

HB

172

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 8
Bill Version: CSHB 172 (FIN)
(H) Publish Date: 4/6/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Law
Title: An Act relating to therapeutic courts for BRU: Criminal Div; Civil Div
offenders & to the authorized number Component: 3rd Judicial District; Anch
Sponsor: Representative Porter 4th Judicial Dist; Human Services
Requester: _____ Component Number: 2261, 2201, 2208

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	242.2	242.2	242.2	60.6	0.0	0.0
Travel	1.4	1.6	1.6	0.2	0.0	0.0
Contractual	65.5	74.8	74.8	9.4	0.0	0.0
Supplies	5.6	6.4	6.4	0.8	0.0	0.0
Equipment	32.5	0.0	0.0	0.0	0.0	0.0
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	347.2	325.0	325.0	71.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	347.2	325.0	325.0	71.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	347.2	325.0	325.0	71.0	0.0	0.0

Estimate of any current year (FY2001) cost: 0.0

POSITIONS

Full-time	3	3	3	1	0	0
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Prepared by: Representative Eldon Mulder
Co-Chair
Representative Bill Williams
Co-Chair

Phone 465-2647/465-3424
Date 4/4/01

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 7
 Bill Version: CSHB 172 (FIN)
 (H) Publish Date: 4/6/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
 Title: An Act relating to therapeutic courts for BRU: Legal & Advocacy
offenders & to the authorized number . Component: Public Defenders Agency
 Sponsor: Representative Porter
 Requester: _____ Component Number: 1631

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	248.6	248.6	248.6	54.1	0.0	0.0
Travel	11.8	13.6	13.6	1.8	0.0	0.0
Contractual	88.6	101.7	101.7	13.1	0.0	0.0
Supplies	7.1	8.1	8.1	1.0	0.0	0.0
Equipment	29.2	3.2	3.2	0.0	0.0	0.0
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	385.3	375.2	375.2	70.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	385.3	375.2	375.2	70.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	385.3	375.2	375.2	70.0	0.0	0.0

Estimate of any current year (FY2001) cost: 0.0

POSITIONS

Full-time	4	4	4	1	0	0
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Prepared by: Representative Eldon Mulder
 Co-Chair
Representative Bill Williams
 Co-Chair

Phone 465-2647/465-3424
 Date 4/4/01

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 5
Bill Version: CSHB 172(JUD)
(H) Publish Date: 3/26/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
Title: An Act relating to therapeutic courts BRU: Alcohol & Drug Abuse Svcs
Component: Alcohol/Drug Abuse Grants
Sponsor: Porter
Requester: H Judiciary Component Number: 1239

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	501.3	685.4	685.4			
Miscellaneous						
TOTAL OPERATING	501.3	685.4	685.4	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
1002 Federal Receipts						
1003 GF Match						
1004 GF	501.3	685.4	685.4			
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	501.3	685.4	685.4	0.0	0.0	0.0

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

ANCHORAGE PILOT PROJECT: The agencies propose that 80 DWI offenders will be handled each year in the therapeutic court. Participants will be felony DWI offenders currently prosecuted by the state, as well as offenders who have 2 or more prior DWI convictions and are currently prosecuted as misdemeanants by the Municipality of Anchorage because of the 5-year look-back for felony DWI. Under this model, the state would take over the prosecutions of these misdemeanor offenses and process them in the therapeutic court in the superior court.

BETHEL PILOT PROJECT

The agencies plan to have 15 offenders participate the first half-year and 45 offenders in years 2 and 3. Offenders charged with alcohol or drug-related felonies and misdemeanors will be eligible to participate.

Prepared by: Ernest Turner, Director Phone 465-2071
Division: Alcoholism and Drug Abuse Date/Time 3/13/01 2:05pm
Approved by: Elmer A. Lindstrom, Special Assistant Date 3/15/01 9:16 AM
Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

ANALYSIS: (continued)

The amount of grant funds needed is based on the following levels of care for one year.

The following schema is predicated on 12 months involvement with the treatment program. These figures are for a single client. The total cost then would be based on the number of persons served by the therapeutic court. Obviously "one size" does not fit all clients and some will require more intensive treatment and some will require less but this is the best design for most of the clients from either the drug or alcohol involved clients.

Phase I Intensive Outpatient 6 weeks	
Assessment	\$100.00
Urinalysis @ \$25 per week	\$150.00
10 Hours intensive outpatient/week @\$45	\$2,700.00
Naltrexone 1xday @\$4.50	\$189.00
Physical Exam for safe Naltrexone use	\$200.00
Two written reports for courts	\$60.00
Total Phase I costs	\$3,399.00
Phase II Continuing Care 20/weeks	
Urinalysis \$25 bi-weekly	\$250.00
1 group per week @\$20	\$400.00
Naltrexone 1xday @\$4.50	\$630.00
On-going medical monitoring	\$100.00
Five care coordination of 30 min.	\$75.00
Five written reports for courts	\$150.00
Total Phase II costs	\$1,605.00
Phase III Extended Continuing Care 26 weeks	
Urinalysis \$25 monthly random	\$150.00
1 group every 2 weeks @\$20	\$260.00
Six care coordination of 30 min.	\$90.00
Six written reports for courts	\$180.00
Total Phase III costs	\$680.00
Total 12 month costs per person with indirect costs @20%	\$6,821.00

For the Anchorage therapeutic court the costs would reflect serving 80 persons each year of the court.

Year 1 costs for 80 clients \$545,664 less self pay \$409,248
 Year 2 costs for 80 clients \$545,664 less self pay \$409,248
 Year 3 costs for 80 clients \$545,664 less self pay \$409,248

ANALYSIS: (continued)

For the Bethel therapeutic court the cost would reflect serving 15 persons in first year and 45 in the second year. HB 172 indicates the Bethel court is just six months (January 1, 2002) the first year.

Year 1 Costs for 15 clients \$102,312 less self pay \$92,081

Year Two Costs for 45 clients \$306,936 less self pay \$276,242

Year Three Costs for 45 clients \$306,936 less self pay \$276,242

Note: These costs are reflective of Intensive Outpatient Services. Some clients will require residential services that can be supplied only on a space available basis unless the administration's budget increments for treatment expansion are fully funded.

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 4
Bill Version: CSHB 172(JUD)
(II) Publish Date: 3/26/01

Revision Date/Time (Note if correction) _____ Depi. Affected _____
Title Therapeutic Courts BRU Alaska Court System
Component Trial Courts
Sponsor: Rep. Porter
Requester House Judiciary Component No. 768

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	397.8	486.9	486.9	486.9	486.9	486.9
Travel						
Contractual						
Supplies						
Equipment	24.0					
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	421.8	486.9	486.9	486.9	486.9	486.9

CAPITAL EXPENDITURES						
CHANGE IN REVENUES ()						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	421.8	486.9	486.9	486.9	486.9	486.9
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	421.8	486.9	486.9	486.9	486.9	486.9

Estimate of any current year (FY2001) cost: 0.0

POSITIONS

Full-time	8	8	8	8	8	8
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

See attached.

Prepared by: Douglas Wooliver Phone 463-4750
Division: Alaska Court System Date/Time 3/20/01 @ 5:00 P.M.
Approved by: Stephanie Cole Date _____
Agency: Alaska Court System

For distribution information, call the Governor's Legislative Office

COMMITTEE COPY

HB 172
Fiscal Analysis
Alaska Court System

House Bill 172 allows the court system to establish a pilot court in Anchorage and another in Bethel for the prosecution and treatment of defendants who are addicted to alcohol. The focus of these therapeutic courts will be those charged with multiple DWI offenses.

