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"THE RESEARCH AGENDA IN THE FIGHT AGAINST DRUGS"

AN ADDRESS

BY

THE HONORABLE JAMES K. STEWART, DIRECTOR

NATIONAL INSTITUTE OF JUSTICE

BEFORE

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THE UNIVERSITY OF SOUTH FLORIDA'S

DEPARTMENT OF LAW AND MENTAL HEALTH

ENTITLED

"THE CRITICAL DRUG ABUSE CHALLENGE:

TOWARD A UNIFIED SYSTEMS APPROACH"

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TAMPA, FLORIDA

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

Thank you, and good morning.

Today I want to suggest how local criminal justice and drug treatment systems might work TOGETHER to make a greater impact. Neither our criminal justice system nor our treatment system, I submit, has been effective on its own in dealing with drug abuse.

Finding out what works is often a trial-and-error process. The errors show us what doesn't work. That's the easy part.

Finding out what does work is much harder. In my view, this is a three-step process. The first step is defining the problem correctly. The second step is setting the right goals -- making sure the results you want to see are the correct ones. The third step is having, and using, tools that can measure whether you're having any impact in producing the results you want.

In our nation's efforts to deal with drug abuse, there have been mistakes at all three steps.

One reason we have the drug problem we do today is that our society defined the problem incorrectly during the '60s and '70s. Many defined drug abuse solely as a problem for the criminal justice system. Most saw it as a crime, but a victimless one. For some, it was primarily a health problem.

It wasn't seen as a societal problem -- as the responsibility of the family, the schools, the workplace and the community. Many abusers were turned over to the criminal justice system. Others went into public treatment programs. There often was little cooperation between the two.

The criminal justice system, for its part, was already overstressed. When a drug user was convicted, the judge as a rule gave him probation and referred him to treatment. Jail space, after all, was needed for criminals who were victimizing others. Some judges even considered drug use as a MITIGATING factor when they were deciding on punishment -- a person committing a crime under the influence of drugs was somehow "less guilty."

Like the courts, law enforcement agencies and officers had limited resources. Given that fact, and the lack of public interest in sanctioning users, they saw little point in expending time and resources in arresting users. Instead, they went after only the major dealers and importers. In many areas, possession and use of drugs were de facto decriminalized as a result.

Now we're paying the price.

Our society made another mistake in applying the second step to finding out what works -- in setting our goals. We picked a vague result. We decided that if enough drug users simply got referred into treatment, that was sufficient to take care of the problem.

The National Institute on Drug Abuse for many years tracked admissions to treatment programs by primary drug of abuse. And there was some follow up to see whether drug users actually went to treatment. But comparatively few took the third step -- to

measure whether the treatment efforts were having any impact.

Part of the problem was a lack of good tools to measure impact -- whether former users were staying clean. The early urine tests were not very sensitive, and programs relied heavily on detecting use through clinical signs.

Treatment agencies could say they were treating large numbers of people. But they weren't able to identify very well whether the people were continuing to use drugs. Treatment staff people, moreover, often bent over backwards NOT to act on usage infractions.

The criminal justice system, as a result, often had no way to measure if referring drug users to treatment was having the desired impacts.

All we had were estimates -- vague, phantomlike estimates about who was using how much of what, that were based on the users' self-reports. And, as you can imagine, clients of the criminal justice system are often less than honest about their drug involvement.

The lack of widespread routine monitoring of, and research on, drug use among criminals had another unfortunate result. In recent years, we have seen heroin, and then cocaine and crack, become the drugs of abuse on the streets of our cities.

But long after these drugs emerged, most enforcement AND treatment programs were still focused on heroin abuse. As a result, we still don't know much about what works for cocaine abusers.

So two things handicapped us in dealing with drug abuse. First, it wasn't seen as a societal problem, but as something to be handled by the criminal justice system and public treatment programs. Both systems were overloaded, and often they didn't coordinate their efforts effectively.

Second, we had no national base line of current information on what kinds of drugs were being used by the criminal population. We never had an objective profile of drug-using offenders.

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I am happy to say we are overcoming these handicaps. Research funded by the National Institute of Justice has helped spur people across the country to question and rethink how we view drug-related crime and drug-using criminals.

As the Department of Justice's chief research branch, NIJ itself has shifted its efforts. Sixty percent of NIJ's research funding today is directed at drugs.

Our research agenda encompasses <u>both</u> treatment and enforcement. We are examining drug-crime links, identifying trends, assessing innovations such as using civil laws and sanctions against dealers and sellers, and gathering data on how

to make prevention, treatment, and enforcement work better.

