

F I N A L R E P O R T
DRUG ABUSE PREVENTION AND ENFORCEMENT STUDY COMMITTEE

Senator Thomas Mann, Jr., Co-chairperson
Representative Wayne McKinney, Jr., Co-chairperson

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AUTHORIZATION AND APPOINTMENT

The Drug Abuse Prevention and Enforcement Study Committee was established by the Legislative Council to "[R]eview recent legislative changes to improve Iowa's drug abuse prevention, treatment, and enforcement programs and recommend additional improvements to combat illegal drug activity," and "[S]tudy the needs of local and state agencies, including coordination of enforcement, treatment, and educational programs, as they seek to make Iowa a drug-free state."

Members serving on the Study Committee included:

Senator Thomas Mann, Co-chairperson
Representative Wayne McKinney, Jr., Co-chairperson
Senator Donald V. Doyle
Senator Mark Hagerla
Senator Paul Pate
Senator Elaine Szymoniak
Representative Jack Beaman
Representative Teresa Garman
Representative Steven D. Hansen
Representative Mark S. Shearer

COMMITTEE PROCEEDINGS

The Study Committee was authorized three meetings days and requested and received approval for an additional two meeting days. The Committee utilized four of the five meeting days and held meetings on September 1, October 2, 18, and 27, 1989.

MEETING -- September 1, 1989

The first meeting of the Study Committee was held on September 1, 1989, in Senate Room 22, of the Statehouse. Presentations were made by interested persons concerning substance education and prevention, and narcotics enforcement.

Ms. Janet Zwick, Director of the Division of Substance Abuse and Health Promotion in the Iowa Department of Public Health, provided an overview of the Department's substance abuse service system. She mentioned that the Department funds 31 community-based

treatment programs, and discussed factors which need attention in any prevention effort.

Mr. Hank Mayer, Director of the Division of Narcotics within the Department of Public Safety, discussed the drug trafficking system in Iowa stating that although drug trafficking is organized, there is no single organization controlling distribution in Iowa. He also provided a summary of activities of the Division of Narcotics as a result of recent legislation.

Mr. David Wright, Substance Abuse Education Consultant for the Department of Education, testified regarding the substance abuse initiatives undertaken by the Department of Education. He also provided statistical data concerning the current substance abuse prevention structure, current substance abuse trends among Iowa youth, current school substance education, and intervention programming. He noted that alcohol is the number one drug of choice of students. He also stated that while the number of youths using drugs is declining, the total usage is increasing as a result of a marked increase in the quantity used per person.

Mr. Mike Forrest, Drug Enforcement and Abuse Prevention Coordinator, provided testimony concerning the responsibilities of his coordinator position which was created during the 1989 legislative session. He commented that better and more complete information needs to be gathered concerning persons not being served by current substance abuse programs, and to determine the extent of the drug problem in Iowa.

Ms. Marilyn Milbrath, Governor's Alliance on Substance Abuse, provided an overview of the High-Risk Youth Program and the Drug Control and System Improvement Grant Program (both federal grant programs).

Mr. Jack Stowe, Iowa Substance Abuse Program Director's Association, presented testimony concerning Iowa's current substance abuse treatment system. He asserted that the supply side of substance abuse is underestimated because prescription drug abuse is not recognized in the statistics and that to adequately address the drug problem, a shift in attitude needs to be made away from law enforcement.

Mr. Wayne Ford, Executive Director of Urban Dreams, discussed the establishment and mission of Urban Dreams and presented an action plan to the Study Committee intended to avoid an increased incidence of teenage gangs in the community. He explained that Urban Dreams is a private organization providing services to residents of the community who are unable to find assistance through traditional channels. Services provided range from substance abuse counseling and treatment to family counseling. He also testified concerning the unique problems which exist for inner-city youth and substance abusers.

MEETING -- OCTOBER 2, 1989

The second meeting of the Study Committee was held on October 2, 1989, in the Supreme Court Chamber at the Statehouse. Testimony was again provided by interested persons.

