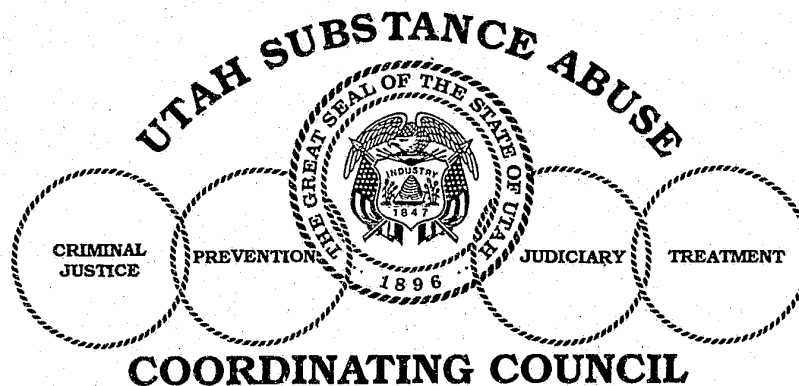


UTAH SUBSTANCE ABUSE COORDINATING COUNCIL

1993 Annual Report to the Governor and the Legislature

Priorities and Recommendations for Action



September 1993

149239

Utah Commission on Criminal and Juvenile Justice
101 State Capitol Building
Salt Lake City, Utah 84114
(801) 538-1031

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* * * * *

Mary Lou Bozich, Program Specialist/Coordinator
Utah Substance Abuse Coordinating Council

"It has become clear to me that if we could make one change in the world, a change that would fundamentally change the landscape of the world and the nature of government and society, that change would be to eliminate substance abuse. When we look at the many difficult problems our society is facing -- crime, family disruption, medical care costs -- they appear to me, in large part, to have their root causes in substance abuse. I believe that of all the things we may have a chance to accomplish during our collective public service, this may be the one issue we will work on that will make a real difference in the quality of life for Utah's citizens."

Governor Michael O. Leavitt

149239

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State of Utah

UTAH SUBSTANCE ABUSE COORDINATING COUNCIL

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September 27, 1993

The Honorable Michael O. Leavitt
Governor of the State of Utah

The Honorable Members of the Utah State Legislature

It is my pleasure to present the **Utah Substance Abuse Coordinating Council's 1993 Annual Report to the Governor and the Legislature.**

This is the Council's fourth annual report in fulfillment of our legislative mandate to set priorities for programs to combat substance abuse and illegal drug activity, and to recommend specific action based upon policy needs and gaps in the continuum of services. The report sets forth priorities in the areas of criminal justice, the judiciary, prevention and treatment. The top priorities identified in this year's report include: continuation of the state clandestine lab response capability, student assistance services for Utah's at risk youth, early intervention and intensive supervision programs for juvenile drug law offenders, and inclusion of substance abuse treatment services in the state and national health care plans.

Utah's accomplishments in fighting substance abuse and illegal drug activity continue to distinguish our state as a leader in the war on drugs. Our challenges are still great, however, as we continue to witness the destruction to our families, schools, workplaces and communities that is caused by the abuse of alcohol and other drugs. Utahns recently identified the drug problem as one of the most severe issues our state is facing. Toward addressing the concerns of Utah's citizens, the Council will continue to foster the coordination, collaboration, and balanced continuum of criminal justice, judicial, prevention and treatment services needed to sustain a comprehensive plan. We appreciate your leadership and support as we endeavor to move Utah's drug control strategy effectively and continuously forward.

Respectfully submitted,

John T. Nielsen, Chairman
Utah Substance Abuse Coordinating Council



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EXECUTIVE SUMMARY

The Utah Substance Abuse Coordinating Council's 1993 Annual Report to the Governor and the Legislature was prepared by the Council pursuant to Section 63-25-8 through 14, Utah Code Annotated 1953. The Council is charged with reporting its priorities and recommendations to the Governor and the Legislature annually, by September 30. This is the Council's fourth annual report.

Purpose and Duties of the Council

The Utah Substance Abuse Coordinating Council was established by the 1990 Legislature and began its work on July 1, 1990. The Council consists of a 15-member executive body and four subcommittees: Criminal Justice, Judiciary, Prevention and Treatment.

The purpose of the Utah Substance Abuse Coordinating Council is to coordinate Utah's efforts to curb the abuse of alcohol, tobacco and other drugs, and illegal drug activity.

The specific duties of the Council are to:

- Provide leadership and generate unity for Utah's ongoing efforts to combat substance abuse;
- Recommend and foster the coordination of a statewide substance abuse policy;
- Facilitate planning for a balanced continuum of criminal justice, judicial, prevention and treatment services;
- Develop priorities for programs to combat substance abuse;
- Recommend executive, legislative, and judicial action based upon policy needs and identified gaps in the continuum of services; and
- Promote collaboration and mutually-beneficial public and private partnerships.

1993 Priorities

The Council's 1993 priorities and recommendations for action encompass a wide range of needs, including legislative action and issues related to program administration and implementation. Legislative priorities include funding appropriations, statutory amendments, and enactment of new statutes. Program administration and implementation priorities include: coordination and cooperation; policies, procedures and guidelines; awareness, education and training; specialized drug law enforcement efforts; and programs for targeted populations.

The "Legislative" and "Program Administration and Implementation" categorizations serve only to separate priorities requiring legislative action from those not requiring legislative action. One category is not considered to be more important than the other.

OVERVIEW OF 1993 PRIORITIES

I. LEGISLATIVE PRIORITIES

- A. Continuation and Expansion of Established Criminal Justice, Judicial, Prevention and Treatment Programs (Total Request: \$6,377,456)
- | | |
|--|--|
| <i>Criminal Justice #1</i> | A.1 State Clandestine Lab Response Capability (\$72,000) and Cedar City Crime Lab (\$90,000) |
| <i>Prevention #1</i> | A.2 Student Assistance Services (\$1.6 million of \$4 million) |
| <i>Prevention #4</i>
<i>Treatment #2</i> | A.3 County Substance Abuse Prevention and Treatment Services Provider Rate Increase (\$204,471) |
| <i>Criminal Justice #2</i>
<i>Judiciary #2</i> | A.4 Intensive Supervision (\$138,805) and Treatment Services (\$2,500,220) for Adult Drug Law Offenders |
| <i>Treatment #3</i> | A.5 Substance Abuse Treatment Resources for Youth (\$200,000) and Prevention/Intervention Resources for Pregnant Women (\$200,000) |
| <i>Criminal Justice #3</i>
<i>Judiciary #1</i> | A.6 Early Intervention and Intensive Supervision Programs for Juvenile Drug Law Offenders (\$1,371,960) |
| <i>Criminal Justice</i>
<i>Prevention #3</i>
<i>Treatment #4</i> | B. Model Policy, Comprehensive Program Guidelines, and Statutory Support for Local Utah Government Drug-Free Workplace Programs |
| <i>Prevention #2</i> | C. Measures to Control Youth Access to Tobacco |
| <i>Treatment #1</i> | D. Inclusion of Substance Abuse Treatment Services in the State and National Health Care Plans |

II. PROGRAM ADMINISTRATION AND IMPLEMENTATION PRIORITIES

Coordination and Cooperation

- | | |
|-------------------------|---|
| <i>Criminal Justice</i> | A. Support for the Multijurisdictional Task Force Approach to Drug Law Enforcement |
| <i>Treatment</i> | B. Active Participation of Local Substance Abuse Authorities on Local Interagency Councils (LICs) Serving Youth At Risk |

Policies, Procedures and Guidelines

- | | |
|-------------------------|---|
| <i>Criminal Justice</i> | C. Policies and Guidelines for Drug-Related Seizures, Forfeitures and Asset Sharing |
| <i>Criminal Justice</i> | D. Operational Plan for Conducting Drug Interdiction Activities in the Schools |
| <i>Criminal Justice</i> | E. Protocol for Conducting Administrative Checkpoints (Roadblocks) |
| <i>Treatment</i> | F. Quality Assurance Mechanisms for Substance Abuse Treatment Programs |

Awareness, Education and Training

- | | |
|-------------------------|---|
| <i>Criminal Justice</i> | G. Drug Recognition Training for Patrol Officers |
| <i>Criminal Justice</i> | H. Public Relations and Citizen Involvement |
| <i>Prevention</i> | I. Permanent State Funding for Substance Abuse Education and Prevention Programs at All Utah System of Higher Education Colleges and Universities |
| <i>Prevention</i> | J. Preservice Training for Teachers in Substance Abuse Prevention Education |
| <i>Treatment</i> | K. Education for Health Care Providers, Judges and School Officials to Enhance Substance Abuse Problem Assessment and Treatment Referral |

Specialized Drug Law Enforcement Efforts

- | | |
|-------------------------|--|
| <i>Criminal Justice</i> | L. System for Working Pharmaceutical Drug Cases |
| <i>Criminal Justice</i> | M. Prosecutorial Support for the Financial Crimes/Drug Money Laundering Unit |
| <i>Criminal Justice</i> | N. Strict Enforcement of Drug Possession Laws |

Programs for Targeted Populations

- | | |
|-------------------------|--|
| <i>Criminal Justice</i> | O. Treatment Diversion Programs for Drug Law Offenders |
| <i>Treatment</i> | P. Post-Treatment Re-Entry Support for Recovering Individuals |
| <i>Treatment</i> | Q. Expansion of Treatment Diversion Resources for Impaired Professionals |
| <i>Treatment</i> | R. Coordinated Services for Individuals With Substance Abuse-Related HIV/AIDS and Tuberculosis |

I. LEGISLATIVE PRIORITIES

The following are the Council's four priorities for legislative action during the 1994 Utah Legislative General Session. They include recommendations for building block appropriations, amendments to current statutes and enactment of new statutes. The priorities are listed in order of importance.

PRIORITY A	CONTINUATION AND EXPANSION OF ESTABLISHED CRIMINAL JUSTICE, JUDICIAL, PREVENTION AND TREATMENT PROGRAMS
-------------------	--

The following six sub-priorities represent requests for building block appropriations for substance abuse programs in the criminal justice, judicial, prevention and treatment areas, and are supported by the Council as its top priority. Sub-priorities A.1 through A.6 are all considered to be of *equal importance*.

Priority A.1	State Clandestine Lab Response Capability and Cedar City Crime Lab
---------------------	---

Criminal Justice #1

Recommendations:

1. Appropriate a \$72,000 building block to the Utah Department of Public Safety/Division of Investigations to ensure continuation of the Clandestine Lab Unit.
2. Appropriate a \$90,000 building block to the Utah Department of Public Safety to ensure continuation of the Cedar City Crime Lab.

Priority A.2	Student Assistance Services
---------------------	------------------------------------

Prevention #1

Recommendations:

1. Appropriate a \$4,000,000 building block to the Utah State Office of Education by FY'96, to increase the At Risk Flow-Through funding (computed on the current WPU value plus growth factor) and to provide for the following:
 - a. \$1,600,000 to provide a minimum base of \$40,000 per school district, to be utilized specifically for assisting students at risk for substance abuse and/or other related problems, including the possibility of funding a Prevention/Intervention Coordinator to oversee Student Assistance Services for students at risk. (*Note: Presently, 14 of the 40 school districts receive only the current minimum base of \$10,000, which equates to approximately 30% of the total At Risk Flow-Through funding.*)

- b. Expansion of the population-dependent portion of the formula for allocating At Risk funding, so that all school districts will receive meaningful increases in funding. This increase will allow districts to provide services to students heretofore designated as unserved, or any student receiving classroom instruction but who, because of his/her individual needs, requires some kind of uniquely designed intervention in order to achieve school options.
- c. Implementation of a unified district Workplan and End-of-Year Report to be submitted by each district to include access to and utilization of all funds currently included in the At Risk Line: MESA, At Risk Flow-Through, Values-Based Teenage Pregnancy Prevention, Involving Families in Education, Homeless/Minority.
2. Coordinate Student Assistance Services with the school district Drug-Free Schools Program coordinators, At Risk Program coordinators and local substance abuse authorities, to guarantee appropriate use of available funding to supplement and enhance, not supplant, existing efforts.
3. Provide necessary specialized training, in cooperation with local substance abuse authorities, for the SAS Prevention/Intervention Coordinators and other individuals at the local level who will implement Student Assistance Services.
4. Support and collaborate with the multi-agency efforts related to the Agencies Coming Together for Children and Youth At Risk programs at the school, regional and state levels.
5. Support and collaborate with the Comprehensive School Health Initiative that is currently being developed.

Priority A.3 County Substance Abuse Prevention and Treatment Services Provider Rate Increase

*Prevention #4
Treatment #2*

Recommendation:

1. Include a \$204,471 (3% increase) building block appropriation to the Utah Department of Human Services/Division of Substance Abuse in the Governor's FY 1994-95 budget for funding of the county substance abuse prevention and treatment services provider rate increase.

Priority A.4 Intensive Supervision and Treatment Services for Adult Drug Law Offenders

*Criminal Justice #2
Judiciary #2
Treatment*

Recommendations:

1. Appropriate a \$138,805 building block to the Utah Department of Corrections to continue the Region II-D Intensive Supervision Program for adult drug law offenders on probation and parole.

2. Appropriate a \$1,550,220 building block to the Utah Department of Corrections/Division of Institutional Operations to fund 27 new FTEs to provide substance abuse treatment for prison inmates.
3. Appropriate a \$950,000 building block to the Utah Department of Corrections/Division of Field Operations to contract for substance abuse treatment services for offenders on probation and parole throughout the state.

**Priority A.5 Substance Abuse Treatment Resources for Youth
and Prevention/Intervention Resources for Pregnant
Women**

Treatment #3

Recommendations:

1. Appropriate a \$200,000 building block to the Utah Division of Substance Abuse to expand youth treatment services.
2. Appropriate a \$200,000 building block to the Utah Division of Substance Abuse to fund one additional urban area pilot program in Davis County to provide prevention and intervention/treatment services for pregnant women with substance abuse problems.

**Priority A.6 Early Intervention and Intensive Supervision
Programs for Juvenile Drug Law Offenders**

*Criminal Justice #3
Judiciary #1*

Recommendations:

1. Appropriate a \$1,371,960 building block to the Administrative Office of the Courts/Juvenile Court for 40 new probation/intake officers to expand and increase the use of the Intensive Supervision Program for youthful drug law offenders.
2. Advocate Juvenile Court referrals of first-time drug law offenders to early intervention programs.
3. Request that the Commission on Criminal and Juvenile Justice conduct a study of early intervention programs available for referrals of first-time offenders, including the barriers to accessing such programs.

PRIORITY B

**MODEL POLICY, COMPREHENSIVE PROGRAM GUIDELINES AND
STATUTORY SUPPORT FOR LOCAL UTAH GOVERNMENT DRUG-FREE
WORKPLACE PROGRAMS**

*Criminal Justice,
Prevention #3 and
Treatment #4*

Recommendations:

1. In order to promote a drug-free environment in local city and county governments in Utah, form a subcommittee made up of existing Utah Council for Crime Prevention Drug-Free Workplace Task Force members, in conjunction with the Utah Substance Abuse Coordinating Council, as follows:
 - a. Include members of local and state law enforcement, appropriate city and county officials, and representatives of pertinent employee organizations on the subcommittee.
 - b. Charge the subcommittee with formulating a model drug-free workplace policy that will be available to and can be used as a reference by local government entities and contractors with such entities, and that is flexible enough to fit their individual situations.
 - c. Design the model policy to promote uniformity, accuracy and confidentiality, and to protect rights of privacy of the governmental employees subject to the policy in those local Utah governments that wish to promulgate their own drug-free workplace policies.
 - d. Formulate guidelines for utilization by local and municipal government entities regarding the development of a comprehensive drug-free workplace program, with emphasis upon the following components: policy; safety issues related to substance abuse in the workplace; education and prevention; employee assistance programs; effective substance abuse treatment methods, where treatment resources are located, how to access them, and costs for treatment services; re-entry and post-treatment support; management training; and drug testing, where necessary and appropriate.
2. Enact enabling legislation for the establishment of drug-free workplace policies by local and municipal government agencies and school districts.
3. Enact legislation to require all state agency contractors and grant recipients to have a drug-free workplace policy in place.
4. Establish a cost-effective drug testing system wherein city and county government agencies can utilize the resources of state laboratories or contract with private labs.
5. Conduct a public event and issue a Governor's proclamation publicizing Utah as a drug-free workplace state.
6. Conduct supporting activities such as, but not limited to, the following: develop a marketing document for the state's drug-free workplace initiatives; conduct additional drug-free workplace training programs throughout the state; coordinate the Governor's proclamation with local Chambers of Commerce and develop working relationships with the Chambers; and develop a pool of resources for Employee Assistance Programs (EAPs).
7. Explore the feasibility of establishing a full-time drug-free workplace program coordinator for the state of Utah, including the duties of the coordinator and where the coordinator would be located.

PRIORITY C

MEASURES TO CONTROL YOUTH ACCESS TO TOBACCO

Prevention #2

Recommendations:

1. Enact legislation to include authority for enforcement of tobacco laws in both the Criminal Code and the Public Health (Civil) Code, and to enable local boards of health to establish and administer local tobacco permit fees.
2. Enact legislation to eliminate self-service sales of tobacco to restrict access by underage youth.

PRIORITY D

INCLUSION OF SUBSTANCE ABUSE TREATMENT SERVICES IN THE STATE AND NATIONAL HEALTH CARE PLANS

Treatment #1

Recommendations:

1. Recognize alcoholism and other drug dependencies as primary, progressive, chronic, relapsing, potentially fatal, and treatable diseases.
2. Include comprehensive coverage for alcohol and other drug abuse treatment services in the basic benefit provided by health insurance plans.
3. Address alcohol and other drug treatment services as separate and distinct from mental health services.
4. Include alcohol and other drug professionals on state and national health policy boards, commissions, alliances, etc.
5. If managed care options are implemented, the managed care firms should be required to use standard chemical dependency diagnostic criteria, and personnel conducting the alcohol and other drug assessments should be knowledgeable and experienced in chemical dependency issues.

II. PROGRAM ADMINISTRATION AND IMPLEMENTATION PRIORITIES

The following priorities include the Council's recommendations in the areas of: Coordination and Cooperation; Policies, Procedures and Guidelines; Awareness, Education and Training; Specialized Drug Law Enforcement Efforts; and Programs for Targeted Populations. The priorities do not require legislative action, and it is intended that *existing funds*¹ from a variety of sources be utilized. The Council considers the priorities to all be of equal importance.

Coordination and Cooperation

PRIORITY A	SUPPORT FOR THE MULTIJURISDICTIONAL TASK FORCE APPROACH TO DRUG LAW ENFORCEMENT
-------------------	--

Criminal Justice

Recommendation:

1. Continue to implement and support the multijurisdictional (inter-local) task force approach to drug law enforcement.

PRIORITY B	ACTIVE PARTICIPATION OF LOCAL SUBSTANCE ABUSE AUTHORITIES ON LOCAL INTERAGENCY COUNCILS (LICs) SERVING YOUTH AT RISK
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Treatment

Recommendation:

1. In order to emphasize the importance of addressing substance abuse issues among youth at risk, local substance abuse authorities should participate actively on the local interagency councils (LICs) serving youth at risk throughout the state, with focus upon the following objectives:
 - a. To present cases of youth with substance abuse problems to the LICs, in order to ensure provision of comprehensive services to address both the substance abuse and related problems;
 - b. To participate in staffing of cases presented to the LICs and development of comprehensive, collaborative treatment plans; and
 - c. To provide substance abuse treatment services for youth with substance abuse problems whose cases are presented to the LICs.

¹Note: While the Council is not recommending funding for the priorities included in this section at this point in time, some recommendations may result in an additional fiscal impact on some systems. Where recommendations are adopted by designated agencies/organizations, appropriate planning and impact analyses should be undertaken, including interaction with the Utah Legislature where statutory changes and funding appropriations may be necessary.

