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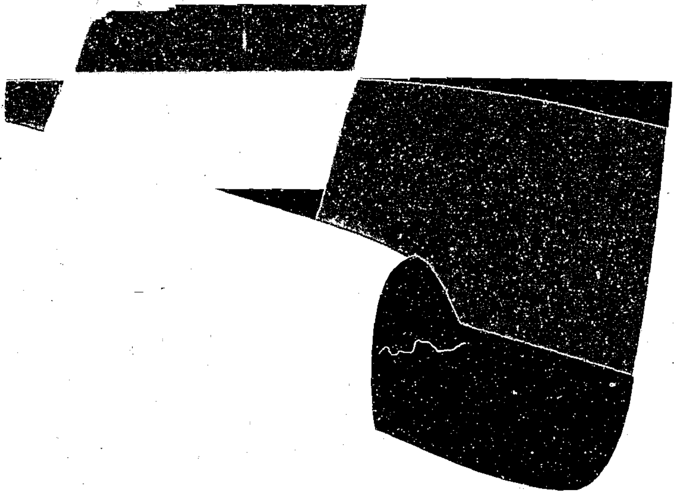

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Maryland's Drug and Alcohol Abuse Control Plan

October 1994

NCJRS

MAR 23 1995

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Governor William Donald Schaefer

Special thanks to Lt. Ronald W. Hinkel of the Maryland State Police for the cover design.

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STATE OF MARYLAND
OFFICE OF THE GOVERNOR

WILLIAM DONALD SCHAEFER
GOVERNOR

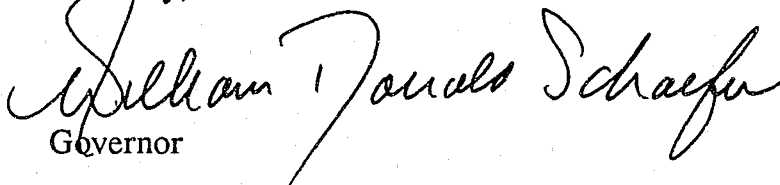
Dear Citizens:

Maryland's fight to conquer the epidemic of drug and alcohol abuse is something I'm very proud of when I reflect on where we were when we started and how far we have come. We have made a difference in the lives of people and changed the course for many individuals -- youth and adult -- to a path that leads to wellness, healthy living, and productivity.

When you tackle something as complex as substance abuse and the crime and violence that it involves, you realize that what we are really doing is attempting to change beliefs and behavior. This, of course, is a monumental task; but we are succeeding.

We are succeeding because parents and teachers care; policymakers and legislators care; health and human services people care; community, religious, law enforcement, and business people care. Our success, though, depends on keeping up the momentum we have built over the past eight years. We can not become comfortable with our accomplishments and let any of our efforts slide. Now is the time to move forward and push harder to strengthen the foundation we have laid down.

Sincerely,



Governor

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GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

WILLIAM DONALD SCHAEFER
GOVERNOR

THE HONORABLE JOSEPH A. CIOTOLA
CHAIRMAN

FLOYD O. POND
EXECUTIVE DIRECTOR

Dear Governor:

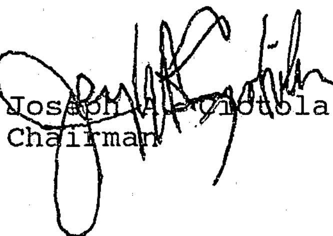
I am pleased to submit the 1994 Maryland's Drug and Alcohol Abuse Control Plan, which represents the state's comprehensive strategy to reduce the substance abuse and drug-related crime and violence problem in Maryland. This year's plan chronicles the work undertaken by the Governor's Drug and Alcohol Abuse Commission since its creation by Executive Order in 1989 and addresses major issues that point the way for future direction.

As the work unfolded over the years for the Commission, the challenges and the scope of the problem also evolved. I am especially impressed by the degree of collaboration and cooperation the Commission has fostered among state agencies and many other organizations and groups involved in the fight against substance abuse and by the successes of the various partnerships that have been formed. The key to success lies in people working together. This theme is reflected throughout the entire plan.

I am proud to have been a part of this team effort and want to acknowledge the citizens, community leaders, agency people, youth, business people, and staff who are responsible for the hard work that has gone into this undertaking. Their commitment and dedication deserves the highest praise.

We are making progress, that's the good news. Continued success remains the challenge for the future.

Sincerely,



Joseph A. Ciotola
Chairman

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Table of Contents

Introduction 3
Executive Summary 5
Nature and Extent of the Problem 15
Prevention Committee 41
Partnership for a Drug-Free Maryland 53
Prevention Program Evaluation 59
Education Committee 69
Treatment/Health Committee 75
Criminal Justice Programming 1987-1994 81
Employment Committee 91
Drug-Free Workplace Initiative 97
County Outreach 119
Partnerships in Prevention and Drug Control 127
Grants Program 135
Governor's Youth Drug and Alcohol Abuse Commission 147
Acknowledgments 155

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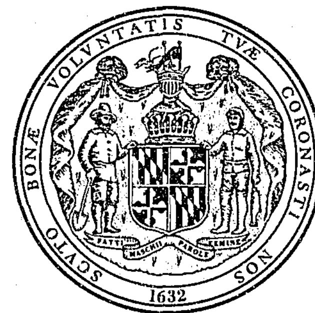


Introduction

The power of a Grandma.

Children have a very special relationship with Grandma and Grandpa. That's why grandparents can be such powerful allies in helping keep a kid off drugs.

Grandparents are cool. Relaxed. They're not on the firing line every day. Some days a kid hates his folks. He never hates his grandparents. Grandparents ask direct, point-blank, embarrassing questions you're too nervous to ask:

"Who's the girl?"

"How come you're doing poorly in history?"

"Why are your eyes always red?"

"Did you go to the doctor? What did he say?"

The same kid who cons his parents is ashamed to lie to Grandma. Without betraying their trust, a loving, understanding grandparent can discuss the danger of drugs openly with the child she adores. And should.

- The average age of first-time drug use among teens is 13. Some kids start at 9.
- 1 out of 5 American kids between 9 and 12 is offered illegal drugs. 30% of these kids receive the offer from a friend. And 12% named a family member as their source.
- Illegal drugs are a direct link to increased violence in many communities, to AIDS, to birth defects, drug-related crime, homelessness.

As a grandparent, you hold a special place in the hearts and minds of your grandchildren. Share your knowledge, your love, your faith in them. Use your power as an influencer to steer your grandchildren away from drugs.

If you don't have the words, we do. We'll send you information on how to talk to your grandkids about drugs. Just ask for your free copy of "A Parent's Guide to Prevention." Call 1-800-624-0100.

Grandma, Grandpa. Talk to your grandkids. You don't realize the power you have to save them.

Partnership for a Drug-Free Maryland

A project of the Partnership for a Drug-Free America and the Governor's Drug and Alcohol Abuse Commission.

Introduction

The many aspects of substance abuse touch all segments of society regardless of age, sex, ethnic background, or geographic location. Yet, faced with such a diverse problem, initial response was narrowly focused on law enforcement and on government education and treatment programs.

In the mid-1980s, Governor Schaefer proposed a broader approach — one that recognized that the involvement of the private sector and ordinary citizens were essential elements in Maryland's substance abuse control strategy. This new approach brought about a rapid expansion of crime prevention by private groups, the development of citizen coalitions to discourage underage drinking, drug-free workplace programs, and media-supported public service campaigns.

Meanwhile, state agencies were encouraged to adopt collaborative efforts with one another. These efforts led to the creation of more than 35 partnerships among government bodies for drug abuse prevention and control.

The Governor also encouraged agencies with no previous missions of drug control to participate in the state's efforts. Two examples of agencies that adopted drug prevention and drug control programs are the Maryland National Guard and the Department of Natural Resources.

Members of the Governor's Drug and Alcohol Abuse Commission have traveled regularly throughout the state obtaining comments from public officials and ordinary citizens on the drug problem, visiting local programs, giving recognition to volunteer efforts, supporting public awareness activities, and responding to numerous requests for assistance.

Broad-based attention to drug problems alone, however, is not enough. Drug trafficking accompanies violence of all sorts . We have seen an increase in burglaries and robberies, violence within the home as well as in the workplace, and murders among drug dealers. To be effective, any drug control program must address violence as well as drugs.

The Commission has embodied the ideas it has gathered on violence as well as drug and alcohol abuse from public officials and citizens throughout the state into *Maryland's Drug and Alcohol Abuse Plan*. This is the latest issue of the Plan. The annual plans have been designed to develop a statewide strategy making effective use of state resources while recognizing the diverse and unique problems and needs found at the local level. In carrying out the provisions of the Plan, the Commission and state agencies became aware over the years of the need to provide local governments and communities with a wide range of resources and technical assistance.

The gains in substance abuse control made in Maryland have come from this all-inclusive approach to the problem. Adapting the many resources of state government to the problem and engaging government at all levels with the private sector of the economy and with citizens of the state at all levels has proved effective.

An example is open-air drug markets. Aggressive law enforcement combined with community policing, multi-agency community problem solving methods, crime prevention measures, and the mobilization of affected communities can help to greatly diminish this plague.

Those of us who are involved in drug control measures have become convinced that social problems require an organic approach. Intensive and protracted campaigns aimed at the public, such as those of the Partnership for a Drug-Free Maryland, are consistent in promoting a "No-Use" message, in reinforcing drug-free school programs, in supporting strong drug-free workplace policies, and most important in bringing government and the public together.

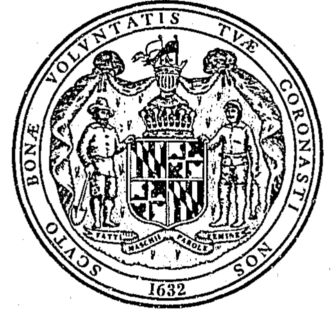
In this issue of *Maryland's Drug and Alcohol Abuse Control Plan*, we provide the incoming administration with an analysis of what has been done in Maryland over recent years. We also suggest priority areas for future consideration.

This is the weed that Jack bought. Jack got it from Bobby. Bobby is Jack's best friend. Bobby bought it from his pal at school, Tony. Tony knew this neighborhood connection—Sid or someone. Sid made a deal with a guy downtown who scored it from some dude down south who blew away two cops to get it over the border. Just for Jack.

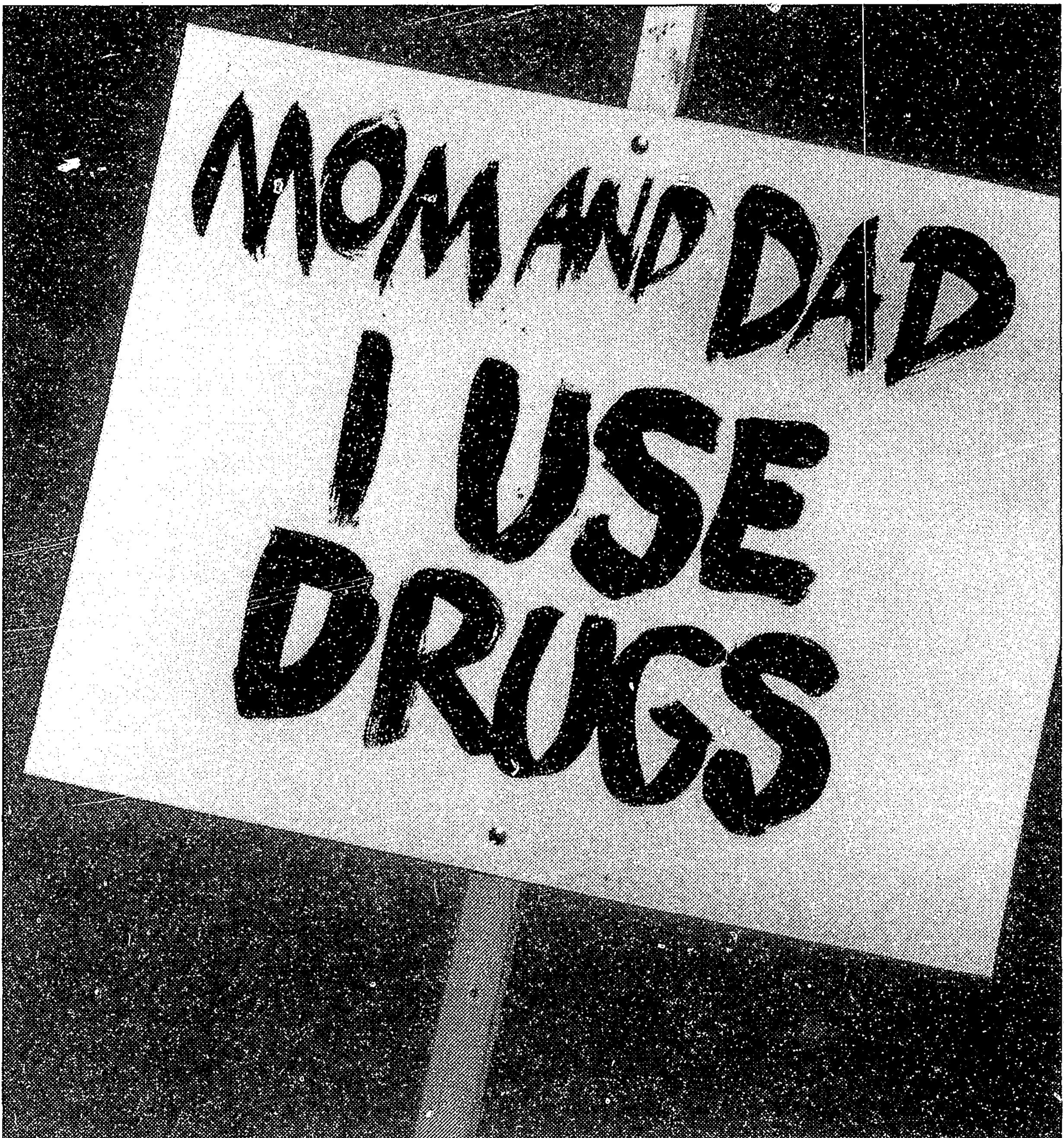
PARTNERSHIP FOR A DRUG-FREE AMERICA

POT HOOKS YOU UP WITH A WHOLE NEW CIRCLE OF FRIENDS.

GOVERNOR'S DRUG AND ALCOHOL ABUSE COMMISSION
PARTNERSHIP FOR A DRUG-FREE MARYLAND



Executive Summary



UNFORTUNATELY, SIGNS OF DRUG USE AREN'T THIS OBVIOUS.

Fortunately, they're not invisible, either. That's why it's so important that parents know what the signs are.

The problem is that most parents don't know. And, as so often happens, their child's drug problem goes undetected.

It's senseless. Especially when the signs of drug use are right in front of the parents eyes. Signs such as excessive secrecy, fewer visits home from college or a drop in school performance. Other signs are irritability, weight loss, pupil dilation, and heavy usage of eye drops or nasal sprays.

These are only a few. There are many others.

If you are a parent, you must get involved. You can learn more about the signs of drug use by calling **1-800-624-0100** and asking for your free copy of *Growing Up Drug Free.*

Knowing these signs isn't a cure. But at least it's a start.

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

PARTNERSHIP FOR A DRUG-FREE MARYLAND

Executive Summary

The 1994 *Maryland Drug and Alcohol Abuse Control Plan* reports on the current nature and extent of the substance abuse problem in Maryland and describes the accomplishments made in the statewide substance abuse effort since 1989. It makes recommendations for further action, and touches on the future direction the state needs to follow in order to keep making progress. The Plan also describes the Commission's grants programs, gives an overview of the county outreach activities, and includes information on the work and recommendations developed by the Governor's Youth Drug and Alcohol Abuse Commission.

Nature and Extent of the Problem

The nature and extent section of the *Maryland Drug and Alcohol Abuse Control Plan* is prepared by the Center for Substance Abuse Research (CESAR) and the Criminal Intelligence Division of the Maryland State Police. This information provides an overview of the drug and alcohol abuse problem throughout the state and notes the trends and problems in the ongoing battle to reduce and control substance abuse and its related issues.

In recent years fundamental changes have come about in drug trafficking. Although fragmentation of distribution patterns requires new responses by the drug control community, the criminal justice system is still using twenty year-old methods that are no longer effective.

Some of the major findings include indications of a significant increase in the abuse of marijuana statewide by both the criminal element and recreational users. Underage drinking is a significant problem, and the number of young multi-substance abusers is growing. Among the traditional "hard core" drug using community, heroin use is accelerating; but there are also elements of the social use of heroin specifically in regard to that form of heroin that is inhaled instead of injected. Also, there is a much greater supply of heroin available to residents of the state and new and aggressive organizations involved in marketing the heroin.

Other areas covered in the nature and extent include drug-specific findings, drug trafficking, the geographic spread of drugs, the impact of drugs and alcohol on the criminal justice and human services systems.

Prevention Committee

The Prevention Committee adopted the public health approach to alcohol, tobacco, and other drug abuse prevention. This preventive strategy emphasizes root causes instead of symptoms and is a proactive approach that attempts to address conditions or behaviors before they become full blown problems. The Commission allocates prevention resources to programs and activities that are targeted to known risk and resiliency factors consistent with the public health model and encourages all state agencies to follow this policy. Evaluation data being compiled on the programs is used to strengthen existing programs and to help determine how to most effectively use limited resources. A special report on effective program and evaluation strategies is included in the 1994 Plan.

One of the Prevention Committee's major goals in 1989 was addressing the need to change the public's behavior and attitude regarding alcohol abuse and other drugs by working with the media. This goal translated into the formation of the Commission's communications office, which directs the Partnership for a Drug-Free Maryland, the most successful public service campaign in Maryland's history.

Preventing underage drinking is a goal that resulted in the formation of the Maryland Underage Drinking Coalition. This broad-based coalition is the primary vehicle for changing tolerant attitudes about underage drinking and achieved remarkable legislative success in 1994. The coalition's success includes the passage of a bill that requires registration of beer keg purchases. Another bill clarifies laws prohibiting minors from misrepresenting their age to obtain alcohol.

A special report prepared by the Prevention Committee, *The Impact of Alcohol Advertising and the Use of Alcohol in Television Programs and Films in Underage Drinking* — is used to recruit members for the coalition and is an important tool in educating Marylanders about the problem and extent of underage drinking. This report has also linked Maryland with other state and national prevention efforts.

In the 1994 Plan, the Prevention Committee identifies areas for future work that must receive attention and resources if prevention efforts are to succeed: family and parenting issues, a multidisciplinary approach to prevention, and effective and comprehensive prevention programs for all at-risk children and families.

Education Committee

The Education Committee focuses on the role of educational institutions in addressing Maryland's alcohol, tobacco, and other drugs problem. Accomplishments and future directions for the public school system, the non-public school system, and the higher education community are examined.

The Maryland State Department of Education (MSDE) has been very active in improving drug abuse and prevention programs for local school systems since the passage of the Drug-Free Schools and Communities Act in 1986, and they have worked closely with the Governor's Drug and Alcohol Abuse Commission in productive interagency efforts since 1989. Major components of MSDE's Comprehensive Drug-Free Schools Strategy involve issues ranging from curriculum and policy to student assistance, peer leadership, and parent involvement.

For example, all jurisdictions in Maryland have a K-12 drug education curriculum and Drug Abuse Resistance Education (DARE) program. All local systems have school drug policies. Peer leadership is widely promoted as a very promising strategy for reducing substance abuse among students and technical assistance is available to help local systems establish programs. The Maryland Student Assistance Program identifies and makes referrals for at-risk students and families.

Maryland's higher education community has been a strong and active partner in the state's substance abuse effort. Colleges and universities have increased addictions counseling services and have improved access to information on treatment options available to both students and employees. Six regional college/university Prevention Resource Centers provide resources, drug prevention programming, organizational advice, and referrals to treatment services to students and community groups.

Many colleges and universities have adopted policies restricting alcohol-related advertising and promotional events on campuses and have worked hard to develop comprehensive wellness programs that promote healthy living.
While non-public schools share many of the problems of the public school system, a comprehensive and coordinated approach to the substance abuse problem is more difficult to achieve for this segment of the student population. More schools participate in Drug-Free Schools' initiatives every year, but more needs to be done to engage them in order to reach these young people.

The key to success in the long term is to begin prevention early — in elementary school — and reinforce messages continuously. Programs must teach resistance skills and change attitudes about acceptability among peers. Peer leadership should be emphasized, young people often pay more attention to each other than to adults.

Approaches must be comprehensive and should involve families, schools, and entire communities. Evaluation must occur so that limited resources are used most effectively.

Finally, prevention must also encompass violence. Teachers and students are struggling in school environments that are not conducive to learning. Violence is rising in our schools and communities at alarming rates. The same public health approach to substance abuse must be applied to violence.

Treatment/Health Committee

The Treatment/Health Committee identifies the substance abuse treatment needs for Maryland and recommends service delivery and system improvements that address these needs. Unfortu-

nately, with Maryland's economic crisis, many substance abuse initiatives were either eliminated or reduced and the great challenge over the last few years has been to try and at least maintain services. The ultimate need for the substance abusing population is a continuum of treatment services and an increase in treatment slots.

The Treatment/Health Committee also addressed an area in critical need of attention: substance abusers in the criminal justice system. The Commission participates in criminal justice and treatment coalitions to foster approaches that represent a continuum of custody and care for the substance abusing offender and treatment initiatives linked with the criminal justice system are a major funding priority for the Commission. These initiatives focus services on individuals whose substance abuse is a contributing factor to their criminal behavior.

The Commission dedicated 1.25 million federal dollars to the creation of the Baltimore City Drug Treatment Court. Many city and state agencies worked together to establish this innovative program, which attempts to break the arrest-incarceration-release cycle for the substance abuse involved offender.

Recognizing the need to improve statewide data collection and analysis, the committee supported the Alcohol and Drug Abuse Administration's 1993 mandate to standardize assessment instruments by requiring that all state-funded treatment programs adopt the Addiction Severity Index (ASI) for client admissions.

The committee also established the Maryland Council on Substance Abuse Education to address the need for improving the education of health professionals in substance abuse areas. This group represents academic institutions, government, and community organizations and will coordinate and develop multi-disciplinary training for alcohol and drug abuse.

Criminal Justice Programming

Since passage of the U.S. Anti-Drug Abuse Act in 1986, Maryland has prepared an annual drug control strategy as a provision to receive federal block grant funds. These funds, administered by the Commission, are used to implement programs that support the drug control strategy.

The 1989 drug control plan recommended a coordinated drug law enforcement effort and Governor Schaefer designated the Maryland State Police (MSP) to serve as the lead agency for this effort. The MSP established the Bureau of Drug Enforcement in response. The State Office of Strategic Drug Enforcement Coordination (SOSDEC), headed by the Bureau Chief, was created to assist the Bureau in developing policies and strategies that would serve Maryland's criminal justice community. SOSDEC has representatives from local, state, and federal agencies and other groups that have a drug control mission.

The statewide drug control effort relies heavily on the cooperation and collaboration of many disciplines and agencies such as narcotics task forces, drug enforcement units, and various state agency departments involved in prevention, education, and treatment. Drug Abuse Resistance Education (DARE) is taught in all of Maryland's jurisdictions by uniformed officers. The Maryland National Guard, the Natural Resources Police, and the State Forest and Park Service Rangers have programs dedicated to the drug control effort. More and more, health care is linking with criminal justice to provide services to the large substance abusing population charged with a criminal offense.

Community policing is recognized as an effective way to build anti-crime coalitions in communities and was endorsed in the 1993 Plan as an important way to reduce crime and improve the quality of life in all of Maryland communities.

Legislation has been passed that provides prosecutors with additional tools to deal with drug-related violations and programs have been developed that work with substance abusing offenders on parole or probation. More than 90,000 offenders have been served since 1987 by the Department of Public Safety and Correctional Services and the Division of Parole and Probation by such innovative programs as Evaluation, Diagnosis, and Referral; Intensive Supervision of High-Risk Drug Offenders; and the Drinking Driver Monitor Program.

Future directions for the law enforcement and criminal justice communities include legislation that targets white-collar drug traffickers — the drug entrepreneurs, money launderers, and conspirators. A retail audit trail that tracks the distribution of prescription drugs is needed to address the serious problem of prescription drug diversion. Alternative sanctions that free prison space for violent criminals must be developed, and since so much crime and violence is committed by recidivists and juveniles, the systems that serve these populations need more innovation and resources and better management.

Employment Committee

The Employment Committee works closely with state agencies to develop partnerships and collaborations that address the substance abuse issue from the perspective of job training, career development, and economic and educational opportunity. The committee promotes Maryland's Occupational Information Coordinating Council's VISIONS Program, which is a computer-based career planning system for students and adults. It also participates in career development programs designed to help students make the transition from school to work.