The court system and the Department of Law estimate that the Anchorage court will see 80 defendants a year, and the Bethel court will see 15 cases the first half-year and 45 cases a year in years two and three.

Therapeutic courts are resource-intensive for the court system. They require defendants to appear regularly before the judge to report on progress and to appear for sanctions if they have failed to meet the program requirements. In order to meet this additional workload, and because the Anchorage and Bethel courts are already beyond their carrying capacity for felony cases, this bill calls for a new superior court judge in each location.

The superior court judge position in Bethel will replace the current district court position in that location so the fiscal impact is the difference between a district court judge and a superior court judge.

In both Anchorage and Bethel, a superior court judge position comes with a law clerk, a secretary, and an in-court clerk. The Anchorage position includes a court clerk to coordinate and schedule the therapeutic court procedures. This fiscal note includes one-time expenses for equipment for the judges and their staff.

Alaska Court System
 Therapeutic Drug Court HB 172
 3/20/01

<u>Positions for Bethel</u>	<u>Range</u>	<u>FY02 Cost Position Cost</u>	<u>FY03 Full Year Cost Position Cost</u>
Superior Court Judge (6 months)	82A	\$ 72,821	\$ 145,642
Law Clerk (6 months)	13D	\$ 30,777	\$ 61,553
Secretary (6 months)	12A	\$ 26,336	\$ 52,671
In-Court (6 months)	10A	\$ 23,378	\$ 46,755
Equipment (3 desks, 3 chairs, 3 computers)		\$ 9,000	\$ -
Total Superior Court Judge Position & Staff		\$ 162,311	\$ 306,621
Less: District Court Judge FY01 Funding (6 months)		\$ (64,161)	\$ (128,321)
Net Funding Required for Bethel Positions		\$ 98,150	\$ 178,300
 <u>Positions for Anchorage</u>			
Superior Court Judge	82A	\$ 138,467	\$ 138,467
Law Clerk for Superior Court Judge	13D	\$ 48,130	\$ 48,130
Secretary	12A	\$ 41,997	\$ 41,997
In-Court Clerk	12A	\$ 41,997	\$ 41,997
Court Clerk	10A	\$ 38,018	\$ 38,018
Equipment (5 desks, 5 chairs, 5 computers)		\$ 15,000	\$ -
Funding Required for Anchorage Positions		\$ 323,609	\$ 308,609
Fiscal Note Total		\$ 421,759	\$ 486,909

FISCAL NOTE

**STATE OF ALASKA
2001 LEGISLATIVE SESSION**

Fiscal Note Number: 2
 Bill Version: CSHB 172(JUD)
 (H) Publish Date: 3/26/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Corrections
 Title: An Act relating to therapeutic courts for offenders and to the authorized number of superior court judges. BRU: 271
 Sponsor: Representative Porter Component: Community Corrections
 Requester: House Judiciary Component Number: 1382

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	89.9	179.9	185.9	36.0		
Travel						
Contractual	14.0	14.0	14.0	3.5		
Supplies						
Equipment	6.0	3.0				
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	109.9	196.9	199.9	39.5		

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	109.9	196.9	199.9	39.5		
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	109.9	196.9	199.9	39.5	0.0	0.0

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

POSITIONS

Full-time	2	3	3	1		
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The first year of the Wellness Court in Anchorage would require 1 fulltime Probation Officer, including a leased vehicle as well as a one time expenditure for computer equipment. In Bethel, the Probation Officer would begin in January 2002, requiring salary for only 1/2 of a year. This person would also require a vehicle and a one time purchase of computer equipment. By the second year, Anchorage will need an additional Probation Officer position which will also include a vehicle and one-time purchase of computer equipment. This position will be responsible for case management and supervision of the Therapeutic Court offenders.

Prepared by: Candace Brower Phone 465-4652
 Division: Commissioner's Office Date/Time 3/14/01 4:00 p.m.
 Approved by: Margaret Pugh, Commissioner Date 3/14/01
 Agency: _____

For distribution information, call the Governor's Legislative Office

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF ALCOHOLISM AND DRUG ABUSE

TONY KNOWLES, GOVERNOR

P.O. BOX 110607
JUNEAU, ALASKA 99811-0607
PHONE: (907) 465-2071
FAX: (907) 465-2185

Dear Reader:

The Division of Alcoholism and Drug Abuse is pleased to present this report on the outcomes of treatment services provided in Alaska. Preliminary findings from this study show that Alaska's treatment programs work.

The State of Alaska's treatment programs care for about 2,500 residential and 5,500 outpatients a year. Treatment services are provided by 45 programs in the State.

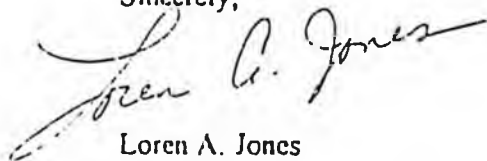
The study for the Division of Alcoholism and Drug Abuse is being conducted by New Standards, Inc., a nationally recognized authority in studying treatment programs. Under the study, some 1,600 residential patients and outpatients will be followed from their admission to a treatment program to one year following admission. In this portion of the study, NSI followed up on the first 300 patients in the study six months after they began treatment. These patients will be contacted again a year after treatment.

Findings from the study, even at this early stage, show that treatment does work. The study also confirms our belief that continuing care is very important. When complete, the study will help us design the best treatment and after care programs for Alaskans. These findings also compare very positively to studies done at programs elsewhere in the nation.

This study followed up patients from treatment centers in Anchorage, Barrow, Bethel, Craig, Dillingham, Fairbanks, Healy, Nenana, Juneau, Kenai, Ketchikan, Nome and Mat-Su. The full study is scheduled to be completed in mid-1997.

We encourage you to read and study this report. If you have any questions please contact the Division.

Sincerely,



Loren A. Jones
Director

INFORMATION
STATEMENT



ALASKA STATE LEGISLATURE

SPEAKER OF THE HOUSE BRIAN PORTER

SECTIONAL ANALYSIS

COMMITTEE SUBSTITUTE FOR HOUSE BILL 172 (FIN) am

"An Act relating to therapeutic courts for offenders and to the authorized number of superior court judges"

Section 1: Legislative purpose. This section states the purpose of the pilot therapeutic courts, their locations, criteria to consider when imposing sentences, sanctions to be imposed if conditions imposed by therapeutic court are violated, conditions of bail or probation and evaluation of the pilot projects by the Alaska Judicial Council.

Section 2: Amends AS 22.10.120. Number of judges. This section adds two superior court judges. One additional judge assigned to the Third Judicial District (to be based in Anchorage) and one additional judge assigned to the Fourth Judicial District (to be based in Bethel). These judges will preside over the pilot therapeutic courts as well as other cases that they may be assigned.



ALASKA STATE LEGISLATURE

SPEAKER OF THE HOUSE BRIAN PORTER

SPONSOR STATEMENT

COMMITTEE SUBSTITUTE FOR HOUSE BILL 172 (FIN) am

"An Act relating to therapeutic courts for offenders and to the authorized number of superior court judges."

CS for House Bill 172(FIN) will establish two therapeutic court pilot projects-Anchorage and Bethel. These courts are designed to serve as working models for the development of other similar courts throughout the state.

As stated in the legislative purpose section of CSHB 172(FIN), therapeutic courts are designed to:

- assist offenders toward lasting sobriety;
- protect society from alcohol and drug related crime;
- provide prompt payment of restitution to victims;
- encourage effective interaction and use of resources among criminal justice and community agencies; and,
- reduce long-term costs relating to arrest, trial and incarceration.

