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COMMENTARY AGENDA TO COMBAT DRUG ABUSE

AND

ILLEGAL USE OF DRUGS

**THE REGIONAL DRUG INITIATIVE
FOR THE MIDDLE WEST**

12-6-91
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• OCTOBER 1991

REGIONAL DRUG INITIATIVE TASK FORCE

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Richard Walker, Chief
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Fred Pearce, Sheriff
Multnomah County

Ron Wyden, Representative
U. S. Congress

HISTORY OF REGIONAL DRUG INITIATIVE

- October 6, 1986 - Local planning committee formed
- October 27, 1986 - Anti-Drug Abuse Act signed into law
- December 12, 1986 - Regional Drug Initiative (RDI) Task Force first meets
- January, 1987 - RDI coordinator hired and fund established
- Portland named as site for NIJ Drug Use Forecasting Project
- February 9, 1987 - Portland Trailblazers NBA donate \$10,000
- March 20, 1987 - RDI Task Force meets
 - o Elects Mike Schrunk as chair
 - o Sets goal of drug free zone for Portland and surrounding area
 - o Calls for comprehensive review of drug problem by eight study groups
- April, 1987 - Study groups organized with 100 volunteers
- May, 1987 - Additional private donations of \$10,500 received
- June, 1987 - Bureau of Justice Assistance awards \$325,000 Drug Detection of Arrestees grant to Multnomah County
- July, 1987 - Study groups complete reports
- August 10, 1987 - RDI Task Force meets to review study groups' reports
- August 21, 1987 - RDI holds public forums attended by 150 community members
- August 26, 1987 -
- September 1, 1987 -
- September, 1987 - RDI testimony before the Attorney General's Anti-Drug Abuse Committee results in an increased allocation for local communities.
- ACTION grant for Drugs in Workplace conference awarded to Multnomah County
- October 30, 1987 - RDI Task Force meets and approves Community Agenda to Combat Drug Abuse

BEFORE THE REGIONAL DRUG INITIATIVE TASK FORCE

In the Matter of Approving the Five-Year)
Agenda and Work Plan for Implementation)
of Initial Priorities.)

RESOLUTION

WHEREAS, the Regional Drug Initiative has recognized the impact of drug abuse and illegal use of drugs on all sectors of our community, and

WHEREAS, the Regional Drug Initiative has conducted extensive studies, solicited public testimony, and sought the participation of the entire community to develop a coordinated plan to free our community of illegal drugs and drug abuse, and

WHEREAS, it is necessary to coordinate our efforts effectively if we are to succeed in improving our community.

NOW, THEREFORE, BE IT RESOLVED that the Regional Drug Initiative adopts "A Community agenda to Combat Drug Abuse and Illegal Use of Drugs" and approves the implementation of this agenda, and

BE IT FURTHER RESOLVED that the members of the Regional Drug Initiative pledge to involve their agencies, jurisdictions, and organizations in the discussions and actions required to fund, plan, and implement the agenda.

Approved this 30th day of October, 1987.

Signed:

Michael A. ...
Fred B. ...
Jim McKillop
Richard ...
Jinda D. Lynn
Edgar M. ...
Bob Clark
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RDI ACTION AGENDA

Goal 1. Foster and change social attitudes regarding drug use

Sample

Action: Direct a public information campaign targeted at youth

Goal 2. Make communities safe from drug abuse and crime

Sample

Action: Eliminate neighborhood drug houses

Goal 3. Support healthier lives for our citizens and families

Sample

Action: Prevent fetal drug syndrome; provide detoxification services for drug addicts

Goal 4. Promote a more productive work force

Sample

Action: Adopt substance abuse policies in all workplaces

Goal 5. Provide an attractive climate for economic development

Sample

Action: Encourage business to use vacant commercial space in target areas.

Goal 6. Increase coordination among government, business, schools, service providers, and citizens

Sample

Action: Develop coordinating bodies to focus on services for youth, mentally ill drug abusers and minorities

INTRODUCTION

The Regional Drug Initiative (RDI), formed in December, 1986, is a task force of policy makers from government, education, law enforcement, corrections, citizen groups, treatment providers, and private business. The Regional Drug Initiative is pioneering a coordinated effort to combat the problems of drug abuse on all fronts to free the community of illegal drugs. The overall strategy of RDI is to reduce the supply and availability of illegal drugs by supporting enforcement efforts as well as to reduce the demand for illegal drugs by fostering changes in social attitudes and increasing opportunities for recovery.

DATA SUMMARY

The need for a coordinated approach to combat illegal use of drugs and drug abuse was confirmed by the data gathered during the RDI planning process.

