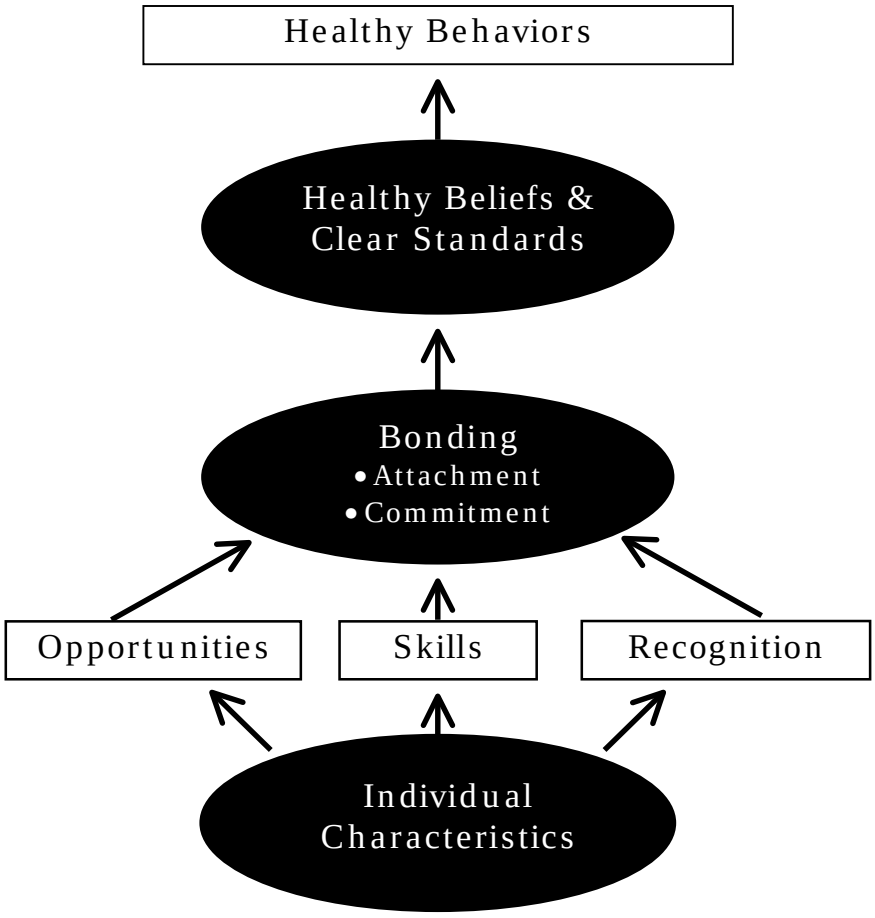
The graph above demonstrates how lifetime use, as well as use in the last 30 days, increases with the number of risk factors to which students are exposed.

Actions to enhance protective factors, which buffer youth from risk, are key to preventing substance abuse. Knowledge of risk factors can help communities know *what* to focus on to reduce health and behavior problems. However, targeting risk factors is not enough to know *how* to reduce risk. Protective factors must also be addressed.

Protective factors are conditions that protect young people from the negative consequences of exposure to risks by either reducing the impact of the risk, or changing the way a person responds to the risk. Enhancing protective factors allows for building on the strengths of a high-risk community, while methodically tackling risk reduction in those communities affected by high levels of multiple risk factors.

Protective factors fall into three categories: individual characteristics, bonding, and healthy beliefs and clear standards.

SOCIAL DEVELOPMENT MODEL[54]



Individual characteristics are those that children are born with, including gender, a resilient temperament, a positive social orientation and intelligence.

Positive bonding can make up for many other disadvantages caused by risk factors or environmental characteristics. Children who are attached to positive families, friends, school, and community, and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence. To build bonding, three conditions are necessary: opportunities to contribute to the group, skills necessary to be successful in their participation, and recognition for the efforts made to contribute to the group.

The people to whom youth are bonded need to have clear, positive standards for behavior. This must be coupled with clear expectations and consistent consequences for not following the behavior standards.