Commissioner Gene Shepard, Department of Public Safety, appeared before the Study Committee to address any questions which the members might have. He responded to questions concerning additional resources being requested for the Department and whether additional legislative changes were needed in the fight against narcotics. He stated that the ten additional agents being requested would fulfill a request made two years ago for 25 additional personnel when added to the personnel increases authorized during the 1989 Session. He also stated that his department is reviewing current law for the purpose of making legislative recommendations.

Dr. Sue Donielson, Division Administrator for Instructional Services in the Department of Education, presented the Department's recommendations for changes in statutes, educational standards, and rules relating to drug abuse prevention and education including open enrollment to enhance the effectiveness of aftercare goals, increase sanctions against retailers who sell alcohol to minors, and increase funding for at-risk programming at junior and senior high levels.

Ms. Jeanette Bucklew, Community-Based Corrections, testified concerning problems in the community-based corrections system with substance abuse, what corrective action has been taken, and future recommendations. She provided information concerning the number of persons in the community-based corrections system, as well as certain characteristics regarding that population.

Dr. James Thornton, Chief Executive Officer of Our Primary Purpose, testified concerning his impressions and knowledge of substance abuse and abusers, and his experience of effective treatment methodologies.

Mr. Jack Hill, Outreach Services Coordinator for Iowa Methodist's Powell III, discussed the types of services available and success rate actualized by the Powell III program. He also provided recommendations for state action to assist substance abuse prevention and treatment initiatives.

Mr. Barry Bruner, President of the Iowa County Attorneys' Association, provided testimony concerning county prosecutors' experience in dealing with drug enforcement laws. He commented on the need for additional undercover drug agents and also suggested that additional laboratory facilities are needed.

Mr. Mark Diamond, Oskaloosa Chief of Police, representing the Iowa Police Executives Forum, testified regarding the DARE program,

a drug education and prevention program for school curriculums involving uniformed officers as instructors. He commented that the biggest problem in implementing the program is that many local agencies lack sufficient personnel to conduct the program.

MEETING -- OCTOBER 18, 1989

The third meeting of the Study Committee was held on October 18, 1989, in Committee Room 1 of the Statehouse. Presentations were again made by interested persons.

Mr. Norman Johnson, State of Iowa Pharmacy Examiners, testified concerning existing statutes which identify and regulate the trafficking of precursor chemicals, and require the reporting of transactions and loss or disappearance of domestic distributions of these chemicals. He provided a recommendation for the design and implementation of a comprehensive state act for precursor chemical diversion and trafficking.

Mr. Paul Hedquist, Director of Programs for the National Council on Alcoholism and other Drug Dependency (NCA), discussed early prevention, assessment and referral, and individual follow-up as three areas where NCA has an impact on the substance abuse problem.

Mr. Jack Erskada and Ms. Sandy Krell-Andre, Young House Youth Center, provided testimony concerning the Woodlands Treatment Center which is a long-term residential treatment facility which serves adolescent males in southeastern Iowa.

Mr. Bryan McKinley, Assistant Mitchell County Attorney, Mr. Eugene Kleinow, Mason City Chief of Police, and Mr. Paul Scranton, Charles City Chief of Police, representing the North Central Iowa Drug Task Force, testified concerning the Task Force's activities. They stated that the Task Force involved a group of nine counties participating under a Chapter 28E intergovernmental agreement specifically for the purpose of investigating and apprehending drug dealers in north central Iowa.

MEETING -- OCTOBER 27, 1989

The Fourth and final meeting of the Study Committee was held on Friday, October 27, 1989, in Committee Room 118 of the Statehouse. Presentations were made by interested persons and recommendations were made by the Study Committee.

Ms. Janet Galloway, Chief of the Licensing and Regulatory Bureau of the Alcoholic Beverages Division, discussed the role of the Division in, and its long-standing policy of, teaching and reinforcing voluntary compliance with alcoholic beverage control procedures required of licensees. She stated that the division would withhold issuance of a license if the qualifications of the proposed licensee are below standard or suspect.

