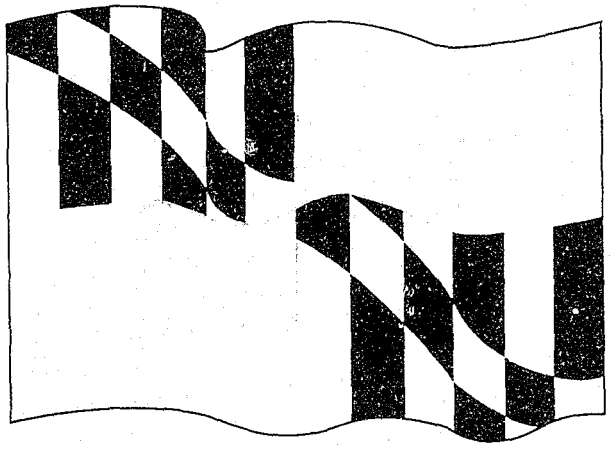
Maryland's Drug and Alcohol Abuse Control Plan

Governor William Donald Schaefer

October 1989

Governor's Drug and Alcohol Abuse Commission

Maryland's Drug and Alcohol Abuse Control Plan



Governor William Donald Schaefer

October 1989

Governor's Drug and Alcohol Abuse Commission

Robert R. Neall, *Chairman*

STATE OF MARYLAND
OFFICE OF THE GOVERNOR

WILLIAM DONALD SCHAEFER
GOVERNOR

Dear Citizens of Maryland:

Drug and alcohol abuse is one of the most serious concerns facing the citizens of Maryland today. I have made it a top priority of my administration. I am asking every citizen of the State to get involved in solving this problem. In order to develop a comprehensive approach to reducing drug and alcohol abuse in the State, I established the Governor's Drug and Alcohol Abuse Commission to study the problem and come up with goals and recommendations for the State.

I commend the Commission for its hard work and dedication in putting together this report. No one expects the drug problem to be solved overnight. However, I feel this report and the plan of action it describes is the aggressive first step needed in marshalling our available resources and targeting effective programs to solve this problem.

As we all continue the fight to reduce drug and alcohol abuse in Maryland during the coming years, let us remember that we must work together, that this is a national as well as a statewide problem, and that to be successful we must all get involved.

Sincerely,

William Donald Schaefer
Governor

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (ROOM 1513)
GENERAL INFORMATION (301) 225-4800 TTY FOR THE DEAF BALTIMORE AREA 947-2609 D.C. METRO 565-0450

STATE OF MARYLAND
EXECUTIVE DEPARTMENT
WILLIAM DONALD SCHAEFER
GOVERNOR

GOVERNOR'S DRUG AND ALCOHOL ABUSE COMMISSION

STATE HOUSE
ANNAPOLIS, MARYLAND 21401
(301) 974-3077

ROBERT R. NEALL
CHAIRMAN

September 29, 1989

The Honorable William Donald Schaefer
Governor of Maryland
State House
Annapolis, Maryland 21401

Dear Governor:

The Governor's Commission on Drug and Alcohol Abuse was established under Executive Order No. 01.01.1989.04 on February 3, 1989. In response to the instructions set forth in that Executive Order, the Commission has prepared for your review a comprehensive, long-range plan to serve as Maryland's blueprint to reduce drug and alcohol abuse in our great State. As Chairman of the Commission, it is my privilege to provide the Maryland Drug and Alcohol Control Plan for your consideration and action.

Maryland's Drug and Alcohol Control Plan is the result of a statewide effort to examine the extent of the drug and alcohol abuse problem across Maryland, to identify and evaluate current efforts to control substance abuse, and to develop a Plan of Action which all Marylanders will employ to fight the drug and alcohol epidemic.

The Commission members and I realize that Maryland's response to the drug and alcohol abuse crisis must be both measured and dynamic. When this Plan is adopted, it may challenge conventional methods for drug and alcohol control, thereby engendering resistance. To ensure the success of this Plan, it will be necessary to overcome turf battles, interagency rivalries and parochial interests. Despite the aforementioned obstacles, the Commission wholeheartedly endorses the adoption of the Plan.

The impact of your early leadership and personal involvement in the areas of drug and alcohol abuse cannot be underestimated. Government, industry, and civic leaders, as well as private citizens have enthusiastically responded to your "Call to Action." This unprecedented support to a great extent, has helped to shape the Plan we are presenting

to you today. This plan marks a beginning of what must be a long-term sustained effort by everyone to change attitudes towards drug and alcohol abuse. The Commission will continue to develop support for this plan and for the proposals which evolve from it.

No task of this size and scope could be accomplished without the dedicated help of many, many people. I want to thank the members of the Commission, the Departmental staffs, and the Commission staff, all of whom worked above and beyond the call of duty to make this report a reality.

Finally, I wish to acknowledge the participation of untold hundreds of Marylanders from every region of the State, who actively participated in our deliberations and whose contributions helped to make this document an accurate reflection of the needs of the people of Maryland.

Respectfully,

Robert R. Neall
Chairman

Commission Members

Mr. Robert R. Neall
Chair

Mr. Bishop L. Robinson
Vice-Chair
Secretary of Public Safety and Corrections

Mr. J. Joseph Curran, Jr.
Attorney General

Ms. Carolyn Colvin
Secretary of Human Resources

Dr. Torrey C. Brown
Secretary of Natural Resources

Dr. Joseph L. Shilling
State Superintendent of Schools

Dr. Shaila R. Aery
Secretary of Higher Education

Mr. Richard H. Trainor
Secretary of Transportation

Ms. Linda D'Amario Rossi
Secretary of Juvenile Services

Ms. Adele Wilzack
Secretary of Health and Mental Hygiene

Ms. Hilda E. Ford
Secretary of Personnel

Hon. Francis X. Kelly
Maryland Senate

Hon. Decatur W. Trotter
Maryland Senate

Hon. Ethel A. Murray
Maryland House of Delegates

Hon. D. Bruce Poole
Maryland House of Delegates

Public Members

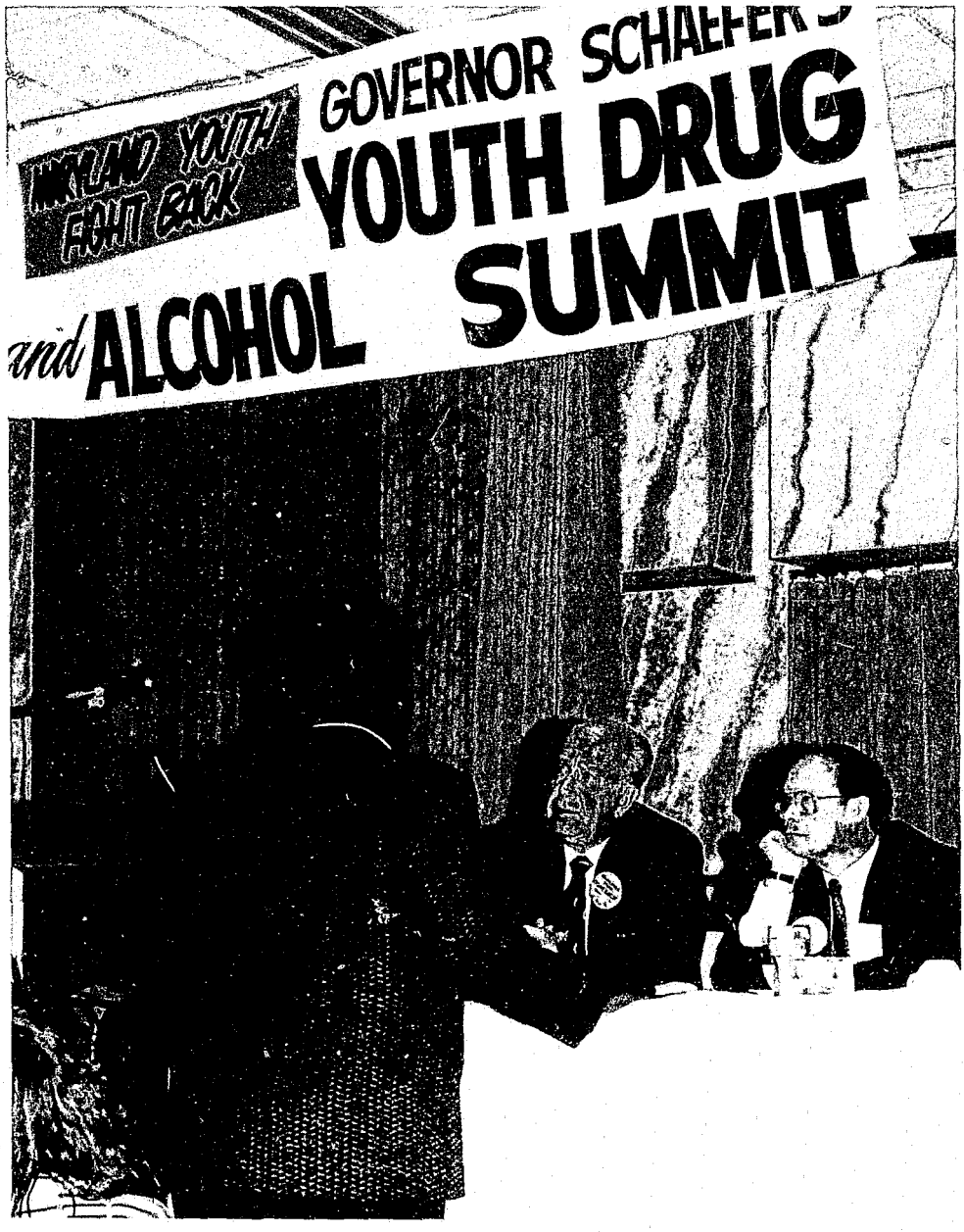
Ms. Elizabeth Marie Hewlett

Mr. G. C. Edward Masood

Mr. Jack L. Powell

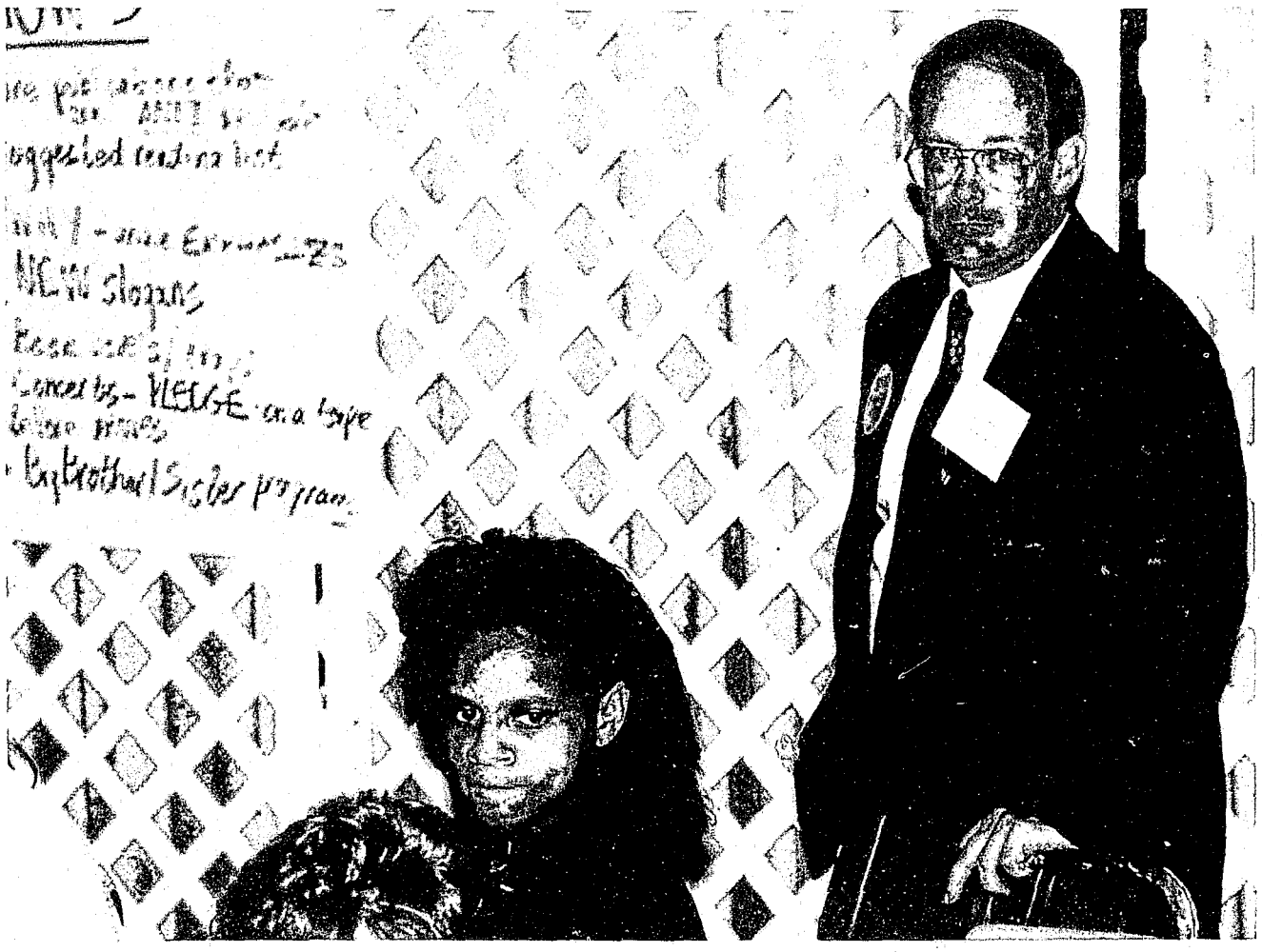
Ms. LaVerne L. McWhite

Table of Contents



Governor Schaefer's Youth Drug and Alcohol Summit was held October 3, 1989. Young people from across the State gathered together with State officials and experts to discuss the special problems that youth encounter with drug and alcohol abuse.

Introduction



The Commission recommends establishing active Students Helping Others and Understanding Themselves (SHOUT) Programs in all middle schools.

Introduction

The Drug and Alcohol Abuse Commission was established by Executive Order by Governor William Donald Schaefer on February 3, 1989. The Commission is composed of nine cabinet Secretaries, the Attorney General, four members of the Maryland General Assembly, and five public members.

The Executive Order directed the Commission to submit to the Governor, by September 30, 1989, a comprehensive and integrated plan for reducing illegal drug related activities and drug and alcohol abuse in Maryland.

Governor Schaefer appointed Robert R. Neall as the Commission Chairman and, following a gubernatorial selection process for legislative and public members, the Commission commenced its deliberations with an organizational meeting in April of 1989.

To assist its internal organizational efforts, the Commission created three subcommittees: Law Enforcement; Prevention/Education; and Treatment. The Commission's Vice Chairman, the Secretary of Public Safety and Correctional Services, Bishop L. Robinson, chairs the Law Enforcement Subcommittee. Joseph L. Shilling, the State Superintendent of Schools, chairs the Prevention/Education Subcommittee, and Adele Wilzack, the Secretary of Health and Mental Hygiene, chairs the Treatment Subcommittee.

In order to identify successful local efforts and to respond to the specific needs and concerns within Maryland subdivisions, the Commission developed an ambitious schedule of local, regional, and statewide meetings and public hearings that will continue through September of 1990.

Meetings were held with local elected officials and policy makers in the Counties of Allegany, Anne Arundel, Baltimore, Carroll, Garrett, Montgomery, Washington, Wicomico, and Worcester, and Baltimore City. The Commission held public hearings in Anne Arundel , Washington, and Wicomico Counties. It also conducted a two-day regional symposium on substance abuse in Southern Maryland involving over one hundred local officials from Calvert, Charles, and St. Mary's Counties. The Statewide Drug Summit held in May 1989, and the Statewide Youth Summit, held in October of 1989, are also Commission-directed events.

Many Maryland counties and cities have initiated collaborative efforts and responded to Commission requests and the Governor's Call to Action. The Commission has received and considered local plans and task force reports from Annapolis, Anne Arundel County, Baltimore County, Calvert County, Charles County, Frederick County, Montgomery County, Ocean City, Prince George's County, Somerset County, St. Mary's County, Washington County, and Worcester County.

The Commission and each of its Subcommittees independently solicited testimony at regularly scheduled meetings and public forums from experts acquainted with drug and alcohol prevention, treatment, and control problems.

This intensive six month process has focused on identifying the nature and extent of the substance abuse problem in Maryland, analyzing current drug control efforts, and establishing what is needed from a legislative, regulatory, and programmatic perspective to close gaps in existing services.

The thrust of this initial Plan reflects ongoing Commission efforts for refining existing service delivery systems and for identifying the level of services needed to immediately address current demands in prevention, education, treatment, and criminal justice. In this Report the Commission has addressed Maryland's most immediate needs and has identified a wide range of issues and recommendations requiring more analysis and consultation.

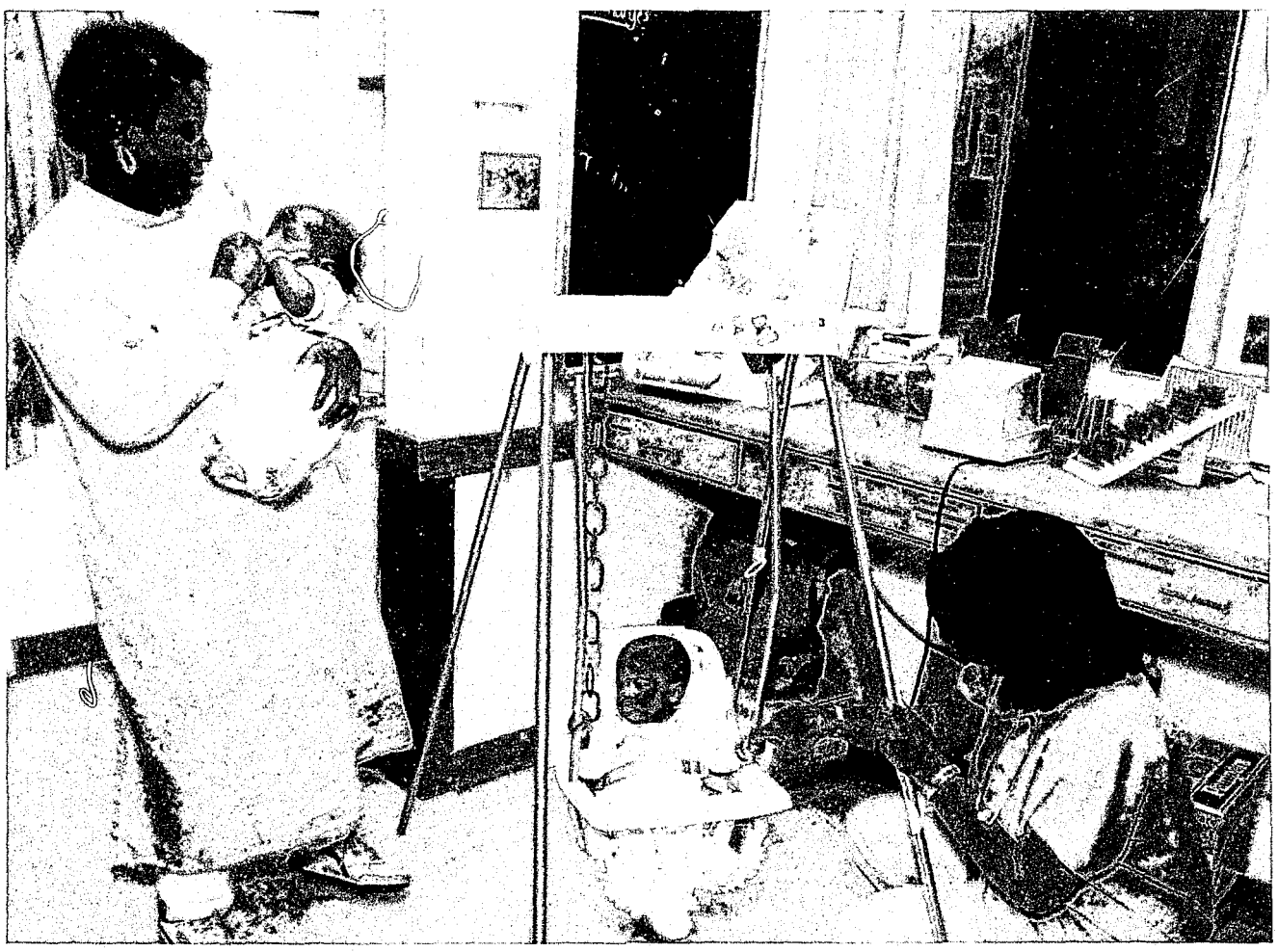
Some of the subjects requiring the Commission's future attention are the problems associated with incarceration of criminal offenders and methodologies to deal with increasing numbers of juveniles surfacing as drug dealers and as

employees of drug trafficking organizations.

Some studies are currently underway. The Secretary of Public Safety and Correctional Services and the Maryland Legislature are currently examining a wide range of alternative methods to address prison construction, overcrowding, and facility design. The Commission awaits the outcome of their efforts, as well as the results of a study conducted by the National Institute of Corrections to assess the effectiveness and efficiency of existing treatment programs within the Division of Correction. This study will identify successful correctional treatment programs suitable for implementation in Maryland.

The Commission will continue to address the issues and recommendations presented in this report, to monitor the implementation of the statewide plan, and to identify emerging needs and priorities to combat drug and alcohol abuse in Maryland. However, the Commission also recognizes that the problem of alcohol and drug abuse transcends state boundaries. All subdivisions of this State must present a unified front to encourage and support the development and implementation of an innovative, comprehensive National policy, which will complement those initiatives set forth in this report.

Executive Summary



Photograph Courtesy of Wide World Photos

The great tragedy of drug and alcohol abuse among pregnant women is that they will give birth to an innocent generation of children who may suffer permanent and severe impairment.

Executive Summary

Every citizen in Maryland today is affected directly or indirectly by the growing crisis of drug abuse. The use of illegal drugs and the abuse of alcohol is destroying the fabric of modern life. It reaches into the schools, the communities, and the workplace. It makes the highways, airways, waterways, and railways unsafe for everyone, and increases the costs of goods and services. It breeds crime and violence and is responsible for the spread of contagious disease. Drug trafficking has become big business, straining the resources of the law enforcement community and the criminal justice system, even luring children into illicit activity with the promise of easy money. It is well established that traffickers are actively recruiting juvenile distributors, taking advantage of the breakdown in a criminal justice system in which punitive action seldom is taken against juvenile offenders.

It is incumbent upon each level of government to promote and coordinate the efforts of youth, parents, community organizations, businesses, schools, and government so that everyone participates in combatting the problems associated with drug and alcohol abuse. This Plan recognizes that everyone has a part to play, that all Marylanders must become involved at a community level, that governments must work together to get the most out of their limited resources. We must critically examine what works and what does not work, while constantly searching for new ideas and different approaches to meet the changing and ever present threat of substance abuse.

This report examines the nature and extent of the problem, summarizes current efforts and promotes coordination of drug control efforts by illustrating exemplary State and local collaborative activities. The Plan identifies goals and recommendations designed to meet the challenge of controlling substance abuse from the areas of Prevention and Education; Treatment; Law Enforcement; and Research, Evaluation, and Coordination. Each recommendation is followed by an implementation strategy that identifies the department or agency responsible for action.

Maryland's Drug and Alcohol Control Plan embodies the following elements:

Prevention and Education

- o Change behavior and attitudes about alcohol and other drugs by establishing an aggressive and comprehensive public awareness campaign.
- o Ensure all Marylanders have access to all available information regarding alcohol and drug abuse and the program services to address substance abuse by developing and maintaining a State Clearinghouse on substance abuse.
- o Mandate that all Maryland students, at each and every grade level, be educated about the dangers and consequences of using and abusing alcohol and other drugs.
- o Establish a standard teaching certification requirement regarding training in drug and alcohol abuse prevention at the elementary and secondary school levels.
- o Expand law enforcement efforts to educate students about drug abuse.
- o Mandate consistent enforcement of school policies on alcohol and drug use in all Maryland schools and colleges.
- o Intervene with students who use alcohol or drugs by establishing the Maryland Student Assistance Program in every secondary school in Maryland and place a school nurse in every public school in every jurisdiction of this State.
- o Involve all segments of the community in prevention efforts, initiatives, programs, strategies, and the development of grassroots prevention activities.
- o Maximize State government's role in addressing the problem of substance abuse by maintaining a drug-free workplace, requiring drug-free accountability for State licenses, permits, contracts, loans and scholarships, and encourage private

employers to develop and implement drug-free workplace policies.

Treatment

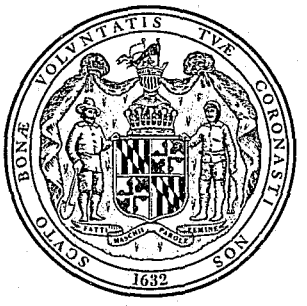
- o Refocus treatment resources on the family by providing outpatient and intensive outpatient services to substance abusing youth and their families.
- o Expand residential treatment to children, adults, and family members.
- o Pilot a family treatment emphasis in residential programs.
- o Develop a Department of Juvenile Services capacity to provide substance abuse treatment for delinquent youth and their families.
- o Develop and implement specialized, effective treatment programs for pregnant addicts and their newborns.
- o Insure availability of methadone treatment services.
- o Provide addiction treatment to incarcerated persons using therapeutic community models in State and local correctional facilities.
- o Expand court-based assessment capacity to respond to increased demand.
- o Pilot specialized services for persons with special needs, such as psychiatrically impaired addicted adolescents and the hearing-impaired/deaf community who are affected by drugs or alcohol abuse.