Prevention Programs in Washington State

Schools

All Washington State school districts accepting federal funding must certify that they have developed a preschool through twelfth grade tobacco, alcohol, and other drug prevention curriculum and support services. The Office of the Superintendent of Public Instruction (OSPI) manages fund allocation, through the federal Safe and Drug-Free Schools and Communities Act, and has developed relevant curriculum guidelines.[55] All but seven Washington school districts participate.[56]

About 20 percent of all Washington State K-12 students also have direct access to substance abuse-related services through prevention/intervention specialists and comprehensive student assistance programs.[57]

Community Organizing, Education, and Technical Assistance

Both the Washington State Department of Community, Trade and Economic Development (CTED) and the Division of Alcohol and Substance Abuse (DASA) award grants for county-based substance abuse prevention efforts using the risk and protective factor model. Both promote a locally-driven system of coordinated planning and delivery for communities in each of Washington's 39 counties.

Statewide Prevention Efforts

DASA sponsors a number of prevention efforts, including the provision of technical assistance to businesses regarding drug-free workplace policies; a statewide information clearinghouse; an annual statewide prevention conference; and funding for a statewide college task force. (For a more comprehensive listing and description of DASA's and others' prevention activities, please see Appendix C.)

Several other state agencies also sponsor statewide prevention efforts. The Liquor Control Board (LCB) educates both the general public and liquor licensees through its Alcohol Awareness Program. The Washington Traffic Safety Commission encourages youth driving safety clubs and helps support law enforcement Driving Under the Influence (DUI) task forces. A federal grant currently funds tobacco prevention efforts in nine counties through Washington's Department of Health.

TREATMENT

Treatment professionals work to reduce the physical, social, and psychological damage which accompanies alcohol, tobacco, and other drug misuse and abuse, especially addiction. Most treatment services seek to prevent further harm by promoting abstinence. The broad range of treatment services includes diagnostic evaluation; chemical dependency education; individual and group counseling; vocational rehabilitation and career counseling; and medical, psychiatric, psychological, and social services. The latter may be extended to families and others affected by an individual's substance abuse. Special efforts are made to reach underserved populations such as Native American communities, pregnant and parenting women, and youth.

"One-third of those who stay in treatment longer than three months are still drug-free one year later, according to extensive national studies."

Treatment Overview

One in ten adults in Washington State households currently need drug and/or alcohol treatment.[ii] In 1994, this totaled 399,383 people.[58] A federal survey documented 34,520 people in treatment in Washington State on October 1, 1993. This underestimates the actual number since only 83 percent of all providers reported for this data, but is the best estimate available.[59] Statewide, however, in 1993-94 only an estimated 21 percent of low-income adults in Washington State households who needed substance abuse treatment actually received it.[60]

Does treatment work? Nationally, length of time in treatment, intensity of treatment, and effective aftercare are key factors in helping addicts stay clean. One-third of those who stay in treatment longer than three months are still drug-free one year later, according to extensive national studies of tens of thousands of addicts. The recovery rate jumps to two-thirds when treatment lasts a year or longer.[61] One national report estimates that one dollar spent on treatment for heavy cocaine users saves $7.48 which otherwise would have been "spent" on the social costs of crime and lost productivity.[62]

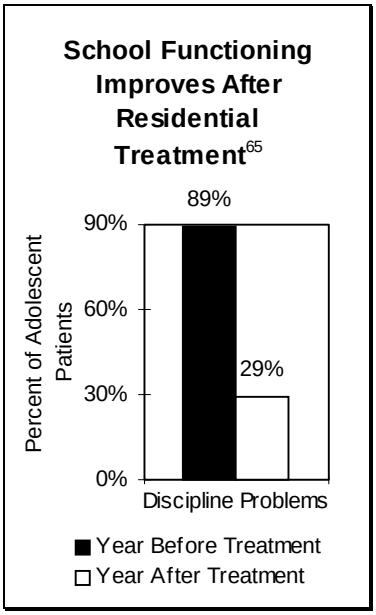
[ii] Current need for treatment was primarily defined as having a combination of use and problems caused by that use which generated a psychiatric diagnosis of substance abuse or substance dependence. Other criteria included being in treatment, relapsing after treatment, or being a very heavy user but denying any problems.

