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REMARKS BY

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TO THE

U.S. CONFERENCE OF MAYORS  
 SECOND NATIONAL CONFERENCE ON CRIME AND DRUGS

PANEL - STEWART, VON RAAB, OTTO, LAWN

4:00 P.M.  
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NOTE:

Because Mr. Stewart often speaks from notes, the speech as delivered may vary from the text. However, he stands behind this speech as printed.

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(P. CASCARANO AND E. WISH HELPED WITH THIS SPEECH)

THANK YOU,

IT'S A REAL HONOR FOR ME TO BE AT THIS CONFERENCE AGAIN AND TO PARTICIPATE IN THIS PANEL DISCUSSION, PARTICULARLY CONSIDERING THE PROFESSIONAL CALIBER OF MY FELLOW PANELISTS. I AM PLEASED TO BE HERE.

THE TOPIC OF THIS PANEL IS THE FEDERAL ROLE IN DRUG ENFORCEMENT. BUT WHILE ALL OF US ON THIS PANEL ARE IN THE ENFORCEMENT BUSINESS IN ONE WAY OR ANOTHER, I'M SURE THAT WE ALL AGREE THAT ENFORCEMENT IS ONLY PART OF THE SOLUTION TO THE DRUG PROBLEM.

ENFORCEMENT ADDRESSES THE CRIMINAL PART OF THE PROBLEM, AND THAT'S A SUBSTANTIAL PART, AS I'LL TALK ABOUT, BECAUSE WE HAVE OVERWHELMING EVIDENCE OF THE LINK BETWEEN DRUG USE AND CRIME.

BUT DRUGS ALSO ARE A MEDICAL PROBLEM, NOT JUST BY THEMSELVES BUT BECAUSE, THROUGH NEEDLE-SHARING, DRUG ADDICTS TRANSMIT AIDS, AND I'LL HAVE SOMETHING TO SAY ABOUT THAT, TOO.

PERHAPS MOST OF ALL, DRUGS ARE AN EDUCATIONAL PROBLEM.

BECAUSE ONE THING WE HAVE LEARNED BY NOW IS THAT WE'RE NOT GOING TO WIN THE DRUG WAR JUST BY BREAKING UP THE INTERNATIONAL SUPPLY ROUTES OUT OF COLOMBIA AND OTHER PLACES. THE REAL FOCUS OF THE WAR HAS TO BE ON THE DEMAND FOR DRUGS BY INDIVIDUAL USERS, NOT JUST THE SUPPLY.

AND THAT REQUIRES AN INTENSIVE PROGRAM OF INFORMATION AND EDUCATION, STARTING WITH CHILDREN AT THE EARLIEST AGES. THAT PART OF THE SOLUTION OF THE DRUG PROBLEM IS BEST PROVIDED IN OUR SCHOOLS AND THE OTHER PUBLIC AND PRIVATE INSTITUTIONS OF OUR SOCIETY--CERTAINLY INCLUDING THE FAMILY, THE BASIC INSTITUTION OF OUR CULTURE, BUT ONE THAT ITSELF, SADLY, IS IN A STATE OF DISREPAIR--PERHAPS AN ADDITIONAL RESULT, OR CAUSE, OF THE DRUG PROBLEM.

ENFORCEMENT, MEDICAL TREATMENT AND EDUCATION. THOSE ARE THE THREE PRINCIPAL APPROACHES TO SOLVING THE DRUG PROBLEM. NONE

WILL WORK ALONE. THEY CAN ONLY WORK TOGETHER, BECAUSE THE DRUG PROBLEM IS AN EVEN BIGGER DEAL THAN WE THOUGHT IT WAS. THAT'S THE THEME I WANT TO UNDERSCORE TODAY.

FURTHERMORE, DRUGS ARE NOT JUST A FEDERAL, STATE OR LOCAL PROBLEM. ALL LEVELS OF GOVERNMENT HAVE TO WORK TOGETHER TO WIN THE DRUG WAR, AND SO THE NETWORK OF INTERRELATIONSHIPS THAT I'M TALKING ABOUT TAKES ON ANOTHER DIMENSION.

ONE COMMON DENOMINATOR THAT ALL AGENCIES NEED, WHATEVER THEIR SPECIALTY OR LEVEL OF GOVERNMENT, IS INFORMATION--HARD, ACCURATE DATA ABOUT THE EXTENT AND NATURE OF THE DRUG PROBLEM.