A major goal of this committee is to determine if participation in work or apprenticeship programs serve as deterrents to substance abuse. The Commission funded a summer youth apprenticeship program and will publish the formal evaluation of this program to assist Maryland professionals in creating employment programs for at-risk youth.

The Employment Committee is also working with the business community to develop new school-to-work transition programs, apprenticeship models, and after-school jobs programs. They work with the Maryland State Department of Education and the Maryland State Department of Employment and Economic Development to ensure that school-aged youth are being adequately prepared for the world of work.

Drug-Free Workplace Initiative

The Commission began the Drug-Free Workplace Initiative in 1990. This direct service program to Maryland's small business community has continued to grow in scope and size by providing on-site technical services to companies, offering seminars and conferences, conducting training, and making presentations to professional groups. This program is supported by a Consultant Resource Network of 93 volunteers who provide advice and technical assistance free of charge to Maryland's small business community.

In 1993, the Drug-Free Workplace Initiative formed a partnership with the Baltimore Coalition Against Substance Abuse and the Maryland Chamber of Commerce to create the Substance Abuse Testing Network and the Employee Assistance Service Network. These organizations have joined together to provide products and services at affordable costs to the small company.

The Drug-Free Workplace Initiative is also involved in youth apprenticeship programs, violence in the workplace issues, Baltimore's Drug-Free Workplace Empowerment Zone, and the National Drugs Don't Work Partnership.

Maryland's program has significantly reduced substance abuse in the workplace and simplified the implementation of Drug-Free Workplace policies and procedures for the small business community.

Grants Program

The Commission administers three grants programs. The Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program is a federal block grant program that funds state and local drug control projects. The Maryland Drug and Alcohol Grants Program Fund is a state program for community groups that provides seed money for community-based drug and alcohol abuse and crime prevention programs. The Governor's portion of the federally-funded Drug-Free Schools and Community Act of 1986 is also administered by the Commission and funds community-based programs for high-risk youth.

All of the grant programs support the strategies developed in *Maryland's Drug and Alcohol Abuse Control Plan*. They represent collaborative, inter-

disciplinary approaches that focus on demand reduction through prevention and treatment; empower communities to develop their own prevention programs; make police operations more efficient; and furnish judicial officers with important information needed to make the most appropriate pretrial release and sentencing decisions.

As a result of the Commission's direction in the administration of its grants programs, nearly all state departments and agencies have developed appropriate drug abuse prevention or control missions.

County Outreach

The Commission visits all of Maryland's jurisdictions in the planning, development, and implementation process for the statewide strategy. At the local level, insights are offered about unique needs and concerns, and successful approaches are shared. Every region is different — with different problems, resources, and solutions. Since the Commission began its outreach in 1989, many program sites have been visited; public hearings have been held; and meetings with officials, citizens, community groups, and students have helped to shape the strategy.

What emerged from this extensive outreach to local jurisdictions is that certain components for an effective program are necessary to achieve a model approach. There must be leadership, vision, collaboration, commitment, and innovation in order to have a meaningful impact on the substance abuse problem. Successful components from various jurisdictions are described that exemplify model approaches on the local level.

Governor's Youth Drug and Alcohol Abuse Commission

The Governor's Youth Drug and Alcohol Abuse Commission was created in 1990 to give Maryland's youth a larger and more active role in solving the problems associated with alcohol, tobacco, and other drugs. The Youth Commission represents a forum to share concerns and ideas about teenage substance abuse and has youth representatives from all jurisdictions.

Youth commissioners interact with the adult commission and are actively involved in planning activities at the state level and work with a variety of agencies and organizations in their communities. They have made presentations at major national and state prevention conferences and have made recommendations to the adult commission that address the priorities they believe are most relevant to Maryland's youth.

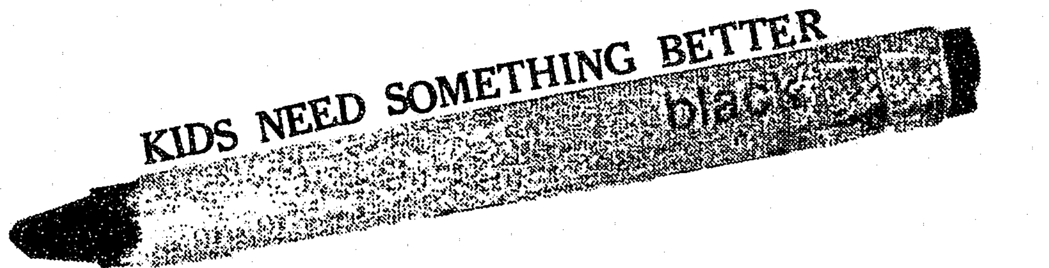
These priorities involve alcohol, tobacco, and other drug education; adolescent self esteem; alternative activities; and law enforcement. Their recommendations in these areas include the implementation process and action steps for achieving results.

Conclusion

The 1994 *Maryland Drug and Alcohol Abuse Control Plan* gives a good overview of the progress made in the statewide effort since the formation of the Governor's Drug and Alcohol Abuse Commission in 1989. It also points to the challenges that remain for the future and identifies areas that must be addressed if Maryland is to continue moving forward on the problems of alcohol, tobacco, other drug use, and drug-related crime and violence.

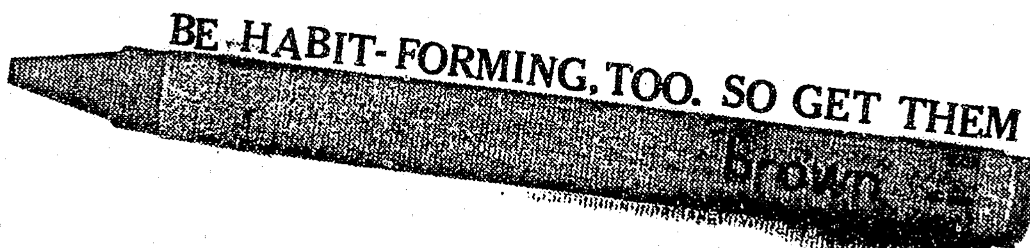
The successes gained have largely been the result of dedicated people willing to work together to improve life for all Marylanders. Partnerships involving the public and private sector, and the recognition that everyone has a role to play are the key ingredients to continued progress.

HABIT-FORMING SUBSTANCE.



KIDS NEED SOMETHING BETTER TO DO THAN DRUGS. LIKE ART. DANCE.

OR MUSIC. BECAUSE GOOD THINGS CAN BE HABIT-FORMING, TOO. SO GET THEM



INTO A GOOD HABIT. TODAY. OR THEY MAY GET INTO A VERY BAD ONE.

PARTNERSHIP FOR A DRUG-FREE MARYLAND

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

Partnership For A Drug-Free America

Nature and Extent of the Problem

PARENTS: GET BASIC TRAINING IN DRUG PREVENTION!
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GROWING UP DRUG FREE
A Parent's Guide to Prevention
MORT WALKER
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Call 1-800-624-0100 for your free copy
Partnership for a Drug-Free Maryland
Proud to be a Member of the Partnership for a Drug-Free America.

Nature and Extent of the Problem

Introduction

Since the 1993 Plan there have been three major developments in drug trafficking and abuse patterns in Maryland.

- Trends over the past several years of declining drug and alcohol abuse were reversed in 1993. Nationally, among high school students illicit drug use is significantly up in all categories — except for crack cocaine, the use of which has not changed significantly. This holds true for adults as well. At the same time some sources report a resurgence in the use of LSD. Alcohol and marijuana are sometimes linked, especially among young people using them in combination on social occasions. There seems also to have been an erosion in anti-drug attitudes among youth. Drugs now seem to be considered less harmful and more acceptable. This is reflected in an apparent use of alcohol, marijuana, and inhalants at an increasingly earlier age.

- In recent years fundamental changes have come about in drug distribution. The role of major supplier that structured organizations formerly played at all levels in the distribution of several kinds of drugs has diminished. Such organizations now compete with loosely organized groups of traffickers and an endless number of independent dealers of ever-younger age. Undisciplined and inexperienced at the street level, the young dealers are especially prone to violence. Their large number and the ease with which dealers at all levels are replaced, coupled with the fact that supplies of drugs are readily obtainable, have rendered traditional law enforcement methods ineffective in controlling drug distribution.

- The country and Maryland may be facing a new heroin epidemic. A surplus of opium on the world market and diversification in international trafficking patterns have made more heroin available in the U.S. This, in turn, has resulted in abundant higher quality heroin on the retail market. The higher quality heroin is being sniffed, thus making it acceptable and without stigma to a much wider population than intravenous (IV) users. This factor, and the interest that Colombians, with their experience and expertise, have shown in marketing heroin constitute a strong set of warning signals.

Nature of the Problem

Drug-Specific Findings

Alcohol

In Maryland, alcohol remains the most widely abused substance, and indicators for 1993 suggest that the apparent decline in alcohol use among the state's population as a whole may be leveling off. Alcohol is projected to be the primary drug of abuse for 55 percent of admissions to Maryland substance abuse treatment programs in Fiscal Year 1994 (FY 94), beginning July 1, 1993.

According to the 1993 Monitoring the Future Survey, a national study of middle and high school students, daily use of alcohol by high school seniors decreased from 3.4 percent in 1992 to 2.5 percent in 1993. Binge drinking (having five or more drinks in a row in the last two weeks) remained around 28 percent among high school seniors, but binge drinking among tenth graders increased from 21.1 percent in 1992 to 23.0 percent in 1993. Among eighth graders, the rate of binge drinking remained around 13 percent.

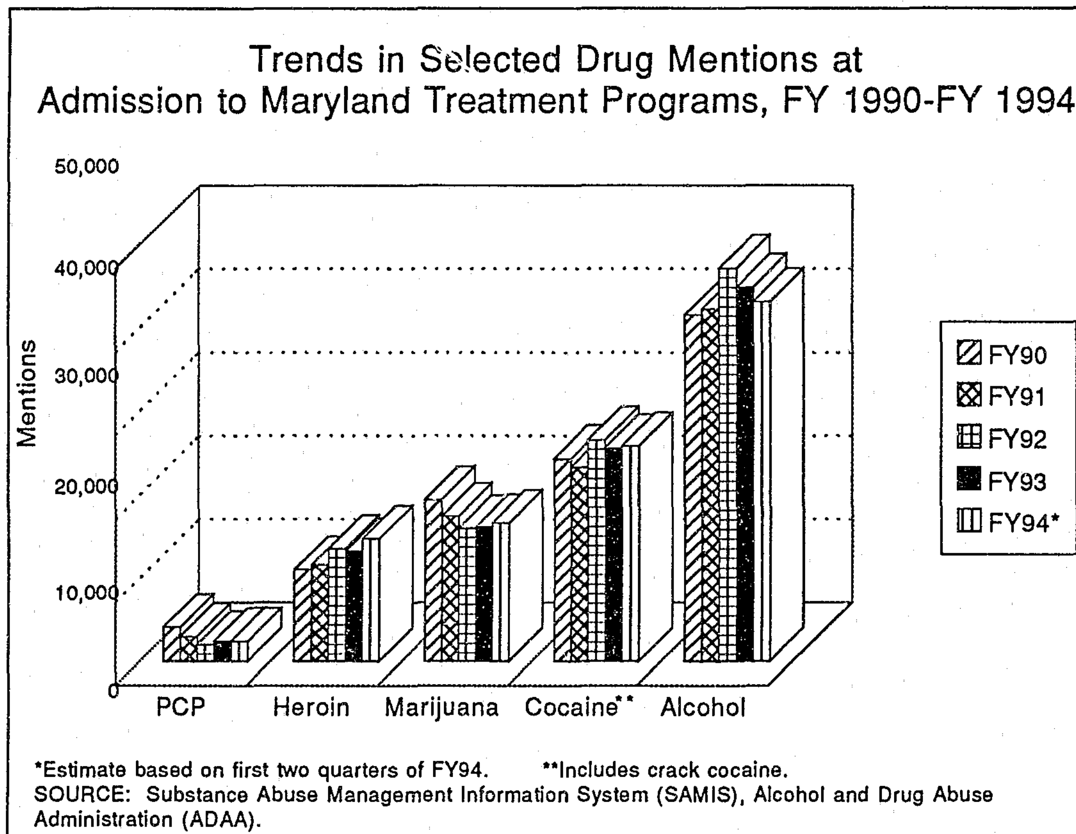
The National Household Survey on Drug Abuse for 1993 showed an increase over 1992 from 15.7 to 18 percent in alcohol use among those in the 12 to 17 year-old group who reported that they had used alcohol in the past month. After decreasing steadily from 1985 to 1992, the percentage of that population who reported ever using alcohol rose in 1993 from 39.3 to 41.3. Both are significant

increases. In absolute terms, the numbers of those who used alcohol in the month prior to the survey dropped from 4,092,000 in 1991 to 3,254,000 in 1992 and rose to 3,825,000 in 1993.

Nearly three quarters of the clients admitted to Maryland treatment programs cite alcohol as a substance of abuse. The Maryland Alcohol and Drug Abuse Administration (ADAA) collects data from all public and private certified treatment programs through its Substance Abuse Management Information System (SAMIS). Projections for FY 94 based on data from the first six months of the year suggest that 70 percent of clients will report alcohol as a substance of abuse compared with 71 percent in FY 93. (See Figure 1.)

Ten percent of Maryland residents 18 years or older reported in 1993 consuming five or more alcoholic drinks on at least one occasion (binge drinking) in the previous month, according to data from the Behavioral Risk Factor Surveillance System (BRFSS), a joint project conducted by the Maryland Department of Health and Mental Hygiene and the Centers for Disease Control and Prevention. About 2 percent of Maryland adults reported having an average of 60 or more alcoholic drinks a month (chronic drinking). In 1992 approximately 9 percent of Maryland adults reported binge drinking, and 3 percent reported chronic drinking.

The Maryland Automated Hotline Reporting System (MAHRS) collects data from calls to six telephone crisis hotlines in Maryland on a variety of topics, including drug and alcohol problems. In calls to MAHRS, alcohol is the most widely mentioned substance. Of calls received during the first five months of its existence, from March to July 1993, between 6 percent and 7 percent of calls involved alcohol. About 2 percent of the 23,084 calls during this five month period involved self-reported need for alcohol treatment.



*Estimate based on first two quarters of FY94. **Includes crack cocaine.
SOURCE: Substance Abuse Management Information System (SAMIS), Alcohol and Drug Abuse Administration (ADAA).

Figure 1

Data from the most recent (1992) *Maryland Adolescent Survey* (MAS), prepared by the Maryland State Department of Education (MSDE), showed that alcohol is the most widely used substance among Maryland adolescents in grades 6, 8, 10, and 12. Fifty-three percent of high school seniors reported use of alcohol within 30 days prior to the survey (current use) and 32 percent reported "binge drinking" (five or more servings of alcohol on the same occasion) within 30 days prior to the survey. (This compares with only nine percent of adults in the same period who reported binge drinking in the BRFSS.) Since administration of the previous MAS in 1990, prevalence of current alcohol use increased in 1992 among sixth and twelfth graders but decreased among eighth and tenth graders.

Alcohol also remains the most widely mentioned substance of abuse among juvenile treatment clients in Maryland. The number of those mentioning alcohol as a drug of abuse increased 7 percent from 3,558 in FY 93 to 3,814 in FY 94.

Although vehicular crashes related to alcohol and other drugs have continued to decline, impaired driving remains a problem among all Maryland drivers. Data from the impaired driving supplement of the 1992 MAS show that impaired driving is common among high school seniors. The survey found that approximately 40 percent of twelfth grade students surveyed said they had driven at least once in the past year within one hour of consuming one to four alcoholic beverages. Nineteen percent admitted at least one incident of driving within an hour of having consumed five or more alcoholic beverages, and 18 percent had driven one hour after using marijuana.

Data from the 1993 Maryland BRFSS show that an estimated 29,822 Maryland adults reported operating a motor vehicle after drinking too much alcohol at least once in the month prior to the survey.

A study released by the Metropolitan Washington Council of Governments in April 1994, revealed that there were fewer than half the drunk driving arrests in the Maryland suburbs of Washington, D.C., in 1993 (171) compared with 1992 (376). At the same time the study showed that violations involving liquor store sales to minors almost tripled, increasing from 31 in 1992 to 88 in 1993. A spokesperson for the Washington Regional Alcohol Program, the group that sponsored the study, commented that the trend suggests that although young people are less likely to drive while intoxicated their alcohol consumption has not declined.

Anecdotal information suggests that a pervasive alcohol abuse problem may be arising among recent immigrant arrivals in Prince George's County. A large number of these persons have little formal education, are unskilled, and are illegally in the United States. High unemployment and great stress among this group have set the stage for alcohol abuse, domestic violence, and homelessness, all of which seem to be increasing. Because of their illegal status, they avoid seeking official help, making it difficult to assess the problem accurately.

Cocaine

In 1993 cocaine use, while remaining at a high level, appeared to be stabilizing in Maryland as well as nationally. Cocaine is still readily available in all parts of the state.

The U.S. State Department estimates that Peru, Bolivia, and Colombia, the principal coca growing countries, produced approximately 790 metric tons of cocaine in 1993. While this is less than the 1992 estimate of 1000 metric tons, it is abundant for world needs. In addition, there have been reports of coca plants now being cultivated in parts of the world where they were never grown before.

Some generalizations can be made about cocaine distribution in Maryland. Most of the cocaine is brought into the state to larger cities such as Baltimore, Frederick, Annapolis, and Salisbury from New York City and Philadelphia in multi-ounce or larger shipments. From those cities it is distributed to smaller municipalities.

Cocaine remains second only to alcohol as the most frequently cited substance of abuse among those admitted to Maryland substance abuse treatment programs. Projections based on SAMIS

data from the first two quarters of FY 94 indicate that approximately 42 percent of clients will cite cocaine as a substance of abuse in FY 94 compared to 41 percent in FY 93 (see Figure 1). Cocaine was the primary drug of abuse for 17 percent of FY 94 admissions.

As in previous years, cocaine is the most widely mentioned substance among those admitted to emergency rooms in the Baltimore metropolitan area; however, cocaine-related emergency room admissions appear to have stabilized. Between January and June 1993, there were 3,803 cocaine-related admissions in the Baltimore metropolitan area compared to 3,888 for the same time period in 1992 (see Figure 2).

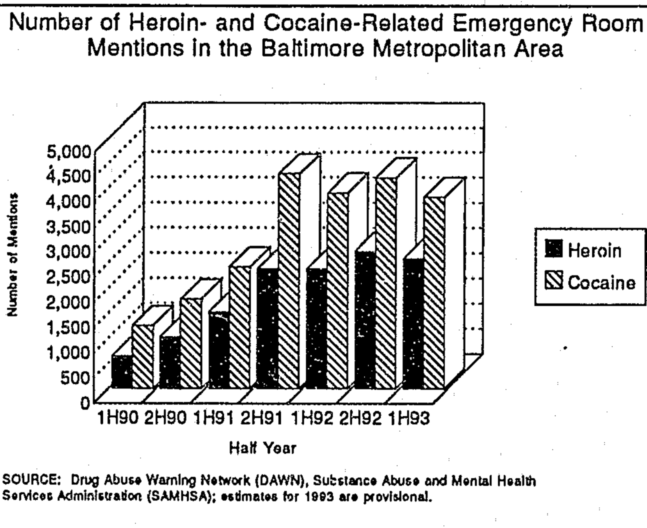


Figure 2

Drug test results from the Baltimore City Pretrial Release Program and the Prince George's County Pretrial Release Unit show that cocaine use is still showing up in a significant number of those being arrested. In 1993 positive urine test results for cocaine fluctuated by quarter between 26 percent and 33 percent among those tested in Baltimore (see Figure 3) and between 30 and 40 percent in Prince George's County (see Figure 4).

The Washington Post reported in May 1993 that the New York crack epidemic was on the wane as young people learned about the drug's destructiveness. Drug preferences in Maryland often follow New York trends. As crack loses its appeal there it can be expected that the epidemic in Maryland will gradually begin to subside. However, a study released by the Office of National Drug Control Policy (ONDCP) indicates that the number of hard-core cocaine users remain the same in spite of a drop in the overall number of cocaine users.

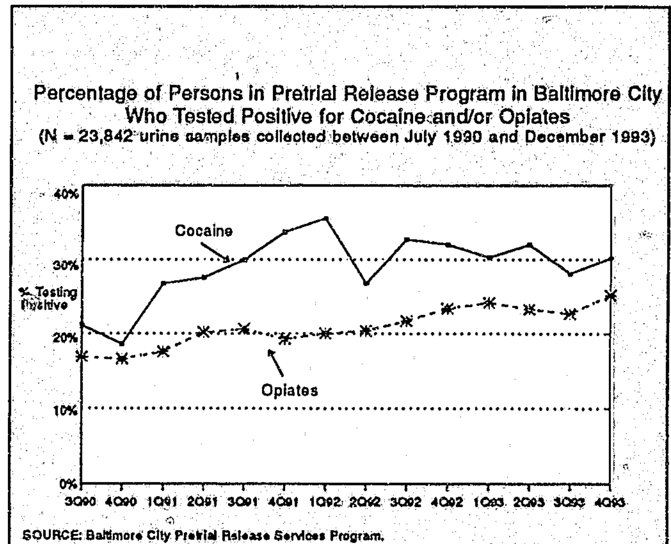


Figure 3

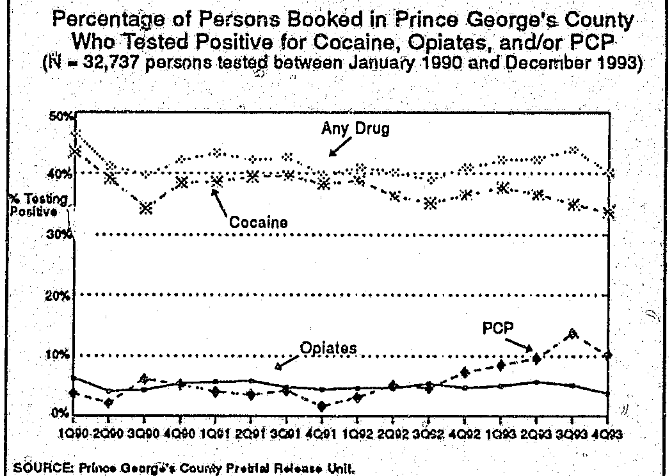


Figure 4

Heroin

Data from 1993 appear to confirm an increasing trend in heroin use in many localities across the United States. Law enforcement information shows that the number of active heroin dealers in Maryland is increasing and that heroin is available from a variety of sources. A disturbing development is an oversupply that has allowed dealers to sell purer heroin. This in turn allows alternative use methods — such as snorting — that increase the population of potential users. These methods may shorten the time for the addiction process to take effect.

The U.S. Department of State's *International Narcotics Control Strategy Report* (INCSR), April 1994, estimates that worldwide opium production in 1993 may have surpassed previous record production levels since 1988. Production increases occurred in every major opium growing region in the world — Southeast Asia, Southwest Asia, and Mexico.

Colombian opium production, less than one percent of the world's illicit production, was unchanged in 1993. Despite this modest crop yield, DEA identified 34 heroin samples as being of South American origin. Of those samples, 27 were found in the Northeast corridor of the United States between Massachusetts and Washington, D.C. According to DEA, "Colombian traffickers are using a variety of tactics to establish mid-level and retail-level outlets for heroin." These tactics include: selling high quality heroin at below market prices, requiring distributors to purchase heroin when cocaine is purchased as a condition of business, and fronting heroin in ounce and multi-ounce quantities to first time buyers. These marketing strategies make it evident that the Colombian traffickers are determined to become active in the heroin market. In addition, Colombians have established contacts with European trafficking organizations and with southwest Asian sources of supply.

The Drug Enforcement Administration (DEA) noted in its *Worldwide Heroin Situation Report — 1992*, that the United States experienced four heroin epidemics between 1967 and 1987. Each epidemic, ranging from four to eight years, closely followed an increase in heroin availability. With worldwide record production and the intrusion of Colombians into heroin trafficking, the principal element is in place for a possible new heroin epidemic.

The INCSR stated that "in 1993, there was further evidence that trafficking organizations from Nigeria are becoming the service industry of choice for the heroin trade" noting that Nigerian heroin traffickers have been arrested all over the world. In 1992, the National Narcotics Intelligence Consumers Committee (NNICC) stated that "Nigerian criminals accounted for upwards of 50 percent of the heroin seized in the United States during the year." In Baltimore, it has been estimated that Nigerians are responsible for up to 80 percent of the heroin supply. In April 1993, three Maryland women returning from Lagos, Nigeria, were arrested at the Customs station in Otay Mesa, California, with 13.2 pounds of heroin destined for Laurel, Maryland.

New York continues to be the principal point of entry for heroin on the east coast and the primary source of heroin transported to Maryland. Philadelphia has been named as a source for the state's northeastern counties. There are indications that Virginia may serve as an intermediate point for heroin from New York en route to Baltimore.