One example of the success of treatment programs is the Alcohol and Drug Addiction Treatment and Support Act (ADATSA) Program funded through DASA. To qualify for ADATSA, clients must be persons indigent and unemployable as a result of alcoholism and/or drug addiction.

OUTCOMES OF WASHINGTON'S PUBLICLY FUNDED ADATSA TREATMENT PROGRAM

When compared to people who did not receive treatment, the following characterized ADATSA participants:

- More than twice as likely to be employed for wages above the level of public assistance. The treatment group also earned more than $100 per person per month on average than the non-treatment group.[63]
- Significantly lower inpatient medical costs in the year after completing treatment.[65]
- Treatment "paid for itself" in 19.6 months through increased client earnings after treatment.[66]



In Washington State, according to a study of ADATSA treatment program clients, 79.5 percent of persons once indigent and unemployable because of alcohol and/or other drug addiction remain abstinent six months after completing treatment.[67]

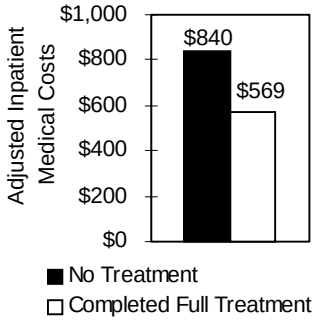
WASHINGTON STATE'S PUBLICLY-FUNDED CHEMICAL DEPENDENCY PATIENTS (SELECTED OUTCOMES DURING TREATMENT)

- Criminal arrests decreased. Domestic violence arrests decreased five-fold; drunk driving arrests four-fold.[68]
- Health services utilization decreased. Emergency room visits alone fell from 31 percent of the clients studied to six percent.[69]
- Clients in treatment were more likely to be employed and less likely to be receiving public assistance. At the time they left treatment, 29 percent cited wages/salary as their primary income compared to 14 percent at the start of treatment.[70]

National reports calculate that the savings from treatment for drug abusers in jails and prisons or under criminal justice supervision pays for itself in two to three years by drops in "crime-related and drug use-associated costs."[71] The bulk of recent evaluation studies show that treatment reduces the likelihood of return to incarceration, a cost-effective way to reduce social costs of substance abuse-related crime.[72] The expense of incarcerating an adult for a year averages $18,330 across the United States,

for example, while the average price tag for outpatient treatment is $2,300.[73]

Clients Completing ADATSA Treatment Have Lower Inpatient Medical Costs in the Subsequent Year[75]



The soon-to-be-released DASA 1997 *Tobacco, Alcohol, and Other Drug Abuse Trends* report recommends more policy study analyzing strategies which reduce *demand* for illegal substances and illegal use (that is, treatment) compared to strategies which reduce the *supply* of illegal drugs and alcohol (such as law enforcement efforts to confiscate drug stockpiles). A national publication focused on cocaine users indicates that once substance abuse starts, treatment may be the most cost-effective way to reduce it. The report's authors found that the estimated price tag for cutting cocaine consumption by one percent nationally varies from $34 million for using treatment to achieve this goal, to $246 million for domestic enforcement (drug seizures and incarceration of dealers) or $783 million for source-country control (destroying coca leaves and seizing cocaine products).[75]

Treatment Programs in Washington State

Washingtonians receive substance abuse treatment services in free-standing non-residential centers, hospitals and residential facilities, correctional institutions, halfway houses, community alcohol and drug treatment programs, and some mental health centers. They pay for services primarily through federal, state, and local dollars, private donations, insurance, and client fees.

