DRUG POLICY ALLIANCE

Reason. Compassion. Justice.

Proposition 36 One-Year Progress Report
July 1, 2002

California's Proposition 36 took effect on July 1, 2001 after 61 percent of California voters passed the initiative in November 2000. Since July 1, the Substance Abuse and Crime Prevention Act of 2000 (SACPA) has been successfully diverting tens of thousands of low-level, non-violent drug offenders convicted solely of possession for personal use into community-based treatment instead of incarceration.

After one year, the Drug Policy Alliance – SACPA's lead watchdog -- is encouraged by the commitment of the state and counties to making the initiative work. Thousands of individuals are receiving sorely needed services, the treatment system has grown dramatically; and a public health approach to drug addiction is taking a firm hold across the state. However, implementers of SACPA must improve the diversity of services available, including methadone maintenance for SACPA clients and creating an open and inclusive planning process for the continued development of the SACPA program.

SUCCESSES:

Tens of Thousands of Offenders Receiving Treatment Instead of Incarceration
Tens of thousands of offenders have been placed in community-based treatment instead of incarceration under the SACPA system. From July 1 – April 30, 2002, in five counties alone, (Contra Costa, Los Angeles, Sacramento, San Diego, and Ventura) 8,946 individuals became active in treatment at an average cost of $4,500 per treatment cycle. As compared to the end of 2001, when 15,781 inmates were incarcerated for drug possession in California prisons at a cost of $26,894 per year, per person. An additional 3,648 persons have been referred to treatment in these counties but are not yet active due to placement and transportation issues, court procedures, and possible non-compliance. In five counties alone, a total of 12,594 individuals have been referred to treatment under the SACPA system so far.

Expansion of Quality Treatment Services Across the State
SACPA requires the State Department of Alcohol and Drug Programs (DADP) to license all treatment facilities that serve SACPA clients. This regulation has resulted in increased quality and accountability for hundreds of treatment programs in California, as well as the rapid expansion of treatment opportunities for SACPA defendants in the state. In just one year since the passage of SACPA (June 1, 2001 – June 1, 2002) DADP has increased the number of licensed and certified programs from 1,061 to 1,567 (a 68% increase)– which includes an increase of 3,204 new residential beds (a 20% increase from 15,927

beds to 19,131 beds). DADP has licensed facilities at **four times** the rate prior to the passage of SACPA and will continue to do so as applications are submitted.

Counties Investing In Treating Addiction as a Health Problem
SACPA was passed and intended as a public health measure, rather than a criminal justice measure, with treatment and social services being the focal point of budgeting, staff development and program implementation. Drug Policy Alliance is pleased that in the first year, the average percentage of the 58 California County SACPA budgets going to drug treatment and other services was 79.1%. Additionally, 53 of the 58 counties (91.4%) required behavioral health or alcohol and other drug professionals to provide assessment and placement services to SACPA clients. Finally, 55 of the 58 (94.8%) counties projected an increase in total capacity of services during FY 2001/02.

AREAS THAT NEED IMPROVEMENT:

While the implementation of Proposition 36 has been remarkably smooth, there are still program areas that can be improved in the second year of operation.

Diversity of Treatment
Although there has been a significant increase in treatment facilities since the passage of SACPA, California must work to ensure that diverse treatment modalities are licensed by the state and equally important, contracted by the counties to provide services for SACPA clients. The SACPA treatment system must offer culturally competent and specific, multi-lingual programs, dual diagnosis programs, programs for pregnant and parenting women with children and programs in diverse geographic locations. Treatment provider associations, DADP, county Alcohol and Drug Departments and the proponents of SACPA should continue to work together to diversify the treatment modalities available to SACPA clients.

Access to Methadone and Other Narcotic Replacement Therapies
According to the first year SACPA county plans, only 23 of 58 counties (40%) were planning to offer methadone and other narcotic replacement therapies as treatment, and not just as a detoxification tool. Unfortunately, after a year of implementation, not even all of the counties who planned to provide methadone or other narcotic replacement therapies have begun to place SACPA clients in this treatment modality. Access to methadone is a crucial component for the success of SACPA. Methadone is the only scientifically proven treatment for opiod (such as heroin) addiction and must be available to all SACPA clients who are assessed for this type of therapy.

Community Participation in Local Planning Processes
SACPA implementation does not end after the first year—the initiative must continue to change with respect to the concerns of all interested stakeholders, including participants. County programs must respond to the changing needs of clients and communities. Therefore, it is imperative that affected communities, including clients, families, treatment providers, and other social service providers are involved in the continuing

planning process. SACPA regulations require quarterly meetings on the implementation of the initiative. These meetings should be well advertised and open to the public.

FUNDING AND SACPA:

After the first year of SACPA, program funding continues to be an area of speculation for policy makers, county officials, treatment providers and the public. For a vast majority of California counties, resources allocated under SACPA have been sufficient to implement the program. However, some counties believe that funds will not be able to keep up with the current demand, while others have suggested that they may have difficulties meeting the first year's costs with the funds they have been given. Several points must be made and understood before commenting on the appropriateness of funding under SACPA:

? In the first year of operation, start up and system development will add costs that will not be incurred in future years.
? The first wave of clients under SACPA have proven to be more severely addicted and in need of more ancillary services than projected. This is to be expected, since this population has been ignored by the system for the last 30 years. As we bring these individuals into the system and they advance in their recovery, they will no longer require higher levels of program funds. The system will then see the population of SACPA clients even out and have a range of addiction severity and need.
? After a year of operation, counties will be able to adjust how they are spending SACPA funds based on experience, rather than budget development in the abstract. Counties need to look at the amount they are spending on criminal justice and administrative costs vs. service delivery.

CONCLUSION:

SACPA has been developed and implemented well in its first year. While it is too early to assess definitive cost savings and implementation effectiveness, it is clear that, in the first year SACPA is so far delivering what proponents and voters called for – tens of thousands of non-violent Californians receiving treatment rather than incarceration. There are still areas of implementation that need to be improved, but the successes of the first year are phenomenal. We are confident that the areas of concern mentioned above can be overcome.

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