We, too, are continuing to learn what works, and what doesn't.

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Our nation's view of the drug problem has changed in the last year or two. President Bush, Attorney General Dick Thornburgh, William Bennett, and members of Congress on both sides of the aisle -- are saying the problem clearly needs a collaborative effort.

The President's new national anti-drug strategy calls for a partnership between criminal justice and the rest of society. It specifically calls for one between criminal justice and treatment. It calls for reducing demand as well as supply.

Research has a great deal to offer in the anti-drug effort. NIJ, for example, has a national program for measuring recent drug use among the people who are the greatest risk to society -- those arrested for crimes. It's called the Drug Use Forecasting Program, or DUF for short. I mentioned earlier the need for information about drug use by criminals and criminal suspects. The DUF program is providing that information. DUF, developed and operated by NIJ, is co-funded by the Bureau of Justice Assistance.

You may be interested in a little history of DUF, because it's an example of building on research and also of how, so often, new findings lead to new questions.

In 1983, NIJ-sponsored researchers in Baltimore reported that addicts were four to six times more active in crime when using drugs. They also found that when the addicts got off drugs, their criminal behavior dropped sharply. But when they went back on drugs, it rose again.

The Baltimore study raised questions in our minds. Although it had followed hard-core addicts over time, for much of that time they were not involved with the criminal justice system. We wondered how the Baltimore findings would apply to drug users who were involved with the justice system. We decided to focus on two specific questions with respect to defendants on pretrial release.

Question One was: "When defendants are given pretrial release, how does the behavior of those who are drug users compare to that of those who don't use drugs? Are drug users on pretrial release really involved in more crime and misconduct?"

Previous analyses hadn't been conclusive, partly because they depended on self-reports to identify the drug users.

Question Two was: "How would we affect the behavior of drug-using defendants if we could accurately identify them as such, make their release conditional on staying drug-free, and then really monitor their compliance?"

To answer the first question, we funded the Narcotic & Drug Research, Inc. to conduct a research study in 1984. Over a six-month period, Eric Wish and his colleagues at NDRI interviewed some 6,400 male arrestees at Manhattan Central Booking, and got voluntary urine specimens from them. Then they tracked both users and non-users until disposition of their cases.

Dr. Douglas Smith, a professor at the University of Maryland, in an analysis of these data, found that users, particularly multiple-drug users, had much higher rates of pretrial misconduct -- as measured by re-arrest -- and failure to appear.

To answer the second question, NIJ sponsored and evaluated a full-scale pretrial drug-testing program in the District of Columbia. All arrestees were urine-tested before arraignment. Information on their drug status was then used in setting conditions for release. For those testing positive, one condition was that they not use drugs. Compliance with that condition was monitored by regularly-scheduled urinalysis, and violators could be sanctioned.

Preliminary findings show that in both D.C. and New York, more than 55 percent tested positive for opiates, cocaine, PCP or methadone. That was nearly double the figure expected. And they were spread across all offenses -- not just drug-related ones. The tests, moreover, could identify only recent drug use, so

these were minimum percentages of drug use among arrestees.

Though the percentages of drug positives were about even in the two cities, the drugs of preference were different -- cocaine in New York and PCP in D.C. This was in 1984 and, of course, we saw cocaine use soar in both cities over the next two years.

Again, the research findings raised new questions: "Were these startlingly high rates -- and in 1984 and '85, they were startlingly high -- simply anomalies? Or was drug use among arrestees in other cities comparable?

Was it high among all offenders, or just those arrested for possession or sale? And did the drug of preference vary in other cities as it did in New York and Washington?

There was one other element driving DUF -- some work Eric Wish had done on an NIJ-NIDA grant in 1979-80. The findings suggested that urine tests of arrestees had shown a heroin epidemic in Washington one to one-and-one-half years earlier than other community indicators of drug use. If we could do broader urine testing of arrestees, would the results give us a leading indicator of drug epidemics nationally, or at least city-by-city?

We decided we had to find out, and that was the beginning of DUF. We pilot-tested DUF late in New York in 1986, and began implementing it early the next year. DUF is now in 22 sites, and we expect to extend it to three more.

DUF involves obtaining anonymous voluntary interviews and urine samples from a sample of the people arrested at each city's central booking facility every three months. To make sure that a range of felony offenses are represented, arrestees charged with drug offenses are intentionally undersampled.

For this reason, DUF estimates of drug use represent the minimum of what would be found in the total arrestee population, which contains many more people charged with drug crimes.

DUF response rates are consistently high. More than 90 percent of the arrestees approached agree to be interviewed. Of these, more than 80 percent also voluntarily provide a urine specimen.