Law Enforcement

- o Reorganize the Maryland State Police to bring all State Police drug control resources under one command.
- o Bring together representatives from all State and local law enforcement agencies to develop statewide drug control strategies and policies, utilizing the resources of all Maryland's law enforcement community.
- o Develop a statewide grand jury that will offer Maryland for the first time the opportunity to efficiently and effectively prosecute members of geographically dispersed drug trafficking organizations.
- o Develop regional laboratories to make labs more responsive to prosecutors' offices and law enforcement agencies that are distantly located from current available laboratory facilities.
- o Develop a multiple copy prescription program to create a new information source that will identify potential abusers who need treatment, identify people involved in diverting pharmaceutical drugs, and identify system weaknesses.
- o Enhance Maryland's capability to determine the extent of drug use among those people in pretrial status and make this information available to judges and court personnel to assist in the monitoring of the pretrial population.
- o Enhance training for judges so that they will be more effective in their decision making in dealing with substance abusers and drug traffickers.
- o Aggressively approach the monitoring of high risk clients within Parole and Probation and identify those clients who are not benefiting from parole or probation.
- o Capitalize on skills and identify the ways that involved professionals can be used to benefit programs outside their traditional functional areas. For example, use law enforcement in prevention/education programs. Employ State and local police to work with Division of Drug Control inspectors in the regulation of pharmaceutical drugs.
- o Hold drug users accountable by repealing probation before judgement in drug cases, mandate fines and community service for first time possessors of drugs, suspend drivers' licenses and impose community service for juveniles convicted of possessing drugs on the first offense, and mandate incarceration for anyone convicted of any subsequent drug offense.

Research, Evaluation, and Coordination

- o Provide for a central State Clearinghouse to collect, store, analyze, and disseminate drug and alcohol related data and information.
- o Incorporate research and evaluation in all drug control efforts.
- o Develop more comprehensive planning, coordination, and evaluation capabilities within the Commission.
- o Promote coordination at a State and local governmental level with communities and the private sector in substance abuse planning efforts.
- o Ensure Maryland's participation with the Office of National Drug Control Policy and the Congress in the development and implementation of the National Drug Control Strategy.



Nature and Extent of the Problem

With increasing numbers of individuals and groups dealing drugs, the drug scene is accompanied by unprecedented violence. Drug trafficking has become big business, even luring children into illicit activity with the promise of easy money.

Nature and Extent of the Problem

The State of Maryland, with a population of 4.5 million, is the 20th largest state in the country. Geographically situated in the Mid-Atlantic region and bordered on the north by the Mason-Dixon line and Pennsylvania, Maryland is irregular in shape and almost totally divided east and west by the Chesapeake Bay. The State is bounded to the east by Delaware and the Atlantic Ocean and to the south by Virginia. The western portion is bounded by West Virginia to the far west, and West Virginia and Virginia to the southwest and south. Much of the western portion of the State is separated from Virginia by the Potomac River, with Washington, D.C. located between the two states, but having three-quarters of its boundaries directly adjacent to Maryland.

Politically, Maryland is divided into 23 independent county jurisdictions and one chartered city with some 148 independent municipalities located within 21 of its 23 counties. Of particular note is Baltimore -- Maryland's popular renaissance city. Located at the upper end of the Chesapeake Bay on the western shore, approximately 40 miles northeast of the nation's capital, Baltimore is the State's largest urban center and a major port city. Located just outside of Baltimore in the direction of Washington, D.C. is Maryland's Baltimore-Washington International Airport.

On the eastern shore, Ocean City, located on Maryland's Atlantic coastline, is a major resort city that attracts hundreds of thousands of tourists annually, swelling the State's population during the summer months.

Maryland's residents are occupationally diverse. Among them are many agricultural workers on both the eastern and western shores; watermen who earn their living from its many waterways and port; blue-collar workers engaged in the manufacturing and building trades; high-tech and service industry employees; professionals and self-employed businessmen; and numerous government and military personnel who reside in Maryland, yet may travel daily to offices located in Washington, D.C. and Virginia.

Maryland, like every other state in the country, is facing an ever increasing drug abuse and trafficking problem that affects all levels of society and that drains critical resources which could be used to improve the quality of its citizens' lives. Additionally, chemical dependency is a primary health problem affecting not only the alcoholic or addict, but the entire family.

SAMIS (Substance Abuse Management Information Systems) data of the Alcohol and Drug Abuse Administration shows that in FY '88, of approximately 50,420 individuals admitted to treatment for substance abuse in Maryland, 4,096 were adolescents, a figure representing a 6 percent increase over adolescents admitted in FY '87 and a 39 percent increase over those admitted in FY '85.

Overall, admissions to treatment facilities have risen almost 50 percent since 1984. In 1989, nearly 8,000 patients a day are in treatment for drug dependence or alcoholism. Cocaine admissions have increased 360 percent in the last five years, while PCP mentions at admission to treatment increased 278 percent during the same time period. Emergency room data collected from 1986 to 1988 shows heroin mentions up almost 100 percent and marijuana up 150 percent. Emergency room visits in which drugs were mentioned between 1984 and 1988 were up 863 percent. A recent study conducted by the Maryland Institute for Emergency Medical Services in Baltimore revealed that more than half of the patients admitted to the Maryland Shock Trauma Center had used drugs or alcohol within four hours of receiving their injuries.

Although the literature about addiction suggests chemical dependence is experienced by roughly as many women as men, in FY '88 only 19 percent of the total admissions to alcohol treatment and 22 percent of the admissions to drug treatment in the State were female. Encouraging more women to seek treatment for

addiction is a major concern at this time, especially in light of the rapidly increasing number of infants who are born addicted. The great tragedy of drug and alcohol abuse among pregnant women is that they will give birth to an innocent generation of children who may suffer permanent and severe impairment. A national hospital survey recently conducted by the National Association for Perinatal Addiction Research and Education revealed that, in 35 hospitals surveyed, over 375,000 newborns were annually affected by substance abuse. This accounted for 11 percent of the newborn population.

The geriatric population also presents staggering statistics. Since many elderly patients have complex medical problems, multiple drug use may be an unavoidable medical reality. However, the Food and Drug Administration reports that almost one-third of all geriatric hospital admissions and 50 percent of all geriatric fatalities that occur in hospitals are due to adverse drug reactions.

The nature of cocaine addiction presents special difficulties that requires more attention. Cocaine has become the most common and dangerous street drug. It has found its way to most American communities through a remarkably flexible and creative black market in the form of crack. SAMIS data for the first eight months of 1989 suggests that cocaine-related admissions are likely to increase to 56 percent of the total by the end of the year. This trend is having a devastating effect upon a treatment network not originally designed to handle cocaine abuse.

History tells us that stimulant epidemics are closely followed by sedative epidemics. Stimulant users often require sedatives to help cope with the ups and downs of addiction. Most clients now in treatment are polyabusers; i.e., addicted to multiple substances. These individuals present special problems to treatment providers and often do not respond well to traditional modalities.

The most recent statistics account for 488,411 alcohol and drug abusers in Maryland in 1985. Of these, 334,800 were alcohol abusers and 153,610 were drug abusers. Current data from The State Health Plan (Maryland Health Resources Planning Commission, 1989) assumes that approximately 20 percent of the adolescent population in Maryland is at-risk or currently impaired.

In FY '88, 7,009 intravenous drug users were admitted to treatment in Maryland. This figure represents a 13 percent increase over FY '87 and a 16 percent increase over FY '86. Intravenous drug users are a major conduit for transmission of the AIDS virus. The proportion of AIDS cases linked to IV drug use has increased from 20 percent in 1984 to approximately 35 percent in 1988.

These measures indicate the already high level of drug use and abuse is rising dramatically, especially the use of crack cocaine, methamphetamine, and heroin. There is, however, another significant drug problem confronting Maryland -- the abuse of legal pharmaceutical compounds. Reports from the Drug Enforcement Administration indicate that, on a per capita basis, Maryland is ranked number one in the nation in the purchase of the narcotic Dilaudid; number three for Percodan, a narcotic; and Ritalin, a stimulant. Evidence indicates substantial amounts of these drugs are reaching the illegal market.

The ever increasing level of drug use and abuse in Maryland has had a substantial effect on State and local governments. The most obvious are in the State's criminal justice and health systems. Just as alarming, but less observable, is the

Table I: Clients Admitted to treatment in Maryland: FY 1985 - FY 1989

Drug Clients	*Alcohol Clients*
FY 1985 - 14,989	*FY 1985 - 23,914*
FY 1986 - 16,232	*FY 1986 - 24,760*
FY 1987 - 17476	*FY 1987 - 25,605*
FY 1988 - 21,432	*FY 1988 - 28,988*
FY 1989 - 23,737	*FY 1989 - 29,385*

The increased number of persons seeking treatment in Maryland is already overtaxing the existing public treatment system. The larger numbers expected to seek treatment in the early 1990s will place an even greater strain on Maryland's public treatment network.

impact this phenomenon has had on Maryland's school system.

Drug use by adolescents is a continuing problem. According to the 1986-1987 Survey of Substance Abuse Among Maryland Adolescents, almost 60 percent of high school seniors currently use an illegal substance. More than 10 percent of our high school seniors have used cocaine, PCP, solvents, and amylbutyl nitrates; 22 percent of eighth graders have used marijuana. Of critical importance is the fact that this survey does not include the drug activities of the large school drop-out population. During the 1986-1987 school year alone, over 15,900 Maryland children abandoned their education.

Maryland's criminal justice system has been severely taxed by the rising levels of drug use and abuse and the crime related to it. Between 1984 and 1988, drug arrests increased 70 percent. From FY '86 through FY '88, arrests of juveniles for the sale of drugs increased by 52 percent, while their arrests for possession decreased by 7 percent. Adult sales arrests increased by 24 percent, while adult possession arrests increased by 44 percent. While juvenile possession arrests declined during 1987, 1988 saw increases in all categories of drug-related arrests. Most important to note is that arrests involving the sale of opiates, cocaine, and derivatives rose during this three-year period by 192 percent among juveniles and by 76 percent among adults. These increased levels of arrest and the crimes associated with them have placed substantial burdens on the criminal justice system.

The District Court of Maryland showed a 4.7 percent increase in criminal filings during FY '88. Driving While Intoxicated (DWI) case filings increased in FY '88 by 15 percent. Circuit Court criminal case filings increased 4.8 percent during this time period.

In a pilot project in Baltimore, where individuals who are considered for pretrial release are drug tested, data indicates, consistent with national estimates, that approximately 70 percent of all people arrested test positive for drugs. In the State prison system, although urine testing is not performed, other testing procedures result in similar findings, with 60 - 80 percent of all intakes having a significant drug or alcohol history. In the last nine years there has been a 900 percent increase in the number of incidents in which drug treatment was required as a special condition of probation. Prison populations have grown to the extent that the State is unable to meet the demands for prison space with existing facilities.

The jails throughout the State are dramatically overburdened. By the testimony of all individuals involved, the large infusion of drug crimes and crimes generated by drug activity substantially accounted for this increase in sentenced and detained individuals. Each day in Maryland an average of 150 adults are arrested for drug or DWI offenses. This is a 50 percent increase from just three years ago.

With increasing numbers of individuals and groups dealing drugs, there is greater competition for available markets. With competition so fierce, the drug scene is accompanied by unprecedented violence, due in part to the direct effect of the drugs themselves. For example, in Takoma Park an alleged cocaine kingpin and his 19-year old girl friend were found executed in a hallway of their residence. Two people were gunned down in Prince George's County while trying to flee from drug dealers who decided to rob them. In Anne Arundel County, a man found on a wooded path had been shot twice in the head in what police believe to be retaliation for the theft of cocaine and money.

The violence, while usually directed against competitors, often extends to anyone who gets in the way. An innocent bystander in Prince George's County was struck and killed by a stray bullet while looking out her window at an altercation between a drug dealer and his client. In Baltimore, an apparent drug robbery became a multiple murder. Several robbers raped and murdered a female drug dealer, murdered her male guest, her sister and two companions who just happened to arrive on the scene.

Every citizen in Maryland today is affected directly or indirectly by the growing crisis of drug abuse. The use of illegal drugs and the abuse of

alcohol is destroying the fabric of modern life. It reaches into the schools, the communities, and the workplace. It makes the highways, airways, waterways, and railways unsafe for everyone, and increases the costs of goods and services. It breeds crime and violence and is responsible for the spread of contagious disease. Drug trafficking has become big business, straining the resources of the law enforcement community and the criminal justice system, and even luring children into illicit activity with the promise of easy money. It is well established that traffickers are actively recruiting juvenile distributors, taking advantage of the breakdown in a criminal justice system in which punitive action seldom is taken against juveniles.

While we read of the crime and violence associated with substance abuse every day, measuring the extent of alcohol and drug use and abuse is at best a difficult task. Much of this behavior is hidden and difficult to observe. In order to address this problem, the Commission has undertaken the following efforts. First, the University of Maryland Survey Research Center was requested to include in its most recent Maryland poll a set of questions addressing the public's perception of drug abuse in Maryland. Second, the existing surveys conducted by the Alcohol and Drug Abuse Administration have been reviewed to provide current estimates of the patterns of change in drug use and abuse. The Commission finds that citizens in the State recognize drug use and abuse is at a crisis level and they urge the government to devote more of its resources to address the problem. Our citizens recognize that the problem of drug abuse is entering our own neighborhoods, affecting the quality of our lives, and threatening the well-being of our children.

Current Efforts

Prevention and Education

Prevention programs comprise a continuum of integrated activities including education and training, life and coping skills, and supervised constructive drug-free activities.

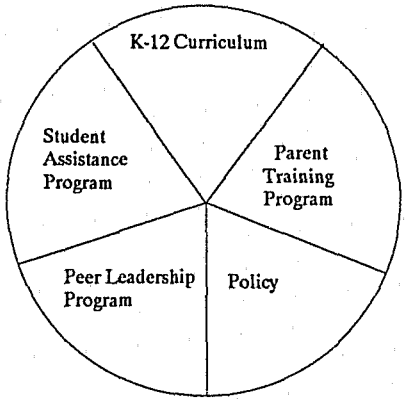
Current Drug and Alcohol Control Efforts

The following section describes current efforts from prevention and education, treatment, and law enforcement perspectives. In order to identify gaps in our present delivery systems, current state agency efforts were compiled and analyzed. This process underscores the dynamic nature of the Commission's work. Identifying current efforts enables us to see how resources may be reallocated more efficiently and aids us in targeting gaps in the current system that must be attended to in the future as part of the Commission's overall plan.

Prevention and Education Efforts

Prevention and education efforts in the State of Maryland can generally be grouped into broad categories; school-based education, community programs, and workplace initiatives. These efforts reflect an attempt by government, business, social and religious organizations, as well as individual citizens, to address the problem of substance abuse in our State. Many of these efforts either overlap or may not be present in certain major areas of the State. This lack of overall coordination is recognized as a weakness in the current system. The system, however, allows for the development of a wide variety of programs and strategies. Our challenge is to weave the efforts listed below into a comprehensive, integrated strategy that makes effective and efficient use of our resources. Plans are in place to transfer successful program technology to all parts of the State.

School-Based Public Education. Maryland has moved aggressively to increase and improve local school system drug/alcohol abuse prevention/education programs.



MSDE Drug-Free Schools Strategy

A K-12 Maryland Comprehensive Health Education Curriculum Framework has been developed and validated; drug/alcohol abuse prevention is one of its seven goal areas. All 24 Maryland public school systems are revising their grades K-12 drug/alcohol abuse curriculum. Funds supplied through the Drug-Free Schools Act support the curriculum revision as well as local school system staff training in prevention.

MARYLAND STATE DEPARTMENT OF EDUCATION
Division of Instruction

Drug Free School and Communities Act of 1986
Funding Allotments Per School System
$1,675,265 = Total USDE Allotment FFY 1987
$2,003,960 = Total USDE Allotment FFY 1988
$2,994,520 = Total USDE Allotment FFY 1989

COUNTY	FFY 1987	FFY 1988	FFY 1989	TOTAL
Allegany	$ 29,149	$ 32,254	$ 48,759	$ 110,162
Anne Arundel	150,852	182,963	279,081	612,896
Baltimore	230,660	265,429	356,122	852,151
Calvert	16,400	23,230	40,664	80,274
Caroline	15,000	16,500	23,000	54,500
Carroll	41,175	52,835	91,010	185,020
Cecil	27,793	33,356	54,186	115,335
Charles	37,570	47,834	78,234	163,638
Dorchester	15,000	16,500	23,000	54,500
Frederick	48,206	67,488	111,644	227,338
Garrett	15,000	16,500	23,000	54,500
Harford	66,751	79,678	127,970	274,399
Howard	52,953	75,575	119,584	248,112
Kent	15,000	16,500	23,000	54,500
Montgomery	227,867	310,963	427,476	966,206
Prince George's	276,645	300,973	456,886	1,034,504
Queen Anne's	15,000	16,500	23,000	54,500
St. Mary's	27,766	34,981	53,002	115,749
Somerst	15,000	16,500	23,000	54,500
Talbot	15,000	16,500	23,000	54,500
Washington	43,399	47,670	74,534	165,603
Wicomico	23,810	31,085	52,868	107,763
Worcester	15,000	16,500	23,184	54,684
Baltimore City	396,896	322,603	466,318	1,085,817
State Operated Inst.	15,000	16,500	23,000	54,500
	$1,732,832	$2,007,418	$3,045,522	$6,785,772

Allotments for smaller school systems include USDE funds plus a supplement

To coordinate local school system efforts, drug and alcohol abuse prevention advisory councils with broad community representation have been established. The Maryland State Department of Education (MSDE) is participating in a consortium to develop drug and alcohol abuse prevention video instructional support materials. Funds have been invested in the development of a computer network to provide teachers with current drug and alcohol information related to their abuse prevention lessons.

In 1988, a subcommittee of the Governor's Advisory Board for Justice Assistance and the Drug Education Advisory Council of MSDE drafted a revision of School Policy Guidelines originally published by MSDE in 1982. These guidelines are now under review by MSDE staff who are working with legal advisors to strengthen school guidelines.

The MSDE Drug Education Advisory Council has 17 members appointed by the State Superintendent of Schools and is charged with reviewing and approving Drug-Free Schools grant applications. The Council also studies existing policies and prevention/intervention programs and develops recommendations for improvement.

Prevention support programs available in various school systems are listed below.

Students Helping Other People (SHOP)

	SHOP Teams	WOW Teams	SMART Curriculum	MSAP Teams
Allegany	10		All 7th grades	
Anne Arundel				2
Baltimore City	6		All 6th grades	4
Baltimore County	1	1		7
Calvert			All 6th grades	1
Caroline	2		All 6th grades	
Carroll	5		All 6th grades	3
Cecil			All 6th grades	1
Charles	4		All 6th grades	5
Dorchester	5	2	3 Schools	2
Frederick	1		All 6th grades	2
Garrett	1			
Harford		3	All 6th grades	2
Howard	8	1	All 6th grades	
Kent	1		All 6th grades	1
Montgomery	15	2	All 7th grades	
Prince George's	2	20	All 7th grades	3
Queen Anne's	2		3 6th grades	2
St. Mary's	4	2	All 5th grades	3
Somerset	2		All 6th grades	1
Talbot	3		All 6th grades	2
Washington	1		All 7th grades	4
Wicomico	4		All 6th grades	
Worcester			All 6th grades	

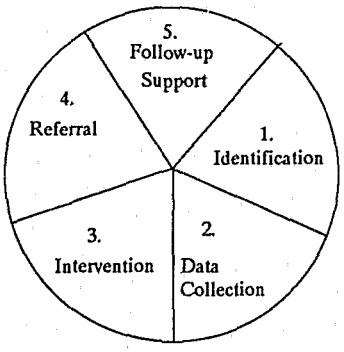
provides positive peer leadership training for students in the middle and high school grades. SHOP is active now in 19 Maryland school systems and in more than 70 school teams. This program provides a strategy for involving middle school and high school students in planning and conducting drug abuse prevention and intervention activities in their school and community.

Winning on Wellness (WOW) is designed for athletes and coaches. This program focuses on the development of leadership skills and encourages the participants to develop a drug-free lifestyle. Over 30 teams have been trained in six Maryland school systems. .

The Parent Facilitator Training Program is being piloted by MSDE. This project is designed to assist teachers, counselors, and administrators in developing skills that can be used to facilitate parent groups. The training program is geared for school staff working in elementary schools with the parents of elementary school children. Parent groups will be organized and taught skills that can be used in communicating with their children about drugs and alcohol.

The Maryland Student Assistance Program (MSAP) provides a systematic identification and referral process for "at risk" students and their families. MSAP uses a specially trained team to work with school staff to identify students who may be experiencing problems such as substance abuse, depression, or family dysfunction. The team helps to link students and their families to appropriate community resources. Forty-six teams have been trained in 17 school systems since August 1987.

The Maryland Alcohol Drug Action Resource Teams Project (MADART) is a school-community drug abuse prevention and intervention program. The most up-to-date information and team skills training in the area of substance abuse prevention and intervention is provided to individuals in the community as well as school personnel. This team can provide advocacy and support for the school-based Student Assistance Program teams and other prevention and education programs and activities.



MSAP Model

Drug Abuse Resistance Education (DARE) provides uniformed police officers to teach students to say no to drugs, build their self-esteem, manage stress, resist pro-drug messages, and develop skills to keep students drug-free. State and local law enforcement officers are in local schools teaching DARE in Baltimore City, Greenbelt, Salisbury; and Baltimore, Carroll, Frederick, Howard, Montgomery, Prince George's, and Wicomico Counties.

The establishment of annual training sessions for various school personnel is being evaluated by the Governor's Office of Justice Assistance. Secondary school coaches from across the State attended a four-day prevention session at the University of Maryland. The coaches were teamed with their local prevention coordinator and given information about drugs and alcohol, and local resources. The teams then developed a prevention program plan for their schools.

The education programs in Department of Juvenile Services (DJS) facilities, such as the Hickey School, Boys' Village, Waxter and Murphy Centers, currently incorporate substance abuse as part of their health education curriculum. The DJS educational staff will be participating in a curriculum writing retreat that will emphasize substance abuse.

School-Based Higher Education. There is an extensive inventory of prevention and education programs and activities currently offered in Maryland institutions of higher education. The inventory depicts a wide range of prevention and education efforts including the access of national and state student organizations, participation in county health fairs, the creation of local aware-

ness activity programs, the opportunity for college credit and non-credit courses for both students and parents, wide participation in National Collegiate Drug/Alcohol Awareness Week, and involvement with various task forces addressing the drug and alcohol problem.

A representative sampling of programs and activities from the University of Maryland System is listed below. The complete compilation from all institutions can be found in the source document for this report.

The Frostburg State University (FSU) drug and alcohol program participates in the annual County Health Fair, which involves business, private, and community sectors and advocacy groups. During National Collegiate Alcohol Awareness Week, participating agencies include the local health department, treatment facilities, the State and city police, the State's Attorney's Office, private business, Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, and other colleges and schools. FSU has a specific office designed to address issues of drug and alcohol abuse. The office has organized volunteer student groups such as SAAD (Students Against Drunk Driving) and BACCHUS (Boost Alcohol Consciousness Concerning the Health of University Students). FSU has also organized a Drug and Alcohol Awareness Committee comprising students, faculty, and staff.

The Counseling and Student Development Center at Bowie State University (BSU) has developed a network and cooperative working agreement with various community agencies that serves as referral agencies for students in need. BSU is also represented on the Prince George's County-Wide Task Force for the Prevention of Substance Abuse. The purpose of the task force is to foster collaboration for all county services to coordinate prevention and education efforts. BSU also has an ad hoc task force that coordinates campus programming and attempts to address special needs as the problem of substance abuse relates to students.

The Lower Shore Prevention Resource Center is located on the Salisbury State University (SSU) campus. This community center acts as a repository of alcohol and drug information for the University as well as the eight lower shore counties. Salisbury State University has also established a SADD group that works with local recreational institutions. The Alcohol and Drug Task Force at SSU reviews and makes recommendations relative to alcohol and drug use, policy, procedures, education, and disciplinary sanctions.

At University of Maryland Baltimore County Campus (UMBC), Peer Alcohol/Drug Educators are trained in drug education and life skills (self-esteem, assertiveness, decision-making) and are available for education to elementary, middle, and high school students in Baltimore City and County. Professional staff at UMBC are also available to increase outreach for parents programs.

Many of these programs are supported in part by the Federal Highway Safety Program and administered by the Maryland Department of Transportation (MDOT). The Alcohol and Drug Abuse Administration (ADAA) Prevention Division works cooperatively with the Department of Transportation's Safety Program Division. MDOT provides funds to five colleges and universities for Alcohol and Drug Abuse Resources Centers. The ADAA Prevention Division provides technical assistance in developing substance abuse strategies for these centers.

Nonpublic Schools. The Federal funds received by MSDE for Drug-Free Schools are essentially entitlement funds that are available to all school systems in Maryland. Nonpublic schools are invited and encouraged to participate in drug abuse prevention activities sponsored by the local school systems. Each local Drug-Free School Project Director must extend an invitation to nonpublic schools and document the response to this invitation prior to receiving any funds.