Policies, Procedures and Guidelines

PRIORITY C	POLICIES AND GUIDELINES FOR DRUG-RELATED SEIZURES, FORFEITURES AND ASSET SHARING
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Criminal Justice

Recommendations:

1. Develop guidelines for drug-related seizures, forfeitures and asset sharing, both within and across multijurisdictional drug law enforcement task force boundaries, including: continued sharing of forfeited monies and equipment, utilization of the asset forfeiture statute, and model memorandums of understanding (MOUs).
2. Develop policies and procedures to address and include strategies for countering negative publicity related to seizures and forfeitures (e.g.: provide information and positive facts to the media; be proactive vs. defensive; make sentencing part of the record; distinguish between civil and criminal records; and publicize a zero-tolerance message).
3. Explore the feasibility of creating a statewide management agency to administer utilization of the proceeds obtained through asset seizures and forfeitures.
4. Conduct ongoing education for law enforcement officials regarding the appropriate application of asset seizure and forfeiture procedures.

PRIORITY D	OPERATIONAL PLAN FOR CONDUCTING DRUG INTERDICTION ACTIVITIES IN THE SCHOOLS
-------------------	--

Criminal Justice

Recommendations:

1. Formulate and standardize guidelines regarding the use of undercover officers in the schools.
2. Include representatives of law enforcement, the Juvenile Court, school administrators and county attorneys in setting the guidelines and implementation policy.
3. Distribute the guidelines to all local school districts.
4. Train school administrators in the development of an operational plan for conducting covert drug interdiction activities in the schools.

PRIORITY E	PROTOCOL FOR CONDUCTING ADMINISTRATIVE CHECKPOINTS (ROADBLOCKS)
-------------------	--

Criminal Justice

Recommendations:

1. Promote administrative checkpoints as an effective tool for law enforcement.

2. Publish a booklet specifying the protocol for conducting administrative checkpoints, including the specific steps to follow in establishing the checkpoint, samples of warrants, copies of relevant case law, etc.

For example:

- a. Do not list the officers' names in the application, but specify the number of officers needed for the checkpoint instead; include the supervisor's name in the application as the individual conducting the checkpoint; and, at the completion of the checkpoint, list the officers who participated.
- b. Gain public support for the checkpoints; conduct public relations on checkpoints through advertisement; and include public relations in the pre-planning for the checkpoint.
- c. Include the media in the implementation of checkpoints and publish pictures of everything confiscated at the checkpoint in the newspaper.
- d. Publish a booklet or fact sheet for citizens stopped at checkpoints that explains the reason for the checkpoint and includes statistics gathered from previous checkpoints.

PRIORITY F

QUALITY ASSURANCE MECHANISMS FOR SUBSTANCE ABUSE TREATMENT PROGRAMS

Treatment

Recommendations:

1. Continue efforts to ensure the quality and increase the effectiveness of substance abuse treatment programs through implementation of a variety of strategies directed at clients, providers and programs.
2. Enact state licensing requirements for substance abuse treatment providers, including addictions counselors.

Awareness, Education and Training

PRIORITY G

DRUG RECOGNITION TRAINING FOR PATROL OFFICERS

Criminal Justice

Recommendations:

1. Create a standardized 8-hour block of training in drug recognition for patrol officers, as follows: 2 hours - D.R.E.; 3.5 hours - drug identification (of the actual substance), basic interviewing and seizures/forfeitures, trends in transportation, hiding and use of drugs, and proper handling of drugs; 1 hour - paraphernalia recognition and pharmaceutical diversion; and 1.5 hours - basic search warrant handling, case law (including case preparation), patrol stops (how the officer can make them investigative/proper search and seizure).
2. Conduct an eight-hour drug recognition awareness course, *separate from the basic POST Academy training*, for all new patrol officers.

PRIORITY H

PUBLIC RELATIONS AND CITIZEN INVOLVEMENT

Criminal Justice

Recommendations:

1. Implement a risk-oriented approach to prevention, focusing on reducing risk factors (e.g. community disorganization, alienation) and increasing protective factors (e.g. community attachment, laws, norms), and define the problem at the smallest geographical level possible (neighborhood, community, etc.) to facilitate focus on what needs to be done.
2. Promote citizen involvement at the neighborhood or community level by strengthening programs such as Neighborhood Watch and Crime Solvers.
3. Increase awareness by educating communities about the drug problem (use/abuse and crime rates, etc.) in their areas.
4. Educate communities about drug law enforcement efforts and programs targeted at drug abuse and illegal drug activity.
5. Increase the involvement of law enforcement representatives in proactive roles on local community advisory and coordinating groups.
6. Profile the drug problem as the whole community's problem, not just law enforcement's problem.
7. Counter negative publicity associated with drug law enforcement activities.
8. Publicize a consistent zero-tolerance message.

PRIORITY I

PERMANENT STATE FUNDING FOR SUBSTANCE ABUSE EDUCATION AND PREVENTION PROGRAMS AT ALL UTAH SYSTEM OF HIGHER EDUCATION (USHE) COLLEGES AND UNIVERSITIES

Prevention

Recommendations:

1. Allocate permanent state funding, from within the existing USHE budget, for substance education and prevention programs at Utah State University, Weber State University, Snow College, the College of Eastern Utah and Utah Valley State College.
2. Conduct a study to determine equitable levels for the substance abuse education and prevention funding allocations to Utah's nine public institutions of higher education.
3. Strengthen coordination of prevention programs and activities among institutions of higher education and local substance abuse authorities.

PRIORITY J

PRESERVICE TRAINING FOR TEACHERS IN SUBSTANCE ABUSE PREVENTION EDUCATION

Prevention

Recommendations:

1. Develop a model for the preservice training of teachers in substance abuse prevention education.
2. Promote utilization of the model preservice training program in teacher preparation programs at Utah's colleges and universities.

PRIORITY K**EDUCATION FOR HEALTH CARE PROVIDERS, JUDGES AND SCHOOL OFFICIALS TO ENHANCE SUBSTANCE ABUSE PROBLEM ASSESSMENT AND TREATMENT REFERRAL***Treatment*Recommendations:

1. Conduct education for health care providers to assist them in developing skills for conducting substance abuse problem assessments/screening, with particular emphasis upon primary care physicians (Family Practice, General Practice, Internal Medicine, Obstetrics/Gynecology, Pediatrics), public health nurses and school nurses.
2. Conduct education for judges in order to promote consistency from the court system in ordering substance abuse problem assessments and treatment for offenders.
3. Coordinate school-based programs and work with the schools to address fiscal and other concerns that may preclude them from identifying and referring students for substance abuse problem assessments and treatment.
4. Conduct all education efforts for health care providers, judges, and school officials in cooperation with local substance abuse authorities, with an emphasis upon encouraging the utilization of existing resources.

Specialized Drug Law Enforcement Efforts**PRIORITY L****SYSTEM FOR WORKING PHARMACEUTICAL DRUG CASES***Criminal Justice*Recommendations:

1. Establish an automated computer data system to link all pharmacy computers together statewide and which pharmacies can download onto and law enforcement agencies can utilize to transmit information back to the pharmacies.
2. Meet with the Utah Medical Association, the Utah Dental Association and the Utah Pharmaceutical Association to educate them about the pharmaceutical diversion computer system and security measures associated with it, and to dispel any concerns about issues of confidentiality and privacy.
3. Establish an intervention network in cooperation with the Utah Medical Association.
4. Provide education in pharmaceutical diversion issues as a licensure requirement for medical practitioners.
5. Establish an effective system for working pharmaceutical drug cases within Utah's drug law enforcement task forces.
6. Encourage law enforcement agencies to emphasize pharmaceutical diversion cases in their drug law enforcement efforts.

PRIORITY M

PROSECUTORIAL SUPPORT FOR THE FINANCIAL CRIMES/DRUG MONEY LAUNDERING UNIT

Criminal Justice

Recommendation:

1. Provide a prosecuting attorney, a financial analyst and clerical support for the Utah Division of Investigations' Financial Crimes/Drug Money Laundering Unit.

PRIORITY N

STRICT ENFORCEMENT OF DRUG POSSESSION LAWS

Criminal Justice

Recommendation:

1. Include drug possession violations in drug law enforcement efforts.

Programs for Targeted Populations

PRIORITY O

TREATMENT DIVERSION PROGRAMS FOR DRUG LAW OFFENDERS

Criminal Justice

Recommendations:

1. Complete the pilot first-time drug possession offender treatment diversion programs established in Davis and Weber Counties.
2. Complete the pilot county jail treatment diversion projects established in Davis, Salt Lake and Weber Counties.
3. Evaluate the effectiveness of the pilot treatment diversion programs on reducing subsequent criminal behavior and substance abuse.
4. Expand the diversion programs to other Wasatch Front Counties if funding resources become available.
5. Generate publicity for the diversion programs.

PRIORITY P

POST-TREATMENT RE-ENTRY SUPPORT FOR RECOVERING INDIVIDUALS

Treatment

Recommendations:

1. Provide post-treatment re-entry support for individuals recovering from substance abuse problems and returning to their families, schools, and workplaces from residential and hospital treatment.
2. Provide support for employees to maintain their jobs while participating in outpatient treatment for alcohol and other drug problems.
3. Provide support for individuals to stay in treatment for as long as necessary to affect sustained recovery.
4. Provide support for aftercare efforts to help sustain recovery.
5. In case of relapse, provide support for quick re-entry into treatment, to minimize the length and depth of relapse.

PRIORITY Q

EXPANSION OF TREATMENT DIVERSION RESOURCES FOR IMPAIRED PROFESSIONALS

Treatment

Recommendations:

1. Expand outreach, treatment diversion and post-treatment job re-entry resources for impaired professionals, including focus upon resolving any issues that may preclude entry into treatment.
2. Emphasize education, prevention and intervention with students in training for the health care professions.

PRIORITY R

COORDINATED SERVICES FOR INDIVIDUALS WITH SUBSTANCE ABUSE-RELATED HIV/AIDS AND TUBERCULOSIS

Treatment

Recommendation:

1. Provide primary health care services for individuals with drug-related HIV/AIDS and tuberculosis on-site at substance abuse treatment programs.

INTRODUCTION

Substance abuse and illegal drug activity are among Utah's greatest challenges, as they continue to threaten the well being of every citizen in our state. In a June 1993 *Deseret News/KSL* poll conducted by Dan Jones & Associates, 63 percent of respondents ranked drugs as the most severe problem Utah is facing. The costs in terms of human suffering due to broken families; lost individual potential and creativity; reduced safety in schools, workplaces, and neighborhoods; and overall social disruption are incalculable. And the economic costs are staggering. In 1985, the estimated cost of alcohol and other drug abuse in Utah was \$792 million, due to morbidity, mortality, treatment/support services, and related factors such as crime, accidents, social welfare, and property loss.¹ Based on the 1985 figures, it is estimated that by 1988, the cost of alcohol and other drug abuse in Utah reached \$1 billion.

Utah's accomplishments in fighting substance abuse and illegal drug activity continue to distinguish the state as a leader in the nation's war on drugs. In general, Utah youth and adults continue to use most drugs, including alcohol, tobacco, marijuana and cocaine, at rates significantly lower than the rest of the nation, and surveys show the use of most drugs has decreased among Utahns since the early 1980's. The state's most recent 1992 household survey² of Utah youth and adults ages 12 and older shows that the use of most drugs has declined since statewide data was gathered in 1989. The most notable declines in use are for the most commonly used drugs: alcohol, tobacco and marijuana. Declines are also noted in the usage rates for tranquilizers, stimulants, analgesics, cocaine and hallucinogens. These declines are particularly noteworthy because similar declines are not reflected in data for the nation as a whole, where rates of drug use remain fairly stable.

Criminal justice system accomplishments are substantial. They include the formation of 13 *multijurisdictional drug law enforcement task forces*, which cover 95 percent of the state's population; establishment of a *Clandestine Lab Unit* in the Department of Public Safety Division of Investigations, to ensure an organized response capability to the state's growing number of clandestine drug labs; creation of a *pharmaceutical diversion unit* to detect unusual prescribing and prescription drug use practices; organization of a *Utah Narcotic Officer's Association (UNOA)*; and development and institutionalization of the *Utah Law Enforcement Intelligence Network (ULEIN)* to promote information sharing and cooperation among all law enforcement agencies in the state.

Judicial system response to the drug problem has focused on enhancing court services for substance abusing offenders. In 1990, the Juvenile Court created a *Statewide Substance Abuse Committee* to better organize the Court's response to the substance abuse problems presented by delinquent youth; and, with funding under Utah's Drug and Violent Crime Control Plan, an *intensive supervision program for juvenile drug law offenders* has been implemented. With resources provided under a State Justice Institute grant, judicial officials have also actively participated in *regional education seminars* with substance abuse treatment providers throughout the state to strengthen cooperation and

¹Utah Division of Substance Abuse. FACTS: Substance Abuse Information for Utah and the Nation, 1991.

²Dan Jones & Associates, Inc. Utah Household Survey on Substance Abuse, 1992.

utilization of community resources. The addition of a *Judiciary Subcommittee* to the Utah Substance Abuse Coordinating Council in 1993 will further the participation and contributions of the judicial system.

Prevention has enjoyed a sustained commitment in Utah since the early 1980's, when a *statewide network of substance abuse prevention specialists* was established. Utah's *PK-12 Prevention Dimensions Curriculum* has proven effective in preventing alcohol and other drug use among Utah youth. In 1991, *Guidelines for a Comprehensive Drug-Free Workplace Program for the State of Utah* were completed, and training for businesses is underway. And, a 1992 *Prevention Think Tank* generated a framework to guide the future development of Utah's prevention resource system toward further increasing the quality of prevention services in the state.

Treatment efforts are highlighted by recent increases in treatment resources for *youth* and for *pregnant women and women with dependent children*. In 1991, an *Executive Task Force on Maternal Drug Use and Drug-Exposed Infants* was established to develop multidisciplinary programs to meet the needs of drug-dependent women. During 1991 and 1992, pilot treatment diversion programs were developed in several counties to provide *treatment options for offenders* with substance abuse problems. Finally, the treatment system continues its efforts to enhance *quality assurance mechanisms* for treatment programs, with a strong focus upon matching clients to appropriate services, peer review and program evaluation.

Utah also faces significant challenges in its war against drugs. For example, while adolescent drug use has declined overall, significant numbers of youth are regular users of alcohol, tobacco, and other drugs, and many more are at risk. An estimated 14,000-15,000 youth are in need of treatment for substance abuse problems. Particularly disturbing are the 1992 household survey data which indicate that Utah's 12-17 year olds have higher rates of using stimulant and hallucinogenic drugs than their national counterparts. And, adult Utahns appear to have higher rates of use than the rest of the country for sedatives, stimulants and analgesics.

An estimated 80 percent of offenders in Utah's prisons have substance abuse problems, but current funding levels permit only a small percentage to receive treatment. The high rate of offenders violating parole because of substance abuse, and the high rate of offenders returning to prison on new convictions, are indicators of the lack of adequate treatment for this population. A 1991 study found that 7.8 percent of women giving birth in Utah hospitals had measurable alcohol, marijuana, cocaine, or illicit methamphetamines in their systems at delivery. Based on this conservative prevalence rate, it is estimated that approximately 2,800 infants are born annually in Utah to mothers who abuse alcohol and/or other drugs during pregnancy.

While much has been accomplished, significant challenges remain. Utah's drug control strategy will ultimately affect all aspects of life within our state. Our long-term success will be achieved only through a comprehensive strategy involving collaboration both within and across the criminal justice, judicial, prevention and treatment systems, and an effective balancing of services to meet the needs of each system. Coordination is essential; the four systems are so closely tied that strengths or weaknesses in one will likely impact successes and failures in the others.

UTAH SUBSTANCE ABUSE COORDINATING COUNCIL

Among the foremost challenges in an effective war on drugs is the need to ensure that all available resources function as an organized system. While there is little disagreement as to the seriousness of the drug problem, there remains some debate regarding the best approach and the most effective strategies. Utah is successfully addressing this challenge through the Utah Substance Abuse Coordinating Council.

Council Established in 1990

In response to the need for greater coordination for Utah's criminal justice, judicial, prevention and treatment strategies, the 1990 Legislature created the Utah Substance Abuse Coordinating Council. The Council is located in the Governor's Office and is staffed by the Utah Commission on Criminal and Juvenile Justice (CCJJ).

Membership

The Council consists of 15 members and four subcommittees: Criminal Justice, Judiciary, Prevention and Treatment. A complete list of the Council membership is included as Appendix A.

Purpose and Duties

The purpose of the Utah Substance Abuse Coordinating Council is to coordinate Utah's efforts to curb the abuse of alcohol, tobacco and other drugs, and illegal drug activity.

The duties of the Council, as set forth in the establishing statute, are to:

- Provide leadership and generate unity for Utah's ongoing efforts to combat substance abuse;
- Foster the coordination of a statewide substance abuse policy;
- Facilitate planning for a balanced continuum of criminal justice, judicial, prevention and treatment services;
- Promote collaboration and mutually-beneficial public and private partnerships; and
- Coordinate recommendations made by the Criminal Justice, Judiciary, Prevention and Treatment Subcommittees.

The duties of the Criminal Justice, Judiciary, Prevention, and Treatment Subcommittees are to:

- Recommend a statewide substance abuse policy;
- Develop priorities for programs to combat substance abuse; and
- Recommend executive, legislative, and judicial action based upon policy needs and identified gaps in the continuum of services.

The Council and its subcommittees are mandated to meet at least quarterly. The Council is charged with presenting its recommendations to the Governor and the Legislature annually, by September 30.

**Purpose of
the Council's
Report**

The Utah Substance Abuse Coordinating Council's 1993 Annual Report to the Governor and the Legislature was prepared by the Council pursuant to Section 63-25-8 through 14, Utah Code Annotated 1953. The purpose of the report is to present a unified voice to the Governor and the Legislature regarding the development and implementation of Utah's comprehensive drug control strategy.

The Utah Substance Abuse Coordinating Council is committed to facilitating the establishment of a balanced continuum of criminal justice, judicial, prevention and treatment services aimed at combatting alcohol and other drug abuse and illegal drug activity throughout the state. The priorities and recommendations reflect the benefits to be derived from collaboration within and among criminal justice, judicial, prevention and treatment entities, and through the coordination of program efforts. These benefits serve to enhance the overall quality of services provided, and include, but are not limited to the following: a multidisciplinary approach to the problem; improved program efficiency, cost-effectiveness, and integration of services; expanded resources and technical expertise; elimination of duplication in programs and services; shared ownership among systems for both the problem and the responsibility for its solution; and promotion of a consistent anti-drug message throughout all of Utah's systems and communities.

The objectives of the Council's report are to:

- Facilitate the planning, development, implementation, and evaluation of a balanced continuum of criminal justice, judicial, prevention and treatment services.
- Provide direction for more effective coordination and integration of services, and more efficient use of the resources available to Utah for eliminating substance abuse and illegal drug activity.
- Define gaps in the continuum of services and identify strategies and resources to address corresponding needs.
- Activate mutually beneficial interagency partnerships, involving both the public and private sectors, to implement identified initiatives targeted at substance abuse and illegal drug activity.

**1993
Priorities**

The Council's 1993 priorities and recommendations for action encompass a wide range of needs, including legislative action and issues related to program administration and implementation. Legislative priorities include funding appropriations, statutory amendments, and enactment of new statutes. Program administration and implementation priorities include: coordination and cooperation; policies, procedures and guidelines; awareness, education and training; specialized drug law enforcement efforts; and programs for targeted populations.

The "Legislative" and "Program Administration and Implementation" categorizations serve only to separate priorities requiring legislative action from those not requiring legislative action. One category is not considered to be more important than the other.