Mr. Mark Lambert, Iowa Civil Liberties Union (ICLU), testified concerning the position of the ICLU regarding chapter 809 relating to forfeiture of property stating that the law is overly broad and vague. He averred that the law lacks due process, it punishes innocent bystanders, and does not provide for a right to legal counsel for those who cannot afford it.

RECOMMENDATIONS

The Committee made the following recommendations:

ENFORCEMENT RECOMMENDATIONS

1. The Committee recommends that funding be provided for the Department of Public Safety to employ an additional four full-time lab technicians for the criminalistic laboratory in the Division of Criminal Investigation.
2. The Committee recommends that funding be provided for additional local law enforcement personnel in areas where two or more public agencies in this state have entered into an intergovernmental agreement pursuant to chapter 28E or an agreement has been entered into by one or more public agencies in this state with one or more public agencies in a contiguous state for the purpose of cooperating jointly in enforcement efforts related to the drug problem.
3. The Committee recommends that funding be provided to the Department of Justice for the Prosecuting Attorneys Training Coordination Council to provide local prosecutors to assist with the prosecution of drug cases. The Council is to establish by administrative rule an application process for determining the distribution of the funds provided and give priority to applications made by public agencies which have contracted with other public agencies pursuant to chapter 28E for the purpose of cooperating jointly in enforcement efforts related to the drug problem.
4. The Committee recommends that additional funding be provided to law enforcement agencies for the purchase of illegal substances in drug enforcement operations.
5. The Committee recommends that the Board of Pharmacy Examiners be directed to establish rules concerning the notification of manufacturers of precursor chemicals.
6. The Committee recommends that the Alcoholic Beverages Division of the Department of Commerce establish rules to require the display of conspicuous printed warnings concerning the dangers and risks involved with alcohol use during pregnancy.

TREATMENT RECOMMENDATIONS

1. The Committee recommends that additional funding be provided to the Division of Substance Abuse of the Iowa Department of Public Health to be allocated in a manner which will effectively reduce, if not eliminate, the waiting period which now exists at publicly funded substance abuse treatment centers for individuals, including adults and juveniles, awaiting assessment, outpatient treatment, entry into a halfway house, and residential treatment.

2. The Committee recommends that methods of providing incentives to substance abuse treatment facilities be explored. These incentives should be designed to encourage expansion of existing, or construction of new, facilities which provide this treatment. The result of this expansion of treatment facilities should be a reduction of the delay in providing necessary services to individuals now forced to wait for services. Reduction of this waiting period should enhance the effectiveness of treatment provided and increase the success rate of those completing this treatment.

3. The Committee recommends that additional funding be provided for outreach services at existing centers providing maternal and child health services to women and children to decrease problems of pregnancy outcomes, to reduce the incidence of low-birth weights, and to assist children with special health care needs. These funds shall be used for brochures, pamphlets, public service announcements, or other means of informing potential clients of available services and eligibility criteria for obtaining these services. These centers shall also provide substance abuse information and referral assistance to clients who have a substance abuse problem. The effectiveness of this program shall be evaluated after the end of the fiscal year ending June 30, 1991, and a report shall be made to the General Assembly prior to the start of the next regular session of the General Assembly.

4. The Committee recommends that funding be provided for follow-up services for persons completing substance abuse treatment through programs provided by or under contract with the Division of Substance Abuse of the Iowa Department of Public Health.

The Division of Substance Abuse shall evaluate the level of need for aftercare services while providing follow-up services and shall report its findings, with recommendations for needed funding for aftercare services, to the General Assembly prior to the start of the next regular session of the General Assembly.

5. The Committee recommends that encouragement be given to the federal government, research centers, and universities to develop and maintain research and information concerning substance abuse and treatment of substance abusers in an effort to determine the most effective method of treatment.

6. The Committee recommends that training be provided to appropriate health care professionals in the detection of infants born with an addiction to cocaine. The Committee recommends that research be encouraged to develop effective treatment methods and that efforts be made to educate the public concerning the problem of "cocaine babies" and the risks involved in engaging in cocaine use during pregnancy.

