



Office of National Drug Control Policy

Conference Summary

**A National Conference
on State and Local
Drug Policy**

**MAY 13 –15, 1990
ARLINGTON, VIRGINIA**

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Office of National Drug Control Policy

Director	William J. Bennett
Associate Director for State and Local Affairs	Reggie B. Walton
Deputy Director for Supply Reduction	Stanley E. Morris
Deputy Director for Demand Reduction	Herbert D. Kleber

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Preface

To the Participants of the State and Local Drug Policy Conference:

The final measure of success of a conference is the level of response it produces through its participants. As I mentioned in my closing remarks at the conference, "Money and programs alone cannot conquer the Nation's drug problem. It takes the commitment and the will of the people to make a difference."

I would like to extend my thanks to the participants of the State and Local Drug Policy Conference for your willingness to share your solutions and your commitment to becoming part of the solution to the Nation's drug problem.

The workshop summaries included in this report are intended not only as a record of who was present and what was said, but more importantly as a blueprint for action to be initiated at the State and local level. You have here an overview of what various agencies and communities are doing to confront and solve the drug problem. I urge you to replicate these successful approaches, where appropriate, in your own State or locality.

More than any other issue, the Nation's drug problem presents the challenge of coordinating efforts at the Federal, State, and local level. I encourage you to continue your efforts in the spirit of partnership and commonality.

America's future depends upon our ability to create and implement solutions to the drug problem. It is our national duty to remain hopeful, confident, and resolved. I believe that the State and Local Drug Policy Conference Report stands as a testimony to the strength of our national commitment. Together we can and will prevail.

Reggie B. Walton
Associate Director for
State and Local Affairs
Office of National Drug
Control Policy

Opening General Session

Address:

Lauro F. Cavazos

Secretary,

U.S. Department of Education, Washington, D.C.

Monday, May 14, 1990

8:30–10:00 a.m.

Gavel: *Debra R. Anderson, Deputy Assistant to the President, Director of the Office of Intergovernmental Affairs, Washington, D.C.*

Presiding: *Reggie B. Walton, Associate Director, Office of National Drug Control Policy, Washington, D.C.*

Welcome: *William J. Bennett, Director, Office of National Drug Control Policy, Washington, D.C.*

Lauro F. Cavazos

Thank you Judge Walton. It's a pleasure to be here with you this morning, and to have this opportunity to speak to you about one of the most difficult problems confronting our Nation: the widespread and persistent abuse of alcohol and drugs, and the crime and violence associated with supporting America's drug habit.

As the Secretary of Education, preventing student use of alcohol and drugs is one of my highest priorities. Of course, there are many obvious reasons for my interest in eradicating drug use among children and young people—concern for the physical and mental health of young Americans, a desire to reduce the number of drug-related accidents and deaths in our society, and a belief in the importance of enforcing the law—but there are other reasons as well for my personal dedication to solving this problem, reasons related to the tremendous obstacles that drug use and the illegal drug trade pose to effective education in our schools.

By now, most of you are familiar with our national education performance goals, developed by President Bush and the Nation's Governors following last fall's Education Summit. Much of your work over the next few days will be dedicated to achieving goal number six, which calls on us to ensure that by the year 2000, every school in America is free of drugs and violence and offers a disciplined environment conducive to learning. This goal has received less attention and emphasis than the other five national education goals, at least partly because it is quite different from them. While the other goals are based on desired levels of educational performance and achievement, the effort to create safe, disciplined, and drug-free schools is a *condition*, a prerequisite for reaching our other goals.

The unspoken assumption, in fact, of discussions and strategies aimed at achieving the national education goals, has often been that the last goal has already been accomplished. Those of you gathered here today—the State and local leaders most intimately familiar with the real situation in our schools and communities—know that this is not the case, that all across America fear of drug users and drug sellers continues to rule the classrooms and playgrounds of many of our schools.

The reality, then, is that the last goal must come first. We must eliminate drugs and the drug trade from our schools before we can hope to see progress toward the other national education goals. This is especially critical for effectively educating those who need it most, the disadvantaged and minority students whose academic performance already lags far behind the increasingly unacceptable level of our average students; and who are most likely to attend schools where drugs are a far more compelling reality than Shakespeare or the periodic table of elements.

What can we do to work toward a solution to the drug problem? First, I must be honest and tell you that the war on drugs cannot be won with a wave of some magic Federal wand. We can conduct research, provide information, offer technical assistance, and distribute limited financial resources. But I urge you to look at home for real answers and long-term solutions. Look around your States, around your neighborhoods. Look for the citizens who have decided that they will no longer tolerate the crime, violence, and human misery that drug use causes. Drug abuse is everyone's problem: it destroys not only the lives of users and traffickers, but also innocent bystanders caught in the crossfire of rival drug gangs, or run down by drunk drivers. Perhaps the

saddest victims—ones whose ultimate cost to society is too large to calculate—are the babies born to addicted mothers. The terrible loss of human potential inflicted by drug and alcohol abuse makes us all victims, and makes us all responsible, as President Bush called for in his inaugural address, for ending the scourge of drugs in our time.

The most important single requirement then—regardless of the specific strategy adopted—is to work *together*. This is reflected in the objectives included by the President and the Governors in their statement on the national education goals. Three objectives are intended to facilitate the creation of safe, disciplined, and drug-free schools:

- First, every school will implement a firm and fair policy on use, possession, and distribution of drugs and alcohol.
- Second, parents, businesses, and community organizations will work together to ensure that schools are a safe haven for all children.
- And third, every school district will develop a comprehensive K-12 drug and alcohol education program, to be taught as an integral part of health education. In addition, community-based teams should be organized to provide students and teachers with needed support.

Clearly these objectives demand communitywide participation and cooperation. I understand that there may be impediments to such cooperation. The broad, crosscutting impact of drug and alcohol abuse and the associated trade in illegal narcotics is one of the chief factors hindering the development of an effective counterattack. The early stages of the war on drugs often highlighted turf battles and funding disputes reflecting the different agendas of various groups, agencies, and organizations. We must resolve to set aside our differences, find common ground, and coordinate our efforts.

The State of Florida, for example, has been in the forefront of comprehensive planning and interagency coordination of education-related prevention services at both the State and local levels. Even before enactment of the Anti-Drug Abuse Act of 1986, Florida had a Comprehensive School Health Program that addressed issues of substance abuse. The State legislature amended the program in 1986 to include drug-

free schools. This amendment also enabled school districts to apply for State and Federal funds with a single application. State officials report that the consolidated grant application has reduced the preparation burden on school district personnel, enhanced both health education and drug prevention efforts in school districts, and strengthened the natural relationship between the two programs. Beginning July 1 of this year, Florida will require teacher certification for health education to cover grades K-12 instead of 7-12. The new requirement calls for 30 semester hours of health-related courses, with a new emphasis on substance abuse prevention, HIV/AIDS education awareness, suicide prevention, and methods for dealing with other high-risk behaviors.

The cornerstone of the Department of Education's drug and alcohol prevention efforts is the State and Local Grant Program, which sends more than 80 percent of the resources we receive for prevention to State departments of education, local school districts, and Governors. For fiscal year 1991, we have requested \$487 million—an increase of more than 11 percent—for State and local drug education programs. I believe these formula-based grants, and particularly the portion reserved for use by Governors, provide resources for the exercise of innovative leadership in combating drug abuse.

While the level of Federal support for this program has grown substantially in recent years, we have also taken steps to ensure that the additional dollars are spent as effectively as possible. Amendments modifying the program have increased accountability by requiring States and localities to evaluate the success of their drug prevention programs. And as we have monitored State and local programs through site visits, we have observed several changes that we believe may be attributed to effective Federal and State leadership. These include:

- A growing willingness on the part of schools and communities to acknowledge substance abuse problems.
- Increased State efforts to assess the drug problem and to evaluate drug abuse prevention programs.
- Increased participation in the grant program by local school districts, both individually and in consortia.

■ Greater participation by institutions of higher education in programs to achieve drug-free campuses.

■ Expanded group involvement in community-based programs.

■ More effective interagency coordination of drug prevention activities at the State level.

Despite the sense of helplessness and doom that often seems to surround discussions of substance abuse prevention—and that has led to wrong-headed suggestions to legalize certain drugs—there are some signs of progress. Polls such as the High School Senior Survey and the National Household Survey have indicated that fewer Americans are using drugs. I believe an important factor in this decline is the success of education-based efforts to change attitudes toward drug use. The 1989 High School Senior Survey, for example, indicated that the largest proportion of seniors ever recorded perceived great risk in the use of marijuana, cocaine, crack, heroin, amphetamines, etc.

Just as important, those areas experiencing success in reducing student use of drugs and alcohol share strong parental and community involvement in their prevention and education efforts. Kansas City's Project Star, for example, is a communitywide prevention program that has reduced drug and alcohol use by junior high students. An evaluation of Project Star seems to indicate that students need to hear from as many sources as possible that drug and alcohol abuse are not accepted by the community. This confirms what the Department of Education has been telling schools and communities since 1986: schools alone cannot prevent students from using drugs. Warnings about the dangers of drug and alcohol use must be reinforced by parents and the entire community.

Our Drug-Free School Recognition Program, which has identified 128 schools in the past 3 years for excellence in substance abuse prevention, also emphasizes the importance of parent and community involvement. Schools applying for recognition and demonstrating decreased drug and alcohol use among their students almost invariably draw on parental and community support to amplify drug education efforts.

As a parent, I know that nurturing children and helping them make healthy choices are not always easy. But I believe that parents are the key to preventing drug and alcohol use among our young people. The Department of Education has recently published *Growing Up Drug Free: A Parent's Guide to Prevention*. Since March, 1,250,000 copies of *Growing Up Drug Free* have been ordered. Such high demand for this publication shows that parents across America are not only concerned about the drug threat to their children, but are eager to learn what they can do to help.

The Department will also be providing, within the next month, a model drug and alcohol prevention curriculum for use by superintendents and principals across the Nation. The theme of this model curriculum is individual responsibility in the context of the larger community. It is designed to help students understand that drug use harms not only the user, but society as well. The model includes suggestions for involving parents and other community members in substance abuse prevention efforts.

The Department's model curriculum reflects my firm belief that education is the only long-term solution to the problem of substance abuse in America. And by education I do not mean just drug education, but the complete education of the whole person for full participation in the social, economic, and political life of this Nation. In my commencement speeches this spring, I have been emphasizing that a rigorous, balanced education equips men and women with the self-confidence needed to make the right choices when confronted with difficult decisions. By providing opportunities for positive reinforcement, education contributes to the development of a healthy self-esteem. And the skills acquired through the educational process imbue young people with a sense of possibility, a faith in the future. Clearly, a young person who has found success in school, and who can glimpse a future full of exciting possibilities and challenges, is much less likely to risk that future by abusing drugs or alcohol.

In this context, the full range of activities undertaken by the Department of Education to enhance educational opportunity and improve the quality of our schools may be seen as a critical contribution to the war on drugs. In particular, our efforts to reduce dropouts, increase the effectiveness of Chapter 1 programs, and enhance early childhood education will help to ensure that those students most at-risk of

giving up on school—and possibly turning to the drug scene that dominates life on the streets—get the attention and encouragement they need to complete a quality education.

And while I have emphasized the importance of achieving our sixth national education goal—safe, disciplined, and drug-free schools—as a condition for reaching the other goals, it will be difficult to reach any of the national education goals without a coordinated, comprehensive approach reflecting their interdependence. For example, drug and alcohol education programs will lose much of their effectiveness if we do not ensure that all children start school ready to learn, or if we fail to substantially increase the high school graduation rate.

Finally, I urge you to extend your drug education and prevention programs to postsecondary institutions. As a former university president, I know firsthand about the devastating impact of drug and alcohol abuse on college campuses. Students attending colleges and universities are free for the first time from direct parental supervision, and enjoy extraordinary freedom in their personal and academic lives. Against the liberating aspects of this new freedom must be weighed the rigorous academic challenges and sometimes difficult adjustments to campus living, which must be faced largely without parental support and comfort. Most students embrace the freedom and opportunity of college life in a responsible manner, but for the many who do not, drug and alcohol abuse all too often become a dangerous alternative to the classroom. Congress recently amended the Drug-Free Schools and Communities program to require institutions of higher education to adopt and implement

drug and alcohol abuse prevention programs or risk losing Federal financial assistance. Colleges and universities may also use funds provided under the Drug-Free Schools and Communities Act to develop model drug education programs for elementary and secondary schools. As with other efforts to improve our schools, we need to bear in mind that education is a continuum. Problems afflicting our elementary and secondary schools, whether they be inadequate math and science preparation or patterns of drug and alcohol abuse, inevitably move up the educational ladder and infect postsecondary education as well.

All of us who are involved in efforts to protect our young people from the destructive effects of drug and alcohol abuse realize that much remains to be done. As policymakers, I am sure you feel strongly your special responsibility for addressing substance abuse problems in your schools and communities. I hope you will carry away from this conference the conviction that you really can make a difference. You can help make certain that drug control efforts in your States and cities draw on all available human and material resources, providing a coordinated and comprehensive range of education and prevention programs. You can ensure that all schools provide effective drug and alcohol education programs, and have strong anti-drug policies that are consistently enforced. And you can help build the kind of community spirit—based on parental concern and involvement—that provides the strongest bulwark against the corrupting and corrosive influence of drugs and alcohol in our society. With your support and leadership, we can make all of our schools and communities drug-free. Thank you.

Welcome:

William J. Bennett

Director,

Office of National Drug Control Policy, Washington, D.C.

Monday, May 14, 1990

8:30-10:00 a.m.

William J. Bennett

Overall, I am encouraged by what I'm seeing in the war on drugs. I think the country is beginning to make progress. I think all of us in government—Federal, State, and local government—are really, in some ways, playing "catch-up" to the American people. The great American change of mind about drugs is already taking place. The American capacity for self-renewal is starting to work, and it is starting to show itself in a variety of measures. According to a recent Gallup poll, most Americans think we're beginning to make some progress on this, too, and there are some other indicators that suggest some progress. I don't think the American people are Pollyannas about this issue of drugs, but I don't think they are Cassandras, either. Empirical evidence supports their confidence—the survey of our high school seniors, some of the National Institute on Drug Abuse surveys, and other trends that suggest we may have begun heading in the right direction.

Today I will tell you that I believe the hardest part of this problem—in part addiction—is *beginning* to level off. I note this in part because last week Senator Biden and I had a fairly lively discussion. Given the nature of our disagreements, which were quite intense, it was interesting to note some points of agreement. One of the points of agreement is that we may now be seeing the leveling off of addiction. Nobody knows for sure whether that's true, but we have seen indications that it may be true, including a steep decline in (a) the last quarter of 1989, and (b) cocaine-related hospital emergency-room admissions. My sense, based on the best opinions I get from my colleagues at the Office of National Drug Control Policy and others of you around the country, is that we are beginning to see a peaking of the addiction problem. If it now goes down, it may go down sporadically and erratically. It may be like a stretched-out Slinky toy going down a moderately inclined staircase. It may group and double up a little bit, but it will gradually go down. That, at least, is our hope. I don't think there is anything inevitable about that happening over the next 2 or 3 years. If it happens, it will be because of

pressures that we bring to bear and the efforts that we take up—efforts that are led by the people that are in this room.

The other thing that I would mention as very encouraging is the spirit of the American people. I've now been to over 80 cities to visit treatment centers, public housing, schools, and other things. And the spirit of fighting back is very much there. I don't need to tell anybody in this room that not all the news is good. There's some terrible news out there. Drugs are taking a terrible toll and will continue to take a terrible toll. Many of our communities—or parts of our communities—are getting the hell beaten out of them. And, of course, the number of children affected by drugs is continuing to rise. Not, perhaps, among teenagers—who make their own decisions—but among those cocaine babies whose numbers continue to rise.

Let me give you a couple of updates as I see them in terms of efforts, both good and bad. First of all, I think that, given some things that we have launched recently and are launching now, I believe that within the next 3 to 6 months we'll have some good indications about what's going to happen on the international side. Some things have been put in place—some plans, some agreements—which we hope will bring about some positive results overseas. The kind of work that we're doing with the Andean nations is tricky, because there are very serious problems in those countries. I don't have to tell you about the problems in Colombia, or of the different kinds of problems in Peru and Bolivia. But I think that within the next 3 to 6 months we will have an indication about the effect of our Andean strategy. We have put a lot of hope, a lot of planning, a lot of time, and a fair amount of money into the Andean strategy. It's our hope and our expectation that things will work out.

Let me now talk about some areas where I think we could do some more work. A lot of my impressions are gathered from my visits around the country, and I draw from those experiences in these remarks. First of

all, we've seen some success in the academic world and the university world in addressing this problem, but I think we could see a lot more. I was very unhappy when I went to Austin, Texas, and went to a public housing project in east Austin. I found brave people in public housing trying to fight back, but their biggest complaint was that the students from the University of Texas were still coming to east Austin to buy their drugs. Somebody needs to give a message to the university that while poor people and poor communities are trying to fight back, the students at the university need to be reined in and told that they cannot contribute to the further degradation of these communities. If that's the students' idea of social responsibility, they need to get a new one.

Second, there is something of an attempt by some of the long-standing critics of the drug war to overstate the notion of civil liberties violations by the law enforcement community. In February I visited a south central Los Angeles neighborhood where the police had erected barricades and off-limits signs, and declared, for 30 square blocks, a narcotics enforcement area. This kind of thing is familiar to many in this room. Within 6 weeks, violent crimes in the area fell by almost 90 percent. Critics of this operation—Operation Cul-de-Sac—say the police are running “roughshod” over the Constitution with their walled city. But, when we go into this part of town and talk to the residents, we find that, if anything, they want *more* law enforcement, not less. The residents of this neighborhood consider the legal debate a luxury they don't have time for. The L.A. Police Department canvassed 563 people before erecting the barricade; 558 approved of the police intervention. That's a pretty good return. We do not need to abrogate the Constitution or any of its protections to wage the war on drugs, and nothing in our National Drug Control Strategy suggests so. But, this is a tough business, and we are going to have to be both tough and law-abiding. Let's keep things in proper proportion.

Related to that, I am hopeful that the law enforcement community will continue its efforts and continue to understand the ways in which many communities are depending upon them. No one, I among them, believes that the sole answer to the drug problem is law enforcement. But it sure is a big part of the answer. Without safe communities, we are not going to get very far in our other measures, and, as we say in the Strategy, the first thing we must do is *regain lawful public control of our streets*. It is a luxury for some to debate and consider what might be the “root

causes” of this issue. That's certainly something worth considering. But the first thing we have to do is regain control of those streets.

I was told recently that the “Defense Bar” is mounting an effort to limit the ability of States to seize the ill-gotten profits of drug traffickers. Why? Because asset seizures might otherwise go to pay the salaries of the “White Powder Bar,” as it's now known. I also understand that in some quarters in the Defense Bar, they're trying to get the ABA to declare it unethical for a prosecutor to seize assets if the trafficker says he needs them to hire an attorney. Well, asset seizures are a critical part of the war on drugs. I'm not sure we have a better single tactic than asset seizure and forfeiture. And if what I hear is true, I think the Defense Bar ought to rethink its position. It's an outrageous view. The Defense Bar needs to support our efforts. Of course, people are entitled to good legal defense, but that doesn't mean the Defense Bar has to come up with recommendations that will sabotage our effort to get at drugs.

Those concerns aside, I think there is some very great news in terms of people who are entering into this effort and doing their best. Again, communities have members who have stepped up to their responsibility. I'm very impressed with the kind of citizen action we are seeing in the communities around the country.

I'm also very impressed with what I've seen in treatment. I have to confess to you that when I started this job, I didn't have a view about treatment because I knew so little about it. I've now been to about 25 treatment programs around the country, and I am very impressed with what I've seen. I've been impressed with the kind of efforts that are made, how hard this work is, and the kind of good results that we can get. I've become a believer in effective treatment, and I will not forget some of the people I have come in contact with—Allan Bray in Detroit, Bob Ingram in Jacksonville, and many others. Recently I was at St. Clair Penitentiary in Alabama, visiting the best treatment program I've seen in a prison. It was a very inspiring experience. People who are skeptical about treatment ought to go to a treatment center and see what I call the “moral clarity” of such programs. It's very encouraging.

Although it's standard operating procedure for people in our walk of life to criticize the media, I have to say, I think the media have done pretty well. We get attacked daily on editorial pages, but that doesn't

matter because they are so rarely read—and, we understand that, when read, they are rarely believed. So, it doesn't matter anyway. One of the first things I learned in Washington was that bad editorials were not terminal. In the meantime, attention—even wrong-headed attention—is a good thing. The more attention we pay to this issue, the better. Even attention on the siren song of legalization is okay because it gives us a chance to make the points that we care about.

Let me end with a couple of personal comments about this conference. A lot of effort has gone into this event, and we hope that it is instructive and positive. I hope that at least two things will come out of it.

First, I hope that we can develop partnerships—allegiances, new friends, and new networks of people who have information and know-how that we can all learn from. Let's get the effort better coordinated and get the network in place, even better than it is now.

Second, I would hope that we can get local officials to be involved in the State efforts. There is the thorny issue that many of you are wrestling with—for example, the passing down of funds from Washington and getting them where they need to go. I told the conference of mayors a couple of weeks ago that where it is Washington's fault, we will do our best to correct it, and we're doing that right now. But where the problem is getting the money from the State capital to the local community, that's obviously primarily a matter for people in the States to address. We hope that as a result of this conference we'll see

more cooperation, more talk among local officials and State officials to expedite the delivery of that money. The money is there and we think in pretty substantial amounts. The funds going to the war on drugs constitute the largest increase of any item in the Federal budget since President Bush took office. There will be continuing discussions about what we need to do in the future. But since a lot of money is being allocated, we'd like to make sure it gets where it's needed as quickly as possible.

Let me end on a philosopher's note. I used to teach philosophy for a living. But I don't get to do much philosophy now—the nature of the job prohibits it. But, one thing struck me in the events of the last year-and-a-half. When Lech Walesa left this country, in his exit interview in New York, he said to all of us, "Take care of this country. For if you do not lead us, who will?" Well, that's a good point. The United States and its notions and doctrines of political freedom have indeed led the world. That fight, that battle, that debate now seems to be winding down. That "long twilight struggle" that President Kennedy talked about seems to be over, at least in intellectual terms. But, there are other things to be done, other issues to be taken up. The heart of it for this country, for any free country, I think, is the care of its children, of our institutions and our freedoms, and the passing on of those institutions and freedoms to our children. Drugs continue to threaten our children, so, having led the world in the aspiration for freedom, let us now show the world what it means to care for our children.

Workshop

Treatment for Prisoners, Probationers, and Parolees: Helping Convicted Criminals Remain Drug Free

Moderator:

Nicholas Demos

Coordinator, Criminal Justice Treatment, Office of Treatment Improvement, Alcohol, Drug Abuse, and Mental Health Administration, U.S. Department of Health and Human Services, Washington, D.C.

Monday, May 14, 1990

10:30–11:45 a.m.

Panelists:

Morris L. Thigpen, *Commissioner, Department of Corrections, State of Alabama, Montgomery, Alabama*

Raymond Diaz, *Director, Substance Abuse Intervention Division, East Elmhurst, New York*

Rod Mullen, *Director, Amity, Inc., Tucson, Arizona*

Malcolm MacDonald, *Director of Program Services, Community Justice Assistance Division, Texas Department of Criminal Justice, Austin, Texas*

The panelists described specific examples of how corrections and treatment work together at the State, county, and city levels. Panelists also discussed the integration of well-run correctional facilities with effective treatment.

Nicholas Demos

Drug treatment works for criminal justice populations, but treatment must be tailored to the type of addiction, said Mr. Demos. Sometimes a person has to go through treatment two to four times. People in jail, prison, and on probation and parole represent the most concentrated group of addicts in the country. How you screen these populations for treatment, supervision, and followup services is very important. Prisons, jails, and probation and parole officers are in the best position to intervene with arrestees. It is easier to screen and classify addicts for treatment at the point of arrest than it is to screen out 2 million addicts from the general population. A major objective is to forge better partnerships between criminal justice agencies and drug/alcohol treatment agencies. We must build a system for diversion for treatment of less serious offenders, continued Mr. Demos. There are many benefits to providing treatment before people are released back into the community.

Morris L. Thigpen

Intake data from 4,000 Alabama Department of Corrections (DOC) inmates show 80 percent with substance abuse histories. This is consistent with DUF

statistics in Birmingham, which show 72 percent positive—51 percent being positive for cocaine. Similar results were found in 19 other cities across the country. Because of mandatory sentencing laws, many are placed in prisons. More and more people are being returned to the streets without even the offer of treatment. The Bureau of Justice Statistics estimates 400,000 drug-dependent inmates did not receive treatment last year. Arguments against treating arrestees are that you can't change a substance abuser; you can't treat in a prison setting; and treatment is coddling inmates. Criminal justice agencies bear the responsibility for effective intervention, and treatment should be an integral part of correctional services because many inmates will not have the chance for treatment elsewhere. A relatively drug-free environment can be attained. In Alabama, for example, random urinalysis found 10 percent of the population of major institutions positive when the State began treatment; now only 1 percent test positive. These institutions also test the staff, and although they had some positives at first, it is now unusual.

Treatment in a correctional setting can be provided for \$5 to \$6 per day. Greater control can be exercised in the correctional setting than in a community setting. In addition, their drug treatment housing units are the safest, cleanest, and best managed in the system.

In addition to the self-help groups that have been established in Alabama facilities, five important programs have been established. They range from a 6-week program to a 12-month therapeutic community (TC) model. The TC unit is in a maximum security facility. Alabama even offers treatment to inmates serving life without parole. Because there are over 1,000 inmates on waiting lists for treatment, plans are underway to double the treatment beds in the next fiscal year.

Good treatment begins with good assessment, which must be an integral part of a program. A variety of treatment modalities are needed because of variation in the needs of drug-dependent inmates. Security staff must be included in the development of the programs. The Alabama DOC also found that treatment staff who are ex-felons and recovering addicts are the most helpful role models.

Initially, separating inmates in treatment from the general population is important. But at the end of treatment, offenders must be incarcerated with the general population if they are not released. The environment around the treatment programs is quite different from that of the prison setting—in the treatment areas you hear talk about caring, love, hope, and personal accountability.