Community Programs. The Department of Health and Mental Hygiene's Alcohol and Drug Abuse Administration's Prevention Division is responsible for developing, implementing, and overseeing prevention programs and strategies. Direction and technical assistance is provided to

the Prevention Network through communication, education, program development, coordination, cooperation, funding and advocacy. An estimated 500,000 citizens in Maryland participated in prevention activities in FY '88 and over 350,000 youth were reached through prevention projects. A community development model is used as one of the mechanisms for the prevention/intervention system. This model promotes the development of a system where all elements of the community have the capability to address drug and alcohol abuse prevention needs.

As the means for carrying out its responsibility to develop, implement, and monitor prevention efforts in Maryland, the Alcohol and Drug Abuse Administration established the Prevention Coordinator System. The local prevention coordinator positions proved to be such an effective way of delivering prevention services that positions were gradually added in all 24 jurisdictions. Of the 24 prevention coordinators, 12 are full time, eight are located in local health departments and six are in county executive offices. Prevention coordinators use a community development model as their primary method of planning and implementing prevention services and for involving as many citizens as possible.

Prevention Coordinators assist local citizens in identifying prevention needs, developing substance abuse projects, establishing funding resources, and in helping local school systems develop substance abuse curriculum. The coordinators work with neighborhood organizations, parents, religious groups, and with the Maryland Chamber of Commerce to make local business owners aware of the substance abuse prevention resources within their communities and to provide assistance to them in the workplace.

Currently, nearly $1,200,000 is available annually for the statewide community-based services provided through the Prevention Coordinator System. This includes State general funds, federal block grant funds, and the portion of Federal Drug-Free Schools and Communities Act funds designated for prevention activities.

The Governor's Alliance to Prevent Substance Abuse was formed to bring together all elements of the prevention community and promote private sector involvement and support for substance abuse prevention. The Alliance, a 501 (c)(3) public charity, solicits financial resources to support prevention efforts and functions as an advocacy network by bringing together and assisting individuals and groups interested in providing prevention activities. As part of the Governor's Alliance to Prevent Substance Abuse, prevention coordinators from across the State were trained in networking skills to enable them to communicate better with local business leaders to enhance support for community-based prevention efforts.

A pilot program geared to train and educate caregivers of the elderly addressing misuse and abuse of medications was initiated in Baltimore City and Baltimore County. This cooperative project between the Governor's Office of Justice Assistance and the University of Maryland School of Pharmacy uses both federal funds and private sector contributions.

Presently, over two-thirds of the Alcohol and Drug Abuse Administration's prevention dollars are used to develop and implement community-based prevention efforts. There are 81 community based prevention programs; 59 of them focus on youth and other at-risk groups. An example of these programs is the Latchkey After-School Program in Prince George's County. This program teaches self-worth, peer resistance skills, and provides nutritional and tutorial assistance to elementary school kids. There are support groups for children of alcoholics in Carroll County. Baltimore City has a program for children 1-5 years of age whose parents are substance abusers. Allegany County has a program that teaches parenting skills. Wicomico County has a program in which senior citizens are given information on how to use medicines safely. There is the Sober Skipper Project in Worcester County, and there are programs for high-school dropouts, pregnant teens, Hispanics, American Indians, migrant workers, etc.

The University of Maryland Database on Prevention and Treatment Programs lists nine distinct strategies/methodologies used by preven-

tion programs in the State. Parenting skills training and community empowerment are the least used strategies in prevention programs and need additional emphasis.

ADAA Prevention Division coordinates local and statewide prevention campaigns such as the Annual Drug and Alcohol Prevention Conference, Fetal Alcohol Syndrome Campaign, and the National Drunk and Drugged Driving Campaign. It also coordinates special programs with service and advocacy groups such as the National Federation of Parents for Drug-Free Youth, Mothers Against Drunk Driving, Students Against Drunk Driving and local P.T.A.'s.

The Maryland Department of Housing and Community Development, with the cooperation of local governments, property owners, public housing authorities and tenants, is implementing the Families Insisting on Safe Tenancies (FIST) Program. The goal of FIST is to exclude drug traffickers from all of Maryland's residential rental communities. Although FIST is in the early stages of implementation, it is expected that the majority of sponsors for the 390,000 rental housing units in the State will participate in the program.

Drug-Free Workplace. Governor William Donald Schaefer issued Executive Order #01.01.1989.05 on April 7, 1989. This Executive Order established the State of Maryland Substance Abuse Policy. This policy, while based on the Federal Drug Free Workplace Act, goes beyond the Federal requirement. The requirement of Maryland's policy stipulates that drug and alcohol convictions are grounds for disciplinary action whether or not they occur in the workplace.

Drug testing regulations proposed by the Department of Personnel (DOP) became effective on January 9, 1989. State agencies will use these regulations to develop drug testing programs. Currently, only the Departments of Public Safety and Correctional Services have implemented drug testing programs. Other Departments are identifying classifications they consider sensitive as a first step toward instituting their drug testing programs. Based on recent Supreme Court decisions, these regulations are under review by the DOP and the Office of the Attorney General.

Department of Personnel and Department of Health and Mental Hygiene are co-sponsoring a "Train the Trainer" program to assist state agencies in complying with the employee education requirements of the Governor's Executive Order on Substance Abuse for the Drug-Free Workplace Act. Training began in late May 1989.

The Employee Assistance Program (EAP) coordinates assessment and referral services to employees experiencing personal problems that affect job performance. Services are provided through a network of over 200 employee assistance counselors, a 24-hour "HELPLINE," and the Association of Family and Children Services. Referrals may be made by supervisors or employees may contact the program themselves. EAP referrals have increased steadily over the past six years: FY '83 had 325 referrals, FY '88 had 1404.

The State Employee Wellness Program is designed to promote healthy lifestyles as a means to contain the rising costs of state health insurance programs. Program opportunities include health screenings, workshops, seminars, counseling services, and educational brochures. The effect alcohol and substance abuse has on health and daily activities will be an integral part of this program during FY '88.

In order to further address substance abuse problems in the workplace, the Governor's Advisory Board for Justice Assistance developed a model policy for both public and private employers. The model offers detection, prevention, and rehabilitation program components. The Maryland Chamber of Commerce plans to promote the model across the State.

ADAA provided technical assistance for employee assistance programs for businesses and unions around the state. Currently, there is a contract with the AFL-CIO to work with their unions to develop employee assistance programs.

Current Efforts

Treatment

Treatment Current Efforts

Maryland's state-funded substance abuse treatment programming is briefly described in this section. The Alcohol and Drug Abuse Administration, the Department of Juvenile Services, and the Department of Human Resources currently provide a broad range of treatment services for alcohol and drug abusers. Other programs are developed and implemented through the criminal justice system.

The Alcohol and Drug Abuse Administration (ADAA). The ADAA offers a continuum of substance abuse treatment services for both adults and adolescents. The continuum is comprised of six basic treatment modalities: outpatient services (which includes services for DWI clients and methadone maintenance programs), intensive outpatient services, intermediate care facilities (ICFs), halfway houses, long-term care, and therapeutic communities. In FY '89, treatment services funded through the ADAA cost approximately $42,000,000.

Outpatient Services. With the exception of methadone maintenance programs, outpatient services normally consist of individual, group, and family addictions counseling along with assessment, addictions education, referral services, and aftercare. There are several types of outpatient services offered through the ADAA's continuum of care.

1. Community-based, adult outpatient drug-free services are offered mostly through local health departments or through community-based non-profit organizations in all 24 subdivisions in Maryland. The Driving While Intoxicated (DWI) Program, which is described in greater depth under the criminal justice heading, offers treatment for clients arrested for alcohol violations. Sixty-five percent of all clients in state-funded, outpatient alcohol clinics through local health departments or their designee are DWI or Driving Under the Influence (DUI) clients.
2. Community-based, adolescent outpatient drug-free services are offered through most local health departments and community-based, non-profit organizations in all 24 subdivisions.
3. Intensive adult outpatient services for individuals addicted to cocaine and PCP have been developed in Baltimore and Prince George's Counties. There are also intensive adult outpatient services in Washington County and Baltimore City.
4. Intensive adolescent outpatient services, serving approximately 120 youths per year, are offered in Washington County.
5. Methadone maintenance programs provide methadone, a synthetic drug, to assist addicts recovering from addiction to illegal narcotics. To comply with Federal methadone regulations, these programs must also offer individual, group and family counseling.

Type of Services	Treatment Slots	Locations
Community-based adult-outpatient (includes DWI clients)	8,800	Health departments and non-profit organizations all subdivisions.
Community-based adolescent outpatient	1,765	Health departments and non-profit organizations, all subdivisions.
Intensive, adult outpatient	234	Baltimore, Prince George's, Washington Counties and Baltimore City.
Intensive, adolescent outpatient	30	Washington Co.
Methadone	3,648	Anne Arundel, Baltimore, Montgomery, Wicomico, Harford, Washington, Frederick, Prince George's Counties and Baltimore City.

Detoxification Services. Detoxification services offer a safe way of reducing the physical effects of alcohol and other drugs in a medically-monitored environment. Without detoxification from alcohol, some alcoholics would die from withdrawal symptoms. There will be, by the conclusion of FY '90, 50 state-funded slots in non-hospital detoxification programs in Baltimore City, Montgomery County, Charles County, and Washington County. Currently, there are 32 state-funded slots in non-hospital detoxification programs in Baltimore City and Montgomery County.

Intermediate Care Facilities (ICFs). Intermediate care facilities are residential treatment facilities designated for clients who need more intensive addictions treatment than is provided through outpatient programs. The length of stay for adults at ICFs is normally three to six weeks. The length of stay for adolescents at ICFs is about eight weeks.

ADAA-Funded ICF Services, FY 1989

Type of Services	Treatment Beds	Location
Adult	277	Counties: Allegany, Anne Arundel, Carroll, Prince George's, Charles, Kent, Montgomery, Wicomico, Baltimore County and Baltimore City.
Adolescent	53	Counties: Allegany, Dorchester, and Charles.

Halfway Houses. Halfway houses, termed group homes when serving adolescents, are transitional living environments originally developed to assist the client needing an alcohol/drug-free residential environment after leaving the ICF but before his/her full return to independent living.

ADAA-Funded Halfway Houses/Group Homes, FY 1989

Type of Services	Beds	Location
Halfway Houses (serving adults)	235	Counties: Anne Arundel, Cecil, Frederick, Harford, Washington, Wicomico, Prince George's and Baltimore City. *There are 17 programs statewide, and 16 of these are State-Funded.
Group Homes (serving adolescents)	23	Counties: Frederick, Montgomery.

Long-term Care. Long-term care facilities for adults provide a supervised, drug/alcohol-free environment for persons who seemingly exhibit the inability to function independently due to frequent relapse. Many individuals receiving long-term care are dually diagnosed as having psychiatric problems in addition to chemical dependency. The average length of stay is from six months to one year. Long-term care is especially designed for recidivists and those with a history of relapse. There are 194 ADAA-funded treatment beds in facilities across the State.

Therapeutic Communities. These are long-term, residential facilities offering a strong therapeutic component, including individual, group, and family counseling. The therapeutic community (TC) in Maryland is especially successful in treating drug addicts and ex-convicts. The primary goals of the TC are abstinence from alcohol and drugs and the elimination of anti-social behavior. Adult TCs in Maryland provide a 9 to 18 month length of stay. There are 143 ADAA funded, adult treatment beds in Maryland. Adolescent TCs provide a 9 to 12 month length of stay. There are 22 adolescent treatment beds at TCs serving approximately 44 adolescents annually at X-Cell in Baltimore County and Sierra House (females only) in St. Mary's County.

The Criminal Justice System. Substance abuse treatment programming offered through the criminal justice system includes the Evaluation, Diagnosis, and Referral (EDR) Program, which represents a cooperative funding effort between the ADAA and the Division of Parole and Probation; various services offered within the Division of Correction; the Driving While Intoxicated Program, a cooperative effort between the ADAA and the Motor Vehicle Administration; the Drinking Driver Monitor Program; and treatment services offered within local jails.

The EDR Program, which operates in Prince George's County and Baltimore City, includes immediate referral to EDR units from Parole and Probation intake. The ADAA also funds a third EDR unit located in Baltimore County which focuses on probation cases ordered into the local Treatment Alternatives to Street Crime (TASC) Program. EDR unit staff conduct an evaluation of offenders who may need treatment for chemical dependency. The evaluations consist of sociological data, substance abuse history, treatment history, medical history, criminal justice history and impressions of the EDR staff. The information about the offender is based largely on self-reporting. On the basis of this evaluation, the offender is referred to an appropriate substance abuse treatment program. Target populations for EDR units include non-DWI clients who have special conditions related to alcohol and/or drug abuse as mandated by the judiciary or the Parole Commission. During FY '89, the EDR unit in Prince George's County conducted 1,096 interviews while the Baltimore City unit interviewed 5092 clients.

Substance abuse treatment within the Division of Correction, jointly funded through the ADAA and Division of Correction, is offered to approximately 6,000 inmates annually. Program services funded through the ADAA are rendered at the beginning stage of incarceration, and these services are known as the Stabilization Program. A second phase of treatment programming is offered approximately 18 to 24 months from the inmate's release, and these services are known as the Re-entry Program. The five-week Stabilization Program is offered at the Roxbury Correctional Institution and the Maryland Correctional Training Center. The 10-week Re-entry Program is offered at the Central Laundry Facility, the Maryland Correctional Institution -- Jessup, the Brockbridge Correctional Institute, the Maryland Correctional Training Center, the Maryland Correctional Institution--Women, and the Eastern Correctional Institution. All of these services currently are provided through a contract with Junction Bridge with the exception of services at the Eastern Correctional Institution (ECI), which are provided by the Somerset County Health Department. The Division of Correction, however, maintains responsibility for the assessment of the substance abusing offender, as well as addiction education and program services at the pre-release phase of incarceration.

The Driving While Intoxicated (DWI) Program offers alcohol and drug abuse treatment and education for persons arrested for driving while intoxicated and driving under the influence. Clients are initially assessed as either problem drinkers or social drinkers. The ADAA funds staff who provide rapid assessments in the District Courts to render assistance to judges responsible for disposing of cases involving DWI/DUI clients. As a result of the assessment process, clients determined to be problem drinkers are referred to either ADAA-funded treatment programs or ADAA-certified private treatment programs for a minimum of six months. Clients found to be social drinkers are referred to DWI education programs approved by the Department of Health and Mental Hygiene and operated by the Motor Vehicle Administration. In FY '89, 16,600 DWI assessments were conducted in Maryland.

The state-of-the art in DWI treatment programs is the DWI jail. One such jail is currently funded by and operated in Prince George's County, but there are provisions for the development of similar facilities with State funding in Baltimore and Calvert Counties. The jail has a

work release program allowing the DWI offender to maintain a job while living in a structured, monitored environment sanctioned by the courts. National statistics attesting to the success rate of these facilities show a recidivism rate of approximately 8 percent as compared with a recidivism rate of approximately 35 percent for other types of DWI treatment programs.

In Kent, Prince George's and Washington Counties, house arrest has been utilized for repeat DWI offenders. In Calvert, Prince George's and Washington Counties, Ignition Interlock Technology has been utilized to assist in the effort to control the impaired driver.

The Drinking Driver Monitor Program (DDMP), funded by the Department of Transportation, is a subdivision of the Division of Parole and Probation and provides the court with a specialized, intensified probation/supervision monitoring service for offenders. The program is responsible for monitoring the probationer's compliance with special conditions of probation and for reporting non-compliance to the court.

Treatment services within local jails throughout the State are offered to the inmate population. Services provided through local health departments in the jails are currently offered in Baltimore City and in Harford, Anne Arundel, St. Mary's, Wicomico, Washington, and Worcester Counties.

The Department of Juvenile Services (DJS). DJS has hired a drug abuse coordinator to coordinate the delivery of substance abuse services within the DJS system. The DJS developed a policy covering the delivery of substance abuse intervention services for all youths seen through the DJS, as needed.

A Screening/Assessment Instrument, developed in collaboration with the ADAA, will be used at DJS detention facilities and shelter care facilities to identify youths abusing drugs and/or alcohol. The Local Health Administration will provide more in-depth assessments, as needed.

The Charles H. Hickey School implemented an addiction-counseling program in 1988, which to date has provided addiction-counseling services for 870 youths. This program provides assessment and treatment for all youths in need.

The four Youth Camps of Western Maryland provide substance abuse counseling for individuals and groups through the local health department. Addiction counselors formulate individual treatment plans for each youth and make recommendations for follow-up support services and aftercare in the youth's home community.

DJS also has plans to provide services to chronic delinquents who have alcohol and/or drug abuse problems.

The Department of Human Resources (DHR). The Department's Income Maintenance Administration offers substance abuse treatment referral services for General Public Assistance (GPA) clients through its Managed Care Program. Approximately 6,300 GPA clients have been identified as having chronic but treatable addiction problems. Through the Managed Care Program, the treatment and care of these clients is coordinated in such a manner as to promote continuity and discourage recidivism.

Current Efforts

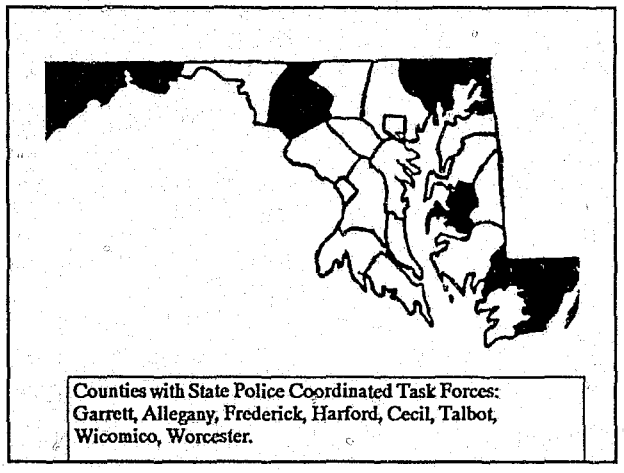
Law Enforcement

Law Enforcement Efforts

Apprehension. Some 140 State and local law enforcement and regulatory agencies conduct drug control operations in Maryland. These agencies are disparate in their approaches and their attendant level of commitment to the issue of drug law enforcement. A recent survey of all 140 offices found that only 26 percent of these agencies have units specifically dedicated to drug control.

At the State level, the Maryland State Police is the primary agency with statewide jurisdiction to enforce drug control statutes. In the area of drug control, the Maryland State Police has established a Narcotics Division which spearheads the State's activities, designing operations and programs targeted toward the investigation and apprehension of drug traffickers. Currently staffed with 79 investigators, the Division receives support from the Maryland State Police Intelligence Unit, which maintains a suspect pointer index system accessible to federal, State and local agencies.

The Maryland State Police Narcotics Division supervises and coordinates eight formal multijurisdictional task forces comprised of State, county and municipal law enforcement officers and local prosecutors. Through "Letters of Understanding" the Maryland State Police works with two county, two municipal, and one major university law enforcement agency. Several jurisdictions have formed their own task forces to confront the drug crisis.



Counties with State Police Coordinated Task Forces: Garrett, Allegany, Frederick, Harford, Cecil, Talbot, Wicomico, Worcester.

The Baltimore Police Department is an example of another major law enforcement agency with significant staff commitment to drug control. As an adjunct to its Criminal Investigations Division, the Narcotics Unit deploys some 109 personnel. Special narcotics units have also been established in five county police departments: Baltimore, Howard, Anne Arundel, Montgomery and Prince George's. In addition, the latter three counties have municipal law enforcement agencies to provide services within their respective cities.

Elected sheriffs have primary responsibility for enforcement in Maryland's remaining 18 counties. This authority is sometimes supported by individual municipal agencies. In fact, at least 74 municipal police departments exercise drug control measures.

Despite the lack of consistency in mission, these enforcement agencies cumulatively reported 30,263 drug arrests in Maryland during calendar year 1988, an increase of 21 percent above the 1987 figures, as reported in the Maryland State Police Uniform Crime Report. Unfortunately, the data does not measure the increases in other offenses resultant from the influx of drugs.

The assistance of federal enforcement agencies has been critical to the success of many operations in Maryland, whether through formal cooperative agreements or on a case-by-case basis. The following exemplifies these working relationships:

o Maryland State Police and police from county/city jurisdictions are working full time as part of a U.S. Drug Enforcement Administration (DEA) enforcement group in Baltimore.

o Representatives from Maryland law enforcement departments are working with their Washington, D.C. and Virginia counterparts as part of a DEA enforcement group in Washington, D.C.

o Maryland law enforcement officers and prosecutors are working various assignments on a

case-by-case basis with the Organized Crime Drug Enforcement Task Force coordinated by an Assistant U.S. Attorney working out of the Office of the U.S. Attorney, Judicial District for Maryland.

o State and county law enforcement officers are working with federal agents and Virginia and Washington, D.C. law enforcement officers in a metropolitan Washington, D.C. area task force.

o Maryland State Police and Natural Resources Police are working with their federal counterparts to uncover and interdict maritime and aviation drug smuggling activities.

o Maryland State Police and Maryland National Guard are working around the State utilizing trained State Police personnel with guard pilots in search of cultivated marijuana. The Drug Enforcement Administration funds some of the cost associated with this operation.

Prosecution. State prosecutorial efforts in Maryland are divided along geopolitical lines. State's Attorneys elected by the general population in the twenty-three counties and Baltimore City prosecute "local" crimes. The Attorney General's Office and the United States Attorney's Office, with their broader jurisdiction, prosecute criminal activity on a statewide and interstate basis.

The prosecution of crimes involving drugs is generally vested in the local state's attorney's offices and in the Organized Crime and Drug Enforcement Task Force of the United States Attorney's Office. The Organized Crime and Drug Enforcement Task Force for the mid-Atlantic region has 11 attorneys, who exclusively prosecute those federal drug and drug related crimes which have venue in Maryland.

The Attorney General's Office attacks drug traffickers through its operation of a statewide criminal tax prosecution program. Through its Medicaid Fraud Control Unit, it investigates and prosecutes persons involved in prescription drug diversion.

The "local" drug crimes prosecuted at the State's Attorney level generally reflect criminal activity which occurred only within the geographic jurisdiction of the prosecutor. Such prosecutions, therefore, are not usually sufficient to disrupt geographically dispersed drug organizations or multi-county drug activity.

At least 11 state's attorney's offices have specialized units devoted solely to drug prosecutions. The number of prosecutors assigned to individual state's attorney's offices varies greatly, ranging from more than 100 full-time to part-time prosecutors only. With rural and low population areas now being overwhelmed by "big city" drugs and transient drug gangs, prosecutors are not always available to address the special and sometimes time-sensitive needs of police investigators.

With regard to drug sample analysis for prosecutorial purposes, there are six major crime laboratories in the State. Five of these laboratories serve only their local jurisdiction (Anne Arundel County, Baltimore City, Baltimore County, Montgomery County and Prince George's County). The sixth, the Maryland State Police Crime Laboratory, serves not only the State Police, but all Maryland law enforcement agencies. Drug specific laboratories are maintained in Ocean City, and Washington County which satisfy all or most local requirements.

In the last several years, the Maryland State Police Crime Laboratory Division began experiencing backlogs in its drug analyses. These backlogs necessitated greater coordination among prosecutors and crime laboratory administrators to avoid delays that could result in case dismissals. At its peak, the backlog involved approximately 1,700 samples. In 1987, it was reduced to between 500 to 600 samples. It is now back to approximately 1,200 samples.

Generally, crime laboratories maintain workload standards of 80 cases per month, per forensic chemist with a 30-day turn around for processing. It appears that most of the crime laboratories in the State maintain their workloads through the generous use of overtime.

Adjudication. The District Court of Maryland is a court of record and has statewide jurisdiction in criminal, motor vehicle and civil

areas. The exclusive jurisdiction of the District Court includes motor vehicle violations and criminal cases, if the penalty is less than three years imprisonment, or does not exceed a fine of $2,500, or both. It has concurrent jurisdiction with the Circuit Courts in misdemeanor and certain enumerated felonies. Since there are no juries provided in the District Court, a person entitled to and electing a jury trial must proceed to the Circuit Court.

The District Court is divided into twelve geographical districts, each containing one or more political subdivisions, with at least one judge in each subdivision. Including the Chief Judge, there are 95 judges on the Court.

The District Court of Maryland received 156,219 criminal filings during FY '88, an increase of 4.7 percent over the 149,157 criminal filings reported for FY '87. Driving While Intoxicated case filings increased during FY '88 from 36,832 in FY '87 to the current level of 42,367, an increase of 15 percent or 5,535 filings.

The Circuit Court is a trial court of general jurisdiction. Its jurisdiction is very broad, but generally covers major civil cases and more serious criminal matters. Circuit Courts also may decide appeals from the District Court and certain administrative agencies. These courts are grouped into eight geographical circuits: the first seven circuits each contain two or more counties; the eighth consists of Baltimore City. Presently, there are 116 Circuit Court judges, with at least one judge for each county.

Criminal case filings increased during FY '88 from 55,247 in FY '87 to the current level of 57,923, an increase of 4.8 percent or 2,676 filings. Criminal filings accounted for 28.1 percent of the total filings reported. Jury trial prayers increased by 5.5 percent from 28,244 in FY '87 to 29,784 in FY '88.

Juvenile Courts, which are administered through the Circuit Courts, were the only functional area to report a decrease in case filings. There were 35,450 juvenile filings reported for FY '88 compared to 36,185 for FY '87, a decrease of 2 percent.