HIGHLIGHTS OF ACCOMPLISHMENTS IN UTAH'S WAR ON DRUGS

Utah is committed to the implementation of a comprehensive strategy in its war on drugs. The strategy must be focused upon both demand and supply reduction, and targeted at all aspects of the problem and at meeting the needs of all citizens. Toward these objectives, the state has developed a drug control strategy that strives for a balanced and coordinated continuum of criminal justice, judicial, prevention and treatment services, accompanied by supportive education and training, legislation, research/evaluation, and other efforts. The result has been measurable success in reducing drug use/abuse among Utahns since the early 1980's.

Coordination

- The Utah Substance Abuse Coordinating Council was established by the 1990 Utah Legislature to provide leadership and generate unity for the state's war on drugs. The Council is composed of 15 key state officials and has four subcommittees in the areas of criminal justice, the judiciary, prevention and treatment. The Council presents an annual report of priorities and recommendations for action to the Governor and the Legislature.
- The Utah Department of Public Safety and the Utah Department of Corrections collaborated to develop the Utah Law Enforcement Intelligence Network (U.L.E.I.N.), which serves as an automated, centralized repository of intelligence information extending to all law enforcement agencies in the state. The network has received national recognition as a model system to promote information sharing and greater coordination and cooperation among all criminal justice agencies. The program is now "institutionalized" and funded through the Department of Public Safety.
- In 1990 and 1991, the Utah Department of Public Safety sponsored a Governor's Criminal Justice Drug Summit to better identify and coordinate drug law enforcement efforts.

Drug Law Enforcement

Task Forces

- There are 13 drug law enforcement task forces in Utah, funded in part with Federal Anti-Drug Abuse monies. The task force jurisdictions cover 95 percent of Utah's population.
- Between July 1, 1992 and June 30, 1993, the task forces: reported making over 3,000 arrests (1,558 for marijuana, 813 for cocaine, 138 for amphetamine/methamphetamine, 98 for LSD, and 410 for other drugs); reported seizing over \$8.5 million in assets, including vehicles, currency, real property, weapons, etc., with approximately \$605,676.85 in forfeitures awarded by the courts; and seized over 403 weapons during drug-related arrests, including 87 handguns, 92 rifles, 46 semi-automatic handguns, 48 shotguns, 27 knives/cutting instruments, 77 explosive devices, and three machine guns.

Local, State and Federal Efforts

- "Operation Greenleaf", a joint effort between the Utah Department of Public Safety, the Utah National Guard, and local law enforcement agencies, destroyed 2,917 outdoor marijuana plants and 575 indoor marijuana plants during FY 1993. Sixty-four arrests were made in conjunction with this operation.
- Eleven clandestine methamphetamine labs, capable of producing several million dollars worth of methamphetamine a month, were seized between July 1, 1992 and June 30, 1993, resulting in 29 arrests. A total of 36 lab cases were investigated during this period of time, with 13 cases still pending. The Utah Department of Public Safety Clandestine Lab Team responds and assists, as does the Drug Enforcement Administration.
- From July 1, 1991 - June 30, 1992, the Utah Highway Patrol investigated 854 drug interdiction cases on Utah freeways and highways. Troopers confiscated 1,003 pounds of marijuana, 417 kilograms of cocaine, 1.7 kilograms of methamphetamine, 79 vehicles, and over \$1,963,000 in currency resulting from the 854 investigations. Over 11.5 percent of those individuals stopped for transporting drugs through Utah carried weapons.
- The Drug Interdiction Task Force targets transportation of drugs through airports, trains and buses, and dealing of drugs at hotels and motels. From July 1, 1992 - June 30, 1993, the task force made 79 arrests. Seizures included over 78 pounds of marijuana, 1,355 grams of cocaine, and over \$218,000 in currency. Approximately \$22,143 was forfeited to the task force during this period of time.
- In response to Utah's high per capita consumption rate for several critical prescription drugs, a Pharmaceutical Diversion Unit was established in the Utah Department of Commerce/Division of Occupational and Professional Licensing in 1988. A major focus of the Unit has been to create a computer program to "read" pharmacy computers statewide as a means of compiling information on prescribed and dispensed drugs. Data are utilized to identify unusual drug prescription and utilization patterns. Since the program's implementation four years ago, there has been a remarkable decrease in prescription drug utilization figures in Utah.
- The Utah Narcotic Officer's Association was formed during 1991 to foster cooperation and to pursue drug law enforcement training, legislation, and community involvement.
- The Department of Public Safety, Weber State University, and Cedar City Crime Labs have been enhanced through upgrading of equipment and provision of training to technicians in support of the drug law enforcement task forces. As a result, the time required to analyze samples and the backlog of cases have been reduced, and the number of "inconclusive" results has significantly decreased.
- In 1993, the Utah Attorney General's Office State Assistance to Narcotics Enforcement (SANE) Unit completed a Drug Case Investigation and Prosecution Handbook for Utah Prosecutors.

Prevention

- Beginning in 1983, with funding provided by a legislative increase in the beer tax, a statewide network of substance abuse prevention specialists was established in Utah to provide leadership and technical assistance/expertise for the establishment of school and community-based prevention programs.
- The PK-12 Prevention Dimensions Program is a Utah-developed drug education curriculum in place in all of Utah's 40 school districts. The curriculum goals are to build self-esteem, healthy life skills, and knowledge about alcohol, tobacco, and other drugs. It involves a partnership among substance abuse, education, and health agencies. A longitudinal evaluation of the curriculum indicates that it is effective in delaying the onset of alcohol and other drug use, decreasing substance use, and preventing an increase in intentions to use drugs in the future. Since 1983, over 15,000 Utah educators have completed training in curriculum implementation.
- The D.A.R.E. (Drug Abuse Resistance Education) Program, which involves law enforcement officers conducting drug prevention lessons in elementary school classrooms, is taught as a supplement to the PK-12 Prevention Dimensions Curriculum. In 1992, 49 local law enforcement agencies and 173 schools participated in the program. To ensure a coordinated effort, a Memorandum of Understanding is jointly signed by local law enforcement, education, and substance abuse officials.
- The Governor's Youth Council was established in 1984 to facilitate the involvement of young people from throughout Utah in a "networking group to plan and coordinate drug-free activities that promote positive youth lifestyles". The Council membership consists of three senior high school students appointed from each of Utah's 40 school districts and representing the 10th, 11th, and 12th grades (120 total). The Council also has an Executive Committee and a Statewide Planning Team which are structured to represent the 13 local substance abuse authorities.
- The 1991 and 1992 Utah Legislatures allocated permanent funding for substance abuse prevention programs at four of Utah's institutions of higher education: Dixie College, Salt Lake Community College, Southern Utah University, and the University of Utah.
- In May of 1992, the Utah Division of Substance Abuse and the Southwest Regional Center for Drug-Free Schools and Communities jointly sponsored a Prevention "Think Tank" for the purpose of charting the future course of prevention in Utah. Participants representing a variety of disciplines developed a position paper to guide the development and implementation of the prevention process in Utah, toward establishing a framework for continuing to increase the quality of prevention services in the state.

Drug-Free School Recognition

- Since the initiation of the U.S. Department of Education's National Drug-Free School Recognition Program in 1987, 13 Utah schools have been honored for their exemplary drug-free school programs. National recognition winners to date include: Northwest Intermediate (1987-88); Timpview High and West High (1988-89); Lehi High and Murray High (1989-90); Rose Park Elementary, Highland High and Pleasant Grove High (1990-91); Municipal Elementary, Granite Park Junior High and Cyprus High (1991-92); and Lincoln Elementary and Orem High (1992-93).

Treatment

- A cigarette tax increase by the 1991 Utah Legislature provided \$1.9 million in new funding for youth substance abuse treatment. In FY'92, 2,000 additional youth received treatment services, and a total of 3,503 youth were admitted to treatment services in FY'93. Prior to the new funding, only about 500 youth could receive services annually.
- In 1991, the Department of Human Services established an **Executive Task Force on Maternal Drug Use and Drug-Exposed Infants** to develop long-term, integrated, multidisciplinary programs throughout Utah to meet the specific needs of drug-dependent women and their children. The Task Force presented its recommendations to the Legislature in October, 1992.
- In 1991, three pilot jail diversion projects were established in Salt Lake, Weber, and Davis Counties to provide treatment for drug abusing criminal offenders; and the new Gunnison facility of the Utah State Prison System developed a 30-day intensive **pre-release substance abuse treatment** program for inmates being discharged. In 1992, two pilot **first-time drug possession offender treatment diversion** programs were established in Davis and Weber Counties.
- In July of 1992, a new treatment program was opened at the Utah Alcoholism Foundation House of Hope in Salt Lake County to provide treatment for women with substance abuse problems and their dependent children. The **House of Hope Mother-Child Program** is a residential treatment program for up to six women and eight dependent children, ages 0-6. The program also provides day treatment for six additional women, including day care for their children. The program is one of only ten such facilities in the country and the only one of its kind in Utah.
- In July of 1993, the Utah Division of Substance Abuse awarded funding to three pilot sites in Weber, Salt Lake and Utah Counties, to be utilized to establish prevention and intervention/treatment programs for pregnant women with substance abuse problems. Funding for these programs was made possible through a \$200,000 building block appropriation by the 1993 Utah Legislature, which the Division combined with existing federal funds.

Drug-Free Workplace

- In late 1991, the Utah Council for Crime Prevention (UCCP) Drugs in the Workplace Task Force, composed of public and private sector agency, organization, and business leaders, finalized a manual entitled **Guidelines for a Comprehensive Drug-Free Workplace Program for the State of Utah**. The model, which is distributed to employers in training seminars, includes guidelines for formulating a drug-free workplace policy, education and prevention programs, employee assistance programs, management training, and drug testing procedures. During 1992 and to date in 1993, the UCCP, in cooperation with the Salt Lake Valley Drug Abuse Prevention Coalition Drug-Free Workplace Task Force and others, has developed and conducted five training seminars for over 100 agencies/businesses in Salt Lake County. Between late September and early November of 1993, seven additional seminars will be conducted, including one in Utah County and one in St. George. The expansion outside of Salt Lake County for the latter two seminars is made possible through funding support provided by the U.S. Attorney's Office.

**Awareness,
Education and
Training**

- Each June, Utah hosts the internationally acclaimed **University of Utah School on Alcoholism and Other Drug Dependencies**. The School consists of 21 separate group sections, including: American Indian; Community Action and Management; Counselors: School and Youth; Criminal Justice; Current Issues; Dental; Drugs: Treatment and Rehabilitation; Education and Prevention; Employee Assistance Program and Managed Care; Family; Introductory; Nursing; Nutrition; Older Adults; Pharmacists; Professional Treatment; Rehabilitation Counselors; Volunteer Training; Women: Treatment and Prevention; Youth; and Physicians. The School held its 42nd Annual Session on June 20-25, 1993.
- The Utah Division of Substance Abuse annually sponsors a **Fall Conference on Substance Abuse**. The 1992 conference drew nearly 800 participants. The XV Annual Fall Conference will be held in October of 1993, and will include four tracks: Community-Based Prevention, Criminal Justice, Prevention/Education and Treatment.
- In April 1991, the first **Utah Drug Academy Narcotics Officer Training Course** was conducted as a cooperative effort of the Attorney General's Office, the Department of Public Safety, and the Drug Enforcement Administration. Over 100 officers from throughout Utah attended sessions during the two-week course, and 80 completed the course and were awarded certificates. The second annual UNOA conference was held during April, 1993, and over 200 officers attended.
- In 1992, the **Utah Partnership for the Prevention of Substance Abuse (UPPSA)** was formed collaboratively by leaders in the business, media, advertising, education, and substance abuse prevention/treatment communities to increase public awareness of alcohol and other drug abuse in Utah. The Partnership's stated mission is as follows: *"To increase the awareness of the citizens of Utah regarding the abuse of alcohol and other drugs through a statewide mass media substance abuse prevention campaign."*
- **Drug Enforcement Training** has been initiated through the Department of Public Safety/Division of Peace Officer Standards and Training (POST Academy) to better prepare Utah's law enforcement officers to address the unique challenges of drug law enforcement.
- The **Utah Federation for Drug-Free Youth** annually hosts a **Life Skills Conference**, the largest of its kind in the nation. In 1993, the conference drew over 10,000 youth, parents, educators, substance abuse professionals, community leaders, and volunteers.
- The **Utah Federation for Drug-Free Youth**, in collaboration with the Utah Division of Substance Abuse and the Southwest Regional Center for Drug-Free Schools and Communities, has conducted three **training seminars for trainers** in parenting programs, and has a fourth scheduled for May of 1994. In cooperation with the Division, the Southwest Regional Center and the Utah State Office of Education, the UFDY has also conducted seven **community mobilization trainings** throughout the state, and has three more scheduled for 1994. These trainings bring together teams of community leaders and volunteers to address needs and to create action plans for building healthy, drug-free communities.

- In August of 1992, the Utah Division of Substance Abuse, in cooperation with the Utah Association of Alcohol and Drug Program Providers and Salt Lake County Division of Substance Abuse, sponsored a **State Prevention Training**. The purposes of the training were to provide participants with the opportunity to develop or enhance their knowledge of prevention and presentation skills, and to strengthen the prevention services network throughout Utah.
- The Salt Lake Valley Drug Abuse Prevention Coalition, Utah Council for Crime Prevention, Utah Federation for Drug-Free Youth and Utah PTA are working cooperatively to promote and educate Utah citizens about the state's **Drug-Free School Zones**. Regulatory street signs and decals to be displayed in homes have been developed. Training is conducted for parents, educators and youth; and Utah's prosecution agencies and organizations are encouraged to vigorously prosecute drug law violations occurring in Drug-Free School Zones.

Legislation

- **Subcommittee of Utah Substance Abuse Coordinating Council (1993):** An Act creating a Judiciary Subcommittee on the Utah Substance Abuse Coordinating Council; and adding new members to the Council and its existing Criminal Justice, Prevention, and Treatment Subcommittees.
- **Money Laundering by Drug Dealers (1993):** An Act allowing for forfeiture in money laundering by financial transaction or by transportation. This bill creates an asset forfeiture procedure in money laundering cases that may take place parallel to the money laundering charge.
- **Automobile Homicide With DUI (1993):** An Act to add automobile homicide to the list of prior offenses of driving under the influence for purposes of enhanced penalties.
- **DUI Penalty and Treatment Amendments (1993):** An Act to allow the court to order treatment for a first DUI offense; and requiring evidence of completion of all assessment, education, and treatment/rehabilitation programs before reinstatement of the driver license.
- **Distribution of Criminal Surcharge (1993):** An Act modifying the distribution of criminal surcharge monies; providing for the allocation of 2.5% of the collected surcharge to the **Substance Abuse Prevention Account (SAPA)**, and 7.5% of the collected surcharge to the **Intoxicated Driver Rehabilitation Account**.
- **Civil Public Nuisance and Eviction (1992):** An Act to expand the definition of nuisance to include drug houses; providing for the abatement by eviction of unlawful drug houses; and providing for private citizens and businesses to seek abatement by eviction in court.
- **Clandestine Drug Lab Act (1992):** An Act to outlaw clandestine drug lab operations in Utah.
- **Drug Precursor Act (1992):** An Act to enhance Utah's efforts to curtail illegal precursor chemical trafficking related to the manufacturing of illicit and dangerous substances.

- **Not A Drop (1992):** An Act to deter persons under the legal drinking age of 21 from drinking and driving by providing for the denial or suspension of the driver license for driving with any measurable amount of alcohol in the body. The statute also ensures that the person's alcohol abuse will be addressed through a mandatory assessment and referral to an appropriate targeted prevention, early intervention, or treatment program.
- **Expanded Drug-Free Zones (1991):** An Act to expand Utah's Drug-Free School Zones statute to include additional areas where youth congregate, including: public and private vocational schools or post-secondary institutions; preschools and child care facilities; public parks, amusement parks, arcades, and recreation centers; churches and synagogues; shopping malls, sports facilities, stadiums, arenas, theaters, movie houses, and playhouses; and parking lots/structures. Within the Drug-Free Zones, penalties for violations of Utah's controlled substances, imitation controlled substances, and drug paraphernalia laws are enhanced.
- **Cigarette Tax Increase (1991):** A bill to provide for an increase in the cigarette tax of 3.5 cents per pack of cigarettes. Passage of the bill resulted in increases to the General Fund of \$2,880,000 in FY'92, and \$3,620,000 in FY'93. Funding for FY'92 was appropriated as follows: \$1.9 million to the Division of Substance Abuse for youth substance abuse treatment; \$600,000 to the Department of Human Services for the Early Intervention for Ensuring Student Success Program; and \$300,000 to the Department of Health for tobacco education/prevention.
- **State Employees Drug-Free Workplace (1990):** An act to prohibit the use of controlled substances and alcohol by State employees during work hours, and providing for drug testing of employees in "highly sensitive" positions and when there is a reasonable suspicion that the employee is using either unlawfully.
- **Utah Substance Abuse Council (1990):** An Act to create the Utah Substance Abuse Coordinating Council and subcommittees to coordinate the state's efforts to curb substance abuse.
- **Adolescent Tobacco Prevention Act (1989):** An Act to increase the penalty for use by and gift or sale of tobacco products to minors; to prohibit distribution of cigarettes or tobacco through vending machines; and to prohibit smoking in elementary and secondary educational facilities during school hours and in child care facilities.
- **Substance Abuse Prevention Amendments (1989):** An Act to impose an additional financial penalty (originally a \$150 fee on fine, amended in 1991 to an 85 percent surcharge) on both juvenile and adult drug offenses to fund drug abuse prevention programs. The Act also enables courts to order that juveniles who violate alcohol or other drug laws must perform 20-100 hours of community service.
- **Drug and Alcohol Testing Act (1987):** An Act to specify procedures and guidelines for private employers to conduct drug and alcohol testing of employees, and limiting liability of employers arising from testing. Utah's statute has been called the best in the nation.

- **Mandatory School Reporting of Drug Use (1986):** A statute requiring educators to report students' drug use to parents.
- **Liquor Law Enforcement Amendments (1983):** Among other statutory changes, an Act to provide for an increase in the sales tax on beer. Beginning in FY'84, \$2,000,000 was appropriated to the Utah Division of Substance Abuse for the establishment of school and community-based substance abuse prevention programs. This funding is the foundation of Utah's statewide prevention strategy.

Research and Evaluation

- In order to describe the nature of the drug problem in Utah, and to monitor and evaluate the effectiveness of drug control efforts, regular surveys and program evaluations are commissioned by the **Utah Division of Substance Abuse**. The most recent include:
 - 1992 - Utah Household Survey on Substance Abuse (residents ages 12 and older)
 - 1991 - Survey of Parental Attitudes Toward Drug Abuse Prevention
 - 1991 - Prevalence Study of Drug and Alcohol Use by Pregnant Women in Utah
 - 1990 - Survey of Drug Use Among Utah College and University Students
 - 1989 - Utah Adult Household Survey on Substance Abuse
 - 1989 - School Survey of Drug Use Among Utah Students in Grades 5-12 (in cooperation with the Utah State Office of Education)
 - Ongoing Longitudinal Evaluation of the Utah PK-12 Prevention Dimensions Program (since 1984)

Reductions in Drug Use

- A 1989 household survey of adult Utahns ages 18 and older indicates that, since 1982, the regular use of most drugs, including alcohol, tobacco, marijuana, pain medications, cocaine, amphetamines, and inhalants has decreased.
- A 1989 school survey of Utah youth in grades 7-12 shows substantial declines in the past-month use of all drugs since 1984, with the exception of a small increase in cigarette smoking. The regular use of marijuana, cocaine, tranquilizers, barbiturates, PCP, and heroin decreased by 50 percent or more. Lifetime use, or numbers of youth who have ever tried marijuana, amphetamines, cocaine, tranquilizers, barbiturates, PCP, and heroin decreased by 25 percent or more.
- The 1992 household survey of Utah youth and adults ages 12 and older shows that the use of most drugs in Utah has declined since previous statewide data was gathered in 1989. The most notable declines in use are for the most commonly used drugs: alcohol, tobacco, and marijuana. This is particularly noteworthy because similar declines are *not* reflected in data for the nation as a whole, where use rates for these substances have remained fairly stable. The survey also shows that Utahns continue to report the use of alcohol, tobacco, marijuana, and cocaine at rates significantly lower than the rest of the nation.