Good followup programs are essential. Funds need to be earmarked for correctional treatment, and Federal assistance is a must. There is strong support for block grants. Mr. Thigpen said it is difficult to compete with some entrenched bureaucracies. Incarceration alone will not solve the problem and is not a sound public policy.

Treatment composed of a wide variety of programs presented in a continuum of services is a must. Everything possible must be done to change the offenders' thinking and substance abuse. The absence of treatment will mean the entrance of offenders back into the prisons.

Raymond Diaz

Mr. Diaz reported that new programs for drug addicts have proven to be the most effective management tools in New York City Department of Corrections (DOC) facilities. Incidents of violence have been virtually eliminated. Employee absences have been significantly reduced, as well. They have made some

cost savings that pay for program staff and have been able to pass back to the city over \$1.6 million.

They have found that a higher percentage of offenders test positive for drugs by urinalysis than self-report, and cocaine is the principal drug. Fifty percent of those on drugs say they shot drugs and 25 percent of them are HIV positive. From 1980 to 1990, their average daily population nearly tripled. This population is very transient—the average stay is 39 days, while half are released within 10 days of admission.

Since 1987, DOC has provided two methadone programs to over 2,000 inmates a year and a methadone detoxification program for 15,000 a year. In addition to these programs, organizations such as Narcotics Anonymous and Alcoholics Anonymous provide counseling and other services to the inmates. Prior to 1989, few services were available for crack and cocaine. In fiscal year 1989, the DOC established two pilot drug-free therapeutic housing programs that have been enormously successful. They have also reduced violence and the number of staff needed. As a result, the substance abuse programs will save the city nearly \$900,000 in operating costs in fiscal year 1990.

The substance abuse program was designed to identify drug users, provide education and referral, initiate treatment, and place some inmates in long-term programs after release. The continuum of services includes recruitment; appropriate inmates are referred to screening and assessment. The program provides group and individual counseling, and therapeutic intervention—which includes relapse prevention training and education. Addiction counselors assist inmates in securing placement in community-based treatment upon release.

The DOC is expanding services for sentenced males, females, and adolescents. In fiscal year 1991, the department will have 1,646 beds for drug-free services for inmates. No other correctional system in the country offers such a broad range of substance abuse services.

These programs have enhanced the level of safety and control in DOC facilities. A survey conducted in July 1989 showed the treatment dorms to be safer than general population dorms. This is attributable to an intense schedule of activities and behavior modifica-

tion, integration of services, and use of counselors. The low absence rate of uniform staff is attributable to the low incidence of violence.

Most inmates cannot secure a bed in a community-based treatment program; more treatment in the community could help. But funding keeps going into building more jails, Mr. Diaz noted, calling for new treatment strategies for crack and cocaine abusers, more education and prevention programs, more housing and job training. Otherwise, the drug epidemic will continue to grow. And we must begin to look at a much deeper question: Why do children have to live in drug-infested neighborhoods? Why has "Just Say No" not worked? Why have our efforts not focused on the primary question of why people use drugs in the first place?

In response to a question from the floor about the impact of acupuncture in treating cocaine addiction, Mr. Diaz said the DOC hopes to be able to introduce it in the jail. It is not a panacea; it alleviates withdrawal. It is being evaluated in a Miami jail, where over the first year the recidivism rate was just 4 percent.

Rod Mullen

Arizona is the number one drug importation State in the U.S., according to Mr. Mullen. It is the number four State in cocaine addiction per capita, fourth in high school dropouts, seventh in rate of incarceration. But it is 50th in the amount of money spent on drug treatment. However, Pima County has built a new jail with excellent services. Amity is the largest provider of drug-free services in Arizona. It includes an adult therapeutic community, an adolescent therapeutic community, a prevention/intervention unit, and a National Institute for Drug Abuse (NIDA)/AIDS outreach program for intravenous drug users. Prior to this, Amity had a volunteer program in the Pima County Jail.

A key element of Amity's program is an isolated unit, managed by a treatment director and a program manager from the jail. The program is a therapeutic community model, using a holistic approach to treatment. The orientation for inmates is toward understanding and taking responsibility for their behavior. Amity uses ex-addicts as counselors because they have credibility with the clients.

Inmates are carefully screened for the program because of limited space. Currently, 50 to 55 are in treatment, with a 200-bed waiting list. The cost of the treatment is \$10 per day. To date, Amity has treated 339; 182 have gone on to treatment in the community.

In response to a question from the floor, Mr. Mullen urged that more outcome research funds be made available; NIDA should study this, said Mr. Mullen. In response to another question on how to convince jail operators that the correctional system should provide treatment, Mr. Mullen said unfortunately nobody gets rewards for improving the offender. It takes enlightened administrators, adding that Federal grant programs are great incentives to people in the States—it gives them seed money. He also suggested getting treatment providers involved and showing them what is in it for them. In addition, treatment housing units should be planned when designing new prisons and jails because addicts must be set apart from the general population.

Malcolm MacDonald

In introducing Mr. MacDonald, Mr. Demos said that three-quarters of offenders are under probation and parole supervision. We must find proper ways to deal with this issue, he said, noting that Texas has tax appropriations for services to that population.

Mr. MacDonald said that case classification is a key element in probation and parole. Client management classification has been tested, and it has demonstrated that treated people have a lower rate of recidivism. What intervention strategies are best to turn this around? What intervention strategies are there? There are tools out there, but without that foundation, the program is not going to be strong. Prisons have to be flexible enough to reform. If the process is punitive, Mr. MacDonald said, some offenders become drug free.

Effective case management in Texas has reduced caseloads from 200 to 40 offenders. With specialized caseloads, probation and parole officers can better determine which approach works best.

Under intermediate programs, for example, day-reporting centers provide drug treatment from 8 to 5 each day. Many of the officers in these programs have worked in residential treatment centers. Therapeutic

community programs help restructure their value systems. Intermediate sanction facilities link offenders back to probation and parole.

The cost of the various treatment approaches can range from \$1 to \$40 a day. Screening helps decide where to place a person and how much treatment that person needs.

In regard to sanctions, Mr. MacDonald noted that a person not doing well in a program can have an electronic monitoring device. It is not a panacea; it is a way of gathering information. Community service restitution is another way of disciplining offenders. It takes up their disposable income and makes them pay back.

In closing, Mr. MacDonald noted that the substance abuse problem is very complex. With a better understanding of this problem, it is easier to determine which intervention strategy is going to be most effective.

As a result, probation and parole are very different than in the past. The key to successful treatment is public policy, but you need to know what the policy is. If we are to have a clear understanding of that policy, we need to take a close look at what messages we are giving out about drug abuse.

Workshop

Drug-Free Schools and Campuses

Moderator:

Dick Hays

*Director, Drug Abuse Prevention Oversight Staff,
U.S. Department of Education, Washington, D.C.*

Monday, May 14, 1990

10:30–11:45 a.m.

Panelists:

Suzanne Miller, *Director of Drug-Free Schools Program, University of California at Irvine, Irvine, California*

Harold Maready, *Principal, Roosevelt Vocational High School, Lake Wales, Florida*

Beverly Barron, *Regional Coordinator, Texans' War on Drugs, Austin, Texas*

Barbara Fijolek, *Coordinator for Programs, University of Southern Illinois, Carbondale, Illinois*

The panelists described a variety of programs that promote community involvement in local drug prevention and education.

Suzanne Miller

Ms. Miller spoke about drug prevention programs in Orange County, California. Ms. Miller first presented an overview of the Orange County Substance Prevention Partnership, which was established 3 years ago to initiate, develop, and coordinate communitywide alcohol and other drug prevention and intervention programs and activities. The group's 60 members are representatives from institutes of higher education, grades kindergarten through 12, the private sector, minorities, military, law enforcement, religious organizations, the county sheriff's department, the city health care organization, and the county department of education. The group meets regularly to coordinate anti-drug efforts and to share resources and knowledge about cooperative substance abuse prevention projects. The partnership also has an electronic bulletin board for communication and interaction.

The partnership has bridged gaps of communication among the communities. This networking has led to strong cohesive measures of drug prevention, including broad-based activities such as drug awareness sessions for parents at local churches. In collaboration with the county sheriff and the private sector, the group has developed a *Positively Know Drugs* comic book used by the children in Orange County. The comic book will soon be distributed nationally.

Another program, established by the University of California at Irvine, is Project Pace, aimed at modifying existing school curriculums to incorporate a "no use" message. This comprehensive model of alcohol and other drug use prevention for at-risk youth places primary area of attention on the needs of Hispanic students and the involvement of a comprehensive community effort in providing prevention programs for these youth. The project also includes a collaboration with State and local initiatives in gang prevention, because gangs and drug dealing have become synonymous with southern California.

Although it is relatively new, the project has been able to draw conclusions about its efforts. There is a definite need for culturally relevant material in a student's primary language. There is also a need to prepare language-minority parents and communities to become actively involved in a school's anti-drug efforts. Ms. Miller said that it is a myth that parents do not care and do not want to be involved. Once simple logistics are improved (providing transportation to the activities and offering childcare), parental attendance can increase dramatically. There is also a need to train experts from language-minority communities to serve in key roles of drug education, prevention, and treatment.

In the future, a major area of concern for Orange County and the University of California at Irvine will be researching and providing supportive programs for substance exposed infants. An Orange County health care study, for example, reported a 70 percent

increase in 2 years in cases of substance abused infants. Researchers have found that these infants tend to have problems interacting with others, have difficulty concentrating, are emotionally disturbed, and are easily frustrated at even small tasks.

Harold Maready

Mr. Maready told of the successful drug-free program at his school, a vocational school for emotionally handicapped youth in Florida. The key to success is having a school staff committed to solving the drug problem. Funding and legislating laws are important, but without staff, law enforcement, school board and teacher commitment, the program will not work. Another important factor in his school's program is that it considers every child to be at-risk.

Roosevelt High School's strong "no-use" policy is enforced consistently. As an example and deterrent to other students, anyone caught using drugs on school grounds is handcuffed by the police and taken away while classes are changing. On the other hand, these same officers are used as a positive influence as substitute teachers on their days off.

Every course offered at Roosevelt High School has a drug prevention component, and is taught at each child's individual level of understanding. The school's program is based on boosting the self-image of students to deter making drug use an excuse for other things wrong with their lives.

The strongest part of Roosevelt's drug-free program is its community involvement to show the students that they have worth in the community. Mr. Maready cited the example of his school's adoption of a circus performer with Lou Gehrig's disease. The student body not only raised money for this person, but developed a friendship with him. As a result of the performer's death from the disease, the students now build wheelchair ramps for the handicapped throughout the county. Another aspect of the school giving back to the community is its employability skills program. The school takes the students into community businesses for 4 hours each day to teach employability skills. The school also has a job placement program that follows a student's job performance up to 1 year after graduation.

Mr. Maready told of the very tangible success rate of Roosevelt High School's drug-free program. In 7 years, the proportion of students obtaining full-time

employment after graduation rose from 10 percent to 80 percent, and the percentage of students admitting to using drugs daily dropped from 43 percent to 17 percent.

According to Mr. Maready, it is important to make parental contact at the onset of discovering a student's drug use and to offer parental drug education programs. By the time children are in high school, most parents have become "burned-out" from all the fundraising activities they have been participating in over the years. A school needs to communicate that parental drug prevention support is very worthwhile. The school needs to encourage the parents to establish networks among themselves to ensure that student parties and other off-campus activities are drug free. A major problem, according to Mr. Maready, is that many parents use drugs themselves. This negative role model for the child is another reason for lack of parental involvement in the school's program. A school must also have a program available to help kids help their parents.

Beverly Barron

Ms. Barron is a specialist in aiding communities in implementing anti-drug efforts. As an employee of the Texans' War on Drugs and a review panelist and onsite visitor for the U.S. Department of Education's Drug-Free School Recognition Program, Ms. Barron is closely aligned with national, State, and local efforts to improve school-based drug prevention programs. Ms. Barron told of the importance of schools in anti-drug efforts, because at some point the schools reach all children. A well-articulated and consistently implemented drug use control strategy can make a sizable impact, according to the Department of Education's recognition program. Seven hundred and twelve schools have been nominated, and 128 schools have been found to have an exceptional drug-free program. Model school evaluations are based on several criteria, called indicators of success. These indicators have been identified as a formula that can be duplicated in virtually any school with adequate dedication and community support.

The first criterion is that a school must survey the extent of its students' alcohol and drug usage. This survey needs to allow for measurement over time to provide comparisons. A school also must have a "zero tolerance" policy that is clearly articulated, broadly communicated, and consistently enforced

and backed by a close working relationship with law enforcement.

A school's staff should be trained to recognize the symptoms and the hazards of drug use. The staff should also be committed to the zero tolerance policy. A school should have core teams of faculty and staff who are well-trained in intervention techniques. The primary responsibility of these student assistance teams is to identify and intervene in unacceptable behavior. Students are routinely referred by these teams for assessment, counseling, or treatment, as indicated.

A school should offer an interdisciplinary curriculum that teaches the health hazards of drug abuse. In such a curriculum, alcohol is emphasized as an illegal drug for minors. She cited the *Drug Prevention Curricula: A Guide to Selection and Implementation*, by the U.S. Department of Education's Office of Educational Research and Implementation, as a good resource for schools. She stressed that inadequate materials or misguided approaches can undercut a school's anti-drug efforts.

Another criterion is that a school widely support student anti-drug groups. This can include offering peer tutoring, speakers' bureaus, and peer support groups. To participate in sports, a student must sign a drug policy pledge that, if violated, would mean expulsion from the team. A school also must offer self-esteem building programs and chemical-free programs like Project Graduation and Project Prom to significantly reduce deaths. Model schools do not offer rides or promote designated driver programs to those who drink too much or take drugs, because these validate use instead of discouraging it. A school should also institute a drug-testing program to establish group participation. Communities can support this by offering free tests in hospitals and clinics and providing incentives like merchant discounts that reward non-use.

The most important model program indicator is parent and community support. The parents who attend functions are the one's who are already supportive. A school must creatively reach those who are not attending. One way to reach these parents is at the workplace. If a business promotes a drug-free workplace and safety programs, then parents will take these messages home to their children. These parents can also be reached through their neighbor-

hoods or churches. Open houses and requiring parents to pick up their children's report cards can foster parental involvement in schools. Schools can also promote parental involvement by sending parents informative letters about the program and making them sign a statement that says they understand and will abide by the school's drug policy. Support should not be limited only to parents with children in school because many at-risk youth do not have parents. Support must also come from collaborative efforts among the judiciary, civic associations, churches, elected officials, the medical field, business communities, and law enforcement. Community mobilization can help find local solutions to the drug problem and can be applied to cities of any size.

Although many students use drugs, many do not. Ms. Barron cited the importance of supporting these non-using students, saying that if America values and promotes drug-free schools, then it would have more of them. These model programs need to be promoted at all levels of government. Broad implementation requires support from a State's Governor's office, the board of education, the Mayor's offices, and local school districts.

Barbara Fijolek

An active participant in the Department of Education's network of universities dedicated to establishing drug-free campuses, Ms. Fijolek stated that there has been tremendous success in drug prevention programs at the kindergarten through 12th grade level, but the university level needs help. She said that combating a problem of this magnitude will take time, and it is important to set realistic goals. Ms. Fijolek stated that any type of change for an individual or institution is uncomfortable. Just admitting that a change is needed is an improvement. A recent survey revealed that 80 percent of all college professors said that alcohol abuse is a major problem. A successful program can only happen with commitment from the top—school board members, the president, and key administrators must be dedicated.

The university network has four main focuses. The first focus is on drug education. Drug education should be addressed through the media because it is a cheap, effective way to reach people. Candid interviews should be conducted with the students, and universities should bring the non-using students out of the closet as role models for those who do use. Parents need to be educated, too. Every parent should

be sent alcohol and drug information and should be reached during freshmen orientation. Tailgating parties at football games should be required to be drug- and alcohol-free.

The second focus of the network is on treatment. A university needs to offer a student assistance program as an adjunct to its disciplinary program. The third focus is on building a healthy environment. Drug prevention talks need to be interesting and accessible to attract the students' attention. Ms. Fijolek's network offers juice bars at social functions, provides bartender training, and establishes task forces that link the community and university. The fourth focus of the network is on drug-free policies. Some policies may need to be revised, and an evaluation of these policies and programs is important. A campus needs to offer a variety of approaches for the different degrees of users. Casual users need to be handled differently than the chemical dependent students. These policies need to be strict, but balanced, and they cannot let a campus lose its humanness.

Ms. Fijolek provided some recommendations for the future of the university drug-free network. She noted the need to counteract the noisy, glossy, appealing pro-substance messages in the media. A campus needs to establish a mandate requiring student newspapers to devote space to pro-health messages in proportion to the number of alcohol ads it allows. In the future, universities will need to serve as role

models for secondary schools. The universities also need to interact more with criminal justice in educating high-risk youth and offering scholarships. Universities and criminal justice need to create a ripple of hope for minorities who remain drug-free and allow themselves to be monitored. Ms. Fijolek suggested that all university staff members be required to have a certain number of hours of drug education. According to Ms. Fijolek, this is necessary because staff members at the university level are not as educated as they think they are—if they were, they could do more in the effort to promote drug-free campuses.

Dick Hays

As moderator, Mr. Hays concluded the workshop by summing up the common themes the panelists presented. He restated that a program needs to be comprehensive with commitment from all aspects of the community, that there are model programs that are working, and that many challenges can and need to be surmounted.

In response to a question from an attendee about a one-stop resource for ideas for implementing a drug-free school program on all levels, Mr. Hays referred to the National Clearinghouse for Alcohol and Drug Information (NCADI), the Department of Health and Human Services. He also mentioned that Governors' programs, State legislators, and associations are also good resources.

Workshop

Young People Against Drugs

Moderator:

John E. Mayer

Executive Director,

Center for Youth Research, Chicago, Illinois

Monday, May 14, 1990

10:30-11:45 a.m.

Panelists:

James Perry, *Staff Member, The Washington Community Violence Prevention Program, Washington, D.C.*

Bobby Heard, *Statewide Youth Coordinator for the Texans' War on Drugs, San Antonio, Texas*

Donnell Wyche, *Student in the "I Have a Dream" Foundation Program, Washington, D.C.*

Shannon Sullivan, *"Just Say No" Foundation, Los Angeles, California*

Panelists shared their perspectives on how anti-drug efforts can best be tailored to reach young people, highlighting specific approaches that effectively reinforce drug-free lifestyles.

John E. Mayer

Before introducing the young panelists, Mr. Mayer briefly spoke of the need for all to adopt a cooperative spirit and to learn to communicate more effectively with one another. He also emphasized the importance of creatively and aggressively mobilizing families and extended family units as resource partners in delivering positive lifestyle messages.

During an all-panel discussion of necessary ingredients for successful drug awareness programs, Mr. Mayer decried the "one-shot approach" of having entertainers and sports figures put on shows against drugs, because young people cannot relate to the celebrity's world but can relate to their classmates and friends on the block.

Successful community efforts against drugs and alcohol include painting over billboards that advertise liquor. Some people, like the clothing store owner who put up a sign over his store saying, "I don't want any more drug money," are no longer giving indirect, passive support to the drug trade.

James Perry

A young man whose heavy involvement in drugs led him to be shot and permanently confined to a wheelchair, Mr. Perry now counsels junior high school students in Washington, D.C. Working in a Washington

Hospital Center program, he visits people in youth detention centers where he tells his story and gives counsel to those already involved and in trouble with drugs.

In answer to a question from the moderator about the roadblocks for State and local drug program administrators, Mr. Perry said that an important roadblock consists of people in the community who choose not to get involved in the fight against drugs. Neighborhood Watch organizations are examples of strong community involvement, but more public service announcements about drugs are needed, he said. The programs in which he participates provide powerful images against drugs by showing slides of victims of drug wars and alcohol-related accidents.

Ex-abusers like himself can bring "a piece of reality" to young people and counteract the financial temptations to deal in drugs. Pointing to his wheelchair, he said his own experience shows that the price of selling drugs is too high to pay.

Bobby Heard

A junior at the University of Texas at Austin who has long been active in the fight against drugs, Mr. Heard said the 1980's saw a clear shift in the attitude of youth toward drugs. Before 1980 peer pressure kept young people from admitting they did not use drugs or alcohol; now young people exert positive peer pressure to keep their friends free of these substances. He called attention to an inner city Oakland, California, school which formed the first "Just Say No" club in the country. The message, he said, is that "you

don't have to use drugs or alcohol to be cool and popular." He spoke of formalized youth networks in Colorado, Texas, California, and elsewhere where young people use their power to change attitudes among their peers. The Nation's new heroes, he said, are the youth that have never used drugs or alcohol.

During the question and answer session, Mr. Heard noted that one obstacle to successful drug prevention programs is the lack of a clear, unified message against drugs and alcohol. Some parents, for instance, accept alcohol if it is used responsibly. This is an ambiguous message that confuses children. He urged that communities express total intolerance to drugs and alcohol.

It is also important not to send the wrong messages. Ex-abusers, if they are famous, can make \$10,000 a day telling about their experiences, yet successful programs must involve ordinary young people communicating with others like themselves. Student support groups must help keep rehabilitated drug users from reverting to drugs. The groups need to reinforce the message that young people can have fun without drugs.

He noted that alcohol is still the number one problem, especially since the alcohol industry now actively markets to teenagers. To counteract this, Texas young people are successfully mounting campaigns against liquor ads that target the young and, through the Texas Youth in Action program, are being trained in ways to make their sentiments known and accepted.

Donnell Wyche

High school student Donnell Wyche was one of the 63 graduating sixth graders who were offered a free college education from the "I Have a Dream" Foundation. Mr. Wyche is actively involved in the Alpha Omega Association of young black men who are finding alternatives to the street. Visits to colleges and other activities help them concentrate on achieving future-oriented goals.

Echoing the sentiments of others on the panel, Mr. Wyche cited the advantage of "real peers," as opposed to celebrities, in influencing young people. Real peers can tell students things that will "leave a footprint" on them. Mentors, too, can help by watching, observing, and guiding when young persons start to stray.

During the question and answer session, Mr. Wyche stressed the importance of will rather than money as success factors for operating drug prevention programs. He said parents and teachers should say more than "Don't do drugs!" They need to say why drugs are harmful to body and mind.

He raised the issue of money in another context as well—that of a society that overvalues appearance and what money can buy. The temptation for young people to get involved in drugs is very strong, particularly when a youthful drug seller can make \$50 in 5 minutes to buy designer jeans and other items that denote success and promote acceptance.

Shannon Sullivan

Ms. Sullivan stated her strong belief that one can have great high school and college years without drugs. Since seventh grade, she has been very active in the "Just Say No" Foundation, which, as a school club, provides many activities for students who want to keep their peers from using drugs and alcohol. The clubs sponsor annual rallies at the Rose Bowl, community service projects to help others set up programs, and many other positive activities that elicit enthusiastic student participation. The involvement of principal, parents, and the community is an important factor to successful "Just Say No" programs.

During the question-and-answer period, Ms. Sullivan noted that the lack of funds is not necessarily an obstacle to fighting drugs—citing the "Just Say No" program as one that operates successfully without funds. The indifferent attitude of some teachers and students is a greater obstacle, she said.

Workshop

Elements in Developing a Statewide Drug Strategy

Moderator:

W. Carey Edwards
*Former Attorney General,
State of New Jersey*

*Monday, May 14, 1990
10:30-11:45 a.m.*

Panelists:

Robert P. Casey, *Governor, Commonwealth of Pennsylvania*

Mike Hayden, *Governor, State of Kansas*

Edward D. DiPrete, *Governor, State of Rhode Island*

Steven M. Duncan, *Assistant Secretary for Reserve Affairs, Coordinator for Drug Enforcement
Policy and Support, U.S. Department of Defense, Washington, D.C.*

The panelists discussed components essential to a well-planned and coordinated statewide anti-drug strategy, highlighting specific strategies that address the varying needs of individual States.

W. Carey Edwards

Mr. Edwards presented an overview of existing strategies and the importance of State and local governments in the Nation's overall anti-drug efforts. He noted the important distinction between "traditional" approaches such as tough drug laws that were enacted during the 1960's and 1970's and the "real solutions" that must become part of the overall effort to win the war on drugs.

During the past 20 years, there have been five or six so-called wars on drugs, which were never won, according to Mr. Edwards, because they were never fought. The reason those wars were unsuccessful is that the American people's belief in the solution to the drug problem was missing. The solution rests in the neighborhoods, and that means families must be involved in every phase of formulating and implementing an anti-drug strategy.

The key to family involvement is for the States to provide their citizens with more information about what they can do to help rid their communities of drugs and where they can go for help.

Mr. Edwards stressed that the answers to the drug problem do not rest with the Federal Government alone. In devising a truly national strategy, various Federal agencies need to coordinate their efforts at the State and local level.

Likewise, the States need to develop and implement a comprehensive anti-drug strategy; not just a number of interrelated programs operating independently. Many States have put the pieces together to form such a comprehensive strategy. Conference participants were urged to take those examples, build on their successes, and use them as a basis for developing more answers at the State and local level.

Robert P. Casey

In highlighting Pennsylvania's response to the need for a comprehensive approach to the drug problem, Governor Casey outlined the process that led to implementation of a statewide drug elimination plan, PENNFREE. The underlying principle of the PENNFREE program is the realization that drugs are a pervasive problem, affecting all areas of public concern—the family, social services, health care, homelessness, abused and neglected children, education, law enforcement, and criminal justice. Consequently, finding a solution to the drug problem presented an interconnected series of challenges, in all areas of public concern and at all levels.

To help understand what it would take to address the problem effectively, the Governor's office held a series of seven public hearings—in urban centers, affluent suburban communities, and rural areas. A videotape with excerpts from those public hearings was shown during the workshop. More than 250 witnesses, including youth, parents, educators, community leaders, law enforcement professionals, recovering addicts, social service and health care providers, and drug offenders, participated in those hearings. From those hearings came an understanding of the State's needs and priorities.

The PENNFREE proposal initially was met with skeptical concerns from all quarters—the General Assembly, the media, and the public. The problem was said to be too big and that there were too many economic incentives for drug dealers. However, a concerted effort during the early stages to enlist public involvement through public hearings and surveys assessing the scope of youth alcohol and drug abuse yielded a well-coordinated plan, resulting in a \$90 million appropriation for PENNFREE. The program called for money for law enforcement; drug prevention education for kindergarten through 12th grade; programs that allow drug abusing parents and their children to stay together, even during long-term residential treatment; and expanded medical assistance for the poor in residential treatment settings.