The pilot projects will be implemented through joint efforts of the Court System, Department of Law, the Public Defender Agency, the Department of Corrections, the Department of Health and Social Services and other agencies in accordance with a mutually agreed upon plan. The courts are to use existing public agencies, medical and treatment services, housing and other public, private and non-profit community services as well. The Bethel pilot project is designed to coordinate services with municipal and local entities, taking into consideration local resources and cultural traditions, to facilitate rehabilitation.

The Court System has requested two additional superior court judge positions to preside over the therapeutic courts. These positions will be assigned to Anchorage and Bethel.

Chemical Dependency Treatment Outcome Study Executive Summary

Results from a study of Alaska's chemical dependency treatment programs show that the state's efforts are succeeding on several fronts. Follow-up interviews with participants in both inpatient and outpatient treatment programs indicate that, after one year, arrests and hospitalization decreased, while participants' employment rates and work attendance increased.

The Alaska Division of Alcoholism and Drug Abuse commissioned the treatment outcome study to measure the effectiveness of publicly funded residential and outpatient treatment programs. Beginning in February 1994, the study surveyed 1024 residential/step-down patients and 510 outpatients who consented to assessments at admission, discharge, and six and 12 months after admission to treatment. The findings were collected by New Standards Inc., a Minnesota-based authority in studying treatment programs.

The study will provide information to help policymakers design the best treatment and after-care programs for Alaskans.

The outcome study found:

- Of Alaskan patients surveyed, 56 percent of those in outpatient programs abstained from alcohol for one year after treatment, compared to 42 percent of residential patients. Outpatients in the study received an average of 59 hours of care, while patients in residential programs received an average of 39 days of inpatient care.
- The study also found there is a strong association between abstinence rates and post-treatment levels of care and peer support groups like Alcoholics Anonymous. For 75 percent of residential patients, formal aftercare taken for a year resulted in a year of sobriety. Formal aftercare during the first six months appears to have the strongest impact on recovery among outpatients, with 71 to 77 percent reporting sobriety.
- Both residential and outpatient program participants reported substantial decreases in legal problems one year posttreatment. Criminal arrests, traffic arrests and motor vehicle accidents dropped. This yields overall societal benefits as a result of chemical dependency treatment by easing demands on already overburdened legal and insurance systems.
- Documented reductions in hospitalizations and emergency care and outpatient care for chemical dependency program patients support the notion that, following treatment there is a shifting away from costly hospital and emergency room "crisis" or urgent care, toward more timely and appropriate preventive or routine outpatient treatment.
- Employment rates changed dramatically from pretreatment through one year after treatment. Full-time employment increased from 30 percent before treatment to 45 percent at 12 months. Conversely, unemployment rates dropped from 45 percent to 24 percent.
- Both residential and outpatients reported significant reductions in tardiness and missing work. Outpatients in particular reported fewer problems with supervisors and fewer mistakes on the job.
- A significant number of patients surveyed reported sexual and physical abuse; 10 percent of the residential patients and 8 percent of the outpatients indicated incest by a male relative. Twenty-eight percent of the outpatients and 29 percent of the residential patients reported physical abuse prior to age 18.



FEB 16 2001

alaska judicial council

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Supreme Court

Facsimile Transmittal

To: See Below

Fax #: See Below

Date: 2/18/01

Time: _____

From: Teri Cams

Number of pages (including this cover sheet) 5

If you have any problems or questions, please contact Teri Cams
at (907) 279-2526.

Comments:

The Judicial Council has prepared the attached charts at the request of the members of the interim Criminal Justice Council. We thought that you would find the information helpful. Please contact me if you have questions or comments. Teri Cams

*If more than one person at the same agency please distribute copies to each one.

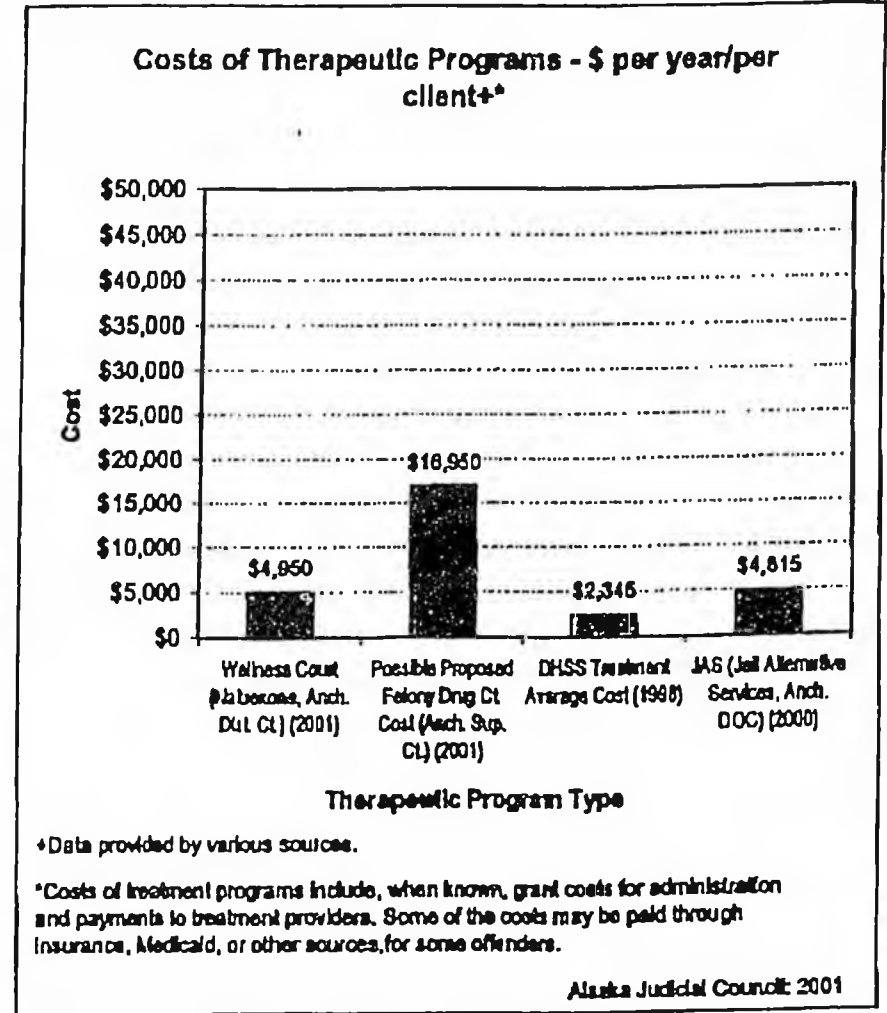
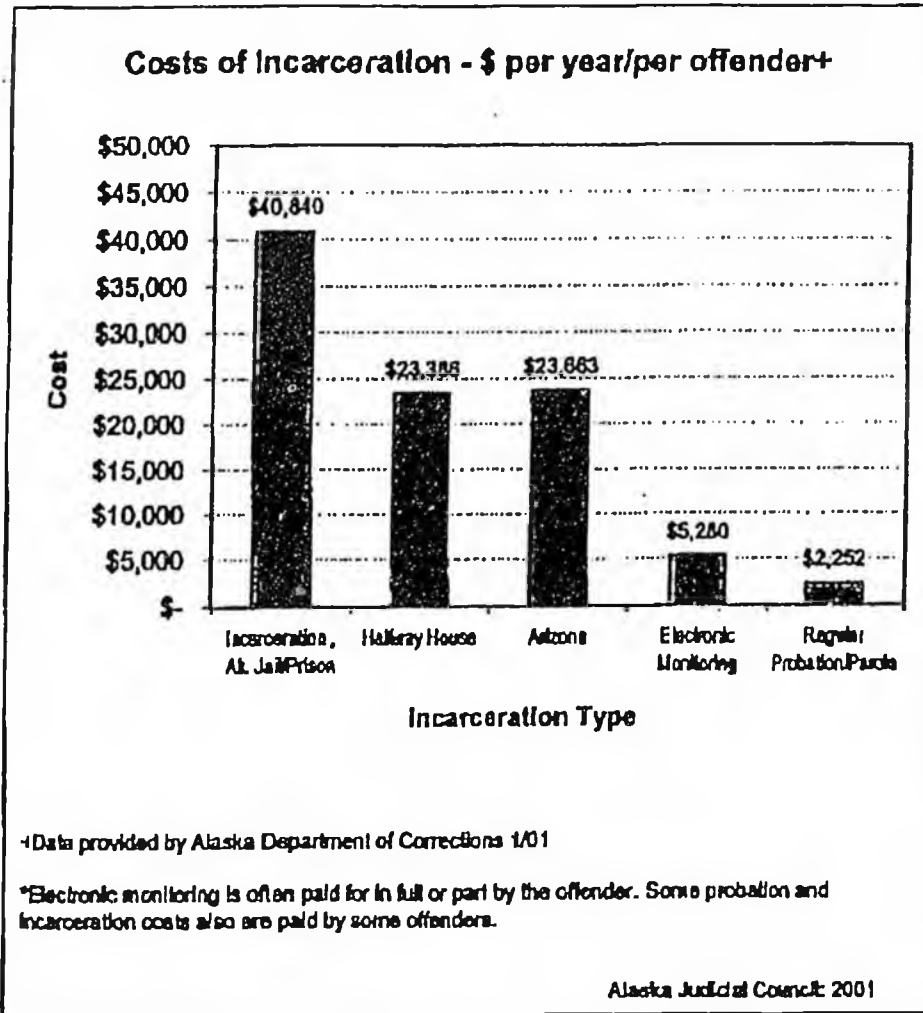
Janet McCabe - 272-2893
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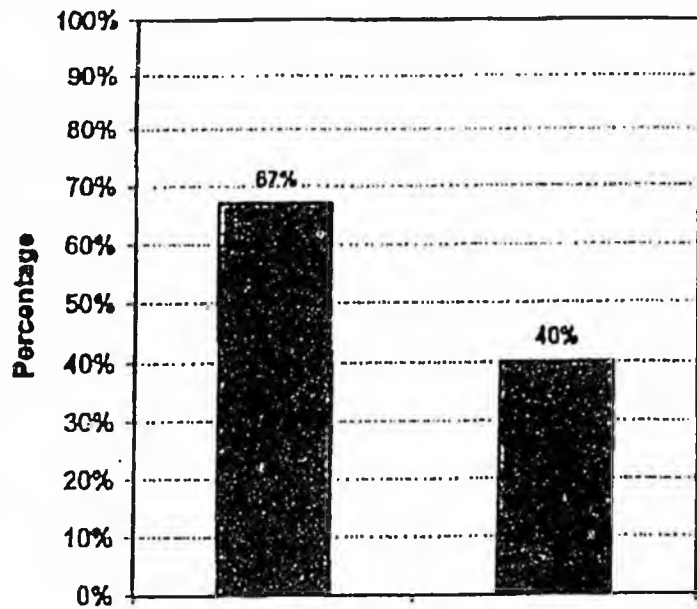
Doug Wooliver - 264-8291
Marilee Fletcher - 465-2185
Rep. Berkowitz - 465-2137