Street level heroin distribution in Maryland is generally handled by African-Americans. In the past, heroin organizations were tightly controlled and supplied well-defined markets, making violence unnecessary. However, the breakdown of structured organizations, the ready availability of cocaine from an increasing variety of suppliers, and increased competition form cocaine dealers diversifying to heroin may alter that situation. Information from New York City states that as competition grows for a diminishing crack cocaine market, crack dealers adding heroin to their stock are fueling a new level of violence. Heroin dealers also appear to be expanding their activities outside of traditional market areas in New York City.

These developments may find their way to Baltimore, since this city often follows New York trends and appears to be in the early stage of a

downturn in crack use. There have been some reports of street level cocaine dealers in Baltimore requiring cocaine purchasers to buy heroin as well. At this point it is not clear whether this is a street level marketing method aimed at entry-level heroin users or is related to the established population that injects a combination of cocaine and heroin (speedball). It has also been theorized that heroin may be used to lessen the "crash" resulting from a cocaine high. There is anecdotal evidence that heroin traffickers may be expanding to other areas in the state that have not been known as heroin markets.

The Maryland State Police (MSP) Criminal Intelligence Division maintains a data base of demographic information on heroin traffickers investigated by the MSP and its associated task forces. In 1993, 82 percent of those investigated for heroin offenses were male; 49 percent were black, 49 percent were white, and 2 percent were hispanic. This represents a change from 1992, when 65 percent were black and 35 percent were white. The spread of heroin to new markets in the state may partially explain the shift in race among heroin traffickers. By age, 2 percent were under 18 years old, 20 percent were 18 to 25, 30 percent were 26 to 35, and 47 percent were 36 and over.

Heroin-related emergency room episodes remain at high levels, according to DAWN data for the Baltimore metropolitan area. (See Figure 2.) Preliminary data for the first half of 1993 show that there were 2,575 heroin-related episodes compared to 2,376 for the same time period in 1992. The 1992-1993 levels are considerably higher than those for the same time period in 1990 and 1991. High purity heroin may be partly responsible. Another cause may be rooted in the practices of those who inject heroin by needle. If only high purity, snorting quality heroin is available, it is likely the needle user will inject it heedless of health consequences. Another possibility is a lack of care during the cutting process, giving an inadequately mixed product with occasional concentrations of pure heroin.

Admissions to drug treatment centers involving heroin increased 11 percent over the previous year. The rise may be due in part to a recent expansion in heroin treatment programs in Maryland — five heroin treatment programs with a total of 200 slots were opened in FY 94. The FY 94 projections also represent a 34 percent increase over the past five years. (See Figure 1.) Heroin was the primary drug of abuse for 13 percent of FY 94 admissions to Maryland substance abuse treatment programs.

To facilitate both inhalation and injection by needle, heroin is made available in two grades — a high purity grade suitable for inhalation and a lower purity, injectable grade. Statewide, 41 percent of heroin admissions cited inhalation as the primary route of administration of the drug, up from 33 percent in FY 93. In Baltimore City, which accounts for 69 percent of heroin-related treatment admissions in the state, SAMIS data show a continued increase in inhalation, which accounted for 32 percent of admissions in FY 92; 36 percent in FY 93; and 46 percent in projections for FY 94. ADAA treatment officials suggest that inhalation appears to represent the avoidance of needles by younger and new heroin users and that it is facilitated by the availability of higher purity heroin.

Data from the Baltimore Pretrial Release Program show a slight increase in opiate-positive drug test results over the past two years. On average, roughly 20 percent of those released tested positive for opiates in 1991 and 24 percent in 1993. (See Figure 3.) Data from Prince George's County, which show that heroin use in the criminal population from Prince George's County remained at low levels, underscore the uniqueness of the Baltimore heroin picture. Only 4 to 7 percent by quarter of those arrested in Prince George's County tested positive for opiates in 1993 (see Figure 4).

Cannabis

National surveys show an increase in 1993 in lifetime marijuana use by eighth, tenth, and twelfth graders. Among teenagers as a whole, 2.1 million used marijuana in 1993 compared to 1.7 million the previous year. Overall, there were an estimated nine million current users. Throughout Maryland, marijuana use appears to be increasing both among the adult population and among Maryland's young people.

Among reasons for the apparent resurgence of the popularity of marijuana are: Some traffickers and users feel that it is an acceptable alternative to "hard drugs"; legal penalties are less severe for marijuana; and health factors are not given serious consideration because its health costs are long term.

Although the entertainment industry was rocked during the 1960s and 1970s by drug overdose deaths of major stars, a number of music groups including some that are popular with young people are again promoting marijuana use and legalization. Well-financed advocacy groups are also propagandizing actively for legalization.

Marijuana is produced abroad and throughout the United States, and it has a diversified distribution system. It is smuggled into the country in ton quantities and from state to state by the pound. It is grown for profit and for personal use. Investigations have generally revealed that organizations bringing bulk marijuana into Maryland are tightly knit and often consist of close friends, relatives, or business associates.

A review of 1992/1993 MSP Drug Enforcement Division investigations identifies states in the southwest and California as major source areas for bulk shipments of marijuana destined for Maryland, frequently originating in Mexico, at this time the primary source of marijuana smuggled into the United States.

Arrests in Maryland for smuggling marijuana from Jamaica declined in 1993. This may be more a result of changes in law enforcement at Baltimore Washington International Airport than of a reduction in smuggling.

As with hard drugs, freelancing entrepreneurs travel from Maryland to other cities and states to obtain marijuana at wholesale prices.

In 1993, 1500 more marijuana plants were seized in Maryland than in 1992 even though efforts to locate plants were hampered by bad weather. In September, a prime month for locating plants by air, crop destruction flight days were limited to approximately two weeks.

Marijuana Plant Seizures in Maryland

	1990	1991	1992	1993
Indoor Plants	210	803	1,483	2,103
Outdoor Plants	2,676	10,407	5,585	6,550
Total Plants	2,886	11,210	7,068	8,653

In addition to the plant seizures, 75 pounds of processed marijuana were seized at outdoor growing areas, and 24.5 pounds were seized at indoor growing locations. It is believed that eradications and seizures account for only a fraction of the marijuana grown in the state. It is possible that marijuana may be one of Maryland's largest cash crops. However, most growers in the state have no need for a formal distribution system because production is often on a small scale intended for personal use and for friends and relatives.

Seizures of marijuana plants grown indoors in Maryland have increased steadily since 1990. The seizures frequently uncover sophisticated equipment used to raise the potency of the active ingredient of marijuana and to increase the volume of production.

The following information was extracted from a data base maintained by the MSP Criminal Intelligence Division on drug investigations in the state. In Maryland, in 1993, 77 percent of the suspects at the trafficker/dealer level investigated for marijuana were white, 22 percent were black. Males made up 78 percent of the entries. By age, 5 percent were under 18; 37 percent were between 18-25; 37 percent were between 26 and 35; and 22 percent were 36 or over.

One particularly disturbing trend related to youth comes from Juvenile Drug Testing in the Washington, D.C., area. In 1990, arrested juveniles testing positive for marijuana did not exceed 10 percent in any month. In 1993, however, the monthly average for the year was 39.4 percent.

Between the first half of 1992 and the first half of 1993, admissions to emergency rooms nationally for marijuana and hashish problems rose from

11,500 to 13,700, an increase of 19 percent. Marijuana and hashish admissions in the Baltimore Metropolitan Area increased slightly, from 294 to 307.

There has been a 3 percent increase in treatment for marijuana-related problems in Maryland treatment facilities. (See Figure 1.) Juvenile treatment admissions have shown a more significant increase of 29 percent.

Data from the 1992 MAS showed an increase over 1990 levels in current marijuana use among Maryland eighth, tenth, and twelfth graders. Results from the 1993 Monitoring the Future study, a national study of middle and high school students, also show that marijuana use increased over 1992 levels among eighth, tenth, and twelfth graders. In addition, the percentage of students who think smoking marijuana occasionally is a "great risk" dropped significantly from the previous year.

Drug use has been described as cyclical, with trends moving from stimulant to depressant and back again. The country has been in an extended cocaine (a stimulant) epidemic, while marijuana (a depressant) use appears to have reached a low point. Statistics and anecdotal information suggest that a number of factors — including fads, marijuana use as an alternative to other drugs, and a decrease in perceived risk — may be refueling renewed use of marijuana.

With no foreseeable major interruption in supply, and a predicted rise in the population of users, marijuana should strengthen its position as the most abused illicit drug.

Synthetic Drugs

Clandestinely produced synthetic drugs continue to be available throughout much of Maryland. Most of these come from out-of-state sources, especially California and New York. Many of the distribution networks are highly structured and tightly knit. Therefore, reliable information is difficult to obtain.

PCP — Most traditional indicators for 1993 continue to suggest relatively low but increasing levels of phencyclidine (PCP) use in the state. The MSP Criminal Intelligence Division first noticed an increase in the number of highway interdiction stops resulting in the seizure of PCP during the last few months of 1992. Since then, PCP has become more prevalent in several areas of the state.

The majority of PCP investigations and arrests take place in southern Maryland, specifically Calvert, Charles, Prince George's, and Anne Arundel counties. Highway interdictions involving PCP in 1993 were made in Charles, Prince George's, and Anne Arundel counties.

Intelligence information indicates that Maryland's primary source of PCP is Washington, D.C. According to DEA, gallon quantities of liquid PCP are transported there from California in luggage by bus and airplanes.

The DEA office in Washington, D.C., reports that the wholesale market for PCP is controlled by black males there. However, the retail level in Maryland is controlled predominately by white males. Over 90 percent of those involved in highway interdictions and investigations in Maryland in 1993 were white. However, white females are also known to purchase PCP in Washington, D.C., for resale in Maryland.

Commonly, PCP is sold to consumers after being sprayed on parsley flakes and packaged in film canisters. Each canister holds approximately 2.5 grams. Cigarettes dipped into liquid PCP are sold for $50. They are called "dippers" or "Sherman sticks."

The average wholesale PCP prices in Maryland have decreased over the past year. In 1992, an ounce of liquid PCP was $365; in 1993 $320. Drug test results from Prince George's County's Pretrial Release Unit suggest an increasing trend in PCP use among those recently arrested, although quarterly rates have fluctuated. Urine samples testing positive for PCP rose from 1 percent in November 1991 to a high of 14 percent in August 1993. (See Figure 4.) Where Baltimore City drug test results for PCP are available, they appear to be relatively stable at low levels.

It is projected that about 4 percent of clients in Maryland treatment programs will cite PCP as a

substance of abuse in FY 94, roughly the same as in FY 93. (See Figure 1.) PCP-related treatment admissions have remained at relatively low levels since FY 88, when 12 percent of clients mentioned PCP.

Baltimore emergency room episodes involving PCP have also remained at relatively low levels, but there has been a sharp increase over the past two years. Preliminary data for the first half of 1993 indicate that there were 297 PCP-related emergency room episodes compared to 135 for the same period in 1992 and 27 for the same period in 1991.

Juvenile treatment admissions involving PCP increased from 116 admissions in FY 93 to 196 projected for FY 94. Data from the 1992 MAS are less clear. The 1992 rate of current PCP use was between 1 and 2 percent. Use decreased over the previous survey among eighth and tenth graders, while it increased among sixth and twelfth graders.

LSD — Lysergic Acid Diethylamide (LSD) continues to be popular among those of high school and college age in Maryland. Nationally, the Monitoring the Future Survey for 1993 showed a significant increase in its use by high school seniors. Ten percent of treatment clients under age 18 mentioned hallucinogens, almost exclusively meaning LSD, as compared to 1.6 percent of the total treatment population in FY 94. LSD is inexpensive and readily available, and it produces a high that lasts up to 12 hours. Because it is tasteless and odorless, many may find it easy to ingest and there is no need to mask an odor as with marijuana or alcohol. In addition, its small size makes it easy to conceal.

According to DEA, LSD can be found in almost all 50 states. LSD is a liquid so powerful that only a minute amount can be ingested. Traditional forms of supplying LSD include blotter paper, gelatin squares ("windowpanes"), sugar cubes, and small tablets ("microdots"). In Maryland, blotter paper divided into small squares is the most common method of distribution.

In January 1993, a "new" form of LSD was purchased during an undercover operation in southern Maryland. The LSD was on blotter paper but with the individual dosage units perforated in twice the normal size. The picture on each hit was of a cartoon pig dressed in overalls. This was the first time LSD of this type has been seen in Maryland. According to DEA San Francisco, the pig logo was new to the San Francisco area as well, being seen there only one month before the Maryland seizure. No further seizures of this type have been made in Maryland.

Retail and wholesale prices for LSD have shown minimal increases over the past few years. Most undercover purchases by state and local authorities have been in quantities of 100 dosage units or fewer.

LSD, by its very nature and context of use, is difficult to monitor and, therefore, does not generally surface in traditional indicators. Fewer visits to emergency rooms are said to be a result of its being sold in weaker dosage units than formerly. Another, more likely, explanation is that users anticipate and are better prepared to deal with the bad effects of LSD use. Because current users tend to be much younger than users in the past, they have not been targeted by law enforcement.

LSD continues to be distributed through highly structured and tightly knit organizations, with northern California its main source. The drug is shipped by postal services or passed at social gatherings such as rock concerts. The most notable of these are the periodic Grateful Dead concerts.

SAMIS does not specifically cite LSD, however most of the hallucinogen-related admissions for treatment are for LSD use. Overall hallucinogen-related treatment admissions have remained at relatively low levels, with approximately 2 percent of Maryland treatment clients citing hallucinogens as substances of abuse. However admissions among juveniles increased 40 percent over the previous year, from 384 mentions in FY 93 to a projected 538 in FY 94.

The MAS shows that current use of LSD (used within 30 days prior to the survey) among Maryland eighth, tenth, and twelfth graders decreased from 1990 to 1992 but remained stable among

sixth graders. However, national results from the 1993 Monitoring the Future study show that ever-used and past year LSD use among the nation's twelfth graders has increased over 1992 levels. Approximately 4 percent of tenth and twelfth graders reported use of LSD in the 1992 MAS as compared to 5 percent in the 1990 survey.

Methamphetamine — Methamphetamine (meth) has not been popular in Maryland in recent years. This is due in part to a decline in the activity of outlaw motorcycle gangs, the predominant traffickers of methamphetamine in the state.

Methcathinone — Methcathinone (Cat) is a strong amphetamine analog. It is attractive to drug entrepreneurs because it is easy to make and the precursor chemicals are readily available. Methcathinone was first seen in the illicit market in Marquette, Michigan, in January 1991. Since then, it has spread throughout the Upper Peninsula of Michigan, and into other parts of Michigan and Wisconsin, with isolated reports in Florida, Virginia, and Washington. There has been a suggestion that methcathinone may have been available in far western Maryland, but confirmation is lacking.

Since methamphetamine is not popular in Maryland, its analog Cat may take time to find a market here.

MDMA — 3,4 methylenedioxymethamphetamine or MDMA, does not appear to be widely used in Maryland at present, but there are reports that it is readily available in neighboring states. Due to its high cost, it may not be as appealing as its counterpart, LSD, among the younger age groups.

Also known as "Ecstasy," "XTC," and "X," MDMA is said to be popular among those who attend "raves," semi-secret, movable musical events/light shows with a nightclub atmosphere, mainly publicized through word of mouth. No seizures from these events have been reported; however, MDMA seizures and undercover purchases have been made in Howard County and Baltimore City. In two instances, the tablets were concealed inside Tic-Tac® and Tylenol® containers.

The Clarksburg, West Virginia, DEA office was involved in the arrest of four persons in association with a clandestine MDMA laboratory operation. The laboratory had about four liters of MDMA solution. The preparer of the solution reportedly has a bachelor's degree in chemistry.

Sources in Fairfax County, Virginia, reveal that MDMA is available there in capsule form and has been purchased at $35 per capsule from an Asian male. The original source of the MDMA has not yet been determined.

Ketamine — Ketamine, or ketamine hydrochloride, is a legal tranquilizer used in veterinary medicine. Chemically related to phencyclidine (PCP), it is sold as an injectable under the brand names Ketacet® and Ketajet®. For human consumption it is marketed under the name Katalar®.

Ketamine has been diverted into the illicit market from veterinary sources. Normally found in injectable form, it is converted into a powder and repackaged. Sold on the street in powder, capsule, and pill form under the name "Special K," it is common in the New York night club scene.

Due to ketamine's high potential for abuse, it is under consideration for an official controlled substance classification, based on police and medical information. Ketamine can cause convulsions, especially when taken in large dosages. Some users experience vomiting when mixing it with alcohol. "Special K" can cause a depressed person to become suicidal or an agitated person to become violent.

"Special K" has been mentioned by informants as being available in Calvert and Frederick counties; however, no purchases or seizures have been reported.

Prescription Drugs

The abuse of pharmaceuticals is so pervasive in Maryland that the state serves as a source for trafficking networks located as far away as Illinois.

Prescription drugs are diverted into the illicit market on one hand by prescription forgery and

by falsifying symptoms to obtain prescriptions and on the other by unscrupulous doctors and pharmacists. Diverted pharmaceutical drugs are popular because the user knows that each dose will be consistent. Pharmaceuticals continue to be trafficked primarily by whites in their early 20s to late 40s.

Montgomery and Anne Arundel counties have had active diversion units for many years and other counties in the state have recently established drug diversion units to address the problem.

A DEA system that tracks the wholesale movement of pharmaceuticals shows that in 1993 Maryland ranked number one per capita in the nation in shipments of oxycodone (Percocet®/ Percodan®), a narcotic analgesic. In 1992 Maryland ranked third. An increase was also seen with Doriden®, a depressant, which ranked eighth in 1992 and rose to second in 1993. Although there is a large heroin population in Baltimore, Maryland dropped from seventh place in 1992 to thirteenth in 1993 for hydromorphone (Dilaudid®), a narcotic analgesic. These three drugs are readily available on the street in Maryland.

The DAWN emergency room sample for the Baltimore metropolitan area showed significant decreases between the first two quarters of 1992 and the first two quarters of 1993 for the following prescription drugs reported by participating hospitals: alprazolam (Xanax®, a tranquilizer); diazepam (Valium®, a tranquilizer); -propoxyphene (Darvon®, a narcotic analgesic); fluoxetine (Prozac®, an antidepressant); cyclobenzaprine (Flexeril®, a muscle relaxant); and naproxen (Naprosyn®, an analgesic).

Approximately 5 percent of admissions to Maryland treatment facilities in FY 94 reported a prescription drug as a substance of abuse. Among those admitted, pharmaceutical drugs (non-prescription methadone, barbiturates, sedatives/hypnotics, benzodiazepenes and other tranquilizers) increased slightly from 2,858 in FY 93 to a projected 2,936 in FY 94. Because SAMIS records only the top three substances cited as substances of abuse by each client, it is possible that prescription drug abuse by Maryland residents is underestimated in persons using multiple illicit drugs.

Adolescent non-medical use of pharmaceutical drugs was surveyed in the 1992 MAS, including amphetamines, barbiturates, tranquilizers, and narcotics other than heroin. There were no discernable trends or patterns of abuse of these drugs among Maryland adolescents in grades 6, 8, 10, and 12. Among sixth graders, reported current non-medical use of amphetamines and narcotics other than heroin was higher than that reported in the 1990 MAS, and current use of barbiturates or tranquilizers remained stable at around 1 percent. In contrast, reported use of these drugs was lower than in the 1990 MAS for eighth graders. Among tenth and twelfth graders, current non-medical use of amphetamines remained at 1990 levels of about 6 percent; current use of barbiturates or tranquilizers dropped from about 4 percent in 1990 to 3 percent in 1992; and narcotics other than heroin remained relatively stable at around 4 percent. National data shows that seniors using stimulants during the past year jumped from 7.1 percent in 1992 to 8.4 percent in 1993. Similar increases were recorded for eighth and tenth graders.

Inhalants

Recent reports and surveys indicate that inhalant abuse is on the rise among children. Inhalants are the most widely abused substances among eighth-graders after alcohol and tobacco. Almost one in five of them have used inhalants at least once. Even more tenth and twelfth graders use them. The problem for law enforcement is difficult because most of the materials abused are common, legal, and readily available household products and because law enforcement officers are not usually aware of abuse until a complaint is made.

There are three categories of inhalants: solvents, aerosols, and glues. Inhalants are taken into the body through the nose (sniffing) or the mouth ("huffing"), directly from the container, from a soaked rag, or by transfer into another container such as a soda can or plastic bag. Inhalants produce a quick effect, often within seconds, usually of euphoria, loss of inhibitions, and increased aggressiveness.

The high lasts only a few minutes, requiring repeated inhalation. Inhalants slow down the

body's reactions, can impair thinking, and can damage the brain and other vital organs. There have been several documented cases in which death has occurred.

Nitrous Oxide — The inhalant most recently given media attention has been nitrous oxide. In January 1993, police officers came across a field with over 100 whipped cream cans. The cans contained the whipped cream, but had been emptied of the nitrous oxide used to propel it. Also in January, an 18-year-old in Catonsville died from inhaling nitrous oxide.

It is an odorless gas with industrial and medical applications. When inhaled it provides a few minutes of euphoric feeling. Cylinder tanks of nitrous oxide have been diverted from legal use and been found at rock concerts, where balloons filled with the substance are sold for five dollars.

The MSP sponsored a bill during the 1994 Maryland legislative session to place nitrous oxide on the inhalant list (Article 27, section 301) and to make it a felony to distribute nitrous oxide illegally and intentionally. However, the bill was defeated.

Miscellaneous - Cigarettes

Data from the 1993 BRFSS show that in that year 19 percent or 708,265 Maryland residents age 18 years or older, reported themselves to be current and regular smokers. This is down 1 percent, from the previous year.

Nevertheless, cigarette use appears to be increasing among Maryland's youth. Data from the 1992 MAS indicate that current cigarette use among Maryland sixth, eighth, and twelfth graders increased since 1990 and remained stable among tenth graders. Cigarette use tends to increase by grade with about 5 percent of sixth graders and 32 percent of twelfth graders reporting current use.

High Intensity Drug Trafficking Area Drug Indicators

The High Intensity Drug Trafficking Area (HIDTA) Program was established within the Anti-Drug Abuse Act of 1988 to empower local, state, and federal partnerships to collaborate on a common strategy, to integrate the most progressive drug control programs, to foster information and intelligence sharing, and to harness the synergy developed through collocated teamwork.

The Washington-Baltimore HIDTA, established in February 1994, was the sixth. The first five, at New York, Miami, Houston, Los Angeles, and the Southwest Border were called Gateway HIDTAs because they were designed to reduce the flow of drugs into the country. The Washington-Baltimore HIDTA is called a Distribution HIDTA because it is designed to reduce the number of chronic, hard-core drug users by reducing the number of the most significant drug distribution networks and their clientele. This HIDTA focuses on violence as well as on drugs.

The law enforcement component of the Washington-Baltimore HIDTA consists of enforcement teams operating as multi-agency task forces. The HIDTA provides overtime funding for local police participating in the program.

Demographic Characteristics of Maryland Counties Included in the High Intensity Drug Trafficking Area Program, by HIDTA Locality, 1990

	Anne Arundel	Baltimore City	Baltimore County	Charles	Howard	Montgomery	Prince George's
Population	427,239	736,014	692,134	101,154	187,328	757,027	729,268
Gender							
Male	50.3%	46.7%	47.7%	49.7%	49.8%	48.2%	48.5%
Female	49.6%	53.3%	52.3%	50.3%	50.2%	51.8%	51.5%
Race							
Black	11.8%	59.2%	12.4%	18.2%	11.8%	12.2%	50.7%
White	85.7%	39.1%	84.9%	79.3%	83.2%	76.7%	43.1%
Other*	2.5%	1.7%	2.7%	2.5%	5.0%	11.1%	6.2%
Age							
<18	24.6%	24.4%	21.8%	29.4%	25.9%	23.6%	24.4%
18-24	10.9%	11.2%	9.9%	10.7%	8.9%	8.9%	13.0%
25-44	35.6%	31.1%	33.8%	35.9%	40.3%	37.4%	37.4%
45-64	20.1%	17.6%	20.5%	17.6%	18.8%	19.9%	18.3%
65+	8.8%	13.7%	14.0%	6.5%	6.1%	10.2%	6.9%
% of MD Population	8.9%	15.4%	14.5%	2.1%	3.9%	15.8%	15.3%

Figure 5

The treatment component expands and improves treatment services for a comprehensive continuum of care for the hard-core drug using population. Treatment centers, regional drug courts, and criminal justice elements are to work together to facilitate the sharing of data, the delivery of treatment services, and the supervision of court-referred patients.

The information center, to be located in Prince George's County, is designed to serve as a bridge between the law enforcement and treatment components. It is intended that the center will provide information to policy makers, law enforcement, judicial, and treatment officials to provide not only an improved law enforcement capability, but also to ensure that those arrested who need treatment receive it.