A shortage of support personnel, public defender resources, treatment resources for substance abusing defendants, and jail/prison space impact the adjudicative process. As an example, a survey conducted of Maryland District Court and Circuit Court judges by the Governor's Executive Advisory Council revealed that 38 percent of District Court judges, and 23 percent of Circuit Court judges indicated that prison overcrowding influences their sentencing. Further, it revealed less than 33 percent of District Court and Circuit Court judges opposed mandatory sentences without parole for major drug distributors and those who distribute drugs to minors.

Parole and Probation. The Maryland Division of Parole and Probation's primary responsibilities include: pre-sentence investigation reports and probation supervision services for the Maryland District and Circuit Courts; preparation of victim impact statements; pre-parole investigations and the supervision of services for the Maryland Parole Commission; interstate investigations and supervision; coordination of local work release programs; administration of community service programs; collection and appropriate distribution of fines, costs and restitution; and executive clemency investigations.

At the end of FY '88, 613 agents were supervising a caseload of 5,424 parolees and 83,051 probationers. As has been the case with other criminal justice agencies, the Division of Parole and Probation has experienced a dramatic impact from the growing numbers of offenders convicted of crimes related directly or indirectly to their abuse of alcohol and drugs.

DIVISION OF PROBATION AND PAROLE

New Non-DWI/DUI Case Openings with Special Conditions Related to Alcohol and Drugs

	1988	1989	+/-
Drug Related	6887 (49%)	8082 (54.4%)	1195 (17.4%)
Alcohol Related	2948 (21%)	2358 (16%)	<590><20%>
Both	4143 (30%)	4381 (29.5%)	238 (5.7%)
Total New Cases	13,978	14,821	843 (6%)

In an effort to deal with the ever increasing number of offenders, the Division of Parole and

Probation developed its Intensive Supervision of High Risk Drug Offenders Project. During the Commission-sponsored Regional Forum for Prince George's County, local treatment providers were extremely positive concerning the concept and performance of the Intensive Supervision of High Risk Drug Offenders Project in that jurisdiction. The expansion of this effort into other jurisdictions, however, has been hampered by the lack of available federal funds. This is unfortunate as this project also serves as a model to be considered for effective intervention in the cycle of criminality and alcohol and other drug abuse among those medium risk youthful offenders who frequently become the hardcore offenders.

Pretrial Services: Pretrial services, a relatively recent phenomenon, is an outcome of the Bail Reform Act enacted by Congress in 1966. Nevertheless, the use of such programs in Maryland has been more gradual than in the rest of the nation. There currently are five agencies in Maryland providing primary pretrial services. They include Baltimore City, Baltimore , Prince George's , Anne Arundel , and Montgomery Counties.

Pretrial investigations, out of necessity, have begun to focus more and more on drug usage in assessing candidates for pretrial release. However, information regarding drug use for all arrestees cannot always be provided to the Courts in a timely fashion. Not suprisingly, pretrial service pilot projects have documented the continued abuse of drugs by those defendants on pretrial release.

The linkage between illegal drug usage and criminal behavior is statistically supported on a national basis. Anywhere from 53 percent to 79 percent of the men arrested for serious offenses in 12 major U.S. cities tested positive for illicit drugs. These federally funded voluntary testing pilot projects are also occurring in Maryland and the District of Columbia. In Baltimore City, Pretrial Services report that approximately 60 percent of the arrestees tested positive for either cocaine, heroin or PCP during the first six months of 1989. Of those monitored on pretrial release in Baltimore City, 72 percent tested positive for drugs. At the Prince George's County Detention Center, 70 percent of the detainees tested positive for cocaine, PCP, or opiates, and of that group 90 percent were positive for cocaine. Of those monitored on pretrial release, 50 percent tested positive, of which 98 percent were positive for cocaine. In Washington, D.C., data indicates a 78 percent positive test rate.

The following summarizes current pretrial activity regarding drug abuse:

o There is a blend of self admission, personal reference confirmation, criminal history and limited drug testing to determine the nature and scope of drug abuse in the arrestee population. Although this represents progress in drug abuse identification, it is not comprehensive or systematic.

o There is a lack of clarity about the use of such information in criminal proceedings. This has led to the lack of utilization of vital information.

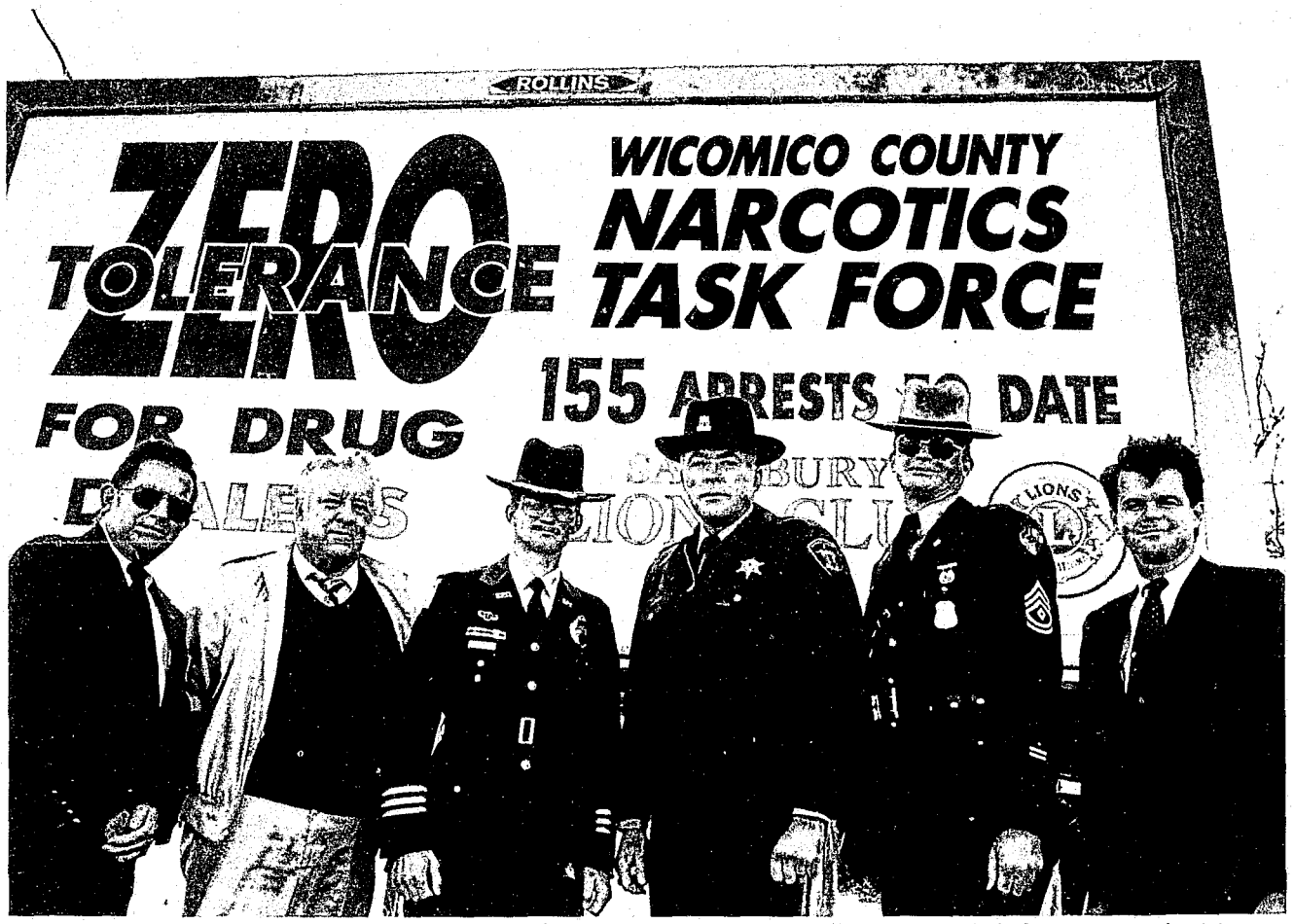
o In jurisdictions without an entity to collect the information, decision making regarding drug abuse lacks objective analysis.

o In jurisdictions having access to agencies performing pretrial investigations, referrals for drug treatment are being facilitated. In some instances, immediate placements are made. In others, defendants are scheduled for treatment after their trials, or are placed on waiting lists for program entry.

o Although there is a mechanism in the law for assessing defendant accountability for conditions of release, it has not always been successful due mainly to excessive caseloads.

Current efforts are being focused on defendants with drug abuse problems. By no means are these efforts systematic or adequate. This diminishes their efficiency and effectiveness, and thereby their utility for the criminal justice system.

Coordination



Since 1987, municipal, county and State law enforcement officers have pooled their resources in 15 Maryland counties to direct their collective efforts against drug traffickers.

Coordination of Drug Control Efforts

Indispensable to the implementation of Maryland's statewide strategy to reduce illegal drug trafficking and the abuse of alcohol and drugs is the appropriate and coordinated utilization of our limited resources.

Insofar as federal, regional, State, and local efforts are simultaneously being directed at the problem, attention must be placed on the effective coordination of these drug control efforts.

The National Drug Control Strategy must direct and support Middle Atlantic Governor's Compact initiatives, which in turn must sustain reciprocal efforts within individual states in this region, as well as the considerable efforts being undertaken within counties, municipalities, and communities.

Within Maryland, at both a State and local level, government agencies are working with other government agencies. These collaborative efforts are both intragovernmental, as well as, intergovernmental. State and local law enforcement, health, and education agencies are planning, coordinating and implementing activities with each other, with community involvement and with private sector participation.

The Commission, in the course of its assessment of State drug control efforts and its initial round of statewide meetings and hearings, has identified exemplary collaborative efforts.

State and local law enforcement officers are working with local schools to implement Drug and Alcohol Resistance Education (DARE) programs in Baltimore , Greenbelt, Salisbury and Baltimore, Carroll, Frederick, Montgomery and Wicomico Counties.

With the advent of the Maryland Student Assistance Program in 1987, the Maryland State Department of Education, together with the Department of Health and Mental Hygiene, local school systems and local health departments, have formed cooperative agreements to identify and treat adolescents involved with alcohol, drugs and other related health problems in 17 subdivisions of this State serving 46 schools.

Since 1987, municipal, county, and State law enforcement officers have pooled their resources in 15 Maryland counties to direct their collective efforts against drug traffickers.

The Maryland State Police, the Department of Natural Resource Police and the Maryland National Guard are engaged in interagency operational programs with the Drug Enforcement Administration, U. S. Customs Service and the U. S. Coast Guard in the Port of Baltimore, the Chesapeake Bay and throughout Maryland on marijuana eradication projects.

The City of Annapolis and Ocean City provide examples of municipal leadership combining with governmental, community, and private sector organizations to address local substance abuse issues in schools, communities, and the workplace.

State departments and agencies have implemented Governor Schaefer's State Substance Abuse Policy. Supervisors and employees are being provided educational programs, drug and alcohol specific training, and assistance to access employee assistance programs.

State institutions of higher education in Maryland have joined with the Governor's Office and State and local health and educational agencies in providing direct services to Marylanders. Illustrative of these collaborative efforts are programs designed by the University of Maryland to educate caregivers about the misuse of prescription drugs among the elderly, training programs for high-school coaches directed at drug and alcohol issues, technical assistance to schools, government agencies and legislative bodies, and information provided to the public about available prevention and treatment services throughout Maryland.

The Commission has benefited from a broad description of intragovernmental planning and

programming efforts in Baltimore City. The Commission endorses this utilization of city-wide and neighborhood meetings and forums to engage public support and comment on crime and drug-related issues.

The Commission has witnessed the development of local citizens groups, councils, and task forces in response to grand jury reports, community appeals and local leadership initiatives in Carroll, Dorchester, Frederick, Montgomery, Queen Anne's, Somerset, Washington, Wicomico and Worcester Counties.

County Executives in Anne Arundel and Baltimore Counties have directed and implemented coordinated, multi-agency activities in response to their subdivisions' needs.

In Southern Maryland, Calvert, Charles and St. Mary's Counties have drawn from all segments of government, the community and the private sector in separately addressing their respective problems, and have agreed to further coordinate these efforts regionally.

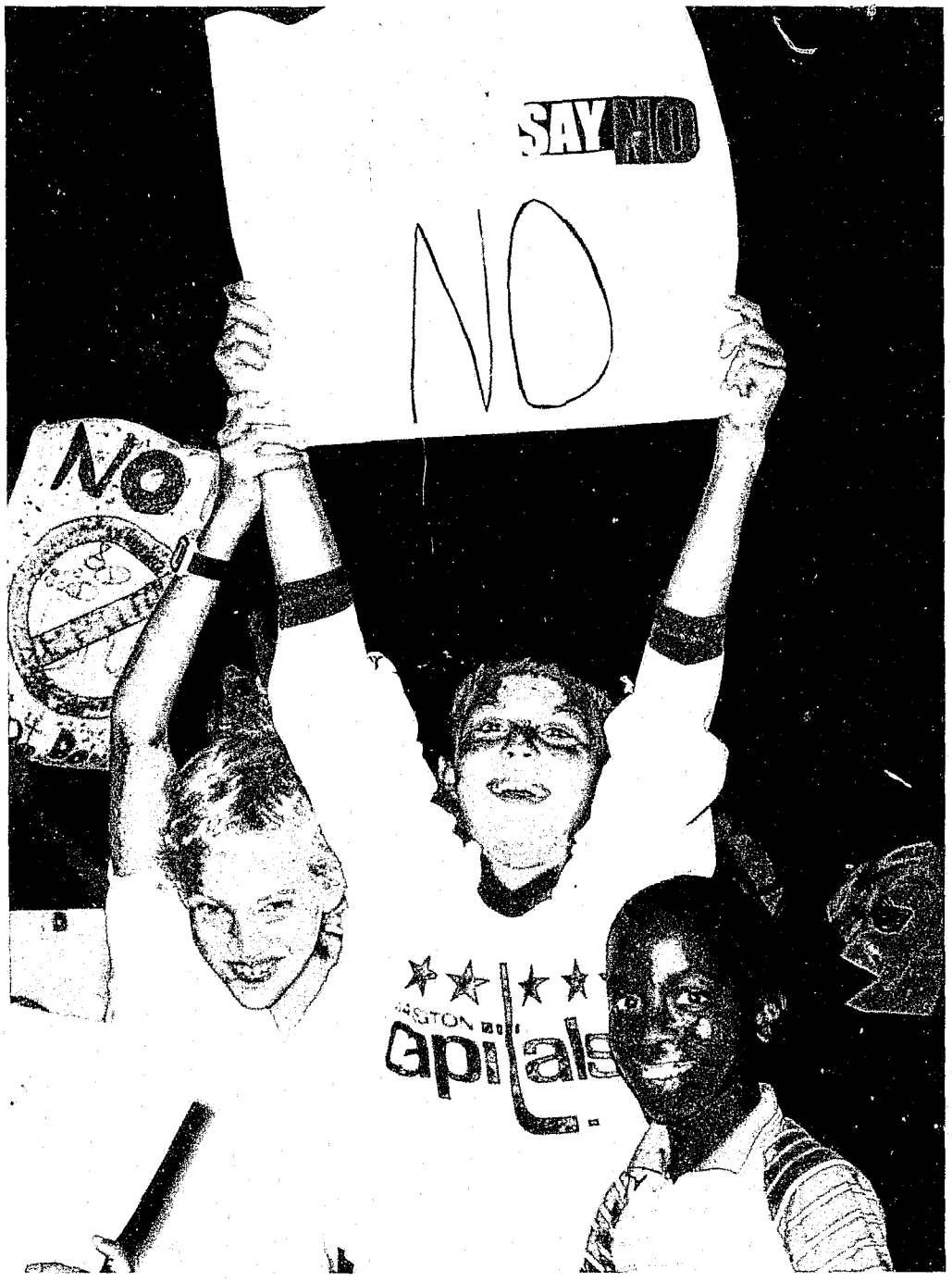
Regional approaches toward controlling drugs and alcohol abuse are extending beyond Maryland's borders. Since 1987, under the leadership of Governor Schaefer, governors from Delaware, New Jersey, New York, Pennsylvania, Virginia, West Virginia and the Mayor of the District of Columbia have joined together to develop and implement a coordinated regional strategy to reduce their common drug and alcohol abuse problems.

As the Commission proceeds into its first full year of operation, it will focus upon extending its coordination efforts with the Office of National Drug Control Policy, local governments and operating agencies, diverse community organizations, and advisory groups.

Turfism, interagency rivalries and parochialism remain as obstacles to Maryland and the national drug control efforts. The Commission plans to concentrate its future efforts on ways of better managing available resources through the use of funding incentives. Leadership will play the key part in removing these obstacles and determine the proper deployment of all resources in this time of crisis. The Commission recognizes that its coordinative role must reach directly into communities to insure that it responds to and participates with all appropriate groups and organizations in mobilizing all Marylanders to action.

Plan of Action

Prevention and Education



An estimated 500,000 citizens in Maryland participated in prevention activities in FY'88 and over 350,000 youth were reached through prevention projects.

Plan of Action

There is no magic formula. We must accept that fact. There is absolutely no mechanism that will enable us to quickly reduce illegal drug-related activities and drug and alcohol abuse in Maryland, or elsewhere. If there were such a formula, measures would have been implemented years ago by the legions of dedicated, visonary people who have analyzed and attempted to diminish the drug problem since its inception. Had such a panacea existed, this nation would not now be engulfed in the midst of an ever accelerating drug crisis.

If we will acknowledge that a magic formula does not exist, we can stop our constant search for quick and painless solutions and, more appropriately, devote our energies to implementing the kind of realistic plan that can eventually rectify the problem. Such a plan requires leadership, continuity, and the commitment of all Marylanders to a long term and comprehensive effort.

Recognizing this, the Commission's comprehensive Plan of Action is detailed below. It is divided into recommendations and implementation strategies that have been developed by the subcommittees; Prevention and Education, Treatment, and Law Enforcement. The Plan encompasses the population of Maryland along a continuum from at risk, to user, to abuser, and trafficker. It will be an on-going, continuing process that will not only involve new, innovative ways of approaching our drug and alcohol problem, but also will reallocate present resources to make more efficient use of what we already have.

Prevention and Education Plan

The use of illegal drugs and the abuse of alcohol and legal drugs is destroying the fabric of modern life. Social dysfunction, child abuse, violence, teen pregnancy, illiteracy, treatment and incarceration costs, and even death can all be directly linked to substance abuse. The demand for illegal substances and the abuse of alcohol and legal drugs must be reduced through employing innovative education and prevention strategies.

Prevention programs comprise a continuum of integrated activities including education and training, life and coping skills, supervised constructive drug-free activities, and environmental and social change strategies. These activities complement each other and combine to form an effective prevention strategy.

It is incumbent upon each level of government to coordinate youth, parents, community organizations, businesses, schools, and government efforts so that local and statewide needs may be determined in developing effective prevention strategies. These strategies are based on a set of basic principles that include, but are not limited to, the following: there is no "responsible use" of illicit drugs by anyone or "responsible use" of alcohol by youth under the age of 21; the abuse of legal drugs by anyone and abuse of alcohol by adults is dangerous and irresponsible; and, addiction is a preventable disease that is primarily chronic, progressive, and ultimately fatal -- but treatable.

Research has shown that drug and alcohol awareness and education programs alone do not prevent substance abuse. Comprehensive prevention programs are those that give participants a positive identity, skills, opportunities, relationships, and experiences that enable them to put drug education to use in developing a drug-free lifestyle. Cooperatively developed prevention programs place an emphasis on youth but are intended for all age groups.

In summary, prevention stresses a holistic approach to health and wellness, with the eventual goal of reducing or eliminating the demand for illegal drugs and alcohol abuse. Involving people is the key to developing successful prevention strategies.

The Commission's Plan for Prevention and Education falls into four major areas: Public Awareness, Public Education, Community Involvement, and State Leadership Initiatives.

Public Awareness

I. GOAL: **Change the behavior and attitude of the public regarding alcohol and other drugs.**

Recommendation: **A. Establish a comprehensive approach to coordinate public awareness programs on drug and alcohol abuse prevention.**

Implementation Strategies:

1. Secure the assistance of a public relations firm that will design a public awareness program to reach every segment of the Maryland population.

2. Adopt a campaign model such as the "Census 90," or one of similar scope, which sends a message regarding the consequences of alcohol and other drug use.

3. Obtain ideas from everyone in State government, the Governor's Alliance, and local communities for inclusion in the public awareness campaign so that the message is delivered as broadly as possible.

4. Take advantage of the offer of the local media made at the Governor's Summit on Substance Abuse to enlist their services to provide the widest range of coverage possible for the public awareness campaign.

5. Tap the expertise and network of Public Information Officers of the various State agencies and the Governor's Office.

Rationale:

Attitudes, images, and fantasies that glamorize alcohol and drug use are promoted through advertising and entertainment industries, even though it is clear that abuse is linked to the very things that tear our fantasies apart -- depression, accidents, deaths, suicides, crime, violence, and isolation. Images associated with alcohol and drug use falsely link "getting high" with happiness, success, sexual satisfaction, virility, and maturity.

Advertising also promotes the idea of a quick fix to relieve pain, to help one sleep, to alleviate depression, etc. Getting high by using drugs and alcohol becomes the coping mechanism for dealing with life's problems.

The public largely denies the problems associated with using illegal drugs. The messages permeating music, movies, and television clearly make "recreational use" acceptable. While there are messages about the harmful effects of abuse, the linkage to recreational use is hardly ever made.

Responsible Agency: The Governor's Drug and Alcohol Abuse Commission.

Recommendation:

B. Develop and maintain a comprehensive State Clearinghouse System of which the database for substance abuse prevention and treatment programs is a component.

Implementation Strategies:

1. Incorporate the Maryland Database on Alcohol and Drug Prevention and Treatment Programs into the public awareness campaign.

2. Maintain a 24-hour toll free number that makes information on prevention and treatment programs available to the general public.

3. Expand the database not only in the form of information gathering but also in assuring that sufficient staff and hardware are available so that information may be given to the public on request.

4. Develop a component of the Maryland Database to address why individuals don't take drugs.

5. Coordinate and disseminate the collection of all State, local, and private substance abuse treatment and prevention programs, data, and services (e.g., directory, reports on trends of drug use).

Rationale:

A vast amount of data exists that defines the horrible consequences of substance abuse in very specific ways, and many successful prevention and treatment programs have been developed that combat drug and alcohol abuse in innovative ways. Information needs to be gathered in one place, analyzed, and made available not only to local and State government policy makers, but to every citizen who needs or wants information on any aspect of prevention and/or treatment.

Responsible Agency:

University of Maryland.

Recommendation:

C. Promote interagency communication regarding alcohol and other drug abuse.

Implementation Strategies:

1. Create a mechanism to promote ongoing interagency communication. Produce and distribute an interagency newsletter.

2. Use the network of State agencies' Public Information Officers.

Rationale:

Information sharing is a critical component of any successful strategy. Too often local and State efforts exist in isolation. Local and State agencies must encourage interagency cooperation so that duplication of services can be eliminated and successful programs and services can be promoted through a collaboration of efforts. Agencies must

share information if we are to be successful and efficient with our resources, and a vehicle must be created that is a first step toward accomplishing this goal.

Responsible Agency: The Governor's Drug and Alcohol Abuse Commission.

Recommendation: **D. Involve the public in awareness of the consequences of use and abuse of alcohol and other drugs.**

Implementation Strategies:

1. Foster the coordination and growth of commissions, alliances, task forces, advisory groups, etc., by using local prevention coordinators.

2. Support the continued development of local speakers' bureaus comprised of dynamic, informed individuals who make presentations on the dangers of substance abuse to communities, schools, and organizations.

Rationale: The public needs to be informed of the dangers of drug abuse and available resources that address it at every level; through the media, in the schools, and through our many civic and religious organizations.

Responsible Agency: Governor's Alliance to Prevent Substance Abuse.

Public Education

II. GOAL: Educate the school-age population and school staff about the dangers and consequences of drug and alcohol use.

Recommendation:

A. Continue development on the mandate for a K-12 drug education curriculum for all students.

B. Provide quality training to all teachers responsible for teaching drug education.

C. Establish a standard teaching certification requirement regarding training in drug and alcohol abuse prevention at the elementary and secondary school levels.

Implementation Strategies:

1. Require drug abuse prevention awareness and intervention training for all school staff.

2. Make a commitment to assume federally funded projects with State dollars if these funds are ever terminated.

3. Identify exemplary demonstration projects or programs and expand them with the use of federal and State dollars.

4. Encourage the State to continue its commitment to ensure that AIDS education occurs for all Marylanders by providing appropriate materials to those jurisdictions that may not have access to them.

Rationale:

The citizens of Maryland do not understand the dangers of substance abuse. Drug and alcohol use disrupts families and ruins lives. Drug-related violence, crowded prisons, and over enrolled treatment programs are only the tip of the iceberg. Millions of people who never enter the criminal justice or treatment systems never achieve their potential because of drug and alcohol use. Millions of "recreational" users risk addiction and dysfunction as well as support the criminal empire that distributes illegal drugs.

We are still in the process of developing a comprehensive education program that reaches and affects all people, especially young people, regarding the effects and consequences of drug and alcohol use. Though we have come a long way, we need more resources to win this battle. Everyone acknowledges the unique position that schools are in to reach our young people and every effort must be made to make resources available in our schools.

Responsible Agency: Maryland State Department of Education.

Recommendation:

D. Mandate and enforce school policies on alcohol and drug use in all Maryland schools.

Implementation Strategies:

1. Disseminate the new policy to all jurisdictions.

2. Ensure that everyone understands the policy and procedures by providing regional workshops and training regarding the new guidelines.