Costs and recidivism rates for incarceration compared to therapeutic programs



**Costs and recidivism rates for incarceration
compared to therapeutic programs (continued)**

Recidivism Rates After Incarceration



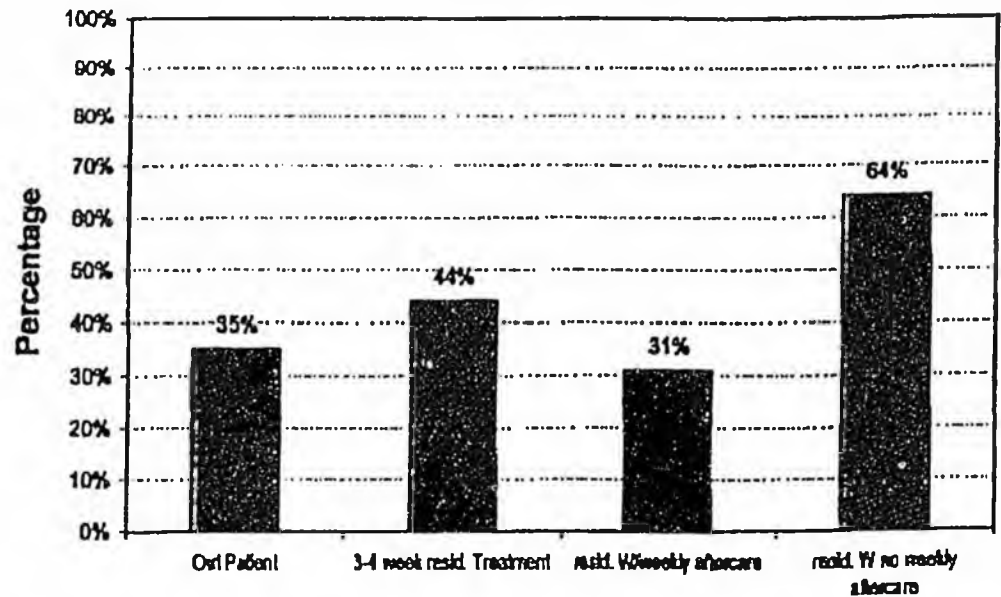
Nationwide, 67% of all released re-arrested within 3 years (p. 3, 1100 DOJ paper)

2 of 5 of all inmates released this year nationwide will return to jail within 3 years (VERA p. 3 2000)

Incarceration

Alaska Judicial Council: 2001

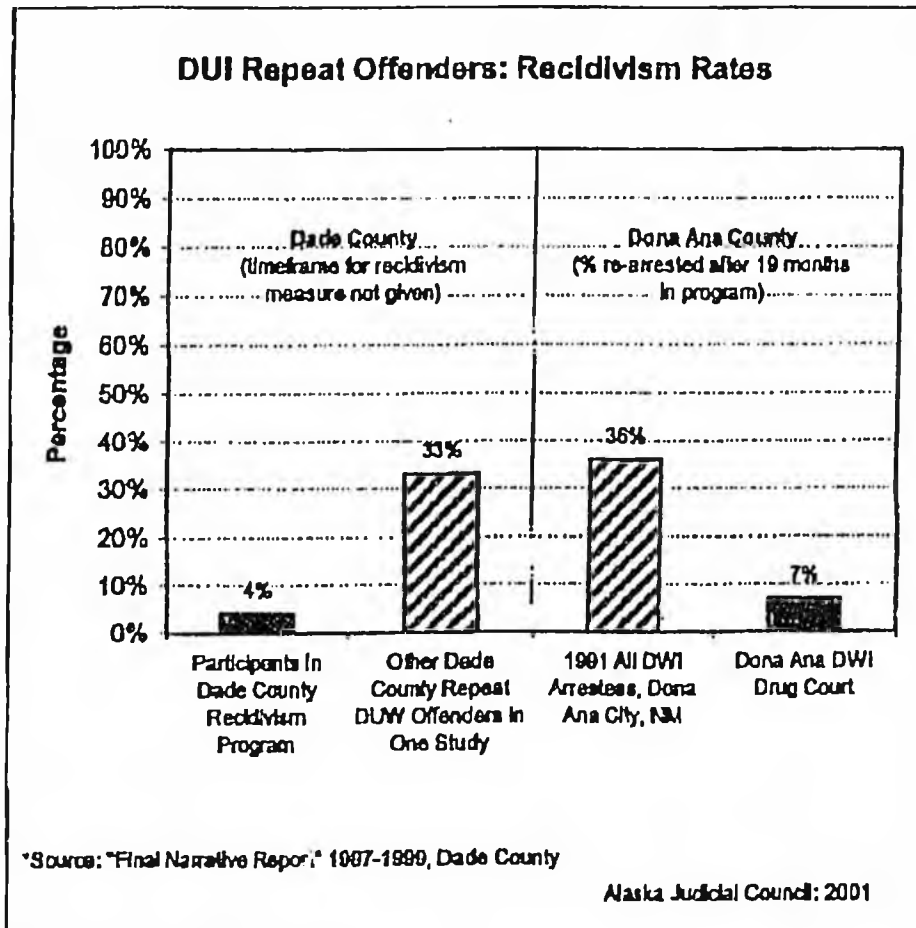
**Effectiveness of different substance abuse treatments
in one study* - Relapsed within 6 months after leaving
program**



*1994 Division of Alcoholism and Drug Abuse, cited in Legislative Audit #08-4570-89, p.30.