The HIDTA region encompasses Baltimore and the District of Columbia and its northern Virginia and Maryland suburbs. The Maryland localities included are: Baltimore City, and Anne Arundel, Baltimore, Charles, Howard, Montgomery, and Prince George's counties. Together, this area makes up about 75 percent of the population of the state. The population size and demographic characteristics of these localities vary (see Figure 5). While the gender and age make-up of the seven localities does not differ dramatically, their racial composition does. The population of Anne Arundel, Baltimore, Charles, Howard, and Montgomery counties is predominantly white; in Baltimore City and Prince George's county the majority is black.

As shown in Figure 6, the drugs abused in the seven HIDTA localities vary. For example, Baltimore City has the highest percentage of treatment admissions citing cocaine and heroin as substances of abuse but the lowest percentage of admissions citing PCP.

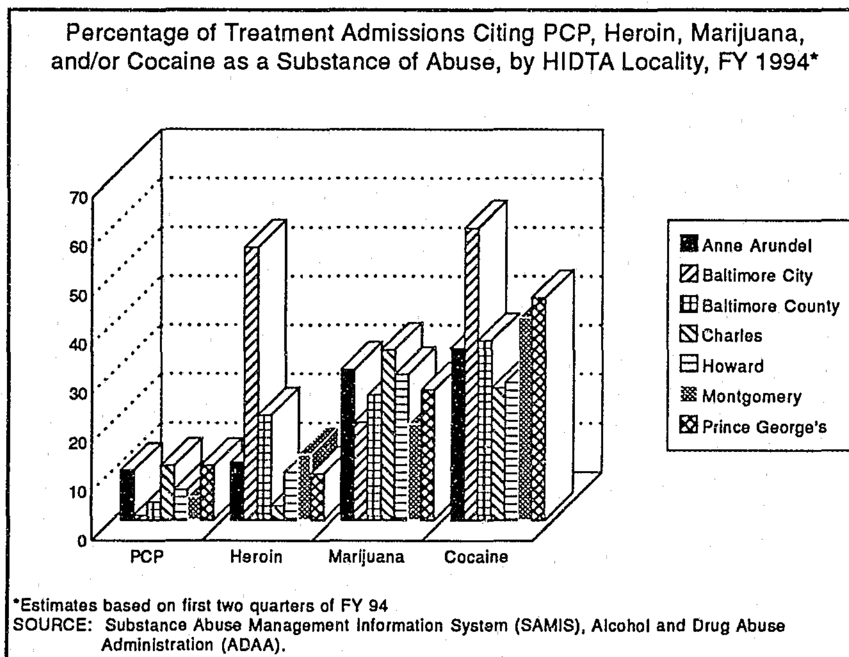
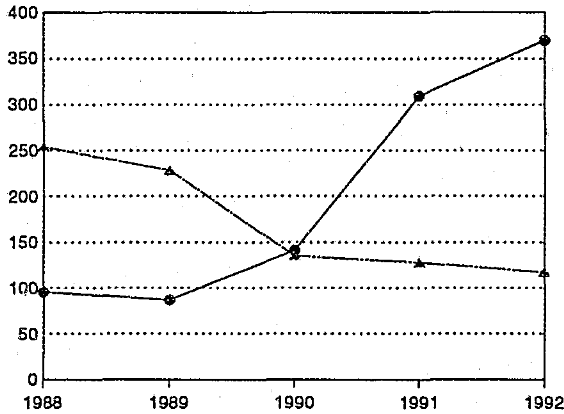


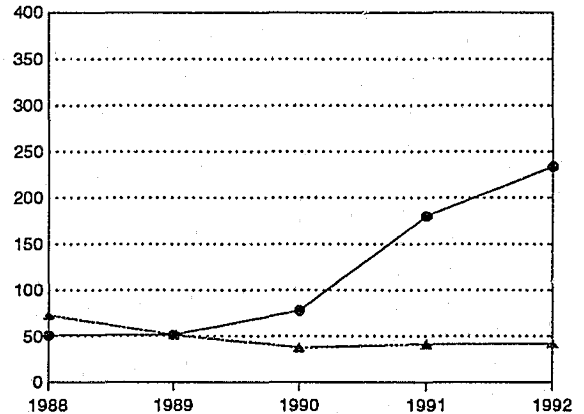
Figure 6

Estimated Rates* of Emergency Room Drug Abuse Episodes in the Baltimore and Washington, D.C., Metropolitan Areas by Major Drug, 1988 through 1992

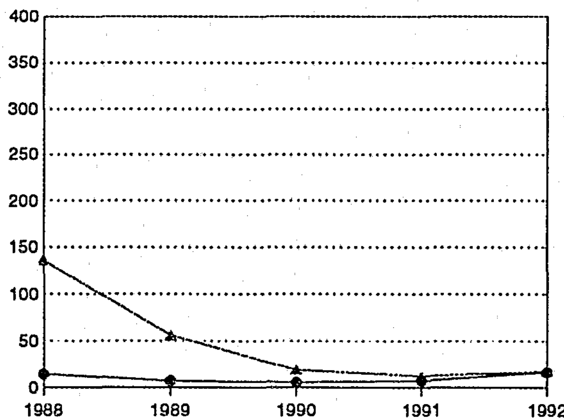
Rate of Cocaine Episodes



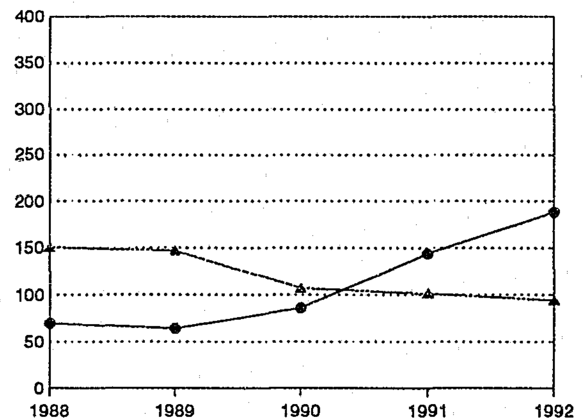
Rate of Heroin Episodes

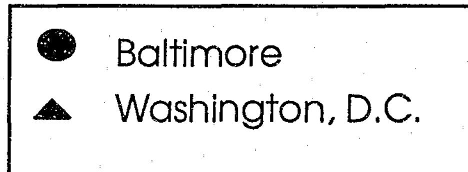


Rate of PCP Episodes



Rate of Alcohol-in-Combination Episodes





* Per 100,000 Population

Source: Drug Abuse Warning Network (DAWN), Substance Abuse and Mental Health Services Administration (SAMHSA)

Figure 7

DAWN data for the Baltimore and Washington, D.C., metropolitan areas show quite different patterns of emergency room episodes involving drugs (see Figure 7). Data for the Washington metropolitan area would be representative of Prince George's and Montgomery counties, indicating that patterns for those counties differ from patterns for Baltimore. Emergency room episodes involving cocaine, heroin, alcohol in combination, and PCP in the Baltimore metropolitan area were stable; they were below or equal to the rates in the Washington metropolitan area in 1988 and 1989. However, in 1990 Baltimore rates involving these drugs either matched or surpassed the Washington rates. Since 1990, Baltimore rates have been increasing (except PCP), while Washington rates have stayed relatively stable.

Pretrial drug test results also show different patterns of drug use in Baltimore City and Prince George's County. Persons arrested in the county tested positive for cocaine at higher rates than in Baltimore City. In contrast, those tested in Baltimore showed higher positive rates for opiates than those tested in Prince George's County. (See Figures 3 and 4.) Figure 8 shows the relative numbers of prisoners in jail for drug offenses in HIDTA jurisdictions and the type of drug offense for which they were committed.

Most Serious Drug Offense Type by Current Jail Population

Sentencing Jurisdiction	Possession	Possession with Intent	Distribution	Total
Baltimore City	946	1,709	432	3,087
Anne Arundel County	43	37	112	192
Baltimore County	131	149	98	378
Charles County	31	63	73	167
Howard County	9	21	14	44
Montgomery County	28	57	37	122
Prince George's County	66	277	162	505
Total	1,254	2,313	928	4,495

This Table is based on data as of approximately, August 5, 1994.
Source: Maryland Department of Public Safety and Correctional Services

Figure 8

Drug Trafficking

In recent years fundamental changes have come about in drug trafficking in major urban areas. For a variety of reasons, previously existing structured cocaine and heroin distribution systems no longer dominate the traffic and receive increasing competition from fragmented, underfunded freelancers forming ad hoc groups. These new dealers are able to operate without regular sources, established customers, or the benefits of protection by a criminal organization. Their inexperience and lack of discipline, however, has led to an explosion of violence.

In smaller urban and in rural areas two kinds of dealers can be found: ad hoc groups of highly mobile dealers; and local inhabitants. Both have adapted to law enforcement operations. Law enforcement efforts, therefore, that are aimed at disrupting structured distribution organizations at the state or municipal level are futile because such organizations do not control major segments of the market and they are easily replaced. For the same reason, efforts to control drug trafficking by disrupting the flow of money are also futile. These changes require new responses by the drug control community.

Distribution Patterns of Organizations and Groups

Distribution patterns and methods are determined in part by the type of drug and in part by the area in which it is being distributed. For example, heroin and crack are often sold throughout the state in open-air markets; drugs such as PCP and LSD usually are sold only to known and trusted customers. Such distribution organizations and sophisticated distribution methods as exist are seen more frequently in metropolitan areas of the state. In the rural areas, distribution groups often consist of family or groups of friends. Distribution is also carried out by highly mobile transient groups from out of state.

Drug dealers or groups constantly develop new techniques in response to law enforcement operations. For example, Frederick City law enforcement personnel have reported that drug dealers will make regular visits to court during drug trials in order to listen to testimony that may provide information on law enforcement methods and techniques. One result of such knowledge is the use of more complex and sophisticated distribution methods such as mobile phones, two-way radios, and scanners. Traffickers will also arrange deals using complex pager codes.

Drugs, particularly crack, are still commonly distributed through street sales, largely in open-air drug markets. These markets are usually located in or near low income housing areas, generally on a side street with easy access to a main street that allows for quick entry and exit and permits vehicles to stop without impeding traffic. Because of their high visibility their continued existence tends to erode public confidence in government, and they become major areas of violence and other crime.

Numerous techniques have evolved to negate law enforcement activities in the markets. Dealers operating in Baltimore City reportedly use chits to conduct drug transactions. Items such as colored beads or playing cards are given out on receipt of money for drugs. The buyer will redeem the chit at a later time or at a different location. Dealers have also been reported using dogs whose collars conceal drugs. A buyer will approach the dog handler and kneel down and pet the dog while retrieving the drug.

Law enforcement efforts against open-air markets have obliged dealers in some areas to move indoors. Dealers have used apartments or houses located near the drug market as distribution points. These sites change frequently to make it difficult for law enforcement to serve search and seizure warrants. Dealers gain the cooperation of residents by providing them with drugs or money.

In the rural regions of the state, drugs are generally sold from private homes, bars, or other meeting places. Dealers in these areas limit their contact to a small circle of people whom they feel they can trust.

Nature of Markets — Trafficking practices in the drug markets in Baltimore and Washington, D.C., are distinct. Despite the closeness of the two

cities, there apparently is very little cross-over by trafficking groups. Traffickers will sell drugs in Washington, D.C., or Baltimore — but not in both.

The Juvenile as Drug Trafficker — Juveniles are becoming increasingly involved in creating and supporting drug trafficking in Baltimore. During the past three years, one out of every five persons arrested there for trafficking in heroin or cocaine has been a juvenile. Violent crimes by juveniles increased 25 percent between 1987 and 1993. Twenty-five percent of homicides in Baltimore in 1993 were committed by persons under 18 years old. Juvenile narcotics arrests increased 61 percent from 1988 to 1993. One of the impediments to law enforcement's ability to deal effectively with juvenile trafficking is that, barring the commission of a major violent felony, the underage suspect is not allowed to be reported to law enforcement or have any record on file by police. The four year period of invisibility afforded juvenile traffickers by this system provides ample time and opportunity for juveniles to learn and practice the trade of drug trafficking with little legal interference.

The Office of the Public Defender has reported that in 1993 it was representing younger defendants and that they were becoming increasingly difficult to deal with because they showed no respect for the law, for judges, and often for their own defense attorneys.

Trafficking by Water — Each year approximately 2,500 commercial ships use the Chesapeake Bay to transport more than 140,000 containers of merchandise from all parts of the world into Maryland. In 1993, almost half of these vessels had entered a port in a known drug source or transshipment country before entering the Port of Baltimore. Apart from being a major international waterway, the Chesapeake Bay forms a vital part of the Intercoastal Waterway through which thousands of commercial and private vessels travel between Florida and Maine. Maryland has 3,200 miles of mostly secluded coastline, on the Chesapeake Bay, the Potomac River leading to Washington, D.C., and the Atlantic coast. Although this provides ample opportunity for maritime drug smuggling, both domestic and international, little hard evidence exists that such smuggling actually takes place. However, on March 8, 1993, 5.2 kilograms of heroin was seized by U.S. Customs from a crewman aboard a Pakistani ship which had arrived at the Port of Baltimore.

Trafficking by Air — Maryland is served directly by Baltimore Washington International (BWI) Airport and indirectly by Dulles International Airport and Washington National in Virginia. Millions of domestic and international passengers use BWI facilities. The majority of scheduled flights arriving there originate within the United States. In recent months several seizures have been made from domestic flights coming from the southwestern United States. Available information indicates that drugs brought across the southwest border are then moved by domestic air to their destination. Domestic cocaine seizures have also been made on flights coming from Puerto Rico.

Eight scheduled international carriers land at BWI, and the airport serves numerous international charters. During 1993, U.S. Customs made 18 seizures of marijuana, one of hashish, one of cocaine, and one of heroin from international passengers. Included among those seizures are the following:

01/09/93	204 grams of marijuana from Jamaica
01/23/93	1,497 grams of cocaine from the Cayman Islands
01/29/93	1,660 grams of heroin from the Netherlands
02/15/93	96 grams of marijuana from Jamaica
03/27/93	2,442 grams of marijuana from Jamaica
03/27/93	3,523 grams of marijuana from Jamaica
07/18/93	19,376 grams of marijuana from Jamaica
10/01/93	7,320 grams of marijuana from Jamaica
12/16/93	54,934 grams of marijuana from Jamaica

There are 120 known commercial, private, and clandestine airstrips in Maryland. The state is within the operating range of small, private aircraft in international flights and of domestic drug source areas in the south and southwest. Anecdotal information suggests that drug trafficking using small aircraft may occur in all parts of the state. International smugglers are known

to use two and four engine cargo aircraft to transport drugs. Maryland is certainly within range of such aircraft originating from drug source areas in South and Central America. Hard evidence on details is lacking.

Trafficking by Land — Maryland is a link in the interstate transport of drugs. While much of the drugs seized on the state's highways are destined for the local market, drugs also transit Maryland en route to other destinations. Traffickers, reacting to forfeiture of private vehicles by law enforcement, are increasingly using rental vehicles and taxicabs to transport drugs into and through Maryland.

Maryland is vulnerable to use of the rail freight system to smuggle drugs. Train stops at Wilmington and Seaford, Delaware, serve as transfer points where drug couriers change means of transportation to get to other parts of the Eastern Shore. The Amtrak connector service between Washington, D.C., and New York City is frequently used by couriers. Baltimore's Penn Station and the New Carrollton Station are frequently used drug transfer points.

Shipments by piggyback (tractor trailers moved on flatcars) of fruit and vegetables offer possibilities for concealing drugs in shipments from Mexico to the United States. The trailers could be loaded in seclusion on a farm in Mexico and transported to the railhead where they are loaded on flatcars destined for U.S. cities. Railway police check only for broken seals while the trailer is en route to its destination. The trailer is not entered until it is off-loaded at the final destination.

Boxcars also offer a convenient concealment method for moving drugs. An empty boxcar could be pulled to the shipper's dock, where the shipper loads, closes, and seals it. The car is not opened until it arrives at its destination, where the seal is broken.

Since Baltimore is a major rail hub, with tracks throughout Maryland and Delaware, it is vulnerable to smuggling by these methods.

The Geographic Spread of Drugs

Western Maryland — There are two predominant drugs in this part of the state — crack and marijuana. Crack is the primary drug of choice in Cumberland, Frederick, and Hagerstown, particularly in the low income housing areas. Marijuana is readily available in the rural areas. Powder cocaine is seen to a lesser extent.

Crack is trafficked primarily from Washington, D.C., and New York. Other sources include Philadelphia, Pittsburgh, Baltimore, and Martinsburg, West Virginia. It has been reported that the majority of individuals arrested for crack distribution are not local residents. These out-of-town dealers are difficult to identify and arrest.

The greater part of the marijuana in this region appears to be locally grown, with availability increasing during harvest time. Other sources include Pennsylvania, West Virginia, Ohio, Kentucky, Tennessee, Florida, Texas, and Arizona.

PCP and LSD have reportedly become more available in the area of Frederick City, and they are reported to be widely available throughout Carroll County. The most important source for PCP is Washington, D.C.

Eastern Shore — Crack is the drug of choice on the Eastern Shore, followed by powder cocaine. Marijuana is also making a comeback. Some crack dealers are switching to marijuana because court penalties for marijuana distribution are less severe.

Cocaine is trafficked into the area from New York; Philadelphia; Washington, D.C.; Wilmington, Delaware; and Florida. Most of the crack is processed locally from powder cocaine. There have also been reports of cocaine and crack being smuggled from Florida by Haitian migrant workers. Marijuana is grown locally, and it is brought in from New York, Philadelphia, West Virginia, Ohio, North Carolina, and Texas.

There are indications that LSD is available in the Salisbury area. PCP is available sporadically; it comes from Prince George's County, Frederick County, and Carroll County.

In the summer months the population of Ocean City swells with vacationers, making it temporarily the second largest municipality in the state. While bringing economic benefits, this situation also results in an increase in crime, including violation of the laws relating to controlled dangerous substances. A diverse population results in a diverse problem.

Southern Maryland and the Washington Metropolitan Area — Crack is the drug of choice in this region, followed by cocaine powder. PCP is still popular, and recently there has been a resurgence in marijuana use.

The primary sources of drugs in southern Maryland are Washington, D.C., and Baltimore City. The more rural areas of southern Maryland also obtain drugs from nearby urban areas such as Laurel and Greenbelt. These suburban areas report a recent increase in drug transactions in shopping districts. Exchanges do not occur in the open but are arranged through pagers and telephones.

Open-air drug markets can be found throughout Prince George's County. Law enforcement agencies are overwhelmed by the magnitude of the trafficking problem and the increasingly violent nature of the drug dealers.

Northern Corridor of Maryland — Marijuana and cocaine are the most prevalent drugs in Harford and Cecil counties. Crack cocaine, sold mostly in open-air markets near public housing areas, is a problem in Harford County. The most important drug sources for this region are New York, Philadelphia, Baltimore, Detroit, and Delaware. Previously, organized distribution networks from New York, Philadelphia, and Detroit were reported to be operating in this area; however, because their high visibility makes them vulnerable to law enforcement, they have virtually disappeared.

Greater Baltimore Metropolitan Area — The major illegal drugs in Baltimore City are heroin and crack cocaine. These drugs are readily available, especially in the black communities of east, west, and northwest Baltimore. Sources of drugs include New York, New Jersey, Philadelphia, and Washington, D.C. Moreover, there is some direct importation into Maryland — for example, heroin from Nigeria.

Powder cocaine and marijuana are also readily available in Baltimore and in surrounding suburban areas. PCP also has been seen in the suburbs, particularly Anne Arundel County. It is purchased in Washington, D.C., in liquid form and brought into the Baltimore area, where it is mixed with parsley flakes prior to sale.

Drugs have a significant impact on property and violent crime in Baltimore City. Thefts and burglaries increase as drug users attempt to raise money to pay for their drug habits. More alarming is the violence associated with drug trafficking. As a result of competition between distribution groups, the use of violence by weapons has grown. Competition is often violent and deadly, involving shoot-outs with no regard for innocent bystanders. About half of the 353 homicides in Baltimore in 1993 are believed to be drug-related. A large percentage of the victims were black males. A disturbing development has been the continuing increase in the entrance of juveniles into drug trafficking and drug violence.

Impact on the Criminal Justice and Human Services Systems

The impact of drug and alcohol abuse on the criminal justice and human services systems have been well documented on the national level.

- Almost half of homicides and violent crimes involve drugs.
- Drug law violations account for an estimated one million arrests each year, overwhelming law enforcement and the court and corrections systems.
- Drug abuse places a heavy burden on the nation's health care system. It is a major factor in the spread of the AIDS virus. Nearly three-quarters of female and pediatric AIDS cases are drug-related.

- Drugs are contributing factors in diseases other than AIDS, for example, tuberculosis and in numerous other medical conditions such as trauma and mental illness and in drug-exposed babies.

- One in four mothers on welfare either drinks excessively or uses illicit drugs.

According to the Office of National Drug Control Policy, in 1991 state, city, and county governments in Maryland spent $377 million on drug control programs, or $77.63 per person, ranking the state seventh in the nation in per capita spending on drug control. Of this, $285 million, or 76 percent, was spent on police, courts, and prisons and $91 million, or 24 percent, on education, hospitals, and treatment.

The costs to the systems designed to deal with drug and alcohol abuse are staggering; the systems are deluged with clients. The costs to service systems are in addition to the hidden economic costs of losses in the workplace, theft, accidents, and to the social costs of a nationally degraded quality of life, and to individual human tragedy.

In Baltimore, narcotics arrests more than doubled between 1985 and 1993 straining an already overburdened criminal justice system to the breaking point. The drug problem in Baltimore is a major contributor to the rate of crime. It is axiomatic that violence follows the traffic and use of drugs. The drug and crime problems have worsened the economic deprivation of the city by hastening the flight to the suburbs. They have strained social services by increasing low birth weights of infants, drug addicted infants, single parent families, teen-age parents, households receiving public assistance and food stamps, taxed hospital resources, and lowered school performance.

Other specific situations relating to Maryland systems are in the following sections.

Maryland Residents in Treatment

There are 250 state-certified treatment programs with 372 sites reporting to the ADAA in fiscal year 1994. These programs accept clients with alcohol and drug dependency problems. The programs are all required to accept both types of clients, as well as those with mixed substance dependencies. Forty percent of the treatment programs are ADAA-funded.

Maryland's substance abuse treatment system has experienced recent budget cutbacks and closings of long term care and detoxification facilities. Since 1991 the substance abuse budget has decreased from $55.5 million to $50.8 million. This has resulted in the closure of 16 treatment centers. At the end of 1993, most programs were operating well above capacity, and significant waiting lists persisted in many regions of the state, particularly in the urban areas. Waiting lists may deter individuals from seeking treatment. It is estimated that 6,000 fewer persons were able to receive treatment in FY 93 as a result of the budget cutbacks. State health officials believe an additional 50,000 Marylanders would accept drug treatment if they could get it.

During the last several years, there have been fluctuations in the kinds of drugs reported by individuals seeking treatment. Using FY 94 projections, Figure 1 shows that mentions of heroin and marijuana have increased over the previous year. Mentions of PCP, cocaine, and alcohol have remained stable or decreased. However, mentions of PCP and marijuana remain well below FY 90 levels, while heroin mentions have increased quite dramatically and cocaine and alcohol have increased slightly.

Juveniles

Of sixth, eighth, tenth, and twelfth grade students in Maryland Public Schools, more than 62,000 are estimated to have used alcohol and 15,000 to have used marijuana during the month prior to the 1992 *Maryland Adolescent Survey* (MAS). These estimates would presumably have been higher had school drop-outs been included in the survey. Alcohol remains the substance most widely used by Maryland students, and the amount of binge drinking, particularly among tenth and twelfth graders, is cause for concern. It is estimated that over 27,000 Maryland students reported binge drinking (5 or more servings of alcohol on the same occasion) in the month prior to the 1992

MAS. In addition, marijuana use among eighth, tenth, and twelfth graders increased over 1990 levels. The current use of marijuana among Maryland tenth and twelfth graders was higher than the national average.

During the 1992-1993 school year, suspensions for alcohol and other drug use (including smoking) constituted 3.5 percent of total suspensions for the state. The number of alcohol and drug-related suspensions increased from 2,659 in school year 1991-1992 to 2,973 in 1992-1993. Smoking was associated with the majority (61 percent) of 1992-1993 alcohol and other drug violations. It should be noted that these figures do not reflect the true extent of the problem because not all local education agencies reported suspension data to the Maryland State Department of Education.