Mike Hayden

According to Governor Hayden, Kansas' comprehensive drug elimination plan embodies a common sense, no nonsense approach resulting in 75 percent of the State's anti-drug budget being earmarked for prevention, education, and treatment to reduce the demand for alcohol and other substances. The remaining 25 percent is for law enforcement efforts, including supply reduction. Although this funding split may not be appropriate in all States, it represents the needs and priorities developed through local and State assessment of the substance abuse problem.

Among the State plan's essential elements is the creation of a special office of alcohol and substance abuse within the Governor's office to send a message at the highest level that the administration is serious about addressing the problem. Another is an inter-agency task force to coordinate statewide efforts, set budget priorities, and help establish a comprehensive program.

As an example of the State's no nonsense approach, the first step undertaken was to ban all tobacco products from school property, because nicotine usually is the first addictive drug encountered by youth.

A comprehensive drug education program begins in the schools. Teachers undergo intensive training about how to spot and deal with drug use on campus, but it requires involvement by the principals and the parents, as well.

Effective prevention strategies include dividing the State into regions to tailor treatment and prevention programs to meet the needs of particular segments of the population (urban, rural, Indian reservation). The family and cultural perspectives are essential in such efforts. The key is for parents and children to work together toward a solution.

Efforts to create drug-free workplaces began with drug testing of State employees to set the right example at the highest level. Such a drug testing program should ensure the confidentiality of the employees. The first response to detected substance abuse should be treatment, not arrest and prosecution.

Other initiatives include tougher DUI (driving under the influence) laws and support for law enforcement agencies, especially at the local level. The State provided funds in the form of grants to 25 local law enforcement agencies which had more arrests in a year than the other 300 localities combined. Although the State can provide the latest technology and laboratory equipment, local discretion is built into the design of these programs. The localities are held accountable for meeting the State's expectations.

Edward D. DiPrete

Rhode Island's \$13 million statewide substance abuse plan focuses on alcohol as well as other drugs, with 77 percent of anti-drug funding targeted toward prevention education and treatment, according to Governor DiPrete.

The 2-year plan stresses that a long-range drug education program will have a longer-term impact. This component recognizes the need to provide parents, teachers, civic groups, the business community, and children with information that will help

prevent drug abuse. Initiatives aimed at preventing youth drug abuse include after-school programs and special summer jobs programs. Beginning in 1991, all third-grade students will be asked to take a pledge that they will stay in school and stay off drugs. Economically disadvantaged youth who keep this pledge will receive free college tuition or job training after graduating from high school.

To expand treatment for substance abusers, the plan would exempt treatment facilities from local zoning laws. Prospective locations would be subject instead to approval by a State siting review committee. Corporate tax incentives would be offered to encourage the development of more private treatment centers.

The State's strategy also includes a commitment to crack down on drug users, as well as the dealers. The 3-year statute of limitations for prosecuting serious drug offenses will be lifted. Juveniles will be tried in adult courts for second offenses involving serious drug crimes. Stiffer penalties would be imposed for drug offenses committed in drug-free school zones. The State's drunk-driving law will be amended to eliminate blood-alcohol level as the primary standard

for conviction. This would make it easier to prosecute those who refuse breath tests.

Steven M. Duncan

Because preventing the importation and trafficking of drugs is a national security priority, Mr. Duncan noted that the Department of Defense has available \$40 million that can be used for interdiction and law enforcement programs. States can request these funds to help implement their anti-drug strategies. The Federal Government analyzes State plans to ensure that they meet certain legal requirements and that they are consistent with national anti-drug objectives.

The National Guard also can help States coordinate their anti-drug efforts and augment available resources. Although the Guard cannot act as a bank for the States, it can provide loans, equipment, and training for law enforcement agencies.

The National Guard's coordination efforts can be tailored to meet the States' specific needs. In Pennsylvania, for example, the National Guard provides personnel and equipment to help detect drugs at customs checkpoints and other points of entry and conducts aerial surveillance of suspected drug smugglers.

Lunch With Governor Michael N. Castle

Address:

Michael N. Castle
Governor,
State of Delaware

Monday, May 14, 1990
12 noon-1:30 p.m.

Presiding:

Lanny Griffith, Jr., *Special Assistant to the President for Intergovernmental Affairs, Washington, D.C.*

Michael N. Castle

Good afternoon. It is an honor to be speaking to so many dedicated people about the problem that all of us have been spending so much of our time and our constituents' resources on—drug abuse and drug trafficking. I think many of you here today would agree that although we have come some distance since this crusade began, we have a far greater distance to go.

I do not stand before you as an expert—many of you know the statistics and the nuts and bolts of the specific problems and programs we are dealing with across our country better than I do. But as Delaware's chief executive officer for the past 6 years, I have had the responsibility to administer and enforce our anti-drug policies and programs. Although probably not to the extent or depth of some of you, I have seen the epidemic that we are fighting and I have seen the toll that it is taking on our people, our families, and on our coworkers. I have seen enough to know that this is the supreme challenge to our generation of State and local leaders. I have seen enough to know that we must win all the battles we can in this ongoing war.

So, I will start today by recounting some of the successes we in the United States have had. Then, I will talk about some of the things that we must begin doing now to ultimately be successful in ridding our country of drugs. Finally, in closing, let me speak briefly of the tough responsibilities we all have in fighting this war.

Before talking of our successes in the drug war, let me make a few preliminary points.

First, when Lieutenant Governor Dale Wolf and I speak of drugs, and when we formulate policy in Delaware, we try to incorporate the role of alcohol

vis-à-vis prohibited drugs. We think it is simply shortsighted to declare war on illegal drugs and then to ignore either that alcohol is the single most abused drug in our society with enormous misery and stupendous social cost for our people, or that many people involved with illegal drugs may also have extensive problems with alcohol. In taking this position, we stand with the vast majority of the States. In my judgement, Congress would be well served to better comprehend this and to integrate it into programmatic application.

Second, the States with successful programs do not spend time debating whether it is better to attack supply and not demand or vice versa. Similarly, they do not debate whether prevention and education, treatment and rehabilitation, or law enforcement is the best way to go. The drug scourge is too deep-seated and pervasive; and, as I will discuss later, we have had so little time to evaluate which approaches are superior, that we must be as comprehensive as possible. We must use all of these approaches, and we must target people from all stations in life, people of every lifestyle and in every neighborhood, rich and poor, urban, suburban, and rural.

A common thread in the States, which are beginning to turn the tide in the drug war, is support of a comprehensive prevention and education effort. Common sense tells us that it is cheaper and easier to mold the attitudes and habits of nonusers than it is to wean and reform the addict. It is equally clear that all our babies should be born of healthy mothers, should be well nourished, should be cared for in safe, sanitary, and developmentally sound situations; that our students should receive comprehensive health and drug education; and that our families should be strong enough to be an adequate source of support and nurture for each member.

To that end, most States have substantially increased efforts to provide prenatal care, child care, drug education, health and wellness programs, counseling, and support for families and individuals at risk.

In the schools, President Bush and the Governors believe that we have set an important process in motion by declaring one of our national education goals to be that every school in the Nation will be drug free by the year 2000.

I am happy to report that many of us have made substantial strides in that direction. Massachusetts, Maryland, Georgia, Michigan, North Carolina, and several other States, including my own, are implementing drug education and uniform discipline policies throughout the education system. Many, including Ohio and Nebraska, have noteworthy programs focused on their at-risk children.

Virtually all States now have laws that provide particularly harsh penalties for selling or possessing saleable quantities of drugs in and around schools and for involving our youngest people in trafficking.

Several States are working with private industry leaders and employee groups to see that private and public drug testing programs are fair; that the results are valid; that the testing program maximizes the chances that the employees will be rehabilitated; and that the consumer and the public will more safely and efficiently be served.

We build on this in Delaware by sending job counselors into the schools to teach that employers expect drug-free workers and to tell our students that employers are so opposed to drug use that they test before they hire. Those of us who are pursuing this particular initiative think that we are doing everyone a service—the students, the employers, and the public.

We know sadly that prevention and education won't reach everyone. Many—far too many—are already mired in the swamp of addiction. There are particular target populations where, if we reach them with the appropriate strategy, we can have substantial impact to benefit both the addict and society.

Here, I think particularly of pregnant women, addicted babies, intravenous drug users, those under criminal justice jurisdiction, the indigent, and children

at risk. When we do reach people in these and similar groups, we not only have a good chance to improve their lives and the likelihood that they will become productive citizens; but, in the case of most of them, we cut short a cost spiral for treatment, law enforcement, and incarceration that already threatens to bankrupt us.

Two approaches to reversing the debilitating effects of drug addiction which have recently caught my attention are the Treatment Alternative to Street Crime program (TASC) and the Georgia Street Teams.

In the Treatment Alternative to Street Crime program, the carrot of treatment is combined with the stick of threatened incarceration, inducing criminals motivated by drug dependency to proceed in treatment. They have the opportunity to grow away from drugs, and the load of the overburdened criminal justice system is lightened. In the Georgia Street Teams program, former addicts, trained to work with those still addicted, move through neighborhoods where the incidence of drug use is high. They make AIDS prevention information directly available and speak as only peers can, to make rehabilitation seem both desirable and attainable.

Like many of you, I have the duty to enforce the laws of my jurisdiction. Our States are becoming increasingly creative in attacking drugs from this perspective. In addition to the drug-free zones around schools, some States, including Washington, are expanding the zones to include other places where children gather and dealers flock to prey on them. In Tennessee and Arkansas, portable pagers and the like are banned from school areas. A few of us visit particularly severe punishment on those who employ young people as accomplices in drug crimes.

In New Jersey and Delaware, we want to strongly discourage the casual user. So, in New Jersey, possession of small quantities of illegal drugs causes you to lose your driver's license. In Delaware, possession of as little as 5 grams of various narcotics puts you in jail for 3 years—no "ifs," "ands," or plea bargains.

Seventeen States tax persons in possession of controlled substances without authorization. Others exact a sales or use tax for the transfer of illegal drugs.

A number of States have enacted ways to speed the eviction from public housing of tenants who are drug

dealers. Others, including Connecticut and Virginia, are developing management tools to obtain and ensure drug-free accommodations.

Many of us have gone after the fruits of drug trading with enhanced forfeiture and seizure laws, and we are keeping up with the increasing sophistication of criminal organizations with updated surveillance laws, bail reform, witness immunity, racketeering, and sentencing statutes.

So, at many levels in this Nation, we really have made progress in the war on drugs. The programs I have cited, and many more I am sure, are working. Why then do statistics and surveys show no slowdown in drug availability and usage? Why are the people of this country more concerned about drugs than any other issue? Why is the violence and mayhem in this country related to drugs at an all-time high?

Just last week we heard that 1 person out of every 100 in this country is a hard-core cocaine user—1 of every 40 in New York City! If we couple this with a 1989 survey of high school seniors in which many of them said that crack and cocaine were more available now than in the past, we know that we have neither stemmed the flow nor sufficiently stifled demand.

It is clear that we need to reassess where we are today and change gears if we are going to have the dramatic impact on drug usage and addiction which we all desire. The panacea of recent years—throwing more money at the problem—probably is not a viable alternative. We are already spending a heck of a lot of resources on our effort.

In fiscal year 1988, the last year for which we were able to locate complete data, the States spent \$1 billion; the cities and counties spent a little less; and the Federal Government spent about \$400 million. The numbers for fiscal years 1989 and 1990 are undoubtedly higher. And the economic slowdown is affecting almost all of us and will impact the battles we wage against drugs. The recent fiscal survey of the States indicates that growth in State budgets around the country will be average at best, with several significant regions showing no growth or negative growth. It also appears clear that we ought not expect much new money in the Federal pipeline.

Whether we have more dollars for programs or not, what can we do differently and better than we are doing today? I have three recommendations:

First, we have to develop processes to aid us in determining exactly what programs do work. Simply put, we must closely evaluate our efforts. Second, we need to have the political will and flexibility to adapt and then adopt the programs that do work, within our own jurisdictions. And third, we cannot waste time arguing over turf—something I believe we all understand.

Starting with the evaluation point, to figure out what works will take time and money; but where the stakes are so high in lives and resources, we must pay the price and make the effort.

Given this, it is simply not enough to throw treatment services at everyone who seems to need it. We must know that the treatment was effective. Did the person remain drug-free for 6 hours—6 months—or 6 years?

Is the person seeking treatment ready and able to benefit, or is he just using it to delay unhappy consequences? Can we tell?

Are there better or worse times in a person's life to offer treatment?

What kind and what intensity of treatment program works and for whom?

I recently participated in a National Governors' Association hearing where the significance of program evaluation was clearly demonstrated. In a series of interviews with six recovering drug addicts, one fact stood out from all others. They all shared the same reason for becoming involved with drugs. And the reason, pure and simple, was economics. They all began as mules, making money by running drugs. Gradually they began to use the products they were distributing, became addicts, and then after years of abuse, they realized that the physical price they were paying was just too much. Through evaluations like this, we can dig out root causes for drug use, like economics, and further explore them. It is only through processes like this that we can determine actual motivations.

In short, we must make certain that all of our programs have an unbiased analysis component so that we can, from the thousands of existing programs, determine the successful and the failed.

When we have honestly and thoroughly evaluated our existing drug programs, we must move to adopt the best of the programs to aid in our own individual situations. I am not suggesting a cookie-cutter approach to the problem, but I am saying that we should identify the key elements of successful programs and then match them with our unique circumstances.

Let me give you an example of what I mean from another field. Jaime Escalante, the Hispanic teacher who was such an inspiration teaching mostly Hispanic students calculus in East Los Angeles that he was immortalized in a movie, "Stand And Deliver," came to Delaware several weeks ago. His philosophy clearly came through and is universal—to convince each student that he or she is the best and can accomplish whatever they want.

He told us he puts his message in "Spanglish," a cross between English and Spanish that the teenagers in East Los Angeles speak. "I would never try that in the suburbs of Delaware," he said. "I would have to find out what works there."

The same rules apply to our programs. Find out what works and the essentials of why it works; factor in the differences among geography, cultures, drugs involved, economics, and other elements. After making those judgments with some degree of accuracy, we must move quickly to act on that information—to adjust or even to eliminate programs and procedures judged ineffective. We have neither the time nor the resources to continue programs that are in place simply for the sake of political gain.

Last, we have to concentrate on the drug war—not the turf war among ourselves. We must keep our attention on the common enemy, drugs; and not make the enemy any of us. It follows that we cannot be hamstrung by mandates, regulations, or guidelines that prevent us from searching for and employing what tools work for us with our institutions, people, and customs.

We all understand that the problems manifest themselves at the local level. But neither the problems, their effects, nor those who spread them, are confined by local boundaries.

We must maximize our effectiveness by focusing on a national strategy implemented by the States, either by coordinating with local agencies or by joining in regional compacts. Additionally there are some uniquely Federal responsibilities which cannot be ignored. America's worst economic problem is its worst social problem as well. Drugs are causing America's greatest trade imbalance. And only the Federal Government can deal with the problems abroad where much of the supply is generated, causing this imbalance. Foreign policy is the Federal Government's charge and so we must continue to encourage and support efforts in this area so that the scales will finally tip in our favor in this trade imbalance.

To determine what works will take commitment; to adapt successful programs to our own areas will take energy and creativity; and to set aside our boundaries and jurisdictions will take cooperation. But, where the stakes are so high in lives and resources, the price is an easy one to pay.

Let me note finally, it is essential that every American understand that this is more than a problem for users and addicts. Our entire country is weakened by the problem and all of us must be part of the solution. Our elected leaders must be free of drug addiction. And those who make, sell, or participate in advertising for those ridiculously overpriced basketball shoes and designer name clothes, must realize the close connection their products and services have to drugs and then alter their practices. Parents, educators, religious leaders, and community workers must be leaders in preventing youths from even being in the position of making decisions that might lead to drug usage. And we must raise our level of resolve to vanquish this nemesis at every level of American society.

I appreciate your consideration today and look forward to working with you in the future. As you go through this conference, remember that we have no choice but to beat this evil. We can beat it and we will beat it.

Thank you.

Workshop

Community Models for Responding to the Pregnant Substance Abuser

Moderator:

Ellen Hutchins

Social Work Consultant, Office of Maternal and Child Health, U.S. Department of Health and Human Services, Washington, D.C.

Monday, May 14, 1990

1:45-3:15 p.m.

Panelists:

William Atkins, *Director, Department of Alcohol and Substance Abuse, Springfield, Illinois*

Shirley D. Coletti, *President, Operation PAR, Inc., St. Petersburg, Florida*

Paul Marques, *Director, Drug Research Programs, Pregnant Adolescent Substance Abuse Program, National Public Services Research Institute, Landover, Maryland*

Betsey Smith, *Executive Director, Social Justice for Women, Boston, Massachusetts*

The panelists described model treatment programs for pregnant substance abusers and their infants, highlighting interagency coordination aspects of the programs.

Ellen Hutchins

As moderator of the workshop, Ms. Hutchins briefly described the importance of programs that serve substance-abusing mothers and their infants. Substance abuse treatment programs, coupled with prenatal medical care can reduce infant fatalities.

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) funds 156 projects in a 5-year cycle. ADAMHA-funded programs include training for service providers in early intervention strategies. Funds also are available to expand substance abuse education and treatment programs.

William Atkins

Mr. Atkins noted that the Illinois Department of Alcohol and Substance Abuse (DASA) focuses on family and youth treatment, prevention, and education. Funding for DASA comes from Federal block grants and State resources.

The key to DASA programs is a collaborative effort among multiple agencies to develop a continuum of care. More than 5,000 Illinois women abuse alcohol and other substances. Of that number, 15 percent seek or accept treatment from the various programs each year. An estimated 3,000 women need financial

assistance in availing themselves of those treatment services.

In addition to providing financial assistance, including Medicaid, to these women, the State attempts to eliminate other barriers to treatment. These barriers include displacement of children while the mother undergoes treatment, transportation problems, long waiting lists for treatment facilities, and staff shortages. The idea behind such an approach is that addressing the client's needs collectively gives treatment programs the best chance of success.

Measuring success requires the use of objective assessments. For example, in assessing two 3-year demonstration projects that allow children to stay with their mothers while the women are enrolled in treatment, one had a 79 percent success rate; the other an 81 percent success rate. Not only do those clients who stay clean and sober become productive citizens, they use fewer medical services such as Medicaid.

Such a continuum of care approach involves a prevention component that includes public education about the harmful effects of alcohol and drug abuse on the mother and her infant. This is primarily aimed at recipients of social and health services.

In addition to prevention education, there needs to be a coordination of services provided by all public assistance agencies, as well as through churches, schools, and the business community. Once the

mother is clean and sober, good prenatal care is needed to ensure the delivery of a healthy baby. Then, the clients need help in effective parenting through aftercare.

Shirley D. Coletti

Ms. Coletti described how her community-based organization, Operation PAR, Inc., obtained the funding and community support needed to expand from a day care center for substance abusing mothers to a program offering its clients comprehensive services.

The county government denied a funding request from Operation PAR, Inc., but agreed instead to donate 14 abandoned houses and a parcel of land adjacent to the organization's existing facilities. The county also agreed to pay for moving the houses to the granted land site. This was made possible because Operation PAR, Inc., was able to muster community, State, and Federal support for upgrading its program.

Once the houses had been relocated, they were in need of rehabilitation. Funding for that phase was obtained from the National Institute on Drug Abuse (NIDA), which provides grants to help rehabilitate residential drug treatment facilities that allow children to remain with their mothers. Operation PAR, Inc. applied for the NIDA grant in cooperation with the University of South Florida, which proposed to use the PAR Village program as a research project.

How did Ms. Coletti's organization get the community mobilized behind the PAR Village project? The first step was to gather some hard facts that could be used to build a case for the new therapeutic community. A drug use prevalence study, involving urine samples of pregnant women enrolled in prenatal care programs, was conducted. The study found that nearly 15 percent of those women, including those visiting public and private clinics, tested positive for substances—cocaine, marijuana, opiates, and alcohol. That information was an essential element in explaining the need for a comprehensive treatment program in the community.

Crucial to continued support for PAR Village is a research component that provides an objective assessment of the comprehensive treatment program. An interdisciplinary team, with representatives from all fields related to maternal intervention—social services, health care, etc.—continually monitors how

effectively the clients' needs are met and the coordination of services. Research grant funds are used to pay part of the team members' salaries.

Faul Marques

Mr. Marques explained the importance of objective measures of the effectiveness of programs to identify and treat pregnant substance abusers.

What treatment options work? What kinds of assessment tools can help determine what works? Urine tests, while a common method used to detect drug use, are a "hit-and-miss" way of evaluating the long-term effects of treatment programs, according to Mr. Marques. Urine tests, however, are well suited as screening mechanisms that rely on a "window of surveillance." Other evaluation methods are needed to assess treatment options in terms of their "lifestyle carryover."

One method used to detect long-term drug use is analysis of hair samples. This method can be useful in determining drug use during pregnancy. Knowing the extent of drug use during gestation is useful in setting up appropriate treatment options for the pregnant woman, as well as her infant.

The ability to detect drug use over time also provides researchers an objective measure of whether a treatment program has been effective in keeping a client off drugs.

Betsey Smith

Ms. Smith stressed the need to provide a full range of in-prison treatment, counseling, and other services to pregnant addicts in conflict with the law. She noted that treatment services and prenatal care are less available to poor and minority women, who comprise the majority of women in prison, than to other segments of the population.

These women also have a higher incidence of health problems, which are compounded by prison life, with its crowded conditions and shortage of medical facilities and staff. To help these women obtain the services they need, effective intervention and treatment may also include alternatives to incarceration. Ms. Smith cited Houston House in Boston as an example of successful efforts to coordinate services to women in conflict with the law. Houston House provides substance abuse treatment, perinatal care, family counselling, financial management, GED

testing, and resettlement services to incarcerated pregnant women. Houston House recently received a Point of Light Award from the White House.

The chronic health problems of pregnant incarcerated women also impact on their fetuses and infants. The children of addicts are born addicted themselves, and many are infected with the AIDS virus through their mothers.

Consequently, it is crucial to determine whether a woman is pregnant and to detect substance abuse within 48 hours of entering prison so that early

intervention can be accomplished. In addition to drug treatment, the woman needs to obtain prenatal, maternity, and postpartum care services.

Because the incarcerated mother is separated from her child until released from prison, there also is a need for counseling, building parenting skills, and other services. These after-release services can help break the cycle of substance abuse and crime and can capitalize on the woman's motivation to become a responsible mother and care for her children.

Workshop

Solutions to Court Docket Overcrowding

Moderator:

Judge Joan White

*Fellow, The National Center for State Courts,
Williamsburg, Virginia*

Monday, May 14, 1990

1:45-3:15 p.m.

Panelists:

Chief Judge George Nicola, *The Expedited Drug Case Management Program, Middlesex County, New Jersey*

Judge Dalton D. Roberson, *Executive Chief Judge for Wayne County Court System, Detroit, Michigan*

George Gish, *Court Administrator/Court Clerk, The Differentiated Case Management Project, Detroit, Michigan*

Judge Robert Foley, *The Comprehensive Adjudication of Drug Arrestees, San Jose, California*

The panelists described components of their programs that have been effective in alleviating court docket overcrowding.

Judge Joan White

Judge White introduced the panelists and noted that more effective law enforcement in the war on drugs has resulted in overcrowding of court calendars.

Judge George Nicola

Judge Nicola painted a picture of the conditions that led to the crowding of court dockets. Beginning in 1986, New Jersey was experiencing a full-scale drug war. The Governor urged that communities become partners in dealing with the problem, and the District Attorney asked for more aggressive law enforcement. As a result, the number of drug cases doubled, as did the jail population. Even though New Jersey had some good, speedy procedures for clearing court dockets, a backlog of cases built up. This was bad not only for the courts but also for law enforcement, because it sent a message that criminals could continue breaking the law and still not go to jail.

In the face of this situation, Middlesex County set two goals: to process and punish the guilty and to treat the treatable. The first goal drives the adjudicatory component of the county's plan. The county has adopted differentiated case management techniques that set cases on one of two tracks, each with its own delay-reduction techniques, procedures, time goals, sanctions, and priorities.

Track A cases involve statute mandates, kingpin sales, sales in schools, and other serious offenses. Track B cases involve the drug users, minor sales, and first offenders. The prosecutor decides if a case should follow Track A or Track B.

Within 5 working days after a case is placed on the docket, a conference must take place before Judge Nicola. Participants in the conference are the public defender, the prosecutor, and the probation officer. This is where plea bargaining takes place. If the defendant sees that the suggested plea is acceptable, he or she can take it. If treatment is chosen, it, too, can be implemented directly.

Of the 218 cases that came out of New Brunswick during the first 4 months of 1990, 56 percent went to Track A and 44 percent to Track B. Most Track B cases took only 9.6 calendar days instead of the normal 250 days. This program was implemented in New Brunswick in the spring of 1990 and will be expanded to other towns after the treatment component starts.

The community-based treatment component takes advantage of "people power"—ministers, rabbis, university staff, industry, and police. Judge Nicola brought these people together so they could offer the jobs, opportunities for performing community service, and treatment programs that offenders need. Special subcommittees—for restitution and job placement, for instance—carried on the task. Judge Nicola noted that the group's members were litigation-sensitive and were successful in getting legisla-

tion passed to exempt programs from some forms of liability.

They also developed the critical monitoring system that ensures that offenders in treatment show up for work, treatment, counseling, or community service.

During the question period, Judge Nicola spoke of the need to have adequate financial resources for treatment. He said a better question than "How many people do you lock up?" is "How many people do you successfully treat?"

Judge Dalton D. Roberson

Judge Roberson called attention to the toughness of courts in his jurisdiction. Persons convicted of drug offenses can lose their licenses, cars, money, and jewelry, yet the courts are in crisis because the legislature that passed laws toughening enforcement and sanctions for drug offenses also cut court budgets.

A related problem is the lack of resources for treatment. Judge Roberson spoke of a "cottage industry" consisting of young men—some not addicted to drugs—who stand in line at treatment centers so they can sell their places to others who do need treatment. Some people are being sent to jail because treatment slots are not available.

In response to a question from the audience, Judge Roberson agreed that the courts have an obligation to develop more treatment slots. Otherwise, the prison system will be used for people who don't need to be there.