1993

PRIORITIES AND RECOMMENDATIONS FOR ACTION

- **Legislative**
- **Program Administration and Implementation**
 - **Coordination and Cooperation**
 - **Policies, Procedures, and Guidelines**
 - **Awareness, Education and Training**
 - **Specialized Drug Law Enforcement Efforts**
 - **Programs for Targeted Populations**

Note: The "Legislative" and "Program Administration and Implementation" categorizations serve only to separate priorities requiring legislative action from those not requiring legislative action. One category is not considered to be more important than the other.

TOP 1993 PRIORITIES

In preparing their recommendations for the Council's consideration, the Criminal Justice, Judiciary, Prevention and Treatment Subcommittees each identified their top priorities as follows:

Criminal Justice

- #1 State Clandestine Lab Response Capability and Cedar City Crime Lab**
- #2 Intensive Supervision and Treatment Services for Adult Drug Law Offenders**
- #3 Early Intervention and Intensive Supervision Programs for Juvenile Drug Law Offenders**

Judiciary

- #1 Early Intervention and Intensive Supervision Programs for Juvenile Drug Law Offenders**
- #2 Intensive Supervision and Treatment Services for Adult Drug Law Offenders**

Prevention

- #1 Student Assistance Services**
- #2 Measures to Control Youth Access to Tobacco**
- #3 Model Policy, Comprehensive Program Guidelines and Statutory Support for Local Utah Government Drug-Free Workplace Programs**

Treatment

- #1 Inclusion of Substance Abuse Treatment Services in the State and National Health Care Plans**
- #2 County Substance Abuse Prevention and Treatment Services Provider Rate Increase**
- #3 Substance Abuse Treatment Resources for Youth and Prevention/Intervention Resources for Pregnant Women**

I. LEGISLATIVE PRIORITIES

The following are the Council's four priorities for legislative action during the 1994 Utah Legislative General Session. They include recommendations for building block appropriations, amendments to current statutes and enactment of new statutes. The priorities are listed in order of importance.

PRIORITY A	CONTINUATION AND EXPANSION OF ESTABLISHED CRIMINAL JUSTICE, JUDICIAL, PREVENTION AND TREATMENT PROGRAMS
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The following six sub-priorities represent requests for building block appropriations for substance abuse programs in the criminal justice, judicial, prevention and treatment areas, and are supported by the Council as its top priority. Sub-priorities A.1 through A.6 are all considered to be of *equal importance*.

Priority A.1	State Clandestine Lab Response Capability and Cedar City Crime Lab
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Criminal Justice #1

Rationale

A Congressional mandate limits federal support for most programs funded under Utah's *Drug and Violent Crime Enforcement Control Plan* to four years. Funding for two programs, the state's Clandestine Lab Unit and the Cedar City Crime Lab, will terminate on June 30, 1994. Continuation of these programs is dependent upon the appropriation of state funding to begin in FY'95.

Clandestine Lab Unit

Clandestine labs, also known as "kitchens of death", are chemical laboratories used for the production of deadly illegal drugs. The drugs manufactured in these labs may include hallucinogens such as phencyclidine (PCP) and LSD, "designer drugs", synthetic heroin, and cocaine and methamphetamine base ("crack" cocaine and methamphetamine "ice", respectively). The drug of choice for most manufacturing operations, however, is methamphetamine, commonly called "speed" or "crank". Utah's many remote, rural areas provide optimum geographical conditions for the operation of such labs, which create a grave hazard to the public health and toxic exposure to all living things that come in contact with them.

Utah law enforcement officials have noted an explosion in the growth of clandestine labs in the last five or six years. In order to provide an organized response capability by law enforcement, a Clandestine Lab Unit was established in the Department of Public Safety's Division of Investigations in 1990, with federal grant monies under Utah's *Drug and Violent Crime Enforcement Control Plan*. The federal funding awarded to date has enabled the creation of a highly trained team of agents, and provided the Unit with the equipment and supplies needed to respond to clandestine lab sites throughout the state. The Unit's Special Emergency Response Team (S.E.R.T.) is responsible for entering the lab and arresting suspects; a chemist terminates the manufacturing process and identifies chemicals; and a hazardous materials team dismantles the lab and processes the evidence.

Cedar City Crime Lab

Utah's crime labs provide direct support to local law enforcement agencies, particularly for drug law enforcement task forces, by enhancing their ability to conduct accurate drug analysis and effective crime scene investigation. There are currently three such crime labs in the state: the Department of Public Safety Crime Lab, the Weber State Crime Lab and the Cedar City Crime Lab. With initial federal funding provided in July of 1990, the Cedar City lab was opened during August of 1991, and now serves southern Utah law enforcement agencies in Millard, Beaver, Piute, Garfield, Kane, Washington and Iron Counties. Federal funding has been utilized to upgrade lab equipment and provide training for lab technicians. The result has been a significant reduction in the time required to analyze samples, along with reductions in both the backlog of cases and the number of "inconclusive" results. The addition of the Cedar City lab has increased utilization of criminalistic services, with requests for drug analysis increasing from 4,348 during 1988 to 9,876 requests during calendar year 1992. In addition, the number of drug analyses completed increased from 6,401 during 1988 to 10,865 during calendar year 1992.

Recommendations:

1. Appropriate a \$72,000 building block to the Utah Department of Public Safety/Division of Investigations to ensure continuation of the Clandestine Lab Unit.
2. Appropriate a \$90,000 building block to the Utah Department of Public Safety to ensure continuation of the Cedar City Crime Lab.

Responsible Agencies: *Utah Department of Public Safety, Utah Legislature*

Priority A.2 Student Assistance Services***Prevention #1*****Rationale**

Utah's primary prevention efforts during the past decade have been very successful. In conjunction with the PK-12 Prevention Dimensions curriculum, teachers throughout the state have received inservice training in effective prevention strategies. These strategies are effective not only for substance abuse, but also in addressing other factors which put youth at risk and prevent them from developing healthy life skills. School personnel are made aware that the sooner they identify a student with a problem, and in turn provide services, the greater the chance of success will be. At the present time, educators are trained to identify and be aware of the early signs of problems, but in many cases there is a gap in the service continuum with regard to meeting the needs of identified students. School districts estimate that 47% of all Utah students are "pervasively at risk". All students are potentially at risk and many, in the course of their educational experience, exhibit social and/or academic behaviors that interfere with their school performance. It is, therefore, essential to provide a process and technical assistance for school communities to create **Student Assistance Services (SAS)** that will promote health and life-long learning. "Student Assistance Services consist of **ALL** of the things it is necessary to know, think, feel, and do in order to help students deal with **ALL** of the ways they can be affected by their own alcohol and other drug use or someone else's, and any other factors in their lives that place them at risk."

Effective Student Assistance Services will help close the gap in services by implementing a consistent student assistance model in which teachers, administrators, and local service agency personnel will not only identify but effectively intervene, access and refer students to necessary services and support. Since school staff are not generally knowledgeable about or prepared to access the myriad of school, district, community and private resources available to students to assist them in the prevention, intervention, therapy and recovery process, there is a need to have a professionally trained **Prevention/Intervention Coordinator** at the district level who has a clear working knowledge of all available programs. The primary roles of the **Prevention/Intervention Coordinator** shall be to: assist in identifying and establishing effective prevention strategies, interventions and programs for students experiencing educational difficulties; direct, train, evaluate, monitor and document interventions of the **SAS**; train local school personnel in effective prevention/intervention methods and acquaint them with existing programs; follow established and proven Child Find System and referral procedures; monitor "At Risk" and "Drug-Free Schools" funding and budgets; collect, interpret, collate and disseminate information appropriate for **Student Assistance Services**; monitor and coordinate the district's **Student Assistance Services** components; establish a written **SAS** referral process which meets local, state and federal guidelines for such processes; and employ other professionals from the school and community for consultation and evaluation purposes.

Due to the increased awareness and concern about substance abuse, gang violence, teenage pregnancies, suicide, etc., there is a need for the various programs available to pull together in a unified way to provide more effective and efficient prevention and intervention services for students at risk. Since districts and local agencies presently have programs and services available for addressing the needs of students at risk, it is essential that any new programs be supportive of, and that they collaborate with, existing efforts.

Recommendations:

1. Appropriate a \$4,000,000 building block to the Utah State Office of Education by FY'96, to increase the At Risk Flow-Through funding (computed on the current WPU value plus growth factor) and to provide for the following:
 - a. \$1,600,000 to provide a minimum base of \$40,000 per school district, to be utilized specifically for assisting students at risk for substance abuse and/or other related problems, including the possibility of funding a Prevention/Intervention Coordinator to oversee Student Assistance Services for students at risk. *(Note: Presently, 14 of the 40 school districts receive only the current minimum base of \$10,000, which equates to approximately 30% of the total At Risk Flow-Through funding.)*
 - b. Expansion of the population-dependent portion of the formula for allocating At Risk funding, so that all school districts will receive meaningful increases in funding. This increase will allow districts to provide services to students heretofore designated as unserved, or any student receiving classroom instruction but who, because of his/her individual needs, requires some kind of uniquely designed intervention in order to achieve school options.

- c. Implementation of a unified district Workplan and End-of-Year Report to be submitted by each district to include access to and utilization of all funds currently included in the At Risk Line: MESA, At Risk Flow-Through, Values-Based Teenage Pregnancy Prevention, Involving Families in Education, Homeless/Minority.
2. Coordinate Student Assistance Services with the school district Drug-Free Schools Program coordinators, At Risk Program coordinators and local substance abuse authorities, to guarantee appropriate use of available funding to supplement and enhance, not supplant, existing efforts.
3. Provide necessary specialized training, in cooperation with local substance abuse authorities, for the SAS Prevention/Intervention Coordinators and other individuals at the local level who will implement Student Assistance Services.
4. Support and collaborate with the multi-agency efforts related to the Agencies Coming Together for Children and Youth At Risk programs at the school, regional and state levels.
5. Support and collaborate with the Comprehensive School Health Initiative that is currently being developed.

Responsible Agencies: Utah State Office of Education, Utah Legislature, Local School Districts, Southwest Regional Center for Drug-Free Schools and Communities, Local Substance Abuse Authorities/Prevention Specialists

Priority A.3 County Substance Abuse Prevention and Treatment Services Provider Rate Increase

Prevention #4
Treatment #2

Rationale

The ability of county commissions (local substance abuse authorities) to provide substance abuse prevention and treatment services has deteriorated significantly over the past several years due to the State not funding provider rate increases in the State dollars contracted to the counties for services. The State has determined that substance abuse services are to be administered by the county authorities and yet acknowledges that the State has the primary financial responsibility for these services as determined by statutory match ratios. The failure to fund basic inflationary needs on the State's portion of service dollars has resulted in the counties shouldering an increasing financial burden for State responsibilities and assuming an inappropriate amount of treatment liability. The result is that counties are left with an inability to keep pace with demands for substance abuse and other human services.

In its 1993 Session, the Utah Legislature passed S.B. 82 - *Mental Health Funding and Custody Amendments*, which enacted language stating: "If the Governor does not include in his budget an amount sufficient to grant the increase described in Subsection (b) [same percentage increase for wages and benefits for local authorities as for state agencies], he shall include a message to the Legislature regarding his reason for not including that amount."

Recommendation:

1. Include a \$204,471 (3% increase) building block appropriation to the Utah Department of Human Services/Division of Substance Abuse in the Governor's FY 1994-95 budget for funding of the county substance abuse prevention and treatment services provider rate increase.

Responsible Agencies: Utah Association of Counties, Governor, Utah Legislature, Utah State Board of Substance Abuse, Utah Department of Human Services/Division of Substance Abuse, Local Substance Abuse Authorities

Priority A.4 Intensive Supervision and Treatment Services for Adult Drug Law Offenders

Criminal Justice #2
Judiciary #2
Treatment

Rationale

A Congressional mandate limits federal support for most programs funded under Utah's *Drug and Violent Crime Enforcement Control Plan* to four years. Grant funding provided for the Region II-D Intensive Supervision Program for adult drug law offenders, and for treatment services for offenders under the supervision of the Utah Department of Corrections, will terminate on June 30, 1994. Continuation of these programs is dependent upon the appropriation of state funding to begin in FY'95.

Intensive Supervision

The Utah Department of Corrections reports that the number of offenders on probation and parole in Utah has grown more than 25% since 1990, and felony probation and parole populations can be expected to increase at least 10% annually for the next several years. As the utilization of intermediate sanctions and other alternatives to incarceration increase, so does the need for intensive supervision services. Intensive supervision is one of the most cost-effective programs available for dealing with drug abusing offenders and is a critical component of Utah's drug control strategy. The adult ISP funded through the Department of Corrections in Weber and Davis Counties has been in operation since October 1, 1990. The program is designed to promote a crime-free lifestyle by requiring offenders on probation and parole to be employed, perform community service, make restitution, and remain drug-free.

Substance Abuse Treatment

There is a strong correlation between drug use and crime. An estimated 80% of the offenders in Utah's prisons have documented substance abuse problems, either directly or indirectly related to their crime. According to the Utah Department of Corrections, offenders sentenced to prison for drug offenses make up the fastest growing category of inmates. Since 1988, the number of inmates incarcerated for drug offenses has increased by 133%, with an annual cost of \$3.5 million. A similar percentage of the offenders on probation and parole have substance abuse problems that must be treated before criminal activity will cease. Corrections also reports a high rate of offenders violating parole because of substance abuse, and the high rate of offenders returning to prison on new convictions as an additional indicator of the lack of adequate substance abuse treatment for incarcerated offenders.

Most offenders do not receive treatment during their incarceration. Based on the current inmate population figures, the ratio of prison treatment staff to inmates with substance abuse problems is approximately 1 to 400; and current funding levels allow Field Operations to provide treatment to only a small percentage of offenders on probation and parole. The Department of Corrections Offender Population Management Task Force suggests that targeting offenders for substance abuse services while they are under the Department's supervision is cost-effective and will reduce the tremendous expense associated with continued drug use. While treatment will require new funding support, the savings to the criminal justice system and to society will be significant over time; in fact, treatment early in the offender's criminal career will likely more than pay for itself through reduced recidivism.

Recommendations:

1. Appropriate a \$138,805 building block to the Utah Department of Corrections to continue the Region II-D Intensive Supervision Program for adult drug law offenders on probation and parole.
2. Appropriate a \$1,550,220 building block to the Utah Department of Corrections/Division of Institutional Operations to fund 27 new FTEs to provide substance abuse treatment for prison inmates.
3. Appropriate a \$950,000 building block to the Utah Department of Corrections/Division of Field Operations to contract for substance abuse treatment services for offenders on probation and parole throughout the state.

Responsible Agencies: Utah Department of Corrections, Utah Legislature

Priority A.5 Substance Abuse Treatment Resources for Youth and Prevention/Intervention Resources for Pregnant Women

Treatment #3

Rationale

In 1991, the USACC Treatment Subcommittee conducted a survey of substance abuse and other health care providers. A second survey, targeting state legislators and other state officials, was conducted by Dan Jones & Associates, Inc. for the Treatment Subcommittee during the summer of 1992. Youth were identified as the top priority for increased treatment services by respondents to both the 1991 and 1992 surveys, and pregnant women/women with dependent children were the second ranked population in both surveys.

Youth

The Utah Division of Substance Abuse has estimated that 14,000-15,000 youth, ages 12 to 17, are in need of substance abuse treatment, and has undertaken a variety of strategies to address the problem. Several years ago, the Utah Division of Substance Abuse and local substance abuse authorities began to place greater emphasis on the development of specialized treatment programs for youth, with the result being that youth admissions to treatment have increased significantly. Perhaps the greatest gains were made when the

1991 Utah Legislature passed a cigarette tax increase and appropriated \$1.9 million of the revenue to the Division of Substance Abuse for youth treatment services. The Division reports that 2,000 *additional youth* received treatment services in FY 1992, as a direct result of the new funding; and that a total of 3,503 youth were admitted to treatment services in FY'93. Prior to the new funding, only about 500 youth could receive treatment annually. Efforts were also initiated in 1991 and are continuing to expand substance abuse treatment resources through the inclusion of Medicaid-eligible youth, ages 0-21, in the State Medicaid Plan. Finally, outreach efforts are currently underway to identify youth seen in public services agencies (e.g., child welfare, foster care, residential services), and to screen for substance abuse.

Recent actions by the State Legislature and by the Utah State Board of Substance Abuse and the Utah State Board of Education will likely increase the demand on the youth substance abuse treatment system. In 1992, the Utah Legislature passed the *Not A Drop* bill, making it a violation for anyone under the legal drinking age of 21 to drive with any measurable amount of alcohol in their system, and requiring individuals who violate the statute to be referred to local substance abuse authorities for a mandatory assessment of their alcohol use/abuse, and referral to an appropriate targeted prevention, early intervention or treatment program. Until recently, referrals of youth by school officials for substance abuse treatment have been infrequent, due to concerns about who is responsible for payment for the treatment services. In 1991, the Utah State Board of Education and the State Board of Substance Abuse passed a joint boards resolution that has done much to alleviate these concerns and encourage referrals where appropriate. Finally, as a result of the expansion of treatment services for women with dependent children, programs are already seeing a need for increased resources for youth who are identified when their mothers enter treatment for their own substance abuse.

Pregnant Women

A study conducted by University of Utah physicians during the summer of 1991 surveyed women delivering babies in 10 hospitals along the Wasatch Front. The survey found that 7.8 percent of the women tested positive for alcohol, marijuana, cocaine or amphetamines at the time of delivery (opiates and other drugs used for pain control in the delivery process were excluded).¹ Utilizing this conservative prevalence rate, it is estimated that approximately 2,800 infants are born annually in Utah hospitals to mothers who are in need of substance abuse treatment. A second study conducted by the same researchers, of women in community prenatal clinics, indicated a similar rate of substance abuse during pregnancy. In this study, about eight percent of women abused alcohol and/or other drugs throughout the term of their pregnancies.

The medical, psychological and social needs of drug-dependent pregnant women are very complex. Though services exist throughout Utah, barriers such as lack of transportation and child care, poor or non-existent service linkages, stigma, the threat of losing their children, and fear of prosecution leave few options available for women. Through increased education and accessibility to treatment, however, substance abuse during pregnancy and the resulting potential for fetal impairment are *entirely preventable*.

¹Karen F. Buchi, M.D., Richard Chase, and Michael Varner, M.C. Drug and Alcohol Use by Pregnant Women in Utah: A Prevalence Study, 1991.

In response to a priority in the USACC 1992 Annual Report, the 1993 Utah Legislature funded a \$200,000 building block appropriation to the Utah Division of Substance Abuse to be utilized to develop pilot prevention and intervention programs that will provide a **comprehensive care system** for pregnant women with substance abuse problems. The Division utilized \$375,000 in existing federal funds to expand the \$200,000 amount to \$575,000, which was awarded to create three urban pilot projects in Weber, Salt Lake and Utah Counties. An award was also made to the University of Utah to conduct an evaluation of the pilot programs. Among the benefits emerging from the pilot programs are greater awareness among physicians about both the problem and community resources available to serve women; and provision of prevention, intervention/treatment and case management services for pregnant women.

Recommendations:

1. Appropriate a \$200,000 building block to the Utah Division of Substance Abuse to expand youth treatment services.
2. Appropriate a \$200,000 building block to the Utah Division of Substance Abuse to fund one additional urban area pilot program in Davis County to provide prevention and intervention/treatment services for pregnant women with substance abuse problems.