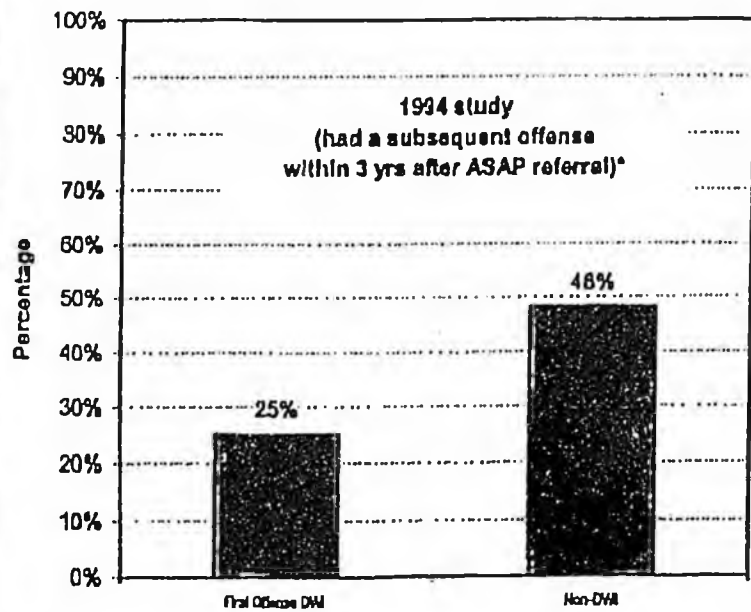
Alaska Judicial Council: 2001

Costs and recidivism rates for incarceration compared to therapeutic programs (continued)



Costs and recidivism rates for incarceration compared to therapeutic programs (continued)

Recidivism Rates, with ASAP Referral

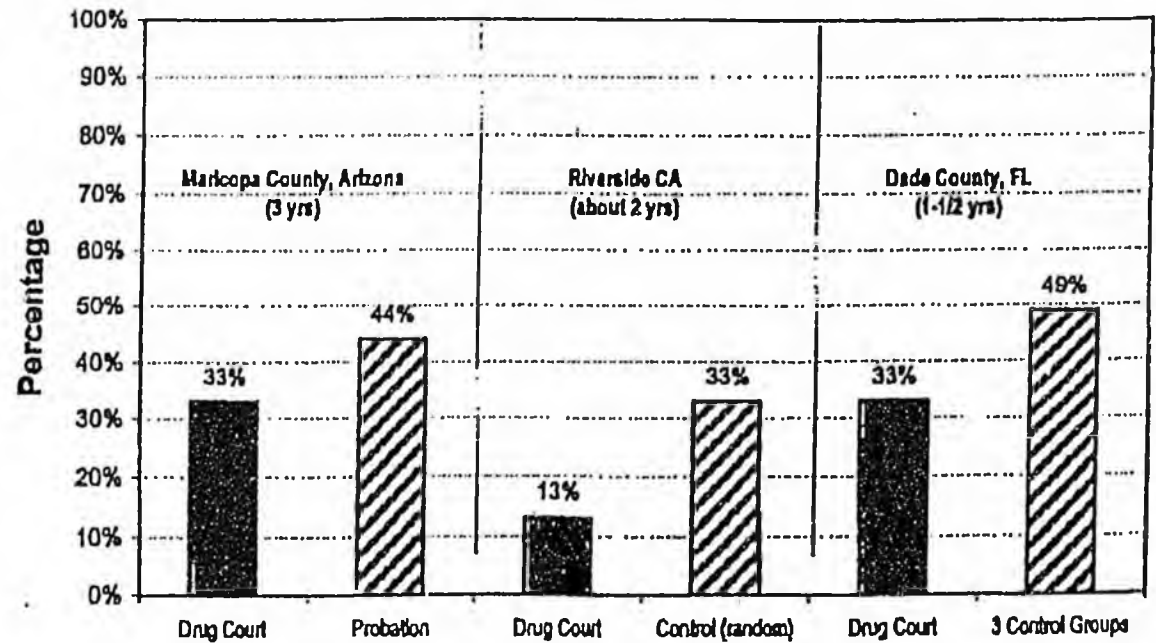


No control groups available

*ASAP Evaluation Survey, 1994, UAA

Alaska Judicial Council: 2001

Drug Courts: Recidivism Rates in Controlled Studies*



**Research on Drug Courts: A Critical Review," S. Belenko Nat'l. Drug Ct Institute Review Vol. 1, Issue 1.

Alaska Judicial Council: 2001

ABUSE IN AMERICA: Fresh research and shifting views of treatment are opening new fronts in a deadly struggle. **By Jonathan Alter**

MAYBE YOU'VE SEEN THE MOVIE: DAD, AN OHIO JUDGE AND the nation's new drug czar, needs a cocktail to "take the edge off." Mom has her own youthful history with drugs and scoffs at Dad's suggestion that she was just "experimenting." Their 16-year-old daughter, a lovely straight-A student at a fancy private school, starts freebasing cocaine, then turns tricks to pay for her habit.

Whatever happens next month at the Oscars, the movie "Traffic" is a cinematic IV injection—a jolting reminder of the horrors of drugs

**THE
WAR
ON**

ADDICTION

and the drug war. After a campaign in which both parties all but ignored the drug issue, director Steven Soderbergh manages the nearly impossible feat of illuminating a national debate without taking sides (both reformers and hard-liners like the movie), beyond attaching a patina of hopelessness to the whole issue.

Actually, the future may not be quite as bleak as the film suggests. While policy revolutions—like legalizing narcotics or somehow eradicating supply—are pipe dreams, change is coming to the world of addiction and drug policy. Voters in several states are far ahead of the politicians, appro

**INFORMATION
STATEMENT**

that offer more treatment options. "Drug courts" that allow judges to impose substance-abuse treatment in place of jail have grown since the mid-1990s, part of a new understanding that, with frequent relapses, treatment is much less expensive for society than prison and interdiction. All of the former drug czars as well as the man rumored to be President Bush's choice for the job, retired Col. James McDonough, stress treatment and demand-side reduction as their first priority, though the funding decisions have yet to catch up to the new rhetoric.

More broadly, this relatively peaceful interlude in the nation's drug history (half as many regular drug users as in 1979 and the crack epidemic ebbing) offers a rare chance to rethink old approaches not just to renewed threats like heroin but to the mother of all abused substances—alcohol. Science is yielding clues about the "hedonic region" of the brain, while breakthrough medications and greater understanding of the mental-health problems that underlie many addictions are giving therapists new tools.