George Gish

Mr. Gish provided details, with overhead charts, of Detroit's Differential Case Management Project for clearing court dockets. The procedures ensure that each case gets its appropriate level of attention. While drug users who are first offenders, for instance, get the same proportion of time in court as before, that time is condensed. Many cases go before the judge the same day the pre-sentence report is received.

A study of 231 cases to come before the court under the new project showed that cases were adjudicated in an average of 26 days each instead of the normal 88. Judge Roberson pointed out that this success rate is predicated on understanding how the whole criminal justice system operates—with the court acting as coordinator. If the court is the bottleneck, the whole system fails. Detroit's successful system is threatened, however, by cutbacks in funding.

Judge Robert Foley

Judge Foley said that Santa Clara County is frequently called the PCP capital of the world. In designing a system to reduce prison crowding and calendar congestion, officials looked at five areas of concern, which became component parts of the Comprehensive Adjudication of Drug Arrestees system:

1. The inability of forensic laboratories to respond in a reasonable amount of time.
2. The need to speed up eligibility determination for diversion.
3. The need for a specialized drug court to reduce backlog and the number of appearances.
4. The need to develop treatment resources. An example of new programs developed is the JET program, which provides intensive 90-day treatment. Treatment is expensive but popular.
5. The need for rational justice planning. Detroit was able to establish a management team with representatives from every criminal justice agency. The group meets monthly and shares a common understanding that the war on drugs is a long war. The group sees to it that the first casualty is not the courts.

During the question period, Judge Foley noted the disadvantages faced by courts that are merely *reactive*, because a reactive process is too slow. He said courts should be innovative and should plan ahead, *anticipating* problems rather than reacting to them.

Workshop

Implementing Programs for the Drug-Using Juvenile Offender

Moderator:

Terrence S. Donahue

*Office of Juvenile Justice and Delinquency Prevention,
U.S. Department of Justice, Washington, D.C.*

Monday, May 14, 1990

1:45-3:15 p.m.

Panelists:

Ernesto Garcia, *Director of Juvenile Court Services, Phoenix, Arizona*

David Brenna, *Program Administrator, Division of Juvenile Rehabilitation, State of Washington, Olympia, Washington*

Hunter Hurst, *Director, National Center for Juvenile Justice, Pittsburgh, Pennsylvania*

Naya Arbiter, *Director of Programs, Amity, Inc., Tucson, Arizona*

The panelists discussed the implementation of programs designed to rehabilitate substance abusing incarcerated youth.

Terrence S. Donahue

Mr. Donahue introduced the panelists and provided an overview of Department of Justice Programs for juvenile offenders.

Ernesto Garcia

Mr. Garcia said he provides a program in Cook County in conjunction with a community agency called Treatment Alternatives to Street Crime (TASC), which is the juvenile portion of the national Drug Use Forecasting project. TASC performs urinalysis testing on every arrested juvenile in the Maricopa County Juvenile Court Center—4,000 last year. They test for five drugs, including alcohol, at a cost of \$146,000 a year.

The goals are to obtain drug use and nondrug use information for use by parents, probation officers, hearing officers, defense attorneys, and significant others. The youth are asked to fill out a questionnaire and provide a urine sample. If they do that, the parents, lawyer, probation officer, or counselor are given a copy of the report. Drug use is a problem for everybody—as many upper class kids use drugs as lower class kids; as many Caucasian as black and brown; as many educated as uneducated come to the detention facility. Half the youth detained in the facility in the last 18 months test positive.

There are two important outcomes of the project.

Probation officers have been enlightened about who is using drugs and who is not. Another finding reveals that although kids know the program supplies results to parents, probation officers, and attorneys, 93 percent of the kids volunteer to take the test. Parents are frequently shocked by the frequency of use and the polydrug use, and the age at which they start. This program has the best potential of any in terms of research, according to Mr. Garcia; they hope to follow these kids for 5 to 15 years, into adulthood.

They have treated 4,000 young people at a cost of \$525,000. Mr. Garcia said that at \$130 a kid, it is relatively inexpensive. Some are in the program for 12 to 14 weeks.

Kids do drugs simply because they want to feel good, he continued. There are no deep psychological reasons for drug use. But most kids are scared by using; for many reasons their lives are out of control—they can't sleep or eat. The key to checking juvenile drug abuse is getting competent professionals to work with the kids to find alternatives to make them feel good. Coercion is absolutely necessary. The power of the court can force kids into treatment. Voluntary clients in the TASC program don't do as well in terms of staying off drugs as the kids who are ordered there. The toughest task is getting parents into programs with their children—especially parents who are drug users themselves. The kids who do best are those whose parents get involved in the program.

Mr. Garcia stressed that all the players in drug treatment must talk, and the treatment turf must be divided up; not everyone is good at everything. The police are good with third to fifth grade kids; the treaters do a tremendous job with high school kids; probation officers do a good job with seventh through ninth graders. People just have to decide what piece of turf they are best at.

Stopping the kids from using drugs is a lot different than winning the war out in the streets, said Mr. Garcia. Kids can and will change their drug use if you get them with caring and professional people.

David Brenna

In the late 1970's, Washington State decided to invest some effort in substance abuse, said Mr. Brenna. A large contract was let for treatment services in five major institutions and for a community-based residential program. After a year and a half, the contract was pulled. In 1983, a task force looked into the need and the effort already expended and reported an alarming finding. In a random sample of juveniles, 67 percent were chemically dependent and another 20 percent were seriously involved. The task force made a series of recommendations and in 1985 implemented a full range of integrated services in the State's juvenile justice system. The programs are an integral part of the juvenile justice operation.

The first component is continuous assessment. At 18 diagnostic centers, assessments are conducted with the aid of a psychometric instrument. Another component is education, including a school-based curriculum, "Here's Looking At You." Case management, another component, remains the responsibility of the specialized staff of chemical dependency coordinators. They provide direct services and use others from a variety of outside organizations, including Alcoholics Anonymous and Narcotics Anonymous. The multifaceted Exodus program has been very important and was modeled after a Hazelden program. The Division of Juvenile Rehabilitation converted a cottage, provided interim training for staff, got State certification, and devised a new 60-day program. It was so successful that the program was expanded in 1988. One is a 30-day community-based program for juvenile courts and one is the original Exodus program in a secure institution. Aftercare remains a problem, said Mr. Brenna. There are 12 community-based small programs statewide where

young people can go after intensive treatment and receive drug and breathalyzer testing. In 1989, the Division of Juvenile Rehabilitation received additional State funding, which it passed on to the county to replicate some treatment components in local detention facilities.

The integrated service model is very important and is a juvenile justice responsibility because of a direct correlation between substance abuse and criminal recidivism, said Mr. Brenna. Substance abuse programs are viewed by staff as the most important with the client population. The service delivery approach of the integrated model has paid off.

According to Mr. Brenna, the juvenile justice system should be on the frontline of the war against drugs because that is where prevention activities can occur. Prevention is the front end of a much larger issue—the adult criminal population.

Hunter Hurst

Mr. Hurst agreed with Mr. Garcia that kids do drugs to feel good and added that adults do drugs for the same reasons. Kids also do drugs to try to belong, relieve boredom, diminish stress, and punish others in their lives. Some keep on using to avoid withdrawal symptoms. Consequently, he said, we need to entertain all approaches to prevent and control this problem and encourage innovation.

Among the things not to do when structuring programs is to assume that those who are drug dependent will come looking for treatment, cautioned Mr. Hurst. This has been a basic disagreement among some people. There is evidence to show that if you are dependent you are not dependable—you could be too spaced out to find help. Only 20 States have explicit statutes enabling courts to direct parents to participate in treatment; for the kids to have a chance, this is vital. The lack of funding makes it difficult to provide treatment. Don't assume that the treatment community and the criminal justice community will see eye to eye soon.

It can't be assumed that lawmakers will appropriate money and provide well-trained staff to conduct programs, so private resources must be tapped. Public contributions to drug treatment programs in fiscal year 1988 totaled \$2.5 million. The combined private contributions were \$15 million.

Mr. Hurst also noted that the medical profession is not prepared by training or interest to contribute much to juvenile treatment. Unfortunately much of the resources available to pay for treatment is restricted to those actively engaged in delivering the services. The justice system has known for a long time that alcohol and drug use have similar underlying dynamics that result in the impulsive behavior that results in crime, yet has done nothing to inform itself about the prevalence of the phenomena among the population it serves, continued Mr. Hurst.

Although recent efforts at drug testing ought to be commended, said Mr. Hurst, they are really not a solution. Sooner or later testing can only be applied to those who are incarcerated and does not measure the level of use. The Office of Juvenile Justice and Delinquency Prevention is sponsoring a short screening instrument for intake to alert the receiving agent to the part of the population that may need complete assessment, he noted.

Naya Arbiter

Ms. Arbiter noted that Arizona has the fourth highest cocaine addiction rate in the country, the fourth highest high school dropout rate, and is number one for drug importation. One-fourth of all arrests are adolescents, yet—youthful offenders are treated like toxic waste, once in the system they're shuffled around and around. They're toxic in terms of their drug use, in terms of gang participation. They're put away out of sight and mind and then put right back out to continue the cycle. They are called incorrigible, and they graduate to being addicts and prostitutes. Nobody wants them; nobody wants to pay for helping them change. We seem to be more interested in spending \$27 million on the crime dog, said Ms. Arbiter, than on these kids. Corrections can stop people but not change them; treatment can change people but not necessarily stop them.

To really address the problems of youngsters today, said Ms. Arbiter, we must broaden our commitment to unreachable populations. When Amity designs programs, cultural sensitivity is critically important to

understanding people's background. Include the child who has grown up in an institution. That's a whole different culture.

When Amity started designing its present project, the staff realized that it can't work with a quick fix mentality. Some younger people did not bond—children who are drug-impaired do not bond. Consequently, Amity decided to work through corrections to reach these youngsters because the kids were more secure in the institutions. Often they had been there longer than anywhere else. Amity held cross training for correctional officers and treatment staff. Starting with isolated units in two institutions, Amity tried to get youngsters to buy into the notion of treatment. In the adult jail project, of the 360 that went through their program, 200 asked for continued treatment. Amity wants people to stay with them for 1 1/2 to 3 years.

Amity first works with offenders in the institution for 1 to 6 months. When the adolescents move from the institution to the Amity facility, the staff moves with them to help with the transition. The youth stay in the residential therapeutic community for up to 1 1/2 years; then they move on again with staff to transition homes. Amity staff track youngsters for 7 to 8 years, operating as teachers rather than therapists; some act as role models and some are college-educated therapists.

Although Amity emphasizes reunification with parents, in many cases there is no way to reunify or replace the family of origin. Amity does not try to become the family even though there often is no home for kids to go back to. The staff teach youngsters community building skills; they talk in terms of growing up rather than focusing on the fact that there's something eternally wrong with them.

Ms. Arbiter feels strongly that we must close as many gaps in the system as possible. She doesn't think we can afford the pressures we have between corrections, treatment, and mental health. Our prejudices have been very expensive.

Workshop

Fighting Back: Innovative Approaches for Community Activism

Moderator:

Richard Kelly

*Allen County Superior Court,
Fort Wayne, Indiana*

Monday, May 14, 1990

1:45–3:15 p.m.

Panelists:

Georgette Watson, *Founder, Drop-a-Dime Program, Boston, Massachusetts*

Reverend George Clements, *Holy Angels Catholic Church, Chicago, Illinois*

Jack Calhoun, *Executive Director, National Crime Prevention Council, Washington, D.C.*

Brad Gates, *Sheriff-Coroner, Orange County, California*

The panelists discussed innovative programs that community groups have implemented to reduce crime and drug abuse in their community. Specific programs were highlighted to illustrate the assistance that community groups can provide State and local governments in their own anti-drug strategies.

Richard Kelly

Mr. Kelly introduced the panelists and stressed the importance of corporations, foundations, and local businesses working together in the community to combat drug use and crime.

Georgette Watson

Ms. Watson presented an overview of the Drop-a-Dime Program in Boston, which was founded through private donations to fight back against the drug situation. The program operates simply by providing a telephone number for community members to confidentially report information on street-level drug activities. Every week, Drop-a-Dime workers document and compile the information recorded on an answering machine and turn it over to law enforcement authorities.

The Boston Police Department accounts for each tip received through the Drop-a-Dime Program in a monthly report. The program has an 85-percent to 95-percent accuracy rate and has been responsible for 10 percent of all drug arrests in the Boston area, resulting in 18 Federal indictments. Anonymity and responsive law enforcement are the key components to the success of this program.

The program is used by youths reporting who their friends are buying drugs from, addicts reporting who is selling them bad drugs, people who live with users wanting help, parents wanting to know how to follow up the discovery of their children's usage, and police officers wanting to document off-duty sightings. The program also serves as a source of educating the public about new drugs on the streets.

Messages left on the Drop-a-Dime answering machine include license plate numbers, automobile makes and models, and descriptions of people believed to be selling and buying drugs in neighborhoods.

Because of its success in Boston, the Drop-a-Dime Program has expanded into other areas in Massachusetts and Rhode Island. Other programs—such as Street Smart, where community members go into the streets and provide health care, and Street Lawyers, where people in the streets are educated about their Miranda rights and the fourth and fifth amendments—have also been modeled after the Drop-a-Dime tip line.

Ms. Watson provided advice for people interested in starting a Drop-a-Dime program in their communities. She offered to share the forms used by her program as a starting guide. She suggested that a community develop flyers to promote the program and also to use for mail-in tips. She also stressed that it is essential to keep the program's workers, location, and users confidential.

George Clements

Rev. Clements described his efforts to ban the sale of drug paraphernalia in his community and across the Nation. His crusade began in 1988 when he noticed the increased number of funerals he was asked to officiate at for young adult heart attack victims.

Reverend Clements questioned how you can have a war on drugs if you allow the sale of drug paraphernalia. The first target of Rev. Clements' campaign was a convenience store near a school and frequented by 1,300 students. After store owners refused to stop selling drug paraphernalia, Rev. Clements took action by standing in front of the store and directing customers not to enter. The store owners finally agreed to take the items off the shelves. But this was not good enough for Rev. Clements. He had the owners put all the paraphernalia on the sidewalk in front of the store and smash it with a baseball bat as an example for the entire community. He also removed the signs advertising the drug paraphernalia from the store window and replaced them with "Save our Children" posters. Rev. Clements then convinced the wholesaler not to supply drug paraphernalia to stores frequented by children. His efforts were noticed by the State legislators, who are now trying to get a statewide ban on the sale of drug paraphernalia.

His efforts also got the attention of area drug dealers. They tried to intimidate Rev. Clements by stealing his car and shooting out the windows of his church. This did not stop Rev. Clements—the more the drug dealers escalated their threats, the more he escalated his efforts. He persevered because he believed there is a big difference between fear and paralysis. Rev. Clements is now lobbying the Federal Government for a national ban on the sale of drug paraphernalia.

To begin such a crusade, Rev. Clements suggests concentrating on getting the drug dealers out of one neighborhood at a time. When the dealers move on, have the next community band together and drive them out of there until there is nowhere else for them to go.

Jack Calhoun

Mr. Calhoun presented an overview of how communities can fight back against drug dealing.

A community needs to organize a task force of people from law enforcement, churches, and other organizations to become involved in the fight against drugs,

Mr. Calhoun said. This task force needs to get the community to determine exactly where efforts should be directed. It is important to know the community well. The task force needs to develop an active, dynamic working relationship with local law enforcement. Both short- and long-term goals need to be defined. A short-term goal could be to close three crack houses within 3 months, and a long-term goal could be to increase employment opportunities for the community's youth.

Some anti-drug strategies that a community can initiate are to hold marches and vigils; and to establish anonymous reporting programs and creative partnerships with law enforcement, religious organizations, and local businesses. Landlords can evict drug users and dealers from their apartments. A community can unite and provide escort services for the elderly. Some long-term strategies could be to institute street counseling, hotlines, mentoring, and treatment services; enact new laws and evaluate existing laws; develop community watches; and encourage teen participation by including them in an active partnership against drug use.

In the last 14 months, Mr. Calhoun has seen a disruption of drug use and dealing. He has noticed increased cohesion, confidence, and involvement among communities. He has witnessed improved relations with law enforcement. He has seen roles in the communities shift, as well.

There are many ways to motivate a community to combat drugs. Mr. Calhoun suggested that one of the first motivating factors is to secure the cooperation of law enforcement. Encourage action—not just talk. It is also very important to communicate successes, no matter how big or how small, to show that the hard work is paying off. Provide T-shirts with the group's name on them and hold meetings to give the group identity, promote unification of its efforts, and to give purpose.

Mr. Calhoun also offered other words of advice to those trying to begin community action programs. He said to remember that it all takes time. A community needs to get a few small successes under its belt first to build esteem and confidence to tackle the bigger things. The drug world is not static, therefore a community must be flexible and willing to shift its focus if necessary. A group needs to develop a community where citizens can take root. He sug-

gested that groups symbolize this message by planting a tree in front of each crack house that it closes.

In closing, Mr. Calhoun said that America's plateau of acceptance must change. It should no longer accept the number of drug-related murders that occur.

Brad Gates

Sheriff Gates presented an overview of the "Drug Use Is Life Abuse" program that is very active in Orange County, California. As the county's sheriff/coroner, Sheriff Gates began the program because of the dramatic increase of deaths from cocaine and heroin he witnessed in 1986. Funded by money seized from local drug dealers, the program is a full-time entity working to coordinate and initiate drug use prevention and awareness programs involving the sheriff's department; an advisory council; the business community; and student, parent, school, civic, and religious organizations. The advisory council, which meets every 2 weeks to share ideas, is made up of "the best of the best" local and Federal people in the county and includes two high school student leaders from each school. The sheriff's office provides the money, resources, and support and lets the task force of competent people do its job. In just 3 years, the program has taken 80 million doses of drugs off the streets and \$60 million away from drug dealers.

One of the major strengths of the "Drug Use Is Life Abuse" program is its aggressive marketing plan that calls for a relentless image campaign supporting drug-free lifestyles designed to support and promote a change in the way society perceives drug use. The plan targets business and community groups as well as senior and religious organizations to reach all segments of the community with its anti-drug message.

The program produces two effective ads that dramatically illustrate that drug use is everywhere in the county, not just limited to isolated pockets. The local newspapers donate free space for these pieces as part of their support for the program.

The "Drug Use Is Life Abuse" campaign heavily markets itself to area teenagers. Pledge cards reading "today is the day I am starting to care about drug prevention" are distributed for the signature of 16-year-olds. Although that may not sound like much, it is a very effective vehicle for this age group because their names are the only thing that they solely own. The program also stays abreast of the latest fads to

keep teens' interest in the program. The program's logo was recently printed in day-glo colors because of its popularity among area youth. Fastfood restaurants even put the logo on cups and french fry packages.

The program also tries to reach grade school children through an anti-drug coloring book. This book includes a drug prevention test as an educational tool. The program had Disneyland develop a cartoon character dedicated to a total war on drugs for the children to identify with. The program also produces a booklet entitled "You Can Save Your Child's Life" for parents.

Enlisting the aid of corporations and businesses is also a major part of the program's marketing campaign. The Pitney-Bowes Company allowed the "Drug Use Is Life Abuse" logo to be installed on its postage machines. The logo now appears on mail throughout the county. The program asks local businesses to put the logo in their store window. This costs the store owners nothing, but generates visibility for the program. Real estate agencies were contacted to put the program logo on all yard signage. Utility companies agreed to insert program information in customers' monthly utility bills. Local car dealerships also reserve a corner of their display advertising for the program logo. This costs these dealerships no additional money, but reaches more people with the anti-drug message.

The program gets a great deal of support from sports teams and associations. High school athletic directors have a pregame anti-drug pledge card signing and have incorporated program logo patches on team uniforms to show a commitment to the program. The program also has a strong commitment and endorsement from local professional sporting teams.

The program asked homeowner associations to put the logo in the corner of each issue of their newsletters. Again, this costs the associations no extra money, but generates a lot of visibility for the group. County civic clubs are asked to plan fundraising events for the program.

The program's effective strategy for approaching groups for help with the program's anti-drug efforts is to give them a list of exactly what is requested. This gives the organization direction and makes it feel as if it is making more of a contribution to the effort. An example of this strategy would be to ask a church to present one sermon each quarter on drug prevention.

Address by the Secretary of Health and Human Services

Address:

Louis W. Sullivan

Secretary,

U.S. Department of Health and Human Services, Washington, D.C.

Monday, May 14, 1990

4:15-5:30 p.m.

Presiding:

Herbert D. Kleber, Deputy Director for Demand Reduction, Office of National Drug Control Policy, Washington, D.C.

Louis W. Sullivan

Thanks very much, Dr. Kleber, for that introduction, and thank you all for that warm reception.

I'm pleased to have this opportunity to speak to you this afternoon—because you are, truly, the *front-line commanders* in this Nation's life-and-death struggle against drug abuse. Our success in that battle depends *critically* on *your* efforts—and on *our* ability to *join together*, across Federal, State, and local boundaries, in a coordinated, united effort, to battle the scourge of illicit drugs.

We especially need that coordinated effort at the national level, and after a year of working with Dr. Bennett, Secretary Cavazos, Attorney General Thornburgh, Secretary Skinner, and other members of the Cabinet, I can report to you that we have a truly cohesive team, dedicated to helping you achieve the goal of a drug-free America.

Before we get under way, I would like to bring to your attention some good news in our progress toward a drug-free America.

The fourth-quarter data from the Drug Abuse Warning Network, or DAWN, which report drug-related emergency visits, shows a significant decrease—indeed, a drop of nearly 20 percent—in the number of cocaine-related cases.

After several years of increases in reported incidents, followed by the steady levels of incidents found in last year's quarterly reports, this drop is truly welcome. Furthermore, the decrease I am reporting this

afternoon was noted in virtually all metropolitan areas of the DAWN system. I should add that the decrease is also reflected in the preliminary fourth-quarter 1989 figures from the medical examiner reports of "cocaine-related" deaths.

Now, this decrease represents just one data point in an ongoing series of reports, so we cannot describe it as a trend. But let me say this: the results I am reporting today are not smoke-and-mirrors projections, assumptions, extrapolations, or hunches, like some you've heard recently. Today's results are hard-and-fast data, reflecting actual reported incidents of cocaine related medical emergencies. As such, they confirm what several surveys have indicated over the past year: that we are making significant headway in our efforts to establish a drug-free America.

You know, better than any others, that the war to make America drug free will be fought and won primarily at *your* level—State by State, city by city, neighborhood by neighborhood. For it is primarily at your level that our anti-drug programs in all their number and variety, ranging from education and prevention efforts, to drug treatment programs, to social and health services for recovering drug abusers, to law enforcement efforts—must come together in coherent, mutually reinforcing harmony, if they are to be effective.

Today, I would like to talk to you about some of the things we at the Federal level are doing to help you bring about that coherence and harmony in the area that I'm primarily responsible for as the Nation's chief health officer, namely, drug prevention and treatment. Then I'd like to discuss some of the ways you can help us, in Washington, do a better job.

About a month ago, I had the honor to lead the American delegation to the World Ministerial Summit To Reduce the Demand for Drugs, in London. One point was made over and over by the international

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drug policy officials at the meeting: they were very pleased that we in America have begun to do so much more to reduce the demand for illicit drugs. Indeed, I think we all understand that success in the war against drugs depends on the success of our demand-side efforts. And our efforts to reduce demand depend, in turn, on an effective drug prevention and treatment strategy.

That's why President Bush has made an unprecedented commitment to drug prevention, treatment, and research.

In the area of research, for instance, the budget at the National Institute on Drug Abuse (NIDA), a component of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), went from \$192 million in 1989 to \$255 million in 1990, a 33-percent increase. The Administration's 1991 budget request asks for an additional \$45 million in research dollars for drug abuse research—a 57-percent increase from 1989 to 1991.

In ADAMHA prevention programs, including our Office for Substance Abuse Prevention (OSAP), the increases have been equally dramatic. The drug abuse prevention budget in 1989 was \$120 million. This year, the budget is \$235 million—an increase of 96 percent in just one year. These are increases for categorical programs that directly assist many anti-drug abuse projects in your jurisdictions—including those for high-risk youth, pregnant women, the Community Youth Activity Program, and the Community Partnership Grants program. Our 1991 budget proposes increasing the HHS drug prevention budget to \$343 million, nearly a 100-percent increase since 1989.

The news in treatment programming is also outstanding. In 1989, the ADAMHA Block Grant program to the States was funded at \$280 million for anti-drug abuse activities. This year it is \$477 million, an enormous growth of 71 percent. In addition, we are proposing to increase the ADAMHA Block Grant by another \$100 million in FY 1991.

Overall, our ADAMHA treatment programming increased from \$403 million in 1989 to \$707 million in 1990—a 75-percent increase. The 1991 budget proposes that HHS's combined treatment activities will be over \$1 billion—an 81-percent increase over 2

years. Other Department-funded treatment includes Medicaid, Medicare, and a special demonstration project designed to address the problems of crack babies.

Finally, all drug abuse programming in HHS increased from \$935 million in 1989 to \$1.5 billion in 1990—a 57-percent increase. And the 1991 budget proposes anti-drug abuse funds totaling \$1.7 billion, a 79-percent increase over 2 years. Putting this all together, the additional funds will expand the number of Federal treatment slots by almost 50 percent and increase the range of treatment methods available. The new funds will also increase funding for outreach programs and early treatment for expectant mothers who use drugs.

Within ADAMHA, the primary vehicle for anti-drug prevention and intervention efforts is the Office for Substance Abuse Prevention, or OSAP. OSAP is providing national leadership in our efforts to develop an understandable, accurate, and credible anti-drug message, and to saturate our population—especially those groups most vulnerable to the temptation of drug abuse—with that message.

But the most exciting program that OSAP is pursuing centers directly on your efforts at the local level. Just last month I announced that \$43 million would be available this year for the Community Partnership Grant Program. This is a program committed to comprehensive, community-based prevention efforts—efforts that are initiated and conducted by community members themselves; and that bring together coherently, in vital partnerships, all the components necessary for successful drug prevention, including elements of education, health care, social service, religion, law enforcement, and family involvement.

Including the new grant program I just described above, OSAP plans to make some 377 grant awards in FY 1990, most of which are for 3 years, and are designed to reach special populations that are particularly vulnerable to drug abuse.