Responsible Agencies: *Utah State Board of Substance Abuse, Utah Department of Human Services/Division of Substance Abuse, Utah Legislature*

**Priority A.6 Early Intervention and Intensive Supervision
Programs for Juvenile Drug Law Offenders**

*Criminal Justice #3
Judiciary #1*

Rationale

It is critical to intervene at the earliest possible point in a young person's drug using behavior, as a means of reducing subsequent drug abuse and delinquency. The Juvenile Court level is a particularly critical one, as the most effective intervention efforts are conducted with young people *before* they become seriously involved in drug abuse and drug-related crime. It is essential that the Juvenile Court develop and implement a comprehensive program that includes components such as the following: deterrence through consistent enforcement of the laws regarding juvenile alcohol and other drug use and related violations, as reflected in the uniform imposition of meaningful sanctions; prevention, early intervention and diversion programs for first-time offenders to arrest drug use and related violations at the earliest possible time; treatment diversion programs for youth with serious alcohol and other drug abuse problems; intensive supervision programs for juveniles on probation; and work restitution programs. In 1990, the Juvenile Court Administrator created a new statewide substance abuse committee to better organize the Court's response to the substance abuse problems presented by delinquent youth. This committee could effectively provide the multiagency planning and resource sharing approach needed to effectively address the needs of drug using youth.

The Juvenile Court Intensive Supervision Program (ISP) is presently funded by a grant through the Utah Commission on Criminal and Juvenile Justice, and is operational in the Second and Third Judicial Districts (Davis and Salt Lake Counties). Youth who score high on risk assessments are ordered into the program, with the expectation that repeat offenses will be reduced or suppressed, community service hours will be completed, restitution and fines will be paid, and other court orders will be satisfied. Specific conditions of probation may include home confinement, daily face-to-face contact with the probation officer, random drug screening tests, school or work attendance, and electronic monitoring. The program needs to be expanded, based upon the high percentage of juvenile offenders involved in substance abuse. Preliminary assessment data regarding the effectiveness of the program indicate that it "may indeed have a positive impact on subsequent delinquent behavior". For example, comparisons between a control group of juveniles who received regular probation services and an experimental group who received the Intensive Supervision Program show a significantly lower recidivism rate among the juveniles on intensive supervision. The data also reveal a significant reduction in both the volume and seriousness of subsequent delinquent behavior in the intensive supervision population.² In 1992, the Juvenile Court reported that there were 765 juvenile offenders who could benefit from ISP services, but who were not being served due to a shortage of probation officers. As indicated, the Juvenile ISP is presently supported by federal funds that will be available through June of 1994. There is a need to secure state monies to expand the program to serve more youth, as well as to fully support the program beginning in FY'95, at the end of the federal grant period.

Recommendations:

1. Appropriate a \$1,371,960 building block to the Administrative Office of the Courts/Juvenile Court for 40 new probation/intake officers to expand and increase the use of the Intensive Supervision Program for youthful drug law offenders.

Responsible Agencies: Administrative Office of the Courts/Juvenile Court, Utah Legislature

2. Advocate Juvenile Court referrals of first-time drug law offenders to early intervention programs.
3. Request that the Commission on Criminal and Juvenile Justice conduct a study of early intervention programs available for referrals of first-time offenders, including the barriers to accessing such programs.

Responsible Agencies: Juvenile Court, Utah Commission on Criminal and Juvenile Justice, Utah State Board of Substance Abuse, Utah Division of Substance Abuse, Local Substance Abuse Authorities

²Utah Juvenile Court. FY'93 Grant Application to the Commission on Criminal and Juvenile Justice for funding under the Utah Drug and Violent Crime Enforcement Control Plan.

**PRIORITY B MODEL POLICY, COMPREHENSIVE PROGRAM GUIDELINES AND
STATUTORY SUPPORT FOR LOCAL UTAH GOVERNMENT DRUG-FREE
WORKPLACE PROGRAMS**

*Criminal Justice,
Prevention #3 and
Treatment #4*

Rationale

Substance abuse has a profound impact on the workplace. It is a major factor in the health and safety of workers. It is also a factor that could seriously limit the ability of Utah's workforce to perform up to its full competitive potential. According to the National Institute on Drug Abuse (NIDA), approximately 70 percent of all illegal drug users are employed either full- or part-time. The Federal Government estimates that alcohol and other drug use/abuse on the job may cost this nation as much as \$102 billion a year in reduced and lost productivity.³ In order to ensure the safety and productivity of their workers and workplaces, all employers must address substance abuse issues. A drug-free workplace policy is essential and should reflect a comprehensive approach to maintaining a drug-free working environment.

The elements of a comprehensive drug-free workplace program may include: a written substance abuse policy which reflects the employer's commitment to a drug-free workplace; a drug awareness and prevention education program for employees and their families that focuses on the dangers of substance abuse and skills for preventing use/abuse; training for management in recognizing and dealing with employees with drug problems; an employee assistance program to provide help and support for employees with drug problems, whether self-referred or directed under the company policy, and including provisions for referral to treatment resources; and guidelines and considerations for employers regarding the feasibility and advisability of including a drug testing component. Drug testing, if necessary and where appropriate, should be the *last step* in implementing a comprehensive program. It should be "fair, accurate and legally defensible, [and] undertaken only as part of a comprehensive drug-free workplace program".⁴ The policy, awareness and prevention education, management training, and employee assistance components should all be in place *prior to* implementation of drug testing.

In 1987, the Utah Legislature passed the "Drug and Alcohol Testing Act", specifying procedures and guidelines for drug testing in the private sector. In 1991, the Utah Council for Crime Prevention Drugs in the Workplace Task Force finalized *Guidelines for a Comprehensive Drug-Free Workplace Program for the State of Utah*, a resource manual for private sector businesses. In 1990, the "State Employees Drug-Free Workplace Act" was passed, and outlined prohibitions on the use of alcohol and controlled substances and drug testing and disciplinary procedures for state government employees. The State Department of Human Resource Management has since enacted a drug testing policy for state employees.

³U.S. Department of Labor. What Works: Workplaces Without Drugs, August 1990.

⁴U.S. Department of Labor. An Employer's Guide to Dealing With Substance Abuse, October 1990.

Resources similar to those that have been provided for the private sector and state government are also needed for local government entities, including: *guidelines* for the establishment of a workable drug-free workplace policy and a comprehensive program; a *model drug-free workplace policy* that is designed to promote uniformity, accuracy and confidentiality, and to protect the rights of privacy of the employees in those local Utah government entities that wish to promulgate their own drug-free workplace policies; and *enabling legislation* that is permissive, not mandatory, and that will promote uniformity to help the policy withstand court rulings.

Recommendations:

1. In order to promote a drug-free environment in local city and county governments in Utah, form a subcommittee made up of existing Utah Council for Crime Prevention Drug-Free Workplace Task Force members, in conjunction with the Utah Substance Abuse Coordinating Council, as follows:
 - a. Include members of local and state law enforcement, appropriate city and county officials, and representatives of pertinent employee organizations on the subcommittee.
 - b. Charge the subcommittee with formulating a model drug-free workplace policy that will be available to and can be used as a reference by local government entities and contractors with such entities, and that is flexible enough to fit their individual situations.
 - c. Design the model policy to promote uniformity, accuracy and confidentiality, and to protect rights of privacy of the governmental employees subject to the policy in those local Utah governments that wish to promulgate their own drug-free workplace policies.
 - d. Formulate guidelines for utilization by local and municipal government entities regarding the development of a comprehensive drug-free workplace program, with emphasis upon the following components: policy; safety issues related to substance abuse in the workplace; education and prevention; employee assistance programs; effective substance abuse treatment methods, where treatment resources are located, how to access them, and costs for treatment services; re-entry and post-treatment support; management training; and drug testing, where necessary and appropriate.
2. Enact enabling legislation for the establishment of drug-free workplace policies by local and municipal government agencies and school districts.
3. Enact legislation to require all state agency contractors and grant recipients to have a drug-free workplace policy in place.
4. Establish a cost-effective drug testing system wherein city and county government agencies can utilize the resources of state laboratories or contract with private labs.
5. Conduct a public event and issue a Governor's proclamation publicizing Utah as a drug-free workplace state.

6. Conduct supporting activities such as, but not limited to, the following: develop a marketing document for the state's drug-free workplace initiatives; conduct additional drug-free workplace training programs throughout the state; coordinate the Governor's proclamation with local Chambers of Commerce and develop working relationships with the Chambers; and develop a pool of resources for Employee Assistance Programs (EAPs).
7. Explore the feasibility of establishing a full-time drug-free workplace program coordinator for the state of Utah, including the duties of the coordinator and where the coordinator would be located.

Responsible Agencies: Utah Council for Crime Prevention, Utah Substance Abuse Coordinating Council, Governor, Utah Legislature

PRIORITY C**MEASURES TO CONTROL YOUTH ACCESS TO TOBACCO***Prevention #2*Rationale

Utah law (76-10-104, 105) prohibits tobacco use and possession by anyone under 19 years of age, and the sale or distribution of tobacco products to minors. Despite the law, tobacco is the second most prevalent substance used during adolescence in Utah (alcohol is first). A 1992 survey indicates that nearly 18 percent of Utah's 12-17 year olds have tried tobacco, and eight percent use tobacco products on a regular basis (within the past 30 days).⁵ Tobacco is also a "gateway" drug, which means it is one of the initial substances used by youth and generally precedes and is a strong predictor of the use of other harmful and addictive substances.

According to the Utah Department of Health, many retailers sell tobacco to minors in direct violation of the law. Compliance checks have consistently shown that one in four tobacco retail outlets sell tobacco to minors, even after receiving educational information concerning the law. These compliance checks have also demonstrated that consistent enforcement can be effective in reducing illegal tobacco sales. In addition, tobacco products are often prominently displayed in stores in such a way as to facilitate shoplifting. Each year, thousands of minors are cited for tobacco possession and use. According to Juvenile Court records, 6,038 minors were cited in 1992. Few retailers, when compared to youth tobacco users, are held responsible for violation of the law.

Section 1926 of the *Public Health Service Act - Substance Abuse Block Grant*, was enacted in 1992 by the U.S. Congress, and includes measures to discourage tobacco use and access by underage youth that must be implemented by the states as a condition of receiving federal substance abuse block grant funds. The U.S. Department of Health and Human Services (DHHS) issued a notice of proposed rulemaking regarding the sale or distribution of tobacco products to underage youth in the August 26, 1993 *Federal Register*. The proposed regulations include the following: States must,

⁵Dan Jones & Associates, Inc. Utah Household Survey on Substance Abuse, 1992.

at a minimum, enforce youth tobacco laws using both random and targeted unannounced inspections of over-the-counter outlets for tobacco sales; States must have in place other well-designed procedures for reducing the likelihood or prevalence of violations of youth tobacco laws; DHHS assumes that "States will take actions that reduce tobacco sales to minors by between one-third and two-thirds within three to four years"; and States shall annually submit a report to the Secretary detailing their activities to enforce the law and overall success in reducing the availability of tobacco to underage youth. If DHHS determines that a State is not in compliance with the Substance Abuse Block Grant provisions, the Secretary will reduce the amount of the prevention and treatment services allotment between 10% and 40%.

Utah must now address the possible adoption of additional youth access measures, and the definite enforcement of the current law, to be in compliance with the DHHS requirements and to preserve substance abuse prevention and treatment block grant funds. Communities which have been successful in reducing youth access to tobacco have enacted regulations giving local health departments authority to monitor tobacco sales, including fines and license revocation for violations. Such regulations impact both tobacco retailers and underage tobacco users. Localities with these regulations in place have shown decreases in youth tobacco access and use, and costs to administer the program have been covered by local tobacco permit fees. In Utah, pilot enforcement efforts are underway in some communities. Pilot projects undertaken in the Bear River and Davis Health Districts have combined education and compliance checks as a means of reducing youth access to tobacco. In Bear River, the percentage of successful buys by underage youth decreased from 60 percent in 1991 to three percent in 1992; and in Davis County, successful buys by underage youth decreased from 18 percent in 1990 to eight percent in 1992. In order for all local boards of health in Utah to have the opportunity to enact regulations, enabling legislation is needed to grant them authority for enforcement of the portion of the tobacco laws involving unlawful sales to minors.

Recommendations:

1. Enact legislation to include authority for enforcement of tobacco laws in both the Criminal Code and the Public Health (Civil) Code, and to enable local boards of health to establish and administer local tobacco permit fees.
2. Enact legislation to eliminate self-service sales of tobacco to restrict access by underage youth.

Responsible Agencies: *Utah Substance Abuse Coordinating Council, Utah Legislature*

PRIORITY D**INCLUSION OF SUBSTANCE ABUSE TREATMENT SERVICES IN THE STATE AND NATIONAL HEALTH CARE PLANS***Treatment #1*Rationale

Utah's treatment system must ensure that every individual who needs help with a chemical dependency problem has access to timely and appropriate treatment services. In order to ensure access to substance abuse treatment for all in need, the basic benefit within any state or national health care plan must include funding for appropriate assessment and treatment of alcohol and other drug problems. Alcohol and other drug treatment services should have priority with other primary health care services, and should have health insurance benefits that are separate and distinct from mental health services. Several treatment components should be considered in structuring the basic benefit, including: 1) a **standardized problem assessment** to determine the appropriate treatment modality (e.g., intensity and duration of treatment) for each individual; 2) a **comprehensive and flexible continuum of services**; and 3) **quality assurance mechanisms** to ensure that the health care system effectively serves clients with alcoholism and other drug dependencies through provision of quality, appropriate, and cost-effective treatment services.

Health insurance coverage for alcohol and other drug treatment should be comprehensive and provide a continuum of care flexible enough to accommodate individuals with diverse needs. The basic benefit should provide for a varied continuum, including services such as: screening, assessment, diagnosis and referral (intervention); detoxification; intensive outpatient and day treatment; outpatient treatment (including aftercare and family care); inpatient/hospital treatment; residential treatment (short- and long-term); case management services; pharmacotherapeutic intervention (e.g., Antabuse and Methadone); and emergency services. Coverage should be adequate to cover the full length of stay necessary to complete the appropriate treatment modality. A characteristic of alcohol and other drug problems is that recovering individuals may suffer one or more relapses before recovery is achieved and maintained. Thus, multiple and varied treatments may be needed.

Ongoing efforts to increase the effectiveness of treatment programs through quality assurance mechanisms are essential and may include, but are not limited to the following: timely referrals; intake criteria; screening and assessment testing; patient placement criteria to ensure appropriate matching of clients to treatment services; outcome measures/program evaluation; training and licensure of treatment providers; peer review mechanisms; and licensure of facilities/ programs. Coordination mechanisms should also promote cooperation and interagency agreements among public and private providers and insurers to ensure a continuum of care, and to eliminate duplication and gaps in services. Finally, the health benefit plan should encourage use of the treatment option most appropriate for the patient's needs. Studies have shown that no particular treatment modality has an overall advantage over another, and that there are not significant differences in outcomes between treatment settings. Treatment modality should be determined by client need, based on a standardized assessment, and not by ability to pay. The chances for treatment success are maximized when clients are directed to appropriate programs.

Chemical dependency imposes a significant burden on our health care system. Based upon estimates generated by the Alcohol, Drug Abuse and Mental Health Administration, alcohol and other drug abuse will cost our nation nearly \$200 billion in 1993.⁶ On the other hand, a study cited by the National Association of State Alcohol and Drug Abuse Directors indicates that for every dollar spent on drug treatment, over eleven dollars in social costs to the criminal justice, human services and health care systems are saved.⁷ Medical cost studies have demonstrated that substance abuse treatment can significantly reduce overall health care utilization and associated costs, while failure to treat alcohol and other drug abuse problems can contribute to an increasing rise in individual health care costs.

Recommendations:

1. Recognize alcoholism and other drug dependencies as primary, progressive, chronic, relapsing, potentially fatal, and treatable diseases.
2. Include comprehensive coverage for alcohol and other drug abuse treatment services in the basic benefit provided by health insurance plans.
3. Address alcohol and other drug treatment services as separate and distinct from mental health services.
4. Include alcohol and other drug professionals on state and national health policy boards, commissions, alliances, etc.
5. If managed care options are implemented, the managed care firms should be required to use standard chemical dependency diagnostic criteria, and personnel conducting the alcohol and other drug assessments should be knowledgeable and experienced in chemical dependency issues.

Responsible Agencies: *Utah Health Care Policy Option Commission, Utah Legislature, Utah State Board of Substance Abuse, Utah Division of Substance Abuse, Local Substance Abuse Authorities*

⁶Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). "The Economic Costs of Alcohol and Drug Abuse and Mental Illness", 1985.

⁷National Association of State Alcohol and Drug Abuse Directors (NASADAD). Treatment Works: The Tragic Cost of Undervaluing Treatment in the "Drug War", March 1990.

II. PROGRAM ADMINISTRATION AND IMPLEMENTATION PRIORITIES

The following priorities include the Council's recommendations in the areas of: Coordination and Cooperation; Policies, Procedures and Guidelines; Awareness, Education and Training; Specialized Drug Law Enforcement Efforts; and Programs for Targeted Populations. The priorities do not require legislative action, and it is intended that *existing funds*¹ from a variety of sources be utilized. The Council considers the priorities to all be of equal importance.

Coordination and Cooperation

PRIORITY A	SUPPORT FOR THE MULTIJURISDICTIONAL TASK FORCE APPROACH TO DRUG LAW ENFORCEMENT
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Criminal Justice

Rationale

A major emphasis of Utah's *Drug and Violent Crime Enforcement Control Plan* has been the development of multijurisdictional drug law enforcement task forces, with the major focus on street-level drug interdiction. Support of these task forces is considered to be the number one drug law enforcement priority in the state. Because "drug trafficking enterprises are highly sophisticated and diversified in structure ... it is often necessary to apply pressure to these organizations along several fronts."² Illicit drug distribution operations have statewide and interstate characteristics which often make local investigation impracticable. The multijurisdictional task forces, made up of state, local and, where possible, federal agencies, are "particularly suited to applying law enforcement pressure along several points" in the continuum of illegal drug activity. The task force approach supports both law enforcement and prosecution agencies as they develop successful cases against drug offenders.

There are currently 13 drug law enforcement task forces in Utah. Several of the task forces involve multi-county agencies, with seven counties (Daggett, Garfield, Grand, San Juan, Summit *[although Park City does participate to some degree with the Salt Lake Metro Strike Force]*, Tooele and Washington) presently not participating (*Grand and San Juan Counties are currently negotiating to establish a drug task force by January 1, 1994*).

Recommendation:

1. Continue to implement and support the multijurisdictional (inter-local) task force approach to drug law enforcement.

Responsible Agencies: All Law Enforcement Agencies, Utah Commission on Criminal and Juvenile Justice

¹ Note: While the Council is not recommending funding for the priorities included in this section at this point in time, some recommendations may result in an additional fiscal impact on some systems. Where recommendations are adopted by designated agencies/organizations, appropriate planning and impact analyses should be undertaken, including interaction with the Utah Legislature where statutory changes and funding appropriations may be necessary.

² Office of National Drug Control Policy. National Drug Control Strategy, February 1991.