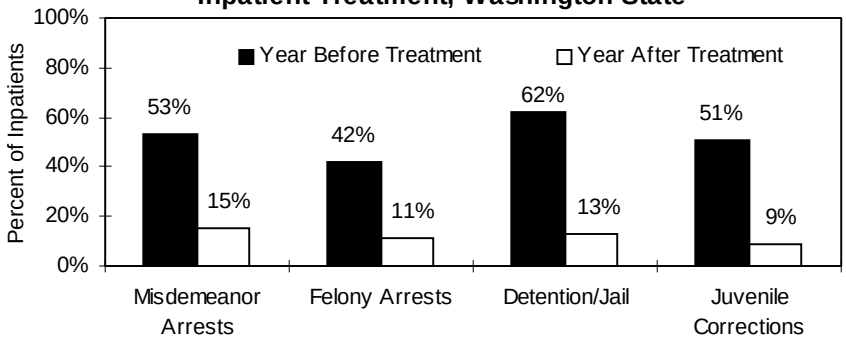
State-funded substance abuse treatment is provided to indigent and low-income patients through contracts with counties and non-profit organizations providing direct services. DSHS/DASA certifies more than 430 inpatient and outpatient treatment centers throughout the state. Although Washington State law does not require chemical dependency programs to be certified, people ordered by a court to undergo treatment must in some circumstances use a certified facility. Some private insurance companies also require certification before they will pay for treatment.

State-funded chemical dependency treatment programs for low-income youth and adults in the general population are managed by DASA. The ADATSA Program provides a continuum of care for indigent people deemed unemployable as a result of alcoholism and/or drug addiction. DASA also funds programs serving youth, and pregnant and postpartum women at 185 percent and below the federal poverty level. Adult and youth outpatient services account for the majority of admissions to state-funded treatment.[76]

Programs for people residing in juvenile and correctional facilities are administered by the Juvenile Rehabilitation Administration (JRA) at DSHS, and by the Department of Corrections (DOC). As funding allows, youth in JRA facilities have access to a variety of services targeted to help them develop drug- and crime-free lifestyles. At present, 55 percent of the youthful offenders in JRA facilities who need specialized substance abuse services actually receive them.[77]

"Only two counties in Washington State currently provide comprehensive chemical dependency treatment in jails."

Arrests and Detentions Before and After Adolescent Inpatient Treatment, Washington State[79]



Priority clients for DOC's efforts include Drug Offender Sentencing Alternative and violent addicted inmates in the state's correctional institutions. At least 68 percent of the total prison population in Washington State is chemically dependent; at present funding levels, roughly one quarter (22 percent) of inmates who need treatment receive it.[79] Screenings used to determine inmate chemical dependency rates are not randomly conducted. It is believed that random screenings would show that an even larger percentage of the prison population needs treatment. Only two counties in Washington State currently provide comprehensive chemical dependency treatment in jails.

Global conclusions about the effects of treatment on return to imprisonment are difficult to draw, partly because treatment programs vary widely. Indications are, though, that treatment in correctional facilities does make a difference in whether individuals reoffend. For example, studies of Oregon's inpatient Cornerstone Program (for correctional inmates) showed that three years after release, only 29 percent of program graduates had been reincarcerated, compared to 74 percent of program dropouts. Slightly more than half the program graduates had not been convicted of additional crimes while less than 15 percent of dropouts had remained crime free.[80]

LAW AND JUSTICE

Substance abuse strategies and programs falling into the law and justice category involve law enforcement, prosecution, defense, courts, and corrections. These activities are as diverse as Washington State Patrol (WSP) efforts to shut down methamphetamine labs, police officers administering breathalyzer tests, Liquor Control Board agents educating grocery store owners about selling alcohol and cigarettes to minors, training for defense attorneys who represent low income clients, and judges sentencing offenders to treatment programs rather than jail.