In addition to these prevention programs, my Department is pledged to provide national leadership in the area of drug treatment. For those who have a drug problem, our goal must be to see that treatment is available, accessible, and successful. But simply

providing money is not enough. We are also working to coordinate more effective and efficient use of treatment money.

We want to match treatment needs with those facilities and programs best able to help the addict. We will strive to foster more cooperation between treatment facilities and social, health, and employment agencies, so addicts can get the services necessary to help them put their lives back together.

Toward that end, we have reorganized ADAMHA and, among other changes, we've established a new Office of Treatment Improvement, or OTI, under the able leadership of Dr. Beny Primm.

One of OTI's first undertakings will be a program to enhance treatment facilities in cities facing particularly severe drug crises, through cooperative agreement awards to States with demonstrated needs. These awards will be used to improve treatment services, especially for adolescents, minorities, pregnant women and mothers, and residents of public housing projects.

Of particular interest to this audience, OTI has undertaken a 3-year initiative to help States improve the management of their treatment programs. OTI will be working with you to strengthen State assessments of treatment needs, demands, and program effectiveness; and to assist your efforts to supply and coordinate the broad range of services that recovering addicts require.

As part of this effort, OTI will conduct annual management reviews of selected States, and will offer extensive technical assistance to States through workshops, "how-to" manuals, and identification of exemplary local treatment efforts.

These, then, are some of the Federal programs we offer you, as we seek to improve our Nation's drug treatment and prevention efforts. In addition, there are some things we would ask from you at the State and local levels, and I turn to them now.

First, while I'm talking about some of the broader responsibilities that we face in our battle against drugs, let me urge all of you to expand your efforts to include the number one drug problem among youth today—namely, the abuse of alcohol.

Surveys show that alcohol is twice as popular among college students as marijuana, and over five times as popular as cocaine. Nearly two-thirds of our high school seniors describe themselves as current users of alcohol, and, shockingly, 5-percent report that they are daily drinkers. These facts remind us that, as we wage war against the use of illegal drugs, we must also resolve to combat the illicit and irresponsible use of legal drugs.

Second, the States and localities need to reexamine their administrative procedures to assure that Federal treatment and prevention funds, once allocated, are distributed quickly to the appropriate programs. In particular, it's essential to eliminate long delays in processing State forms and contracts—we really need to get those dollars where they are badly needed.

Third, State and local drug policy officials must be leaders in the effort to promote better coordination among the programs and services that those in treatment require. You must continue to battle red tape and cumbersome bureaucratic procedures, to insure that critical medical, vocational, housing, education, and social services are provided to substance abusers in treatment; and that aftercare is provided once treatment has been completed.

Fourth, State and local leaders must communicate regularly with their Federal counterparts. It is important that you provide ADAMHA up-to-date information, frequently and regularly, on your treatment and prevention activities, and the latest developments in the field. This sort of sharing of information and experience will help us prevent duplication, and will help ADAMHA to develop and share new knowledge and more effective strategies for prevention and treatment.

Let me mention one final contribution that you can make. I think we have all learned by now that, in the battle to reduce the demand for drugs, nothing is more important than the underlying ethical and cultural principles that our people honor and obey—principles that supply the first line of resistance against drug abuse. That's why I have been urging audiences across this Nation to work toward a new "culture of character" for America—a culture that nurtures critical values like self-discipline, self-control, and above all, personal responsibility.

President Bush, Director Bennett, and I can and will use our "bully pulpits" to help cultivate these values. But the fact is that our citizens look, first and foremost, to *local* leadership and *local* institutions for guidance in the realm of values. You here today, then, are the true messengers of the anti-drug values that our people must adopt—the chief architects of the "culture of character" that we must build.

That is truly an awesome responsibility—but the success of our battle against drugs depends critically on your ability to fulfill it.

Let me leave you with one final thought that came from my recent meeting in London with drug control officials from around the world. In my opening statement at the meeting, I urged upon the nations of

the world a greater degree of coordination and cooperation in our anti-drug efforts. And as I did so, I pointed proudly to the example of our own States and localities, who are coming together as genuine communities, to drive the drug menace from our neighborhoods.

You, in this room today, are the architects of that model of communitywide cooperation—the model that I held up so proudly to the world. I salute you for your efforts in the past. And I know that, working together in genuine partnership, we can accomplish even more in the future—to see that the menace of drug abuse is vanquished, once and for all, here in America, and around the world.

Thank you very much.

National Drug Strategy Roundtable:

Questions and Answers

Moderator:

Donald R. Hamilton

Director of Public Affairs,

Office of National Drug Control Policy, Washington, D.C.

Monday, May 14, 1990

4:15-5:30 p.m.

Panelists:

Judge Reggie B. Walton, *Associate Director for State and Local Affairs, Office of National Drug Control Policy, Washington, D.C.*

Stanley E. Morris, *Deputy Director of Supply Reduction, Office of National Drug Control Policy, Washington, D.C.*

Dr. Herbert D. Kleber, *Deputy Director for Demand Reduction, Office of National Drug Control Policy, Washington, D.C.*

The speakers responded to questions from the floor.

What moneys are earmarked for treatment?

Dr. Kleber replied that the Office of Treatment Improvement will be spending about \$8 million for treatment programs within criminal justice facilities. Moreover, the Justice Department is encouraging States to use sharply enhanced block grant funds for treatment and related activities. Some Justice Department discretionary funds are available for treatment programs.

Why are Guam, the Northern Mariana Islands, American Samoa, and Hawaii not included in the national drug strategy?

Mr. Morris said that up to now the strategy concentrated on critical problems with cocaine, which is largely produced in Peru and Bolivia, but that the strategy is now addressing the problem of the transnational shipments of heroin through the Golden Triangle in Southeast Asia. The Government is looking for ways to improve interdiction in the territories. There is also a problem with the growing of marijuana in Hawaii.

What about supporting regional interdiction pilot projects?

Mr. Morris said that the Government has identified five places that are major organizing areas for drugs—Houston, Los Angeles, New York City, Miami, and the southwest border with Mexico—and that planning is under way to concentrate efforts in these areas. In addition, the Drug Enforcement

Administration is working with State and local task forces. He pointed out that the success of such regional activities needs to be evaluated.

Why does the national strategy not address the issue of diversion of pharmaceutical drugs to drug abusers?

Dr. Kleber said the Office is trying to find effective ways to deal with this issue. He pointed out that DAWN system data, however, show a decline in the problem of diversion of pharmaceuticals to drug abusers.

Why have we never received anything but token help from the Armed Forces?

Mr. Morris said that up until September 1989 the Armed Forces were not involved but that they are now. The trick, he said, will be to apply these resources effectively. For instance, they could be performing protective and monitoring duties from aircraft. He was hopeful that the "peace dividend" would lead to the application of Defense Department research and development resources to drug trafficking problems.

What about allocating resources to the treatment of kids who use drugs?

Dr. Kleber said that \$110 billion are now being spent on treatment programs. There is a discrepancy in the private sector's charging \$400 a day to provide treatment and then running at 55 percent of capacity. Public-sector drug treatment programs are operating at 80 percent to 110 percent of capacity, and there are

long waiting lists. There has just been a sharp increase (70 percent) in the amount of money available for treatment, but the money is only now getting down to the local level.

However, there is a fallacy in thinking that more beds are needed. Many people are in expensive forms of inpatient treatment that could be treated through outpatient and other kinds of programs. In many areas, centralized treatment evaluation units are being created. These determine what kind of treatment a person needs. Many more methods need to be developed over the next few years.

When will drug enforcement data bases become available to States and localities?

Mr. Morris said he is not sure. He added, however, that the Justice Department has established a financial crimes enforcement network that will soon be available to local law enforcement. A national drug intelligence center will soon be established to improve the strategic application of resources.

Has the Government considered requiring drug screening for student loan applicants?

Judge Walton replied that we don't require drug screening for student loans, but there is now a law that denies Federal benefits to anyone convicted of breaking a drug law.

What about sharing satellite mapping capabilities with State and local agencies so they can uncover drug-growing areas?

Mr. Morris said that this is already happening in some States and would be extended to others.

What is the procedure for deciding which cases are Federal ones and which are State?

Mr. Morris said that there are guidelines for Federal prosecution and that there are good Federal laws. However, the Federal system is overloaded, and indeed all courts are overwhelmed. He said more resources are needed at all levels, but across-the-board rules would not be practical, since each local system is different.

Judge Walton added that State laws are not as conducive to good prosecution as Federal ones, and this has

contributed to the increase in the number of Federal cases. We have requested 75 additional Federal judges, he said, in addition to more prosecutors. It is important for States to improve their laws to reduce dependence on the Federal system.

Why is the Office of National Drug Control Policy aligned with ALEC (American Legislative Exchange Council)?

Judge Walton denied such an alignment and said that the Office is happy to work with all interested groups.

What are the Government's specific plans for programs in high-intensity drug trafficking areas?

Mr. Morris said that this is a Federal initiative to help law enforcement. Putting pressure on these areas is expected to have an impact on other areas as well. Congress authorized \$25 million for this year and \$50 million for next year. The program will help Federal, State, and local law enforcement agencies. Funds will begin flowing in a couple of months.

Is there attention being paid to residential versus outpatient treatment?

No one treatment is best, replied Dr. Kleber, who said both types of treatment are needed, with an appropriate match between a particular type of treatment and a particular patient. Furthermore, any inpatient program must be followed by outpatient services.

Has ONDCP drafted model drug control legislation for States?

Judge Walton replied that the Office of National Drug Control Policy is looking at what States have already done in the legislative area. He cited New Jersey as an example of a very progressive State in drafting good legislation. Mr. Morris pointed out the need for States to take more seriously the legislative route to drug control, and Dr. Kleber added that his office is developing model legislation for ensuring drug-free workplaces.

Has anyone evaluated legislation that removes a child from the mother when the mother is a drug abuser?

Judge Walton recommended caution in removing children from their homes on mere allegations, but if children are being abused, it is important to displace the children while continuing to work with the

family. The lack of enough foster care homes is a related problem.

What efforts are being made to tell communities what works in treatment and prevention?

Dr. Kleber replied that a white paper being prepared on what works will be available in the next few months. The Department of Education is also looking for ways to spend more effectively the education dollars available for prevention.

There is no single agency responsible for coordinating strategies. When is ONDCP going to appoint one demand and one supply agency?

Dr. Kleber replied that ONDCP does coordinate strategies, and that the Federal task force has representation from all agencies. It is simplistic to believe that any one agency can be responsible for drug strategy. He cited the variety of agencies that have responsibility for treatment or prevention (Health and Human Services, Department of Veterans Affairs, Education, Defense, and Justice). Some of their responsibilities overlap, but less so than before. Mr. Morris noted that only the Drug Enforcement Administration is focused solely on drugs. However, it has not been counterproductive, he said, to have so many agencies involved.

Are Cabinet Secretaries required to take drug tests? Does Mr. Bennett set the standard for all the agencies?

Dr. Kleber noted that by presidential order all Federal agencies must provide a drug-free workplace, but that the order does not specifically require drug testing. However, the Office of National Drug Control Policy, because of its sensitivity to this issue, requires that everyone in ONDCP, from the director on down, be subject to random testing.

Do zoning regulations present a problem for finding drug treatment sites?

Dr. Kleber said finding sites is a local, not a Federal responsibility. Judge Walton added that tax incentives can be used to develop treatment sites, but that neighborhoods need to be educated as well about what it really means to have a treatment center nearby. Dr. Kleber said that the National Institute on Drug Abuse has developed materials that can be distributed to communities on this subject.

Why is there no money for helping States and localities deal with their indigent caseloads?

Judge Walton said that the Federal Government can provide the money but that States and localities must decide what the money will go to. Moreover, courts need to ask for more funds for defense services.

Opening General Session

Speaker:

Dick Thornburgh

Attorney General,

U.S. Department of Justice, Washington, D.C.

Tuesday, May 15, 1990

9:00-10:00 a.m.

Presiding: **Reggie B. Walton**, *Associate Director, Office of National Drug Control Policy, Washington, D.C.*

Dick Thornburgh

Thank you, Judge Walton. Good morning. As I look out into the audience, I recognize many friends from State government, and I am reminded of those many occasions when I was a Governor and I came to Washington to similar conferences—the rhetoric and famous lines, such as, “I’m from the Federal Government and I’m here to help.”

Well, I am here today to tell you what the Justice Department can do to help—and to reiterate what the Justice Department can’t do—and that is to go it alone.

You have all come to Washington for what, I believe, is an absolutely essential purpose. To learn, to exchange information, and to contribute to the development of our national drug control strategy. Director Bennett, himself, was among the first to explain that our strategy is not a Federal one, but a national one—a strategy based on the premise that Federal, State, and local government all have important roles. As do all citizens, I might add. And so we welcome—and solicit—your comments, your counsel, and, yes, your critical assessment of our efforts.

This morning I’d like to explore this idea of our respective roles, and do it in the context of the major goal of the national drug strategy: to reduce drug use.

Clearly, there are some things that only the Federal Government can do, such as: working across State lines and international boundaries with our foreign counterparts; creating national and international intelligence networks; and dismantling the uppermost echelons of major criminal drug trafficking enterprises.

From a law enforcement perspective, our Federal responsibility is to disrupt, dismantle, and destroy drug trafficking enterprises. This ambitious agenda reaches across the full spectrum of drug control

activities. We intend to dismantle drug trafficking organizations by incapacitating their leadership and by seizing and forfeiting the immense profits and proceeds derived from their illegal activities.

We’re making real progress at the Federal level. On any given day, a new record seizure is made, another kingpin is apprehended, another is sentenced to life behind bars, and another million dollars is seized and forfeited from another drug baron. We’ve put record Federal dollars into programs, and record numbers of Federal agents and prosecutors on the frontline. We’re creating a record number of prison beds. So, yes, we are making our contribution to getting the job done.

But, even in Washington, we’re realistic enough to recognize that that’s not where the rubber meets the road. When you’re talking criminal justice, State and local personnel are behind the wheel. That’s why the President’s National Drug Control Strategy emphasizes the progression in our partnership efforts to fight the drug problem.

In the coming year, the Federal Government will commit over \$10.6 billion to drug control activities. About one-fourth of that will go directly to support State and local efforts. This is an essential investment on our part. Because we recognize—and you understand—that implementation of drug control efforts must take place primarily at the State and local level.

All of us have become increasingly successful at directing our efforts up the trafficking chain: the links above the street transaction which address the retail sellers, the midlevel distributors, the wholesalers, and the importers or manufacturers. As I visit around the country, I’ve had numerous opportunities to justly commend the efforts of many of our intergovernmental drug enforcement task forces. They’re doing an outstanding job of going after the midlevel violators and the kingpins.

Yet, the drug use problem persists. So, we must do more. You have already heard from Director Bennett, Secretaries Cavazos and Sullivan, and later today, Secretary Kemp will also be speaking. And although as members of the Cabinet, we each bring our own department's perspectives and ideas about what we are each singularly responsible for, each of us recognizes that our efforts must complement one another's. They must complement and support your efforts, and they must do something that heretofore has not been done. And that is, focus on the drug user.

The drug user is the critical link. The user's demand for drugs and his willingness to consummate an illegal transaction keep the vicious cycle of drug production, trafficking, selling, consumption, and money laundering in motion. The time has come to break the cycle, and it will take all of us, working together, to get the job done.

The President's National Drug Control Strategy is incontrovertibly clear: drug users must be held accountable for their actions. While there is obviously more to this solution than just utilizing the criminal justice system, since that is what I am responsible for, let me speak to this aspect of our national program.

No one knows better than I that State and local criminal justice agencies shoulder the burden of addressing the full spectrum of activities involving drug users, whether they be experimenters, casual users, regular users, or addicts. Your efforts are appreciated because this is an absolutely essential component of our national strategy.

We all need to provide programs that do four things. First, we need programs to identify and target who the users are. Second, we need programs to incapacitate their use. Third, we need programs that provide disincentives to drug use. And, last, we need programs to provide incentives not to use drugs.

These four types of programs will, ultimately, help our Nation return to a value structure that recognizes a drug-free existence as a more rewarding lifestyle. A value structure that rules out drug dependency as an acceptable lifestyle. In short, our goal is to make any drug use—from experimentation to addiction—unacceptable.

The criminal justice system already provides a range of sanctions. Most notably are traditional incarceration behind bars, and the seizure and forfeiture of the profits and proceeds of drug trafficking. Asset removal programs, and our ability to equitably share with you the just deserts stemming from your investigative labors, send a crystal-clear message to those who might dabble in the drug business. As we say to the drug profiteers, "You make it. We take it."

But, we also recognize the current limits on the capacity of the criminal justice system. And, I do mean at all levels of government. Our systems are on overload. In far too many places there are simply not enough investigators, not enough prosecutors, not enough judges, and not enough prison cells.

We also know that there are many for whom incarceration is not appropriate. But is simple probation sufficient? Particularly when probation officers are carrying caseloads far beyond what is manageable? We need to fill the gap between simple probation and prison. We need intermediate steps—intermediate punishments.

The President's Drug Control Strategy identified the problem succinctly by noting that, "In many jurisdictions, the choice of criminal sanctions is between prison or nothing at all." Intermediate punishments—which include the range of options from the expanded use of fines, restitution, and community service to house arrest, intensive supervision, and shock incarceration—can provide us with the needed spectrum of sentencing options.

This concept has appeal in both principle and practice. In principle, if we recognize gradations in the seriousness of criminal behavior, then we should have gradations in sanctions, as well. That's why we need a portfolio of intermediate punishments that are available—independent of whether our correctional facilities are full or empty, or whether our correctional budgets are lush or lean, or whether our offender populations are increasing or declining.

In practice and particularly now, and for the foreseeable future, when criminal justice systems nationwide are bursting at the seams, intermediate punishments can provide the means by which we can hold offend-

ers accountable for their illegal actions, and achieve our goal of increasing public safety.

To echo the President's strategy again, I remind you of this passage, "If State and local officials wish to expand their capacity to prosecute and sentence drug offenders, they must broaden their notion of what constitutes punishment." That's why we're talking about these intermediate punishments, those which fall on the continuum between probation and a sentence behind bars.

Civil penalties. Denial of Federal and State benefits. License suspension and revocation. Military-style boot camps or shock incarceration. Halfway houses. House arrest. Electronic monitoring. Drug testing. These are all components of this program. In an ideal world, of course, decisions about punishment would be made on appropriateness—not resource availability.

But with resources limited, the distinction I drew earlier between the Federal and State and local levels of government comes into play. Appropriately, the strategy calls on the Federal Government to fund State efforts for the planning, developing, and implementing of these type programs to hold the drug user accountable.

The Justice Department's Office of Justice Programs, as most of you know, is responsible for identifying emerging criminal justice issues, developing promising approaches to address these issues, and for evaluating program results. Through its State and local grant program, OJP, as it is known, is designed to promote innovation and foster improvement in the Nation's criminal justice system.

It is our Federal role to get the thinking going; to support demonstration projects to see if we're on the right track; to evaluate what's right and wrong with the project; and then to get the word out to you, who are in State and local government. This year, about three-quarters of OJP's \$639 million will be devoted to the war on drugs. For next year, the President is requesting a \$45 million increase, which will bring OJP's commitment to drug control activities up to almost 90 percent of its budget.

In many cases, involving the drug user in the criminal justice system—and ensuring that every user knows that use will lead to involvement with the criminal

justice system—will be just the incentive needed to get that individual into drug treatment. Effective treatment and rehabilitation are vital if we are to permanently reduce drug use. Here, we have a marriage between two Federal departments: Justice and Health and Human Services. And we are currently engaged in a very active dialogue, sorting out how best to ensure that treatment is made available to criminal justice "clients."

Diversion of nonviolent, drug users from the criminal justice system to treatment may be the appropriate response in many instances. However, we must also recognize that some felons belong behind bars. This Administration has made a commitment, and is following through with its promise to increase prison capacity.

As the saying goes, we're putting our money where our mouths are. Nationwide, this year we are spending the \$1.4 billion that Congress appropriated for prison construction. That will give us about 22,000 new prison cells, which in addition to 12,000 currently funded for construction virtually doubles our capacity. I also took great satisfaction several months ago once again in ordering the transfer of funds from our Assets Forfeiture Fund for construction of new Federal prison cells. What poetic justice to have drug traffickers finance their own "housing"—to the tune of \$376 million!

However, as each of us here today knows, Federal prison capacity is not the critical issue. The capacity problems in our State prisons and local jails are our collective Achilles' heels. The Federal commitment to increase prison space *must* be met on a comparable level at the States.

As a former Governor, I know first-hand the resistance that you face. Not In My Back Yard—the knee-jerk NIMBY response! Yet, the obvious escapes so many of our citizens and constituents. Would they rather have dangerous felons at large in their backyard proper—or have them *incarcerated* in their neighborhood? The choice is clear.

Many of these offenders are not only drug-law breakers; they are violent. They do not belong on the street. Intermediate punishments are not an appropriate response in their situations. Our citizens want us to pass more laws, and to put these bad actors

away for a long time. But what can we, as government leaders, do when there is no room at the inn?

All of us must work together on this critical issue. Because, although I am a proponent of the use of intermediate punishments, there is an implied message in the use of these sanctions—if you don't follow the conditions imposed and toe the line while on intensified supervised probation or in boot camp, then prison awaits. Yet now, that may be an idle threat . . . and drug users and traffickers would be the first to know it.

My purpose in drawing attention to the user is manyfold. From the drug supply reduction perspective, it is clear that when we reduce the number of users, we ultimately deprive the traffickers of their market. Then, the laws of supply and demand will enter into force, and market economics will dictate that these criminals get out of an unprofitable business.

Second, when we intervene early enough—we would hope to even prevent first use—but at a minimum we can stop experimentation from going further, we can begin that all-important shift in values. This is not Don Quixote's impossible dream. In just one generation, we have seen a revolution in values regarding cigarettes and alcohol. Much remains to be done, but much has been accomplished. Much, I believe, can similarly be done about drugs.

Third, as the President has noted, the war on drugs won't be won any time soon on some grand, macro scale. Although this morning I haven't addressed the very important international component of our drug control strategy and the significant progress being made on those fronts, it is easy to see why, in many respects, the drug war is a micro problem, where victories are counted one citizen, one block, one neighborhood, and one community at a time.

I believe that with the President's first two national drug control strategies we have made tremendous strides forward. And with your help, we will continue to improve a good product. In many respects, the Federal Government is relying on you to lead the way. The best innovative work and creative solutions start with you and your departments at the State and local level. I applaud your efforts and encourage you to do more.

When we come together through conferences such as these, we all profit from sharing success stories. I'd like to thank Director Bennett and Judge Walton for having the good sense to bring us together at this time. I hope that you return home with a renewed sense of purpose and commitment, armed with new ideas, ready to do battle on the all important field of values.

Workshop

Innovative Roles for Law Enforcement in the 1990's

Moderator:

William F. Alden

*Chief of Congressional and Public Affairs,
Drug Enforcement Administration,
U.S. Department of Justice, Washington, D.C.*

Tuesday, May 15, 1990

10:15-11:45 a.m.

Panelists:

Alvin L. Brooks, *President, Ad Hoc Group Against Crime, Kansas City, Missouri*

Anthony M. Voelker, *Chief, Organized Crime Control Bureau, New York City Police Department, New York, New York*

Jerry Oliver, *Director, Office of Drug Policy, Memphis, Tennessee*

The panelists focused on the changing role of law enforcement in comprehensive anti-drug strategies, showcasing community efforts that integrate law enforcement with prevention and education programs. Benefits of cross-jurisdictional cooperation also were highlighted.

William F. Alden

The Drug Enforcement Administration (DEA) began a prevention program in 1984, and encouraged high schools and colleges to become involved with the use of athletes as role models. In 1986, a demand reduction center used DEA agents for prevention programs and public service announcements. To impact the drug problem everyone must be involved, share the responsibility, and work with other law enforcement, said Mr. Alden.

DEA has told its agents that they not only have responsibility for their offices but also are community activists and leaders. Since expanding into prevention, the DEA has enjoyed a new credibility—people listen to the DEA—and its role has changed dramatically.

In response to a question from the floor, Mr. Alden said the DEA is developing a model drug prevention program for distribution and replication nationwide. The agency also is developing a national campaign, "Do Drugs, Do Time."

Alvin L. Brooks

Mr. Brooks is convinced that if police officers and agencies are going to make a change in the drug problem, communities must become involved. There

was a time when law enforcement thought it could do it alone, Mr. Brooks noted, but police departments cannot organize community groups. He suggested that the Kansas City model be replicated.

The concept started in 1977 after nine black women were killed in a short period of time. There was a strained relationship between the community and the police department. Because of some confrontations and the fact that the police could not solve the murders, an ad hoc group brought together a cross section of community groups and people. This ad hoc group went to the chief and said the police could not solve the crimes because the women were black and that community action was needed.

This group set out to do four things in 1978: raise the level of awareness of what crime was doing to their city; work with the police department; set up a crime witness hotline; and have a radiothon to raise money for a reward fund. They completed all four goals in 7 months. Seven of the homicide cases had been closed as a result of the hotline manned by community members. Then the citizens group expanded the concept and brought in a prosecutor to monitor cases, because the group felt that blacks and black crime were being treated differently. The group met with the judges, the city council, and the chamber of commerce; and asked for their involvement in the issue.

The group held monthly meetings and included representatives from the police department, the prosecutor's office, the U.S. Attorney General's office, FBI, detention and juvenile justice, judges, legal aid,

the board of education, community groups and organizations. One important outcome was that the ad hoc group worked with the election committee to broaden the pool of jurors to include blacks and other minorities. They also worked with citizens to stress the importance of serving on juries.

When crack hit Kansas City in 1984 to 1985, the citizens group pressed for police action. As a result, 150 Jamaicans were arrested, convicted, and are serving long sentences.

Young people are looking for role models, noted Mr. Brooks. To give youth a more realistic view of drug dealers, who are often seen wearing gold jewelry and driving fancy cars, the ad hoc group conducted field trips to the trials of drug dealers and had young people watch until the jury came back with a verdict.

The same community group went to penal institutions and to other cities. Groups also marched on crack houses, in conjunction with law enforcement agencies. They developed a profile of a crack house and distributed it in neighborhoods. They trained people to watch those houses and report suspicious activity.