PRIORITY B**ACTIVE PARTICIPATION OF LOCAL SUBSTANCE ABUSE AUTHORITIES
ON LOCAL INTERAGENCY COUNCILS (LICs) SERVING YOUTH AT RISK***Treatment*Rationale

The 1993 Utah Legislature passed *H.B. 39 - Coordinated Services for Children and Youth At Risk Amendments*. The bill provides for the establishment of local interagency councils (LICs) "to improve service delivery to children and youth at risk who are experiencing multiple problems and who are in need of services from more than one agency." "Children and youth at risk" include "all persons from birth to age 18 and disabled persons age 18 to 21 who require appropriately and uniquely designed interventions to: achieve literacy; advance through the schools; achieve commensurate with their ability; and participate in society in a meaningful way as competent, productive, caring, and responsible citizens." Membership on the LICs consists of representatives of community agencies serving children and youth at risk and their families, including substance abuse. The duties of the local councils are to: "provide general staffing for individual at risk cases which require services from more than one agency; provide services to meet the needs of individual cases or create new services to fill gaps in the current service continuum; develop an interagency coordinated service plan; and establish a case management process focused on effective implementation of the coordinated plan."

There are 17 LICs throughout Utah. The councils share a small, flexible pool of funds (\$320,000 was appropriated in conjunction with *H.B. 39*). The funds are to be utilized to provide "wrap-around (comprehensive) services" for at risk youth and their families, including substance abuse services when cases of youth with alcohol and other drug problems are presented to the LICs. Thus, local substance abuse authorities could potentially access additional resources for youth substance abuse treatment by presenting cases to the LICs; and, by participating on the LICs, local authorities could provide services for youth whose cases are presented by other members, and whose problems include substance abuse.

Recommendation:

1. In order to emphasize the importance of addressing substance abuse issues among youth at risk, local substance abuse authorities should participate actively on the local interagency councils (LICs) serving youth at risk throughout the state, with focus upon the following objectives:
 - a. To present cases of youth with substance abuse problems to the LICs, in order to ensure provision of comprehensive services to address both the substance abuse and related problems;
 - b. To participate in staffing of cases presented to the LICs and development of comprehensive, collaborative treatment plans; and
 - c. To provide substance abuse treatment services for youth with substance abuse problems whose cases are presented to the LICs.

Responsible Agencies: Local Substance Abuse Authorities, Utah Division of Substance Abuse, State Council and Steering Committee on Children and Youth at Risk, Local Interagency Councils (LICs)

Policies, Procedures and Guidelines**PRIORITY C POLICIES AND GUIDELINES FOR DRUG-RELATED SEIZURES,
FORFEITURES AND ASSET SHARING***Criminal Justice***Rationale**

Asset forfeiture has become an important weapon in the war on drugs. "Forfeiture is a legal mechanism whereby the government may take, without compensation, property that is used or acquired illegally."³ "Seizing the assets of drug criminals broadens the civil and criminal sanctions and helps dismantle larger criminal organizations that depend on revenue generated by drug activities. Drug-related seizures and forfeitures also serve to deter and punish criminal activity, enhance cooperation between law enforcement agencies, and produce revenues which should be utilized to enhance and strengthen law enforcement and prosecutorial efforts.

"Controversy remains on who should enjoy the proceeds of seizures and whether those proceeds are being utilized to supplant existing drug enforcement revenues rather than enhancing current expenditures in the drug enforcement and prosecution arenas. It is important that the criminal justice community speak with a single voice and that criteria are equally applied throughout the various jurisdictions. Recommendations concerning appropriate use of seized assets may also be applicable in promoting unity of purpose."⁴

Recommendations:

1. Develop guidelines for drug-related seizures, forfeitures and asset sharing, both within and across multijurisdictional drug law enforcement task force boundaries, including: continued sharing of forfeited monies and equipment, utilization of the asset forfeiture statute, and model memorandums of understanding (MOUs).
2. Develop policies and procedures to address and include strategies for countering negative publicity related to seizures and forfeitures (e.g.: provide information and positive facts to the media; be proactive vs. defensive; make sentencing part of the record; distinguish between civil and criminal records; and publicize a zero-tolerance message).
3. Explore the feasibility of creating a statewide management agency to administer utilization of the proceeds obtained through asset seizures and forfeitures.
4. Conduct ongoing education for law enforcement officials regarding the appropriate application of asset seizure and forfeiture procedures.

Responsible Agencies: *Utah Department of Public Safety, Utah Attorney General's Office*

³U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. ASSET FORFEITURE - Forfeiture of Real Property: An Overview, 14th in a Series, June 1991.

⁴Utah Department of Public Safety. Governor's Criminal Justice Drug Summit: Summary Recommendations, 1990.

PRIORITY D**OPERATIONAL PLAN FOR CONDUCTING DRUG INTERDICTION ACTIVITIES
IN THE SCHOOLS***Criminal Justice*Rationale

While prevention education is the primary tool for addressing substance abuse, schools should also develop comprehensive policies based upon existing laws regarding the possession, use, distribution and sale of drugs, including alcohol and tobacco. "School administrators should not condone the presence of drugs *anywhere* on school property. Schools committed to fighting drugs should do everything they can to determine whether school grounds are being used to facilitate the possession, use, or distribution of drugs, and to prevent such crimes. School authorities have broad power within the law to take full, appropriate, and effective action against drug offenders. School procedures should reflect the available legal means for combating drug use."⁵ Utah's schools should be a major focus for drug enforcement efforts. School-based interdiction efforts may be the only means to successfully apprehend some drug law offenders.

"Cooperation between school officials and the local police is essential to effective drug policies. Many drug violations that take place on school grounds are also violations of law. Many schools, however, treat violations of law only as violations of school policy, [and schools may] perceive themselves as separate from the community and discourage local police presence at school or on campus. Students need to be held accountable for their actions and must learn that there are consequences for breaking the law. Schools and their local police departments should develop agreements on specific responsibilities of school officials and police, including when school officials should contact police to enforce laws on school property. Schools should also seek the advice of local police in developing and enforcing school drug policies."⁶

Recommendations:

1. Formulate and standardize guidelines regarding the use of undercover officers in the schools.
2. Include representatives of law enforcement, the Juvenile Court, school administrators and county attorneys in setting the guidelines and implementation policy.
3. Distribute the guidelines to all local school districts.
4. Train school administrators in the development of an operational plan for conducting covert drug interdiction activities in the schools.

Responsible Agencies: Utah State Office of Education, Local School Districts, Local Law Enforcement Agencies, Juvenile Court, County Attorneys

⁵U.S. Department of Education. What Works: SCHOOLS WITHOUT DRUGS, 1989.

⁶National Commission on Drug-Free Schools. Toward a Drug-Free Generation: A Nation's Responsibility, Final Report, September 1990.

PRIORITY E	PROTOCOL FOR CONDUCTING ADMINISTRATIVE CHECKPOINTS (ROADBLOCKS)
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*Criminal Justice*Rationale

Administrative checkpoints (roadblocks) have been a point of controversy for a number of years. While they can be an effective tool for drug law enforcement efforts, they may also cause a great deal of citizen concern. In order to promote citizen understanding and cooperation in the implementation of checkpoints, a protocol for conducting the checkpoints and public relations measures directed at citizen education will be essential.

Recommendations:

1. Promote administrative checkpoints as an effective tool for law enforcement.
2. Publish a booklet specifying the protocol for conducting administrative checkpoints, including the specific steps to follow in establishing the checkpoint, samples of warrants, copies of relevant case law, etc.

For example:

- a. Do not list the officers' names in the application, but specify the number of officers needed for the checkpoint instead; include the supervisor's name in the application as the individual conducting the checkpoint; and, at the completion of the checkpoint, list the officers who participated.
- b. Gain public support for the checkpoints; conduct public relations on checkpoints through advertisement; and include public relations in the pre-planning for the checkpoint.
- c. Include the media in the implementation of checkpoints and publish pictures of everything confiscated at the checkpoint in the newspaper.
- d. Publish a booklet or fact sheet for citizens stopped at checkpoints that explains the reason for the checkpoint and includes statistics gathered from previous checkpoints.

Responsible Agencies: All Law Enforcement Agencies

PRIORITY F	QUALITY ASSURANCE MECHANISMS FOR SUBSTANCE ABUSE TREATMENT PROGRAMS
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*Treatment*Rationale

Quality assurance mechanisms are essential to ensure that the substance abuse treatment system effectively serves clients with alcohol and other drug dependencies. Efforts to enhance quality should be ongoing, and may include a variety of mechanisms such as, but not limited to, the following: timely referrals; intake criteria; screening and assessment testing; patient placement criteria to ensure appropriate matching of clients to treatment services; data collection and analysis; outcome measures and program evaluation; education/training and licensure of treatment providers; peer review mechanisms; and licensure of facilities and programs. Coordination mechanisms should also promote cooperation and interagency agreements among public and private providers to ensure a continuum of care, and to eliminate duplication and gaps in services.

Recommendations:

1. Continue efforts to ensure the quality and increase the effectiveness of substance abuse treatment programs through implementation of a variety of strategies directed at clients, providers and programs.

Responsible Agencies: *Utah State Board of Substance Abuse, Utah Division of Substance Abuse, Local Substance Abuse Authorities, Utah Department of Human Services Office of Licensing*

2. Enact state licensing requirements for substance abuse treatment providers, including addictions counselors.

Responsible Agencies: *Utah Department of Commerce/Division of Occupational and Professional Licensing, Utah Legislature, Utah Association of Alcohol and Drug Abuse Counselors*

Awareness, Education and Training**PRIORITY G****DRUG RECOGNITION TRAINING FOR PATROL OFFICERS***Criminal Justice*Rationale

Patrol officers are the first line of enforcement in the drug interdiction process. As they patrol their city or county areas, they make many contacts. These contacts range from traffic stops to a wide variety of calls including thefts and family fights. The potential for the patrol officer to locate drugs or drug-related paraphernalia can be very high. It is, therefore, important that police officers in the patrol and traffic divisions be educated and aware of what to look for while making contacts with the public. Officers should have the ability to recognize not only illicit drugs but the paraphernalia that may be used with the drugs. It is also important that the officer be aware of potential hiding places for drugs and drug paraphernalia in both vehicles and homes. Training in this area is an effective way to enhance drug law enforcement efforts.

Recommendations:

1. Create a standardized 8-hour block of training in drug recognition for patrol officers, as follows: *2 hours* - D.R.E.; *3.5 hours* - drug identification (of the actual substance), basic interviewing and seizures/forfeitures, trends in transportation, hiding and use of drugs, and proper handling of drugs; *1 hour* - paraphernalia recognition and pharmaceutical diversion; and *1.5 hours* - basic search warrant handling, case law (including case preparation), patrol stops (how the officer can make them investigative/proper search and seizure).
2. Conduct an eight-hour drug recognition awareness course, *separate from the basic POST Academy training*, for all new patrol officers.

Responsible Agencies: *Utah Peace Officer Standards and Training (POST) Academy*

PRIORITY H**PUBLIC RELATIONS AND CITIZEN INVOLVEMENT***Criminal Justice*Rationale

While law enforcement efforts are a necessary and significant component of a comprehensive drug strategy, enforcement alone cannot solve the problem. The diversity and enormity of the drug problem necessitates the education and involvement of the citizenry at large. Expanded citizen involvement, through programs such as Crime Solvers and Neighborhood Watch, is essential to adequately address all aspects of the drug problem. Education and involvement of citizens through public awareness and other efforts will serve not only to provide assistance for and increase the impact and resources of law enforcement, but will enable all Utahns to become part of the solution to the drug problem.

Recommendations:

1. Implement a risk-oriented approach to prevention, focusing on reducing risk factors (e.g. community disorganization, alienation) and increasing protective factors (e.g. community attachment, laws, norms), and define the problem at the smallest geographical level possible (neighborhood, community, etc.) to facilitate focus on what needs to be done.
2. Promote citizen involvement at the neighborhood or community level by strengthening programs such as Neighborhood Watch and Crime Solvers.
3. Increase awareness by educating communities about the drug problem (use/abuse and crime rates, etc.) in their areas.
4. Educate communities about drug law enforcement efforts and programs targeted at drug abuse and illegal drug activity.
5. Increase the involvement of law enforcement representatives in proactive roles on local community advisory and coordinating groups.
6. Profile the drug problem as the whole community's problem, not just law enforcement's problem.
7. Counter negative publicity associated with drug law enforcement activities.
8. Publicize a consistent zero-tolerance message.

Responsible Agencies: Utah Department of Public Safety, Utah Council for Crime Prevention, Utah Division of Substance Abuse, Local Substance Abuse Authorities, Local Law Enforcement Agencies, Utah Media

PRIORITY I**PERMANENT STATE FUNDING FOR SUBSTANCE ABUSE EDUCATION AND PREVENTION PROGRAMS AT ALL UTAH SYSTEM OF HIGHER EDUCATION (USHE) COLLEGES AND UNIVERSITIES***Prevention***Rationale**

Although many young adults have made the decision to try or not try drugs by the time they enter the higher education system, the majority of students enrolled in Utah's colleges and universities do not use drugs. Prevention, therefore, must be an integral component of any higher education program. Intervention programs are also needed for those students who are experimenting with drugs. To date, substance abuse prevention resources available to Utah's colleges and universities have come primarily through federal FIPSE (Fund for the Improvement of Post-Secondary Education) grants. These funds are awarded through a highly competitive, nationwide grant application process and, at those institutions which received grants, the funds have run out. It is, therefore, critical to provide state funding to enable the continuation of established programs and to expand resources and program models to colleges and universities which have not had federal grants. Federal grant requirements also necessitate the provision of state funding to ensure continuation of programs established with federal funds.

During the 1991 and 1992 Legislative Sessions, substance abuse prevention education programs were funded at the following institutions of higher education: University of Utah - \$44,900; Southern Utah University - \$21,000; Salt Lake Community College - \$33,500; and Dixie College - \$50,000. No funds were appropriated to institutions in the 1993 Session. While specific amounts have yet to be determined, requests will now be made for funding programs at the remaining USHE institutions: Utah State University, Weber State University, Snow College, College of Eastern Utah and Utah Valley State College.

Recommendations:

1. Allocate permanent state funding, from within the existing USHE budget, for substance education and prevention programs at Utah State University, Weber State University, Snow College, the College of Eastern Utah and Utah Valley State College.
2. Conduct a study to determine equitable levels for the substance abuse education and prevention funding allocations to Utah's nine public institutions of higher education.
3. Strengthen coordination of prevention programs and activities among institutions of higher education and local substance abuse authorities.

Responsible Agencies: *Utah State Board of Regents, All USHE Colleges and Universities, Utah Division of Substance Abuse, Local Substance Abuse Authorities*

PRIORITY J

PRESERVICE TRAINING FOR TEACHERS IN SUBSTANCE ABUSE PREVENTION EDUCATION

Prevention

Rationale

In 1983, the Utah Legislature increased the tax on beer, with revenues appropriated to establish school- and community-based substance abuse prevention programs statewide. Included in the programs to be funded was the establishment of a teacher inservice process to ensure the effective implementation of Utah's K-12 Alcohol, Drug and Tobacco Prevention Education Curriculum (recently updated, enhanced and re-named "PK-12 Prevention Dimensions"), which was developed in 1980. A portion of the funds appropriated for prevention was specifically intended for the K-12 Program, with some allocated to the Utah State Office of Education for development of the curriculum materials, and the majority allocated on a per capita (student enrollment) basis to local substance abuse authorities/agencies throughout the state for the purpose of providing teacher inservice training in the utilization of the K-12 curriculum. Since the initial appropriation in fiscal year 1983-84, over 15,000 Utah teachers have completed the inservice training. The training model is generally conducted over a three-day period and the state funding supports the costs for the workshop which may include: training materials, speaker honoraria, and substitute teacher fees or teacher stipends.

Due to teacher turnover, limited funding available for inservice training, the problems inherent in taking teachers out of the classroom for the training, and the ongoing evolution of prevention information and strategies, the need for teacher training continues to be an ongoing and often challenging process. The challenges and barriers to training teachers, however, could possibly be reduced if teachers received this instruction as part of their preservice teacher preparation programs at Utah's colleges and universities. Most importantly, new teachers would enter the school system already prepared with the knowledge and skills essential to effectively teach the Prevention Dimensions curriculum and to conduct other prevention education activities. And, there may be an added benefit to the preservice training approach: by reducing the needs for teacher inservice, funds currently being utilized for this training could be made available for other substance abuse prevention efforts, particularly for programs and activities targeting youth at risk.

Recommendations:

1. Develop a model for the preservice training of teachers in substance abuse prevention education.
2. Promote utilization of the model preservice training program in teacher preparation programs at Utah's colleges and universities.

Responsible Agencies: Utah State Board of Regents, Southwest Regional Center for Drug-Free Schools and Communities, Colleges and Universities with Teacher Preparation Programs, Utah State Office of Education, Utah Division of Substance Abuse, Local Substance Abuse Authorities, Local School Districts

PRIORITY K

EDUCATION FOR HEALTH CARE PROVIDERS, JUDGES AND SCHOOL OFFICIALS TO ENHANCE SUBSTANCE ABUSE PROBLEM ASSESSMENT AND TREATMENT REFERRAL

Treatment

Rationale

All health care providers should have a basic understanding of chemical dependency; skills for conducting substance abuse problem screening, assessment and diagnosis; and knowledge of available resources. The Office of National Drug Control Policy reports that "sixty percent of persons with alcohol and [other] drug problems receive all of their health care in the primary medical care system, usually from [providers and facilities] not specializing in addiction treatment. This fact, coupled with the accentuated risk of multiple health problems associated with alcohol and other drug abuse (including AIDS and tuberculosis), underscores the need to strengthen the linkage between primary medical care and substance abuse treatment services."⁷ The 1992 Secretarial Conference to Link Primary Care, HIV, Alcohol, and Drug Abuse Treatment identified the present "under-diagnosing" of substance abuse problems by primary care providers as a barrier to timely treatment. Lack of awareness may thus contribute to enabling an individual's substance abuse to continue, while knowledge may greatly facilitate early identification of the problem and timely referral to appropriate intervention and treatment services.

⁷ Office of National Drug Control Policy White Paper. Understanding Drug Treatment, June 1990.

In conjunction with the implementation of *H.B. 436 - Trial Court Organization and Jurisdiction*, (1991 Legislative Session), many changes are taking place that may impact the effectiveness of the judiciary's role in substance abuse issues. One example is the retirement incentive provided for sitting judges, which it is anticipated will lead to a disproportionate number of current judges leaving the bench and a correspondingly high number of new judges taking the bench who may not be familiar with substance abuse issues, including problem identification and available intervention and treatment resources. It is important that orientation and education be conducted for new judges. There has already been tremendous cooperation established between substance abuse professionals, the Judicial Council, and the Administrative Office of the Courts toward providing this education. To date, a commitment has been made to educate all new District Court appointees to the bench.

It is especially critical that school officials who are in regular contact with young people have the skills to recognize alcohol and other drug abuse, and that they are aware of both school district and community resources available to help. Teachers and counselors are often among the first to notice indicators that a student is using alcohol or other drugs. Early identification and intervention are critical to successfully eliminating drug using behavior. In 1991, the Utah State Board of Education and the Utah State Board of Substance Abuse passed a joint boards resolution to encourage the identification and referral of students with substance abuse problems, and to limit liabilities of school districts regarding payment for treatment services for students who are identified and referred. The resolution encourages school districts and local substance abuse authorities to enter into cooperative agreements to ensure that both education and treatment services will be provided, and prescribes procedures to be followed by school districts in referring students for services.

Recommendations:

1. Conduct education for health care providers to assist them in developing skills for conducting substance abuse problem assessments/screening, with particular emphasis upon primary care physicians (Family Practice, General Practice, Internal Medicine, Obstetrics/Gynecology, Pediatrics), public health nurses and school nurses.
2. Conduct education for judges in order to promote consistency from the court system in ordering substance abuse problem assessments and treatment for offenders.
3. Coordinate school-based programs and work with the schools to address fiscal and other concerns that may preclude them from identifying and referring students for substance abuse problem assessments and treatment.
4. Conduct all education efforts for health care providers, judges, and school officials in cooperation with local substance abuse authorities, with an emphasis upon encouraging the utilization of existing resources.