Some facts about drug abuse in Multnomah County:

- o Police estimate that there are as many as 1,000 drug houses in the metropolitan area.
- o Of the 500 homeless youth in our community, it is estimated that 100% are substance abusers.
- o Preliminary results of a drug use forecasting study revealed that 73.4% of incarcerated offenders in Multnomah County are drug users.
- o There are approximately 150 babies born each year in Multnomah County who are neurologically damaged as a result of narcotics abuse by their mothers while they were pregnant. This does not include fetal alcohol syndrome babies.
- o A 1985 study indicates that 10% of Oregon's eighth graders have used cocaine and amphetamines and 23% of eleventh graders have used cocaine.
- o Drug-related prosecutions increased by more than 100% in 1986 in Multnomah County.
- o Only two beds are available at no cost for detoxification of low-income drug abusers in Multnomah County.

These data only illustrate the broad range of findings which concern community leaders regarding the drug problem in Multnomah County.

THE RDI PLANNING PROCESS

In May and June of 1987, eight study committees were convened by the Regional Drug Initiative. They were charged with the task of analyzing issues and recommending solutions to the problems relating to drug abuse. These study groups involved over 100 volunteer experts who were guided in their work by the RDI Steering Committee. The specific areas of study with their respective chairs were:

Offenders and Drug Abuse - Harley Lieber, Community Corrections Manager for Multnomah County

Low Income Populations and Drug Abuse - Gretchen Kafoury, Multnomah County Commissioner

Drugs in the Workplace - Fred Stickel, Publisher, The Oregonian

Barriers to Treatment and to Treatment Planning for Minorities and Special Needs Populations - Morris Brewer, Clinical Director, Native American Rehabilitation Association

Dual Diagnosis Clients - Gary Smith, Director of Social Services for Multnomah County

Youth and Drug Abuse - Maralyn Turner, Administrator, Bullard, Korshoj, Smith, and Jernstedt, P.C. Attorneys at Law

Women and Drug Abuse - Ann Uhler, Executive Director, Comprehensive Options for Drug Abusers

Families and Drug Abuse - Patrick Vanzo, Director, Providence Addiction Treatment Services.

The recommendations of these study groups focused on developing coordinated efforts to address unmet needs and to change community attitudes. These recommendations were compiled in July, 1987, and reviewed by the RDI task force on August 3, 1987.

During August and September of 1987, three community forums were held to receive public testimony on the study groups' recommendations. Over 150 individuals participated in the public discussions. Hearings were held in Portland City Hall, Gresham City Hall, and at the King Neighborhood Facility in N.E. Portland.

Comments from neighborhood residents and other concerned individuals dramatically illustrated the pain, anger, and frustration that drugs have wrought in our community. The public testimony during these hearings stressed the need for early intervention and law enforcement at the neighborhood level. Support was expressed for study group recommendations regarding increased services to low-income individuals, minority sensitive programs, and fetal drug syndrome intervention.

In order to assure that all sectors of the community were heard from, interviews were also conducted with criminal justice, treatment, and community leaders. Early intervention and street level interdiction continued to receive support in these conversations.

After guiding the study group through their efforts, the RDI Steering Committee evaluated all the data and recommendations. The plan presented to the Regional Drug Initiative for approval consolidates the priorities of the entire community into an action agenda.

FORMAT

This is an action agenda for the next five years. The agenda outlines six broad social goals, specific program objectives, activities required to accomplish these objectives, first-year priorities, and proposed implementation steps. Evaluative criteria are provided with which to measure the effectiveness of the activities.

THE FUTURE

The Regional Drug Initiative will continue in its efforts to bring appropriate jurisdictions, agencies, organizations, and individuals together to implement the objectives under this plan.

The plan is intended to be a dynamic document. The community will revise this document as needs change. The overall strategy is intended to reduce both the demand for and the supply of illegal drugs. Reduction in supply and availability will be accomplished by continuing law enforcement efforts. Reduction in the demand for illegal drugs must result from changes in social attitudes and behaviors as well as increased opportunities for recovery.

GOAL 1. FOSTER AND CHANGE SOCIAL ATTITUDES REGARDING DRUG USE

"Everybody gets high.
Besides, there's nothing
I can do about it."

- A Portland youth

Need: Drug use for recreation is currently accepted in some social groups. This problem exists throughout our community regardless of age or social status. Frequently individuals who are concerned about this behavior feel reluctant or uncomfortable about confronting their peers' behavior. For some, the social pressure of these settings leads them to participate in drug abuse. Unfortunately, drug use has been tolerated as a part of our popular culture for the past twenty years. Many individuals feel hopeless about combatting this problem. For some with substance abuse problems, the fear of stigma makes them reluctant to seek treatment.