In 1989, 200 Kansas City crack houses closed down. Many closed down before the police even got there because the citizens would knock on the door and pass out flyers saying the police would be coming. The citizens also find out who the owners are and tell them what is going on in the houses. So far this year, they have closed another 60 crack houses.

If law enforcement is to make a difference in the 1990's, Mr. Brooks said, communities must be involved at the grassroots level.

Anthony M. Voelker

The answer to the drug problem lies in citizen action, comprehensive programs, education, treatment, rehabilitation, and community action, said Mr. Voelker. We are facing a scourge. We will not get this behind us until we marshal the time and energy of every American. The Nation is under siege and there is a necessity for community organizations and action, he stressed.

Law enforcement has changed direction. Thirty years ago it would not be unusual to see little relationship between what police do and the people they serve. In

today's community policing, the police are only as effective as the public that supports them.

Supply is more difficult to control. In New York City crack was a low priority problem in 1985 and 1986. There are now record crime levels—over 8 million citizen calls are made to 911 each year. Some programs attempt to reduce the demand for illegal drugs by educating New York City children and preparing them for adult life. One such program is staffed by officers with diverse backgrounds—35 percent have prior teaching experience.

New York is well known for its Tactical Narcotics Teams (TNT's), which were first employed in 1988 after the death of an officer in Queens. With about 100 investigators, TNT teams supplement everything else law enforcement is doing. Among the things they do are face-to-face drug busts. TNT teams target an area for 30 to 90 days and then move on. The concept works because it is tied to a community—they consult with the community prior to moving in and at the conclusion. Therefore, it is not solely a police operation. There are 25 city agencies and they all work together, sometimes very innovatively. To date they have seized 4,000 vehicles as a result of watching buys and then confiscating the cars. They have also confiscated 60 buildings. These activities can be the answer to narcotics, according to Mr. Voelker.

Jerry Oliver

Although Mr. Oliver recently moved to his present position in Memphis, the program he presented operates in Maricopa County, Arizona.

The rationale for this demand reduction program is to move anti-drug resources from the supply side to the demand side. Maricopa County, with thousands of square miles, has a severe drug problem. The population is 5-percent black, 20 percent Hispanic, and 3 percent Indian.

In 1988, 26 community leaders formed a task force and developed the Maricopa County User Accountability Demand Reduction Program to impact the drug problem in terms of the demand side. Some major components of the program are education, prevention, a speakers' bureau, and a legal unit that is looking into sanctions such as loss of driver's license. What makes the Maricopa County program unique, said Mr. Oliver, is how it evolved on the user

accountability side. It focuses on the middle-class user—the casual or recreational user.

The task force promoted awareness and community-wide commitment to solving the problem. In the absence of an effective media campaign about drug abuse, the program publicized drug-related arrests—a significant emotional event in one's life—focusing on middle and upper income users; targeting nightclubs and country clubs, among other places. This resulted in tremendous media pressure on the people arrested, which helped the program.

The legal unit created the Adult Diversion Program for Prosecution. They focused on some people, arrested them, and if in screening they met the county attorney's criteria, they were diverted from the judicial system, postarrest but pretrial, into the TASC program. To meet the criteria, arrestees had to have no other felony charges pending, not be a transient, and have no prior participation in any drug diversion program. Everyone arrested spends one night in jail. If arrested for cocaine, a person spends 1 to 2 years in the program and pays the cost of \$2,845; for possession of marijuana, 30 to 60 days in the program and

\$685; for prescription drugs, 6 months to 1 year and \$2,400.

The program has been fairly profitable, said Mr. Oliver, and has returned \$400,000 to the county. In the first 13 months of operation, 53 percent of arrestees were eligible; 36 percent chose the program. A person who completes the program will have no criminal record.

What really makes the program effective is the media portion, Mr. Oliver noted. The county was not very good at marketing, so they hired a marketing firm to design the "Do Drugs, Do Time" campaign. Posters and public service announcements are directed toward middle-income whites, who don't think the problem is theirs—they think it's a ghetto problem.

In response to a question from the floor regarding whether the county uses asset seizure and forfeiture, Mr. Oliver said if a person goes into the treatment program, the county doesn't seize anything. He added that the names of people who enter the program are not given to the media.

Workshop

Models for the Planning and Coordination of Statewide Treatment Services

Moderator:

Tuesday, May 15, 1990

10:15-11:45 a.m.

Sam Dimenza

*Acting Deputy Director, Office of Treatment Improvement;
Alcohol, Drug Abuse, and Mental Health Administration;
U.S. Department of Health and Human Services, Washington, D.C.*

Panelists:

Chauncey Veatch III, *Chairman, Governor's Policy Council on Drug and Alcohol Abuse, Sacramento, California*

William J. McCord, *Director, South Carolina Commission on Alcohol and Drug Abuse, Columbia, South Carolina*

Clifford Laube, *Deputy Director, Connecticut Alcohol and Drug Abuse Commission, Hartford, Connecticut*

Luceille Fleming, *Director, Department of Alcohol and Drug Addiction Services, Columbus, Ohio*

Panelists described various models for coordinating the role of State drug advisers with those responsible for the planning and coordination of statewide substance abuse services.

Chauncey Veatch III

Mr. Veatch pointed out that under the Federal system of government each jurisdiction does things a bit differently and yet can draw on some Federal Government resources to compensate for State ones.

He cited statistics showing the seriousness of the drug-alcohol-crime problem. California is fortunate in that it has a structure in place for dealing with the drug problem. The California experience shows that drug treatment does work, but the 1989 earthquake damaged a number of places where services are provided.

During the question-and-answer period, Mr. Veatch pointed out that counties are particularly important in California and other western States, which grew in ways different from eastern States. In California, the partnership between counties and the State is somewhat like the U.S. Federal-State partnership. Each county draws up its own plan for using State funds to deal with the drug problem, but each county sheriff and drug/alcohol administrator may veto the county plan.

William J. McCord

The South Carolina Commission on Alcohol and Drug Abuse, which Mr. McCord directs, plays the planning role in meeting the substance abuse problem in the State. He expressed concern that a national strategy can disturb a State's existing structure for dealing with the problem by introducing new resources for which agencies must compete.

In South Carolina, even though 1.5 percent of the population receives intervention and treatment, this represents only a quarter of those who need help. Alcohol is by far the worse problem, with four out of five people principally abusing alcohol; and people who use cocaine abuse alcohol as well. Consequently, one cannot separate the alcohol problem from the drug problem.

One-half of the people who come into South Carolina's drug prevention/intervention/treatment system do so through criminal justice intervention. Law enforcement agencies are asking for more treatment programs to back them up in dealing with the current and future cases that come before them.

South Carolina has a memorandum of agreement that defines the responsibilities of each organization that has State and local responsibility for fighting drugs. To ensure maximum coordination of effort, a coordi-

nating council was formed. The council includes three representatives of demand reduction agencies and three representatives of supply reduction agencies. Further, all agencies participate in a comprehensive management information system.

In response to a question on how to integrate the States into the formulation of national policy, Mr. McCord acknowledged that there is no clearly defined organizational structure incorporating Federal, State, and local governments. He said national policy ought to start from the needs of each county in the United States.

Mr. McCord further urged that national policy include alcohol in its war on drugs. He said there is a consensus for such an approach. He further urged that drug abuse—like alcohol abuse—be seen as a disease so that addicts can get treatment.

Clifford Laube

Connecticut recently passed a law authorizing regional action councils on substance abuse. These are public-private partnerships of community leaders, at a multitown level, whose single purpose is to develop needed services along a continuum of care and to coordinate existing services. Mr. Laube spoke of this as an "experiment in appropriate scale." Sociologists have identified optimum sizes for tribes and for cities. Connecticut is experimenting with the optimum size for action requiring an entity smaller than a county but larger than a single community. It is gathering city and suburbs together where levels of prevalence of drug use have been shown to be the same.

Mr. Laube called attention to the fact that these are *action* councils, not *advisory* councils. They are not service providers but are charged instead with developing and coordinating services.

Each of the eight regional action councils is staffed partially through the help of United Way, which put up the initial money and asked that its funds be matched. Mr. Laube pointed out that such a project is very attractive to organizations like the Robert Wood Johnson Foundation that have stopped "nickel and

diming" problems and want to support a more comprehensive, coordinated approach.

To succeed, regional action councils must have good leadership, not provide direct services, and become part of the State's own planning process, Mr. Laube noted.

Luceille Fleming

Ms. Fleming said that Ohio has been struggling with the question of whether alcohol abuse and drug abuse should be treated as one problem or two. The legislature passed a law uniting the two formerly separate departments of alcohol and drug abuse. Despite being together physically, there is much work to be done to truly unite them. Yet the State must set an example on coordinating approaches and services.

She said Ohio's treatment system has large holes in it, and some intractable new problems, such as "crack babies," that also strain resources (it costs \$600,000 to take care of a crack baby to age 12). She said States must emphasize prevention, starting at the elementary school level for children, and with women before they become pregnant and give birth.

Speaking of the importance of gaining community support for treatment, she described the "Take a Policeman to Lunch" program for law enforcement, emergency room personnel, and others who see alcoholics and drug addicts at their worst. The program develops police support for a treatment approach by exposing them to recovered alcoholics and addicts and by encouraging representatives of law enforcement to participate on the boards of treatment agencies.

Ms. Fleming said that there are many opportunities to use private resources. She said that in Pennsylvania, for instance, the Masons offered their training academy free for 12 weeks a year, during the summer, as a training ground for educators concerned with preventing and intervening in drug and alcohol abuse. She suggested that other States might be able to develop this kind of support.

Identifying and Eliminating Gaps in the Delivery of Statewide Anti-Drug Services

Moderator:

Dori Davis

*Deputy Director of Prevention Implementation,
Office for Substance Abuse Prevention,
Washington, D.C.*

Tuesday, May 15, 1990

10:15–11:45 a.m.

Panelists:

Bruce Feldman, *Director of Drug Policy Council, Commonwealth of Pennsylvania*

Robert J. Del Tufo, *Attorney General, State of New Jersey*

William Atkins, *Director, Department of Alcohol and Substance Abuse, Springfield, Illinois*

The panelists discussed gaps in comprehensive strategies to coordinate overall demand reduction services within their States.

Dori Davis

Ms. Davis introduced the panelists and noted that the Office for Substance Abuse Prevention can be of assistance in helping States develop and implement comprehensive programs.

Bruce Feldman

Mr. Feldman noted that Pennsylvania has taken steps to close identified gaps in the prevention and treatment components of its comprehensive anti-drug strategy.

Closing one gap was a relatively simple matter, according to Mr. Feldman. It involved installing "Drug-Free School Zone" signs. Although there was a statute designating schools as drug-free zones, there had been no way to symbolize it.

Another gap was a lack of information about the State's needs that would provide the focus for an effective anti-drug plan. To help identify those needs, the Governor's office held a series of public hearings throughout the State—in urban centers, suburban communities, and rural areas. The testimony from more than 250 witnesses, including youth, parents, educators, law enforcement personnel, recovering addicts, and health care and social service professionals, helped State officials gain a better perspective of the substance abuse problem and identify possible solutions.

In assessing drug-related attitudes and behaviors among the State's youth, another gap was discovered. The University of Pennsylvania surveyed youth in the 6th, 7th, 9th, and 12th grades to establish a baseline. A second survey, to be conducted later, will measure any change in those areas among youth in school. But a school-based assessment does not reach all youth; officials must extrapolate the survey data and make a number of assumptions about attitudes and behaviors among dropouts and truants.

State officials also found a gap in the access to treatment programs, especially among lower-income groups, who generally do not have medical insurance with a treatment component. To help equalize access to treatment, the State's Medicaid program was changed to increase the number of allowable monthly clinic visits from six to eight and to expand coverage to include long-term care outside a hospital. In addition, block grant funds from the Alcohol, Drug Abuse, and Mental Health Administration were used to expand substance abuse treatment facilities.

Robert J. Del Tufo

Mr. Del Tufo outlined New Jersey's efforts to bridge the gap between law enforcement and prevention and treatment as part of its demand reduction strategy.

New Jersey's response to the drug problem had been somewhat fragmented until new legislation created the Governor's Council on Alcohol and Drug Abuse, Mr. Del Tufo noted. The 24-member council has oversight responsibility to coordinate anti-drug efforts at the State, county, and local levels. Its mandate includes devising local demand reduction plans

and ensuring that they are compatible with the overall State strategy.

This coordination role includes encouraging cooperation among all local government agencies, church groups, and civic organizations. Especially important to statewide coordination efforts are local school districts, involving drug prevention education outreach efforts aimed at the students, their parents, and teachers. The key to demand reduction, according to Mr. Del Tufo, is citizen participation at the grassroots level.

William Atkins

The creation of the Department of Alcohol and Substance Abuse (DASA) has allowed Illinois to coordinate programs formerly administered by the divisions of alcoholism and dangerous drugs, according to Mr. Atkins. A major advantage of this merger is that a single agency is better able to deal with the multi-faceted problems of the "dually diagnosed" alcohol and substance abusers.

This coordinated approach makes it easier to develop a comprehensive strategy and set priorities. An advisory panel, with representatives from the health

care, criminal justice, and social services fields assesses statewide needs and make recommendations for effectively combating alcoholism and substance abuse. Citizen participation in public hearings also helps officials update the State plan each year.

Through interagency coordination, DASA has been able to better meet special needs such as family and children's services. Illinois has been able to expand programs for pregnant addicts and youthful substance abusers. Screening and referral capacity for the Treatment Alternatives to Street Crime program have increased. Residential treatment and outpatient services, as well as drug treatment for women in prison, have also been enhanced. Another success has been better access to treatment for intravenous drug users and AIDS patients.

In addition to providing more treatment, local alcohol and drug abuse prevention efforts have improved as a result of better coordination. One example is a public education campaign using billboards. A research component of the State plan has established baseline data on addictions, which is used to measure the impact of anti-drug efforts.

Workshop

Developing a Comprehensive Drug-free Workplace

Moderator:

Michael Walsh

Executive Director,

President's Drug Advisory Council, Washington, D.C.

Tuesday May 15, 1990

10:15-11:45 a.m.

Panelists:

Mark deBernardo, *Executive Director, Institute for a Drug-Free Workplace, Washington, D.C.*

Irwin Lerner, *President & Chief Executive Officer, Hoffmann-La Roche, Inc., Nutley, New Jersey*

Sherwood Korssjoen, *Chairman of the Board, Drug-Free Business Initiatives, Seattle, Washington*

The panelists discussed the processes involved in the adoption of a drug-free workplace for State employees and strategies to encourage private sector employers to establish drug-free workplaces.

Michael Walsh

Mr. Walsh presented research data and a brief history of workplace initiatives. According to the recent NIDA Household Survey, 14.5 million Americans are current users of illicit drugs (people who use drugs at least once a month). Seventy percent of these users are employed—55 percent are full-time employees, and 15 percent are employed part-time. This means that 8.2 percent of the total workforce uses drugs. The majority of employees using drugs are males between the ages of 18 and 25.

The most recent Bureau of Labor Statistics study that surveyed 7,500 businesses across the country revealed that in companies of 5,000 employees or more, 80 percent had formal drug policies, 60 percent performed employee drug testing, and nearly 80 percent had employee assistance programs (EAP's). In the very small companies, the percentages of those having formal policies, drug testing programs, or EAP's was significantly lower.

Under significant congressional pressure, the military initiated drug-free policies in the 1980's. The Navy's comprehensive program generated private sector interest in late 1981. In 1983 to 1984, the utility and transportation industries became the first in the private sector to adopt their own drug-free policies. Political, legislative, and serendipitous events spurred more growth in policies among the private sector. A great impact occurred in 1986 when President Reagan

issued an Executive order requiring Federal agencies to make plans and policies for a drug-free workforce. The deaths of Len Bias and Don Rogers in 1985 also had a great impact in the sports' world, pushing the professional sports industry to develop programs that are still evolving. In 1989, a Supreme Court ruling allowed rigorous and comprehensive drug-free programs in the workplace to go forward.

The basic philosophy of these workplace programs has changed dramatically over the last decade. Early in the 1980's, policy philosophy was to identify the substance abuser and immediately fire him/her. In mid-decade, the philosophy began to change. The philosophy of these workplace-based substance abuse programs became non-punitive, aimed at getting the employee into treatment, and getting him or her back on the job. What has evolved over the last decade is a trend toward a comprehensive policy that includes supervisory training, employee education, employee assistance, and drug testing. This is what the Federal Government has adopted and has encouraged all private sector companies to do, according to Mr. Walsh.

Mark deBernardo

Mr. deBernardo described the evolving perspective of the business community. In the early 1980's, little was heard about substance abuse in the workplace. It simply was not perceived as a problem. Now the average employer recognizes that drug abuse is his or her problem, too, and that it directly and substantially affects the company's bottom line. If there are drug users in the workplace, then there must also be dealers in the workplace. Most users obtain their drugs from coworkers on or off the job. The

workplace is the perfect cover for drug buying and selling.

The good news is that the number of casual users of cocaine and marijuana is lower because society is much more aware of the dangers of drug abuse and its threat in the home, in the workplace, and on the roads. Casual drug use is decreasing because society is recognizing that drug use is a nondiscriminatory tragedy that affects everyone in terms of higher taxes, medical and insurance costs, and product prices. Roger Smith, the outgoing chairman of General Motors said that it costs his company \$1 billion a year for employee drug abuse—not including alcohol addiction—due to product defects, absenteeism, employee turnover, loss of productivity, theft, and industrial accidents.

This awareness of the danger of drugs is being advanced by programs such as Media Partnerships for a Drug-Free America, corporate programs, and State coalitions that are effectively spreading the word and enlisting the support of others. Promoting a drug-free workplace is not a competitive issue among companies, Mr. deBernardo noted. The cause has competitors banding together and sharing notes. There are no trade secrets when it comes to drug abuse prevention.

Employers are now firmly saying that they do not want drug users in the workplace. The ACLU and union officials say it is none of the employers' business what an employee does in the privacy of his or her own home. The response to this is that there is no constitutional right to engage in an illegal activity even if it is in the privacy of a home. More directly, it is the responsibility of an employer to his or her workers, families, customers, and shareholders to have a safe working environment and to minimize the dramatic effects of drug abuse. Bell South Corporation, for example, reported that 40 percent of its healthcare costs are attributed to substance abuse.

Society now has a much higher level of user accountability, said Mr. deBernardo. America cannot continue its concentration on dealers and forget about the users. If employers make a job contingent on an employee's being drug-free, then the downside risks for the employee are much greater than just minimal criminal charges for casual use. Most employees support drug-free workplace initiatives. A Gallup poll found that 97 percent of employees surveyed said

they favored drug testing in some cases. Eleven percent of employees think that employer drug policies are not strict enough. In different occupational categories, 73 percent of factory workers and 61 percent of office workers favor regular drug testing, and 69 percent of the employees surveyed favor drug testing in their own occupations. Employees embrace drug policies as long as they understand what it is the employer is trying to do, and that the policies are well-founded, well communicated, and evenly enforced.

Irwin Lerner

Mr. Lerner described the Corporate Initiatives for a Drug Free Workplace program that was launched by his company, Hoffmann-La Roche, Inc. The program began as a direct response to President Reagan's 1988 State of the Union address urging "stepped-up efforts to deal with the drug abuse problem." Hoffmann-La Roche Inc. began this private-sector effort in February 1988 to mobilize companies to actively eliminate illicit drug use in the workplace. It is a productive partnership between the private sector and government. The program has input, direction, and support from the White House Drug Abuse Policy Office, the Drug Enforcement Agency, the National Institute on Drug Abuse, and the U.S. Chamber of Commerce. There are currently 700 companies involved in the program.

More than 250 of the Nation's 1,000 largest corporations responded to Mr. Lerner's initial call for action. In June of 1988, the first National Conference on Corporate Initiatives for a Drug-Free Workplace was held in Washington, D.C. The conference was attended by 300 human resource, law, and public affairs executives, national and State government officials, and the media. It was the first time that corporate officials met to share, learn, and develop new ways to promote a drug-free workplace. The initiative also hosts regional events and conferences for corporate executives and public officials. These conferences provide up-to-date information on the legal, legislative, regulatory, scientific, and technological issues that businesses of all types and sizes need to know as they develop or enhance their substance abuse programs. They also provide real-world experiences and how-to's from corporations that have developed drug-free programs. Besides the conferences, the Corporate Initiatives program has developed other supportive tools. It has prepared a comprehensive, 250-page workbook, written by experts in both the public and private sectors, containing step-by-step

guidelines on designing and enhancing drug control programs. The program also developed the quarterly newsletter *Drug Free Workplace Initiatives* that provides useful and practical information on this national issue and is sent to 30,000 corporations and Federal and State legislators and regulators.

The program has also funded research projects on employers' programs. One research project, a Gallup survey, found that 28 percent of the Nation's largest corporations used drug testing to protect on-the-job safety records or to reduce accidents. These corporations also reported that as a result of these drug-testing programs, they have received better quality applicants. Twenty-six percent of the companies surveyed reported future plans to create a drug-testing policy. The Corporate Initiatives program also surveyed 102 corporations with drug abuse programs about the progress of current drug-free programs. The survey found that 49 percent of the firms have observed employees voluntarily bringing their drug abuse problems to counselors. Many have noticed a decline in the number of pre-employment positive drug tests. Companies also credited their drug abuse programs with preparing management to handle drug problem situations, reducing absenteeism, reducing on-the-job accidents, increasing productivity, and boosting morale. These programs also are resulting in better quality job candidates and products. Two-thirds of those surveyed described their drug abuse programs as successful. A third study will review the effects of illicit drugs in the workplace, including the tangible costs. An extensive bibliography on all these topics will soon be compiled.

Mr. Lerner reflected on what corporate America has learned and what needs to be done in its fight for drug-free workplaces. He said that corporate America is concerned about drugs and is taking action. The variety of innovative substance abuse policies and programs being implemented is impressive. Companies are becoming increasingly sophisticated in putting together programs that are strong in prevention, education, and rehabilitation. Corporations want to make their drug policies fair, reasonable, educational, and non-punitive. There is a great need for more treatment centers, however, and it is the corporations' responsibility, along with the government's, to provide financial and other support to create additional treatment resources. There is a need to assist State or Federal programs for small to mid-size companies. White collar firms need to catch up with

the industrial/manufacturing industries in drug prevention efforts. Corporations also want to continually improve their programs. But conflicting State regulations and laws need to be clarified to help employers develop effective programs.

Sherwood Korssjoen

Mr. Korssjoen presented an overview of the Washington State Drug-Free Business Initiative, which is a nonprofit, private sector organization involved in the fight against substance abuse. The goal of this organization is to develop drug use prevention through education and action programs and to mobilize the State's business community to reduce drugs in the workplace and among youth. Once the drug problem has been solved, the group will address other social concerns. The group is governed by an advisory board, consisting of volunteer leaders from business and industry, education, law enforcement, elected officials, and community service organizations. It is also advised by an executive board of directors representing each local Drug-Free Business chapter in the State.

The organization was formed because of the great effect of drug abuse on the workplace and national productivity. By organizing drug-free workplaces and concentrating on the workforce of tomorrow, the organization wants to reduce the economic and social impact of drug abuse in individual companies. This positive action will simultaneously help employees and their families, as well as aid the country in its fight against drug abuse, said Mr. Korssjoen.

The organization focuses on three main strategies. It serves as an awareness builder and information conduit on the effects of substance abuse on the present and future workforce. This is done by providing speakers and materials to employer groups, trade associations, unions, and service clubs; assisting in team building efforts and fostering community cooperation to build bridges between businesses and the prevention and treatment providers; networking with all public and private organizations involved in substance abuse prevention and treatment; and encouraging the creation of local Drug-Free Business affiliate chapters. The second focus of the organization is to help educate, train, and support employers implementing inhouse substance abuse programs. The organization provides drug and alcohol prevention seminars and workshops, newsletters, an information hotline, an updated resource manual, the

latest drug prevention materials, and referral services. The group's third strategy is to encourage, support, and facilitate the drug prevention coordination of the public and private sectors for the State's youth. The organization focuses on teaching young people a strong work ethic and positive personal skills to improve the quality and preparedness of this future workforce. The organization serves as a statewide

clearinghouse that identifies worthwhile programs that truly provide support to youth.

Mr. Korssjoen attributed much of the program's success to the commitment and involvement of the Governor, who got the business community interested and united.

Lunch with the Secretary of Housing and Urban Development

Speaker:

Jack Kemp

Secretary,

U.S. Department of Housing and Urban Development, Washington, D.C.

Tuesday, May 15, 1990

12 noon-1:30 p.m.

Presiding:

Stanley E. Morris, *Deputy Director for Supply Reduction, Office of National Drug Control Policy, Washington, D.C.*

Jack Kemp

Thank you, Stan, for that kind introduction. Judge Walton, it is nice to see you.

President Abraham Lincoln said our Nation could not exist half-slave and half-free. Today we cannot exist with the vast majority enjoying unprecedented prosperity while millions remain mired in despair. We must fight a new war on poverty and win it. And, as Bob Woodson I'm sure pointed out yesterday, and as you will hear this afternoon from Kimi Gray's panel, we must do that by bringing the members of our poorest communities themselves into the battle.

In talking about a war on poverty, I am speaking especially to those of you whose work is entirely devoted to the struggle against drugs. Drugs and the crime that comes with them are a critical front in the war on poverty and the greatest peril to its success.

As the President told the National Urban League a few months ago—quote: "Drugs are the number one threat Our inner cities cannot become centers of opportunity as long as they are battle zones in a drug war . . . crack, crime, and violence are an unholy trinity in our inner cities. And urban communities suffer most when the crack house is on your block, when the stray bullet from a drug war shootout kills the mother sitting on her porch, when parents and teachers and churches struggle to teach the values of honest and hard work and find themselves up against the fast-money allure of the drug trade."

I have seen this suffering and struggle over and over with my own eyes since being sworn in as Secretary of HUD. I have traveled to cities in every part of the United States to see first hand the conditions in the housing we support, and meet the people who live in public and subsidized projects. I have been shocked: drug addiction and trafficking, and all the violence, misery, and despair that flow from them, have

become a dominant fact of life in many of those projects.

I am delighted that we have, to date, made 100 grants in the amount of \$25,000 to cities to provide sports leagues, support Boys and Girls Clubs, start Boy Scout troops and support a variety of other youth programs at public housing sites having severe drug problems.