There is no coercion of arrestees. They remain anonymous. No names are taken. The information that is obtained is not used against them, and their cases are not affected by whether or not they provide a specimen.

We use the EMIT immunoassay system, a highly reliable testing system, and analyze the specimens for ten drugs.

Within three months after the DUF data are collected, NIJ sends each city a computer-readable data file that is, in effect, a unique profile of that city's arrestees.

The data from DUF are showing us all sorts of useful things. Let me tell you about some of them. Overall, about 70 percent of arrestees are testing positive for one or more drugs. The actual percentage varies across the country. But in

every city, it's nearly twice the number who admit to recent drug use.

One surprise in the national data is how much the type of drugs used vary from city to city. PCP has been detected primarily in Washington, D.C., and St. Louis. Amphetamines are limited mostly to San Diego and Portland, Oregon. Female arrestees everywhere are much less likely than males to be marijuana users, but are just as likely to be involved in hard drugs.

NIJ has two DUF sites in Florida -- Miami and Ft. Lauderdale. We tested male arrestees in Miami during the second quarter of 1989 (June) and found that seventy percent tested positive for any drug. Cocaine was the drug most likely to be found, with sixty-five percent testing positive. Marijuana was the next most common drug, with twenty-nine percent positive. Opiates and amphetamines were rarely found in Miami. Twenty-nine percent of all arrestees tested positive for two or more drugs. Results were similar for Ft. Lauderdale.

In summary for Florida, cocaine and marijuana are the two drugs most frequently found in arrestees. There is no evidence of much use of heroin or methamphetamines -- "ice," as it is called. NIJ will continue to monitor these two cities for any changes in these trends.

Information about these geographic and gender differences can help treatment organizations allocate funding and decide

what types of treatment are needed.

No one has been able to find reasons for these differences. They are areas for researchers to look at further.

As you know, drug use is a dynamic situation, changing all the time -- city to city, week to week, month to month. But DUF gives us regular repeat monitoring, so we can track trends for each city and nationwide.

Some people, for example, have speculated recently that heroin use is becoming popular again. DUF has not found any evidence of that yet in the arrestee population, however. We will keep watching the quarterly DUF results for signs of any increase.

DUF is revealing other important trends. One is the spread of drug use among women, particularly of cocaine. During the last quarter of 1988, higher percentages of women arrestees than men tested positive for cocaine use in New York, Washington, Kansas City, Portland, and San Diego. And in interviews, among those women who report injecting drugs, exceptionally high proportions report injecting cocaine. This finding highlights the potential for an additional set of problems -- addicted infants, HIV-positive infants, and increases in child neglect.

Because DUF tracks trends and patterns, it can tell us more than just what drugs are being used. We hope to use it to track the effectiveness of our efforts to educate, treat, enforce, and to seize drugs.

If, as has been the case for the last several years, drug use among arrestees continues to go up, we will know our efforts with that group have not been effective. We will need either to intensify them, or to try something else.

Up to now, DUF has been used mostly like a thermometer -- basically taking the temperature of the country. I'd like to see it used as a barometer -- as a predictor -- of better weather or of more storms in our fight against drugs.

One study we sponsored through the Institute for Social Analysis shows DUF has this potential -- to predict crime rates six months to a year in advance. The study was done by Adele Harrell, a researcher now at the Urban Institute. It also suggests that trends in arrestee drug use, as measured by urine tests, may be able to predict trends in drug-related child abuse cases, emergency room admissions, and overdose deaths by up to a year in advance. These are clearly areas where more research needs to be done.

Several NIJ studies suggest that for drug-involved offenders, their early drug-use and crime history may predict how effective treatment will be. Treatment seems to work best for offenders who were not heavily involved in crime before their addiction.

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Pretrial drug testing can also be a valuable tool. I mentioned the NIJ-sponsored pretrial experiment in Washington, D.C., a few minutes ago. It showed us pretrial testing can both help control crime and reduce demand for drugs by those on pre-trial release.

Now judges in D.C. Superior Court routinely use the results of drug tests at arrest in setting conditions of release. Earlier research had shown that drug users were twice as likely as nonusers to commit more crimes while awaiting trial.

Given the pressures on jail space, the judge may release them until trial, if they promise not to use drugs and to come in for testing once a week. The point is to make them accountable for their actions. If it turns out they are still using drugs, the judge can apply progressively stronger sanctions. The sanctions may be as mild as having them come in more frequently for testing.

If they keep doing drugs, the next step may be to have them spend eight hours in the court's holding cell. If they still don't get the message, perhaps it's time to put them back in jail.