According to the Department of Juvenile Services (DJS), there has been a steady annual increase in the number of young people accepted into the juvenile system in Maryland: 40,646 in FY 91; 45,824 in FY 92; and 48,815 in FY 93. Of those taken in in FY 93 4,756 involved drug violations and 1,903 alcohol violations. This represents a 53 percent increase in drug-related violations and an 8 percent decrease in alcohol violations since FY 92. Of the 4,756 drug-related violations, 56 percent were for distribution and 44 percent were for possession. Both drug distribution and drug possession cases increased between FY 92 and FY 93.

A similar pattern is shown in Baltimore City, where those who entered the system increased from 10,741 in FY 91, to 12,026 in FY 92, and 16,941 in FY 93. While those entering the juvenile system in Baltimore City account for 35 percent of the statewide total, Baltimore City accounts for 64 percent of those entering for drug violations in the state.

Results from two pilot studies of drug use among detained juveniles indicate serious drug and alcohol problems among Maryland youth. In one study, 17 percent of male and 10 percent of female juveniles admitted in 1992 to the Thomas J.S. Waxter Children's Center in Laurel, Maryland, tested positive for one or more of 11 drugs. In another study, 24 percent of male juveniles (females were not included in the report) admitted in 1993 to the Alfred D. Noyes Children's Center in Rockville, Maryland, tested positive for one or more of 11 drugs. Of the 175 males interviewed at Waxter, 13 percent identified themselves as dependent on alcohol; 9 percent on marijuana; 2 percent on LSD; and 1 percent on cocaine, inhalants, and PCP. Of the 105 males interviewed at Noyes, 5 percent identified themselves as dependent on alcohol, 3 percent on marijuana, 2 percent on LSD, and less than 1 percent on cocaine, heroin, inhalants, or PCP. Self-reported accounts of drug use and dependency are generally considered to understate the problem among this population.

Juveniles admitted for dependency treatment account for approximately 9 percent of total state admissions. In FY 93, there were 5,045 juvenile admissions; this number is projected to increase by 10 percent in FY 94. According to FY 94 projections, alcohol remains the drug most frequently mentioned by juveniles (69 percent), followed by marijuana (53 percent), hallucinogens and cocaine (10 percent), and inhalants and heroin (6 percent).

Baltimore Medical Examiner and Emergency Room Data

In Baltimore there were 294 drug abuse deaths in 1992, up 9 percent from 269 deaths in 1991. Fatalities associated with cocaine increased 40 percent; those associated with heroin 3 percent, significantly smaller increases than between 1990 and 1991. (See Figure 9.)

Baltimore area hospitals reporting to the DAWN system showed a 27 percent increase in total drug mentions in 1992 over 1991. Preliminary data for 1993 indicate that rates of increase in drug-related emergency room episodes are slowing. For January through June 1993 the rates were only 3 percent higher than for the same period in 1992. The rate of emergency room episodes involving heroin was 8 percent higher in January to June 1993 than in the same period for 1992. The rate of episodes involving cocaine actually decreased by 2 percent. (See Figure 10.)

DAWN Baltimore Metropolitan Area Medical Examiner Sample of Drug-Related Deaths 1990-1992

	1990	1991	1992	% Change
Total Drug Deaths	97	269	294	+9%
Total Drug Mentions*	294	867	970	+12%
Heroin Mentions	47	173	179	+3%
Cocaine Mentions	35	124	174	+40%

Figure 9

DAWN Baltimore Metropolitan Area Sample of Drug-Related Emergency Room Episodes, 1990-1992

	1990	1991	1992	% Change
Total Drug Episodes	6,222	10,802	12,946	+20%
Total Drug Mentions*	9,890	18,011	22,806	+27%
Heroin Mentions	1,667	3,892	5,106	+31%
Cocaine Mentions	3,023	6,687	8,078	+21%

Figure 10

*Includes a list of approximately 50 drug categories; up to 4 drug mentions may be associated with each episode.

SOURCE: Drug Abuse Warning Network (DAWN), Substance Abuse and Mental Health Services Administration (SAMHSA).

Alcohol and Other Drugs Used By Maryland Motorists

In FY 93, Maryland health department personnel assessed 67 percent and private providers assessed 14 percent of the persons found guilty of or given probation before judgment for Driving While Intoxicated and Driving Under the Influence offenses. Under Maryland Code, local health departments or designated private equivalents are responsible for performing assessments to determine previous legal involvement, current employment status, drinking behavior, and personal history. In 23,000 assessments completed in FY 93, 73 percent of the individuals were determined to be "problem drinkers" and 27 percent to be "social drinkers." Social drinkers are referred to approved education programs, and problem drinkers are referred to certified treatment programs. The typical offender was most often male (84 percent), white (80 percent), employed (82 percent), and never married (46 percent). The majority made $10,000 to $29,999 and were 25 to 39 years of age. Most individuals (61 percent) claimed to be first-time offenders.

During 1992 (latest data available), there were 227 alcohol- and other drug-related fatalities in the state, representing a 12 percent decline from the 1991 figure of 257 alcohol- and other drug-related fatalities. Although it is important to note that non-alcohol/drug auto fatalities also declined in Maryland by 7 percent from 1991-1992, this latest figure indicates the continuing trend downward in impaired driving.

Calls to Maryland Crisis Hotlines

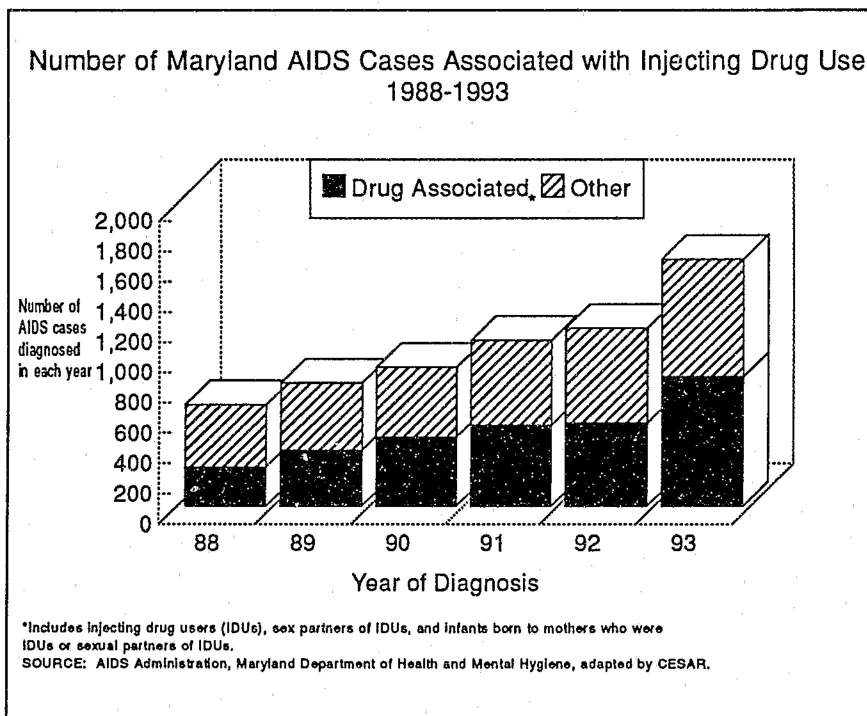
The Maryland Automated Hotline Reporting System (MAHRS) processes telephone calls to six crisis hotlines in Maryland concerning drug and alcohol abuse and other personal crises. Based on 23,084 calls received during the first five months of MAHRS data collection (March through July 1993), it has been projected that approximately 10 percent of the calls received annually by the six hotlines will involve at least one drug or alcohol. Of the calls received (some of which involved multiple drugs), approximately 7 percent involved alcohol; 2 percent involved cocaine; 2 percent involved crack; 1 percent involved marijuana; less than 1 percent involved heroin; and 2 percent involved some other drug. Approximately 2 percent of the calls involved self-reported need for alcohol treatment; 2 percent involved self-reported need for drug treatment; and 1 percent involved self-reported need for both alcohol and drug treatment.

Drug Use and HIV/AIDS

The 1991 report — *The Twin Epidemics of Substance Use and HIV* — released by the National Commission on AIDS highlights the increasingly serious relationship between HIV infection and substance

abuse. Noting that drug-related HIV infection and AIDS cases are outstripping all other categories of new AIDS cases, the National Commission on AIDS states that "any program which does not deal with the duality of the HIV/drug epidemic is doomed to fail."

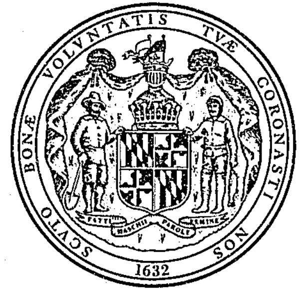
In the early 1980s about 20 percent of all reported AIDS cases in the state were drug-related. By the end of 1990, drug abuse was the source, in one form or another, of almost half of all diagnosed AIDS cases. Figures for 1993 show that drug-related AIDS cases accounted for approximately half of all AIDS cases diagnosed in Maryland in that year. Included in this group are injecting drug users (IDUs), sexual partners of IDUs, and infants born to mothers who were IDUs or sexual partners of IDUs (see Figure 11). These figures do not include those who because of impaired judgment resulting from drug use fail to use appropriate behavior.



*Includes injecting drug users (IDUs), sex partners of IDUs, and infants born to mothers who were IDUs or sexual partners of IDUs.
SOURCE: AIDS Administration, Maryland Department of Health and Mental Hygiene, adapted by CESAR.

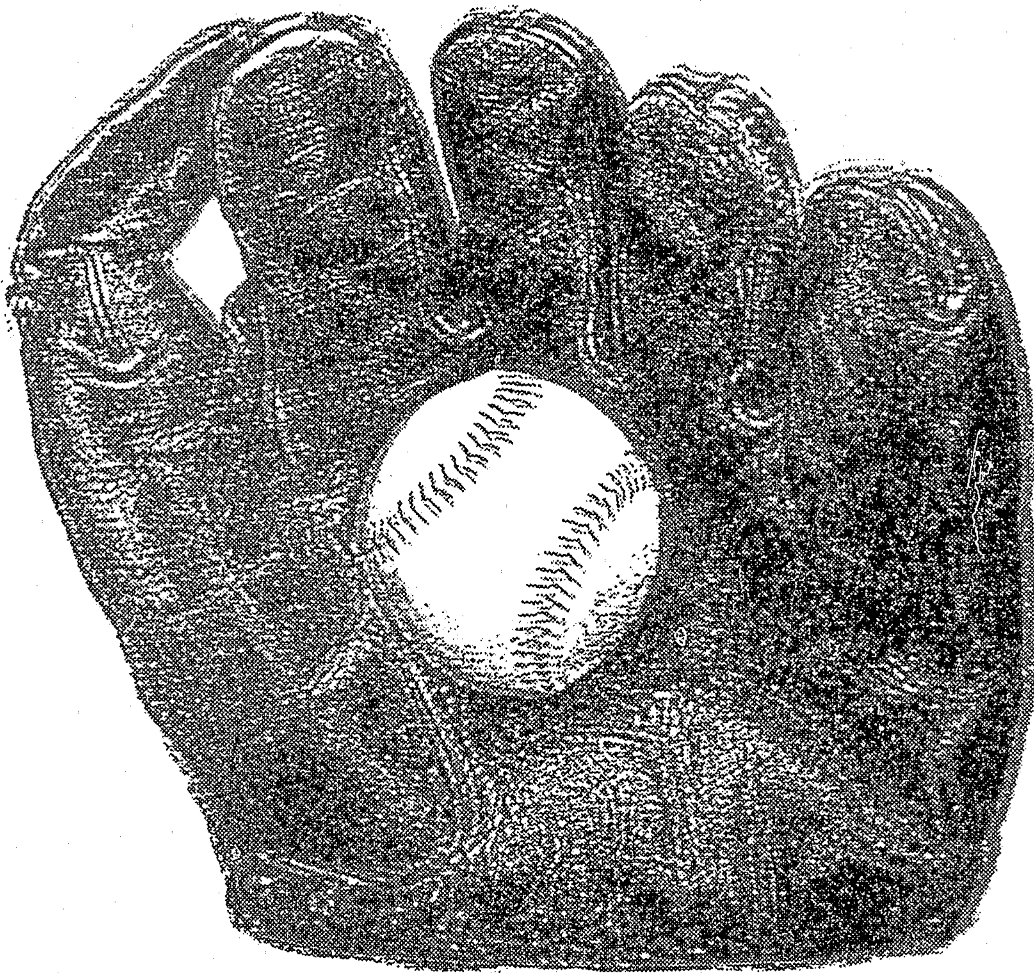
Figure 11

The Nature and Extent section was prepared using data collected and processed by staff of the Criminal Intelligence Division, Maryland State Police, and the Center for Substance Abuse Research (CESAR), University of Maryland at College Park.



Prevention Committee

ENCOURAGE YOUR KID'S HABIT.



KIDS NEED SOMETHING BETTER TO DO THAN DRUGS. LIKE SPORTS. DANCE. OR MUSIC. BECAUSE GOOD THINGS CAN BE HABIT-FORMING, TOO. SO GET THEM INTO A GOOD HABIT. TODAY. OR THEY MAY GET INTO A VERY BAD ONE.

Partnership for a Drug-Free Maryland
Proud to be a Member of the Partnership for a Drug-Free America.

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

Prevention Committee

Since 1989, the Prevention Committee has identified and addressed several major goals related to preventing alcohol and other drug abuse in Maryland. These goals and a brief progress report on each follow.

Public Awareness (1989)

GOAL: Change the behavior and attitude of the public regarding the abuse of alcohol and other drugs through mass media communications and targeted special events.

ACCOMPLISHMENTS

Communications Office

Created in 1990 to launch Maryland's statewide alcohol and other drug abuse public education campaign, the communications office has supported the Commission's efforts through media campaign planning and development, media relations, press releases, speech writing, special events, outreach to the jurisdictions, and publications.

It directs the Partnership for a Drug-Free Maryland and has developed public service spots and programs for television and radio on substance abuse topics ranging from underage drinking and drug abuse to medication management for the elderly.

The communications office has showcased the Commission's public education and marketing products through national communications competitions in the field of alcoholism and addiction education. In 1992, the Commission swept the Tenth Annual MARKIE Awards by taking first place in television/public service announcements, in brochures/direct mail, and in multimedia campaigns, plus a second place in graphic design. In 1993, the Commission's Drug-Free Workplace Initiative won first and third place awards in the signs and posters category.

Special Events and Projects

The Commission sponsors and supports many alcohol and drug awareness special events and projects, often collaborating with other state agencies to help spread the message about the dangers of substance abuse. These activities not only increase the public's awareness of local and state drug abuse prevention efforts and resources, but also help to encourage community involvement in prevention activities.

Community-based prevention efforts such as the Governor's Youth Fishing Derby "Hooked on Fishing" campaign, "Play It Safe in Ocean City," and the New Year's Eve "First Night" in Annapolis have benefitted through cooperative efforts with the Commission. These projects increase public awareness of substance abuse problems and resources while giving both young people and adults positive drug- and alcohol-free alternatives in which to participate. Thousands of Marylanders enjoy these activities each year.

Red Ribbon Campaign

The Commission participates in Maryland's annual Red Ribbon campaign and provides over one million red ribbons to Maryland students. During Red Ribbon Week each October, schools and communities throughout Maryland hold a wide variety of creative activities that stress the importance of living a drug-free life and provide youth with positive alternatives to drug and alcohol use.

"Maryland You Are Beautiful" Student Literacy Contest

The Commission has supported and collaborated with the Maryland You are Beautiful Student Literacy Contest, which is a statewide student literacy competition with the theme "Say No to Drugs." Reaching thousands of Maryland students, this creative program not only helps to fight drugs, but also reinforces an attachment to school and positive learning experiences.

Maryland Fetal Alcohol Syndrome/Fetal Alcohol Effect Coalition

The Commission formed this coalition to help reduce the incidence of alcohol-related birth defects in Maryland by increasing recognition of the dangers of alcohol consumption during pregnancy. The Coalition brought together representatives of several state agencies, as well as the private sector, including the Maryland Association of Retarded Citizens and the March of Dimes Foundation, Central Maryland branch.

In the spring of 1993, the Coalition hosted "A Public Policy Institute on Fetal Alcohol Syndrome: Awareness and Action" in Baltimore. Participants heard from the mothers of children with fetal alcohol syndrome, pediatricians, and research physicians.

Although legislation that would require warning signs be posted at points-of-purchase for alcoholic beverages has failed, Governor Schaefer has asked for a voluntary effort among alcoholic beverage retailers to post such signage.

Medicine Check Program

In an innovative partnership, the Commission and Giant Food Inc., formulated "Medicine Check," a project designed to bring the potential problems associated with prescription drugs to the attention of the general public. Available at every Giant Discount Pharmacy, Medicine Check allows anyone to come in with all their medications, prescription, and over-the-counter drugs and have their medicines and drug interactions evaluated by a licensed pharmacist — at no cost. Impressed by the valuable public service this project performs, some independent pharmacies have also joined as Medicine Check partners.

Publications

Since its inception in 1989, the Commission has published and distributed a wide variety of reports intended to increase the public's awareness of the nature and extent of alcohol and other drug abuse, as well as strategies to prevent and reduce substance abuse. The key publication is the annual *Maryland Drug and Alcohol Abuse Control Plan,* which is distributed nationally and has been emulated by a number of other states and jurisdictions. This plan reports updated information on the nature and extent of substance abuse statewide and includes an action plan for reducing and preventing substance abuse and its related problems.

The Commission has produced special reports such as *Drug-Related Violent Crime in Maryland* and *The Impact of Alcohol Advertising and the Use of Alcohol in Television Programs and Films on Underage Drinking,* as well as others. *The Drug-Free Workplace Initiative: Keeping Maryland Business a Step Ahead* publication package is widely distributed and in great demand among the small business community. This publication took a first place national award in public information materials.

Community Involvement (1989-1994)

GOAL: Involve all segments of the community in Maryland's statewide and local efforts to prevent the use of alcohol by anyone under 21, the abuse of alcohol by anyone, and the abuse of illegal drugs by anyone.

ACCOMPLISHMENTS

The *Maryland Drug and Alcohol Abuse Control Plan*

A primary means of involving all segments of the community in state and local prevention efforts has been through community participation in the development and implementation of the annual *Maryland Drug and Alcohol Abuse Control Plan.*

Since its inception in 1989, the Commission has met with and solicited input from a wide variety of individuals and community groups throughout the state and utilized this input to develop the state Plan. Citizen input from local fact-finding Commission hearings, two state drug summits, a state youth summit, a statewide community collaboration summit, numerous local drug summits, alcohol and drug prevention task forces, the Governor's Youth Drug and Alcohol Abuse Commission, letters, phone calls, scores of community

and advocacy group meetings, hundreds of standing committee meetings, and Commission meetings have been incorporated into the state Plan.

Citizens have also been actively involved in the implementation of the recommendations contained in the state Plan. Each Plan has included specific recommendations as to how all Maryland citizens can become involved in preventing alcohol and other drug abuse. The Commission has provided training, resources, and technical assistance to a wide variety of individuals, community organizations, businesses, parent groups, local commissions and task forces, service providers, and civic groups that have expressed an interest in implementing recommendations contained in the plan. Thousands of Marylanders have been involved in the development and implementation of the *Maryland Drug and Alcohol Abuse Control Plan.*

Support for Community Prevention Activities

In its initial year, the Commission successfully advocated for an increase in state funding for local prevention activities totalling approximately $2,000,000. These resources enabled the Maryland Alcohol and Drug Abuse Administration (ADAA) to fund a full-time Alcohol and Drug Abuse Prevention Coordinator in every jurisdiction and greatly expand their prevention activities.

The ADAA promotes a community development and empowerment prevention model allocating the majority of these additional state funds to local communities for prevention activities. These activities are developed by and involve broad segments of the community. Additionally, the Commission provides ADAA with Drug-Free Schools and Communities funds to support community-based prevention activities. Each year, ADAA funds a wide variety of community-based prevention activities that involve more than 500,000 Maryland residents.

State Leadership (1989-1994)

GOAL: Maximize state government's role in addressing the problem of substance abuse.

ACCOMPLISHMENTS

State Agency Coordination

As indicated in the state Plan, one way that the state can demonstrate leadership in addressing the problem of substance abuse is to develop a coordinated state service delivery system. To this end, the Commission has made inter-agency coordination and collaboration a high priority. Since so many state and local agencies are involved in addressing substance abuse and its related problems, the Commission communicates regularly with these agencies to make sure they are working together and following the recommendations, strategies, and policies outlined in the *Maryland Drug and Alcohol Abuse Control Plan.*

In the area of prevention, there are several excellent examples of service delivery collaboration. For example, an Inter-Agency Implementation Committee was formed to make sure that state prevention, intervention, treatment, and support services are provided to individuals and families in a manner consistent with service recommendations contained in the state Plan. The Commission, the Maryland State Department of Education, the Alcohol and Drug Abuse Administration, the Department of Human Resources, the Governor's Office of Children, Youth and Families, the Department of Juvenile Services, the Department of Public Safety and Correctional Services, and the University of Maryland were represented on this committee.

This group helped develop the Interdisciplinary Substance Abuse and Child Maltreatment Training Project, which trains local interdisciplinary teams of service providers to provide better coordinated, more effective services to families with co-existing substance abuse and child maltreatment problems. The Maryland Department of Human Resources is the lead agency on this project, the Commission provides a portion of the funding, the University of Maryland School of Social Work provides the actual training, and all of the agencies listed above helped develop the curriculum and make their direct services staff available to participate in the interagency training sessions.

A collaborative public education campaign entitled "Beat Your Habit, Not Your Kid" has been developed in conjunction with this project to make the public aware of the connection between substance abuse and child maltreatment, and how and where to get help.

Several other innovative prevention initiatives have been developed as a result of the Commission's focus on inter-agency coordination and collaboration. The Maryland National Guard, the Department of Natural Resources, and the Maryland State Police, agencies traditionally involved in supply reduction activities, have all become actively involved in demand reduction programs.

The Maryland National Guard has begun the "My Life, My Choice " Program which provides life skills training, job-readiness education, parent-child activities, and mentoring to high-risk youth residing in Baltimore City and County. The Commission, the Department of Juvenile Services, and the Baltimore City and County Public Schools are active partners in this project.

The Department of Natural Resources State Forest and Park Service, in cooperation with the Commission and the Baltimore City Public Schools, has also begun a demand reduction program entitled "Take the Drug-Free Trail." This drug abuse resistance education program utilizes state parks and park rangers to teach young people how to recognize and resist societal and peer pressure to use alcohol, tobacco, and other drugs.

The Maryland State Police has been actively involved in demand reduction activities through its participation in the Drug Abuse Resistance Education (DARE) Program. In this program, uniformed law enforcement officers provide instruction to fifth and sixth grade students, which teaches students to recognize and resist pressures to experiment and use alcohol, tobacco, and other drugs. All DARE Officers receive rigorous training before teaching the 17-lesson curriculum. This program, funded in part by the Commission, has been very well received throughout Maryland and the nation.

Community Prevention Programs (1991-1994)

GOAL: Support community prevention programs and activities that are targeted at known risk and resiliency factors for substance abuse, involve multiple segments of the community, and include a sound evaluation plan.

ACCOMPLISHMENTS

Public Health Approach

The 1990 *Maryland Drug and Alcohol Abuse Plan* provided the framework for Maryland's "public health" approach to alcohol, tobacco, and other drug abuse prevention. This approach was then described and endorsed in the 1991 Plan, as well as in a Prevention Committee report entitled *A Public Health Approach to Substance Abuse Prevention.*

The public health approach had been successful nationally in combatting epidemics such as lung cancer and heart disease. It is an aggressive preventive strategy aimed at root causes rather than symptoms. It is a proactive approach that addresses health threatening conditions and behaviors before they develop into problems that place a tremendous burden on state and local resources, families, and individuals.

The public health approach to substance abuse prevention recognizes that alcoholism and addiction are preventable diseases and that these diseases have reached epidemic proportions. As with other diseases, we must identify the conditions that increase a person's chances of involvement, the risk factors, at an early stage and aggressively target them for reduction. We must also identify those factors that protect against the disease, the resiliency factors, and strengthen them.

The Commission believes that the comprehensive public health approach that has been successfully used to reduce public health problems in the past holds the greatest promise for reducing and preventing alcohol, tobacco, and other drug abuse. Therefore, the Commission developed a policy stating that all Commission prevention

resources will be allocated to prevention programs and activities that are targeted to known risk and resiliency factors and it encourages all state prevention agencies to do the same.

Commission Community Prevention Grant Programs

Each year, approximately $1.7 million in federal Drug-Free Schools and Communities Act funds are provided to local communities throughout Maryland through the Commission's prevention grant programs. Thirty community-based prevention programs have been funded under the Governor's Substance Abuse Prevention Program for High-Risk Youth. Each of these programs was funded based upon how well it met the criteria outlined in the Commission's *Public Health Approach to Substance Abuse Prevention* report. All of these programs must specifically target high-risk children, youth, and families; must reduce the risk of adolescent substance abuse by strengthening child and family protective factors; and must have strong evaluation components.