WITHOUT IT, NEITHER POLICE NOR DOCTORS NOR TEACHERS CAN DO THEIR JOBS EFFECTIVELY.

INCORRECT DATA LEADS TO FAULTY AND INEFFECTIVE POLICY, LIKE BUILDING A HOUSE ON SAND. BUT SOLID DATA PROVIDES A SOLID FOUNDATION FOR POLICIES THAT WORK.

HERE'S AN EXAMPLE OF THE IMPORTANCE OF GOOD DATA:

WE'VE HEARD OR READ REPORTS THAT FEWER STUDENTS IN SCHOOL ADMIT EXPERIMENTING WITH DRUGS THESE DAYS. SO IT LOOKS GOOD FOR THE EDUCATORS—MAYBE THEY'RE DOING THEIR JOB BETTER.

BUT IT TURNS OUT THAT THE SURVEYS THAT PRODUCE THESE FINDINGS ARE TAKEN IN THE UPPER GRADES OF HIGH SCHOOL. MEANWHILE, A RECENT STUDY OF DROPOUTS IN THE WASHINGTON, DC SCHOOL SYSTEM SHOWED THAT MOST OF THAT CITY'S DROPOUTS QUIT BEFORE THEY EVEN REACH HIGH SCHOOL.

WASHINGTON'S FIGURES SIGNIFICANTLY EXCEED THE NATIONAL AVERAGES, BUT THAT DOESN'T CHANGE THE POINT, WHICH IS THAT MORE STUDENTS THAN EVER ARE DROPPING OUT OF SCHOOL AND NEVER PARTICIPATE IN THE SURVEYS—AND DROP-OUTS ARE MORE LIKELY TO BE DRUG ABUSERS. SO WE CAN'T HAVE ACCURATE DATA ON STUDENT DRUG USE IF THE SURVEYS THAT ARE SUPPOSED TO PRODUCE THAT DATA ARE FLAWED.

A PRINCIPAL FEDERAL ROLE IN DRUG ENFORCEMENT IS THE WORK MY AGENCY DOES IN SPONSORING THE PROFESSIONAL RESEARCH THAT GIVES US SOLID DATA TO WORK WITH. THEN WE PROVIDE IT IN USEFUL FORM TO OTHER AGENCIES OF THE FEDERAL, STATE AND LOCAL GOVERNMENTS.

PROBABLY THE MOST COMPELLING AFFIRMATION OF THE VALUE OF SOUND, ACCURATE DATA IN THE DRUG WAR COMES FROM THE DRUG USE FORECASTING SYSTEM THAT NIJ INITIATED UNDER ATTORNEY GENERAL ED MEESE'S DIRECTION IN 1987. IT PROVIDES OVERWHELMING EVIDENCE OF DRUG USE IN CRIMINALS.

BEFORE THAT TIME, CRIMINAL JUSTICE PRACTITIONERS DEPENDED ON SELF-REPORTING FOR ALL THE INFORMATION WE HAD ABOUT DRUG USE BY CRIMINAL OFFENDERS. WE ASKED THEM IF THEY USED DRUGS AND THEY TOLD US. AND WE SHOULD HAVE EXPECTED, A LOT OF THEM LIED ABOUT IT.

ORIGINALLY, ABOUT 28 PERCENT OF PEOPLE ARRESTED ON CRIMINAL CHARGES TOLD US THEY USED DRUGS. BUT THE TRUE FIGURE, WE HAVE

LEARNED THROUGH ACCURATE TESTING, IS MORE THAN 56 PERCENT.

THE LATEST DUF FINDINGS, BASED ON SCIENTIFIC URINE TESTING, NOT SELF-REPORTING, FOR A THREE-MONTH PERIOD LAST YEAR, SHOWS THAT FROM COAST TO COAST, MORE THAN HALF OF ALL ARRESTEES TESTED POSITIVE FOR AT LEAST ONE DRUG. (TO A HIGH OF 92% IN NYC)

WITH ONE EXCEPTION--INDIANAPOLIS--ONE QUARTER OR MORE OF ALL ARRESTEES TESTED POSITIVE FOR MULTIPLE DRUGS.

THERE WERE WIDE REGIONAL DIFFERENCES IN DRUG USE--FOR EXAMPLE, PCP IN WASHINGTON, DC AND AMPHETAMINES--SPEED--IN THE WEST.