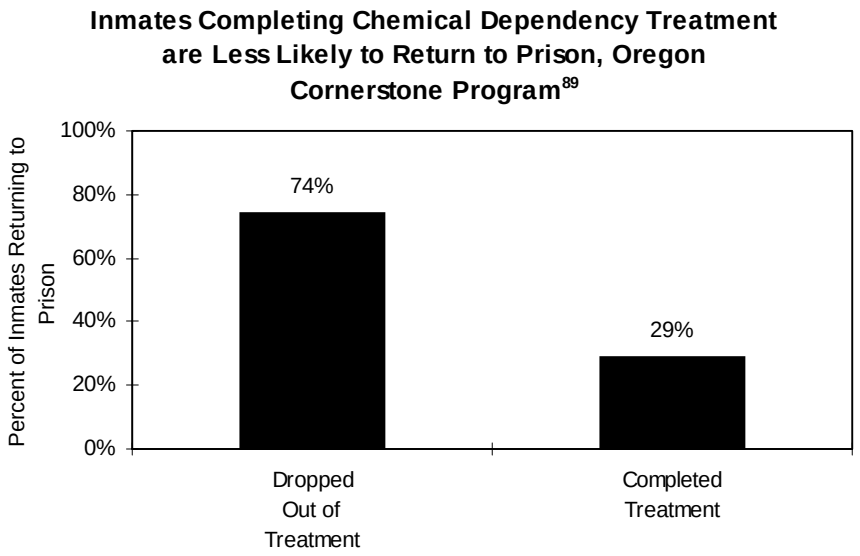
"...at least 68 percent of new offenders entering the Department of Corrections prison system are chemically dependent, and four of five young people incarcerated in the state's juvenile justice system are drug and/or alcohol abusers."

Law and Justice Overview

Researchers agree there is a strong link between substance abuse and crime, although one may not actually cause the other. What is clear, though, is that those arrested frequently test positive for drugs. The National Institute of Justice found in 1993, for example, that at 23 urban sites around the United States, more than half of people arrested and charged with crimes had illegal drugs in their systems.[81] As noted above, at least 68 percent of new offenders entering the Department of Corrections prison system are chemically dependent,[82] and four of five young people incarcerated in the state's juvenile justice system are drug and/or alcohol abusers.[83] People arrested and held in three Washington State booking facilities self-reported substance abuse and dependence rates which, depending on demographic characteristics, ranged from two to fifteen times the rates for similar persons interviewed in households.[84]

In Washington State, alcohol and/or other drug involvement has been estimated to be present in as many as three of four (75 percent) of offenses leading to incarceration for adults.[85] A national study showed that more than 40 percent of convicted jail inmates used drugs in the month before their offense; one in four said they had been under the influence of drugs and 13 percent were seeking money for drugs when they committed their crimes.[86]

Using and distributing some drugs is illegal; people who persist in these activities are subject to criminal penalties. But crimes not directly involving drugs can also be drug-related. For example, some users steal to support their drug use, and violence may be used to gain competitive advantage in the drug market.[87]



Crime accounted for almost 20 percent of the economic costs of drug and alcohol abuse in Washington State in 1990, distributed among the categories of law enforcement, judicial, correctional, and other societal costs.[89] Approximately $1 of every $5 spent for police protection in Washington that year represented spending related to drugs or alcohol.[90]

"Approximately $1 of every $5 spent for police protection in Washington [in 1990] represented spending related to drugs or alcohol."

The law and justice system primarily reduces illegal drug use by reducing drug supply, although law and justice agencies are also involved in demand reduction through prevention activities, such as DARE, and connections with treatment, such as drug courts.

Supply reduction efforts succeed when they decrease quantity or increase price; in other words, when they make drugs less available. Law and justice personnel disrupt production, seize illegal drugs, and incarcerate people with the knowledge and desire necessary to traffic illegal drugs--activities which reduce the amount of drugs in circulation. Suppliers increase monetary prices to compensate for the production of additional drugs to replace those lost due to seizure, and for the price of complex distribution operations necessary to avoid law enforcement. Increased risk of being caught also results in higher price tags. For users, law and justice efforts against substance abuse cause an increase in the "effective price," that is, the non-cash costs of drug use. The risk of criminal sanctions and the inconvenience in gaining access to illegal drugs also raise the effective price for users.[91]