Responsible Agencies: *Utah State Board of Substance Abuse, Utah Division of Substance Abuse, Utah Medical Association, Utah Nurses Association, Judicial Council, Administrative Office of the Courts, Utah State Office of Education, Local School Districts, Utah Association of Substance Abuse Program Providers*

Specialized Drug Law Enforcement Efforts**PRIORITY L****SYSTEM FOR WORKING PHARMACEUTICAL DRUG CASES***Criminal Justice***Rationale**

Prescription drug abuse is a law enforcement concern in Utah. Utah has a high per capita consumption rate for several critical controlled substances, and some experts believe that the use of prescription drugs for non-medical purposes represents Utah's second greatest substance abuse problem (after alcohol). To control the prescription drug abuse problem in the state, there is a need to identify and initiate appropriate action, including law enforcement intervention in instances of: "for profit" diversion of controlled substances by licensed practitioners, inappropriate prescribing of controlled substances by licensed practitioners, patients "working" practitioners to obtain controlled substances illegally ("doctor shopping"), excessive per capita consumption of stimulant drugs, drug abuse by practitioners, and diversion of anabolic steroids.

A Pharmaceutical Diversion Unit was established in the Utah Department of Commerce/Division of Occupational and Professional Licensing in 1988, with federal grant funding under the *Drug and Violent Crime Enforcement Control Plan*. A major focus of the unit has been to create a computer program to "read" pharmacy computers as a means of compiling information on prescribed and dispensed drugs. Data can then be utilized to identify unusual drug prescribing and utilization patterns. Many criminal justice system officials feel the next step should be the development of an automated computer system to link all pharmacy computers together statewide. Very few of Utah's drug law enforcement task forces are actively working pharmaceutical drug cases at the present time, and an automated system could be helpful in providing access to data to facilitate investigations. Concerns regarding the implementation of an automated system, however, and in particular concerns regarding privacy, confidentiality and security, must be addressed before proceeding.

Recommendations:

1. Establish an automated computer data system to link all pharmacy computers together statewide and which pharmacies can download onto and law enforcement agencies can utilize to transmit information back to the pharmacies.
2. Meet with the Utah Medical Association, the Utah Dental Association and the Utah Pharmaceutical Association to educate them about the pharmaceutical diversion computer system and security measures associated with it, and to dispel any concerns about issues of confidentiality and privacy.
3. Establish an intervention network in cooperation with the Utah Medical Association.
4. Provide education in pharmaceutical diversion issues as a licensure requirement for medical practitioners.
5. Establish an effective system for working pharmaceutical drug cases within Utah's drug law enforcement task forces.

6. Encourage law enforcement agencies to emphasize pharmaceutical diversion cases in their drug law enforcement efforts.

Responsible Agencies: Utah Department of Commerce/Division of Occupational and Professional Licensing, Law Enforcement Agencies, Drug Law Enforcement Task Forces, Pharmacies

PRIORITY M**PROSECUTORIAL SUPPORT FOR THE FINANCIAL CRIMES/DRUG MONEY LAUNDERING UNIT***Criminal Justice*Rationale

Money laundering has been and continues to be an important link in any "for money crime", and the drug business is at the center of such crimes. "Illegal drug trafficking can generate vast amounts of cash. At every point in the distribution chain, drug transactions are often conducted with cash. Reliance on cash poses problems for drug traffickers, [however]. Large cash transactions signal a deviation from normal business practice and attract attention. Cash is [also] easily detectable. In addition to being bulky, the cash used in drug transactions often comes in contact with the drugs, making it detectable to drug-sniffing dogs used by law enforcement, and to forensic analysis."⁸

"Money laundering is the *concealment* of income and its *conversion* to other assets in order to disguise its illegal source or use."⁹ "Halting money laundering is important to the overall strategy of dismantling drug trafficking organizations. Every action that denies traffickers access to domestic and international financial systems increases the chance of exposure and arrest by compelling traffickers to resort to ever riskier methods of moving money. The leaders of drug trafficking organizations are usually more closely connected to the flow of cash than they are to the flow of drugs. Therefore, investigations into the financing of the trafficking enterprise frequently lead to the arrest of the money launderer and trafficking kingpin, as well as the seizure and forfeiture of key assets of the trafficking organization."¹⁰

The Utah Department of Public Safety is the single site of collection and legally required reporting of all bank and business cash transactions. The problem faced with this huge source of information is having enough time, money, and manpower to deal with it. At this point, even careful case screening has not diminished the crushing demand of cases to be investigated and prosecuted in this ever growing area of drug investigation and law enforcement.

⁸ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. A National Report: Drugs, Crime, and the Justice System, December 1992.

⁹ Clifford L. Karchmer. Illegal Money Laundering: A Strategy and Resource Guide for Law Enforcement Agencies. Washington: Police Executive Research Forum, April 1988.

¹⁰ The White House, Office of National Drug Control Policy. National Drug Control Strategy: A Nation Responds to Drug Use, January 1992.

Recommendation:

1. Provide a prosecuting attorney, a financial analyst and clerical support for the Utah Division of Investigations' Financial Crimes/Drug Money Laundering Unit.

Responsible Agencies: Utah Attorney General's Office, Utah Division of Investigations

PRIORITY N**STRICT ENFORCEMENT OF DRUG POSSESSION LAWS***Criminal Justice***Rationale**

A criminal justice system characterized by weaknesses in apprehension, prosecution, and sentencing of drug law offenders is one that may have at least two undesirable outcomes: it sends a message that doing drugs pays and/or has no negative consequences; and it is a system that has lost its ability to deter crime and to protect the community. Such a system may actually be perceived as condoning drug use and trafficking. It is, therefore, critical that Utah's criminal justice system send a clear message regarding drug law violations through the utilization of sanctions that are consistent with the destruction to individuals and communities caused by illegal drug activity. Individual accountability becomes the focus when all drug laws are strictly enforced. Enforcement should include appropriate prosecution of all drug law offenders -- users, importers, and distributors -- and imposition of prescribed penalties and other sanctions, including asset seizures and forfeitures.

Presently, Utah's drug law enforcement task forces focus primarily on drug distributors, with relatively little concentrated effort on drug possession violations. There is also a particularly great need to strengthen efforts to consistently enforce drug laws with juvenile offenders, including alcohol and tobacco violations, and to impose prescribed sanctions when youth first violate these laws. In addition to the severity of the punishment or other consequences for illegal drug activity, the certainty of meaningful penalties consistent with the severity of the crime can be a powerful deterrent. Such penalties cannot be imposed by the courts with any uniformity unless the enforcement of drug laws and prosecution of drug cases are also uniformly pursued. Consistency in the manner in which drug violations are handled, through strict law enforcement, prosecution and sentencing, will do much to deliver a strong zero tolerance message to both the offender and the community.

Recommendation:

1. Include drug possession violations in drug law enforcement efforts.

Responsible Agencies: All Law Enforcement Agencies, Drug Law Enforcement Task Forces and Prosecution Agencies

Programs for Targeted Populations**PRIORITY 0****TREATMENT DIVERSION PROGRAMS FOR DRUG LAW OFFENDERS***Criminal Justice*Rationale

The increased emphasis on drug law enforcement has created a tremendous strain on correctional systems both in Utah and throughout the nation. It is estimated that between 50 and 80 percent of the inmate populations in federal and state prisons have used drugs and that many are drug dependent. Incarceration is not always advisable, however, from both economical and practical standpoints, for each individual who enters the criminal justice system. This is especially true for those individuals with substance abuse problems which may be contributing to their criminal behavior.

An encounter with the criminal justice system is frequently the stimulus that prompts the drug abuser into treatment. The earlier in the offender's criminal history the intervention and treatment occur, the greater the likelihood of success. The criminal justice system can play a critical role in terms of diverting drug abusing offenders toward treatment, utilizing a number of strategies or stages of intervention, including: voluntary treatment upon arrest; as a condition for prosecution deferral; drug treatment screening on the day of plea; and as a sentencing alternative such as a reduced prison sentence, in lieu of incarceration, or as a term of probation or parole. In the "Treatment Outcome Prospective Study (TOPS)" conducted in 1989 by the Research Triangle Institute, the data indicated that half of the people entering public treatment programs for substance abuse were under legal pressure to do so. Other research has determined that those who are coerced into treatment, through criminal justice sanctions for example, do at least as well and sometimes better than those who enter treatment voluntarily.¹¹

In response to the Utah Substance Abuse Coordinating Council's recommendations in 1990 and 1991, several pilot treatment diversion programs have been funded on a limited basis. One type of pilot, funded with federal grant monies under the Commission on Criminal and Juvenile Justice 1992 *Drug and Violent Crime Enforcement Control Plan*, is in place in Davis and Weber Counties. The program provides a treatment diversion option for first-time drug possession offenders. The Weber County program involves a partnership between the County Attorney's Office and the Department of Human Services. First-time drug possession offenders are brought into court for an initial arraignment. At that point, the Judge may present two options: traditional prosecution or diversion into a substance abuse treatment program. If the offender selects the diversion option, the Judge grants a one-month continuance, during which time the offender is referred to the Weber County Division of Substance Abuse for a screening of his/her alcohol or other drug abuse problem, and an appropriate treatment program is set up. At the end of the 30 days, the offender must either enter the prescribed treatment program or undergo the traditional prosecution process.

¹¹ Office of National Drug Control Policy White Paper. Understanding Drug Treatment, June 1990.

A second type of pilot program is found in three jail diversion projects funded by the Utah Division of Substance Abuse in Davis, Salt Lake and Weber Counties. The Davis County project provides three beds in a residential treatment program for purposes of serving offenders. The Salt Lake County project involves three components: a pre-adjudication outpatient service, a nine-bed residential treatment program to help with diversions from the City/County Jail, and a public inebriate mobile patrol to assist law enforcement with pick up and transport to detoxification centers. The Weber County project involves funding of a 30-bed residential treatment facility for pre-trial diversion.

Recommendations:

1. Complete the pilot first-time drug possession offender treatment diversion programs established in Davis and Weber Counties.
2. Complete the pilot county jail treatment diversion projects established in Davis, Salt Lake and Weber Counties.
3. Evaluate the effectiveness of the pilot treatment diversion programs on reducing subsequent criminal behavior and substance abuse.
4. Expand the diversion programs to other Wasatch Front Counties if funding resources become available.
5. Generate publicity for the diversion programs.

Responsible Agencies: Utah Commission on Criminal and Juvenile Justice, Utah State Board of Substance Abuse, Utah Division of Substance Abuse, Pilot Program/Project Grant Recipients

PRIORITY P

POST-TREATMENT RE-ENTRY SUPPORT FOR RECOVERING INDIVIDUALS

Treatment

Rationale

Individuals with chemical dependency problems "never emerge from a treatment program completely 'cured'. In fact, it is only after they leave the relatively protective environment of a treatment program that they face the greatest challenges to their ability to stay off drugs."¹² Many patients experience a "relapse", or return to drug use, which may be only temporary or may lead again to ongoing, compulsive drug use. Chemically dependent individuals who have strong support from their families, friends, employers and school officials are better able to resist the temptations to use drugs again. The single most effective means of making treatment successful is to get people to stay in appropriate treatment for a longer period of time. Research has demonstrated that the greater the length of treatment, the higher the probability of sustained recovery. Family involvement is critical, as are linkages that the treatment program may establish with community agencies which can support the transition from treatment to normal daily functioning and, where appropriate, to educational services or vocational/job training.

¹²Office of National Drug Control Policy White Paper. Understanding Drug Treatment, June 1990.

According to the National Institute on Drug Abuse (NIDA), approximately 70 percent of all adult illegal drug users are employed either full- or part-time.¹³ Illegal drugs are not the only problem. The abuse of alcohol, over-the-counter medications, and prescription drugs can also adversely impact a worker's health and performance, as well as the safety of the worker and others. The role of the employer in assisting an employee with a substance abuse problem is critical to the employee's getting into and sustaining a meaningful recovery. Employer support is core to the employee's self-esteem and re-entry into functioning relationships, as well as toward enabling the employee to continue to support him/herself and his/her family. An Employee Assistance Program (EAP) is the primary means for an employer to assist employees with alcohol or other drug abuse problems. EAPs provide "various forms of confidential short-term counseling, referral, and follow-up services," are employee-focused, and are based on three fundamental concepts: "1) Employees are a vital part of a business and valuable members of the team; 2) It is better to offer assistance to employees experiencing personal problems than to discipline or fire them; and 3) Recovering employees become productive and effective members of the workforce."¹⁴

Recommendations:

1. Provide post-treatment re-entry support for individuals recovering from substance abuse problems and returning to their families, schools, and workplaces from residential and hospital treatment.
2. Provide support for employees to maintain their jobs while participating in outpatient treatment for alcohol and other drug problems.
3. Provide support for individuals to stay in treatment for as long as necessary to affect sustained recovery.
4. Provide support for aftercare efforts to help sustain recovery.
5. In case of relapse, provide support for quick re-entry into treatment, to minimize the length and depth of relapse.

Responsible Agencies: *All Utah Employers, Schools, Families and Substance Abuse Treatment Programs*

¹³U.S. Department of Labor. What Works: Workplaces Without Drugs, August 1990.

¹⁴U.S. Department of Labor. What Works: Workplaces Without Alcohol and Other Drugs, October 1991.

PRIORITY Q**EXPANSION OF TREATMENT DIVERSION RESOURCES FOR IMPAIRED PROFESSIONALS***Treatment*Rationale

Impaired professionals are those individuals who are faced with the unique situation of having regular access to prescription drugs because of their profession. These professionals, including physicians, nurses, dentists, pharmacists, etc., fill a vital role in our communities. It is, however, a role that often places them in continuous or frequently repeated conditions of stress and long tedious hours of work. The availability of drugs under these conditions presents a temptation and condition not generally experienced by the general public.

There is currently a foundation in place for the detection and treatment of professional health care providers who are impaired by the use of alcohol and other drugs. The program is based in the "Diversion Program" of the Utah Division of Occupational and Professional Licensing, and is aimed at the detection of impaired licensees and their handling by a confidential process aimed at rehabilitation and recovery. The Division indicates that the program currently suffers from two deficiencies, both related to a lack of resources. They are: 1) an inability to communicate regularly and effectively with licensees and other interested individuals to familiarize them with the program and the benefits it offers for impaired individuals; and 2) an inability to provide expert supervision of impaired individuals in diversion with the frequency and insight of a professional staff person. The Division estimates that the incidence of alcohol and other drug problems among health care providers (at some point in their lives) is at least equal to that in the general population, or about six percent. There are an estimated 30,000 licensees in the state who have regular access to drugs as a part of their practice. If there are six percent who have had, currently have, or will have a drug problem in their life, that would represent an impaired population of about 1,800 individuals. The challenge the Division faces is obtaining the resources necessary to identify, screen and properly handle this group by discipline or diversion. Diversion is the preferred approach; but, it is the course which requires the greater resources of the Division for periods of up to five years with any one licensee. The Division of Occupational and Professional Licensing estimates that the Diversion Program would be more effective with the addition of a half-time physician and one full-time support staffperson.

Recommendations:

1. Expand outreach, treatment diversion and post-treatment job re-entry resources for impaired professionals, including focus upon resolving any issues that may preclude entry into treatment.
2. Emphasize education, prevention and intervention with students in training for the health care professions.

Responsible Agencies: *Utah Department of Commerce/Division of Occupational and Professional Licensing, Utah Legislature, Health Care Professionals' Organizations and Education/Training Programs*

PRIORITY R**COORDINATED SERVICES FOR INDIVIDUALS WITH SUBSTANCE ABUSE-RELATED HIV/AIDS AND TUBERCULOSIS***Treatment*Rationale

Drug use is a risk factor for many infectious diseases; and individuals who are chemically dependent are disproportionately represented in the HIV/AIDS and tuberculosis populations. The Utah Department of Health Bureau of HIV/AIDS reports that 15 percent of the cases of both AIDS and HIV infections in Utah may be attributed to intravenous drug use as the sole risk factor. According to the Center for Substance Abuse Treatment (CSAT), "many drug users are reluctant to become involved with traditional medical providers because of previous poor treatment and insensitive care. As a result, they may not seek testing for and treatment of infectious diseases. In addition, lack of access to health care, either because of financial or other socioeconomic reasons, may mean that drug users may have had minimal or no medical care before enrolling in a treatment program."¹⁵

"Drug treatment providers are ideally situated to reach out to their patient populations and provide infectious disease screening, medical services, and preventive counseling. Program staff have a good understanding of the lifestyles of individuals who use drugs and are sensitive to and knowledgeable about their concerns and needs. Screening for infectious diseases in patients may be especially important to their recovery effort, may result in improved health and improved treatment compliance, and may prevent the spread of debilitating and life-threatening infectious diseases."¹⁶ If the substance abuse treatment program does not itself have the resources needed to provide medical services at the treatment program site, linkages with community-based primary health care programs, public health agencies, laboratory facilities and hospitals could be established and facilitated by the substance abuse program to access the needed resources.

Recommendation:

1. Provide primary health care services for individuals with drug-related HIV/AIDS and tuberculosis on-site at substance abuse treatment programs.

Responsible Agencies: Substance Abuse Treatment Programs, Primary Health Care Programs, Public Health Agencies, Hospitals, Laboratories

¹⁵ U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. DRAFT: Treatment Improvement Protocol - Screening for Infectious Diseases Among Substance Abusers: The Recommendations of a Consensus Panel.