3. Enforce all policies and procedures.

4. Encourage private and parochial schools to adopt and enforce school policies on alcohol and drug use.

Rationale:

The Maryland State Department of Education's policy guidelines on alcohol and other drug abuse in public schools reflect a balance between providing a safe, drug-free school environment and referring students who are involved with substances to receive necessary treatment. The policy includes rules for student behavior, procedures for students needing assistance prior to rules violations and for students requesting help for substance abuse problems, penalties for violations, procedures for referral, investigation, due process, emergency medical care, and confidentiality, provision for a written agreement between the school system and local law enforcement personnel, information dissemination, staff development and training, legal foundations, and alcohol and drug education. The policy offers the kind of direction and support that is critically needed by all school systems in the State.

Responsible Agency:

Maryland State Department of Education.

Recommendation:

E. Develop drug and alcohol abuse intervention programs in schools.

Implementation Strategies:

1. Establish the Maryland Student Assistance Program in every public secondary school in Maryland and encourage it in private and parochial schools.

2. Allocate sufficient funds to deliver the Maryland Student Assistance Program. Consider the public education request for funding in conjunction with the request from the Treatment Subcommittee to support the growth of this program.

3. Phase in a school nurse in every school in every jurisdiction in the State.

4. Fund the Parent Facilitator Training Program of the Maryland State Department of Education.

Rationale:

School teachers and other school personnel are the individuals with whom most young people share a great portion of their day. Teachers, and especially the school nurse, are in a unique position to identify problems or changes in behaviors or attitudes, or to notice when something is wrong. If attendance or behavior changes, or if work slips, teachers and nurses are often the first to identify these problems. School nurses can also provide information and lessons on AIDS, drug and alcohol abuse prevention and education, and other general health topics.

Parents need help in the form of education and support. They need to know more about the effects and signs of drug use and need to learn skills in how to talk to their children when a problem arises.

Responsible Agency:

Maryland State Department of Education.

Recommendation:

F. Expand law enforcement efforts to educate students about drug abuse.

Implementation Strategy:

1. Encourage the implementation of the Drug Abuse Resistance Education (DARE) Program for middle schools.

Rationale:

Young people need to learn to cope with the enormous burden of peer pressure. The DARE program provides uniformed officers to teach students to say no to drugs, build their self-esteem, manage stress, resist pro-drug messages, and develop other skills to keep students drug-free. Students need to understand further that drugs are wrong and illegal and that engaging in their use or sale is a crime. The DARE program is an excellent method of dealing with these important issues.

Responsible Agency:

All appropriate State and local law enforcement agencies.

Recommendation:

G. Expand peer leadership programs to all schools.

Implementation Strategies:

1. Establish active Students Helping Other People (SHOP) teams in all high schools.

2. Establish the Students Helping Others and Understanding Themselves (SHOUT) Program in all middle schools.

3. Expand the Winning on Wellness (WOW) Program for Athletes in every senior high school.

4. Expand the "Just Say No" Clubs in elementary schools.

Rationale:

The success of peer leadership programs among young people has been well documented. Young people respond to each other and pay attention to each other. These peer programs capitalize on that in healthy, positive ways.

Responsible Agency:

Maryland State Department of Education.

Recommendation:

H. The Maryland Commission for Higher Education will promulgate a strong policy statement at the college and university level that clearly says that the use of illegal drugs by anyone, the use of alcohol by anyone under 21 years of age, and the abuse of alcohol by any adult is not acceptable.

I. The Maryland Commission for Higher Education will require training in drug and alcohol abuse education for all individuals in professional programs in Maryland public institutions of higher education.

Implementation Strategies:

1. Offer courses that have been shown to make a significant impact on young people such as the "I Can" course, which emphasizes that students must build their lives and career on the "foundation stones of honesty, integrity, character, love, trust, and loyalty."

2. Expand the programs offered by the alcohol and drug resource centers presently located at five of Maryland's public institutions of higher education to all of Maryland's institutions of higher education.

Rationale:

College campuses and institutions of higher learning are often perceived by the young as places where "freedom" is finally achieved. No longer subject to the scrutiny of parents or teachers who see them every day, young people need to be reminded about what is acceptable behavior now that they are on their own.

Maryland's institutions of higher education, while designed to encourage the growth and development of young adults, must carry out this mission within the laws of Maryland regarding drug and alcohol use. College presidents and campus police should enter into cooperative agreements that clearly enforce student accountability.

With the terrible acceleration of the nation's drug problem has come

the realization that our professional programs do not offer the kind of course work or information that adequately prepare individuals for encountering the realities of today. From doctors to judges, professionals need better training in drug and alcohol related issues.

Responsible Agency: The Maryland Commission for Higher Education.

Community Involvement

III. GOAL: **Involve all segments of the community in drug and alcohol abuse prevention efforts, initiatives, programs, and strategies.**

Recommendation: **A. Support funding for community prevention programs such as: drug and alcohol education/information and training services; life and coping skills programs; supervised drug free activities; and environmental and social change strategies, especially those that focus on grass roots empowerment.**

Implementation Strategies:

1. Designate at least one fully funded, full-time Prevention Coordinator in each jurisdiction.

2. Fund programs for special populations such as: Power of Positive People, Healthy Lifestyles for Pregnant Women, and the Senior Citizen Alcohol and Drug Education Program.

3. Involve all local drug and alcohol abuse councils, task forces, alliances, and core groups so that all community strategies may be coordinated effectively by Prevention Coordinators.

4. Fund a local highway safety program in every jurisdiction. These programs would be required to be matched by the local jurisdiction as well as guarantee mandated participation of selected officials within county government.

5. Request matching funds for local initiatives regarding the local highway safety programs; i.e., Project Prom, Governor's Highway Safety Competition Initiatives, and the University Drug and Alcohol Resource Centers, and judicial education programs.

6. Encourage the development of programs that involve parents in advocacy and other direct prevention activities, especially those that involve their own children.

Rationale:

Prevention activities need the participation of large numbers of people from the grass roots to the highest levels of local government if they are going to be successful. The substance abuse problem continues to escalate and is reflected by problems in our communities such as youth who may not have a place to go after school, streets overrun by drug dealers, and adults who cannot effectively parent their children. These problems affect all members of a community.

Every hand that is put to the wheel in the prevention effort from participation in prevention programs to serving on advisory councils,

boards, and commissions increases our ability to change attitudes and behaviors concerning the abuse of drugs and alcohol. Programs need to be designed to meet local needs and members of each community must be willing to commit their time and resources to ensure these programs work.

Responsible Agencies:

Department of Health and Mental Hygiene.
Department of Transportation.

Recommendation:

B. Continue to support the Governor's Alliance to Prevent Substance Abuse in their efforts to raise funds and heighten awareness of prevention efforts.

Implementation Strategies:

1. Join with business, school, and civic communities in support of prevention services.

2. Foster financial resources for prevention efforts by working with prevention coordinators and local governments.

3. Function as an advocacy network for prevention.

4. Explore the possibility of engaging in a cooperative partnership with shopping malls, which have become the modern day center of activity for large numbers of unsupervised youth.

Rationale:

Substance abuse prevention must be a combined effort by all segments of the community. This requires educational programs, ongoing media attention, effective parenting, the support of civic groups and employers. The Alliance attempts to ensure that home, school, workplace, community-based organizations, and religious institutions work together to promote a drug-free lifestyle.

Malls could become centers for drug and alcohol prevention activities and programs. Malls could also subsidize space for recreation centers and engage in cooperative ventures with schools.

Responsible Agency:

Governor's Office of Justice Assistance.

Recommendation:

C. Support Youth Service Bureaus in the substance abuse prevention endeavor.

Implementation Strategy:

1. Support the Department of Juvenile Services in its effort to provide training for staff in prevention and treatment activities.

Rationale:

It is crucial to treat and rehabilitate our youth who have become involved in drug and alcohol abuse and crime. It is important to give these young people every opportunity to make a good life for themselves. Rehabilitation is also our hedge against what may be perpetrated upon society if these young people are not treated successfully today. Our youth deserve the best professionals and the best programs possible.

Responsible Agency:

Department of Juvenile Services.

State Leadership Initiatives

IV. GOAL: **Maximize State government's role in addressing the problem of substance abuse.**

Recommendation: **A. Maintain a drug-free workplace.**

Implementation Strategies:

1. Explore the use of additional sanctions or submit legislation on substance abuse to include employee penalties for on or off the job behavior that violates the State's policy; e.g., loss of State vehicle driving privilege, denial of conference requests, denial of training opportunities, removal from promotional list, etc.

2. Require a drug-free workplace certification for all contractors doing business with the State. Contractors performing safety sensitive functions should be required to incorporate a drug testing program.

3. Explore whether or not accident leave and workman's compensation claims, as part of a comprehensive training, testing, and treatment program, should be denied to any employee whose accident was the result of using illegal substances or alcohol on the job.

4. Promote server intervention programs in the restaurant and entertainment business.

5. Offer technical assistance, in partnership with the Maryland Chamber of Commerce, to the private business community, especially small businesses, to implement drug-free workplace policies.

6. Establish a budgeted position within the Governor's Office, using the resource and technical capabilities of the Department of Economic and Employment Development, that would coordinate efforts to facilitate workplace policy and program implementation in the private sector.

7. Stipulate that any companies requiring permits to do business in Maryland shall meet the requirements of a drug-free workplace.

8. Explore expansion of Motor Vehicle Administration's Flagging Program, which notifies employers of employee driving infractions, to serve private industry.

9. Provide substance abuse education in the workplace as it relates to parental responsibility.

10. Provide administration for drug testing for sensitive classifications.

11. Expand employee assistance and wellness programs.

Rationale:

State government is an employer, contractor for goods and services, and has regulatory authority for many professions. State government also issues licenses and permits and is a major funding source for local as well as statewide programs. It also represents the mechanism by which laws are enacted to address society's problems. In each of these areas the State administration can take a more aggressive leadership role in addressing the problem of substance abuse.

Responsible Agency:

All State Agencies.

Recommendation:

B. Require drug-free accountability for applicants for State licenses and permits.

Implementation Strategies:

1. Provide an appropriate level of training on the dangers of substance abuse to applicants for any professional license.

2. Professional license applicants should be required to sign a drug-free pledge card that states that a drug or alcohol conviction could lead to the loss of that license.

3. All general purpose licenses (driving, boating, hunting, fishing, etc.) should contain language indicating the harmful/dangerous aspects of substance abuse. A drug-free pledge card could also be required.

Rationale:

The operation of any kind of vehicle poses special risks and hazards. Recreational activities such as hunting and boating are also activities that pose special problems. Since the State issues these licenses, violations will result in their suspension or revocation.

Responsible Agency:

All appropriate State licensing or regulatory agencies.

Recommendation:

C. Link eligibility for loans, scholarships, and special privileges to maintaining a drug-free lifestyle.

Implementation Strategies:

1. All students in Maryland's institutions of higher education should be required to sign a drug-free pledge card that states that they could be expelled for a drug conviction and may lose any scholarship, loan, part-time job, etc.

2. Welfare families could suffer loss of eligibility of any child convicted of a drug offense who does not seek drug treatment.

Rationale: Since the State controls and determines eligibility for these various programs, services, and special funds, violation of drug-free guidelines could result in forfeiture of State loans or scholarships, and loss of welfare privileges for a child convicted of a drug offense.

Responsible Agency: Appropriate State Agency.

Plan of Action

Treatment

There is a need for specific medical support services to assure the birth of healthy babies.

Treatment Plan

The Commission refuses to surrender another generation of youth to the substance abuse epidemic. Responding to the charge from the Governor for a thorough assessment of the treatment network, the Treatment Subcommittee has surfaced a broad number of critical public health and family issues related to the abuse of alcohol and use of drugs. Among these is the enormity, severity, and rapid escalation of the problem; the impact on children and families, and the system's overall inability to keep pace with demand. The report and recommendations are directed toward mobilizing and refocusing Statewide energy and refining existing clinical efforts. This will enhance the recognized variety and high quality services available to Maryland's citizens. We are charged with identifying the need and opportunity to improve these services and to guide future development through a rejuvenated system that will protect, improve, and maintain a quality health status for Maryland children and families.

The work of the Treatment Subcommittee has resulted in the design of a multi-disciplinary, holistic treatment system that focuses attention on the immediate public health crises facing children, families, and the community. Defensive strategies were developed to meet this rapidly escalating crisis.

Urgent attention must be given to the following groups:

- o Addicted Children and Those At Risk of Becoming Addicted
- o Pregnant Addicts and Unborn Children
- o IV Drug Users At Risk of Spreading AIDS
- o Clients and Families Involved With the Criminal Justice System
- o Addicts With Special Needs

Children are of paramount concern in efforts to address the epidemic of substance abuse. Without immediate and decisive action, large sections of the current generation of youth are at serious risk of being lost to the crippling effects of drug and alcohol addiction.

The recommendations of the Commission clearly assert that such effective intervention will only be accomplished through a refocusing of resources on the family. Responsible for the growth, socialization, and drug-free development of children, the family is viewed as the critical cornerstone in the treatment process. This includes nuclear families, single parent families, extended families, and surrogate families such as foster homes, group homes, and residential programs. Addicted parents must be treated if children are to be protected.

Data indicates a significant rise in the number of babies born addicted. Public health implications are profound and include HIV infection, birth defects, extended intensive care, abandonment, and death of these newborns as well as child abuse. Data also indicates that addicted women will likely deliver additional addicted infants without appropriate treatment and case management. While efforts exist to serve these women, they often disappear after delivery. While several of the initiatives presented in this report will improve the availability of traditional services, additional specialized programs must be developed.

The association between AIDS and intravenous drug use is clearly defined. Data indicates that new AIDS cases associated with intravenous drug use has risen from 25 percent to approximately 60 percent of total. Given the association between irresponsible sexual practice and addiction, efforts to successfully treat this population must be a priority.

An overwhelming and expanding number of substance abusers and families are involved in treatment as a result of criminal justice related activities (approximately 70 percent of current caseloads). Without appropriate intervention, recurrence of substance abuse and illegal activity is likely. The impact on the family, the individual, and society presents a clear threat to overall public health.

Persons with special needs present unique issues in treatment, especially in their inability to use existing services. Those with co-existent psychiatric disorders are at significant risk of frequent relapse and costly recidivism due to increased vulnerability to the addictive process. This population represents an increased number of homeless and dysfunctional families and individuals.

Persons who are deaf/hearing impaired are often prevented from using existing resources because of their communication difficulties.

While the Commission's focus is to ensure the availability of addictions treatment to all persons with special needs, these particular groups require immediate attention.

In addition to those noted above, the Commission has identified a number of recommendations that focus on systemic issues. Organized under the themes of "Workforce Development," "Policy and Planning," and "Treatment and Rehabilitation," these initiatives may be accomplished without additional cost.

Addicted Children and Those At Risk of Becoming Addicted

I. GOAL: **Expand alcohol and drug abuse treatment for addicted children and adolescents and for those at risk of becoming addicted.**

Recommendation: **A. Provide outpatient and intensive outpatient services to alcohol and/or drug abusing youth and adolescents and to families at risk of producing addicted children.**

Implementation Strategies:

1. Provide intensive, outpatient services for families in 20 jurisdictions.

2. Pilot five intensive outpatient programs designed to divert children, ages 8-12, and adolescents, ages 12-17, from out-of-home placements.

3. Pilot two outpatient treatment programs for children, ages 8-12.

4. Add 20 licensed family therapists to existing outpatient programs.

5. Pilot family-based, crisis stabilization, and intervention programs and services through collaboration within existing systems.

Rationale:

There is limited capacity systemwide to provide family therapy. Stabilizing the disintegrating family caused by substance abuse is critical. The development of intensive outpatient services for families throughout Maryland ensures the treatment of addicted parents who must recover in order for their children to be protected. Focused, intensive programs will assist all family members in the process of recovering together from addiction.

There is currently no capacity to serve the high-risk youth population, ages 8-12. Intensive outpatient programs for children, ages 8-12, and adolescents, ages 12-17, will allow youth and their families to receive comprehensive treatment while working, attending school, and remaining with their families. Intensive outpatient programs are more cost effective than residential care.

Early intervention with younger children will disrupt the addiction process, reduce chronic relapse, and preclude the need for more extensive treatment.

Family-oriented outpatient services can reduce costly placement in residential programs, family disintegration, and the incidence of child abuse.

Family-oriented emergency intervention can stop the problem from

expanding and thereby reduce costly placement in residential programs. Early intervention can disrupt the addiction process through mobilizing family resources.

Responsible Agency:

Alcohol and Drug Abuse Administration and other appropriate service agencies.

Recommendation:

B. Increase residential treatment slots for adolescents, adults, and family members.

Implementation Strategies:

1. Pilot a 20 bed, hospital-based, intensive treatment program for the adolescent polydrug abuser with many problems.

2. Provide 20 additional group home beds at existing facilities.

3. Provide 20 additional beds at existing adolescent intermediate care facilities.

4. Provide 88 additional adult intermediate care beds.

5. Expand long-term care bed capacity by 26.

6. Expand adult therapeutic community slots by 45.

Rationale:

Currently no residential services exist to treat the chronic, multi-problem, poly-addicted adolescent with medical complications.

There are insufficient group home beds for adolescents in Maryland. Some adolescents require an out-of-home placement for full recovery.

Expansion of the existing intermediate care facilities (ICF) bed slots is necessary to meet the growing needs of Maryland's high risk adolescent population. Twenty additional beds for adolescents would serve an additional 120 adolescents annually.

Substance Abuse Management Information Services (SAMIS) data shows 112 individuals on ICF waiting lists statewide in January 1989 and 145 on ICF waiting lists in February 1989. The average of seven persons waiting to access treatment at each state-funded ICF in January 1989 climbed to an average of nine per state-funded facility in February 1989.

Two state-funded long-term care facilities contacted during the preparation of this report had waiting lists of one to six months. Some homeless individuals, who are also addicted, need this service.

State-funded, therapeutic community programs report waiting lists

exceeding 300 clients. These clients have been prescreened and are ready for admission. Sixty-five percent of them are currently incarcerated.

Responsible Agency: Alcohol and Drug Abuse Administration.

Recommendation: **C. Pilot a family treatment component in existing residential programs.**

Implementation Strategies:

1. Provide weekend staff to conduct intensive family counseling in three state-funded intermediate care facilities.

2. Pilot the provision of child care for women and families requiring treatment for addiction.

3. Pilot the inclusion of a family therapist in halfway houses.

Rationale: At regional forums attended by professionals in the addiction field throughout the State, the need to improve family counseling services in residential programs was identified. These services are currently limited by the scarcity of weekend counseling staff and appropriately trained family therapists.

The literature on women and addiction clearly states that women have unique needs and bring to treatment a broader range of problems than men. Women, especially single parents, are often prohibited from seeking residential treatment because child care services are not provided by the program. Child care services should be developed for intermediate care facilities and therapeutic communities.

Responsible Agency: Alcohol and Drug Abuse Administration.

Recommendation: **D. Develop in the Department of Juvenile Services (DJS) the capacity to provide substance abuse treatment for delinquent youth and their families.**

Implementation Strategies:

1. Pilot a program designed specifically for adolescent drug dealers who may not be drug users.

2. Provide addiction counselors in DJS operated and contractual programs.

3. Increase DJS capacity to purchase treatment for youth at the point of, or after, discharge.

4. Increase parent and family involvement and support in substance abuse intervention both during and subsequent to the termination of DJS supervision.

5. Provide training to DJS staff in social skill development strategies.

6. Develop and implement a residential substance abuse treatment program for DJS youth in existing facilities.

Rationale:

A protocol and special program are needed to serve the juvenile drug dealer/entrepreneur who is not a drug user. These young drug dealers, often from low income families, can make hundreds and even thousands of dollars weekly by dealing drugs. They need both incentives and environmental stabilization to surrender this extremely negative but financially profitable lifestyle.

Many delinquent youth break the law because of their addiction. Treatment for delinquents with substance abuse histories that does not include treatment for substance abuse is futile.

Many delinquent youth with substance abuse histories will repeat the delinquent behavior following discharge from a DJS facility. The release back into the community can bring pressures causing the youth to relapse into addiction. A substance abuse program for appropriate youth prior to or following discharge from DJS facilities is needed to break the pattern of addiction, illegal activity, and recidivism.

If the youth, upon discharge, returns to a family which is riddled by addiction, the youth's chances of remaining abstinent are very poor. Family-oriented treatment will reduce family disintegration. All substance abusing family members need treatment and/or education about alcohol and drug addiction.

Training youth in positive social skill development requires a staff trained to provide these skills. Many drug abusing youth are as addicted to a negative, self-defeating lifestyle as they are addicted to drugs. These youth need to learn a new set of behaviors and positive responses in social interaction.

Without substance abuse treatment, addicted delinquent youth are destined to repeat the delinquent behaviors and become lifelong recidivists in both the treatment and criminal justice systems.

Responsible Agency:

Department of Juvenile Services.

Pregnant Addicts and Unborn Children

II. GOAL: Provide treatment services for pregnant alcoholics and/or drug addicts and their infants.

Recommendations:

A. Develop and implement specialized, effective treatment programs for addicted, pregnant women and their newborns.

Implementation Strategies:

1. Pilot four congregate living/residential treatment programs that begin during pregnancy and continue through delivery and a defined post-partum period.

2. Develop a non-hospital detoxification capacity in four established ICFs. Establish linkages with appropriate medical support services.

3. Implement the Department of Human Resources Specialized Care Program for Infants with AIDS.

Rationale:

Without more substance abuse treatment and parenting skills training for addicted pregnant females, an entire segment of the next generation will be lost. Parenting skills will reduce the risk of child abuse. The numbers of children born addicted, especially those resulting from "crack prostitution," will be decreased. The human misery and fiscal expense resulting from the intensive needs of addicted newborns will be reduced.

Non-hospital detoxification units at ICFs are needed for pregnant women to reduce the numbers of babies born addicted and to reduce child abuse, child neglect, and infant mortality. There is a need for female-specific medical support services to assure the birth of healthy babies.

Specialized foster care will provide homes for abandoned and court ordered infants with HIV infection/AIDS, thus allowing appropriate diagnosis and treatment for these infants.

Responsible Agencies:

Alcohol and Drug Abuse Administration.
Department of Human Resources.

Intravenous Drug Users at Risk of Spreading AIDS

III. GOAL: **Increase treatment slots for intravenous drug users at risk of spreading AIDS.**

Recommendation: **A. Ensure the availability of methadone treatment services.**

Implementation Strategies:

1. Phase in 250 additional slots in methadone programs over a five-year period. Evaluate methadone detoxification and maintenance.

2. Pilot a family treatment component in two existing methadone programs.

Rationale:

Current data indicates that methadone services are operating at 103 percent capacity. Many programs have a two to four week waiting list. Most clients in methadone programs are intravenous drug users at high risk of contracting AIDS through needle sharing and risky sexual practice.

Family treatment for intravenous drug users will help prevent the spread of AIDS to infants and reduce child abuse and family disintegration due to addiction through intervention in dysfunctional family systems.

Responsible Agency: Alcohol and Drug Abuse Administration.

Clients and Families Involved with the Criminal Justice System

IV. GOAL: **Expand State-funded services to clients and families involved with the criminal justice system.**

Recommendation: **A. Provide treatment for incarcerated addicts. Include a social skills component in treatment.**

Implementation Strategies:

1. Pilot a therapeutic community in one State prison and two additional local jails and study the impact on recidivism.

2. Decrease barriers to Alcoholics Anonymous and Narcotics Anonymous within corrections.

3. Expand court-based assessment capacity to respond to increased demand.

4. Fund additional Evaluation, Diagnosis, and Referral (EDR) addictions staff.

5. Fund 10 additional driving while intoxicated assessment positions to be strategically placed statewide.

6. Pilot a juvenile court assessment and case management project with two funded positions.

Rationale:

Therapeutic communities treat many individuals being released from jails/prisons with a primary chemical dependency problem. Early intervention with the jail-based population should support successful community reintegration.

By introducing the therapeutic community model and support groups into jails and prisons, incarceration can become a period of reform and progress for the criminal justice client, thus reducing the high rate of recidivism.

Unless judges have accurate information related to alcohol and/or drug problems, individuals charged with driving while intoxicated may be incarcerated but receive no addictions treatment.

Additional in-court assessment positions can provide presentence information to judges who deal with ever-increasing numbers of DWI offenders.

Juvenile court assessment and services will support client placement and case management services in appropriate levels of care, thus reducing unnecessary and costly intervention.

Responsible Agencies:

Alcohol and Drug Abuse Administration.
Division of Corrections.
Division of Parole and Probation.

Addicted Persons with Special Needs

V. GOAL: **Provide appropriate treatment services for alcoholics and addicts with special needs, e.g. co-existing psychiatric disorders and handicaps, such as deafness/hearing impairment. While the Committee's focus is to ensure availability of addictions treatment to all persons with special needs, these particular groups require immediate attention.**

Recommendation: **A. Pilot specialized services for persons with special needs.**

Implementation Strategies:

1. Develop five intensive outpatient, after-school programs to annually serve 200 addicted, psychiatrically-impaired adolescents.

2. Provide psychiatric consultation and training to addiction programs which treat clients with a dual diagnosis (addiction and mental health problem).

3. Fund full-time counselors with interpreter skills to provide statewide services for the hearing impaired/deaf community.

4. Provide funding for contractual interpreters to be drawn from a consolidated interpreter bank available for use by treatment programs statewide.