Law and Justice Programs in Washington State

Currently, Washington State's law and justice system arrests and convicts drug offenders faster than additional facilities can be built to incarcerate them. The entire criminal justice system is experiencing overcrowding due to increased drug filings, convictions, sentences, and reduced flexibility in plea bargaining. The 1989 State Omnibus Controlled Substance and Alcohol Abuse Act and a 1994 "Three Strikes and You're Out" amendment to the sentencing tables have both enhanced and dictated the state's responses to drug-related crime.[92]

Washington's law and justice system has three components: law enforcement, the judicial system, and corrections. Each plays a role in reducing alcohol, tobacco, and other drug misuse and abuse. Several Washington State programs are summarized below; more detail can be found in Appendix C.

"For each dollar expended by task forces, more than $15 of illegal drugs are removed from distribution."

State-Supported Law Enforcement

Regional Task Forces: Twenty multi-jurisdictional narcotics task forces presently serve 35 of Washington's 39 counties and more than 97 percent of the state's population. Together, the task forces supply half of the state's dedicated narcotics enforcement officers. As a group, they target mid- to upper-level drug offenders, thereby maximizing resources where they have the most effect. Washington State Patrol (WSP) training and dedicated investigators support task force efforts. For each dollar expended by task forces, more than $15 of illegal drugs are removed from distribution.[93]

Other: Law enforcement officers participate in a number of other substance abuse-related efforts, including community DUI task forces and a new Drugged Driving Program (Washington Traffic Safety Commission), Marijuana Cultivation Eradication and Clandestine Laboratory Enforcement Program (WSP), the Asset Forfeiture Program (WSP), Tribal Law Enforcement Assistance Program grants for training and prevention and intervention efforts (CTED), liquor agents who enforce alcohol and tobacco sales laws (Liquor Control Board), and the Law Enforcement Education Partnership Program (CTED).

Justice System

Flexible sentencing alternatives are one way to force qualifying (usually first-time) offenders to face their substance abuse problems--or take the consequences--while freeing jail space for other uses.

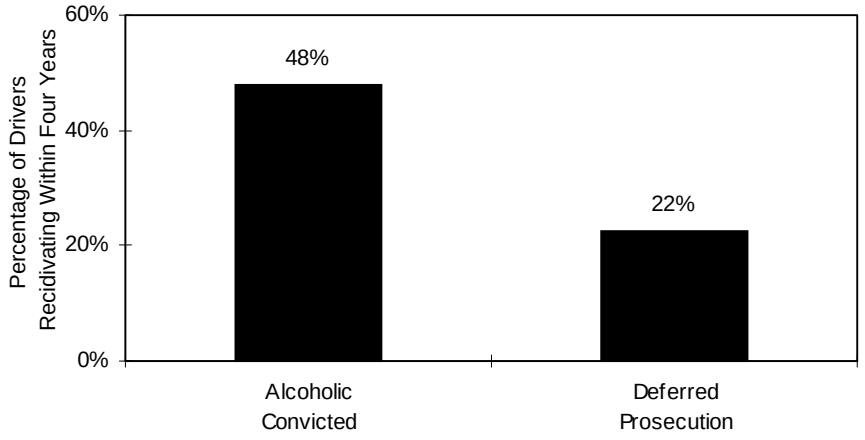
Drug Courts: Washington has three drug courts operating in King, Pierce, and Spokane counties, all of which are partially supported by grants

administered by CTED. These provide court-supervised treatment for eligible non-violent drug offenders. Nationally, drug courts have reported savings as high as $5,400 per participant in reduced jail and prison costs.[94] Early indications are that drug courts (a new concept) also reduce expenses for police overtime, ease judicial and probation caseloads, and save additional dollars by reducing recidivism.[95] In Washington State, a preliminary evaluation of the King County drug court suggests that drug courts significantly reduce the rate at which participants reoffend.[96]