The D.C. pretrial testing program is being replicated in five other cities, and in the federal pretrial program. Evaluations of several of those programs are under way. But D.C. is already convinced. It's made drug testing a standard part of

its pretrial release programs.

With a strong testing program, those awaiting trial quickly become aware that the criminal justice system can detect drug use, fast and very accurately, and that something happens when it does. This could be an important factor in cutting drug use, even without treatment.

On the enforcement side, NIJ is developing another new information tool that can help police move against drug dealers and users at the point of purchase. The enormous drug profits of dealers and cartels are fueled by the thousands of small exchanges of dollars for drugs. If we can do a better job of interrupting sales in a systematic way, we can make real inroads. Soon we will pilot test a system called Drug Market Analysis, or DMA. Three police departments and research groups have been selected in a competitive round, and they will undertake a comprehensive operations and research endeavor.

DMA will computerize all information about drug trafficking, to track the locations of drug markets throughout a city or a metro area. Mapping and computer printouts will permit police to locate drug hotspots and markets more easily. Police will initiate a variety of strategies, and researchers will evaluate the effects. They also would be able to track when and where displacement occurs, and how long it takes to occur, in different areas. At least one DMA site covers an entire metro area, so we can see displacement across political boundaries.

Each police agency in the area would then know very quickly when and where a new drug problem emerged in its area. An individual police officer on the beat may pick it up right away, but the computer will pick it up aeons faster than the police as an institution would.

We are also evaluating different types of enforcement strategies used by police. In Oakland, California, a special team of six officers and a sergeant did six months of high-intensity enforcement against drug sellers in 20-square-block areas. They used search warrants, surveillance, high-visibility patrolling, buy/busts, stopping and questioning, frisking, the works.

In Birmingham, the program involved reverse stings -- to make the users accountable for their actions. Police put an officer in the street as a drug dealer, had a videotape running, and made arrests.

The Police Foundation's evaluations will measure the impact of these different strategies in terms of quality of life within neighborhoods and the impact on both the drug dealer and user.

Another innovative program is the new Demand Reduction Program in Maricopa County, Arizona. NIJ is evaluating the program, which is a cooperative effort by twenty-six agencies to target casual drug users from all walks of life. This effort combines law enforcement with treatment. The objective is to get these users to change their attitudes, and reduce demand for

drugs. A public service advertising campaign, developed by private-sector time, talent, and money, is spreading the message: "Do Drugs. Do Time."

Users who are arrested are booked on a felony charge, and spend at least some time in jail. First-time users are given an option. They may enter a one-year counseling and treatment program as an alternate to prosecution.

The user pays the cost of the program, which can run $2,500 to $3,000, although the fee is waived in hardship cases. If the user completes the program, the felony charge is dropped. If the user drops out, he or she is prosecuted.

NIJ will be sharing information on how the approach is working, whether treatment is working, or users are being rearrested. We also want to learn what is gained in terms of jail space and prosecutorial time.

We're also looking at TNT -- the Tactical Narcotics Team -- in New York City. Teams of 117 officers converge on a small area of the city, saturate the area, do buy/busts, and get rid of the drug traffickers. Then people from other city agencies move in, to clean up the area, and to get landlords and businesses to fix up their properties. They try to complete the job in a 90-day period through a cooperative and coordinated approach to quality-of-life issues by police, citizens, and other agencies. Then they move on.

TNT has been operating for the last year or so in Queens, and on Manhattan's Lower East Side. It starts in South Brooklyn in October or November, and we're funding the Vera Institute of Justice to evaluate it there. They're selecting three neighborhoods -- two to get the treatment, and one to serve as a control. We will be looking at issues of displacement and deterrence in this study.

Additionally, we want to see how long the effect of TNT lasts after the 90 days. When does the problem re-emerge? When should the police go back in to reinforce the cleanup? How many officers need to be sent back in -- two, fifteen, seventy?

Over the next two years we should be able to know what works.

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We are in a position to marry the best of criminal justice supervision with the best of drug treatment. I say, let's do it.

When a judge refers a person to treatment, let's use testing to be sure the person stays drug free, as most good treatment programs do today. If the offender doesn't participate and cooperate, let's use the leverage we have. Make him face criminal justice consequences, such as a proceeding for contempt of court.

After all, when we're trying to help people already in the criminal justice system, we're going after the drug users who represent the most serious threat to our society. Their continued drug use has almost immediate repercussions on the rest of us.

When criminal justice and treatment professionals have tried to attack the drug problem separately, it's led only to frustration for both. Working together, we can show tremendous results in containing the deadly commerce of drugs on our streets.

Thank you.

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