Addiction is hardly an American affliction, but it sometimes looks that way. The master narrative of public life these days seems to be all about abuse

Even greatly expanded prison capacity that consumes billions can't accommodate this flow. So over the next few years, as sentences from the high-crime 1980s are completed and reform of drugs laws accelerates, hundreds of thousands of offenders will be released or sentenced more leniently. Hard-core addicts in some jurisdictions are estimated to commit 100 petty crimes each per year. If their substance-abuse problems aren't addressed, the country will face another crime wave soon.

In an attempt to break the vicious cycle, drug addiction is increasingly being viewed more as a disease than a crime. (Drug trafficking is a different matter.) California approved Proposition 36 last fall, a landmark referendum that offers treatment options in place of jail for nonviolent offenders. New York is rewriting its draconian Rockefeller-era drug laws. The outgoing drug czar, retired Gen. Barry McCaffrey, says the phrase "drug war" should be retired in favor of "drug

cancer." The straight-talking military man has little to say about interdiction. His No. 1 recommendation on leaving office last

DRUG CULTURES

Stars become inmates; generals decry war. Even Hollywood can't write an ending to the substance-abuse story. Downey (far right), 'Traffic's' Michael Douglas and ex-czar McCaffrey (facing page)



Even hard-liners in the war on drugs like to say that

and recovery, with inner demons replacing outer enemies or forces of nature as the dramatic foils of choice. After leaving drug rehab, Jennifer Capriati stages an improbable tennis comeback to win the Australian Open. Robert Downey Jr. relapses once again, a haunting symbol of the limits of treatment. The departing president of the United States appears to have been addicted to sex, while the new president—by his own account—once had a drinking problem.

In the real America, the toll is incalculable. Consider Areina Garcia, 34, mother of four children ages 1, 2, 4 and 7. She admits she was "selling my ass for drugs" and getting high in front of her kids. She didn't stop until her husband reported her to family court. Or Brian Kelly, 31, who started drinking at 8 while tailgating with his alcoholic parents at Notre Dame games. His crack habit landed him in a \$14,000-a-month "country club" treatment program with a pool, tennis courts and nothing but what he calls "appeasement" of his problem. Now both Garcia and Kelly are midway through a no-nonsense, 12- to 15-month residential treatment program at Phoenix House, still at real risk of relapse, but with at least a fighting chance to salvage their lives.

The aggregate consequences of addiction are staggering. Consider that the number of inmates in American prisons more than tripled over the last 20 years to nearly 2 million, with 60 percent to 70 percent testing positive for substance abuse on arrest. These inmates are the parents of 2.4 million children, all of whom are disproportionately likely to follow their parents to jail. According to the exponential math of a Brown University study, if the prison population were to continue growing at the current rate, by 2053 the United States would actually have more people in prison than out.

month was that insurance companies offer the same level of coverage for mental-health and drug disorders as they do for any other illness. This is unlikely (managed care has led to lower reimbursements for treatments). But even hard-liners are beginning to say that we can no longer incarcerate our way out of the problem.

OF COURSE OLD HABITS DIE HARD. WASHINGTON still directs two thirds of the federal drug budget (including \$1.1 billion in military aid to Colombia) to law enforcement, while state legislatures—leery of seeming to coddle criminals—lag behind public opinion on funding treatment. So-called harm-reduction strategies like needle exchanges (common in Europe) have a tough time winning approval, despite many studies proving that they save lives. The new attorney general, John Ashcroft, has opposed not just needle exchanges, but a taxpayer-supported media campaign aimed at teens. The early signs are that the Bush team will essentially maintain the status quo on drug policy.

Even so, a "third way" consensus between liberals and conservatives is emerging, especially at the local level where the real money is spent. It combines flexible enforcement with mandatory treatment. The drug-court idea, which comes with strong backing from most prosecutors, is sometimes known as "coercive abstinence"—using the threat of jail to motivate substance abusers to get help. "The real, nut-cutting issue is motivation," says Joseph Califano, chairman of the National Center on Addiction and Substance Abuse. The research shows that those forced into treatment do at least as well as addicts who enroll voluntarily—often better, be-

... they must stay in therapy longer or risk reincarceration. In all every programs, the best predictor of success is the length of treatment. While relapse is common, those who remain at least a year are more than twice as likely to stay clean.

So drug-treatment experts now often favor the "big foot" of law enforcement. "The legalizers don't understand the psychodynamics of addiction," says Dr. George De Leon, author of the National Institute on Drug Abuse's most thorough study of treatment. "The nature of the disorder is that the client is resistant to treatment." This suggests the need for intensive drug treatment not only in jail, where addicts are a captive audience, but after release, with sentences shortened in exchange for successful enrollment. Drug-court judges use carrots (gift certificates; the promise of fewer court dates) and sticks (return to jail) to change behavior.

Drug-policy reformers like Ethan Nadelman of the Lindesmith Center don't buy the approach: "Alcoholics don't have coerced treatment," Nadelman says. "So why should drug abusers?" But those who actually provide treatment say they have fewer empty beds when the courts are involved. They worry that California's Proposition 36 doesn't do

Meanwhile, hundreds of laws remain on the books that make it hard to treat substance abuse as a public-health matter. Consider heroin addiction. In nine American cities, men 20 to 54 are more likely to die of a heroin overdose than in a car accident. But courts won't often authorize methadone treatment, and junkies routinely fail to report overdoses to the authorities for fear of being arrested. In "Traffic," the kids leave their overdosed friend at the hospital and run—a common response.

IN NEW MEXICO, WHERE GOP GOV. GARY JOHNSON IS an outspoken drug reformer, the authorities are trying a new harm-reduction strategy to fight overdoses. Last month New Mexico doctors began giving addicts syringes full of Narcan, an easy-to-inject medication that counteracts the heroin, often saving lives. One test of the new public mood on drug-policy reform will be if other states follow suit.

New York is beginning to reassess its tough drug laws, which date from the 1970s. Last month Gov.



we can no longer incarcerate our way out of the problem

enough to compel long-term treatment. Addicts will "get kind of a driver's-ed course in drugs that isn't going to force them to take a self-inventory and change themselves," says Dr. Mitchell Rosenthal, founder of Phoenix House, which operates residential-treatment centers in eight states.

Rosenthal says Phoenix House has relied on the criminal-justice system for its recent growth spurt. As in all treatment, the vast majority drop out before completing the program, but those who make it through the whole year have a surprisingly good prognosis. The research shows that about three quarters of those who graduate from 12-month residential programs are employed, drug-free and not in jail five years later. The results for in-prison programs and outpatient therapy are worse than for long-term residential care, but there, too, the key variable is length of treatment.

At the same time, all but the fanciest 28-day residential programs are less expensive than prison, and outpatient care is much cheaper. Even when you throw in the costs of the drug court, the total expense is less than half as much as jail, and the results are far more effective. Inmates assigned to drug courts in Los Angeles and Washington, D.C., were 30 percent less likely to be rearrested than those who went through conventional courts—a huge savings to society. In another survey, only about 10 percent of those under court supervision tested positive for drugs; for those in regular probation, the "dirty urine" figures were one third.

George Pataki, once a major hard-liner, proposed cutting the minimum sentences for serious drug felons from 15 years to eight and giving judges more discretion. In reviewing the clemency process, Pataki says he found "dramatically unfair sentences—people sentenced to 15 years when their involvement was minimal." But at the federal level, so-called mandatory minimum sentencing requirements are in no danger of being repealed any time soon.

Spending priorities right now look pound foolish. The Center on Addiction and Substance Abuse released a study last week showing that states spend more than 13 percent of their total budgets just "shoveling up" the wreckage of addiction—as much as they appropriate for higher education and 100 times what they spend on prevention and treatment. Another study by Rand Corp. shows that every dollar spent on treatment saves seven dollars in services. That's because even if addicts eventually relapse, they are clean during their time in treatment, saving millions in acute health-care costs and law enforcement.