Treatment Alternatives To Street Crimes (TASC):
This program provides some adult felony offenders and persons involved in domestic relations cases substance abuse assessment, urinalysis, case management, and referral to treatment services. In the six counties currently covered, the program serves about 70 percent of people who qualify.[97]

Deferred Prosecution For DUI Offenders: Persons caught driving under the influence and diagnosed as alcoholic or drug addicted can, under certain conditions, opt for deferred prosecution. This allows them to keep their driver's licenses in exchange for participation in intensive treatment for two years. The Washington State program appears to be successful in reducing new DUI offenses. Fewer than half as many deferred prosecution participants reoffended over a four-year period compared to a similar group who were not given deferred prosecution.[98]

Deferred Prosecution Cuts in Half the Number of Alcoholic Drivers Who Commit an Alcohol-Related Violation in the Four Years After Disposition[100]



Drug Prosecution Assistance: CTED administers this grant program, which supports specially-trained, regionally-based prosecutors dedicated to prosecuting drug law violators. These prosecutors, the majority of whom work with the regional drug task forces, have a conviction rate of 90 percent. This compares to a rate of 51 percent in four large metropolitan jurisdictions (Washington, D.C., Manhattan, Los Angeles, and San Diego).[100]

Correctional Institutions

Washington's prison system presently provides chemical dependency treatment to about 1,800 inmates per year. At least 68 percent of the inmates in the state's prison system--8,107--have a substance abuse problem. Under the current system, three-fourths of the inmates in need of treatment do not have access to it while incarcerated. [101]

The Juvenile Rehabilitation Administration works to reduce recidivism among juveniles in their custody through early identification and treatment of chemical abuse. Currently, JRA provides specialized services to 55 percent of the 1,723 juveniles in their care who need substance abuse treatment.[102]

A Thurston County pilot program administered by CTED is testing the effects of substance abuse treatment in jails on re-arrest rates, an approach national research suggests can have positive impacts.

Chapter 5

COUNCIL CHAIR REFLECTIONS ON FUTURE DIRECTIONS

Substance abuse reduction remains elusive. Some things work, some do not. National, state, and local policies demonstrate our success and failure. Serious warriors in the "war against drug abuse" cannot ignore the data. Professionals and lay volunteers together struggle to find permanent solutions. The Council provides a forum for discussion, debate, and unified problem solving among treatment, prevention, and law enforcement supporters. One part of the future is to sustain this forum for wide-ranging discussion and action recommendations.

The Council's mandate to balance prevention, treatment, and law enforcement provides the best tool for organizing statewide strategies. Council members become interdependent. Differences diminish as commitment grows. Members need each other for success. Our 1995 and 1996 recommendations demonstrate the effectiveness of such collaboration.

The future is partly now. We must continue building bridges between all who work to change this nation's love affair with alcohol, tobacco, and other drugs.

The best step toward increased effectiveness is understanding the problems. We must begin with the data. What works? Where can success be extended or expanded? How do we determine what works? Already, state employees from the WIN group, DASA, the Department of Health, the Department of Community, Trade and Economic Development (CTED), and other agencies are collecting, tracking, and assessing information on state-funded strategies. The state should work toward a common database for substance abuse. Council staff will provide this data to the Council, state agencies and to local citizens and communities.

The Council's own work needs peer and community review. To accomplish this we will circulate our 1996 Recommendations to citizens, activist groups, community organizations, elected officials and others asking for real critiques. That feedback becomes the backbone of our 1997 discussions and recommendations.

Finally, the 1996 Recommendations outline issues that need further study before a clear policy recommendation can be made. We will work toward development of research efforts, both internally and within state agencies.

ENDNOTES

[1] Washington State Department of Health, *Public Health Improvement Plan*, Olympia, WA, 1994, pp. 114, 118.
[2] Wickizer, T., et al., *Economic Costs of Drug and Alcohol Abuse in Washington State*. Olympia, WA, Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, 1993, p. vii.
[3] Washington State Board of Health, *Washington State Public Health Report*, Olympia, WA, 1996, p. 4.
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