Rationale:

The development of intensive, outpatient, after-school programs will divert these adolescents from inappropriate, costly modalities of care. These services will allow the adolescent to remain at home, in school, and in intensive treatment.

A very high percentage of individuals in addiction programs are mentally ill, and a large number of persons in mental health programs are addicted. When undiagnosed and untreated, the combination prevents recovery and/or rehabilitation, thus contributing to higher rates of recidivism.

Hearing impaired/deaf persons will be able to utilize existing services.

Responsible Agencies:

Alcohol and Drug Abuse Administration.
Mental Hygiene Administration.

Workforce Development

VI. GOAL: **Ensure that a high quality of professional service is offered through the State's addictions treatment network.**

Recommendation: **A. Upgrade training activities for addictions counselors to focus on trends and research in treatment.**

Implementation Strategy:

1. Develop and implement training programs for service providers working with youth, adult children of alcoholics (ACOA's), single-parent families, women, the elderly, criminal justice clients, social service-referred clients, and the dually-diagnosed/mentally ill chemically addicted client (MICA).

Rationale: Service providers need to have training that is relevant to the types of clients in today's system and incorporates state of the art treatment and strategies.

Responsible Agency: Alcohol and Drug Abuse Administration.

Recommendation: **B. Develop a human resource plan/strategy to expand and retain a highly skilled workforce in the addictions field.**

Implementation Strategies:

1. Develop degree programs for professionals in the addictions field at colleges and universities in Maryland.

2. Develop internships and traineeships in the addictions field.

3. Recruit minority professionals.

4. Establish a task force including various State agencies to advise on the refinement of the credentialing system.

Rationale: Offering training in the addictions field at institutions of higher education will create a larger workforce and allow the State training system to focus on enhancement of existing skills.

A refined system of credentialing will enhance the professional status of those in the addictions field while ensuring that care is provided by appropriately trained clinicians.

Responsible Agency: Alcohol and Drug Abuse Administration.

Policy and Planning

VII. GOAL: **Develop increased capability to conduct and implement long-range comprehensive planning for addictions treatment.**

Recommendation: **A. Enhance the existing partnership between the ADAA and local service providers.**

Implementation Strategy: 1. Invite service providers to share in the comprehensive planning process through assessment of local and regional need and development of appropriate strategies.

Rationale: Increased input from local providers will ensure that planning initiatives reflect the needs of clients and are locally and regionally driven.

Responsible Agency: Alcohol and Drug Abuse Administration.

Recommendation: **B. Refine methods for monitoring and evaluating treatment programs.**

Implementation Strategies: 1. Develop a State agency Quality Assurance Plan that defines how all treatment programs will be monitored and evaluated.

2. Designate a Committee, including representatives from the Governor's Drug and Alcohol Abuse Commission, the Governor's Office of Justice Assistance, the Alcohol and Drug Abuse Administration, the Department of Human Resources, the Department of Juvenile Services, the Department of Health and Mental Hygiene, the Department of Personnel, the Division of Parole and Probation, the Division of Correction and the Maryland State Department of Education to monitor and evaluate linkage development/interagency cooperation and substance abuse treatment planning.

3. Develop a statewide follow-up protocol to assess outcomes.

Rationale: Refining the monitoring and evaluation of programs can ensure that programs become more accountable for the quality of services they deliver. Only those programs that are accountable for providing a high level of services should be funded.

Responsible Agency: Alcohol and Drug Abuse Administration.

Recommendation:

C. Develop within Alcohol and Drug Abuse Administration the capability to conduct research, to keep abreast of treatment trends, and to develop long-range plans in accordance with the latest information about addictions treatment.

Implementation Strategies:

1. Collect relevant research on addictions treatment and provide technical assistance to local jurisdictions, service providers, and the proposed State clearinghouse.

2. Improve SAMIS to enhance the capacity to provide validated and technically useful information.

3. Develop a comprehensive substance abuse agency plan every three years with input from service providers, State agencies, and local governments.

4. Coordinate management information systems with the Division of Corrections to better account for joint treatment efforts and outcomes.

Rationale:

The State must plan the orderly growth of its treatment system. Long-range planning will ensure that new money for treatment will be used responsibly.

Responsible Agency:

Alcohol and Drug Abuse Administration.

VIII. GOAL: **Ensure that indigent, underserved, and high risk populations receive a high quality of treatment.**

Recommendation:

A. Develop and implement through the ADAA, in cooperation with local service providers, intervention and outreach strategies for previously underserved, high risk populations.

Implementation Strategies:

1. Develop and implement intervention and outreach strategies for youth, the physically handicapped, women (with special attention to female intravenous drug users), the homeless, the elderly, AIDS patients and the dually diagnosed/MICA client.

2. Offer addictions counselor education for the special needs of youth, women (with special attention to intravenous drug users) the homeless, AIDS patients, the elderly, the physically handicapped, and the dually diagnosed/MICA client.

3. Examine insurance industry criteria to determine if reimbursement policies inhibit access to treatment.

4. Make indigent clients the first responsibility of the state-funded system.

5. Use private providers for clients with resources.

Rationale:

By conducting outreach to previously underserved populations, the State will ensure that more people needing treatment will get it. By offering education programs about the special needs of target populations, the State will ensure a higher quality of services for high risk groups.

Responsible Agency:

Alcohol and Drug Abuse Administration.

IX. GOAL:	**Ensure that individuals needing treatment for addictions receive it in a timely manner.**
Recommendation:	**A. Include service providers in a comprehensive planning process that will identify barriers to service.**
Implementation Strategy:	1. Base slot/treatment bed expansion on documented need as reported by each facility and in various geographical regions, as well as on SAMIS and other statistical data.
Rationale:	Failure to access treatment for addiction in a timely manner may result in death, family disintegration and/or decreased potential for positive outcome.
Responsible Agency:	Alcohol and Drug Abuse Administration.
Recommendation:	**B. Ensure that interagency cooperation and linkages between State agencies operate efficiently so that clients access appropriate treatment with minimal delay.**
Implementation Strategies:	1. Organize regional committees, including representatives from Health Departments, criminal justice programs, addictions treatment programs, mental health programs, and social service programs to meet at least twice a year for discussion and refinement of interagency linkage and referrals. 2. Develop services to families in shelters. 3. Develop client assessment tools for use in level of care determination. 4. Encourage meetings between District and Circuit Court personnel and court assessors to ensure an information flow that supports appropriate sentencing of DWI/DUI and other defendants.
Rationale:	One way to reduce the length of time to access treatment is to refine interagency linkage development so that appropriate service needs are identified and responded to through interagency collaborative arrangements.
Responsible Agency:	Alcohol and Drug Abuse Administration.

Treatment and Rehabilitation

X. GOAL: **Develop new addictions program models based on treatment outcome.**

Recommendation: **A. Collect statistical data that will indicate treatment efficacy from state-funded treatment programs.**

Implementation Strategy:

1. Refine SAMIS (Substance Abuse Management Information System, ADAA) data collections so that it yields several indicators of treatment efficacy.

Rationale: More data is needed to determine which programs are effective and to develp new programs that work.

Responsible Agency: Alcohol and Drug Abuse Administration.

Recommendation: **B. Enhance existing protocol to more effectively treat crack/cocaine abusers, chronic alcoholics, and polydrug abusers of all ages.**

Implementation Strategies:

1. Study "acupuncture with counseling" treatment programs for addicts to evaluate protocol and treatment outcomes.

2. Evaluate outcomes in programs using antabuse and amino acids.

3. Explore the use of other holistic treatment in existing programs.

4. Participate in the Division of Correction's study of prison-based treatment programs.

Rationale: Holistic approaches to treatment are demonstrating high rates of success. Such approaches need to be further incorporated into the Maryland system.

Responsible Agency: Alcohol and Drug Abuse Administration.

Recommendation: **C. Teach relapse prevention strategies to clients in treatment.**

Implementation Strategies:

1. Implement relapse prevention models in all State programs.

2. Involve families in the treatment and, for incarcerated persons, prerelease planning processes.

Rationale: Relapse, for some individuals, is part of recovery. Teaching early warning signs of relapse and practical methods to prevent it will greatly reduce recidivism and fiscal expense for treatment. It will also save lives.

Responsible Agency: Alcohol and Drug Abuse Administration.

Recommendation: **D. Update the treatment protocol used in long-term care facilities, intermediate care facilities, therapeutic communities, and halfway houses.**

Implementation Strategies:

1. Study the literature and investigate Maryland programs with successful outcomes.

2. Conduct peer reviews of high quality programs to identify standards of excellence.

3. Create flexible treatment phasing within residential programs that are based on behavior change rather than predetermined time lines.

4. Upgrade individual treatment planning procedures.

5. Require use of self-help groups for clients and families.

Rationale: The client profiles at State-funded facilities are changing rapidly. Treatment must keep pace with changing client profiles.

Responsible Agency: Alcohol and Drug Abuse Administration.

XI. GOAL: **Ensure that addictions clients who also have a mental health problem are identified so they can receive appropriate care.**

Recommendation: **A. Develop an effective psychological/medical assessment to identify the dually diagnosed/MICA (mentally ill, chemically addicted) client when she/he first presents for treatment.**

Implementation Strategies:

1. Incorporate a psychological/medical assessment systemwide so that dually diagnosed/MICA clients are identified and referred for appropriate treatment at first contact with the system.

2. Upgrade linkages with mental health and social service providers to support cross-referrals.

3. Implement interagency assessment protocols for the elderly that differentiate between dementia, depression, and chemical dependence.

4. Enhance the workforce that identifies and treats those with coexistent diagnoses through staff sharing and joint training efforts.

Rationale: Undiagnosed, untreated mental health problems are responsible for high rates of recidivism.

Responsible Agencies: Alcohol and Drug Abuse Administration.
Mental Hygiene Administration.

XII. GOAL: **Continue to seek long-term, treatment-oriented solutions to reduce alcohol and drug abuse through a public-private sector partnership.**

Recommendation: **A. Include local communities, addictions specialists, the police, social service agencies, the ADAA, doctors (including pediatricians), the criminal justice system, members of the recovering community, and the Governor's Drug and Alcohol Abuse Commission in this effort.**

Implementation Strategies:

1. Organize neighborhood and regional substance abuse task forces working in cooperation with the ADAA and the Governor's Drug and Alcohol Abuse Commission to seek long-term, treatment-oriented solutions to the substance abuse problem.

2. Include general hospitals in the planning process.

3. Promote the use of proprietary programs for clients able to pay, thus freeing slots for the indigent in state-subsidized programs.

Rationale: Coordinated efforts are working successfully in other states. Many communities have first-hand experience of the alcohol/drug problem. The inclusion of the private sector will underscore to government leadership the public's commitment and the value of public-private partnership to winning the war on drugs.

Responsible Agency: Alcohol and Drug Abuse Administration.
Governor's Drug and Alcohol Abuse Commission.
Local Advisory Councils.

Plan of Action

Law Enforcement

The Drug Abuse Resistance Education (DARE) Program for middle schools provides uniformed officers to teach students to say no to drugs, build their self-esteem, manage stress, resist pro-drug messages, and develop other skills to keep students drug-free.

Law Enforcement Plan

Maryland's Drug and Alcohol Abuse Control Plan acknowledges the critical role the criminal justice system has played in combatting Maryland's drug and alcohol problems. It also recognizes that to be successful in responding to the drug crisis, which has a near death grip on this State and our nation, the criminal justice system must be strengthened on all fronts.

The Commission recognizes that for too long law enforcement was viewed as the sole cure to our nation's and Maryland's drug and alcohol problems. This view is flawed. This Maryland Drug and Alcohol Abuse Control Plan emphasizes the importance of treatment, prevention, and education programs in bringing about a victory over substance abuse. Nevertheless, Marylanders expect and deserve safe streets and neighborhoods. They cry out for swift and certain punishment for those who prey on the weaknesses of others to amass their personal fortunes and to gratify their lust for power.

Expansion of the criminal justice system, as recommended in this Plan, requires a significant budgetary commitment. Communities demand prompt police response to open air drug markets and the violence they bring. Better trained and equipped officers are needed to investigate drug activity; stricter laws, coupled with alternative sentencing options, highly skilled prosecutors, judges, presentence, parole and probation officers are needed to cope with the ever growing number of arrestees and detainees. To achieve this grass roots mandate, funds must be committed. While the National Drug Control Strategy proposes minimal increases to assist our efforts, Maryland cannot rely exclusively on the federal government to solve the State's problems.

This Plan calls for needed changes in every facet of the criminal justice system: arrest, pretrial, prosecution, adjudication, incarceration, and parole and probation. Further, it recommends using dedicated professionals, outside their traditional functions, to capitalize on existing skills and services.

While it is true that many law enforcement programs focus upon limiting the supply of drugs in the marketplace, enforcement efforts also influence the demand for drugs by increasing the risk for, and thereby discouraging, buyers. Clearly, when drugs become expensive and more difficult and dangerous to locate, demand for drugs declines. Law enforcement and the entire criminal justice system are indispensable in the formula to resolve the supply and demand equation.

During its deliberations, the Commission considered numerous worthwhile recommendations not included in this Plan. These recommendations will be further developed for inclusion in next year's report. Mechanisms recommended for funding in this Plan establish the framework for future efforts.

Apprehension

I. GOAL:

Expand Maryland's capacity to control drug trafficking through increased arrests, prosecution, and conviction of alcohol and illegal drug violators, including "Kingpins" and persons involved in prescription drug diversion.

Recommendation:

A. Coordinate the efforts of Maryland's numerous law enforcement agencies in order to achieve maximum drug control benefit.

Implementation Strategies:

1. Proclaim drug law enforcement as the foremost statewide law enforcement priority. Encourage local governments to support this priority and provide their law enforcement agencies with the necessary resources to better control illegal drug activity.

2. Designate the Maryland State Police as the lead agency for drug law enforcement in Maryland. Provide it with the resources necessary to serve as Maryland's focal point for a continuous and coordinated statewide drug reduction effort.

3. Establish a multifaceted Bureau of Drug Enforcement within the Maryland State Police to provide leadership and a broad oversight capability to all narcotics related law enforcement activities within the State.

4. Establish the State Office of Strategic Drug Enforcement Coordination as a unit within the Bureau of Drug Enforcement.

Rationale:

Drug abuse is acknowledged as the foremost dilemma confronting the United States today. Its insidious nature impacts upon the safety and welfare of all facets of society. It is responsible for crimes of violence, economic crimes, and the spread of contagious disease. The addicting and habituating nature of available drugs increases the public's demand for them and drains our State and local resources -- straining our social services and overburdening our criminal justice system. This, in turn, fortifies the traffickers and pushers. We are faced with a crisis and must make its resolution our priority.

A designated lead agency is needed with statewide drug law enforcement authority, and a statewide overview and understanding of Maryland's drug law enforcement problems and needs. A commit-

ment of resources is necessary to enable it to support and coordinate a concerted drug control effort by Maryland's many law enforcement agencies. The Maryland State Police, per statutory authority, is the only law enforcement agency that meets this criteria.

The designated lead agency for drug law enforcement will not exercise line authority over other duly authorized State and local law enforcement agencies. Primarily, the lead function will be to provide direction for Maryland's statewide drug law enforcement efforts. To fulfill this role, the Maryland State Police, among other things, will:

- o Create the necessary complement of new positions to adequately staff the Bureau of Drug Enforcement.
- o Establish and maintain a statewide narcotic and dangerous drug intelligence system, to which and from which all law enforcement agencies will be encouraged to contribute data and to retrieve information.
- o Create an institutional capability for obtaining guidance and advice from other State and local law enforcement agencies and for assuring their participation in the development and implementation of statewide and regional drug law enforcement strategies and programs.
- o Prepare guidelines and implement a program that extends statewide police powers to local law enforcement officers to allow them to conduct joint and multiple interjurisdictional investigations.
- o Develop sufficient skills and technical resources to respond to requests for assistance.
- o Offer training to upgrade the drug control knowledge and skills of Maryland's law enforcement community.
- o Facilitate the coordination of Maryland's various drug law enforcement efforts by acting as a single point of contact and as liaison between other State and local law enforcement agencies.

To perform credibly as the State's lead agency for drug law enforcement, thus eliminating the current fragmented approach, the Maryland State Police must first assure that a single Bureau command is responsible and accountable for prioritizing, coordinating, and providing direction for the Maryland State Police drug control efforts.

It is essential for the Bureau to obtain advice from State and local law enforcement agencies to develop and implement statewide and regional drug law enforcement strategies and programs.

The State Office of Strategic Drug Enforcement Coordination would serve as a component of the Bureau of Drug Enforcement. Member agencies would consist of representatives of every State law enforcement agency, the Governor's Office of Justice Assistance, the Maryland National Guard, the Police and Correctional Training Commissions, and certain State regulatory agencies. County and municipal law enforcement agencies and prosecutors would be represented by delegates selected by the Maryland Chiefs of Police Association, the Maryland Sheriff's Association, and the Maryland State's Attorneys Association.

Responsible Agency:

Department of Public Safety and Correctional Services.

Recommendation:

B. Support law enforcement statewide by providing intelligence products suitable for criminal case development, strategic planning, program development, and evaluation.

Implementation Strategies:

1. Develop and maintain within the Bureau of Drug Enforcement an automated statewide narcotic and dangerous drug intelligence system to support the needs of federal, State, and local law enforcement. Such a system should encompass the collection, storage, and analysis of criminal intelligence and produce intelligence products suitable for criminal case development, strategic planning, program development, and evaluation.

2. Study approaches to improve procedures used to collect information on drug abuse violations by (1) ensuring detailed reporting of the types of drugs abused, (2) compiling information on drug arrests and charges by political subdivisions to identify geographical patterns and drug abuse violations, and (3) standardizing procedures for collecting information on drug abuse violations.

Rationale:

In a 1989 survey of Maryland chiefs of police and sheriffs, over two-thirds of the respondents stated they do not routinely receive, analyze, and disseminate drug-related intelligence. No current mechanism exists to store, collate, process, analyze, and distribute intelligence products appropriate for strategic, tactical, and operational planning purposes. A drug database must be institutionalized to allow law enforcement to correctly define the nature and extent of the drug problem and properly target resources.

Information pertaining to the number of drug abuse violation offenses, arrests, and charges in Maryland is incomplete and misleading. The only available source of information is based on Uniform Crime Reporting (UCR) guidelines that stipulate arrests and charges for the most serious crime be counted. Unfortunately, UCR does not consider drug violations to be crimes of a serious nature. As a result, UCR's summary reporting system underestimates the number of drug abuse violations. Another problem associated with UCR is the lack of detail on types of drugs. For example, cocaine is reported in the same category as opium, and specific information about synthetic narcotics is not available.

Responsible Agency: Department of Public Safety and Correctional Services.

Recommendation:

C. Assure the availability of resources for quality law enforcement programs that are supportive of Maryland's drug control plan.

Implementation Strategies:

1. The State should absorb FY '91 costs associated with the Maryland State Police Comprehensive Drug Enforcement Program.

2. Create three additional multi-agency drug enforcement task forces by the end of FY '91 to promote cooperative efforts within and among State , local, and federal law enforcement agencies.

3. Study the feasibility of establishing a State criminal justice matching grant program to encourage and fund the development of innovative criminal justice programs that support Maryland's Drug and Alcohol Abuse Control Plan.

Rationale:

Federal grant-in-aid funding available through the Anti-Drug Abuse Acts of 1986 and 1988, enabled the Maryland State Police Narcotics Division to design and implement its Comprehensive Drug Enforcement Program. The grants provided 15 sworn and five civilian positions supporting Maryland State Police/local law enforcement joint task forces, major violator units, and crime laboratory upgrades. During calendar year 1988, grant funds supported efforts resulting in the arrests of 765 drug traffickers, a 126 percent increase over 1987 and a 269 percent increase over 1986. The majority of these arrests came from joint task force operations.

The third and final grant year of this narcotics enforcement enhancement project began on July 1, 1989. General funds are now required to maintain the current complement of the Maryland State Police Narcotics Division.

The eight task forces presently in operation have demonstrated success in coordination of multijurisdictional operations by the Maryland State Police and participating local law enforcement agencies. The task force configuration, with shared resources in an integrated team, enhances the overall enforcement capacity. Such operations are, however, costly. Accordingly, funds must be generated to cover the expenses associated with staffing and maintaining covert offices.

At this juncture, several counties, such as Prince George's, Howard, Caroline, Queen Anne's, Kent and others have expressed an interest in forming task forces. The current Maryland State Police budget, however, prohibits their formation. Funds should be provided to allow more such cooperative and fruitful initiatives.

Considering the unpredictability of federal grant funding support, a State grant program is vital to the initiation and/or continuation of many State and local drug law enforcement programs. The Governor's Office of Justice Assistance would continue to be responsible for developing guidelines for the State's grant program, approving grant applications, distributing grant funds, and auditing expenditures.

Consideration should be given to dedicating a specified percentage of funds forfeited as a result of drug investigations to support the grant program. The cost of administering the grant program should be no more than 10 percent of the annual amount of funds appropriated. State and local agencies should be allowed to submit grant requests, with the understanding that local agencies must provide a 25 percent match. Overall, a minimum of 60 percent of the funds allocated to the grant program should be passed through to local agencies. This program would assure the implementation of efficient and effective drug control programs throughout Maryland.

Responsible Agency:

Department of Public Safety and Correctional Services.

Recommendation:

D. Provide law enforcement and other drug control personnel with the specialized skills and knowledge needed to perform their missions.

Implementation Strategy:

1. Establish a statewide drug enforcement training program under the sponsorship of the Maryland Police and Corrections Training Commissions to provide quality instruction on all facets of drug enforcement to law enforcement personnel, correctional officers, prosecutors, and certain regulatory agency personnel.

Rationale:

The need for intensive and ongoing training for Maryland law enforcement personnel involved in drug enforcement is critical. The complexity of drug enforcement is such that investigators, prosecutors, and other drug control personnel require expert skills. However, because of the expense entailed, quality training programs are often deleted from agency budget appropriations to accommodate operational needs. A statewide drug training program, offering regional training throughout the State, would ensure that agencies receive standardized and specialized training in drug enforcement. Program delivery would be tailored to individual agency needs.

Under the direction of the Bureau of Drug Enforcement, a training board composed of a representative number of enforcement and regulatory agencies should be established to identify training needs and to recommend appropriate courses for approval to the Maryland Police and Corrections Training Commissions.

Responsible Agency:

Department of Public Safety and Correctional Services.

Recommendation:

E. Develop innovative approaches to deter the growing problem of pharmaceutical drug diversion.

Implementation Strategies:

1. Create a minimum of three new positions for specially trained full-time Maryland State Police pharmaceutical investigators (including one supervisor) assigned to assist the Division of Drug Control, within the Maryland Department of Health and Mental Hygiene (DHMH), to reduce the increasing criminal traffic in those prescription drugs that are controlled dangerous substances. Intelligence and investigative activities could be coordinated with Medicaid specialists within DHMH, the Office of the Attorney General and local law enforcement agencies. A "point of sale" automated intelligence system must also be developed to support this program.

2. Adopt legislation during the 1990 General Assembly establishing a triplicate prescription program to provide automated "point of sale" intelligence for controlling prescription drug diversion.

Rationale:

The Division of Drug Control within the Department of Health and Mental Hygiene is responsible for assuring that required records are maintained for those prescription drugs that are controlled dangerous substances. The Division of Drug Control conducts record keeping inspections of those who are licensed (doctors, pharmacists, veterinarians, etc.) to prescribe or dispense such pharmaceutical drugs. Because no automated "point of sale" intelligence program exists, the

Division of Drug Control must rely on less efficient on-site record reviews. In conducting these inspections, the Division of Drug Control often finds that controlled dangerous substances were diverted from licit to illicit channels. Such findings are often referred to local law enforcement agencies where, due to limited drug diversion resources or training, no action is taken. The availability of full-time Maryland State Police pharmaceutical investigators will assure that appropriate leads and referrals are promptly acted upon.

In Maryland, as elsewhere in the United States, a serious problem exists with regard to the abuse of prescription controlled drugs. At the White House Conference for a Drug-Free America, a recommendation was adopted to establish multiple copy prescription programs in every state. Presently, such systems are in effect in nine states.

The enactment of a Triplicate Prescription System (TPS), endorsed by all Subcommittees of the Commission, would require the Maryland Department of Health and Mental Hygiene to distribute serialized triplicate prescription forms. These forms would be used by licensed practitioners for prescribing Schedule II (narcotics, barbiturates, and amphetamines) controlled substances. The three part forms would be distributed as follows: one copy to be retained by the prescriber; and the original and one copy for the patient to take to the pharmacy of choice. The pharmacist, in turn, would fill the prescription, retaining the original prescription and forwarding the copy to the Division of Drug Control for insertion in the database. The enactment of TPS legislation would enable the State to better identify the point at which prescription controlled drugs are diverted. DEA advised that within three years of the enactment of TPS legislation by those states that now have it, there has been a 35-55 percent reduction in the prescribing of Schedule II controlled substances.

Responsible Agencies:

Department of Public Safety and Correctional Services.
Department of Health and Mental Hygiene.
Office of the Attorney General.

Recommendation:

F. Take appropriate action to assure the integrity of law enforcement and correctional personnel.

Implementation Strategies:

1. Establish a mandatory drug testing program for all State law enforcement and corrections officers that embraces:

    1. Pre-employment testing;
    2. Random testing for employees during their probationary

periods;
3. Testing for candidates for promotions;
4. Testing for personnel involved in serious incidents such as on-the-job accidents, inappropriate use of force, etc.;
5. Testing in cases of reasonable suspicion of drug use.