ALSO IN WASHINGTON AND IN NEW YORK CITY, WHERE RESULTS ARE AVAILABLE BACK TO 1984, WE LEARNED THAT COCAINE USE IS NEAR OR AT ITS HIGHEST LEVELS. -- FROM 14% IN 1984 TO 55% IN 1988.

AND WE FOUND THAT FEMALE ARRESTEES ARE AS LIKELY TO TEST POSITIVE AS MALES. IN SOME CITIES, FEMALES ARE EVEN MORE LIKELY TO BE USING HEROIN OR COCAINE THAN MALES.



THAT IS SOLID DATA, AND ONE OF ITS PRINCIPAL BENEFITS IS ITS USEFULNESS TO LOCAL OFFICIALS IN DEVELOPING PROGRAMS SPECIFIC TO THEIR OWN CITY OR REGIONAL NEEDS.

NOT JUST ENFORCEMENT PROGRAMS. TREATMENT PROGRAMS AND EDUCATIONAL PROGRAMS, TOO. REMEMBER, THEY WORK TOGETHER. BY COMING UP WITH SPECIFIC NUMBERS TO CHART THE BEHAVIOR OF THE PEOPLE WE FEAR THE MOST--CRIMINAL OFFENDERS--WE NOW CAN LOCALIZE OUR EFFORTS AND BRING LAW ENFORCEMENT, MEDICAL AND EDUCATION ATTENTION TO BEAR ON THE DRUG PROBLEM TOGETHER.

AS BAD AS THE DRUG PROBLEM IS BY ITSELF, AND THE DEMONSTRATED LINK BETWEEN DRUGS AND CRIME, THERE'S ANOTHER LINKAGE THAT IS JUST AS BAD. IT FURTHER ILLUSTRATES, DRAMATICALLY AND TRAGICALLY, THE NEED FOR AN INTER-RELATIONSHIP OR SOLUTIONS THAT I'M TALKING ABOUT.

IT'S AIDS.

AIDS IS SPREAD INTO AND THROUGH THE HETEROSEXUAL COMMUNITY THROUGH NEEDLE-SHARING. NOW, AS THE RESULTS OF OUR DRUG STUDIES, WE HAVE FIRM EVIDENCE OF BEHAVIORS IN ARRESTEES THAT PLACE THEM AT HIGH RISK FOR AIDS.

WE ASKED CRIMINAL SUSPECTS ABOUT THEIR NEEDLE-SHARING HABITS. WE NATURALLY EXPECTED THAT MANY WERE INJECTING HEROIN. BUT WE ALSO FOUND THAT MANY REPORTED INJECTING OTHER DRUGS INCLUDING--COCAINE AND AMPHETAMINES. AND WOMEN WERE MORE LIKELY TO INJECT DRUGS THAN MEN, COUNTER TO OUR TRADITIONAL BELIEFS. UNFORTUNATELY, WE FOUND THAT MANY ARRESTEES WERE TAKING INEFFECTIVE MEASURES TO REPLACE THEIR RISK OF AIDS. THEY NEED TO BE EDUCATED!

SO WE HAVE A CLASS OF DRUG ADDICTS WHO NOT ONLY ARE A CRIMINAL JUSTICE PROBLEM, BUT ALSO ARE A PRINCIPAL SOURCE OF THE NATION'S NUMBER ONE HEALTH PROBLEM TODAY. THEY MUST BE A CRITICAL TARGET OF OUR CAMPAIGN AGAINST AIDS AS WELL AS AGAINST

DRUGS.

THE EVIDENCE IS OVERWHELMING THAT WE NEED A TREMENDOUS NATIONAL EDUCATIONAL AND HEALTH-AWARENESS PROGRAM AGAINST BOTH DRUGS AND AIDS. MINDS AND BODIES ARE BEING DESTROYED. LAW ENFORCEMENT APPLIES ONLY TO THE CRIMINAL RAMIFICATIONS. BUT THOSE OF US IN THE CRIMINAL JUSTICE SYSTEM CAN WORK TOGETHER WITH PROFESSIONALS IN HEALTH AND EDUCATION TO DEVELOP THE PROGRAMS WE NEED TO ATTACK BOTH NATIONAL AFFLICTIONS.