Additionally, nine other local community-based programs serving youth in general are funded by the Commission. Four hundred thousand dollars is provided to the Maryland Alcohol and Drug Abuse Administration each year to fund ongoing youth prevention activities in all 24 jurisdictions through the Governor's Discretionary Program. Again, these prevention funds are provided for programs and activities that are consistent with the Commission's "public health" approach to substance abuse prevention.

Currently, outcome evaluation data from programs funded under the Governor's Substance Abuse Program for High-Risk Youth is being compiled and analyzed. This outcome evaluation data provides information on which types of prevention activities and programs are most effective with the various age groups, risk factors, and resiliency factors targeted. This data is being utilized to strengthen existing programs and help the Commission and other funding agencies to determine how to most effectively target their limited prevention resources.

Underage Drinking (1992-1994)

GOAL: Develop a comprehensive strategy to reduce the public's tolerant attitudes regarding underage drinking, send clearer messages to both youth and adults that underage drinking is illegal and unacceptable, and develop more effective deterrents against underage drinking.

ACCOMPLISHMENTS

Maryland Underage Drinking Prevention Coalition

The Maryland Underage Drinking Prevention Coalition was formed as the primary vehicle for changing the public's tolerant attitudes about underage drinking. As of spring 1994, approximately 750 individuals and organizations from across the state have joined this coalition. The coalition is a way to increase the influence of Maryland's existing prevention advocacy groups. This "strength in numbers" approach is particularly necessary when addressing a problem as entrenched as underage drinking and attempting to change the practices of the large and powerful alcohol industry and lobby.

The coalition is a primary means of achieving the underage drinking prevention recommendations contained in the *Maryland Drug and Alcohol Abuse Control Plan*. The Coalition's goal is to prevent underage drinking in Maryland. Its objectives are:

- To educate Marylanders about the serious nature, extent, and consequences of underage drinking.
- To reduce the public's tolerant attitudes toward underage drinking.
- To increase the effectiveness of underage drinking laws through heightened awareness and more consistent enforcement of existing laws and, when necessary, the development of additional laws.
- To reduce advertising and media messages that encourage underage drinking and increase messages about the real health, social, and legal consequences of alcohol abuse.

- To reduce the availability of alcohol to persons under age 21.
- To increase the number of alcohol-free activities available to youth.

Underage Drinking Prevention Legislative Initiatives

One of the Maryland Underage Drinking Prevention Coalition's first activities was to assess the effectiveness of Maryland's laws related to underage drinking. A committee reviewed Maryland's underage drinking laws, identified areas in which existing law wasn't sufficient, and developed a legislative agenda intended to increase the effectiveness of laws prohibiting underage drinking.

In 1994, two of the three bills that comprised the Coalition's legislative agenda were passed. One was a keg registration bill that will result in fewer keg parties and less underage binge drinking by requiring purchasers of beer in kegs to register their purchases. The second was a bill that clarifies laws prohibiting minors from misrepresenting their age to obtain alcohol. This bill will assist law enforcement personnel to enforce laws against minors who use fake identification. The third bill, which would prohibit adults from allowing minors to drink alcohol at their residence, was defeated. The Coalition will continue to work for passage of this bill in the future.

Alcohol is a Drug PSA Campaign

In the summer of 1992, responding to a recommendation in the 1992 *Maryland Drug and Alcohol Abuse Control Plan,* the Commission began a coordinated effort to convey to all Marylanders the message that alcohol is a dangerous, addictive drug. Using press relations and a public awareness campaign, the Commission took this message statewide. Of particular interest was a group of five television commercials featuring Jan and Brian Ball, the parents of 15-year old Brian Ball who died of alcohol poisoning after consuming 27 shots of liquor at an Eastern Shore party. The Ball messages were so successful that five other states elected to air them.

GOAL: Develop a comprehensive strategy for reducing media messages that influence young people to drink and increasing media messages that discourage underage drinking.

ACCOMPLISHMENTS

Special Report: *The Impact of Alcohol Advertising and the Use of Alcohol in Television Programs and Films on Underage Drinking*

One of the Prevention Committee's first activities related to underage drinking prevention was a study of the relationship between alcohol advertising and programming and underage drinking. A Media Subcommittee was formed to explore this issue and develop a report on its findings. These findings were published in a Prevention Committee report entitled *The Impact of Alcohol Advertising and the Use of Alcohol in Television Programs and Films on Underage Drinking.* The principal finding was that alcohol advertising and programming are major influences on underage drinking.

The research reviewed consistently showed that as children's exposure to alcohol advertising and programming increased, they perceived drinking as more attractive, acceptable, and rewarding; viewed drinkers more positively; and had increased expectations to drink in the future. Prevention research clearly shows that having such expectations and attitudes favorable to alcohol use is a significant risk factor for adolescent substance abuse, and that once youth develop these types of expectations and favorable attitudes, they do not wait until they are 21 years old to drink.

This report has been one of the Prevention Committee's primary vehicles for educating the public about underage drinking and for recruiting members for the Maryland Underage Drinking Prevention Coalition. Additionally, the report has been sent to underage drinking prevention groups throughout the country, linking Maryland with other state and national prevention efforts. Finally, the report will be used to counter the allegations of the alcohol industry that there is no research showing a link between alcohol advertising and programming and underage drinking.

Executive Order — Mass Transit Authority Vehicles

In December 1993, Governor William Donald Schaefer, stating his belief that advertising does influence young people's behavior, signed an executive order which prohibits alcohol and tobacco advertisements on Mass Transit Administration vehicles. These advertisements will be replaced by messages that make young people aware of the health consequences of these products and discourage their use. This action was recommended by the Commission in the 1992 *Maryland Drug and Alcohol Abuse Control Plan.*

Support for Billboard Alcohol and Tobacco Advertising Ban in Baltimore City

The Commission supported the efforts of the City-Wide Liquor Coalition for Better Laws and Regulations in its efforts to restrict alcohol billboard advertisements in Baltimore City. This coalition and numerous public health, family, and child welfare advocates were successful in attaining passage of state and city legislation which enables the City of Baltimore to ban alcohol and tobacco billboard advertisements in most areas of Baltimore City. Considerable data from *The Impact of Alcohol Advertising and the Use of Alcohol in Television Programs and Films on Underage Drinking* was included in the Baltimore City legislation.

Smoking Prevention (1992)

GOAL: Support the Maryland Cancer Control Plan's recommendations and strategies for the prevention and cessation of tobacco use.

ACCOMPLISHMENTS

Collaborative Alcohol, Tobacco, and Other Drug Abuse Prevention Efforts

Two representatives of the Maryland State Council on Cancer Control have joined the Commission's Prevention Committee to ensure that the prevention activities of the two groups are coordinated and well integrated. As a result of this collaboration, the Prevention Committee has agreed to incorporate the tobacco prevention strategies outlined in the Maryland Cancer Control Plan in its overall prevention efforts rather than develop a separate, specific tobacco prevention strategy. The Committee has also adopted the terminology "alcohol, tobacco, and other drug abuse" (in place of the current "alcohol and other drug abuse") in its reports, plans, publications, etc. and has recommended that the full Commission do the same.

Recommendations for the Future

The Prevention Committee believes it is imperative that Maryland's future comprehensive alcohol, tobacco, and other drug abuse prevention plans continue to address certain key issues and implement certain key prevention strategies. These issues and strategies have been identified and developed over the past several years by a broad range of Maryland citizens through the Governor's Drug and Alcohol Abuse Commission's outreach and community involvement efforts.

While much has been accomplished in the area of prevention over the past several years, as detailed in the previous section of this Committee's report, there is still much that needs to be done. The Committee recommends that the following issues and strategies remain top priorities in the future.

Preventing Underage Drinking

Alcohol is the drug most frequently abused by youth in Maryland and across the nation. *The Maryland Adolescent Survey* indicates that more young people use alcohol than all illicit drugs combined. The survey indicates that alcohol is the overwhelming drug of choice among Maryland students regardless of gender, race, or locale. Alcohol is also the drug used earliest by students in Maryland, with a median age of first use of 11.5 years old.

Nationally, alcohol is involved in at least half of all of the major causes of death among youth: motor vehicle crashes, suicides, homicides, drowning, and other accidents. Alcohol-related accidents are now the leading cause of death among young people.

Alcohol is a "gateway" drug, the use of which frequently precedes the use of illicit drugs, such

as marijuana and cocaine, by teenagers. Surveys indicate that few young people will use any drugs if they do not use alcohol. Early alcohol use is one of the primary risk factors for the development of serious drug problems and alcoholism. The prevention of alcohol use by children and youth, therefore, is both an important end in itself and a key strategy for preventing all forms of substance abuse throughout a person's lifetime.

Several strategies must be prioritized in current and future underage drinking prevention efforts. These strategies include:

- Reducing the public's tolerant attitudes toward underage drinking through ongoing public education and awareness activities.
- Reducing the influence of alcohol advertising and other media messages which glamorize and normalize alcohol use while increasing media messages which show the real health, safety, and social consequences of alcohol use and abuse.
- Increasing the consistent enforcement of rules, standards, and laws against underage drinking and strengthening underage drinking laws when necessary.
- Increasing alcohol excise taxes to reduce consumption among youth and to support additional substance abuse prevention and treatment activities.
- Working hand-in-hand with smoking prevention advocates to eliminate and prevent the use of both alcohol and tobacco, the primary gateway drugs, by youth.
- Involving as many Marylanders as possible in underage drinking prevention efforts through support of the Maryland Underage Drinking Prevention Coalition.

Addressing Family and Parenting Issues

Family and parenting issues are directly linked to adolescent alcohol, tobacco, and other drug abuse. Risk factors for adolescent substance abuse include weak family bonding; low level of parent-child interaction; family conflict; inconsistent or excessively severe discipline; low level of parent supervision; parental drug and alcohol use; and parent attitudes favorable to drug and alcohol use.

An effective substance abuse prevention strategy, therefore, must include activities, services, and training which reduce these risk factors by strengthening families and assisting parents in their efforts to raise resilient, drug-free children. Prevention activities provided to children and youth in schools and community settings may have little impact if these family factors are not addressed.

Activities must be available which involve parents with their children, increase parent-child and family bonding, and give parents the opportunity to learn and practice positive, nurturing parenting skills. Adult treatment programs must adopt a family focus in order to strengthen the family unit, prevent relapse, and prevent drug and alcohol abuse by the children in the family. Treatment programs can help stop inter-generational substance abuse through the provision of prevention, intervention, and treatment services to the entire family, not just the identified client.

Training must be made available to all parents and prospective parents on preventive parenting skills and practices. The impact of parental behaviors, such as drug and alcohol use and violent behavior, on the child's behavior must be part of this training.

Alcohol, tobacco, and other drug abuse prevention starts in the home. Prevention efforts must include family members whenever possible and focus on supporting and strengthening the family unit.

Taking a Multi-Disciplinary Approach to Prevention

Alcohol, tobacco, and other drug abuse is a multifaceted problem that requires a multi-disciplinary approach. Substance abuse can both contribute to and be exacerbated by health and mental health problems, violence, child abuse and neglect, family dysfunction, teen pregnancy, delinquency, HIV/AIDS, truancy, and academic problems. Substance abuse problems, or any of these "individual" problems, are unlikely to be resolved in the long run if co-existing problems and issues are not also addressed.

Educational, health, juvenile services, social services, and other agencies that interact with children and families can and must play a key role in preventing alcohol, tobacco, and other drug abuse. These agencies are in an ideal position to identify at-risk children at an early age before problem behavior stabilizes; to refer these children and their families for preventive services; and to provide direct services that strengthen child and family resiliency, reducing the risk of subsequent problem behaviors such as substance abuse.

Prevention research indicates that a number of unhealthy adolescent behaviors have a common set of risk and resiliency factors. These behaviors include substance abuse, delinquency, teen pregnancy, and school drop-out. An effective prevention program, one that reduces the common risk factors by strengthening child and family resiliency, would prevent or reduce the likelihood of involvement in any of these behaviors.

One collaborative, multi-disciplinary program could be provided in a community instead of separate substance abuse, delinquency, teen pregnancy, and drop-out prevention programs. This collaborative, holistic approach would improve the quality of services provided and would be much more cost-effective than the traditional categorical approach of service delivery.

Categorical barriers between prevention, intervention, and treatment must also come down. It is often very difficult to distinguish between a young person in need of prevention services and one in need of intervention. It is often hard to differentiate a person in need of intervention from one in need of treatment. Consequently, such categorization often leads to people in need of help falling through the cracks between categories or receiving inappropriate services in the wrong "category." Prevention, intervention, and treatment are all part of the same continuum of service and must begin to work more collaboratively.

Maryland's current and future alcohol, tobacco, and other drug abuse prevention strategy must involve a wide variety of helping disciplines and emphasize collaborative service delivery. Additional training initiatives, such as the Department of Human Resources' State Agency Substance Abuse and Child Maltreatment Training Project, which emphasize the inter-related nature of problem behaviors and which teach and model collaborative service delivery approaches, are needed.

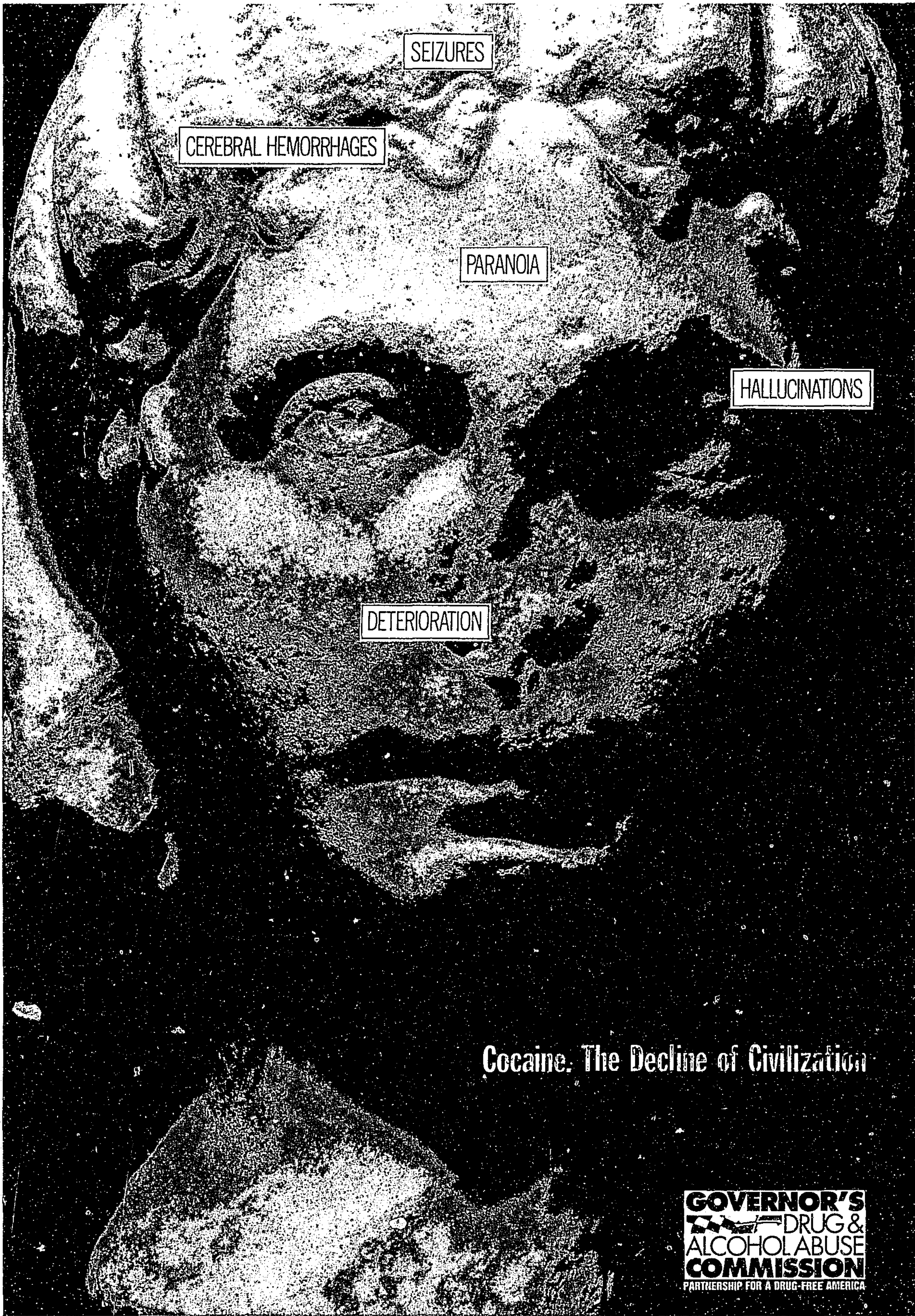
Holistic, inter-disciplinary approaches are required if we expect to prevent problems as complex and as entrenched as substance abuse. Agencies cannot continue to work categorically and independently of one another.

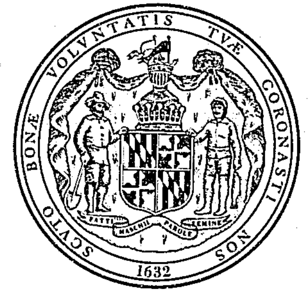
Providing Prevention Programs to At-Risk Children and Families in All Communities

Over the past several years, a number of promising alcohol, tobacco, and other drug abuse prevention program models and strategies have been identified. These programs and strategies have been shown through evaluation to reduce the risk of adolescent substance abuse by increasing the resiliency of young people participating in the program or activity.

Due to limited prevention resources, however, such programs are available in a very small percentage of our communities to a very small percentage of our children. To be truly effective, our comprehensive prevention strategy must make effective prevention programs and activities available to at-risk children and youth in all communities. This will require additional prevention resources and additional collaboration between all persons, organizations, and agencies concerned about the health, welfare, and safety of children.

More resources must be made available to communities for model prevention programs, such as those described in this report. Additionally, prevention training must be provided to all who work directly with children and families (parents, teachers, service agencies, clergy, youth organizations, coaches, mentors, etc.) so that their work will result in more resilient children who are less likely to abuse alcohol, tobacco, and other drugs. All existing youth organizations and agencies can, with minimal training and technical assistance, provide effective alcohol, tobacco, and other drug abuse prevention services and activities.


SEIZURES
CEREBRAL HEMORRHAGES
PARANOIA
HALLUCINATIONS
DETERIORATION
Cocaine. The Decline of Civilization
GOVERNOR'S
DRUG &
ALCOHOL ABUSE
COMMISSION
PARTNERSHIP FOR A DRUG-FREE AMERICA



Partnership for a Drug-Free Maryland

Maryland's Drug Problem Is Not As Big As You Think.

If you're a parent, you should be aware that the drug problem is getting smaller every day. As hard as it is to believe, kids who get pushed into drugs for the first time are about twelve years old. That being the average, it means a lot of these kids are only seven or eight when they have their first drug experience. By age thirteen, twelve percent have already tried marijuana. Eight percent have tried cocaine. And one out of every ten kids surveyed said they would like to try crack just once.

With odds like that, it's never too early to start teaching your children about the dangers of drug abuse. Call **1-800-624-0100** and ask for your free copy of *Growing Up Drug Free.* Call today before the problem gets any smaller.

Governor Schaefer's Drug & Alcohol Abuse Commission

Partnership for a Drug-Free America

Partnership for a Drug-Free Maryland

In June of 1991 the Media-Advertising Partnership for a Drug-Free Maryland was formed to change public behavior and attitudes regarding illegal drug use through advertising, marketing, and public relations.

The Maryland Partnership is a multi-media public education program modeled after the Partnership for a Drug-Free America campaign. It is a public-private alliance of media and advertising professionals devoted to implementing and maintaining an aggressive 52-week, statewide, substance abuse prevention and education campaign.

Maryland's campaign features messages from the Partnership for a Drug-Free America that have been tailored to meet Maryland's regional and local needs.

The Messages

Emphasis is placed on media messages that communicate the importance of self esteem, families, values, educational achievement, and aspirations for children. The campaign also focuses on the importance of strong community anti-drug norms and community ownership.

The Partnership frequently utilizes a response mechanism within the message, such as a toll-free phone number, so that the target audience may receive free prevention and treatment information. There is also a careful balance of messages targeting all age, race, economic, social, parental, or care-giver groups. While one campaign will focus on issues relevant to inner city youth, another will highlight the serious nature of drug abuse in the suburbs. Further emphasis is placed on messages targeted at the work-force to support company and employee participation in "Maryland's Drug-Free Workplace Initiative."

Finally, the Partnership for a Drug-Free Maryland shares information and expertise and works closely with other programs within Maryland to support their anti-drug efforts and broaden the exposure for the Partnership's message.

Leadership

The Partnership's campaign, creative production, and distribution is managed and directed by the Governor's Drug and Alcohol Abuse Commission. A local public relations coordinator and the national organization's Baltimore key market coordinator both provide support to the campaign.

Media Partners

The Media-Advertising Partnership for a Drug-Free Maryland has an active and ongoing public service campaign in all of Maryland's 24 political subdivisions. The anti-drug advertising is featured on local and cable television stations, on FM and AM radio, in both local and regional newspapers, on billboards, in grocery stores, at sporting events, and on parking meters. The Partnership has worked to develop a wide range of media relationships so that the anti-drug messages receive the broadest level of distribution possible.

Maryland's campaign has grown from 20 media partners, secured in June of 1991, to over 100 partners in 1994. At the end of calendar year 1993, the Media-Advertising Partnership for a Drug-Free Maryland had reached the $10 million mark in donated media placements making the campaign one of the most successful public service efforts in state history. The current value of donated media received on an annual basis is over $4 million. However, this figure is constantly increasing with new media partners and outlets becoming involved in delivering the Partnership's important message.

Recognition

The Media-Advertising Partnership for a Drug-Free Maryland has been presented with numerous MARKIE awards from the National Federation for Alcoholism and Addictions Communications. In the 1992 competition, the Partnership received first place awards in the categories of television spots production, complete campaigns,

and collateral materials. A second place award was received for graphic design. The Partnership has also been recognized by the International Association of Business Communicators (IABC). The campaign was chosen as best managed in the 1992 Baltimore area competition.

Monitoring

Affidavits, contracts, and written correspondence are sought from media partners in order to track the volume and value of advertising on a regular basis. This information, in addition to monthly reports received from media tracking services, is used to determine the reach and effectiveness of the campaign. A formal document comparing year-to-date information is compiled regularly and used for reporting and analytical purposes.

Research

Widener-Burrows & Associates' Baltimore MarkeTrak is a research study conducted among adult heads of household in the Baltimore metropolitan area. A series of questions were developed for the Partnership for a Drug-Free Maryland in 1990. The survey has been administered in the same manner for the past five years. The research firm provides raw data that is then interpreted and analyzed.

Findings determine the reach of the message delivered via the public service campaign. The research also clearly shows the most effective media partners and in what manner advertising influences how individuals perceive drug use.

Research studies created for the Partnership for a Drug-Free Maryland questioned residents on perceived risk of drug use and whether taking drugs is just part of growing up.

In Maryland, the notion that using drugs is just part of the maturation process is also on the decrease. In 1991 when the Partnership for a Drug-Free Maryland was getting started, 87 percent of the residents surveyed disagreed with the statement, "taking drugs is just part of growing up." In 1994, 91 percent of those questioned disagreed. (See Figure 1)

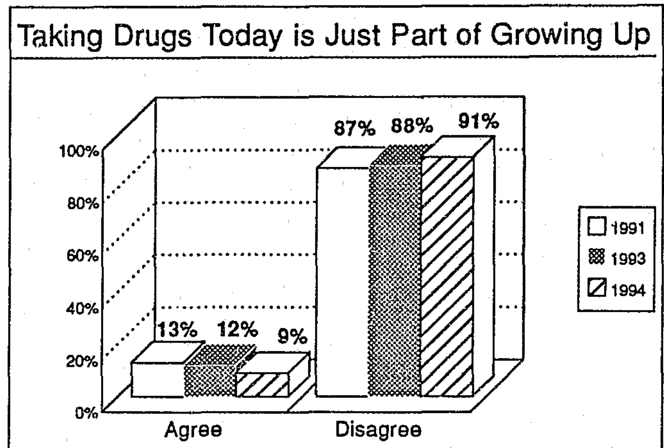


Figure 1

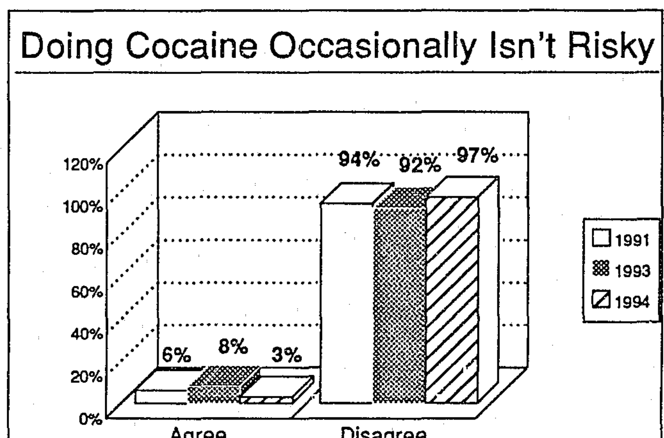


Figure 2

It is interesting to note that the Partnership's media campaign began in 1991, and over the past three years the perceived risk of doing cocaine has increased. In 1994 nearly everyone questioned (97 percent) disagreed with the statement, "Doing cocaine occasionally isn't risky." (See Figure 2)

While there is still a long way to go in creating a zero tolerance level for drug use in Maryland, over the past four years we have seen a great deal of success in the Partnership for a Drug-Free Maryland's public service effort by changing attitudes toward drug use.