¹⁶ *Ibid.*

**CORRELATION OF 1993
USACC PRIORITIES
WITH
GOVERNOR LEAVITT'S
KEY OBJECTIVES**

UTAH SUBSTANCE ABUSE COORDINATING COUNCIL

Correlation of 1993 USACC Priorities With Governor Leavitt's Key Objectives

I. LEGISLATIVE PRIORITIES	GOVERNOR LEAVITT'S KEY OBJECTIVES				
	World Class Education	Quality Jobs and Business Climate	Improves Government	Enhances Quality of Life for All Utahns	Fosters Self Reliance
A. Continuation and Expansion of Established Criminal Justice, Judicial, Prevention and Treatment Programs					
A.1 Continuation of State Clandestine Lab Response Capability and Cedar City Crime Lab		X	X	X	
A.2 Student Assistance Services	X		X	X	X
A.3 County Substance Abuse Prevention and Treatment Services Provider Rate Increase		X	X	X	
A.4 Increased Intensive Supervision and Treatment Services for Adult Drug Law Offenders		X	X	X	X
A.5 Expanded Substance Abuse Treatment Resources for Youth and Prevention/Intervention Resources for Pregnant Women			X	X	X
A.6 Early Intervention and Intensive Supervision Programs for Juvenile Drug Law Offenders			X	X	X
B. Model Policy, Comprehensive Program Guidelines and Statutory Support for Local Utah Government Drug-Free Workplace Programs		X	X	X	X
C. Measures to Control Youth Access to Tobacco		X	X	X	
D. Inclusion of Substance Abuse Treatment Services in the State and National Health Care Plans		X	X	X	X

II. PROGRAM ADMINISTRATION AND IMPLEMENTATION PRIORITIES	GOVERNOR LEAVITT'S KEY OBJECTIVES				
	World Class Education	Quality Jobs and Business Climate	Improves Government	Enhances Quality of Life for All Utahns	Fosters Self Reliance
Coordination and Cooperation					
A. Support for the Multijurisdictional Task Force Approach to Drug Law Enforcement			X	X	
B. Active Participation of Local Substance Abuse Authorities on Local Interagency Councils (LICs) Serving Youth At Risk	X		X	X	X
Policies, Procedures and Guidelines					
C. Policies and Guidelines for Drug-Related Seizures, Forfeitures and Asset Sharing			X		
D. Operational Plan for Conducting Drug Interdiction Activities in the Schools	X			X	
E. Protocol for Conducting Administrative Checkpoints (Roadblocks)			X		
F. Quality Assurance Mechanisms for Substance Abuse Treatment Programs		X	X	X	
Awareness, Education and Training					
G. Drug Recognition Training for Patrol Officers			X	X	
H. Public Relations and Citizen Involvement		X	X	X	X
I. Permanent State Funding for Substance Abuse Education and Prevention Programs at All Utah System of Higher Education (USHE) Colleges and Universities	X	X	X	X	X
J. Preservice Training for Teachers in Substance Abuse Prevention Education	X		X	X	X
K. Education for Health Care Providers, Judges and School Officials to Enhance Substance Abuse Problem Assessment and Treatment Referral			X	X	

II. PROGRAM ADMINISTRATION AND IMPLEMENTATION PRIORITIES - continued	GOVERNOR LEAVITT'S KEY OBJECTIVES				
	World Class Education	Quality Jobs and Business Climate	Improves Government	Enhances Quality of Life for All Utahns	Fosters Self Reliance
Specialized Drug Law Enforcement Efforts					
L. System for Working Pharmaceutical Drug Cases		X	X	X	
M. Prosecutorial Support for the Financial Crimes/Drug Money Laundering Unit		X	X	X	
N. Strict Enforcement of Drug Possession Laws		X	X	X	X
Programs for Targeted Populations					
O. Treatment Diversion Programs for Drug Law Offenders			X	X	X
P. Post-Treatment Re-Entry Support for Recovering Individuals		X		X	X
Q. Expansion of Treatment Diversion Resources for Impaired Professionals		X	X	X	X
R. Coordinated Services for Individuals With Substance Abuse-Related HIV/AIDS and Tuberculosis			X	X	

APPENDICES

- A. Utah Substance Abuse Coordinating Council Membership**
- B. 1993 Utah Legislative General Session: Alcohol, Tobacco and Other Drug-Related Legislation Enacted**

UTAH SUBSTANCE ABUSE COORDINATING COUNCIL

1993 Membership

John T. Nielsen, CHAIR
Citizen Representative

S. Camille Anthony
Commission on Criminal and Juvenile Justice

Dr. Scott W. Bean
State Superintendent of Public Instruction

Representative Russell A. Cannon
Utah House of Representatives

Dr. Lynne Durrant
Chair, Prevention Subcommittee

Jan C. Graham
Attorney General

Harold L. Morrill
Chair, Treatment Subcommittee

Scott W. Reed
Chair, Judiciary Subcommittee

F. Leon PoVey, VICE CHAIR
Director, Division of Substance Abuse

Senator Delpha A. Baird
Utah Senate

D. Douglas Bodrero
Commissioner of Public Safety

Sheriff Craig Dearden
Chair, Criminal Justice Subcommittee

Ronald W. Gibson
State Court Administrator

Commissioner Richard A. Johnson
Utah Association of Counties

Jane Piercey
The Governor's Representative

Criminal Justice Subcommittee

Craig Dearden, CHAIR
Utah Sheriffs Association

Layne H. Anthony
Pharmacist

Ferris E. Groll
Utah Department of Public Safety

David M. Lattin
Federal Bureau of Investigation

Jim Matthews
Utah Chiefs of Police Association

R. Drew Moren
Drug Enforcement Administration

Scott W. Reed
Attorney General's Office

Fred Schwendiman
Utah Division of Investigations

Sherry Young
Prevention Subcommittee Designee

Reed M. Richards, VICE CHAIR
Statewide Association of Public Attorneys

Carolyn Edwards
Treatment Subcommittee Designee

Wayne Holland
Utah Division of Youth Corrections

Myron K. March
Judiciary Subcommittee Designee

O. Lane McCotter
Utah Department of Corrections

Robert Mucci
United States Attorney's Office

David E. Robinson
Utah Department of Commerce

Lt. Steven R. Turner
Drug Task Force Representative

APPENDIX A

Judiciary Subcommittee

Scott W. Reed, **CHAIR**
Attorney General's Office

Judge Russell W. Bench
Appellate Court Judge

Judge Roger S. Dutson
Circuit Court Judge

Ferris E. Groll
Criminal Justice Subcommittee Designee

Judge Kay A. Lindsay
Juvenile Court Judge

Dr. Joseph K. Miner
Physician

Richard H. Schwermer
Court Administrative Officer

Alan C. Sherwood
Utah Division of Substance Abuse

Judge Alyse Sigman
Justice Court Judge

Roy Whitehouse
Court Executive

Myron K. March, **VICE CHAIR**
Court Administrative Officer

Kay Bryson
Utah Prosecution Council

Lorraine Furia
Treatment Subcommittee Designee

Dean H. Reese Hansen
Law School Dean

Nikki Lovell
Prevention Subcommittee Designee

Michael Pepper
Court Prevention/Treatment Programs

Paul Sheffield
Court Executive

Judge James L. Shumate
District Court Judge

Karen Jane Stam
Utah State Bar

Prevention Subcommittee

Dr. Lynne Durrant, **CHAIR**
Research/Academic Community

Jay Bagley
Utah Industrial Commission

Beverlee Campbell
Utah Federation for Drug-Free Youth

Carrie Cox
Utah Association of Substance Abuse
Program Providers/Urban

Tom Jackson
Utah Association of Substance Abuse
Program Providers/Rural

Mandy Larsen
Governor's Youth Council

Judge Kay A. Lindsay
Judiciary Subcommittee Designee

Tibby Milne
Utah Council for Crime Prevention

Dr. Brad Neiger
Utah Department of Health

Sherry Young
Utah Division of Substance Abuse

Nikki Lovell, **VICE CHAIR**
Southwest Regional Center for Drug-Free
Schools and Communities

Phil Bernal
Utah System of Higher Education

Mark Chilton
Treatment Subcommittee Designee

Mareid Horton
Utah PTA

Dr. Richard Kendell
Utah School Superintendents Association/
Urban

Verne Larsen
Utah State Office of Education

Dr. Mark Littleford
Utah School Superintendents Association/
Rural

Robert Mucci
Criminal Justice Subcommittee Designee

Jan Thompson
Media Representative

APPENDIX A

Treatment Subcommittee

Harold Morrill, CHAIR
Utah Association of Substance Abuse
Program Providers/Urban

Jay Bagley
Prevention Subcommittee Designee

Carolyn Edwards
Utah Association of Alcohol and
Drug Abuse Counselors

David M. Lattin
Criminal Justice Subcommittee Designee

Dr. Joel Millard
Utah Chapter/National Association of
Social Workers

Dr. E. Mark Nichols
Utah Association of Local Health Officers

Carol Voorhees
Utah Hospital Association

Nadine Ward
Utah Nurses Association

Allan Hall, VICE CHAIR
Utah Association of Substance Abuse
Program Providers/Rural

Mark Chilton
Utah Pharmaceutical Association

Lorraine Furia
Utah Division of Substance Abuse

Jeffrey W. McBride
Utah Division of Youth Corrections

Dr. Joseph K. Miner
Judiciary Subcommittee Designee

Dr. Warren Thorley
Utah Psychological Association

Dr. Charles Walton
Utah Medical Association

<p align="center">1993 UTAH LEGISLATIVE GENERAL SESSION ALCOHOL, TOBACCO AND OTHER DRUG-RELATED LEGISLATION ENACTED</p>

S.B. 7 - ALCOHOLIC BEVERAGES - RESTAURANT HOURS (Steiner)

An Act relating to alcoholic beverages; allowing liquor to be served by restaurant liquor licensees at the noon hour.

S.B. 10 - SUBCOMMITTEE OF UTAH SUBSTANCE ABUSE COORDINATING COUNCIL (Baird)

An Act relating to criminal justice and substance abuse; creating a Judiciary Subcommittee on the Utah Substance Abuse Coordinating Council; naming its membership; and adding other members to the Council's subcommittees.

S.B. 13 - REAUTHORIZATION OF CRIMINAL GANG ACTIVITY TASK FORCE (Baird)

An Act relating to the Legislature; reauthorizing the Task Force on Criminal Gang Activity; appropriating \$19,000 from the General Fund; and providing a sunset date (December 31, 1993).

S.B. 14 - GANG VIOLENCE AND DRUG PREVENTION PROGRAM MATERIALS (Baird)

An Act relating to appropriations; appropriating \$19,500 (for FY'94) to the Department of Public Safety/Utah Council for Crime Prevention for the Drug Abuse Resistance Education Program.

S.B. 15 - OFFICER FRIENDLY PROGRAM (Baird)

An Act relating to appropriations; appropriating \$10,000 (for FY'94) to the Department of Public Safety/Utah Council for Crime Prevention for the Officer Friendly Program.

S.B. 16 - GANG VIOLENCE AND DRUG PREVENTION PROGRAM TRAINING (Baird)

An Act relating to appropriations; appropriating \$20,500 (for FY'94) to the Department of Public Safety/Utah Council for Crime Prevention for the Drug Abuse Resistance Education Program.

S.B. 73 - DISTRIBUTION OF CRIMINAL SURCHARGE (Hillyard)

An Act relating to state affairs; modifying the distribution of criminal surcharge monies; and making technical corrections.

The bill provides for allocations to the Substance Abuse Prevention Account (SAPA) of 2.5% of the collected surcharge to the Juvenile Court for administration of the community service hours program, and 2.5% to the State Office of Education for public school programs in substance abuse prevention and education, including training for teachers and administrators, to supplement, not supplant, existing local prevention efforts in cooperation with local substance abuse authorities. The bill also provides for the allocation of 7.5% of the collected surcharge to the Intoxicated Driver Rehabilitation Account. Proceeds from this account are to be utilized "exclusively for the operation of licensed alcohol or drug rehabilitation programs and education, assessment, supervision, and other activities related to and supporting the rehabilitation of persons convicted of driving while under the influence of intoxicating liquor or drugs" (Sec. 62A-8-303, UCA 1953).

S.B. 82 - MENTAL HEALTH FUNDING AND CUSTODY AMENDMENTS (Holmgren)

An Act relating to mental health; providing for allocation of beds at the Utah State Hospital to local mental health authorities; providing for commitment of mentally ill persons to local mental health authorities; amending the Budgetary Procedures Act; and appropriating funds to the Division of Mental Health.

The bill contains language related to the USACC priority regarding the enactment of legislation to require that county human services programs, including substance abuse, receive a provider rate increase based on the regional Consumer Price Index (CPI). The bill contains new language stating: "If the Governor does not include in his budget an amount sufficient to grant the increase described in Subsection (b)" (same percentage increase for wages and benefits for local authorities as for state agencies), "he shall include a message to the Legislature regarding his reason for not including that amount."

APPENDIX B

S.B. 85 - DUI AMENDMENTS (Beattie)

An Act relating to drugs and alcohol; clarifying use of chemical tests and admissibility of chemical test results; deleting a requirement that only a blood or urine test be administered in an automobile homicide; and making technical changes.

The bill enacts language stating that: "In a criminal proceeding, noncompliance with Section 41-6-44.10" (implied consent, testing, etc.) "does not render the results of a chemical test inadmissible. Evidence of a defendant's blood or breath alcohol content or drug content is admissible unless excluded by rules of evidence or the constitution."

S.B. 127 - SENTENCING COMMISSION (C. Peterson)

An Act relating to state affairs in general; creating the Sentencing Commission; providing for appointment and qualifications of members; providing for filling vacancies; stating the purpose of the Commission; providing for compensation of members and reporting; setting out terms of members and reappointment; and providing for Commission authority to employ staff and publish reports.

S.B. 151 - MONEY LAUNDERING BY DRUG DEALERS (Hillyard)

An Act relating to the criminal code; allowing for forfeiture in money laundering by financial transaction or by transportation; clarifying definitions; and making technical changes.

The bill provides for the following: clarification of definitions; repeal of the civil penalty provision in Section 1905; addition of a new section (1908) to create an asset forfeiture procedure in money laundering cases so that, as in drug cases, an asset forfeiture proceeding can take place parallel to the money laundering charge; and addition of a provision for criminal asset forfeiture, with part of the forfeiture proceeds earmarked for the Department of Public Safety (half to DPS and half to the General Fund).

S.B. 178 - AUTOMOBILE HOMICIDE WITH DUI (W. Richards)

An Act relating to motor vehicles; adding automobile homicide to the list of prior offenses of driving under the influence for enhancement of penalties; increasing a penalty option; expanding treatment options; and making technical corrections.

The bill does the following: changes the current law regarding a conviction for automobile homicide, such that the conviction will count as a previous DUI offense for purposes of enhanced penalties; expands treatment options to include alcohol or drug dependency rehabilitation facilities; and in the case of a fourth or subsequent conviction, where at least three prior convictions were for violations committed after May 3, 1993, require that the court impose as part of any sentence a fine of not less than \$1,000 and a mandatory jail sentence of not less than 720 hours.

S.B. 197 - NOT A DROP AMENDMENTS (Beattie)

An Act relating to motor vehicles; expanding Not A Drop alcohol offense; and making technical changes.

This bill changes the Not A Drop statute to read as follows: A person ~~less~~ younger than 21 years of age may not operate or be in actual physical control of a vehicle ~~while there is with~~ with any measurable ~~or detectable alcohol, other than naturally occurring alcohol, in his body with~~ any measurable or detectable alcohol, in his body with a blood, breath, or urine alcohol concentration of ~~less than .08 grams as calculated under Subsection 41-6-44 (2) in his body as shown by a chemical test.~~

S.B. 209 - FLYING WHILE INTOXICATED PROHIBITION (Stephenson)

An Act relating to aeronautics; prohibiting flying while under the influence; providing a penalty; including implied consent provisions; providing for testing and testing standards; and specifying admissibility.

The bill provides that: "A person may not operate or be in actual physical control of an aircraft within this state if the person: (i) has a blood or breath alcohol concentration of .04 grams or greater as shown by a chemical test given within two hours after the alleged operation or physical control; or (ii) is under the influence of alcohol, any drug, or the combined influence of alcohol and any drug to a degree that renders the person incapable of safely operating an aircraft."

APPENDIX B

H.B. 17 - ALCOHOLIC BEVERAGES - ELECTION DAY HOURS (Bradshaw)

An Act relating to alcoholic beverages; clarifying the prohibition against sales of liquor during certain hours on election days.

H.B. 18 - ALCOHOLIC BEVERAGES - AIRPORT LOUNGES (Bradshaw)

An Act relating to alcoholic beverages; allowing airport lounges to be placed in concourses; and expanding the time of operation (~~10:00 a.m.~~ 8:00 a.m. - ~~10:00 p.m.~~ 12:00 midnight).

H.B. 30 - ALCOHOLIC BEVERAGES AMENDMENTS (Garn)

An Act relating to alcoholic beverages; authorizing the Alcoholic Beverage Control Commission to impose civil penalties; and providing an effective date.

H.B. 34 - APPROPRIATION FOR GANG PREVENTION AND INTERVENTION PROGRAM IN THE SCHOOLS (Short)

An Act relating to public education; authorizing a gang prevention and intervention program designed to help at-risk students stay in school; and appropriating \$100,000 (for FY'94) to the State Board of Education.

S.B. 212 - Supplemental Appropriations Act appropriated an additional \$150,000 (non-lapsing) to the State Board of Education to be utilized for the implementation of H.B. 34.

H.B. 35 - APPROPRIATION FOR GANG SUPPRESSION PROGRAM (Short)

An Act relating to appropriations; appropriating \$50,000 (for FY'94) to the Commission on Criminal and Juvenile Justice (CCJJ) for gang suppression programs.

S.B. 212 - Supplemental Appropriations Act appropriated an additional \$50,000 (non-lapsing) to the Commission on Criminal and Juvenile Justice to be utilized for the implementation of H.B. 35.

H.B. 36 - ALCOHOLIC BEVERAGE - LIQUOR/WINE REPRESENTATIVES (Jones)

An Act relating to alcoholic beverages; providing for regulation of liquor and wine representatives; clarifying the use of advertising and samples by such representatives; providing for trade shows for liquor; and providing for and restricting certain trade practices.

H.B. 39 - COORDINATED SERVICES FOR CHILDREN AT RISK AMENDMENTS (Lyon)

An Act relating to children and youth at risk; providing definitions; expanding the composition, powers, and duties of the State Council for Children and Youth at Risk; providing for a Steering Committee for Children and Youth at Risk; providing for local interagency councils and assigning specific duties; expanding prevention and early intervention programs for students at risk to additional schools; establishing prevention and early intervention projects for infants at risk; making certain technical changes; and providing a sunset date (July 1, 1997).

\$3 million in new funding was appropriated to support the expansion of this program. In addition to the existing K-3 program, beginning on July 1, 1993, the State Council shall expand the program to additional Chapter 1 elementary schools and to grades four through six in those schools that have existing early intervention programs. The Council shall also implement a pilot prevention and early intervention program for infants, involving a hospital-based intervention project for high risk infants and their families to reduce abuse and neglect.

H.B. 53 - INDOOR CLEAN AIR TASK FORCE (Tanner)

An Act relating to health; creating a legislative task force to study issues regarding environmental tobacco smoke and to recommend state action regarding those issues; establishing dates for the beginning and termination of the task force (May 3, 1993 - December 31, 1993); and appropriating \$22,000 to fund the task force.

H.B. 93 - UTAH CONTROLLED SUBSTANCE ACT AMENDMENTS (Dilree)

An Act relating to occupations and professions; deleting Schedule III and V controlled substances to comply with revised federal schedule; and amending licensing provisions.

H.B. 136 - SMOKING IN PUBLIC SCHOOL BUILDINGS (Olsen)

An Act relating to public education; prohibiting smoking in public school buildings or facilities or on property on which those facilities are located; providing for designated smoking areas for adults during non-school hours in private schools; and making certain technical changes.

APPENDIX B

H.B. 151 - TESTING FOR HIV INFECTION OF CONVICTED SEXUAL OFFENDERS AND VICTIMS OF SEXUAL OFFENDERS (Bradshaw)

An Act relating to the Criminal Code; requiring mandatory testing for HIV infection of a person convicted of a sexual offense or an attempted sexual offense upon request of the victim; providing for voluntary testing of the victim; providing notice to victim and convicted sexual offender of test results; providing counseling and referral to the victim; amending the victim bill of rights; and defining certain terms.

This bill was proposed in response to a federal mandate. Failure to pass the legislation during the 1993 Session would have resulted in the loss of ten percent of Utah's federal Drug and Violent Crime Enforcement Control Plan monies.

H.B. 256 - ITEMS PROHIBITED IN CORRECTIONAL FACILITIES (Tuttle)

An Act relating to the Criminal Code; adding controlled substances to the list of items prohibited in correctional facilities.

H.B. 317 - DUI PENALTY AND TREATMENT AMENDMENTS (Adair)

An Act relating to motor vehicles; expanding treatment options; allowing the court to order treatment for a first offense under certain circumstances; requiring evidence of completion of treatment; requiring certification of rehabilitation level in certain circumstances; enhancing the penalty for refusal to take a chemical test in certain circumstances; and making technical corrections.

This bill provides for the following: For violations (first convictions) committed after July 1, 1993, the court may order a person to obtain treatment at an alcohol or drug dependency rehabilitation facility if the licensed facility determines that the person has a problem condition involving alcohol or drugs; a person's suspended/revoked driver license may not be reinstated until the convicted person has furnished satisfactory evidence that: 1) all required alcohol or drug dependency assessment, education, treatment, and rehabilitation ordered for a violation committed after July 1, 1993 have been completed; 2) all fines and fees assessed against the person have been paid if the conviction is a second or subsequent conviction for a violation committed within six years of a prior violation; and 3) the person does not use drugs in any abusive or illegal manner as certified by a licensed alcohol or drug dependency rehabilitation facility, if the conviction is for a third or subsequent conviction for a violation committed within six years of two prior violations committed after July 1, 1993; and increases the length of revocation of the driver license of an individual who refuses to take a chemical test from one year to 18 months on a second or subsequent violation.

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