

May 4, 2006

The Honorable Frank Wolf, Chairman
Appropriations Subcommittee on Science,
State, Justice and Commerce and Related Agencies
The Capitol - H-309
Washington, DC 20515

The Honorable Alan Mollohan, Ranking Member
Appropriations Subcommittee on Science,
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Washington, DC 20515

Dear Chairman Wolf and Ranking Member Mollohan:

On behalf of the undersigned organizations, we are writing to respectfully ask that Congress provide \$20 million to fund Section 756 of the USA Patriot Act in order to expand methamphetamine treatment services to pregnant and parenting women who come into contact with the criminal justice system. This funding is needed in order to help heal families impacted by methamphetamine and provide mothers and their children a better path to a brighter future.

Although most Americans understand that methamphetamine is a national problem, many are unaware of its impact on women. From 1995 to 2003, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), the number of women admitted for methamphetamine treatment has almost doubled - from 6.1 percent in 1995 to 11 percent in 2003. The number of pregnant women admitted for methamphetamine treatment during this same time frame increased at a similar rate - from approximately 10 percent in 1995 to approximately 20 percent in 2003. Young women are also using methamphetamine at higher rates compared to men. In 2002, 57 percent of all methamphetamine treatment admissions for those ages 15 to 17 were female and 70 percent of methamphetamine treatment admissions for those ages 12 to 14 were female.

We also know that children can be impacted by methamphetamine. According to National Center on Substance Abuse and Child Welfare (NCSACW), children are most often exposed to methamphetamine through the use of this addictive drug by his or her parents. At times, these situations can ultimately impact our child welfare and criminal justice systems and threaten the permanency of families across the country. Overall, over two-thirds of parents involved in the child welfare system need addiction treatment - and methamphetamine can often be a parent's drug of choice. For example, in Montana, where 49 percent of the patients treated for methamphetamine in FY 2004 were female, approximately 20 percent of the child-protection referrals that come into family services involve methamphetamine. In North Dakota, 15 percent of responses in a recent survey indicated that the children were in foster care because of methamphetamine use, manufacturing, or selling.

The good news is that clinically appropriate treatment for methamphetamine addiction is effective. In Texas, outcomes data for publicly funded services from 2001 to 2004 found that approximately 88 percent of methamphetamine clients were abstinent 60 days from discharge. In Colorado, 80 percent of methamphetamine users were abstinent at discharge in FY 2003. In Iowa, a 2003 study found that 71.2 percent of methamphetamine users were abstinent six months after treatment. In Tennessee, a 2002-2003 study found that over 65 percent of

methamphetamine users were abstinent six months after treatment. And in Utah, 60.8 percent of methamphetamine users were abstinent at discharge.

The research also tells us that family-based comprehensive services for women and their children impacted by addiction are effective. For example, a 2001 evaluation of the Center for Substance Abuse Treatment's (CSAT) program that provides comprehensive addiction services to mothers and their children as a family found the following six months after treatment: 60 percent of the mothers were drug free and almost 40 percent of the mothers obtained employment. A 2003 cross-site evaluation of 24 residential treatment programs for families found the following six months after treatment: 60 percent of the mothers were drug free; 88 percent of children treated with their mothers remained stabilized and loving with their mothers; and employment increased from 7 percent to 37 percent.

The methamphetamine treatment provision in the USA Patriot Act seeks to address these issues by authorizing grants to fund methamphetamine treatment services for pregnant and parenting women offenders who come into contact with the criminal justice system - including family-based treatment programs where women and their children can both receive the services they need at the same time, in the same place. In particular, the grant is designed to expand collaboration between the State substance abuse, criminal justice and child welfare agencies to help address this particular population. This coordination is critical to ensuring that women and their children receive the services they need.

As a result, please work to provide \$20 million for Section 756 of the USA Patriot Act to help expand methamphetamine treatment for pregnant and parenting women offenders who come into contact with the criminal justice system. We appreciate your support and look forward to working with you on these and other issues. Should you have any questions, or require additional information, please contact Robert Morrison, Director of Public Policy at the National Association of State Alcohol and Drug Abuse Directors (NASADAD) at (202) 293-0090 x106.

Sincerely,

American College of Obstetricians and Gynecologists (ACOG)

American Counseling Association (ACA)

American Society of Addiction Medicine (ASAM)

Child Welfare League of America (CWLA)

Community Anti-Drug Coalitions of America (CADCA)

Faces and Voices of Recovery

Johnson Institute

International Community Corrections Association (ICCA)

International CURE

Legal Action Center (LAC)

Lutheran Services in America

NAADAC – the Association for Addiction Professionals

National African-American Drug Policy Coalition, Inc.

National Association for Children of Alcoholics (NACoA)

National Association for Children’s Behavioral Health (NACBH)

National Association of Addiction Treatment Providers (NAATP)

National Association of Counties (NACo)

National Association of County Behavioral Health and Developmental Disability Directors (NACBHD)

National Association of County Human Services Administrators (NACHSA)

National Association of Drug Court Professionals (NADCP)

National Association of Social Workers (NASW)

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

National Narcotics Officers Associations Coalition (NNOAC)

National Council on Alcoholism and Drug Dependence (NCADD)

National Council for Community Behavioral Healthcare (NCCBH)

National Criminal Justice Association (NCJA)

National Family Preservation Network (NFPN)

Partnership for a Drug-Free America (PDFA)

Rebecca Project for Human Rights

State Associations of Addiction Services (SAAS)

Therapeutic Communities of America (TCA)

Voices for America’s Children (VAC)

Providers and State-Based Organizations

Amethyst, Inc. (Ohio)

Arkansas Cares

Betty Ford Clinic (California)

Bienvenidos Children's Center (California)

Bradford Health Services (Alabama, Tennessee, Georgia)

Bridgeway Counseling Services (Missouri)

County Welfare Directors Association of California

Eagle Ridge Family Treatment Center (Oklahoma)

East Bay Community Recovery Project (California)

Gaudenzia, Inc. (Pennsylvania)

Growing Together Inc. (North Dakota)

Haymarket Center (Illinois)

Illinois TASC

Institute for Health and Recovery (Massachusetts)

Nexus Recovery Center, Inc. (Texas)

Operation PAR (Florida)

The Patrician Movement (Texas)

Prototypes (California)

Queen of Peace (Missouri)

Shields for Families, Inc. (California)

St. Monica's Behavioral Health Services for Women (Nebraska)

Tamar's Children (Maryland)

Village South: Miami/Westcare Foundation, Inc. (Nevada and California)

The Women's Treatment Center (Illinois)