The Partnership for a Drug-Free Maryland's broadcast time, print space, and other media that has been contributed from year to year continues to grow. But this is not the case nationwide. Figure three clearly illustrates the correlation between the public service campaign, drug usage, and perception. It is vital that we keep the campaign active and drug issues current with the media.

Future Directions and Public Awareness Campaigns

Research has shown that advertising has a significant effect on drug use and abuse among youth and adults. Public service campaigns also assist in creating a zero tolerance level within the community regarding illegal behaviors. When advertising is combined with educational programs and activities positive results are seen in school-age children.

The Governor's Drug and Alcohol Abuse Commission has a responsibility to educate and keep the public aware of the dangers associated with drug use and abuse. In addition to these illegal activities, it is imperative that the Commission also bring to the attention of every Marylander the risk and consequences of excessive alcohol use, underage drinking, use of inhalants, and violence in the home and the community. Future comprehensive public awareness campaigns need to address these issues. Advertising works. The Partnership for a Drug-Free Maryland proves it.

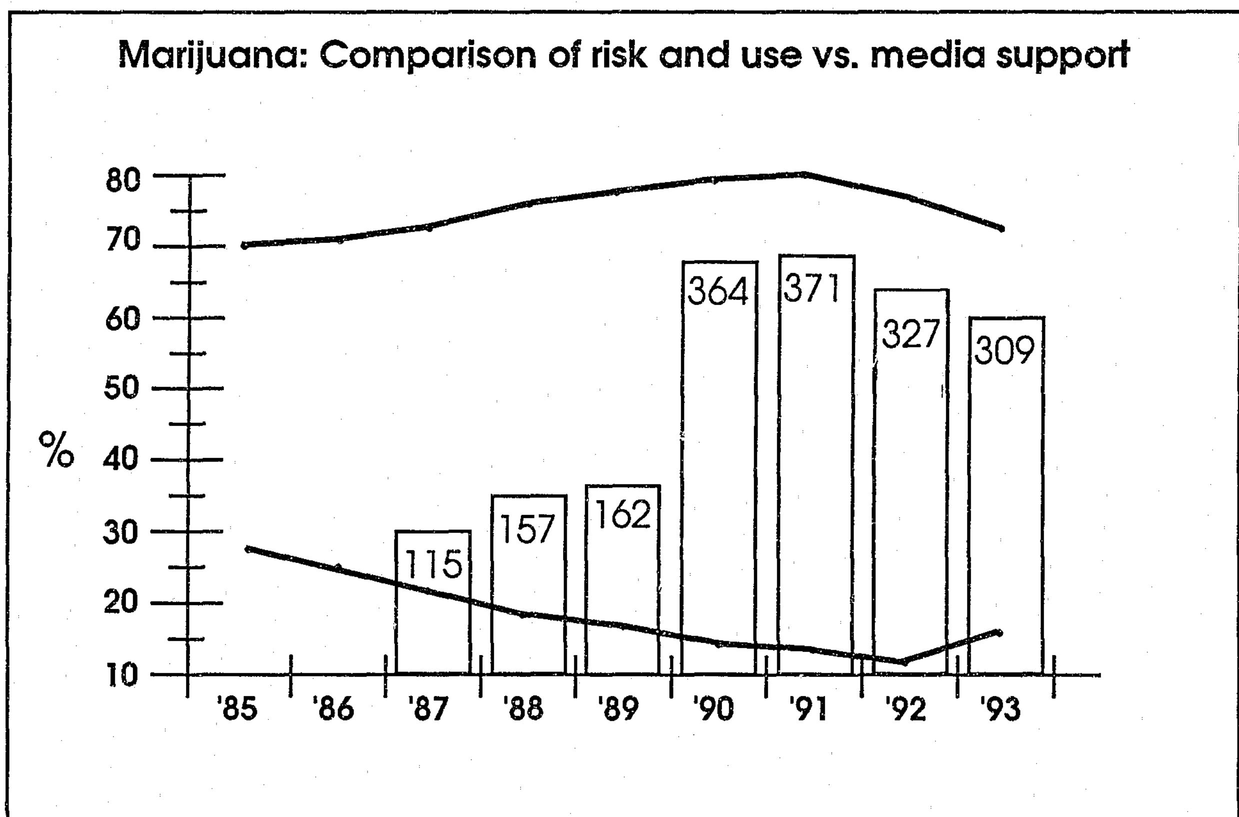
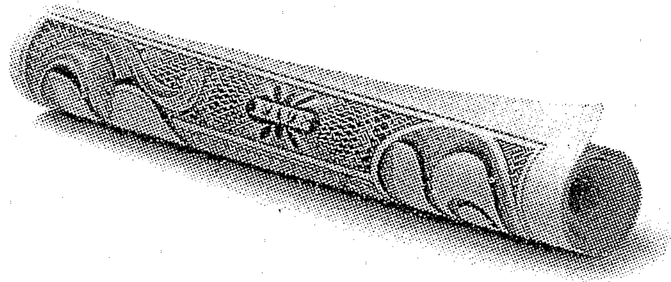


Figure 3

As 12th graders came to associate less risk with marijuana over the last three years (top line), regular use of marijuana increased from 1992 to 1993 (bottom line). Teen attitudes toward marijuana shifted at the same time overall media donations began to decline. The bar chart shows overall donations of broadcast time, print space and other media to the Partnership for a Drug-Free America (in millions).

WHILE YOU'RE PUTTING YOUR NOSE TO THE GRINDSTONE, WHERE'S THE GUY IN THE NEXT OFFICE PUTTING HIS?



More than eight million employed Americans used an illicit drug at least one time in the last month. Nearly 14 million used one in the past year. And while many users believe they're getting away with something, the consequences are everywhere.

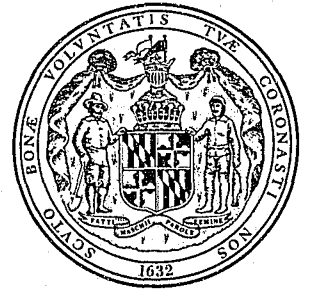
Drug users are reported to be involved in 200 to 300 percent more industrial accidents. They sustain nearly 300 percent more compensable injuries. And they use up to three times more sick leave. So the question isn't only what the guy in the next office is doing, it's whether he's even shown up for work.

It's enough to make you, the non-user, furious about having to carry the load. But, after you're finished being mad, do something. Get involved. Because more than anything, what a drug user in the workplace needs to know is he's not going to get away with it. Call Maryland's Drug-Free Workplace Initiative at 410/321-3521 and find out what you can do.

You'll be helping yourself, your company, and most of all, the guy in the next office.

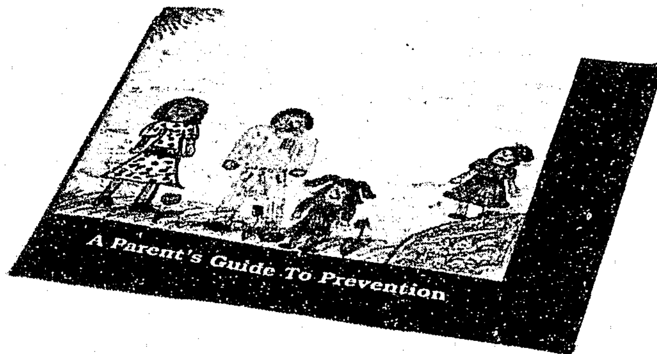
GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

PARTNERSHIP FOR A DRUG-FREE MARYLAND PARTNERSHIP FOR A DRUG-FREE AMERICA



Prevention Program Evaluation

Parental guidance suggested.



Growing Up Drug Free is a parent's guide
to drug and alcohol abuse prevention.
Call 1-800-624-0100 for your free copy.
It's for Maryland parents of all ages.

Partnership For a Drug-Free Maryland

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

PARTNERSHIP FOR A DRUG-FREE AMERICA

Preventing Adolescent Alcohol, Tobacco, and Other Drug Abuse: Effective Program and Evaluation Strategies

Public Health Approach to Substance Abuse Prevention

Since 1989, the Governor's Drug and Alcohol Abuse Commission's alcohol, tobacco, and other drug abuse prevention efforts have been guided by the "public health" approach to substance abuse prevention. The public health approach has been successful nationally in combatting epidemics such as lung cancer and heart disease. Consequently, it is logical to adopt this approach to address our current substance abuse epidemic. Aimed at the root causes of substance abuse, it is an aggressive preventive strategy. It is designed to address substance abuse issues before they develop into problems that place a tremendous burden on state and local resources, families, and individuals.

The public health approach to substance abuse prevention recognizes that alcoholism and addiction are preventable diseases and that these diseases have reached epidemic proportions. As with other diseases, we must identify at an early stage the conditions that increase a person's chances of involvement (the disease's risk factors) and aggressively target them for reduction. We must also identify those factors that protect against the disease (the resiliency factors) and strengthen them.

For example, we do not wait for heart disease to develop before we take action against it; we have a clearly defined strategy for prevention. First, we identify the risk factors that make people more likely to develop heart disease such as smoking, excess weight, stress and high levels of cholesterol. We then identify the resiliency factors, such as regular exercise and a healthy diet, that make people less likely to develop heart disease. Next, we make the public aware of these risk and resiliency factors and provide prevention activities that help people to reduce or eliminate the risk factors in their lives by developing and strengthening the resiliency factors.

We must take a similar approach to preventing substance abuse. We cannot wait for substance abuse problems to develop before taking action. Through research, we know that certain individual, family, and community risk factors increase the likelihood that young people will become substance abusers. We must concentrate on reducing these risk factors. We also know through research that there are individual, family, and community resiliency factors that decrease the likelihood that young people will become substance abusers. We must concentrate on strengthening these resiliency factors.

Risk Factors

The following conditions or risk factors have been linked to adolescent substance abuse. The more of these factors that young people face, the greater the risk that they will abuse alcohol, tobacco, and other drugs. To be effective, substance abuse prevention activities must target such risk factors. Programs that target multiple risk factors at early ages will be most effective.

Personal Factors

- Academic failure
- Early anti-social behavior
- Rejection by peers
- Alienation or rebelliousness
- Attitudes favorable to drug use
- Interpersonal, behavioral, and cognitive skill deficits

Family Factors

- Parental drug use/family history of alcoholism
- Family management problems
- Family conflict

Community Factors

- Community norms favorable to alcohol and other drug use
- Community disorganization
- Easy availability of drugs and alcohol

Resiliency Factors

Researchers in substance abuse prevention, delinquency prevention, and child development have found that many children and youth possess certain skills, social competencies, attitudes, and supports that help them to avoid self-destructive behavior and achieve success even under the most difficult circumstances. These resiliency factors promote positive behavior, health, well-being, and success.

The following resiliency factors have been shown to reduce the likelihood that young people will become substance abusers. The more of these factors present in the young person's life, the less likely he/she will be to abuse alcohol and other drugs. Substance abuse prevention programs must strengthen these resiliency factors in order to be effective.

- A strong social bond to conventional society including family, school, positive (non-drug using) peers, and community institutions

- A strong commitment to conventional beliefs, norms, values, and expectations

- *Skills* to resist social influences, solve problems, make decisions, and participate successfully in conventional activities; *opportunities* to utilize those skills through participation in conventional activities; and *reward or recognition* for successful participation in such activities

- Clear norms and standards of behavior at home, at school, and within the community

In summary, the comprehensive public health approach that has been successful in reducing public health problems in the past holds the greatest promise for reducing and preventing substance abuse. This approach targets the specific risk and resiliency factors shown by research to be directly related to the likelihood of young people becoming substance abusers.

The Governor's Substance Abuse Prevention Program for High-Risk Youth

Since 1989, one of the primary goals of the Governor's Drug and Alcohol Abuse Commission's Prevention Committee has been to identify and support those activities, programs, services, and approaches that are most likely to prevent adolescent alcohol, tobacco, and other drug abuse. The committee first reviewed a wide range of prevention literature and research and determined the public health approach to substance abuse prevention was the most promising prevention strategy to pursue.

The next step was to determine which specific activities, programs, and services are most promising or effective at preventing adolescent alcohol, tobacco, and other drug abuse. Utilizing federal Drug-Free Schools and Communities Act funds, the Governor's Substance Abuse Prevention Program for High-Risk Youth was established as a means of both providing prevention activities to at-risk youth throughout Maryland as well as determining which of those activities are most likely to prevent adolescent substance abuse.

Through this program, funds have been awarded to local community groups and service organizations throughout Maryland to provide a wide variety of community-based prevention activities for at-risk youth. Each organization receiving funding through this program has agreed to participate in a program evaluation process designed to determine the impact of their program on risk and resiliency factors associated with adolescent substance abuse.

The primary target populations served are economically disadvantaged youth who reside in neighborhoods with a high incidence of substance abuse, latchkey children, children of substance abusers, children experiencing academic and school behavioral problems, pre-delinquent youth, pregnant and parenting teenagers, and children who are victims of physical, sexual, or psychological abuse.

These projects are provided by community-based service organizations in a variety of settings including schools (both during the school day

and during after school hours), community centers, recreation facilities, public housing developments, Police Athletic League facilities, and Head Start Programs.

The primary types of prevention activities provided include comprehensive after school programs (which include a combination of tutoring, homework assistance, supervised recreation, cultural enrichment, and a variety of values and skill development activities); educational and skill development groups for children of substance abusers; social, cognitive and behavioral skills programs; mentoring; cultural bonding programs; job skills programs; and community service programs.

Projects funded under this program must:

a) Provide activities which prevent, reduce, or buffer the effects of risk factors by strengthening resiliency factors;

b) Provide activities to youth, families, and communities at highest risk (i.e., those facing the greatest number and/or severity of risk factors); and

c) Have clear and detailed plans for evaluating their effectiveness at strengthening resiliency factors and reducing risk factors among their target high-risk youth population.

Prevention Program Evaluation

The projects funded through the Governor's Substance Abuse Prevention Program for High-Risk Youth are evaluated for their effectiveness at reducing risk factors and/or strengthening resiliency factors among their target population. Since most of these projects serve younger, non-using populations, their effectiveness must be measured by their impact on risk and resiliency factors rather than changing the level of alcohol and other drug use among their target population.

All programs go through three stages of program evaluation. First is program planning. In this phase, programs outline a clear plan for reducing risk and strengthening resiliency among their target population. This includes defining goals and target population; specifying risk and resiliency factors to be addressed; developing measurable objectives based on those factors; identifying program services and activities that could logically be expected to impact those factors; developing implementation standards for their services and activities; and, specifying tasks and time lines for implementing program activities.

The second phase of evaluation is program implementation. This is a process evaluation to determine if the program's services and activities are actually being provided in accordance with the program plan. Program data is used to determine who is being served, what services and activities are actually being provided, what quantity and intensity of service is being provided, to what extent the activities are meeting the implementation standards, etc. Findings are used to determine what programmatic changes need to be made to strengthen the program and increase the likelihood that the program services and activities will achieve program objectives.

Outcome evaluation is the third phase of evaluation. Outcome evaluation is conducted to measure the program's effectiveness at strengthening targeted resiliency factors among youth who have received program services, to measure the program's effectiveness at reducing targeted risk factors among youth who have received program services, and compare changes in levels of risk and resiliency factors among participating youth with changes among youth who did not receive program services.

Information from outcome evaluations will be used to strengthen programs and to determine which prevention services and activities are most effective at impacting the risk and resiliency factors associated with adolescent substance abuse. Process and outcome data will be utilized to make informed decisions about the most effective allocation of limited prevention resources.

Evaluation Findings

Evaluating small, community-based prevention programs proved to be very challenging for a number of reasons. In program evaluation, the smaller the number of participants in a program,

the more difficult it is to prove program effectiveness. The programs being evaluated typically served only 25-50 youth at one time, a small number for statistically proving program effectiveness. The relatively modest program budgets, averaging approximately $50,000, made it difficult to fund a rigorous evaluation without sacrificing a significant portion of direct service resources. Most programs had a small staff whose duties and experience were in provision of human services, not program evaluation.

There were also a number of challenges from a technical aspect. For example, it is difficult to implement an evaluation using a true experimental design (i.e. involving a control or comparison group that receives no services) in a human service program. The philosophy of the human service agency is to provide services to all who are in need and fit their service criteria. Unique solutions and a lot of extra effort were required to implement the strongest possible evaluation under this circumstance. Finally, since little outcome evaluation of alcohol, tobacco, and other drug prevention programs had been attempted in the past, measurements of effectiveness and evaluation instruments had to be developed and tested. Since the programs were for the most part new, at least two years of program planning, implementation, process evaluation, and program revision was needed before outcome evaluation could begin.

In spite of these challenges, outcome evaluations have been completed for a number of programs and are under way with the remainder. Credit must be given to the staff, evaluators, and administration of these programs who have managed to provide quality prevention activities and meet the Commission's evaluation requirements. Equal credit goes to Dr. Denise Gottfredson and the graduate student evaluators from the University of Maryland Institute of Criminal Justice and Criminology, the evaluation consultants to the Governor's Substance Abuse Prevention Program for High-Risk Youth.

Summary of Outcome Evaluation Findings

Five programs have completed a rigorous outcome evaluation, utilizing pre- and post-testing of both service and control groups, and have shown significant impact on risk and resiliency factors associated with adolescent alcohol, tobacco, and other drug abuse. These programs are:

The Let's Make a Change, Inc. Latchkey After School Program

This is a comprehensive after school program for low income "latchkey" children (children who spend more than ten hours per week in self care, generally during after school hours) in Prince George's County. The program was designed to provide cognitive, behavioral, social, and academic skills needed for successful experiences in school while improving self concept of children at risk for drug use and delinquency. The program provides daily tutoring and homework assistance, skill development table games, structured arts and crafts, cultural enrichment, adult role modeling, and cognitive skill development activities to students grades K-3.

Outcome evaluation data indicates that students who participated in the program were more attached to school, displayed fewer attention problems in class, were more capable of verbalizing possible consequences for their actions, and performed better academically than a control group of students who did not participate in the program. There was no statistically significant change indicated for a number of other risk and resiliency factors targeted, such as self-competency, problem solving and disruptive behavior, although children who participated in the program generally rated more positively in these areas. The small sample size could effect results by failing to reveal significant differences where real differences exist.

The Latchkey After School program shows much promise as an effective alcohol, tobacco, and other drug prevention program. The staff continues to use evaluation data to strengthen their program, particularly in the areas where a significant impact on risk and resiliency factors was not shown in the initial evaluation. Further outcome evaluation will be conducted.

Open Doors Career Center, Inc. Project Tomorrow

Project Tomorrow provides services to pregnant and parenting young adults between the ages of

14 and 21 who reside in Harford County. The goals of Project Tomorrow are to eliminate alcohol, tobacco, and other drug use and increase self-sufficiency (e.g., completing additional education, attaining a degree, becoming employed) among the target population. The program provides peer leadership training, individual counseling, substance abuse education and career workshops, a social skill development curriculum, and mentoring.

Outcome data indicates, to a statistically significate degree, that young adults who participated in the program had higher levels of self-esteem; increased attitudes against pregnant women using alcohol, tobacco, and other drugs; and less frequent alcohol, tobacco, and other drug use than a control group of pregnant and parenting youth who did not participate in the program. There were no statistically significant changes in a number of other risk and resiliency factors addressed, but program participants rated more positively than the control group in 22 out of 30 outcome measures. This high percentage of outcomes favoring the participant group is a very promising trend and highly unlikely to occur by chance.

This program shows much promise as an effective alcohol, tobacco, and other drug abuse prevention program. The program staff continues to use evaluation data to strengthen their program, particularly in the areas where a significant impact on risk and resiliency factors was not shown in the initial evaluation. Further outcome evaluation is being conducted.

The Worcester County Head Start Families Against Drugs Program

The Families Against Drugs Program incorporates a variety of drug abuse prevention activities, including a cognitive-interpersonal skill curriculum, parenting skills and family bonding activities into the traditional Head Start Program that prepares low income pre-school age children for success in school. Additionally, the Families Against Drugs Program provides a Children Are People Support Group for children who are living in environments where chemical, physical, or psychological abuse is present. The support group activities help children to understand and express their feelings, to learn and practice problem solving and coping skills, to build their self-confidence and trust in others, and to understand chemical dependency and its effect on families.

Outcome evaluation data indicates that children who participate in the support group activities had significantly higher cognitive skills, physical skills, peer acceptance, and maternal acceptance scores than comparison groups of Head Start children who did not participate in the support group activities. Two rounds of evaluation were conducted, both showing higher scores in all areas for the participating children.

This program shows much promise as an effective alcohol, tobacco, and other drug abuse prevention program. The program staff continues to use evaluation data to strengthen their program and is conducting additional outcome evaluation.

The Washington County Health Department People Activating Life Skills (PALS) Program

The PALS Program provides life skills development classes and group activities for children, ages 3 through 9 years old, who are victims of physical, emotional, psychological, or sexual abuse and/or neglect. Children who are victims of these conditions have been shown to be at greater risk for developing alcohol and other drug problems.

The Preschool (3 to 5 year olds) PALS program consists of 10 lessons and group activities provided in pre-school and Head Start Program settings. This program stresses increasing language skills, social and interpersonal skills, positive behavioral skills, and internal self-controls. The Elementary School (6 to 9 year olds) PALS Program consists of 15 lessons and group activities which focus on increasing social and interpersonal skills; behavioral and cognitive skills; decision making, problem solving, and coping skills; peer resistance skills; self-esteem, self-efficacy and self-perceptions; and attachment and commitment to conventional institutions.

Children in both groups learn such things as how to identify and express their feelings, how to cope

with emotions, how to cope with difficult family situations, how to recognize and respond to dangerous situations, how to get along with others, how to be part of a group, how to resolve conflict, how to build attachment to family members, and how to feel good about themselves.

Outcome data from the Preschool PALS program indicates that, based on teacher ratings, participating youth exhibited significantly fewer learning difficulties, higher levels of cooperativeness, and less defiance than an equivalent comparison group of children who did not participate in the program. The Elementary PALS program data shows that participating children had significantly higher cognitive competence and maternal acceptance scores, and were rated less irritable by their teachers, than the comparison group children. There was no significant change in a number of other risk and resiliency factors targeted by the program.

This program shows much promise as an effective alcohol, tobacco, and other drug abuse prevention program. The program staff continues to use evaluation data to strengthen their program, particularly in the areas where a significant impact on risk and resiliency factors was not shown in the initial evaluation. Further outcome evaluation is being conducted.

MAGIC ME

MAGIC ME is an intergenerational community service program for high-risk middle school students. Among the program's goals are reducing risk factors associated with adolescent substance abuse and strengthening youth resiliency by engaging them in service to the elderly, and the physically and mentally challenged. Every week students visit a nursing home, or other service site where they develop a personal relationship with a partner. Partners participate in weekly activities such as recreation, physical fitness, crafts, and field trips.

Once every three weeks, students meet at their school to reflect upon their experiences and to discuss the meaning of their service in their lives. Reflection sessions include workshops in life skills, leadership development, and career exploration. This weekly, long-term community service provides a vehicle for students to effect a positive change in their lives and the lives of others.

Students are referred to the program by school personnel for factors such as poor academic performance, poor attendance, behavioral problems, low self-esteem, and inadequate social skills. The objectives of the program include increasing school attachment, increasing self-esteem, increasing commitment to conventional societal values, and building social skills.

MAGIC ME has conducted outcome evaluation involving several cohorts of participants and control groups. Outcome evaluation data from the first cohort indicated that MAGIC ME participants felt significantly more socially responsible and were involved in more meaningful activities than their control group counterparts. In the second cohort, MAGIC ME participants were significantly less likely to associate with drug using peers and reported a higher level of parental supervision than the control group students. In the third cohort, program participants felt significantly more attached to school, had attitudes more unfavorable to the use of drugs, and were less likely to associate with drug using peers than the control group students. There was no significant change in a number of other risk and resiliency factors targeted by the program.