7. The Committee recommends health insurance coverage for substance abuse treatment, as follows:

HEALTH INSURANCE COVERAGE FOR SUBSTANCE ABUSE TREATMENT.

Sec. _____. Section 509.3, Code Supplement 1989, is amended by adding the following new subsection:

NEW SUBSECTION. 9. A provision which provides to the policyholder benefits for the necessary care and treatment of chemical dependency, as defined in section 125.2, subsection 1, which are not less favorable than for physical illness generally and which are subject to the same deductibles and coinsurance. Benefits shall be payable to facilities as defined in section 125.2, and to similar facilities accredited by the joint commission on the accreditation of health care organizations or by the American osteopathic association, which provide the necessary care and treatment pursuant to a written treatment plan.

The policy may limit total payments for all necessary care and treatment of chemical dependency under the provision for an adult to not less than eight thousand five hundred dollars and for a minor to not less than seventeen thousand dollars in any period of twelve consecutive months.

The policy may limit total payments under the provision for an adult to not less than six thousand dollars and for a minor to not less than twelve thousand dollars in any period of twelve consecutive months for inpatient care and treatment provided in a facility as defined in section 125.2, or in a similar facility, including a freestanding or residential facility, accredited by the joint commission on the accreditation of health care organizations or by the American osteopathic association.

The policy may limit total payments under the provision for an adult to not less than three thousand dollars and for a minor to not less than six thousand dollars in any period of twelve consecutive months for care and treatment provided in a halfway house licensed as a facility under section 125.13, or in a similar facility accredited by the joint commission on the accreditation of health care organizations or by the American osteopathic association.

The policy may limit total payments under the provision for an adult to not less than two thousand five hundred dollars and for a

minor to not less than five thousand dollars in any period of twelve consecutive months for partial day care and treatment provided in a facility licensed under section 125.13, or in a similar facility accredited by the joint commission on the accreditation of health care organizations or by the American osteopathic association.

The policy may limit total payments under the provision for an adult to not less than one thousand five hundred dollars and for a minor to not less than three thousand dollars in any period of twelve consecutive months for outpatient care and treatment provided at a facility licensed under section 125.13, or at a similar facility accredited by the joint commission on the accreditation of health care organizations or by the American osteopathic association.

The commissioner of insurance shall annually on December 31 adjust the dollar amounts, specified in this subsection as minimum benefit payments, upward or downward depending upon the appropriate cost-of-living index.

As used in this subsection:

a. "Freestanding or residential facility" means an inpatient facility in a nonhospital setting which provides twenty-four-hour-per-day supervision and support for the treatment and rehabilitation of a person with a chemical dependency.

b. "Halfway house" means a facility which provides structured peer group living in a supervised setting, with follow-up, individual or group counseling aimed at reintegrating a person with a chemical dependency into the person's home, job, and community.

c. "Outpatient care and treatment" means diagnostic and other treatment provided to a person with a chemical dependency on an individual or group basis, on a scheduled or a nonscheduled basis, in a setting which is not inpatient or residential in nature, including but not limited to follow-up therapy to persons who have left more structured settings, and entry level treatment and intervention for persons whose physical, psychological, social, or vocational status allows them to function in their usual environments.

d. "Partial day care and treatment" means ambulatory treatment services provided during the day or evening, on an organized, formal, and regularly scheduled basis, consisting of at least four hours of structured treatment per day for at least four days each week.

e. "Treatment plan" means a plan initiated at the time of a person's referral to necessary care and treatment for chemical dependency, which is approved by a physician or other legally qualified health care practitioner and which specifies the services and programs for the care and treatment of the person, including

but not limited to medical, psychiatric, psychological, and individual, family, and group counseling.

Sec. 2. This Act applies to existing group policies on their next anniversary or renewal date or upon the expiration of an applicable collective bargaining contract, if any, whichever is the later.