Ben Ale, of the Peoria housing authority put it this way: "Many of the youngsters who used to be hanging out on the streets are now spending time at the club and the incidence of crime, particularly vandalism and drug trafficking, has gone down tremendously."

These programs give a child a sense of competence, a sense of usefulness, a sense of belonging, a sense of power or influence—traits that help equip a child for the future.

Public housing can either reinforce the poverty trap or serve as a springboard. I am determined that public housing be a primary source of empowerment to help bring the poor back into the mainstream of the opportunity society.

President Bush has proposed a program called HOPE—Homeownership and Opportunity for People Everywhere—to create jobs, encourage entrepreneurship, expand homeownership and affordable housing opportunities, and empower the poor through resident management and homesteading. This initiative, I believe, will help make sure the war against drugs stays won.

The resident management and urban homesteading proposals in the President's HOPE program are especially potent: We intend to make it possible for the residents of public housing to manage and to

ultimately own their units. As William Raspberry, the *Washington Post* columnist, has written, "assets alter a person's perspective and create pride and purposefulness and a sense of having a foot firmly set on the ladder of opportunity."

Le Claire Courts and Cabrini Green in Chicago and Kenilworth-Parkside here in Washington are just three examples of public housing communities around the Nation that have begun a dramatic turnaround as a result of resident empowerment and creating the opportunity those residents soon will have to become owners of the units they live in.

President Bush and I are committed to engaging the people in their communities, in creating new possibilities for their futures. We are actively encouraging the work of organizations that share our conviction that the most durable solutions grow upward from the community, rather than being imposed from the top down.

But I have also been heartened: the same residents who have taken much of the brunt of the drug plague are now taking much of the action to get rid of it—demonstrating community opposition with a forcefulness that is changing the drug climate. And HUD, with local housing authorities nationwide, is committed to using all the power we have in ways that will maximize, reinforce, and secure the gains those residents are making.

That is why I am pleased to be able to announce to you today that, in a few weeks, we will begin using one of the most powerful tools in our legal arsenal to root out drug operators from public housing around the country.

Next month, in cooperation with Attorney General Thornburgh and the Department of Justice, we will launch the Public Housing Asset Forfeiture Demonstration Project in 23 cities across the country. It will be carried out by local housing authorities who, working with local U.S. attorneys, will seize the leasehold interest in public housing units that are being used for trafficking. The local housing authorities conducting the project are now notifying the individuals involved that they are potential targets for forfeiture.

When the cases for forfeiture are filed and approved by the local Federal courts, U.S. marshals will promptly take custody of the apartments from which the traffickers are operating.

A judicial order for forfeiture of assets is a very powerful weapon. It allows the public housing authority to take over the trafficker's unit immediately. And this action specifically targets serious drug traffickers, because the standard of proof for a forfeiture order is evidence *beyond a reasonable doubt* that the apartment has been used for the commission of a drug felony.

Some of you may recall that, last year, I took steps to speed the eviction of public housing tenants involved in drug activity. Concern was raised about due process, which we are carefully addressing. We are instituting forfeiture not as an alternative to eviction but in addition to it. Forfeiture is an answer to some very tough situations. Using it also will send a strong message that will tend to strengthen the eviction threat.

Attorney General Thornburgh and I will have a joint announcement with full details on the forfeiture project in the next few weeks.

I want to express my appreciation to the Justice Department for joining us in this project. Federal prosecutors have made a tremendous impact with asset forfeiture. In the 4 or 5 years it has been available to them for use in the drug war, they have done real economic damage to drug operators.

And, of course, raising the risk of a crime is an effective way to deter it. Using forfeiture will not only rid public housing of proven trafficker-tenants, but it will send a strong message to those who might contemplate dealing in drugs while occupying public housing.

Even more gratifying, in the case of public housing, is that not only will forfeiture provide greater peace and security to honest residents, it will let us turn over the traffickers' units to the many law-abiding families who are on public housing waiting lists across the country.

Now let me quickly highlight a few of the other elements of our 10-point plan to fight drugs in public housing.

Tightening security:

HUD has encouraged housing authorities nationwide to tighten security. My admiration for Vince Lane and the Chicago Housing Authority's "Clean Sweep" approach is unabated. He has been getting tremendous results. I like to say that every good idea I have, I have stolen. Well, we are stealing Vince Lane's idea. HUD is right now developing a whole training program on how to do Operation Clean Sweep. We also have been promoting the "Clean Sweep" model in other training workshops and through the Drug Information & Strategy Clearinghouse.

Streamlining evictions:

As I mentioned a moment ago, we are continuing to work on streamlining evictions. We are reviewing State laws to determine their conformity to constitutional due process and have made positive determinations for 40 States. The goal, once we have made the determinations, is to allow local housing authorities to start eviction without triggering the more involved HUD appeals process.

Grants and CIAP funds:

We have issued rules allowing public housing projects to make anti-drug use of three major HUD fund sources—Comprehensive Improvement Assistance Program funds, Community Development Block Grant funds, and the Drug Elimination Pilot Program. We have budgeted \$97.4 million for public housing anti-drug efforts this fiscal year and have asked for \$150 million for fiscal year 1991. These moneys will buy more security hardware, management improvements, additional security guards, anti-drug education, counseling, and recreational and day-care programs.

Reclaiming vacant units:

Ninety-one thousand public housing units are vacant. Many of these are an enticement to traffickers and drug abusers and all communicate neglect and abandonment in communities where we need a spirit of rebirth.

Incredibly, current regulations require HUD to subsidize vacant units, but that is going to change. I have directed that a new regulation be developed eliminating the subsidy for vacant units.

I also have asked for a new rule to replace another, equally illogical regulation that withdraws the subsidy for a unit that is converted to a social service. The new rule will allow the subsidy for a unit utilized for a social service such as health care, day care, and drug treatment.

Meanwhile, I am vigorously encouraging local public housing authorities to bring all available units up to housing quality standards and get them occupied.

Section 8 benefits:

We are going forward with the necessary regulatory changes to let us cut off public housing benefits for those engaged in drug-related or other serious criminal activity. The public comment period has been completed on the proposed rule and we are working on the final regulation. It will be published and take effect this summer.

Youth programs:

Idleness has been called the canker of the mind, the Devil's workshop, the mother of vices. In many young people today, idleness breeds despair, vandalism, illegal drug use. One of my major commitments in the fight for drug-free public housing is to give our children something better to do.

Youth programs such as sports leagues or other organized activities are important to the learning process and self-esteem of any youngster. So beginning last summer, we started working with the Boys and Girls Clubs of America to provide these types of opportunities for young residents of public housing.

And we are correspondingly committed to working with you. We believe that the Federal government has a role to play, but it cannot—and should not—be the whole answer. The wars on drugs and poverty are battles that call for every institution, public, private, and nonprofit, at every level to join in waging. These are winnable wars. President Bush believes that, I believe it, and I know you do, because that is why we are all here today.

Thank you for inviting me.

Workshop

Promoting Drug-Free Neighborhoods in Public Housing

Moderator:

Kimi Gray

President, National Association of Resident Management Corporations, Washington, D.C.

Tuesday, May 15, 1990

1:45-3:15 p.m.

Panelists:

Julie Fagan, *Director, Office for Drug-Free Neighborhoods, U.S. Department of Housing and Urban Development, Washington, D.C.*

Margaret Rodriguez, *Tenant Relations Coordinator, Santa Barbara Housing Authority, Santa Barbara, California*

Corinna Robertson, *Chairperson, National Drug Task Force, National Association of Housing and Redevelopment Officials, Washington, D.C.*

The panelists described successful anti-drug programs in public housing, showcasing strategies designed to involve residents and others in surrounding neighborhoods.

Kimi Gray

Ms. Gray introduced the panelists and emphasized that successful efforts to rid public housing of illegal drugs depend on the cooperation of housing agency staff, the residents, local law enforcement officials, and the community as a whole.

Julie Fagan

The U.S. Department of Housing and Urban Development (HUD) has changed the focus of the public housing program from "bricks and mortar" to the people within the walls, noted Ms. Fagan. She also announced that HUD will soon make available \$97.4 million in grants for anti-drug initiatives, including greater resident involvement in public housing management. Those grants can be used to fund a wide range of activities, including security measures, off-site drug abuse treatment programs, and management improvements aimed at ridding public housing of illegal drugs.

Ms. Fagan also highlighted efforts by local public housing agencies (PHA's) and residents to rid their neighborhoods of the scourge of illegal drugs. Model anti-drug initiatives include programs to regain control of public housing developments from gangs that virtually hold residents hostage. One such program is "Operation Clean Sweep" in Chicago.

Others are designed to ensure equal access to services such as drug treatment for public housing residents. Examples of such programs are available through HUD's recently established Drug Information & Strategy Clearinghouse.

Although these initiatives vary widely, both in structure and scope, they share some common characteristics, said Ms. Fagan. An analysis of those programs shows that they often are born in crisis. A crisis atmosphere can be the catalyst for a cooperative spirit among residents of public housing and surrounding neighborhoods, church and civic groups, and local public agencies. Forging these partnerships spawns effective leadership and resourcefulness in coming up with solutions to situations not covered in HUD handbooks.

Responding to crisis situations often means not waiting for Federal funds to pay for needed programs. In many instances, money is leveraged from local sources, and volunteers are recruited from public housing developments and the surrounding communities.

Successful anti-drug efforts stem from effective implementation of comprehensive plans that include improved management, rigorous screening of applicants for public housing, referral services, drug education and prevention, and treatment programs. Outcome measures such as comparing vandalism costs and tracking the number of drug-related inci-

dents are used to assess the effectiveness in meeting short- and long-term goals.

Clear expectations of behavior by public housing residents and their guests—drugs will not be tolerated—are essential. To ensure these expectations are met, evictions and enforcement of other lease provisions, police intervention, and other sanctions are brought to bear if necessary. Rewards such as scholarships for youth and other incentives reinforce positive changes in behavior.

To help public housing communities mount effective anti-drug campaigns, HUD provides financial resources and information about how to conduct needs assessments and develop grant applications. A technical assistance network of public housing officials, resident leaders, and consultants; regional training programs for management, lease enforcement, drug prevention, and community organization training; and crisis teams that respond with onsite expertise are among the resources available from HUD.

Margaret Rodriguez

Ms. Rodriguez presented an overview of anti-drug initiatives undertaken through the Santa Barbara Housing Authority (SBHA) Tenant Relations Coordinator's office. The resident-focused activities include programs for youth in public housing.

An important component of these efforts is the Prevention Alert Liaison (PAL) program, designed to coordinate and disseminate delinquency prevention information and resources to non-adjudicated at-risk youth. The PAL program is open to youth in public housing and the surrounding neighborhoods. In addition to being a referral center providing delinquency prevention information, the program offers a variety of recreational activities, as well as educational and vocational opportunities. The recreational component includes summer camps, field trips, and sports activities. Vocational opportunities include summer jobs, community-based activities, and street cleanup and graffiti removal projects. A mentor program is designed to channel youth into various professions, not just public service jobs, but careers such as architecture journalism. Educational experience and enrichment includes school-based peer association and teacher-student and parent-teacher meetings, as well as scholarships for summer school programs.

In addition to administering youth-related drug and delinquency prevention programs, the Tenant Relations Coordinator's office spearheads efforts to curtail drug activities by adults in public housing. Residents who sell or use drugs on SBHA property are subject to eviction. However, eviction is not always necessary, because other residents exert peer pressure. In one instance, a drug-involved resident was effectively blackballed by neighbors and moved out within 3 weeks, Ms. Rodriguez noted.

Corinna Robertson

Ms. Robertson highlighted data collected by the National Association of Housing and Redevelopment Officials (NAHRO) indicating that, contrary to common perceptions, the majority of drug-related crime in public housing is not caused by residents. The NAHRO survey also includes examples of programs to rid public housing of illegal drugs.

Among the survey's findings is that most of those arrested for drug-related crime in public housing, ranging from 70 percent in New Haven, Connecticut, to 90 percent in San Antonio, are outsiders. To help reduce crime on their properties, public housing agencies (PHA's) have spent about \$80 million for improvements such as upgrading security systems. Funds are primarily provided through HUD's modernization grants program.

Examples of anti-drug initiatives from the survey include establishing police substations on public housing property. In addition to providing a police presence in the community, those substations also serve to foster a better relationship between law enforcement personnel and public housing residents. Some housing agencies even have special narcotics squads on the premises.

A common tactic used by PHA's is evicting residents whose housing units are used for illegal drug activity. Local trespassing laws are used to arrest drug dealers who attempt to conduct business in public housing. Special sweeps and police patrols are also effective ways of ridding public housing communities of drug dealers.

Public housing residents actively participate in so-called drop-a-dime programs and report drug-related crime in their developments to the police. Other examples of citizen participation include resident patrols. Residents also actively cooperate with

housing agency staff in developing and implementing comprehensive anti-drug plans.

Drug-abuse prevention programs for public housing youth include pairing them with PHA employees or volunteers, who serve as role models. Positive role

models for public housing youth are the cornerstone of drug prevention efforts, Ms. Robertson stressed. Sports and other recreational activities for public housing youth, as well as anti-drug rallies, also are effective deterrents to involvement with drugs.

Workshop

Developing Intergovernmental Anti-Drug Partnerships

Moderator:

Stanley E. Morris

*Deputy Director, Office of Supply Reduction,
Office of National Drug Control Policy,
Washington, D.C.*

*Tuesday, May 15, 1990
1:45-3:15 p.m.*

Panelists:

Nicholas L. Bissell, *Somerset County Prosecutor, Somerville, New Jersey*

Griffin Rivers, *Drug Czar, New Orleans, Louisiana*

George Ellin, *Special Investigator, Charleston Police Department, Charleston, South Carolina*

Eugene P. Schoener, *Executive Director, Michigan Coalition on Substance Abuse, Detroit, Michigan*

Panelists discussed the benefits of sharing information and other resources among Federal, State, and local jurisdictions.

Stanley E. Morris

Mr. Morris noted that given the nature of the drug problem, the old ways of operating separately no longer work. Agencies can no longer operate effectively in isolation but must bridge the division of responsibilities that have kept them apart.

Asked during the question-and-answer session if there was common ground between those who focus on supply and those who focus on demand, he replied that the common ground is commitment to a common objective and to the fact that cutting the supply has an impact on demand issues (e.g., treatment), and vice versa.

Asked about the relationship of poverty to the drug problem, Mr. Morris said there is no perceived link between poverty and drug use, pointing out that Switzerland, with a high per capita income, has a very large drug problem. He said that the root causes of drug addiction are not known.

Nicholas L. Bissell

Drug interdiction used to be done ad hoc by police departments, but in 1986 the New Jersey legislature passed a law changing the penalties for narcotics distribution. This made it necessary for New Jersey to

develop a statewide narcotics action plan to enforce the new law and its more stringent penalties. The State needed a unified plan and task forces in each of the counties to carry it out. The plan and the task forces have had to take into account some situations and events outside New Jersey, such as the thriving drug wars across the borders in New York and Philadelphia.

Activities to bridge the gap between agencies and between jurisdictions are varied. Middlesex and Somerset county prosecutors work together to "cover both sides of the road" so drug dealers cannot just switch counties to escape prosecution. A good example of cooperation was set by police agencies in those counties who work together in making arrests.

Griffin Rivers

Mr. Rivers spoke of the difficulty of "bringing everyone under one tent," but the seriousness and magnitude of the drug/alcohol problem has spurred joint activity in New Orleans. He cited five issues that require a coordinated approach: the criminal justice system, treatment programs, rehabilitation programs, education, and public awareness.

The news media have done communities a disservice, he said, by portraying the problem as only involving blacks. When the problem is seen as an isolated one, it is hard to get support from some areas and to get the money to where it is needed. Everywhere, turf battles create unnecessary obstacles.

As an example, he cited the difficulty the city had in getting new hospital beds funded to take care of the influx of drug-related medical cases. There is also a need to support aftercare programs for recovered addicts. To raise community consciousness about responding to drug problems, Mr. Rivers constantly meets with churches and community organizations.

George Ellin

Mr. Ellin spoke of his efforts in Charleston, South Carolina, to coordinate the fight against drugs. With a supportive mayor and the collaborative work of people performing their own jobs, the city has seen a drop in its drug statistics. Mr. Ellin's task is to find funding for the effort and to "make money"—through, for instance, reverse sting operations that seize drug assets. In the first 6 months of 1990, the Charleston Police Department seized \$1.4 million in drug money, of which 75 percent went directly to the police department.

Charleston is leading a statewide collaboration of police departments to attack drug trafficking at every level. Among their tactics is a squad of officers who arrest street dealers after "sitting in garbage cans all day, if necessary, to watch them." From 15 to 30 street dealers may be arrested in a single day.

Mr. Ellin said that the fight against drugs rests ultimately with the people. "Once the public is up in arms, there will be no more drugs in our neighborhoods," he said.

Eugene P. Schoener

A physiologist and professor of pharmacology, Dr. Schoener described the work of the Michigan Coalition on Substance Abuse (MCSA), of which he is the executive director. He stressed that the MCSA is not a government agency but a public policy advocate for substance abuse prevention, intervention, and treatment. Members of the coalition are organizations

representing associations, universities, parents' groups, counselors, representatives of adult children of alcoholics, school populations, and blacks.

The history of substance abuse prevention in the State goes back 40 years, and the coalition itself is 15 years old. MCSA cosponsored an appraisal of the problem in Michigan and presented possible solutions. The coalition has been able to galvanize public opinion, and in the process has made basic changes in its own operation. Once intent on unanimity, the coalition now agrees to disagree. The coalition's day-to-day program is carried on by committees (e.g., legislative action, resource development, communications) that meet monthly.

Other coalition activities include a conference that brings together the boards of organizations working in the anti-drug field, a workshop on treatment issues, a legislative luncheon to raise lawmakers' level of consciousness on drug issues, and the convening of alliances on drug-free schools and drug-free workplaces.

In answer to a question about the relationship between poverty and the drug problem, Dr. Schoener replied that in reality there are two drug problems: drug use and the criminality of the marketplace. The second problem—drug trafficking and sales—is linked to poverty because it offers poor people opportunities for entrepreneurship not usually available to them.

Commenting during the question-and-answer session on the differences between supply- and demand-related approaches, he suggested that the line between these two approaches is shifting, citing as an example the DARE (Drug Abuse Resistance Education) program, which brings police officers into elementary school classrooms to help children resist drugs.

Workshop

Public/Private Partnerships Against Drugs

Moderator:

Mike Moore

*Attorney General and Chairman,
Substance Abuse Policy Council,
State of Mississippi*

Tuesday, May 15, 1990

1:45-3:15 p.m.

Panelists:

Billie Ann Myers, *Deputy Director, Division of Volunteerism, State of Arkansas*

Elizabeth Gibson, *Project Director, Communities for a Drug-Free Colorado, Denver, Colorado*

Hope Taft, *Founder and President, Citizens Against Substance Abuse, Cincinnati, Ohio*

J. Douglas Holladay, *President, One to One Foundation, Washington, D.C.*

The panelists discussed methods of encouraging partnerships between State and local governments and private organizations (churches, businesses, and other organizations) in fighting the war on drugs.

Billie Ann Myers

Ms. Myers discussed the role of the State government in creating and supporting public/private partnerships against drug abuse. She credits the success of Arkansas' public/private coalitions on the "golden triangle" formula, which states that the public sector plus the private sector plus the volunteer/nonprofit sector equal the community good. This golden triangle will always form a coalition with the resources to identify the problem, the resources to solve the problem, and the people power to get the job done.

Because of heavy regulations, the levels of authority, and the legislative and policymaking processes, government tends to interfere with and impede the development of community programs. The creation of an enormous amount of paperwork, laws restricting volunteers, and conflicting policies at the Federal and State levels create barriers for problem-solving community programs. Ms. Myers said that a government's idea of a partnership usually involves coming into a community with the significant planning, decisionmaking, and goal-setting already done. Instead, the government must assume another role in building successful public/private partnerships. The government needs to ask people to do something.

According to Ms. Myers, if you do not ask, people cannot say "yes." Government needs to provide the opportunity for a community to help. The government must also set the tone by putting its commitment and resources behind the project instead of demanding that the community do all the work. The government must also help the community put together the baseline data.

It is also important for the government to ensure interagency cooperation before going into the community. Legislation should be flexible enough to encourage creative community problem-solving. The government must put fewer constraints on funds. Community people are busy doing the work—they do not have the time to spend reporting. It would also help if the State establishes an office of volunteerism to develop resources.

The government must also demonstrate a desire for community involvement. One of the most successful programs in Arkansas is its Unified Community Resource Council (UCRC), which is owned, funded, and operated by the local communities. Each local council identifies problems in the community and decides how they will be solved. UCRC is basically a roundtable of community organizations that is an information and referral center for organizing local volunteers. It is also a structure for getting things done more quickly. Ms. Myers encouraged each State to form its own UCRC.

Elizabeth Gibson

Ms. Gibson presented an overview of a Colorado drug program that is based on the premise that local people can solve their own problems. Collaboration among local law enforcement, schools, and religious organizations is important to fighting the war on drugs. Localities need to come up with their own plans for meeting their own particular needs. This collaboration at the local level has inspired statewide collaboration in Colorado and can be used by other States.

Ms. Gibson reiterated that people liked to be asked by the government to do something, and the right person needs to do the asking. If a State wants to target a group of CEO's to implement a project, then the State's Governor needs to be the one to ask. Ms. Gibson quoted former Congressman Tip O'Neill, who said that "all politics are local." In Colorado, for example, some counties' economies depend heavily on their wineries. Consequently, it is difficult for them to support statewide policies against alcohol. The government must realize that it cannot just speak from one viewpoint.

Community mobilization around substance abuse is not just about alcohol and drugs, said Ms. Gibson. It is about raising the consciousness of the whole society. As consciousness is raised, there will be more talk about values. She expressed that the use of drugs is a cover for the fact that America's values have gotten messed up, and it is government's role to reflect values, not dictate them.

Hope Taft

Ms. Taft presented the local perspective of encouraging public/private partnerships against drugs.

She said that elected officials need to initiate the cause and give it legitimacy. By appointing someone to head a task force and then using city hall as an incubator for the process, the government can form successful programs. Also, when people come to her group to volunteer assistance, Ms. Taft looks at their individual talents and resources and puts them to work doing what they do best. She uses the creativity and enthusiasm of people from all walks of life to enhance the group's efforts.

Ms. Taft detailed how a countywide program like Citizens Against Substance Abuse can be more effective than statewide or individual community efforts in the war against drug abuse. She said that countywide organizations can attract the attention of big business. Her group networks with smaller community groups, school districts, and parents' groups to regenerate their efforts with new ideas. Her group also offers technical assistance to help local groups get started. Because larger groups have a stronger voice than smaller groups, they can also generate more media attention.

Ms. Taft said her countywide program has to continually overcome many local "turf wars" by making sure localities know that her organization is just an awareness-raising effort and not a threat to other groups. Citizens Against Substance Abuse makes it a point to cosponsor every event with local entities instead of solely running any function.

She said government could help volunteer groups by providing a source of income for staff salaries to keep a successful program going. Businesses are willing to donate money for a program, but not for salaries. This is one way that a government can help empower the local level to keep the drug prevention energy flowing.

J. Douglas Holladay

The One to One Foundation was established as a result of senior-level people in the business community becoming serious about the drug problem. The program has two components: a major mentoring initiative for at-risk youth and an entrepreneurial component. The program provides economic opportunities for youth in 15 cities as an alternative to earning money in the drug trade. The program gives these youth the chance to own equity in a company. The program now has five companies in which youngsters actually hold a stock ownership position. The program wants these youth to know that the American dream has not bypassed them.

The program has an ambitious strategy that brings the leadership of a city together around one big idea—connecting disconnected children. The program pairs these youth with positive role models. In

Philadelphia, for example, the One to One Leadership Council convenes the heads of universities, major corporations, churches, and community leaders to volunteer for mentoring or entrepreneurial participation. United Way also plays a pivotal role by staffing this effort.

Mr. Holladay closed by stating that it is important for governments to start thinking of the business community as an ally. That is the kind of partnership that can change America.

Mike Moore

As moderator, Mr. Moore reiterated the philosophy that local people can solve local problems. He noted the success of some of Mississippi's active community programs that have been coordinated by the State. The State brings the problem to the community arena and then empowers local forces to implement programs to combat it.

Workshop

Trends in Drug Use: What We Will See on the Streets in the 1990's

Moderator:

David L. Westrate

Assistant Administrator,

Drug Enforcement Administration,

U.S. Department of Justice, Washington, D.C.

Tuesday, May 15, 1990

1:45-3:15 p.m.

Panelists:

Blanche Frank, *New York State Division of Substance Abuse Services, Albany, New York*

James Hall, *UPFRONT, Inc., Miami, Florida*

Richard Spence, *Texas Commission on Alcohol and Drug Abuse, Austin, Texas*

Panelists discussed model State anti-drug legislation, including recent revisions to the Uniform Controlled Substances Act. Panelists addressed statutes regarding asset forfeiture and death penalty provisions.

David L. Westrate

Mr. Westrate opened with a few remarks about the 1980's because, he said, unless we contemplate the 1980's we can't predict the 1990's. The 1980's were the decade of cocaine. The 1980's were rooted in the 1970's when there was a misperception that drugs only affected the user, and marijuana and cocaine were harmless. Today we have the most severe drug crisis in the history of the world.

During the 1980's, worldwide cocaine production doubled. A lot came from Peru, where you can fly for hours and see nothing but cocaine production. Indicators on the supply side are the sizes of some of the seizures—a total of 82 metric tons seized in the United States in 1989—which have not even caused a ripple in terms of supply.

One of the recent phenomena is the aggressive marketing of cocaine. There has been an enormous increase in violent intimidation in Colombia. It's fair to say that the Colombian judicial system is completely dysfunctional, according to Mr. Westrate. What bodes poorly for the 1990's is crack cocaine and huge drug gang problems; even medium-sized city chiefs are now encountering youth gang problems.

The potential for civil disorder has been created in the 1980's and we must address this in the 1990's. There are racial dynamics in the cities; police are over-

whelmed and reacting in more forceful ways. There is a rise of vigilantism that is a serious thread running through this whole problem, particularly in the white suppressionist groups and the racial hatred groups. They are all saying that law enforcement cannot handle the problem.