Objectives: The Regional Drug Initiative will change social attitudes regarding drug use by:

- o Supporting the concepts that prevention is preferable and cheaper than treatment but that recovery is possible;
- o Assuring our citizens that something can be done about the problem of drug abuse;
- o Warning people about the dangers of drug use;
- o Increasing individual awareness of the extent of the problem;
- o Educating people to understand that drug use is not acceptable recreation
- o Promoting recognition that illegal drug use is not a victimless crime;
- o Encouraging individuals in the community to feel free to speak out against drug use by their peers; and
- o Motivating people to recognize that it is acceptable and encouraged by the general community to receive treatment.

Activities: The Regional Drug Initiative will support adoption of programs by educators, employers, public agencies, the media, public officials, community groups, and religious organizations to accomplish these objectives by using the following methods:

- o Public affairs programs
- o Forums and workshops
- o Articles
- o Public service announcements
- o Peer education and social skill building efforts; and
- o Adoption of resolutions and public policies

Evaluation: Program activities will be evaluated through the development of a survey instrument to measure social attitudes and perceptions in the community. This survey will provide baseline information. Repeated surveying will measure changes in attitudes. Additional evaluation efforts will focus on individual program effectiveness and the number of programs developed.

Priorities for Year 1: The Regional Drug Initiative will develop a public information campaign and support existing public information campaigns to change social attitudes. The RDI will focus efforts on education and prevention of drug abuse among youth and special needs populations.

Implementation Steps For Year 1 Priorities :

1. Organize an interorganizational public relations team to determine goals, strategies, and budget. Assure that youth are involved.
2. Identify priority target populations for public information efforts.
3. Inventory existing efforts to assure coordination.
4. Seek sponsorship and assistance from local communications professionals.
5. Seek financial support from local, private and public sector resources.
7. Implement public information campaign.

GOAL 2. MAKE COMMUNITIES SAFE FROM DRUG ABUSE AND CRIME

"I feel like a hostage on my own block. My five-year old kid even found a dirty needle in the front yard."
- A neighborhood resident

Need: Drug abuse is directly linked to criminal activity. Preliminary results of a recent study of Multnomah County inmates found 73.4% to be under the influence of illegal drugs at the time of arrest. Drug sales in neighborhoods often result in increased crimes such as burglary and prostitution. The problems of drug-related crime are not isolated in any single neighborhood.

Objectives: The Regional Drug Initiative will increase neighborhood safety by involving the community in:

- o Working towards the reduction of burglary, theft, robbery, prostitution, and other drug-related crime rates;
- o Involving citizens directly in efforts to reduce fear in their communities; and
- o Encouraging the entire community to be involved in combatting drug-related crime.

Activities: The Regional Drug Initiative will encourage criminal justice, treatment, and neighborhood organizations to develop coordinated efforts to arrest, prosecute, and supervise drug involved offenders.

RDI will advocate for the dedication of new and existing resources to:

- o Promote crime prevention activities
- o Assess and target drug involved offenders, both juvenile and adult, with sanctions and treatment
- o Promote neighborhood cohesion
- o Target street enforcement of buyers and dealers; e.g. drug houses

Evaluation: Program success will be measured by the number of new and enhanced program efforts undertaken, reduced crime statistics, and survey information regarding changing attitudes towards community safety.

Priorities for Year 1: Develop programs to arrest, prosecute, sanction, treat and rehabilitate drug offenders. Focus significantly on drug involved offenders who are street and drug house dealers and committing a variety of crimes to support drug habits.

Implementation Recommendations for Year 1 Priorities:

1. Support criminal justice leaders in the development of new and continuation of existing interdiction and sanction strategies. Coordinate planning effort with neighborhood leaders and treatment agencies.
2. Develop additional treatment and supervision resources to facilitate community based rehabilitation efforts.
3. Identify program costs and resources available.
4. Develop criteria for target populations and communities.
5. Seek local, state, and federal funds for coordinated efforts.
6. Implement.

GOAL 3. SUPPORT HEALTHIER LIVES FOR OUR CITIZENS AND FAMILIES

"They just told me I'll have to wait
six weeks to get into this program.
I can't afford a private hospital
and I need help now."

- An addict.

Need: Only two beds are available for detoxification of low-income drug addicts in Multnomah County. The majority of treatment programs for low-income individuals have waiting lists. Specialized programs are needed to address the needs of low-income women and other populations which remain underserved.