EXPLANATION

This bill would require that group policies of accident and health insurance provide coverage for the treatment of chemical dependency on substantially the same basis as other physical health care coverages. However, the policies may include specified limitations on total and annual outpatient, partial day, halfway house, and inpatient coverages.

This bill would also provide for applicability to policies currently in force or to be in force in the future.

PREVENTION RECOMMENDATIONS

1. The Committee recommends that funding be provided to the Iowa Department of Economic Development for the development of community development corporations or other community-based economic development ventures within economically distressed communities. For purposes of this recommendation, "community development corporation" means a private nonprofit corporation which draws its membership from low-income residents of a community, as well as representatives of business, government, or civic organizations. The community development corporation must have as a primary goal, the commitment to reduce the dependency of its low-income members on public assistance by improving the employment opportunities of low-income residents within the community.

The Committee recommends that funding be provided for a program fostering economic development initiatives for nonprofit corporations operating in areas with low-income populations. Funds available under this program should be allocated to qualifying nonprofit corporations with twenty-five percent of the amount provided as a grant and seventy-five percent of the amount provided as a loan subject to repayment by the nonprofit corporation.

2. The Committee recommends that funding to the Iowa Finance Authority for low-income housing be increased. Funding provided should be allocated to the grant program for the homeless, the home maintenance and repair program, the rental rehabilitation program, and the home ownership incentive program. These programs currently exist under section 220.100.

3. The Committee recommends that funding be increased for the Iowa Conservation Corps, and Iowa Youth Corps and Youth Services Administration.

4. The Committee recommends that funding be provided to the Division of Substance Abuse of the Iowa Department of Public Health for the high risk youth program in an amount equal to federal funds received by the Division of Substance Abuse for this purpose.
5. The Committee recommends that funding be continued for the community-based recreational and educational grant program.
6. The Committee recommends that funding be provided for local law enforcement agencies to initiate D.A.R.E. within their communities.
7. The Committee recommends that funding be provided for the Youth 2000 Coordinating Council legislatively created during the 1989 Session, for awarding community planning grants for collaborative efforts to establish local drug prevention and youth development programs.
8. The Committee recommends that funding be provided to the Division of Substance Abuse in the Iowa Department of Health for forty additional full-time substance abuse prevention specialists for grades K-5.
9. The Committee recommends that the Department of Education develop a comprehensive plan and curricula for the instruction of grades K-6 concerning substance abuse with implementation of this plan to be completed as soon as possible, but not later than the 1991-1992 school year.
10. The Committee recommends that the use of Phase III money be encouraged for teachers who have completed drug awareness training courses be encouraged.
11. The Committee recommends that schools be required to establish student assistance teams to provide appropriate support to students with substance abuse problems and to provide support to other students who are not yet substance abusers. These teams should be required to establish ties with parents and community resources in order to gain assistance in the accomplishment of their goals.
12. The Committee recommends that schools be encouraged to establish student groups on drug prevention. Positive role models should be established in an effort to deter increased substance abuse by younger students and other students within the role models' peer groups.
13. The Committee recommends that the Department of Education be required to survey all school districts in the state to determine the extent to which substance abuse education is being provided to students in grades K-12. The department should report its findings to the General Assembly by January 1, 1991.

14. The Committee recommends that the state encourage the development of grassroots organizations to assist in combatting substance abuse. Recognition should be given to communities and community organizations which have implemented innovative and successful approaches in dealing with substance abuse.

15. The Committee recommends that a clearinghouse for drug abuse prevention and intervention ideas be established in the Drug Enforcement and Abuse Prevention Coordinator's Office to assist local organizations in their efforts to battle substance abuse in their communities.

16. The Committee recommends that students in grades K-12 who participate in a substance abuse treatment program be permitted to immediately transfer to another school pursuant to the state's open enrollment program. This proposal should be effective upon enactment to permit students currently involved with substance abuse treatment an opportunity to avoid returning to the same environment which fostered the students' substance abuse problem.

17. The Committee recommends continued funding and support for at-risk children through the school-based education program.

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