2. Encourage local jurisdictions to adopt similar programs.

Rationale:

The State of Maryland does not have a mandatory drug screening program designed to randomly test its existing law enforcement and corrections officers. The sensitive nature of these public safety positions requires the State to take every legal and procedural measure to assure the integrity of its law enforcement and corrections personnel. The State must adopt a leadership role, setting standards for county and municipal law enforcement and corrections agencies. Recent United States Supreme Court decisions hold that drug screening for individuals applying for, or employed in, these sensitive classifications is permissible.

Responsible Agencies:

Department of Public Safety and Correctional Services.
Local Law Enforcement and Corrections Agencies.

Recommendation:

G. Involve all appropriate State and local agencies in Maryland's drug control effort.

Implementation Strategies:

1. Create Controlled Dangerous Substance Abuse Units within the Department of Natural Resources Police (NRP) and the Forest, Park and Wildlife Service (FPWS)in an effort to reduce drug abuse and drug trafficking in State parks and waterways.

2. Encourage State and local law enforcement authorities to consistently refer to the Attorney General's Office and the State Comptroller's Office, those investigations of drug traffickers, which involve illegally obtained income or wealth. This will enable the Attorney General's Office and the State Comptroller's Office to use their resources for investigating criminal tax violations.

3. Encourage State and local law enforcement agents to consistently refer drug traffickers to the Comptroller's Office for civil assessment of income taxes, interest, and penalties on the proceeds of their illegal transactions.

Rationale:

The Chesapeake Bay area has long been recognized as a prime source of ingress for illicit drugs. The Department of Natural Resources Police, a State agency equipped with the statutory authority to enforce the controlled dangerous substances statutes, has sworn police officers stationed throughout the Chesapeake Bay regions as well as the remainder of the State. The prime responsibility of the Natural Resources Police (NRP) is the enforcement of natural resources and boating laws. The size of this force has not significantly increased in decades, despite the enactment of a multitude of new conservation laws and regulations. Currently, the NRP handles drug enforcement among a myriad of other responsibilities; therefore, the creation of a unit within the NRP to focus solely on substance abuse is imperative to improve enforcement efforts throughout the State.

Similarly, the Forest, Park and Wildlife Service (FPWS) Rangers have law enforcement authority on State lands. As an adjunct to their responsibilities, rangers have been detecting and participating in eradication of illegal crops (e.g., marijuana) being grown on State lands (over 300,000 acres). The creation of a unit within the FPWS dedicated to the eradication of illegal crops growing on State lands will significantly enhance statewide drug enforcement. This unit would play an active role in drug abuse education through its many youth programs. The NRP and FPWS units would focus on interdiction of drug traffic on the Chesapeake Bay and on State lands. The NRP will be the Department's coordinating agency with all local, State, and federal officers engaged in related law enforcement operations.

The Attorney General's Office, with its statewide jurisdiction, has initiated a criminal tax prosecution program directed towards drug traffickers. State and local law enforcement agents should use this tool designed to take the profit out of drug dealing.

Seeking and seizing the non-attributable and unexplained assets of those who profit from the drug trade will make drug trafficking more costly and less attractive.

Responsible Agencies:

Department of Natural Resources.
Office of the Attorney General.
State Comptroller.

Pretrial Services

II. GOAL: **Enhance and broaden pretrial services to closely monitor and supervise defendants in the community pending trial.**

Recommendation: **A. Establish pretrial procedures to safeguard the public and to ensure the integrity of the judicial process.**

Implementation Strategies:

1. Expand the pilot program in Baltimore City to increase the potential for securing vital and accurate information on drug abuse activities for use in pretrial release decision-making. Evaluate this pilot program to determine if it should be incorporated in other areas of the State.

2. Amend Article 27, §616½ to conform with the Federal Bail Reform Act of 1984, which provides for preventive detention of drug "Kingpins" awaiting trial or on appeal.

Rationale:

In Maryland, drug testing is not routinely performed at the time of arrest or subsequent filing of criminal charges. Jurisdictions that test arrestees have found as many as 75 percent or more test positive for drugs. Judges need such information about an arrestee's use of illicit drugs to make informed decisions about how to manage the arrestee during the pretrial phase. Baltimore, which has a high incidence of drug abuse and a significant number of arrests, should continue to serve as the location for such a pilot program.

The Federal Bail Reform Act of 1984, recognizes that preventive detention is an effective method for deterring a drug trafficker from repeating his criminal acts while on bail. Maryland needs to adopt bail guidelines that acknowledge the importance of incarcerating those drug Kingpins who are awaiting trial, or are on appeal, to prevent repetition of their criminal acts.

Responsible Agency: Department of Public Safety and Correctional Services.

Prosecution

III. GOAL: Improve prosecutorial authority and delivery of services.

Recommendation: **A. Enhance efforts to conduct multijurisdictional investigations and to prosecute geographically dispersed criminal networks.**

Implementation Strategy: 1. Enact legislation to establish a statewide grand jury system with jurisdiction to investigate all crimes.

Rationale: Investigation of drug cases is inconsistent throughout the State. In 16 counties, long-term investigations involving organizations and conspiracies, or multijurisdictional conspiracies, are approached without benefit of the grand jury process. Drug trafficking networks/enterprises realize no geographic boundaries. An attack, which targets only intracounty activity, is limited, thereby thwarting only a small component of a multijurisdictional conspiracy. The establishment of a statewide grand jury would address this current inadequacy, and facilitate multijurisdictional investigations. It would also complement the existing statute authorizing the conferring of statewide investigative authority to local law enforcement officers in specific categories of drug investigations.

Due to historical opposition by State's Attorneys, fearing that implementation of a statewide grand jury system may usurp their traditional investigatory authority, the concept has been abandoned. In a recent poll of State's Attorneys, 12 State's Attorneys opposed the concept, three favored the concept, four had no opinion and five did not respond.

The concept, however, is supported by the United States' Attorney, the Maryland State Police, the Drug Enforcement Administration, and the vast majority of police and sheriffs' departments who regard the creation of a statewide grand jury as a necessary mechanism to enhance and facilitate investigations.

Responsible Agency: Office of the Attorney General.

Recommendation:

B. Implement procedures to expedite the analysis of drug evidence.

Implementation Strategy:

1. Establish a regional drug analysis capability within the Maryland State Police Crime Laboratory Division to serve all police agencies in a designated region.

Rationale:

2. The Maryland State Police Crime Lab currently receives evidence for analysis from more than 50 allied law enforcement agencies, as well as intra-agency evidence. Increased drug enforcement activity throughout Maryland is resulting in an escalating "back log" of cases within the State Crime Lab, creating statewide prosecutorial delays.

3. The regionalization of controlled dangerous substance labs in carefully selected sites around the State would provide relief. It would reduce the travel time of police personnel who must personally transport drug evidence from distant jurisdictions to the single laboratory in Pikesville. It would also reduce the time lab technicians must now expend to appear in court. A reduction of technician time "on the road" results in increased productivity in the lab. Two central regional labs located in western and eastern Maryland would demonstrate greater responsiveness by the State to the needs of local law enforcement and prosecutors.

4. Two locations have been identified as lab sites:
(1) Hagerstown MSP Barrack. Region Served - Western Maryland
(2) Berlin MSP Barrack. Region Served -Eastern Shore.

5. The Pikesville lab would continue to service police agencies throughout central Maryland. Those jurisdictions that currently maintain their own laboratories would continue to do so and would only be supported by a regional lab concept.

Responsible Agency:

Department of Public Safety and Correctional Services.

Recommendation:

C. Develop strategies designed to identify and prosecute drug-related fraud and to remove the profits from drug trafficking.

Implementation Strategies:

1. Establish and adequately staff a civil forfeiture unit within the Office of the Attorney General but physically located with the Maryland State Police Bureau of Drug Enforcement, to provide statewide asset forfeiture assistance to local prosecutors and law enforcement agencies.

2. Earmark proceeds from the disposition of forfeited assets, which are General Funds, and subsequently budget and appropriate these funds for the Civil Forfeiture Unit and other law enforcement, treatment, and prevention activities.

3. Enact legislation to require financial institutions and businesses to report cash transactions of $10,000 or more to a centralized investigative and prosecutive agency, such as the Attorney General's Office, which has the capacity to specialize in white-collar crime enforcement. The procedures will be facilitated through the provision of Currency Transaction Reports, IRS Form 4789 and IRS Form 8300. Such proposed legislation should include false statement provisions.

4. Enact legislation to create the crime of tax evasion and extend the statute of limitations for criminal violations of the tax statutes from the current three years to six years.

5. Enact legislation that will enable state and local prosecutors to act against those who willfully and knowingly use or attempt to use fraud, deceit or trickery to conceal criminal activity.

Rationale:

Due to the passage of Maryland's new civil forfeiture statutes during the 1989 General Assembly, local state's attorneys offices have expressed concern that the anticipated magnitude of forfeiture proceedings may exceed their current resources to adequately staff forfeiture units. A newly created civil forfeiture unit under the supervision of an Assistant Attorney General assigned to the Department of Public Safety and Correctional Services would be established to assist the State's Attorneys. The physical location with the Maryland State Police Bureau of Drug Enforcement would provide essential asset tracing support, as well as facilitate accessibility by local law enforcement.

Maryland's Comprehensive Forfeiture Law was enacted without the recommended dedication of proceeds to law enforcement. However, dedication of some portion of the forfeiture proceeds to law enforcement remains a priority in order to generate revenue and to support morale. It is recommended that forfeiture proceeds in cases initiated by the Attorney General be dedicated proportionally to law enforcement, treatment, and prevention programs on a statewide basis.

It is axiomatic that cash is the preferred method of payment in criminal transactions, especially drug dealing. Once cash is received, the dealer exchanges it for something else of value such as jewelry or bank credit, which effectively hides the criminal origin of the cash, and causes less suspicion than would large amounts of cash.

Therefore, cash may be "laundered" through a legitimate business and/or deposited into a bank to become a "legitimate" source of value.

Federal legislative efforts to stem the tide of money laundering initially imposed recordkeeping and reporting requirements on financial institutions in order to supply law enforcement with evidence of financial transactions through the Bank Secrecy Act of 1970. In 1986, Congress enacted the Money Laundering Control Act that creates two new federal crimes of money laundering, one penalizes "knowing" conduct, while the other prohibits conduct in which an individual knowingly engages or attempts to engage in any activity that facilitates money laundering. Two types of forms that are federally required to be filed are: 1. "Currency Transaction Reports (CTR)": IRS Form 4789. Domestic financial institutions are required to report all currency transactions of $10,000 or more on IRS Form 4789 within 15 days. These forms are retained for five years.
2. "Report of Cash Payments over $10,000 Received in a Trade or Business": IRS Form 8300. Any person engaged in a trade or business who, in the course of such business, receives more than $10,000 in a single or related transaction must file a Form 8300 within 15 days with the IRS. Automobile dealerships, boat and airplane vendors, jewelers, pawnbrokers, and other businesses are covered.

It is difficult, if not impossible, for states to obtain the federal information, as Form 8300 cannot be shared with State or local law enforcement due to legislative proscription. Moreover, CTR's can be shared only with State law enforcement authorities by the identification of the specific individual(s) under scrutiny. As a result, some states have enacted legislation to "capture" relevant federal forms.

Legislative efforts must be undertaken in Maryland to penalize knowing participation in a money laundering scheme. Such measures have been enacted in Florida, Arizona, California, New York, and recently in Minnesota. Prototypical legislation is contained in the Uniform Controlled Substances Act of 1989. Other prototypical legislation is 18 U.S.C. §1956, which provides stringent penalties for laundering of monetary instruments.

Criminal tax charges are viable mechanisms for prosecuting drug traffickers, who otherwise may not be subject to prosecution, because of their distance from direct "hands on" drug involvement. The Maryland tax laws must be augmented by a tax evasion statute similar to the federal statute. The statute of limitations also needs to be extended from three years to six years to permit complete and thorough investigations to be conducted after the crime is discovered.

Drug trafficking, by its very nature, requires its participants to operate covertly, employing fraud, deceit, and trickery (e.g., using false identification, creating bogus corporations, misrepresenting assets) to conceal drug operations and activities from the authorities. Federal law enforcement officials use a number of fraud-related statutes to charge and immobilize drug dealers. Maryland lacks similar broad statutes and, therefore, is unable to attack the drug dealer by focusing on the rampant fraud that is part and parcel of the drug scene.

Responsible Agency: Office of the Attorney General.

Recommendation: **D. Hold drug users accountable for their actions.**

Implementation Strategies:

1. Enact legislation that mandates: 1. punitive fines and sentences imposing community service hours for misdemeanor adult drug offenders on the first offense; 2. suspension of driver's license for six months, and the requirement of community service hours for juvenile offenders convicted of a drug or alcohol offense; 3. by 1993, mandatory incarceration for any subsequent drug offense (locally, maximum term one year). The recommended disposition should be non-suspendable and non-deferrable.

2. Repeal Article 27, §292, which allows the court to grant probation before judgment (PBJ) in drug cases, and restrict Article 27, §641, which permits probation before judgment to be given in all cases, to solely non-drug related offenses. Each user would face a criminal conviction and the attendant possible imposition of jail sentences, fines, and required community service.

Rationale:

During the 1989 Maryland legislative session, user accountability legislation providing for suspension of driver licenses after conviction for drug-related offenses was decisively rejected. However, throughout the country, pilot user accountability projects in Los Angeles, California; Nashville, Tennessee; Maricopa County, Arizona; and San Diego, California, have demonstrated the importance of the delivery of swift, sure justice as it affects the incidence rate of drug crime. In fact, direct correlations are found between such expedient and mandatory measures, and the deterrence of certain categories of drug related behavior.

Prosecutors at the Gubernatorial Call to Action held in May of 1989, identified the repeal of PBJ statutes in drug cases to be their foremost priority. The lack of statewide policy in drug prosecutions and dispositions is reflected by a wide disparity in statistics regarding the

number of cases involving violations of Article 27, §287, Unlawful Possession of Controlled Dangerous Substances, in which probation before judgment (PBJ) is given.

Responsible Agency: Office of the Attorney General.

Recommendation: **E. Study the feasibility of statewide guidelines for "plea bargaining" for all drug offenses.**

Implementation Strategy: 1. Request the Maryland State's Attorneys' Association to study and report to the Commission by July 1, 1990, the feasibility of a statewide policy to achieve more consistent application of plea bargaining in drug cases.

Rationale: The public perception of plea bargaining in drug cases appears to be that drug dealers and users are oftentimes treated with more leniency by prosecutors in the plea bargaining process than they should be. There is a perception that the results of plea bargaining in similar types of cases varies from county to county, depending upon whether the criminal act occurred on the Eastern Shore or Baltimore City, for example.

In fact, in a 1989 Commission survey, estimates provided by the State's Attorneys relating to the way drug cases were handled in their respective jurisdiction does show a variance in the way that drug cases are treated in each county throughout the State.

A more sophisticated study needs to be undertaken to determine how similar cases in the counties throughout the State involving users and dealers are managed in the plea bargaining process. Undertaking this study would assist prosecutors in evaluating whether they are meeting their goals of vigorously prosecuting drug traffickers and limiting drug usage. The results of such a study also would be used as a basis for a dialogue among prosecutors regarding the feasibility of adopting a statewide policy to achieve more consistent application of plea bargaining in drug cases.

Responsible Agency: Maryland State's Attorneys' Association.

Adjudication

IV. GOAL: **Increase judicial training in drug and drug-related issues.**

Recommendation: **A. Assist judges to obtain specialized skills and information that will aid them in the trial and disposition of drug cases.**

Implementation Strategy

1. The Maryland Judicial Institute should develop a continuing education program for trial judges that keeps them abreast of the dynamics of the drug problem.

Rationale:

No program is currently available to trial court judges that comprehensively examines issues such as: the cultural acceptance of drugs and public policy and attitudes towards drugs; the profile of the drug abuser; dual diagnosis (drugs and mental health); evaluation of offenders; available prevention and treatment resources; treatment alternatives and appropriate sentences; law enforcement efforts to combat street sales and major trafficking; the link between drug use and crime; special problems (e.g., crack, clandestine lab operations); legal issues, such as financial investigations, asset seizure and forfeiture, conspiracy, wiretapping, search and seizure, informant information and elements of the offense; management issues related to early identification of drug abusing defendants; prosecutorial screening and charging; case processing alternatives; special procedures; and the role of the judge in case management.

Responsible Agency: Maryland Judicial Institute.

Parole and Probation

V. GOAL: **Improve accountability of probationers and parolees.**

Recommendation: **A. Improve the system of accountability and program control for high-risk probationers and parolees having a history of substance abuse.**

Implementation Strategies:

1. Establish a protocol requiring parole and probation staff to conduct more frequent and better controlled drug testing.

2. Establish a Bureau of Special Operations, with an Intensive Supervision Unit, within the Division of Parole and Probation.

3. Implement a statewide substance abuse aftercare initiative involving, as a central component of the rehabilitative process, a continuum of care that begins during incarceration and continues through parole.

4. Enact legislation to empower selected parole and probation agents to search, detain, make warrantless arrests, and seize material evidence of criminal activity in connection with parole or probation violations of high risk drug offenders.

Rationale:

Currently, agents involved in field supervision are sometimes intimidated by the aggressive behavior of clients and/or their associates. As a result of this, random urinalyses are not always conducted when appropriate, integrity of samples is not always maintained, and testing is often not timely.

The magnitude of the problem justifies establishing a distinct Bureau within the Division, which contains a unit responsible for supervising those high risk clients who pose a direct threat to the public. It would be staffed by professionals who are sworn personnel with an interest in the law enforcement aspects of parole and probation as it regards high risk criminal offenders. Such professionals will not be easily intimidated by clients and will inspire greater confidence within the law enforcement community.

A need exists to provide the substance abusing and criminal client group more intense treatment services than is currently offered. Such services should consist of a continuum of care that includes routine, unannounced urinalysis, employment assistance, group counseling, family involvement, leisure time planning, verified participation in Narcotics Anonymous/Alcoholics Anonymous, intensive supervision, and other social and economic support systems. Treatment aimed at modifying choices that lend to antisocial values must, of necessity, be long term, incremental, and skill-building.

Notoriety is justifiably generated when a parolee is either arrested or convicted for a new serious offense. More aggressive supervision could prevent many of these new offenses from occurring; however, agents currently lack the enforcement powers necessary to aggressively supervise high risk offenders. Clever criminals know this and take advantage of it.

Selected agents, suitably empowered by legislation, can deter criminal conduct and be instrumental in assisting police to more efficiently solve crimes committed by parolees, probationers, and their associates.

Responsible Agency: Department of Public Safety and Correctional Services.

Community Support

VI. GOAL: **Publicize public-oriented law enforcement programs to increase business and community involvement in law enforcement initiatives.**

Recommendation: **A. Improve interaction between the public and law enforcement.**

Implementation Strategies:

1. Initiate a statewide publicity campaign to acquaint the public with Maryland's toll free drug tip hotline and encourage local jurisdictions to promote its use.

2. Provide trained personnel to staff Maryland's TIPS Line on a 24 hour basis. Audit referrals to law enforcement agencies to document the action taken.

3. Provide assistance to community-based organizations interested in developing drug and alcohol abuse programs.

4. Require the State law enforcement agencies, especially the Maryland State Police, the Department of Natural Resources Police, and the Forest, Parks and Wildlife Service, to supply personnel to assist the State Board of Education and local school boards in offering drug and alcohol abuse prevention education throughout Maryland schools.

Rationale:

The toll free drug tip hotline, 800-492-TIPS, is not well publicized among the citizens of Maryland. A survey of Maryland police chiefs by the Governor's Executive Advisory Council found only 13 percent of the chiefs received information via a drug tip hotline. There are various competing local drug tip hotlines that tend to confuse people who want to report suspected drug activity. The variety of unrelated drug hotlines also prevents incoming drug data from reaching one central location where related drug information can be identified and collated. The procedure for obtaining feedback on the results of drug leads, and on referrals to law enforcement agencies, needs improvement.

The job of any law enforcement agency is to detect and suppress criminal activity. This job cannot be accomplished without community support. Law enforcement must enlist the support of its constituency in order to effectively communicate its goals, objectives, and achievements. Community groups should be informed of current drug problems and drug trends indigenous to their regions. The information provided to these groups can be developed by the Bureau of Drug Enforcement, and supplied in the form of handouts, and

public service announcements on local television stations. By encouraging input and support from the community, information can be developed through personal contact and through the use of Maryland's Drug Tip Hotline. The information received then comes "full circle," further enhancing law enforcement's ability to retrieve, collate, evaluate, and distribute up-to-date trafficking information to community-based organizations.

Maryland's law enforcement community must be involved in assisting the State Board of Education and local school boards with developing school policy dealing with the growing epidemic of drug abuse among our youth. Law enforcement agencies should collectively develop a cadre of trained sworn officers to provide training in kindergarten through twelfth grade, that addresses the symptoms and dangers of substance abuse. A Drug Abuse Resistance Education (D.A.R.E.) program and other similar programs should be developed and implemented using this cadre of officers, in conjunction with educators, to provide up-to-date information to the students in a format oriented to their level of education.

The law enforcement community also needs to improve upon its relationship with local businesses and community organizations. Police officers, trained to assist in the development of drugs in the workplace policy, should be available to guide employers in coping with criminal-related drug and alcohol violations.

Police officers should also reach out to youth groups such as those in summer camps, Little League, scouts, or programs dealing with school drop-outs. With the aid of the police, these groups and organizations would be able to better provide education programs focused upon substance abuse. In the matter of school safety and security, law enforcement must work with individual school systems to develop innovative school security measures and policy directed at youthful offenders to assure a safe, drug free learning environment for all students. This policy must reward desired behavior and address unwanted actions. All of these police activities can be facilitated through local drug prevention coordinators.

Responsible Agencies: State and Local Law Enforcement and State and Local Educational Agencies.

Plan of Action

Research, Evaluation, and Coordination

Governors from Delaware, Virginia, New Jersey, Maryland, West Virginia, Pennsylvania, and New York met at the 1989 National Governors' Association Conference in Chicago to enact the Middle Atlantic Governors' Compact on Drug and Alcohol Abuse.

Research, Evaluation, and Coordination

The Commission recognizes that even though its State Drug and Alcohol Abuse Control Plan has been carefully developed and should endure, requiring little or no change from one year to the next, dynamic changes in the drug environment may require adjustments to the underlying programs that support the Plan. The ability to determine these dynamic changes can only be gained through the free flow of data and information from all available sources.

Unfortunately, no current system is in place for gathering together available disparate drug and drug-related data or to analyze and assess it; and there is no current capability to learn about relevant research or to evaluate current programs. In order to respond rapidly to changing circumstances, a capability must be developed to assure that data, not only from traditional drug control information systems but also from research and program evaluations, is obtained and assessed on a continuing, ongoing basis. This is critical for the continued success of the Plan and is necessary for effective program planning and decision making.

In order for this Plan to succeed, the Commission also fully realizes that all Marylanders must become involved. There is a need for inter-governmental cooperation and coordination. Each level of government must create an environment in which the public and private sectors, and all citizens, can play a relevant part.

Research and Evaluation

I. GOAL: **Develop a comprehensive statewide capability to assist the Commission, State, and local governments in their information gathering, planning, research, and evaluation efforts.**

Recommendation: **A. Provide for a central clearinghouse to collect, store, analyze, and disseminate drug and alcohol-related data and information.**

Implementation Strategy:

1. Create a Center for the Prevention and Control of Substance Abuse to assist State and local government in the collection and analysis of data, program planning and evaluation, dissemination of materials and recent studies, and policy analysis.

Rationale:

Nowhere in Maryland does the vast amount of disparate drug and alcohol-related information come together for analysis and distribution for operational or strategic planning and policymaking. Nor does there exist in this State any research, evaluation, or clearinghouse capability to assist State and local agencies engaged in drug and alcohol prevention and control activities.

The Commission endorses the creation of such a center at the University of Maryland College Park Campus, which would be designed as a collaborative organization of State, local, and University interests and resources. The primary mandate of the Center is through research, evaluation, and technical assistance, to assist the State in responding to the problem of substance abuse. The initial emphasis is expected to include needs assessment, prevention program design, planning and evaluation, treatment outcome study collection and analysis, policy analysis, training, information sharing, and the collection and analysis of prevention, treatment, and criminal justice data for operational and strategic planning purposes.

A critical mass of service related activity in the substance abuse area exists on the College Park campus, particularly in the departments of Health Education and Psychology, the Institute of Criminal Justice and Criminology, the Department of Special Education, and the Health Center. Additional expertise exists in Afro-America Studies, the Counseling Center, the Center on Aging, and various units in the office of Vice Chancellor for Student Affairs.

Responsible Agency: University of Maryland, College Park Campus.

Recommendation:

B. Evaluate the performance of Maryland's Drug and Alcohol Abuse Control Plan by incorporating research and evaluation in all drug and alcohol control efforts.

Implementation Strategies:

1. Develop a proposal to measure performance of all aspects of drug and alcohol abuse control that can be feasibly employed for all State drug and alcohol control programs.

2. Identify what funding is available through private or federal sources for the development and implementation of this proposal.

3. Require that a mission statement be prepared for each existing and all future drug and alcohol control programs, along with rationale explaining how the program supports the Maryland Drug and Alcohol Abuse Control Plan.

