

The United States Senate Subcommittee on Homeland Security and Governmental Affairs

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Narrative Statement:

Mr. Chairman and Members of the Committee my name is Jeff Taylor and I'll be presenting on the many effects drug addiction has on our State, my personal experiences on what works, and where to go from here.

Briefly, I grew up in Phoenix and attended Central High School. My junior and senior year I achieved a 4.0 GPA in advanced placement classes. My senior year I was selected as a 1st Team All-State football player and an All-City baseball player. Then attended the University of Arizona to play football and study finance. After college I was employed as a Stock Options Trader for a prestigious Wall Street firm and 9 years later I left the business at the absolute peak of my career as one of the firm's top traders.

I came from a good family. I married a beautiful, kind, and talented wife. Had a successful career, participated in varied philanthropic works and had acquired many other "things" as symbols of financial and personal achievements. By every measure this country accepts as a gauge for success I had it. Four years after leaving the trading position I was living on the streets of Phoenix. I had lost everything to addiction. Drug addiction does not discriminate. It can happen to anyone.

Early on in college I received a career ending football injury and was prescribed narcotic pain medication. My 1st experience with a mind altering substance. That prescription started a slow but increasing dependency to drugs. As a result of my addiction I have been incarcerated many times in numerous county jails and state prison. This does not make me a bad person. It makes me an addict in need of help. Facing a 4-6 year prison term a very wise judge diverted me into a residential drug treatment facility. My drug treatment cost \$6000. The prison term would have cost the taxpayer over \$100,000. And statistics show I would probably be back in prison for a very long time.

This is what I've learned in the last 20 years in dealing with literally thousands of businessmen, teens, mothers in poverty, wealthy homemakers, lawyers, doctors, drug offenders, and yes politicians and their children all suffering from addiction.

We cannot incarcerate our way out of drug addiction. People are released with the same drug problem they were arrested with. And we prove this by our high rate of recidivism. And what is worse, when addicts are all placed together in a prison environment they “network” and pick up new skills. And these are not the skills society wishes them to have. While incarcerated I learned how to manufacture crystal methamphetamine, a lot about identity theft, how to import and transport drugs, avoid canine detection, and was introduced to several high ranking drug cartel members. All while on a prison yard.

Arizona Department of Corrections just reported, of the nearly 20,000 inmates we will release in the next 12 months, 78% are in need of substance abuse treatment. They are hitting the streets with new skills and an untreated drug problem. I cannot emphasize the following statement enough, we do not have a prison expansion problem we have a drug problem. Our state’s population has doubled. During the same timeframe our state prison population increased over 1000%, 10 to 1 over our general population. At a cost of \$24,000 per year per person...so half can be back in prison within 5 years. This is not financially sustainable any longer and makes our communities much less safe.

What I know to work is simply this. You will never hear me complain about the time I served in jails and prison. I was a danger to myself and others. Addicts understand consequences but for me there was a backdoor to that prison cell. I received what I needed. A transitional drug treatment program. That experience has led me to work with several legislators over the years to develop one of the most successful prison transition program nationally. It has cut new felony crime committed by released inmates by 50%. This program decreases our dependency on future prison expansion, saves money (a lot of money), and most importantly INCREASES public safety. The Prison Transition Program for Non-Violent Offenders needs to be expanded here in Arizona and replicated nationally.

Child Safety and Welfare

As a result of the increased flow of drugs into Arizona and addiction rates soaring, we have other state agencies that are overburdened. Currently Arizona is #50 in per pupil education spending yet we are #2 in prison spending. The not so funny joke is: If we keep cutting education we better build bigger prisons because we’re going to need’m. I thank God for Governor Ducey and our legislative leadership’s new plan to fund education. Not just a blind appropriation but a sustained funding stream directed into the classroom where it’s needed most.

Aside from education our state’s Department of Child Safety is under pressure from the wreckage caused by addicted parents. Our system is overburdened in the sheer numbers of child

abuse and neglect cases. Nearly 90% of parents on DCS caseloads are addicted to drugs and or alcohol. We do not have a child abuse and neglect problem we have a drug problem.

After graduating the drug treatment program The Salvation Army sent me back to college to study early childhood development to become certified to design and administer the 1st nursery of its type. A state licensed child care facility serving homeless children of drug addicted parents. The program was a resounding success. 96% of the addicted pregnant women who came into the program delivered a drug free baby. These mothers could receive drug treatment while their children were monitored and kept safe. It is not uncommon that a drug addicted baby can cost upwards of \$400,000 just to reach school age. We found when the mother is drug free the neglect goes away. If we take the child away and ignore her drug problem she'll have more children that we can take away. Arizona currently has 17,000 children in foster care. Some foster children do amazingly well. Most do not. They grow up like mom or dad and have children that we can take away. Stopping this cycle is key. We do this by treating the addiction in the mother. There are many parents who are on DCS caseloads who have toddlers or school age children. The Department has a small but growing program called In Home Services where a 2 person team goes into the home twice a week and works with the families in order to keep the family together. But currently there is a waiting list of 30-60 days to refer the parents into drug treatment. I feel the treatment offered is inadequate but can easily be improved. Parents at risk of losing their children are typically far along in their addiction. Once again the money is going towards the wreckage of addiction not prevention or adequate drug treatment.

Opioid Addiction in Our Youth

As high schoolers we all remember going to parties and there was usually someone outside getting sick in the hedges after drinking too much. Teens overdo it. If you overdo it with alcohol you throw up. But if you overdo it with heroin it kills. Currently opiate overdoses account for more teen deaths than auto accidents.

I read that one of our major high school boards was going to start a drug testing program in order to expel those students who came up positive. I went to that board meeting and explained that attending school may be the most positive thing going on in that teens life and that throwing them out of school would almost guarantee the drug use would increase. Well the school board listened and we started the Insight Group. Insight was a simple program where I spoke to the entire student body each semester explaining my personal story and invited anyone to attend the Insight Group. We didn't want the group to be labeled the druggie group so anyone could attend if they had a concern about drugs. Maybe a friend, family member, or personal concerns. To make a point I asked we start the program at the school with the lowest graduating rate. Most of our high schools have a licensed school prevention counselor. They deal with all types of

students from eating disorders, anger, or all my friends are going to prom accept me. The Insight Program focused on drug use only. We used young as people guest speakers because kids listen to kids and I had some sort of street credentials because I had been locked up. We met with the group only once per week for an hour and the graduation rate for Insight Group members nearly doubled. Most of these kids were angry, and usually had every right to be. We sided with them not telling them not to do drugs, as their drug use was but a symptom of other things going on on their young lives. In many cases the use decreased significantly or ceased all together. They even started designing t-shirts they proudly wore stating they were drug free.

This program can be delivered very economically and can be instituted literally anywhere within our school systems.

The bigger question is why isn't reality good enough for our young people? Why are our teens altering reality in such an extreme way?

Conclusion

Drug treatment is not nearly as effective in a prison environment as it is when delivered in a community setting. The tools of recovery must be learned, then practiced, and then you become a healthy person. Treatment programs are only as effective as their transitional element. Addiction advances overtime. The longer the advancement the harder it is to treat. We can do better by intervening early on with drug prevention in our schools and churches then treating addiction at its earliest onset.

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