What are the drug gangs going to be like in 5 to 10 years? Ninety percent of gang members will either be dead or in prison. Those left will be well-organized, well-financed, and the most difficult criminal structure we've ever had to deal with.

We're going to have an enormous flow of heroin coming into the country in the 1990's, particularly from Southeast Asia, predicted Mr. Westrate. From the supply side, it will be 10 times more difficult than dealing with cocaine, partly because the countries it comes from are inaccessible to us. Heroin will be one of our biggest challenges in the next several years.

Ice, the first natural substitute for crack cocaine, will also challenge us. High-quality marijuana with high THC content will also be a problem. Many indoor growing operations are so sophisticated they are computer controlled.

In the last decade we made tremendous strides in education and prevention, and these efforts are beginning to pay off. We're making an impact—it's the inner city that we're having the most difficulty in addressing.

From the law enforcement perspective, there is a change in attitude among nations all over the world—a much tougher stance on the part of most governments. Mr. Westrate hopes to see a decrease in violence caused by drugs and believes we have passed the saturation point.

The cocaine situation is also most important for the 1990's, Mr. Westrate said. He feels for the first time we have potential to make significant progress on the supply side of cocaine. We're making progress with chemical control legislation in Colombia. If we can make progress on the supply side, then some other demand reduction and treatment programs have a better chance.

Blanche Frank

New York City has a long-standing drug problem, said Dr. Frank. She presented a handout to the audience, *Drug Use Trends in New York City*, which she discussed.

She reviewed some indicators of cocaine activity that the New York State Division of Substance Abuse Services follows—deaths, emergency room admissions, births to women using cocaine during pregnancy, and arrests. Some statistics on these indicators had risen and some had remained stable. Cocaine arrests totalled 54,000 in 1989; there were 3,100 births to women using cocaine in 1989. Eighty percent of cocaine arrests involved crack, and most of the births were to women using crack.

Economically, crack is almost an ideal cottage industry. People use materials available in their own kitchens to do the conversion from cocaine hydrochloride. Children are used for delivery, and storekeepers were enlisted for money laundering. Something glamorous that has developed is a new language of Star-Trek-type terminology in the crack subculture.

Crack has become entrenched in the ghetto areas of New York, where many different kinds of activities are carried out in crack houses. Dr. Frank discussed the frequency of using other drugs versus the frequency of crack use, as often as 4 times a day. It takes only 1 second to get high on crack; 21 seconds for cocaine. The duration of the high is only 5 minutes for crack versus 30 minutes for cocaine. Other statistics presented by Dr. Frank were that 96 percent of crack

users suffer from depression versus 74 percent for cocaine users.

Cocaine represents 43 percent of all treatment admissions in New York versus 28 percent for crack. Sixty-three percent of treatment admissions are male and 37 percent are females. Blacks are by far the predominant crack users in New York.

Emergency room, treatment, and prison detoxification statistics indicate that of all heroin admissions, 66 percent are IV users; 31 percent are coming into treatment because of intranasal use; males represent 72 percent, females 22 percent. Ninety percent are over 25 years of age. Only 20 percent show no previous drug treatment.

Marijuana is becoming more potent and is a drug to be concerned with in the future. It is a companion drug—often used with cocaine or alcohol. Dr. Frank reported very little PCP or amphetamine use is now seen in New York.

Births to drug-using women were 800 in 1980; by 1989 they were an alarming 4,300. Cocaine births are 30 times what they were in 1980. What this represents in terms of potential services is enormous, said Dr. Frank. When looking at AIDS in New York City, 37 percent of the cases are IV drug users.

In the 1990's, cocaine, heroin, and marijuana will continue to be the popular drugs, Dr. Frank predicted. Heroin, particularly sniffing it, will be popular, as will smokable forms of the drug. Ice in smokable form will also be popular, but has not yet hit the streets.

Richard Spence

Mr. Spence told the audience to be wary of drug-use data because they are all flawed—there are many surveys, but none is perfect. They are indicators, however, of the impact of drugs.

Arrests for drug-related crimes in Texas have increased from 45,000 to 72,000 during the 1980's. Incarcerations are up 480 percent. Another indicator is the number of drug seizures. Mr. Spence presented statistics showing vast amounts of drugs seized. Many clandestine labs were seized and shut down. Emergency room admissions for cocaine and heroin have increased; 1987 was the first year that cocaine

admissions were higher than those for alcohol, and they have remained so. Another category of emergency room admissions is that of legally produced drugs. Heroin deaths in the last 5 years have increased twofold—cocaine deaths are 4 times higher than 5 years ago.

Every year, treatment admissions number about 30,000; alcohol is still number one with about 40 percent. Cocaine is number two and has increased tenfold in 5 years. Alcohol treatment admissions tend to be older—average age is 35 for treatment. The next group—cocaine, amphetamine, and marijuana—are 25 to 27. That's in keeping with statistics on the time lag between first use and addiction—crack is 18 months; cocaine is 5 years; heroin is 13 years; and alcohol is 18 years.

The 1990's will be influenced by supply, said Mr. Spence. There has been an increase in organized drug traffic. With the lack of current economic opportunities in Texas, drugs have become a cottage industry. The aging of the population will impact drug use—the over-35-year group is growing. Therefore, cocaine use will decline. But there will be great increases in admissions for treatment for alcohol and heroin.

Hopefully we can apply in the 1990's all we learned in the 1960's and try to intervene, said Mr. Spence. To sum it up, he said, if he had to characterize the 1990's, it would be dedicated to relapse prevention with huge numbers entering treatment.

James Hall

Mr. Hall talked of the system for measuring patterns and trends in drug abuse in local communities. Miami was the first community to report large numbers of deaths due to cocaine—the city also saw dramatic increases in emergency room admissions related to cocaine. However, it was also the first city in the United States to show a leveling off and even some declines in the key indicators of cocaine abuse. The summer of 1986 was the peak. He noted that in December 1989, some cities reported early signs that cocaine use has leveled off.

Blacks remain overrepresented in the consequences of cocaine abuse; this may be because the inner cities have been targeted for aggressive cocaine marketing. Racism has played a large role in the drug war, and Hispanics are underrepresented in the consequences of cocaine, according to Mr. Hall.

Miami has had very few incidents of heroin consequences because its quality is not good—no heroin overdose deaths have been reported in 3 years. There is, however, concern about stories of booming production in Southeast Asia and Mexico, and poppy growing in Colombia. Marijuana showed increases in consequences in 1987, when the potency of domestically produced marijuana rose dramatically.

Looking at trends in the 1990's, the good news is that demand for drugs is down, according to Mr. Hall. There is a shrinking number of drug users in the United States overall. The bad news, however, is that those who remain users are much more likely to have serious consequences because the drugs have become more potent, more addictive, and there's more violence associated with them. The supply of marijuana is up. He believes that most of the drugs consumed in America in the 1990's will be produced in America. There will also be global production booms.

The economic implications of an increasing supply and a decreasing demand are that there will be more aggressive marketing and production of more addictive drugs—it will be necessary to get people addicted earlier, Mr. Hall said. Lower priced drugs will be targeted to younger people and lower educated groups. There will be more gangs and more drug-related crime and violence.

Mr. Hall said that the war on drugs will be won on the homefront by those communities that come together and decide that they will solve this problem. Americans lost their sense of community in the 1960's. To solve the drug problem we have to rebuild the community.

Workshop

Model State Legislation To Implement the National Drug Control Strategy

Moderator:

Ernest D. Preate, Jr.
*Attorney General,
Commonwealth of Pennsylvania,
Harrisburg, Pennsylvania*

*Tuesday, May 15, 1990
1:45-3:15 p.m.*

Panelists:

Richard Ieyoub, *District Attorney, Calcasieu Parish, Louisiana, and incoming president of the National District Attorney's Association*

Richard Wintory, *Director, National Drug Prosecution Center at the National District Attorney's Association, Alexandria, Virginia*

Larry Fann, *Acting Director, Asset Forfeiture Program, U.S. Department of Justice, Washington, D.C.*

The panelists discussed legislation that States are now using or could use in the future to combat drug-related crime. Most of the discussion centered on asset forfeiture.

Ernest D. Preate

Mr. Preate opened the workshop by reiterating U.S. Attorney General Thornburgh's statement that the United States has a Federal drug policy, but what is needed is a national policy. William Bennett said the States must share the heaviest burden. States handle 90 percent of all drug investigations, arrests, trials, and incarcerations. According to Mr. Preate, there are as many people in California prisons for drug-related offenses as there are in the whole Federal prison system.

What can States do legislatively to help resolve the drug problem? Pennsylvania has initiated legislation in five problem areas: (1) anti-violence legislation, (2) prison problems, (3) assistance to law enforcement, (4) community protection, and (5) demand reduction legislation.

Legislation to reduce violence includes giving a mandatory 5-year sentence for using a firearm during commission of a drug-related crime, and a 20-year sentence for delivering "bad" drugs that result in a death. In Pennsylvania, fortifying a building for the delivery of drugs increases one's penalty by 2 years, and causing the death of a victim who is an informant, competitor, judge, or prosecutor creates an aggravating circumstance for the death penalty.

Pennsylvania's proposed solutions to prison crowding include giving earned time that involves time off for good behavior plus enrollment in a drug rehabilitation program or education and vocational skill training. It also includes a variety of new ideas: introduce boot camps; use house arrest; use community service such as street cleaning; create drug courts (special prosecutors, defense attorneys, and trial judges who handle only drug cases); test for drugs before granting early release for probation and parole; and continue testing upon entry into probation.

Recommended legislation to assist law enforcement includes implementing asset forfeiture and using the funds for law enforcement. Thirty-seven States dedicate asset forfeiture funds to law enforcement, but only 27 of these dedicate 90 percent or more to law enforcement. In Virginia and North Carolina, law enforcement receives none of the forfeiture money.

States might also tax illegal substances. Twenty-six States mandate or have legislation pending that mandates that illegal possession of drugs and drug transactions be taxed at retail value.

Other ways to assist law enforcement might include diverting unlawfully prescribed drugs; stepping up interdiction on highways, bus stations, rail stations, airports, and ports, using the National Guard to assist the police; requiring that precursors of illegal synthetic drugs be registered; creating municipal task forces or strike forces; holding municipalities harmless on liability; enhancing the penalty for distribution

from adults to minors; targeting drug kingpins who manage or supervise drug activities; banning beepers; and lifting the statute of limitations for major drug offenses.

Legislation to better protect the community involves suspending the license of professionals who illegally use or contribute to the illegal use of drugs; mandating workplace drug testing; requiring that recipients of State grants and contracts maintain a drug-free workplace; mandating that delivery of drugs to an unborn child is a crime (in Florida and California, prosecuting the mother using existing child abuse statutes has been successful); implementing drug-free zones, enhancing penalties and expanding drug-free school zones to child care areas, playgrounds, parks, and bus stops; applying pressure to landlords and tenants by seizing rental property when the landlord knew or should have known that the property was being used for drugs; and allow landlords, especially in public housing, to evict tenants for felony drug convictions.

Demand reduction legislation involves law enforcement, drug education, and treatment initiatives.

Law enforcement legislation could include provisions to suspend the driver's license of convicted drug users; implement mandatory fines based on the amount and type of drug and seizure of assets; and implement deterrent legislation such as boot camps, publishing names and photos of drug offenders in newspapers, requiring employment drug testing, and requiring college students to remain drug free as a condition of State aid.

Education-related legislation would be used to implement anti-drug and anti-alcohol abuse programs that nurture self-esteem and teach respect for law enforcement.

Treatment-related legislation would help addicted mothers stay with their children while in treatment; expand health insurance to cover drug, as well as alcohol, addiction; and permit guardians and parents to admit involuntary minors to treatment programs.

Richard Ieyoub

Mr. Ieyoub described the process of enacting asset forfeiture legislation in Louisiana. He noted how important it was to enlist the support of the Governor

and law enforcement officials; and how ready the public is to find solutions to drug-related crime.

Until 1989, the Louisiana Supreme Court had held that contraband other than personal property could not be forfeited. To reform the law, it was necessary for State lawmakers to pass legislation and the voters to approve an amendment to the State constitution.

In December 1988, the Louisiana District Attorney's Association (LDAA) began taking the first steps to assure passage of legislation to amend the State constitution to allow law enforcement to seize assets. LDAA Executive Director Pete Adams started the process by asking for support from law enforcement officials and the Governor.

When the measure was introduced, State legislators were favorably swayed by the anti-drug nature of the draft bill. Not only did they like the anti-drug tone, they also were pleased that it allowed the legislature to define contraband and allowed courts to use the more lenient "preponderance of evidence" standard of proof rather than the more stringent "beyond a reasonable doubt" standard.

Throughout the winter and early spring of 1989, the LDAA continued canvassing to gain the support of the sheriffs, district attorneys, and other law enforcement professionals. At the State level, the LDAA paid special attention to courting the attorney general and the Governor.

In April 1989, the Governor agreed to support the legislation, churches came out in favor of the measure, and several Louisiana professional and religious associations formed a coalition to support the bill.

When the legislative session opened in April, the bill had 40 to 60 coauthors.

The LDAA chose to try for passage in the Senate before the House because the Senate was more conservative, one of the coauthors was the chairman of a key Senate committee, and the LDAA knew it had the votes to gain passage. By the end of May, the Senate had passed the bill. The House soon followed suit, and the Governor signed the bill.

The LDAA then began a campaign to convince voters to approve the amendment in the October 1989 statewide election.

The campaign was well structured and well represented geographically and racially. Most of the campaign's budget was for radio advertisements. The campaign's motto was simple and effective: "Bankrupt Drug Dealers." When several key newspapers editorialized against the amendment, the LDAA and the coalition supporting the amendment began a letter-writing campaign. The public accepted the campaign, Mr. Ieyoub believes, because citizens want to find ways to win the war on drugs.

On October 6, the amendment passed with 68 percent of the vote—a very high percentage in Louisiana elections.

Mr. Ieyoub recommends others who lobby their State legislatures to be prepared for a counterattack from criminal defense bars. They can be strong opponents if they are well organized. The criminal defense bar can do more than just react, they may take proactive steps to thwart legislative initiatives they oppose.

Dick Wintory

The theme of Mr. Wintory's presentation was that legislators must continually respond by changing the criminal justice rules because drug dealers always find a way to get around them. For example, as drug kingpins insulate themselves through layers of drug-related workers, law enforcement must have ways to peel back those layers to get at the kingpins.

In response to criticism that tougher laws only lead to prison crowding, Mr. Wintory suggested targeting major dealers, identifying kingpins, and concentrating efforts on putting the top criminals in jail. One way to identify kingpins is by tracing their laundered money.

With regard to forfeiting drug-related tools and proceeds, he suggested that legislators look for ways to seize the real property drug lords use to hide their assets, including stocks, bonds, and weapons. He recommended using a commonsense presumption that if dealers have property, they got it from the proceeds of drug sales. He recommended using civil in rem and in personum statutes to take action against dealers.

Another way to pin down drug dealers is to give States the authority to chase money across State lines. If a dealer sells in Pennsylvania and takes his profits

to New Jersey, there should be a way for Pennsylvania to get its hands on the money.

To get around asset forfeiture laws, many dealers now do not own property in their own names. They rent or lease property or put it in someone else's name. To protect innocent asset holders, law enforcement can charge the dealer the retail value of the leased property. For example, if a dealer leases a Mercedes, law enforcement can charge the dealer the price of the automobile.

Legislators must be sure their statutes contain provisions for managing property that is seized, Mr. Wintory continued. For example, if a house is seized, it still needs to be insured; and because it is difficult to insure an empty house, law enforcement must make plans to manage the property so the insurance is not canceled.

States must recognize that the drug problem is an economic issue. Law enforcement must be certain they will get money from these investigations as an incentive to continue to seize the property. In Oklahoma, the average wiretap investigation costs \$250,000. Law enforcement must have an incentive to continue to do such investigations. And giving law enforcement the proceeds from asset forfeiture is a good incentive.

User fees are another alternative for raising money. New Jersey raised \$3.7 million in 18 months from user fees to pay for treatment programs. User fee programs can operate like victim compensation programs—as the money is collected, it can go into treatment programs.

Another alternative used to rid a neighborhood of drugs is to arrest users. Seize the cars of users, put their pictures in the paper. Get rid of the users and the dealers go elsewhere. Denver has begun a program to turn around its neighborhoods by arresting users. It's working in Denver. Drug users will not come into a neighborhood if they think they will be arrested.

Because drug dealers use juveniles who are not punished as severely as adults, if we begin arresting and punishing juveniles, dealers will stop using them to sell drugs or steer adult customers. Whatever methods dealers use to get around the criminal justice system, legislators must pass laws to squelch the activity.

Another method of attacking drug manufacturing is to make possession of precursors a crime. If it is more difficult to manufacture drugs, fewer synthetic drugs will be available.

How can all these legislative initiatives be financed? The public is beginning to realize they must vote to increase taxes, and they will do so if they know the money will be spent on anti-drug legislation, according to Mr. Wintory.

Larry Fann

Because of the lack of time, Mr. Fann spoke briefly about the lessons the Federal Government has learned about asset forfeiture.

He recommends that States be sure their asset forfeiture statutes have safety or escape valves. There are two types of safety valves:

1. Quick release, which allows law enforcement officers to immediately release property that is not wanted or cannot be managed properly.
2. Petition for remission or mitigation of the forfeiture, which is an equitable proceeding, not a legal proceeding.

Asset forfeiture is effective—and it brings in much-needed money. For example, by mid-1988, the Drug Enforcement Administration had seized property worth more than its budget.

Closing General Session

Presiding:

Reggie B. Walton

Associate Director,

Office of National Drug Control Policy, Washington, D.C.

Tuesday, May 15, 1990

3:30-5:00 p.m.

Reggie B. Walton

Thank you very much for that introduction, Bill. I am sorry to disappoint you in that I am not Bill Bennett. When we had the program, we had anticipated that he would be able to make this final presentation, but unfortunately he was called out of town and had to go to Rochester, New York. I think he then goes on to Pittsburgh this evening. So you're stuck with me, and I guarantee you I won't be long. You've had a chance to hear me on several occasions during your 2 days here, and I know you're anxious to get out of here, so I'll try to be as brief as I can.

First, I would like to thank my staff and all of those individuals in my office for their tremendous assistance in putting on what I believe has been a successful conference. I also would like to thank the Marshals Service for the tremendous work they have provided in providing security for us during the course of the conference. I understand it's good they were here because we had some protesters who were prepared to enter the room during today's luncheon who I'm sure would have been somewhat disruptive, so I do appreciate their contribution. But, most of all, I appreciate and thank you for coming to be here with us.

I know it was a tremendous sacrifice on your part to come and spend your time with us, and we do appreciate that because, clearly, this conference could not have been a success without your participation. I really feel it cannot be a success unless you take back to your home jurisdictions what you've heard and what you've learned. Hopefully, you will network with those you have met and bring into being some of the things you've heard about during your stay here with us. We do hope we will have the opportunity, provided we can acquire the funds, to have an entire transcription of the proceedings bound and made available to all of you. We will probably do that through the Government Printing Office so it may take a little time, but we will try to speed the process along as quickly as possible. Also, we would ask that you fill out the evaluation forms because we hope to

put on sessions like this in the future and it would be helpful for us to know what your thoughts were about what we did here during the 2 days.

I am encouraged by what I have heard here during the course of the past 2 days because I feel I am with a group of people who are looking for solutions, looking for ways to solve this problem, not always prepared to throw stones at others and criticize. Criticism is important because all of us have to have our feet held to the fire because we are talking about a problem that I truly believe is eating away at the American fabric.

I don't believe that pessimism and pessimism alone is going to solve this problem. I believe, as Secretary Kemp indicated during lunch, we are in fact confronting this problem. Maybe not to the extent that we will have to down the line. I believe we are probably going to do more, but I think we have to also find out how we do it better. Money's important, programs are important, but money and programs alone will not conquer this problem. It's going to take the commitment and the will of the American people to make a difference, and I truly believe we can make a difference.

I don't believe that those who sit back and only throw stones, those who sit back and always have some reason to say that our statistics are wrong, are helping the effort. Yes, we should be scrutinized. Yes, we should have to be able to account for the figures we come out with. But every time we come out with something that's positive, there's someone who, even if it's mere speculation, will say our figures are wrong.

Yesterday Secretary Sullivan reported that the number of incidents of individuals going into emergency rooms suffering from some type of drug-related problem has decreased. That's good news. That news should have been accepted with the fact that we are making some progress. Yet there are those who say those figures don't really mean anything. They didn't

have any hardcore reason for saying that, they merely said it based upon speculation. Some people, regardless of what the facts show, want to paint a black picture, a dark picture of what's taking place in America in reference to the drug problem.

Yes, we have problems. You haven't heard anyone stand on this dais during the course of the 2 days we have been here and say we are winning. You didn't hear anyone say we have turned the corner. You didn't hear anyone say we are ready to raise the flag and say that victory can be declared. We don't believe that. We know that all too many children are being born addicted to drugs and suffering from the consequences of addiction. We know too well that children are being abused and neglected all too often because of the drug situation. We know too well that people are dying and being shot day in and day out throughout this country because of their involvement in the drug activity. We know too well that there are good-hearted Americans living in this country who are being held virtually captives in their own homes because of others' involvement in the drug trade. We understand that. We're not happy with that, and we won't be happy with the situation until we can say that all of America has the opportunity to enjoy all the fruits that this country has to offer.

So, we're not happy. But, yes, we do believe there are some positive signs out there that say to us that we are making progress. I don't think it can be denied that the household survey shows that among those who live in households there's been a significant decrease in the number who said they now use illegal drugs. It can't be denied from the survey that says the rate of usage among high school seniors has decreased. It can't be denied from the Pride Survey that the use of drugs among high school and junior high school students has decreased. It can't be denied through a recent survey that indicated that among college freshmen the rate of usage has gone down.

So, we are making progress. It can't be denied that last Saturday I was over in Northeast Washington, and I was speaking to a police officer who walks the beat and this police officer said, "There's no question in my mind that we still have a significant problem of substance abuse in this city. But, there's also no question in my mind that it's not as bad as it was 6 months ago. When I walk the beat, I don't see as many individuals out selling drugs." So I believe there's hope. And while we can't seek to paint a

pretty picture regarding what is happening about substance abuse in America, I don't think it serves us well as a Nation to always try and suggest that things are worse than what they are.

For political reasons, personal reasons, or whatever, people don't want to acknowledge that things may be getting better. I won't even say are getting better, but may be getting better. But I know the statistics in the District of Columbia regarding the positive drug test rate of individuals who come into the criminal justice system have decreased significantly. When I was on the court, the numbers were always around 70, 72, 73 percent of individuals coming into the courthouse testing positive following their arrest. Last month, and this has been a steady progression since around November, the number of individuals who tested positive last month was down to 55 percent. We can't say that figure alone is something we are satisfied with, because as long as one individual comes into that court system with a positive drug test, we must continue the battle. I don't think an individual should be fearful that if they say some positive things are happening, that the Administration is going to let down its guard and stop putting resources and additional resources into the effort.

I think the President fully understands that this is going to be a long-term battle and that we cannot and will not be able to proclaim victory tomorrow or next year or maybe even 5 years from now. I am convinced that our President is prepared to make the sacrifices over the long haul to fight this problem. One of the things I heard him say is that it's going to be very important that we maintain a strong economy in America, because to fight this battle we've got to have resources to do it and the courage, he said. It's going to be a lot easier to come up with those resources over the long haul with a strong economy as compared to a weakened economy. I think this statement alone suggests, and it should suggest to you, that this President is committed during the course of his term to put the resources into the effort, to put the money there that's needed to fight this problem.

Again, I would like to thank all of you for being here. I think it's going to be important that we continue this type of networking, bringing together law enforcement, bringing together those of you in the treatment community, bringing together those of you involved in prevention and education, having you talk together, because it's important that we all appreciate

that we can't solve this problem with one particular discipline. We have to attack it on all fronts.

I'm pleased to say that when I go into law enforcement communities, those who used to be hardcore police officers, who believed the only way of solving this problem was locking people up and throwing the key away, say they understand that education's important. They say that's why they're willing now to go into schools and teach our young people about drugs, but we've got to go further. We've got to start to try and get that message to the parents, because I believe the root cause of the problem is the parents. Many times children engage in negative behavior, not because they want to, but because they've been led that way by their parents, who think it's all right to sit around drinking alcohol and getting high in front of their kids. We know that sends the wrong message. And a kid who comes from an alcoholic family is more inclined to go into addiction as far as drugs are concerned than someone who didn't. We've got to get that message to the parents, too.

As I travel throughout the country, especially when I go into many of the treatment communities, when I've talked to people involved in the education end, they say to me, Judge Walton, why is Dr. Bennett so bent on putting everything on the shoulders of law enforcement? And I constantly say, you must not have read the Strategy. We are putting about 70 percent more dollars into treatment over a 2-year period. That's a significant increase. We are putting a lot more money into education, we are funding programs like demonstration projects for at-risk kids, we are focusing on kids who have dropped out of school to try and mainstream them back into the educational process, but people don't want to hear that. They want to paint us as a bunch of cowboys who believe we can take guns and ride on a white

horse and solve this problem. That's not true. We believe in education. What did Dr. Bennett say yesterday? "I believe," he said, "in treatment. I know that treatment can work." But when his comments were printed in today's newspaper, was there any mention of that? No! In fact, the newspaper said Dr. Bennett indicated that we are relying upon law enforcement to solve this. I didn't hear him say that. I heard him say that we have to focus on all planes, on all fronts. We have to use all of our disciplines to combat this problem.

I hope the press will portray accurately what our position is. Sure, we believe in strong law enforcement. And we're not going to back down from the position that individuals who are prepared to sell poison to fellow Americans should be punished. They should be. And, that will continue to be our position. We believe in strong law enforcement. We also believe in compassionate treatment. We also understand that if we are going to lick this problem, the bottom line requires that we stop children in the first instance from ever using.

I believe we can win. In fact, I know we can win. We have never, as a Nation, let any obstacle stand in our way and stop us from continuing to be the great Nation we deserve to be. I believe that if we attack this problem with the same vim and vigor that we have attacked all of those other problems, I am confident that, with the will of God and the will of the American people to make a difference, we will look back on these times and at some point during our lifetime be able to say that all of this was just a bad dream.

I thank you for being here and I look forward to working with you in the future.