In addition, the problem of drug abuse must be recognized as a family problem. Fetal Drug Syndrome babies, children of substance abusers, as well as parents and siblings of abusers need support and treatment if the cycle of drug abuse is to be broken.

Objectives: The Regional Drug Initiative will help provide all citizens access to a continuum of services from detoxification to rehabilitation by:

- o Assessing and providing treatment for drug involved target populations;
- o Increasing public detoxification and treatment for low-income and homeless populations;
- o Reducing fetal drug and alcohol syndrome births;
- o Helping families recognize and intervene in drug abuse problems of family members;
- o Assuring that the entire family has access to treatment as well as the identified abuser;
- o Providing drug involved women with opportunities to maintain bonds with their children as they eliminate their bond to drugs;
- o Developing systems to ensure that entitlement programs reduce rather than inadvertently enable drug abuse; and
- o Providing programs to improve and enhance parenting skills.

Activities: The Regional Drug Initiative will work with state and local agencies as well as private sector providers and insurance carriers to advocate for the development of:

- o Prevention, and intervention programs for fetal drug syndrome/fetal alcohol syndrome births;
- o Increased outreach efforts to assure use of prenatal care by drug abusing pregnant women;
- o Third party resources for treatment of families of drug abusers;
- o Increased detoxification and treatment resources for low-income individuals;
- o Child care for people in treatment; and
- o Parent training programs.

Additionally the Regional Drug Initiative will advocate for a review of spending policies and procedures of entitlement dollars for alcohol and drug abusing families.

Evaluation: Success indicators for the listed objectives will include reductions in the number of Fetal Alcohol/Drug Syndrome births and increases in the numbers of families and individuals in treatment, increases in the number of high risk women receiving prenatal care, and increased use of parenting programs and child care resources. Appropriate changes in third party funding policies will also be recognized as success indicators.

Priorities for Year 1: Develop increased outreach, detoxification, and rehabilitation services for low-income individuals, women, minorities and other special needs populations and a comprehensive fetal drug and alcohol syndrome prevention and intervention program.

Implementation Recommendations for Year 1 Priorities:

1. Convene planning teams to develop program proposals for specified target populations.
2. Inventory existing resource providers with which to coordinate.
3. Seek increased funding from local, state, and federal governments and private foundations.
4. Implement.

GOAL 4. PROMOTE A MORE PRODUCTIVE WORK FORCE

"Sure I do drugs.

But it doesn't affect how I do my job."

- A worker

Need: Substance abuse is the most significant contributor to employee absenteeism and lost productivity. Seventy-five percent of drug abusers are employed. Substance abusing employees are more likely to have accidents on the job and cause safety hazards for co-workers. Employee theft is often linked to drug abuse. Frequently employers are unsure of how to address or prevent employee substance abuse problems. Most employers, particularly small business employers, do not have substance abuse policies for their workplace.

Objectives: The Regional Drug Initiative will assure the development of a more productive work force by:

- o Promoting the development of workplace substance abuse policies;
- o Supporting efforts to assure that workers and families have access to treatment;
- o Advocating for the development of better quality insurance programs for workers and families, with emphasis on small business;
- o Encouraging workers to be free from the influence of alcohol and drugs;
- o Educating employers that it can be cost effective to bring substance abusing employees into recovery, and
- o Educating workers that being drug free will increase safety and productivity in the workplace.

Activities: The Regional Drug Initiative will work with employers and labor to:

- o Develop model workplace drug policies
- o Provide training and technical assistance to businesses (especially small businesses) regarding drugs and workplace issues
- o Assess existing insurance programs and promote insurance policies that provide treatment
- o Support employee wellness programs
- o Promote employee assistance efforts
- o Hold seminars for employers and employees regarding drug use concerns

Evaluation: Indicators of success will include reductions in use of sick time, on-the-job accidents, and employee theft and increases in the development of workplace drug policies and treatment programs for employees. Employers will be asked to participate in a baseline and follow-up survey to gain measurable data.

Priorities for Year 1: Develop model workplace substance abuse policies and provide training and technical assistance to management and labor regarding the establishment of such policies.

Implementation Recommendations for Year 1 Priorities:

1. Review model workplace substance abuse policies and sponsor training efforts.
2. Seek public and private resources to provide training workshops and materials.
3. Implement

GOAL 5. PROVIDE AN ATTRACTIVE CLIMATE FOR ECONOMIC DEVELOPMENT

"This neighborhood is too dangerous
for me to open a business here."