4. Assure that meaningful goals and objectives are designed for each program to enable it to achieve its mission.

5. Require that all program personnel become aware of their mission and the State's mission.

6. Provide trained and dedicated evaluation staff to determine whether mission goals and objectives are being met and whether individual programs are achieving that mission.

Rationale:

A review of current drug and alcohol control programs indicates that some have been created without taking into account the existence of other programs of similar design and purpose. This can and probably does result in duplication of efforts and inappropriate use of state resources. Furthermore, it is apparent that critical resources that could or should be brought to bear on Maryland's drug and alcohol control problem are not being used in drug and alcohol control programs. There has been no "master plan" to monitor the development of existing programs nor is there any system utilized to provide direction and coordination for the disparate programs which do exist. These observations speak clearly as to the overall effectiveness of State efforts to control drug and alcohol abuse. On the lesser scale, there is no requirement that individual programs contain evaluation criteria, nor is there any system in place to undertake the process of assessing program effectiveness.

In order to obtain the best and most appropriate use of limited resources, Maryland must be able to provide quality programs within its cost objectives. To ensure this is done, evaluation devices must be developed and employed. Each program's effectiveness must be

quantified so as to measure its conformance to the State's drug and alcohol control requirements. This will enable the initiation of corrective action, the setting of priorities, the evaluation of progress, and the communication of program effectiveness.

The development of a system to monitor the growth and effectiveness of drug and alcohol control programs will be costly in the short term; however, long-term benefits in the form of cost efficiency and program impact will be realized.

Responsible Agencies:

All State Departments having responsibility for drug and alcohol abuse control programs and activities.

Recommendation:

C. Develop more comprehensive planning, coordination, and evaluation capabilities within the Commission through the overall restructuring and expansion of existing staff.

Implementation Strategies:

1. Develop within each State department assigned to the Commission appropriate staff and resource support to the Commission Subcommittees, to oversee substance abuse programming within their department, and to report on their department's implementation efforts.

2. Invite the Maryland judiciary, local law enforcement, prosecution and correctional officials to participate in the Commission.

3. Develop within the Commission's Executive Director's office, an independent capacity to monitor and evaluate the Commission's implementation strategy.

Rationale:

Commendable efforts have been made by Subcommittee Chairs and Department heads to provide staff assistance in meeting the mandates of the Executive Order. This assistance should continue to exist and be appropriately funded to oversee substance abuse programming within their departments and to advise the Commission on their department's implementation strategy.

Further, the Commission recognizes the need for direct participation from all components of the criminal justice system. It recommends that input from the Maryland judiciary, local law enforcement, prosecution, and correctional officials be obtained to assist the Commission in its ongoing planning and implementation activities.

The Commission has identified the need to develop an independent capacity to monitor and evaluate the implementation of its plan. This

would require designing a methodology to evaluate the entire program, and provide program impact analysis. Appropriate staff and resource support is critical.

Responsible Agencies:

All Department members of the Governor's Drug and Alcohol Abuse Commission.
The Commission's Executive Director's Office.

Coordination

II. GOAL: **Assure that Maryland State government participates with the Office of National Drug Control Policy and the Congress in the development and implementation of the national drug control strategy.**

Recommendation: **A. Influence the Office of National Drug Control Policy to allow the states to actively participate in the development and implementation of a national policy which encompasses state and local concerns.**

Implementation Strategy:

1. The Commission will establish direct liaison with the Office of National Drug Control Policy and Maryland's Congressional delegation to ensure that Maryland's direct needs and ongoing efforts are considered in formulating and implementing the national drug control strategy.

Rationale:

No state can ever expect to materially reduce drug abuse within its borders while the nation is in the midst of an ever accelerating drug crisis. A successful national strategy is, therefore, necessary if Maryland hopes to control its drug abuse. Potential drug control initiatives, when implemented within the context of a national strategy, might provide spectacular success. The same initiatives, however, might provide little or no benefit if implemented at only a state or local level. Consequently, Maryland must become an active contributor and participant in the development and implementation of our national drug control strategy. This involvement must be dynamic and continuous and not limited solely to a single, or occasional, recommendation(s) to the Office of National Drug Control Policy.

Responsible Agency: Governor's Drug and Alcohol Abuse Commission.

Recommendation: **B. Design and implement a State plan to obtain multi-year federal funding to help underwrite the cost of its State Drug Control Plan.**

Implementation Strategy:

1. The Commission will coordinate with the Maryland-Washington, D.C. Office, the Maryland Congressional delegation and the Middle Atlantic states in advocating consistent and continuous federal assistance to support Maryland's Drug and Alcohol Control Plan.

Rationale:

In the fall of 1986, the Bureau of Justice Assistance contracted with the National Criminal Justice Association to identify the type of problems states encountered in implementing programs under the Justice Assistance Formula Grant Program.

Forty-four states reported the absence of federal funds to administer the program made implementation of the program difficult. Many states reported staff shortages resulting from the lack of administrative funds. Over 70 percent of the states reassigned existing personnel to administer their programs and over 60 percent of the states had only part-time staff assigned to their programs. Only 12 of the 44 states that responded to the survey created new positions to administer the program.

The Justice Assistance Act of 1984 authorizes the use of federal funds for up to 50 percent of the total cost of programs or projects eligible for funding under the Act. Approximately 40 percent of the responding states reported that state and/or local agencies found it difficult to obtain the required match due to budget constraints. Several states also experienced delay in securing matching funds due to the difference in the fiscal years and budget process at the federal, state and local levels.

A number of states indicated the constant uncertainty regarding the future of the program has reduced the level of participation within their states and has disrupted the planning and grant cycles. The Act limited funding to 18 clearly defined areas. Several states indicated that these areas did not address the priorities in their state, thus reducing the levels of interest and participation in the program.

The nature of the drug problem necessitates a multi-year strategy. The funding for such a strategy, therefore, must be consistent and continual. Without it, long-term planning is stifled. A drug control strategy can only be developed in accordance with the level of funding available for carrying it out.

Responsible Agency:

Governor's Drug and Alcohol Abuse Commission.

III. GOAL: **Encourage local governments to coordinate internally, and seek private sector and citizen participation in substance abuse planning efforts.**

Recommendation: **A. Establish within each subdivision in Maryland a method to enable all disciplines involved in drug and alcohol control efforts to collaborate and make decisions that reflect all their collective concerns and use all available resources to address those concerns.**

Implementation Strategy: 1. Create local substance abuse coordinating councils, composed of all departments and agencies with drug control responsibilities, as well as select members of other branches of government, business and the community to recommend an integrated substance abuse plan for that jurisdiction and coordinate the implementation of that plan.

Rationale: Insofar as substance abuse reaches into all segments of society, it is axiomatic that programs designed to control drug trafficking and drug and alcohol abuse rest with numerous and diverse criminal justice, health, and education agencies. It becomes critical to the effective and appropriate use of government resources that these agencies collaborate with each other in planning and carrying out their drug and alcohol control strategies. Without coordinated planning, isolated and fragmented resource allocation decisions are made that create imbalances in service delivery systems. Involvement of citizens, community groups and private sector organizations in this process ensures citizen participation in decisions that require community support for successful implementation.

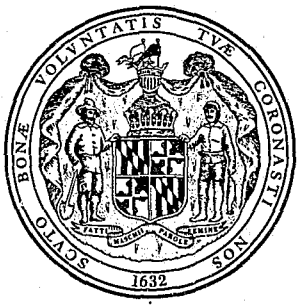
The Commission endorses the leadership role that many counties have taken in developing integrated, multi-disciplinary coordinating bodies.

The Commission acknowledges, however, that there still exists diverse advisory boards, councils, and commissions at a State and local level, which selectively address various components of the drug and alcohol abuse problem. In many instances, prevention, education, children and youth, drug and alcohol treatment, and criminal justice advisory groups act independent of each other in response to their particular mission.

The mission of these advisory groups must be directed in a coordinated fashion and respond to an overall plan of action adopted to the unique needs of the local subdivision.

Responsible Agency: All Maryland subdivisions.

IV. GOAL:	**Assure that all Maryland citizens play an active role in the implementation of the Maryland Drug and Alcohol Abuse Control Plan.**
Recommendation:	**A. Each student, parent, businessman, employee, teacher, health and social service professional, law enforcement officer, religious and government leader, and all other residents of the State should contribute to the Maryland effort.**
Implementation Strategies:	1. Support passage of the legislative and budgetary initiatives contained in the Maryland Drug and Alcohol Abuse Plan. 2. Mobilize all Marylanders to action through the leadership of community organizations, State and local governments, and the private sector. 3. Participate in prevention, treatment, and law enforcement activities at the grass roots level.
Rationale:	According to the citizens of Maryland, drug and alcohol abuse is the number one problem facing our State. Information shared with the Commission indicates a broad-based willingness to be involved. This Plan provides a structure for that involvement.
Responsible Agency:	Each and every Marylander.



Appendices

The State of Maryland

Executive Department

EXECUTIVE ORDER
01.01.1987.04

The Governor's Drug and Alcohol Abuse Commission

WHEREAS, Drug and alcohol abuse contributes to the occurrence of numerous tragedies of contemporary society, including street crimes, organized crime, school dropouts, suicide, physical illness, unemployment, family dysfunction, and highway injuries and fatalities;

WHEREAS, Alcohol related fatalities are the number one cause of death among teenagers, and at least 38 percent of all suicides and 50 percent of all child and spouse abuse cases are related to substance abuse;

WHEREAS, National and state studies have identified a strong link between drug and alcohol abuse and criminal behavior, evidenced by the fact that more than 70 percent of the inmates in the State's prison system have a history of drug and alcohol abuse;

WHEREAS, Drug and alcohol abuse costs Maryland an estimated $4 billion annually in lost productivity and absenteeism;

WHEREAS, At least 21 percent of all AIDS cases in Maryland are associated with intravenous drug use, which percentage is expected to increase significantly in the next five years;

WHEREAS, It is imperative that the State develop a comprehensive and coordinated strategy to reduce illegal drug use and alcohol and drug abuse through innovative, more effective and less duplicative prevention, education, treatment, and law enforcement at all levels of government;

WHEREAS, The State needs the capability to collect and analyze information to support planning, development and evaluation of a statewide strategy; and

WHEREAS, The immediacy of the crisis demands prompt action;

NOW, THEREFORE, I, WILLIAM DONALD SCHAEFER, GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND LAWS OF MARYLAND, HEREBY PROCLAIM THE FOLLOWING ORDER:

A. Within the Executive Office of the Governor, there is a Governor's Drug and Alcohol Abuse Commission.

B. The Commission consists of the following individuals:

(1) The Attorney General;

(2) The Secretary of Human Resources;

(3) The Secretary of Natural Resources;

(4) The Secretary of Public Safety and Correctional Services;

(5) The State Superintendent of Schools;

(6) The Secretary of Transportation;

(7) The Director of the Juvenile Services Agency;

(8) The Secretary of Health and Mental Hygiene;

(9) The Secretary of Personnel;

(10) Two members of the Senate appointed by the President of the Senate;

(11) Two members of the House of Delegates appointed by the Speaker of the House; and

(12) Five public members with knowledge or experience in some aspect of drug and alcohol abuse prevention and control who shall be appointed by and serve at the pleasure of the Governor.

C. The Governor shall appoint a Chair and Vice Chair from the members.

D. The Commission shall prepare and submit to the Governor by September 30, 1989, a comprehensive and integrated plan for reducing illegal drug related activities and drug and alcohol abuse in Maryland.

(1) The plan shall:

(a) Describe a comprehensive and coordinated strategy that emphasizes all relevant areas of prevention, education, treatment and law enforcement;

(b) Review existing programs and recommend the development of new programs, as necessary;

(c) Recommend ways to improve the coordination of the activities of all appropriate federal, State and local government agencies, private community service agencies, and the business sector; and

(d) Aim to assure the cost effective expenditure of State, local and federal funds.

(2) The Commission shall prepare and submit to the Governor a revised and updated plan each September 30 after 1989. Copies of the annual plan shall also be made available to the members of the General Assembly and disseminated to the general public. The annual plan shall report:

(a) The level of drug and alcohol abuse in Maryland; and

(b) The effectiveness of efforts to prevent, treat, and control drug and alcohol abuse.

E. In the plan, the Commission shall provide for:

(1) A centralized drug and alcohol abuse information center that will collect, store and analyze data relating to drug and alcohol abuse, and that will distribute such information to federal, State and local government agencies; and

(2) The prevention and control of illegal drug activities and drug and alcohol abuse to be researched, evaluated and analyzed from a policy standpoint.

F. The Commission shall compile an inventory of available drug and alcohol abuse services within the public and private sectors within the scope of this Executive Order.

G. The Commission shall consult, on a continuous basis, with representatives of local governments and the private sector to assure the coordination of State, local, and private resources in preparing its plan. To that effect, the Commission shall meet with the regional and county core groups responsible for coordination efforts.

(1) The regional and county core groups shall consist of the following representatives:

(a) The local superintendent of schools;

(b) The local chief health officer; and

(c) The local chief of police or sheriff.

(2) At the discretion of the County Executive(s) the size of the regional and county core groups may be expanded, if deemed appropriate.

H. The Commission shall consult with:

(1) The Juvenile Justice Advisory Council;

(2) The Governor's Advisory Board for Justice Administration;

(3) The Maryland State Department of Education Drug and Alcohol Abuse Prevention and Education Program Advisory Council;

(4) The Governor's Executive Advisory Council; and

(5) The State Advisory Council on Drug and Alcohol Abuse.

I. The Commission may conduct public hearings.

J. The Executive Director of the Commission shall be named by the Governor, and shall be assisted by no less than one member from each department and agency whose head serves on the Commission.

K. The expenses of the Commission shall be met through the operating budgets of the Executive Office of the Governor and departments and agencies whose heads serve on the Commission, including any federal funds available for the purpose of administering federal grant programs.

L. In fulfilling its responsibilities, the Commission may call upon State departments, agencies, boards, commissions, or other units of State government which shall cooperate to the fullest extent possible and shall provide information needed by the Commission in fulfilling its mandate under this Executive Order. The Commission may also request and receive information and assistance from any other branch of State and local government, the federal government, and the private sector.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this 3rd. day of February, 1989.

William Donald Schaefer
Governor

ATTEST:

Winfield M. Kelly
Secretary of State

The State of Maryland
Executive Department

EXECUTIVE ORDER
01.01.1989.07

The Governor's Drug and Alcohol Abuse Commission
(Amends 01.01.1989.04)

WHEREAS, The State created the Governor's Drug and Alcohol Abuse Commission by Executive Order 01.01.1989.04 on February 2, 1989 to develop a comprehensive and coordinated strategy to reduce illegal drug use and alcohol and drug abuse through innovative, more effective and less duplicative prevention, education, treatment, and law enforcement at all levels of government; and

WHEREAS, An expansion of the Commission is appropriate to accommodate an additional representative;

NOW, THEREFORE, I, WILLIAM DONALD SCHAEFER, GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND LAWS OF MARYLAND, HEREBY PROCLAIM THE FOLLOWING ORDER AMENDING EXECUTIVE ORDER 01.01.1989.04, EFFECTIVE IMMEDIATELY:

A. Within the Executive Office of the Governor, there is a Governor's Drug and Alcohol Abuse Commission.

B. The Commission consists of the following individuals:

(1) The Attorney General;

(2) The Secretary of Human Resources;

(3) The Secretary of Natural Resources;

(4) The Secretary of Public Safety and Correctional Services;

(5) The State Superintendent of Schools;

(6) THE SECRETARY OF THE HIGHER EDUCATION COMMISSION;

[(6)] (7) The Secretary of Transportation;

[(7)] (8) The Director of the Juvenile Services Agency;

[(8)] (9) The Secretary of Health and Mental Hygiene;

[(9)] (10) The Secretary of Personnel;

[(10)] (11) Two members of the Senate appointed by the President of the Senate;

[(11)] (12) Two members of the House of Delegates appointed by the Speaker of the House; and

[(12)] (13) Five public members with knowledge or experience in some aspect of drug and alcohol abuse prevention and control who shall be appointed by and serve at the pleasure of the Governor.

C. The Governor shall appoint a Chair and Vice Chair from the members.

D. The Commission shall prepare and submit to the Governor by September 30, 1989, a comprehensive and integrated plan for reducing illegal drug related activities and drug and alcohol abuse in Maryland.

(1) The plan shall:

(a) Describe a comprehensive and coordinated strategy that emphasizes all relevant areas of prevention, education, treatment and law enforcement;

(b) Review existing programs and recommend the development of new programs, as necessary;

(c) Recommend ways to improve the coordination of the activities of all appropriate federal, State and local government agencies, private community service agencies, and the business sector; and

(d) Aim to assure the cost effective expenditure of State, local and federal funds.

(2) The Commission shall prepare and submit to the Governor a revised and updated plan each September 30 after 1989. Copies of the annual plan shall also be made available to the members of the General Assembly and

disseminated to the general public. The annual plan shall report:

(a) The level of drug and alcohol abuse in Maryland; and

(b) The effectiveness of efforts to prevent, treat, and control drug and alcohol abuse.

E. In the plan, the Commission shall provide for:

(1) A centralized drug and alcohol abuse information center that will collect, store and analyze data relating to drug and alcohol abuse, and that will distribute such information to federal, State and local government agencies; and

(2) The prevention and control of illegal drug activities and drug and alcohol abuse to be researched, evaluated and analyzed from a policy standpoint.

F. The Commission shall compile an inventory of available drug and alcohol abuse services within the public and private sectors within the scope of this Executive Order.

G. The Commission shall consult, on a continuous basis, with representatives of local governments and the private sector to assure the coordination of State, local, and private resources in preparing its plan. To that effect, the Commission shall meet with the regional and county core groups responsible for coordination efforts.

(1) The regional and county core groups shall consist of the following representatives:

(a) The local superintendent of schools;

(b) The local chief health officer; and

(c) The local chief of police or sheriff.

(2) At the discretion of the County Executive(s) the size of the regional and county core groups may be expanded, if deemed appropriate.

H. The Commission shall consult with:

(1) The Juvenile Justice Advisory Council;

(2) The Governor's Advisory Board for Justice Administration;

(3) The Maryland State Department of Education Drug and Alcohol Abuse Prevention and Education Program Advisory Council;

(4) The Governor's Executive Advisory Council; and

(5) The State Advisory Council on Drug and Alcohol Abuse.

I. The Commission may conduct public hearings.

J. The Executive Director of the Commission shall be named by the Governor, and shall be assisted by no less than one member from each department and agency whose head serves on the Commission.

K. The expenses of the Commission shall be met through the operating budgets of the Executive Office of the Governor and departments and agencies whose heads serve on the Commission, including any federal funds available for the purpose of administering federal grant programs.

L. In fulfilling its responsibilities, the Commission may call upon State departments, agencies, boards, commissions, or other units of State government which shall cooperate to the fullest extent possible and shall provide information needed by the Commission in fulfilling its mandate under this Executive Order. The Commission may also request and receive information and assistance from any other branch of State and local government, the federal government, and the private sector.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this 6th day of May, 1989.

William Donald Schaefer
Governor

ATTEST:

Winfield M. Kelly
Secretary of State

Commission Meetings and Events

May 1989	June 1989	July 1989	August 1989	September 1989	October 1989
Wicomico Recognition Event County "Core" Meeting/Public Hearing Charles, Calvert, and St. Mary's County Symposium Statewide Drug Summit	Baltimore County "Core" Meeting	Anne Arundel Recognition Event County "Core" Meeting/Public Hearing Worcester County "Core" Meeting	Washington County Recognition Event County "Core" Meeting/Public Hearing Carroll County "Core" Meeting	Allegany and Garrett County "Core" Meeting Montgomery County "Core" Meeting Media Summit	Youth Summit Prince George's County "Core" Meeting
November 1989	**January 1990**	**February 1990**	**March 1990**	**April 1990**	**May 1990**
Statewide Drug Summit	Frederick County Recognition Event County "Core" Meeting/Public Hearing Cecil County "Core" Meeting	Kent County Recognition Event County "Core" Meeting/Public Hearing Somerset County "Core" Meeting	Howard County Recognition Event County "Core" Meeting/Public Hearing Talbot County "Core" Meeting	Harford County Recognition Event County "Core" Meeting/Public Hearing Queen Anne's County "Core" Meeting	Dorchester County Recognition Event County "Core" Meeting/Public Hearing Caroline County "Core" Meeting

Acknowledgments

Governor's Drug and Alcohol Abuse Commission Staff

Mr. Floyd O. Pond, Executive Director
Mr. Myron V. Wotring, Executive Assistant
Ms. Mary S. Brandenburg, Administrative Aide
Ms. Alice M. Bowers, Secretary

Editorial Staff

Captain Thomas H. Carr, Maryland State Police
Sgt. Ronald W. Hinkel, Maryland State Police
Ms. Mary Lou Griffiths, Maryland State Police
Mr. Rick Sampson, Alcohol and Drug Abuse Administration
Dr. George Musgrove, Department of Transportation
Ms. Linda Roebuck, Maryland State Department of Education
Ms. Ellen Gibson-Adler, Governor's Office of Justice Assistance
Mr. Jerry Strickler, Governor's Office of Justice Assistance
Ms. Irene C. Markle, Governor's Office of Justice Assistance
Ms. Antoinette L. Trunda, Governor's Office of Justice Assistance
Dr. Charles F. Wellford, University of Maryland

Treatment Committee

Adele Wilzack, R.N., M.S., Secretary, Department of Health and Mental Hygiene, Chairperson

Mr. Alan Baker, Department of Health and Mental Hygiene
Mr. Stephen Bocian, Parole and Probation
Ms. Carolyn Colvin, Secretary Department of Human Resources
Mr. Paul Gentile, Department of Health and Mental Hygiene
Mr. Ben Jones, Department of Juvenile Services
The Honorable Francis X. Kelly, Maryland Senate
Mr. G. C. Edward Masood, Montgomery County Public Schools
Ms. LaVerne L. McWhite, Public Member
Mr. Ed Pigo, Department of Health and Mental Hygiene
Ms. Ruth Phillips, Governor's Office of Justice Assistance
Mr. James Reagan, Department of Health and Mental Hygiene
Ms. Linda D'Amario Rossi, Secretary, Department of Juvenile Services
Mr. Rick Sampson, Director, Alcohol and Drug Abuse Administration
Dr. Anthony Swetz, Jr., Psychology Department, Roxbury Correctional Institution
Mr. Charles Wilkinson, Jr., Department of Juvenile Services
Ms. Cheryl Worthington, Department of Human Resources
Ms. Mary Ann Fleetwood, Department of Health and Mental Hygiene

Prevention Committtee

Joseph L. Shilling, Ph.D., State Superintendent of Schools, Chairman

Ms. Catherine Austin, Department of Personnel
Mr. Charles F. Berry, Department of Budget and Fiscal Planning
Ms. Reba Bullock, Maryland State Department of Education
Ms. Eugenia Conolly, Department of Health and Mental Hygiene
Ms. Hilda E. Ford, Secretary, Department of Personnel
Ms. Ellen Gibson-Adler, Governor's Office of Justice Assistance
Ms. Elizabeth Homer, Assistant Secretary, Department of Transportation
Ms. Joann Levy, Governor's Office of Justice Assistance
The Honorable Ethel Murray, Maryland House of Delegates
Dr. George Musgrove, Department of Transportation
Mr. Jack L. Powell, Public Member
Ms. Linda Roebuck, Maryland State Department of Education
Dr. Shaila R. Aery, Secretary, Higher Education Commission
Dr. David Sumler, Higher Education Commission
Mr. Richard Trainor, Secretary, Department of Transportation
The Honorable Decatur W. Trotter, Maryland Senate

Law Enforcement Committtee

Bishop L. Robinson, Secretary, Department of Public Safety and Correctional Services, Chairman

Dr. Donald Atkinson, Acting Director, Division of Parole and Probation
Ms. Lynn Battaglia, Office of The Attorney General
Ms. Naomi C. Booker, Department of Public Safety and Correctional Services
Detective Sergeant Thomas Bowers, Maryland State Police
Dr. Torrey C. Brown, Secretary, Department of Natural Resources
Mr. John Camou, Director, Pre-Trial Release Services Division
Captain Thomas H. Carr, Maryland State Police
The Honorable J. Joseph Curran, Jr., Attorney General
Detective Sergeant Earl Dennis, Maryland State Police
Mr. James Dunmeyer, Department of Natural Resources
Colonel Michael D. Gambrill, Baltimore County Police Department
Mr. Donald Farabaugh, Governor's Office of Justice Assistance
Ms. Elizabeth Marie Hewlett, Public Member
Detective Sergeant William Jacobs, Maryland State Police
Mr. Henry Lesansky, Department of Public Safety and Correctional Services
Mr. Marshall M. Meyer, Chairman, Governor's Executive Advisory Council
Ms. Elizabeth L. Nilson, Special Assistant to the Attorney General
Mr. John Norbeck, Chief, Law Enforcement, State Parks System, Department of Natural Resources
The Honorable D. Bruce Poole, Maryland House of Delegates
Lemeul Porter, Jr., Chief (Ret.), Aberdeen Police Department
The Honorable John Prevas, Judge, Circuit Court of Baltimore City
Mr. Jerry Strickler, Governor's Office of Justice Assistance
Colonel Jack T. Taylor, Superintendent, Natural Resources Police
Mr. Charles G. Tildon, Jr., Department of Public Safety and Correctional Services
Mr. Norton J. Wilder, Special Agent, Drug Enforcement Administration, U.S. Department of Justice