THAT'S THE KIND OF APPROACH THE NATIONAL INSTITUTE OF JUSTICE IS EXPLORING RIGHT NOW WITH OTHER FEDERAL AGENCIES, INCLUDING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. WE HAVE INITIATED ATTEMPTS TO DEVELOP COOPERATIVE ANTI-DRUG EFFORTS WITHIN THE KIND OF INTER-RELATIONSHIP OF APPROACHES AND AGENCIES THAT I AM TALKING ABOUT.

HHS HAS A PLAN TO REDUCE THE DEMAND FOR ILLICIT DRUGS. IT HAS THREE GOALS--TO WEAVE PREVENTION INTO THE NATIONAL SOCIAL

FABRIC; TO PROVIDE INCENTIVES TO INDIVIDUAL DRUG USERS TO STOP IT--AND THERE'S PROBABLY NO GREATER INCENTIVE THAN THE THREAT OF PUNISHMENT; AND TO GET DRUG USERS TO ACCEPT TREATMENT, AND THEN TO FACILITATE OR PROVIDE THAT TREATMENT.

ONE PURPOSE OF A PLAN LIKE THIS IS TO CHANGE THE SOCIAL TOLERANCE OF DRUGS, JUST AS WE DID WITH CIGARETTES. MORE THAN 40 MILLION AMERICANS HAVE QUIT SMOKING SINCE THE SURGEON GENERAL'S FIRST REPORT IN 1964.

BUT EVEN MORE THAN THE NUMBERS, SMOKING--WHICH ONCE HAD A SOPHISTICATED AND GLAMOROUS IMAGE--IS NOW WIDELY VIEWED AS AN ANNOYING AND DEVASTATING ADDICTION. CIGARETTES ONCE WERE HAWKED BY EVERYONE FROM STEVE MCQUEEN TO THE FLINTSTONES AS THE MOST WHOLESOME OF HABITS, BUT NOW THEY HAVE BECOME A SEEDY TURNOFF.

THAT'S THE GOAL WE NEED TO PURSUE IN THE DRUG WAS--TO MAKE PEOPLE WILLING TO INTERVENE IN AN UNHEALTHFUL SITUATION AND MAKE IT CLEAR THAT THEY WILL NOT TOLERATE INDIVIDUAL ABUSE OF DRUGS.

WE'RE SLOWLY GETTING THERE. MORE PEOPLE ARE BEGINNING TO REALIZE THAT DRUGS ARE NOT SOCIALLY COOL; THEY'RE NOT OK; THEY'RE BAD. ZERO TOLERANCE IS OUR GOAL.

THE DATA WE HAVE DEVELOPED SO FAR THROUGH THE DUF PROGRAM AND OTHER RESEARCH IS HELPING US DEVELOP THE POLICIES WE NEED TO ENERGIZE THIS CHANGE IN THE SOCIAL CLIMATE.

MAYORS, LOCAL PUBLIC HEALTH OFFICIALS, EDUCATORS AND CRIMINAL JUSTICE LEADERS AN WORK TOGETHER, USING THE SAME DATA, TO DEVELOP THE MEDICAL, EDUCATIONAL AND ENFORCEMENT PROGRAMS THEY NEED TO BE EFFECTIVE IN THEIR OWN AREAS.

IT'S LIKE CANCER. INDEED, THE DRUG PROBLEM IS LIKE A NATIONAL CANCER. ONCE WE HAVE DIAGNOSED THE PROBLEM, LOCATED THE TUMOR, THROUGH THE MOST SCIENTIFIC MEANS AT OUT DISPOSAL, WE CAN COME UP WITH THE BEST WAY TO FIGHT IT--THROUGH CHEMOTHERAPY, RADIATION OR SURGERY.

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EACH COMMUNITY HAS TO MAKE ITS OWN DECISION BASED ON ITS OWN  
DIAGNOSIS.

WE AT THE FEDERAL LEVEL CAN PROVIDE A LOT OF HELP. WE CAN  
PROVIDE THE SUPPORT STRUCTURE THAT COMMUNITIES NEED. THROUGH MY  
AGENCY, PROFESSIONAL RESEARCH HAS HELPED OFFICIALS AT ALL LEVELS  
MORE CLEARLY DIAGNOSE THE PROBLEMS THEY FACE--THE PROBLEMS WE ALL  
FACE--AND COME UP WITH SOLUTIONS THAT WORK.

WE NEED TO CONTINUE TO WORK TOGETHER AND DEVELOP EFFECTIVE  
EDUCATION, TREATMENT AND ENFORCEMENT PROGRAMS.

THANK YOU.