For all its promise, treatment remains a spit in the ocean of national substance abuse. Phoenix House, the nation's largest network of treatment centers, has only about 5,000 residents—out of more than a million people arrested every year on drug-related charges. California's Proposition 36 will fund 10,000 new treatment slots. But that's out of 160,000 inmates who need it. While drug courts are multiplying fast, they still make up a tiny percentage of all criminal courts. In other words, like treating addiction, changing national drug policy will take patience, commitment and time. All we know for sure is that we have no choice but to try.

With MICHAEL ISIKOFF, MARK HOSENBALL and SUZANNE SKALLEY



FOR ADDITIONAL, WEB-EXCLUSIVE COVERAGE FROM OUR REPORT ON FIGHTING ADDICTION, GO TO NEWSWEEK.MSNBC.COM, AND LOG IN FOR AN AUDIO INTERVIEW WITH JONATHAN ALTER.

Millions of Americans abuse drugs, alcohol and cigarettes every year. The cost to society? Nearly \$300 billion.

MAPPING ADDICTION

HIGH TIMES:
Eleven million Americans inhale monthly; Coloradans lead the pack

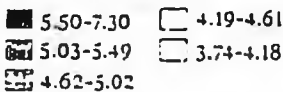
LIQUID: North Dakota ranks first in binge-drinking rates; Maryland is last

RAVING: 'Club drugs,' namely ecstasy, are on the rise; Boston and St. Louis report sharp increases



SNAPSHOT

Alcohol and illicit-drug use dependence as a percentage of state population*



✕ High-intensity drug-trafficking areas

SHOOTING UP: Heroin use among teens is rising in San Francisco, Newark, N.J., and Atlanta.

SNOWED: In Miami, San Diego and Bridgeport, Conn., cocaine use is up

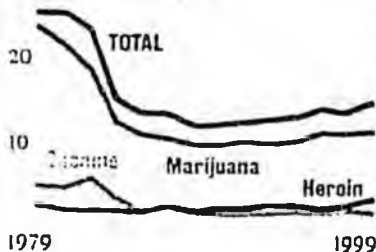
SMOKIN': Tobacco kills 430,000 per year; Nevadans smoke the most

*1998 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION SURVEY (SAMHSA)

SUBSTANCE ABUSE

Abuse is down, but 47 million Americans are still hooked on cigarettes, and 14 million each on drugs and alcohol.

Millions of drug users

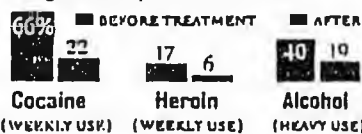


Adult users % OF TOTAL USERS	Heavy drinkers % OF TOTAL POP.
42.4%	1994 6.2% CONSUMING FIVE OR MORE DRINKS ON FIVE OR MORE DAYS PER MONTH
1999 24.1%	1999 5.7%

TREATMENT

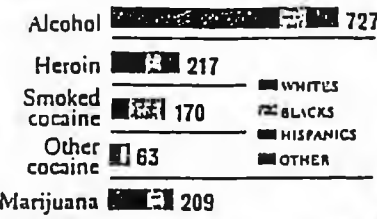
Substance abusers who stay in treatment longer are less likely to resume their bad habits.

Long-term inpatient treatment



Admissions for treatment

BY RACE/ETHNICITY IN THOUSANDS*



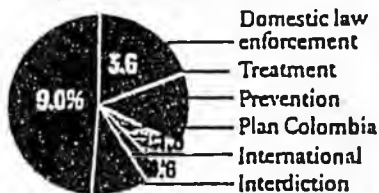
SPENDING

Federal and state governments spend only a small percentage of their budgets on treatment and prevention.

Substance-abuse-related spending

	PERCENT OF BUDGET	PREVENTION, TREATMENT, RESEARCH
New York	17.0%	1.0
Massachusetts	16.8	0.6
California	15.3	0.7

U.S. drug-control budget: \$18.4 billion 2000, IN BILLIONS OF DOLLARS



SOURCE: OFFICE OF NATIONAL DRUG CONTROL POLICY; SAMHSA NATIONAL SURVEY OF DRUG ABUSE; NATIONAL INSTITUTE ON ALCOHOLISM AND ALCOHOLIC DRINKING; NATIONAL CENTER FOR DISEASE CONTROL AND PREVENTION; DRUG ENFORCEMENT ADMINISTRATION; DRUG ABUSE TREATMENT OUTCOME STUDIES; COLUMBIA UNIVERSITY'S NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE; TEXT AND RESEARCH BY SPENCER JOHNSON; BY RAIN, DUCK, CHRISTOPH BUEHNER AND TOMAS COMANOVIC

109 BY BRAD NELSON IN 1999; PHOTOS BY JEFFREY MAYER; PHOTOS BY JEFFREY MAYER; PHOTOS BY JEFFREY MAYER; PHOTOS BY JEFFREY MAYER

ALCOHOL: Every year, abusive drinking costs the United States more than all illegal drugs combined. Now a controversial medicine that fights the craving for booze may help alcoholics in their struggle to stay sober. But is it a magic bullet? **By Claudia Kalb**

CAN THIS PILL STOP YOU FROM HITTING THE BOTTLE?



Addicts know the pattern all too well—that roller-coaster ride of intoxicating highs and wasted lows. David Nott's journey has been one of the worst. At 28 he was a successful underwriter for Lloyds Insurance in London with a Porsche, a Ferrari and a country manor. But after two decades, Nott's life had spiraled into a mess. His addiction drowned his fortune, ruined three marriages and propelled him toward suicide. Drug of choice: alcohol. Breakfast was cheap Spanish wine; then came the vodka—a sickening cycle of passing out and coming to. He craved both another drink and a better life. "Once I was holding a glass of vodka and shaking and crying," says Nott, now 48. "I didn't want to drink it, but I couldn't stop."

It's a battle far too many are losing. Alcohol abuse costs this country a staggering \$185 billion a year in everything from lost workdays to drunken-driving accidents—more than all illegal drugs combined. Six million Americans persistently misuse alcohol, and 8 million more are addicted; 100,000 will die this year from alcohol-related causes. Hospital charts are littered with the complications of chronic heavy drinking—heart disease, stroke, liver failure. Those who are still fighting spend years in and out of treatment, unable to kill the cravings that wreck their lives and, too often, the lives of those close to them. Fixing the prob-

lem is a herculean task. Alcohol courses freely through American society, from college bars to corporate lunches. There's no government booze czar, no war declared; nor has alcohol been banished to the sidewalks like cigarettes. Every year, alcohol advertisers spend more than \$1 billion to promote the tasty, relaxing side of liquor—over three times the annual budget of the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Many addicts, meanwhile, are not getting the help they need.

But they may have reason to hope. Medications that act on the brain to help control the urge to drink are forging a new direction

in alcohol treatment. Acamprosate, a pill used for years in Europe, will soon be under review by the FDA and could be available by prescription by the end of this year. David Nott took the drug in combination with counseling and has now been sober for three years. Without it, he says, "I'd be dead now." Next month the NIAAA will launch a major nationwide trial to test counseling together with a one-two punch of acamprosate and naltrexone, an anti-craving pill approved in 1994. The drugs "herald a whole new era in the treatment of alcoholism," says the NIAAA's Dr. Enoch Gordis. "The medications five to 10 years from now will be even better."

That might seem like cause for celebration—but reaction to the idea of treating alcoholism with drugs is decidedly mixed. Many recovering alcoholics, who beat their addiction with steely willpower and support groups, are leery: there are no shortcuts, they say, to staying dry. Gordy Brown, a recovering alcoholic in St. Paul, Minn., fears that addicts might be tempted by what they think will be an "easier, softer" way out of addiction—then shirk the hard work of dealing with the personal turmoil that may have led them to booze in the first place.