- A business person

Need: The linkage between poverty, drug abuse, and street crime has made some neighborhoods less attractive to business developers. Unemployment often leads to the despair which motivates drug abuse. Residents of low-income neighborhoods need opportunities for success in meaningful mainstream employment if they are to choose to remain drug free. Business developers need community and governmental support if they are to supplant illegal drug economies with mainstream private sector investment.

Objectives: The Regional Drug Initiative will work with neighborhoods, criminal justice agencies, and educators to enhance economic development in targeted areas by:

- o Developing a larger and more skilled work force;
- o Undermining the profitability of the existing drug economy;
- o Cooperating with schools to maintain excellence and drug-free environments;
- o Improving the regulatory environment and availability of capital in order to support business development in targeted areas; and
- o Reducing crime rates in targeted areas.

Activities: The Regional Drug Initiative will work with state and local government agencies, employers, community-based organizations, and educators to assure that:

- o Training and employment programs are linked to recovery and treatment services for target populations;
- o Policies are developed to provide tax incentives and low interest loans for economic development in targeted areas;
- o Incentives are provided to promote crime prevention through environmental design for business;
- o Technical and financial assistance is available to property owners/developers to clean up areas contaminated due to illegal drug production; and
- o Programs are developed to restore abandoned properties to productive economic use.

Evaluation: Indicators of success will include increases in the development of new businesses in targeted areas, in employment among targeted populations, in the number of individuals from targeted populations who have completed employment training and entered the work force. Indicators will also include reductions in crime statistics in targeted areas and improved attitudes about local educational and employment opportunities.

Priorities for Year 1: Develop incentive programs to enhance economic development in targeted areas.

Implementation Recommendations for Year 1 Priorities:

1. Convene a committee of economic development specialists, business leaders, and government policy makers to discuss strategies.
2. Select areas to be targeted for incentive efforts.
3. Draft a proposal for discussion and implementation.
4. Implement.

GOAL 6. INCREASE COORDINATION AMONG GOVERNMENT, BUSINESS, SCHOOLS, SERVICE PROVIDERS, AND CITIZENS

"Sometimes I feel like
I'm out there all alone trying to
do something about this problem."

- A police officer

Need: Traditionally our community has approached the problems of drug abuse and illegal use of drugs from a variety of arenas. Treatment professionals, criminal justice officials, and private citizens have all made sincere efforts to address these problems, but they often are unaware or distrustful of each other. Consequently, drug-involved client populations and those affected by them receive less effective help.

Objectives: The Regional Drug Initiative will work with government, business, schools, service providers, and citizens to increase coordination by:

- o Establishing policies that foster coordinated approaches to combat drug abuse;
- o Expanding the scope of organizations to involve other agencies and organizations in planning;
- o Developing interdependent and cooperative service systems to meet the needs of mentally ill drug users, youth, and other special needs populations;
- o Advocating for program and budget changes to promote coordination priorities;
- o Encouraging organizations to understand services and parameters of other organizations with which they can coordinate;
- o Training staff in various organizations to routinely consider coordination when problem solving; and
- o Providing minority sensitive training to criminal justice and treatment personnel.

Activities: The Regional Drug Initiative will work with agencies, governments, businesses, and community organizations to:

- o Allocate personnel and financial resources to develop coordinated efforts;
- o Develop interorganizational agreements to coordinate efforts;
- o Assure that drug-related service contracts shall have language requiring coordination;
- o Involve citizens and community-based organizations in planning efforts of treatment, criminal justice system, and other agencies involved in drug abuse;
- o Develop an information and referral catalogue regarding alcohol and drug resources for purposes of coordination; and
- o Review laws, statutes, and procedures to overcome obstacles to coordination relating to confidentiality while still protecting the rights of clients;
- o Develop training materials and workshops regarding minority issues for criminal justice and treatment personnel.

Evaluation: Indicators of success will include the number of policies adopted to foster coordination, the publication of an information and referral catalogue, and increased satisfaction of individuals and organizations regarding the level of coordination and knowledge of other organizations.

Priorities for Year 1: Develop coordinated systems for mentally ill drug users, youth, and minority populations.

Implementation Recommendations for Year 1 Priorities:

1. Develop interorganizational agreements regarding coordination.
2. Develop an interagency coordinating council.
3. Develop concept papers for coordinated projects serving targeted populations.
4. Identify and advocate for needed resources.
5. Implement.

ACKNOWLEDGEMENTS

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Judy Phelan, Multnomah County District Attorney's Office
Captain Thomas Potter, Portland Police Bureau
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Multnomah County
Portland Public Schools
Mayor J.E. Bud Clark
J. C. Patrick
State of Oregon Alcohol & Drug Abuse Prevention Program
Pacific Northwest Bell

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