"A pill," he says, "is about the bottom when it comes to taking responsibility."

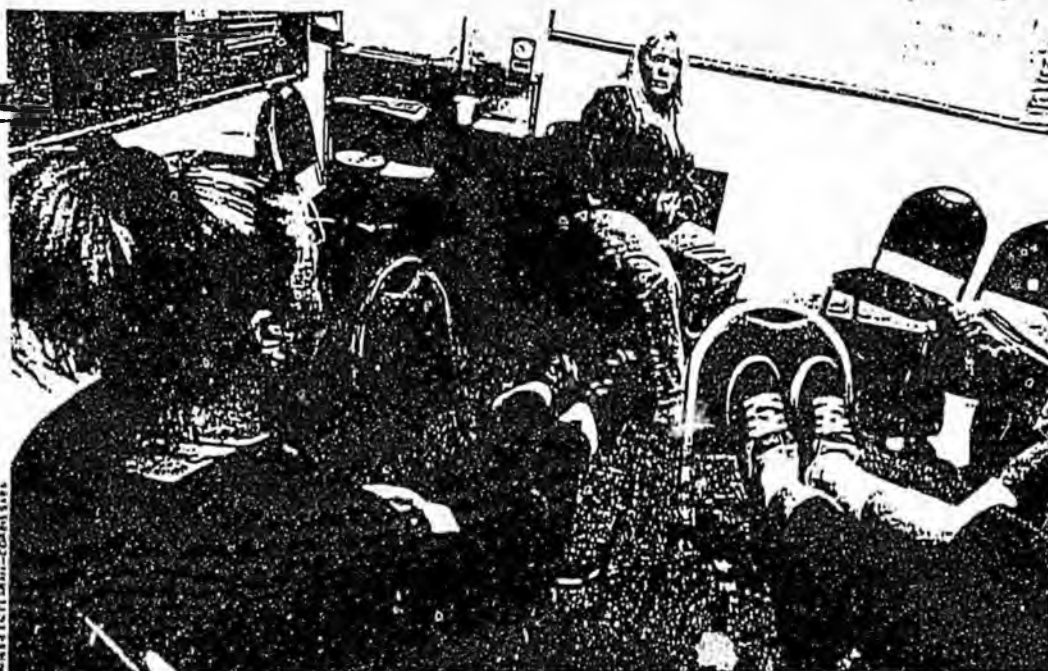
Medication also has a tortured history in addiction treatment. Antabuse, the first anti-alcohol drug, in use since 1948, blocks the body's ability to absorb alcohol. Taking it, then drinking, provokes a violent response: headache, palpitations, vomiting. Some alcoholics swear by it, but many others can't stomach the effects. Other drugs, like the habit-forming

DOSING UP

Acamprosate, together with counseling, worked for Nott. He hasn't touched alcohol in three years.

sedatives Librium and Valium, make alcoholics even warier. They're still used to help calm the tremors and anxiety during the acute phase of detox, but they haven't completely shaken the bad rap they got decades ago when given long-term to help people stay calm after withdrawal. Kellie Baker was prescribed the sedative Xanax during rehab at the age of 16, four years after she started drinking heavily. "It was kind of a joke," says Baker, 31. "I'm trying to get sober, and here I was getting completely stoned."

But acamprosate and naltrexone are in a different class—they're non-addictive. And even their proponents are not pushing them as a cure: their effects are moderate, and they're intended for use only in combination with counseling or support. They help ward off relapse, not get active drinkers to quit. And alcoholics must be highly motivated to cork the bottle, or the pills will have little impact. The first time Pierre Galard, a Paris artist, took acamprosate, it didn't reduce his desire for booze at all. "I wasn't ready to quit," he says. What the drugs do provide, scientists say, is a new option for those who've failed traditional therapy. Only 10 percent of problem drinkers get the help they need. Of those who go into patient rehab, about half relapse within the first three months of treatment. And self-help groups like Alcoholics Anonymous don't work for everyone. "Alcoholics are not all the same," says Dr. Bankole Johnson of



tremors, hallucinations. For them, most experts agree, abstinence is the only way to go. "The normal drinker gets relaxed, gets woozy, and then something inside clicks on that says, 'You need to stop now,'" says Kathy Olund, 58, a recovering alcoholic and vice president of the visitors' bureau in Flint, Mich. "I never stopped. I drank until I was drunk, and then I began drinking every day."

Why was Olund hammered with cravings for more, while most of us can tough out the hangover with a couple of aspirin? Environmental triggers, like an unstable home, and perhaps even certain personality traits like impulsiveness, may put people at greater risk. So do certain genes—probably a whole bunch of them. Adopted boys are up to three times more likely to become alcoholics if a biological parent is—even if

order a vodka when they smell cigarette smoke or go to a party—typical drinking "cues." In European trials, patients taking acamprosate—two pills three times a day—stayed off alcohol 10 to 25 percent more days than patients on a placebo. Overall, the drug nearly doubled abstinence rates (from 28 percent on placebo to 55 percent on acamprosate) over three months of treatment, says Dr. Barbara Mason of the University of Miami School of Medicine, a Lipha consultant and lead investigator of a U.S. trial of 601 alcoholics. The effects are not magic, but "we're really starting to make some inroads," she says.

For alcoholics in the United States, the closest thing on the market to acamprosate is naltrexone, originally approved to treat heroin addiction. The drug's effectiveness has varied in studies. In one dramatic finding in a small group of alcoholics, 95 percent of those who "slipped" and took a drink while on placebo went on to binge, but only 50 percent of patients on naltrexone did. If a medicine could similarly decrease the odds of moving from angina to a heart attack, says Dr. Ted Parran, an addiction specialist at University Hospitals of Cleveland and Case Western Reserve University, "every cardiologist on the planet would be lobbying for it to be put in the public drinking water."

Other drugs are on the horizon. A naltrexone cousin called nalmeferine is being studied in the United States. An injectable form of naltrexone, given just once a month, is being tested to help improve compliance—a critical challenge in the future of drug treatment. Antidepressants

'These drugs herald a whole new era in the treatment of alcoholism. And they'll get even better.'

—DR. ENOCH GORDIS, NIAAA

the University of Texas Health Science Center at San Antonio. "The hope for the future is that we give people the treatment that is best for them."

The best treatment will depend, at least in part, on which of two broad camps drinkers fall into. "Alcohol abusers" drink persistently, despite causing chronic problems in their lives, jeopardizing relationships and jobs. They are not, however, physically addicted to alcohol, and some may be able to drink in moderation. But the "dependents"—for whom the drugs are intended—are a different story. They can't keep themselves from drinking, and many suffer the wrenching physical symptoms of withdrawal—nausea,

they're raised by nonalcoholics. Researchers recently identified "hot spots," or regions of chromosomes, linked to a risk for alcoholism. Now they're zeroing in on the actual genes, hoping those genes will be new targets for designer drugs that will one day strike at addiction with precision.

Acamprosate is nowhere near that sophisticated. No one knows precisely how it works, but the drug (marketed in Europe by Lipha Pharmaceuticals under the brand name Campral) seems to quiet the glutamate system—brain chemicals that get stuck in a hyperactive state after alcohol withdrawal. As a result, some alcoholics say, acamprosate wards off the temptation to

SUPPORT IN THE FIGHT

Baker has been sober for 14 years. Now she counsels others.



BACKSTORY: FOR AN AUDIO INTERVIEW WITH AUTHOR CLAUDIA KILB, LOG ON TO NEWSWEEK.MSNBC.COM