This program shows much promise as an effective alcohol, tobacco, and other drug abuse prevention program. The program staff continues to use evaluation data to strengthen their program, particularly in the areas where a significant impact on risk and resiliency factors was not shown in the initial evaluation or was not replicated in all groups evaluated. Further outcome evaluation is being conducted.

Implications of Outcome Evaluation Findings

The outcome evaluation data derived from these prevention program evaluations indicates that each of these specific programs has been successful at impacting a number of risk and resiliency factors associated with adolescent substance

abuse. Further, these results indicate that Maryland is on the right track in supporting prevention activities that are specifically designed to address the risk and resiliency factors associated with adolescent alcohol, tobacco, and other drug abuse.

While these results are very encouraging, much more outcome evaluation is needed to determine which prevention activities are effective with various age groups and target populations. Although the five programs cited, for example, all had a significant impact on certain risk and resiliency factors they had targeted, there were also risk and resiliency factors that were not impacted to a statistically significant degree. In several instances, in fact, control group members rated more positively on post-test measures of risk and resiliency than those who received program services. Further process and outcome evaluation will help these programs to strengthen their prevention activities in the areas where no positive statistical impact was demonstrated.

In addition to the programs cited, a number of other programs have conducted an initial round of outcome evaluation. Of these, several showed no significant impact on any targeted risk and resiliency factors. This doesn't necessarily mean that they were not effective programs. It may mean that they haven't been able to demonstrate effectiveness. The program may need a larger sample size (the number of youth participating in the program), more frequent or intensive prevention activities, better instruments to measure changes in risk and resiliency, and/or more rigorous evaluation procedures in order to show significant results. These programs will only be able to demonstrate their effectiveness through continued process and outcome evaluation.

The remainder of programs funded under the Governor's Substance Abuse Prevention Program for High-Risk Youth are in various stages of program evaluation; planning, implementation and outcome, depending on their stage of development. The Commission has seen a marked improvement in all programs that have actively participated in rigorous program evaluation, regardless of their stage of development. Program evaluation has proven to be a highly effective program management tool and has resulted in stronger prevention programs.

Recommendations for the Future

Since 1991, the *Maryland Drug and Alcohol Abuse Control Plan* has included recommendations that: (1) all prevention programs be designed to address risk and resiliency factors associated with adolescent substance abuse; (2) all prevention programs be evaluated for their effectiveness at impacting those factors; and (3) Maryland's limited alcohol, tobacco, and other drug abuse prevention resources be allocated for prevention activities and programs that have been shown to be effective at reducing risk factors and strengthening resiliency factors.

Based on the prevention program evaluation results described above, several additional, closely-related prevention recommendations are offered for future consideration:

- Prevention programs, such as the five cited in this report, which demonstrate effectiveness at reducing risk factors and strengthening resiliency factors, should be continued and expanded utilizing Drug-Free Schools and Communities Act (Governor's Program) funds.

- Prevention programs and strategies that demonstrate effectiveness should be replicated in additional communities and settings utilizing Drug-Free Schools and Communities Act funds.

- Maryland should seek funding from the National Institute on Drug Abuse or the Center for Substance Abuse Prevention to replicate its effective prevention models on a larger scale and/or as components of comprehensive multi-component prevention programs.

- Maryland should continue to utilize its Drug-Free Schools and Communities Act funds to support prevention activities which are shown through sound program evaluation to impact risk and resiliency factors associated with adolescent substance abuse.

You've prepared him for any on-the-job safety hazard...

except a drug user.

The hazards of illegal drugs extend far beyond the individual user. Your drug-impaired employee is not just a danger to himself. He's also a threat to fellow workers.

Where employees are using drugs, health-related absences rise. Workman's compensation claims go up. And productivity goes down.

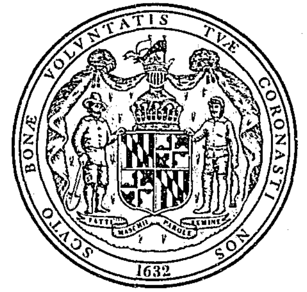
With one in eight American workers impaired by drugs, just following OSHA safety guidelines is no longer enough. Unless you offer some kind of employee education, assistance, and drug treatment referral program, *everybody* in your company is at greater risk.

If you'd like information on how to set up such a program, call Maryland's Drug-Free Workplace Initiative at **410-321-3521.** Hundreds of Maryland companies have already created safe, productive drug-free workplaces.

You'll be in good company.

PARTNERSHIP FOR A DRUG-FREE MARYLAND

PARTNERSHIP FOR A DRUG-FREE AMERICA



Education Committee

WHAT IS YOUR CHILD TAKING IN SCHOOL THIS YEAR?

Your child isn't just learning about History and English in school. He's also learning about amphetamines, barbiturates and marijuana.

Drugs are rampant in our schools today.

Kids are taking them before school. They're taking them between classes. School has even become one of the more convenient places to buy drugs.

The sad part is that all this doesn't just affect those kids who are taking the drugs. It affects all the kids. Drugs keep everyone from learning.

Our schools need our help.

As a parent, you can do your part. Talk with your child. Find out how bad the problem is at his school.

Then talk to other parents. And decide what you as a group can do to get drugs out of the classroom.

Also, contact your local agency on drug abuse. They can provide you with valuable information as well as sound advice.

School is your child's best chance to get ahead in life. Don't let drugs take that chance away.

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

PARTNERSHIP FOR A DRUG-FREE MARYLAND
PARTNERSHIP FOR A DRUG-FREE AMERICA

Education Committee

Public Schools

GOAL: Ensure that by the year 2000 all the schools in Maryland will be free of drugs and alcohol and will provide safe environments conducive to learning.

ACCOMPLISHMENTS

The school experience is one of the most formative experiences in a young person's life. It is, perhaps, second only to family in influencing and shaping the direction and development of our children. School is a primary vehicle for imparting many types of information, messages, experiences, and values.

Schools play a vital part in socializing and preparing youth for their roles as productive and responsible citizens. While we recognize that families and communities are also all important to the positive development of youth, the unique position of schools in terms of time and mission cannot be overstated.

The public school system in Maryland sees education as a keystone in preparing young people for a self-sufficient and responsible adulthood. Inherent in this view of education is the notion that schools have a responsibility to help youth develop the right kinds of strengths and attitudes that will serve them in resisting the lure of substance abuse. Since the passage of the Drug-Free Schools and Communities Act in 1986, Maryland has moved aggressively to increase and improve local school systems' alcohol and other drug abuse prevention and education programs.

As an active participant with the Governor's Drug and Alcohol Abuse Commission since its inception in 1989, the Maryland State Department of Education (MSDE) has garnered statewide support for their Comprehensive Drug-Free Schools Strategy and continues to administer and develop prevention, education, and intervention programs and policy.

The Drug-Free Schools Strategy has seven major components, which include: 1) K-12 curriculum, 2) student alcohol and other drug policy, 3) peer leadership, 4) student assistance, 5) parent involvement, 6) school nurses, and 7) the middle grades tobacco prevention/education initiative.

Curriculum

All 24 jurisdictions in Maryland have certified they have a K-12 drug education curriculum. MSDE provides quality training, including AIDS prevention information, to all teachers responsible for teaching drug education.

The biennial *Maryland Adolescent Survey* results are used by MSDE and local education agencies to set program priorities and direction. These findings are also used as a resource in planning drug abuse prevention instruction.

Drug Abuse Resistance Education (DARE) provides uniformed police officers to teach students to say no to drugs, build self-esteem, manage stress, resist pro-drug messages, and develop skills to help keep students drug free. DARE is presented in all Maryland's jurisdictions.

Over 90 percent of Maryland students now receive the DARE program in either grade five or six. A recommendation to assist local jurisdictions in achieving 100 percent coverage for students and to expand the program into high schools was made in 1993. Expansion into high schools would allow reinforcement of DARE concepts at the time when influences of alcohol and other drugs on students are the greatest.

Policy

In 1989, MSDE adopted a bylaw that reinforced the need for a comprehensive and coordinated drug and alcohol policy for students. Guidelines were developed that reflect a balance between providing a safe school environment and referring students for help.

The MSDE Student Drug Policy Review Committee examined drug policies from all local systems and provides ongoing technical assistance to those systems that need help complying with guidelines.

Peer Leadership

Research indicates that peer leadership programs are a very promising strategy for reducing substance abuse among students. Young people are often more inclined to pay attention to their peers than adults. Peer leadership programs emphasize positive peer influence, skill development, and drug-free peer groups.

MSDE promotes the expansion of peer leadership programs by continuing to establish active Students Helping Other People (SHOP) teams in high schools and Students Helping Others and Understanding Themselves (SHOUT) teams in middle schools. The peer leadership programs have expanded to a Training of Trainers model and over 150 teams are currently involved in SHOP and SHOUT. All peer leadership programs include information and education on HIV infection/AIDS.

Student Assistance

The Maryland Student Assistance Program provides a systematic identification and referral process for "at risk" students and their families. This program is achieving widespread success with approximately three to five percent of each participating school's population being referred. Over 3,000 students were assessed by local health department adolescent counselors during the 1992-1993 school year.

Unfortunately, local health departments are not able to meet the growing need to provide assessors for student assistance program teams. The continued success of this program requires and depends upon the collaborative effort of local school systems and health departments.

Parent Involvement

Parental involvement is a crucial element in preventing substance abuse. More programs are needed that increase the involvement of parents in their children's educational activities.
Along these lines, the Drug-Free Schools' team collaborates with parenting programs across the state to include information on tobacco, alcohol, and other drugs in all trainings.

School Nurses

The goal of this initiative is to provide primary prevention and intervention programs and services through the identification of students who have drug and/or alcohol problems or who may exhibit predisposing factors that may lead to substance abuse problems. Seven counties in the Rural Schools Project participated in this initiative but budget constraints hamper the program's growth. Six counties have been able to maintain their nurses with local supplemental funding.

Higher Education

GOAL: Mobilize all the resources of Maryland's higher education community to achieve drug-free campuses.

ACCOMPLISHMENTS

There is an extensive inventory of prevention and education programs and activities offered in Maryland institutions of higher education. In 1990, the Maryland Commission for Higher Education distributed a strong policy statement to the higher education community stating that drug and alcohol abuse are not to be condoned on Maryland campuses and that Maryland's colleges and universities shall be free of drug and alcohol abuse. Further, the Secretary of Higher Education urged colleges and universities to increase efforts in areas of addictions counseling and access to information concerning treatment programs available to students and employees.

The Higher Education Commission required each college and university to have a plan by the fall of 1990 to assure a drug-free workplace for employees and students.

The Higher Education Task Force, appointed by the Secretary of Higher Education, provides a coordinating body for prevention activities in the higher education community. Representing the campuses of the segments of higher education as well as the Alcohol and Drug Abuse Administration (ADAA), it provides an indispensable link between state planning and campus implementation.

Coordinated by ADAA in conjunction with the Maryland Prevention Network, the six operating regional college/university Prevention Resource Centers (PRCs) have successfully provided resources and expertise to college students on their campuses and to institutions of higher education in their regions. They also provide drug prevention programming, organizational advice, referrals to treatment services, and other services to community groups.

In 1993, MSDE allocated some of the Drug-Free Schools funds to support linkages between the PRCs and public schools. This money is for programs and activities that support projects that benefit elementary and/or secondary schools within a PRCs region. The Maryland Department of Transportation (MDOT) received a special grant of federal funds for the support of a peer leadership demonstration project at the six PRCs. This project will involve at least six counties and at least 20,000 students by either direct or indirect interaction with the peer leaders and peer educators.

Although there is a great deal of discussion about drug and alcohol abuse on college campuses, there is very little reliable data on this issue. Obtaining accurate information on the nature and extent of the problem on college campuses is essential for sound policy decisions.

Forming a strong partnership with the Maryland Higher Education Commission, MDOT's Office of Traffic and Safety has agreed to administer a survey of drug and alcohol use and abuse at all public community colleges and four-year institutions. Using a nationally recognized survey with additional questions relevant to highway safety in Maryland, information will be obtained for the first time on the 228,000 students enrolled in Maryland's public colleges and universities. Each campus will receive the data on its students. Campus data will be confidential, but aggregated statewide data will be made available to policy makers.

Recommendations made in 1993 continue to strengthen higher education's commitment to healthy, drug-free life styles on college campuses. One calls for each public college and university to develop "Wellness Programs" for its students. Another recommends that each college and university have a policy establishing controls over alcohol-related advertising and restricting or banning promotional events that might encourage alcohol use by underage students or alcohol abuse by anyone.

Non-Public Schools

GOAL: Non-public schools should develop appropriate programs in substance abuse education to create a healthy environment for the schools and their constituencies.

ACCOMPLISHMENTS

Involving non-public schools in the state's strategy for controlling substance abuse remains a challenge. Non-public schools are not immune from the problems the public school system faces, but because they are often different by design, it is sometimes difficult to meet on common ground with regard to resources, curricula, and programs. In compliance with a Drug-Free Schools mandate, those resources available to the public sector are made available to the non-public sector. Not all non-public schools take advantage of the Drug-Free Schools resources offered; however, the number of non-public schools participating in the Drug-Free Schools initiatives increases each year.

In the spring of 1993, the Governor's Drug and Alcohol Abuse Commission surveyed all elementary and secondary private schools in the state, requesting information on resources, programs, and policy regarding substance abuse. Of the over 500 schools surveyed, 48 responded with information. Responses indicated that the non-public schools are diverse in policies, programs, and resources available to combat the substance abuse problems among their populations.

Future Directions

For the last few years, declining figures indicated that prevention efforts were beginning to pay off and some progress was being made in the battle against substance abuse. But recently, according to the University of Michigan's National High

School Senior Survey, substance abuse among the young is up again. At the same time, this survey shows the beliefs and attitudes about the dangers of substance abuse have begun to soften. These are disturbing and unacceptable trends that should send a very clear message to policy makers.

Beliefs about the dangers of drugs and personal disapproval about using drugs are critical factors in deterring use. As the "drug problem" continues to slide down the scale in public concern and media attention, efforts to educate the public become more difficult and challenging. Increased attention on the idea of legalization further muddies the message.

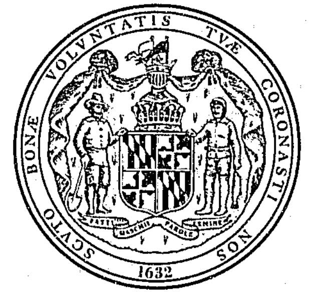
Fortunately, prevention has evolved from simplistic approaches to comprehensive programs that acknowledge the importance of risk and protective factors. What is clear to all concerned about successful prevention efforts is that it must start early — in elementary school — and the message must be reinforced consistently and constantly.

Successful programs combine teaching resistance skills with correcting the perception about how many students are doing drugs and how acceptable it is. Programs that involve peer leadership show great promise and often seem to have more success than those lead by adults only. Prevention seems more successful, too, when it gets a "booster" course on a regular basis.

The approach that holds the most promise is one that is comprehensive, involving families, schools, community organizations including religious and law enforcement groups, and the media. Techniques and strategies should be diverse and should encompass transmitting accurate and age-appropriate information, developing life skills, using peer facilitators, and changing community norms.

Finally, more research is needed on prevention efforts to determine what works and what doesn't. Policy makers must be committed to this aspect of prevention and be prepared to adjust resources accordingly.

The future also demands that we expand prevention efforts into the area of violence. Safe and drug-free schools are both national and state education goals. Little reliable information exists on the nature and extent, causes, and remedies for violent behavior in our schools. What we do know is that disruptive and violent behavior is on the rise and that, too often, teachers and students suffer in atmospheres that are not conducive to learning. Conflict resolution, peer mediation, student and teacher safety, and improved school climate are important areas that need further study and development.



Treatment/Health Committee

DO CRACK WHILE YOU'RE PREGNANT AND YOUR BABY MAY BE AFFECTED FOR LIFE.

Partnership for a Drug-Free America

Governor Schaefer's Drug & Alcohol Abuse Commission.

Treatment/Health Committee

Since 1989, the Treatment/Health Committee has made a number of recommendations with regard to the need for expanded substance abuse treatment resources throughout Maryland. In 1990, through the diligent work of a wide representation of treatment providers and government agency representatives, a comprehensive outline of the treatment needs throughout the state was delineated. As funds became available, many of the initiatives were implemented. Unfortunately, 1992 brought significant economic difficulties for Maryland and the nation; as a result, many newly implemented initiatives, as well as other long standing programs, were either reduced or eliminated.

Maryland's substance abuse treatment system has spent the past several years attempting to find creative ways to maintain services and keep an already insufficient system buoyant. In light of these economic constraints, the majority of treatment needs of the state have not been addressed.

The Alcohol and Drug Abuse Administration (ADAA) and the Governor's Drug and Alcohol Abuse Commission (GDAAC) have spent the last several years trying to make system improvements which either required no new resources or which could be addressed with grant monies that have been periodically available.

It must be reiterated that **the ultimate need and goal for the substance abuse treatment system is to provide a comprehensive continuum of substance abuse treatment services for the addicted. There exists a desperate need for a substantial increase in treatment slots in Maryland and in the entire nation.** The goals which follow are those able to be addressed through either systems improvement and coordination, or increased funding.

Service Recommendations

GOAL: Improve and expand substance abuse treatment services to the criminal justice system.

ACCOMPLISHMENTS

Support for Criminal Justice/Treatment Coalition Efforts

The most challenging partnership fostered by the Governor's Drug and Alcohol Abuse Commission and the most critical linkage to controlling drug abusing behavior rests with the joinder of the public safety and health disciplines to manage the drug involved offender.

The development of Criminal Justice and Treatment Coalitions has been fostered since 1979 by the Office of Education and Training for Addiction Services (OETAS) by offering "Corrections and Treatment" training. In April of 1990, the agency now known as the Governor's Drug and Alcohol Abuse Commission sponsored a two-day conference to gather the necessary information to support the development of a monograph entitled "Drug and Alcohol Abuse Treatment in Local Correctional Facilities." Simultaneously, the Governor's Interim Task Force on Corrections and Jails issued a report emphasizing the need for cooperative planning and training across the traditional agency boundaries of institutional treatment, community custody, and community treatment. The task force called for an approach which represents a continuum of custody and care of the substance abuse related offender.

This led to a January 1991 summit, which was attended by approximately 150 community and institutional criminal justice and treatment personnel, representing both state and local agencies. The summit was a process to identify problems and propose solutions associated with substance abuse treatment for Maryland's criminal offender population. Follow-up sessions were held to encourage the development of county and/or regional coalitions.

This continuing coalition process has developed a shared vision among systems highlighted by activities that promote coalition building.

Newsletters, site visits, training activities, coalition consultations, OETAS workshops, coalition building enhancement courses, and connecting with other organizations reflect current planning efforts.

Creation of Substance Abuse Treatment Programs in Correctional Facilities

The Governor's Drug and Alcohol Abuse Commission dedicated the development of substance abuse treatment initiatives linked with the criminal justice system as one of its major funding priorities through the Edward Byrne Memorial Block Grant Program. Since 1987, the Commission has funded 20 programs for a total amount of $8,294,707. These programs have been in Baltimore City and in the following counties: Anne Arundel, Baltimore, Dorchester, Frederick, Howard, Montgomery, Prince George's, Queen Anne's, Washington, Worcester, and Wicomico.

A variety of substance abuse treatment modalities including evaluation, diagnosis, and referral, education, individual and group therapy, and acupuncture have been involved in these programs. The common purpose of all of these initiatives has been to focus services on the individual whose substance abuse is a contributing factor to their criminal behavior.

The Commission has also attempted to improve the delivery of service in these programs by establishing a network of service providers to facilitate information exchange and research information on the substance abusing criminal justice population.

A survey of substance abuse services provided by Maryland state and local correctional facilities in 1993 revealed that virtually every prison and detention facility provides drug testing. In the age of AIDS, testing for HIV/AIDS is available at most facilities (77 percent of prisons and 66 percent of detention centers).

The detention centers and jails have more funding and community resources than state prisons with which to offer substance abuse services. Drug education is provided at 25 of our 29 (86 percent) detention centers, and at 15 out of 26 (58 percent) state prisons; drug/alcohol detoxification services are available at 55 percent of detention centers and only 8 percent of state prisons. Similarly, 83 percent of detention centers offer 12 step programs (such as Alcoholics Anonymous and Narcotics Anonymous) and 62 percent offer group counseling while only 65 percent of prisons offer 12 step programs and 19 percent offer group counceling.

The state prison system, having had its funding for treatment reduced in 1991, now offers intensive treatment in only two facilities (8 percent), and part-time treatment (over six hours per week) in four (15 percent). Nine detention centers (31 percent) offer intensive treatment and eight (28 percent) offer part-time treatment.

The fact that detention centers and jails house shorter-term residents while prisons house longer-term residents may play a role in the drug-assisted therapy provided at the various facilities. Four detention centers (14 percent) provide Antabuse®, and two (7 percent) provide methadone maintenance to residents. The state prison system offers Antabuse® at only one facility and methadone at none.

Over the past several years, the Commission has increased its knowledge of factors which assist in determining success rates of programs of this type. While recognizing the necessity for these programs to be shaped to meet local correctional needs, the Commission believes that standard protocol outlines should be developed for these programs.

Creation of the Baltimore City Drug Treatment Court

After a lengthy planning process with various governmental agencies, community groups, and coalitions, as well as a significant amount of research on existing drug treatment court models, the Commission dedicated 1.25 million dollars of the Edward Byrne Block Grant program in fiscal year 1993 for the development and implementation of the Baltimore City Drug Treatment Court. This project resulted from the work of many agencies: the Baltimore City State's Attorneys Office, the Baltimore City Public Defenders Office, the

Baltimore City Health Department, the District and Circuit Court Judiciary, the Baltimore City Coalition, the Baltimore City Police Department, the Alcohol and Drug Abuse Administration, the Mayor's Coordinating Council on Criminal Justice, the Governor's Office of Justice Assistance, and especially the Department of Public Safety and Corrections, who have accepted the day-to-day responsibilities for the implementation of the majority of the program, and who have made a 25 percent cash match on the monies provided by the Commission.

The purpose of the Baltimore City Drug Treatment court is to provide a viable substance abuse treatment option for the non-violent offender whose criminality is directly related to patterns of addiction. The primary focus is to intervene in the criminal lifestyle of the substance abuse involved offender who has a history of multiple drug-related criminal episodes. The program attempts to break the arrest-incarceration-release cycle.

The program began on March 1, 1994. While many details of the project remain to be negotiated, the progress to date and the commitment of the many individuals involved is enormous.

Research Recommendations

GOAL: To improve the collection and analysis of substance abuse treatment data throughout the state.

ACCOMPLISHMENTS

Statewide Implementation of the Addiction Severity Index

The Alcohol and Drug Abuse Administration mandated in 1993 that all state-funded treatment programs adopt the Addiction Severity Index (ASI) as the standardized statewide assessment instrument for client admissions. This action was further supported by the Governor's Drug and Alcohol Abuse Commission, which required all of its funded treatment programs to also use the ASI.

An intensive training program teaching addiction counselors and clinicians how to administer the ASI was implemented by ADAA. The composite scores from the ASI are reported by the programs to the ADAA Substance Abuse Management Information System (SAMIS).

Consistent use of this assessment tool will lead to uniform reporting, better data on the extent of client dysfunction, and lay the groundwork for more sophisticated program evaluations.

Education Recommendations

GOAL: To educate all health and allied health professionals, so that they will more effectively recognize, treat, and refer the substance abusing population.

ACCOMPLISHMENTS

Establish Maryland as an Addiction Training Center

In 1993, the Education Subcommittee of the Health Committee established the Maryland Council on Substance Abuse Education and Training consisting of one representative from all relevant academic institutions, government, and community organizations in Maryland. The purpose of this council is to coordinate existing resources related to substance abuse training and education and to assist in the development of new resources for multi-disciplinary training for alcohol and drug abuse.

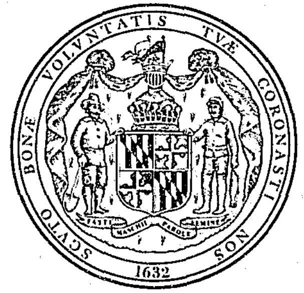
The Council, through a historically unprecedented effort of cooperation among higher education, applied to the Center for Substance Abuse Treatment to receive grant funding for this initiative. While funding was not received, the Governor's Drug and Alcohol Abuse Commission made a commitment to keep the initiative in progress. The Commission has funded a coordinator position which will continue the efforts of the project and will prepare an annual conference and resource directory for the project.

Statewide Guide for Physicians on the Topic of Substance Abuse

A self-study guide on the topic of substance abuse was developed for Maryland physicians with funding from Baltimore Substance Abuse

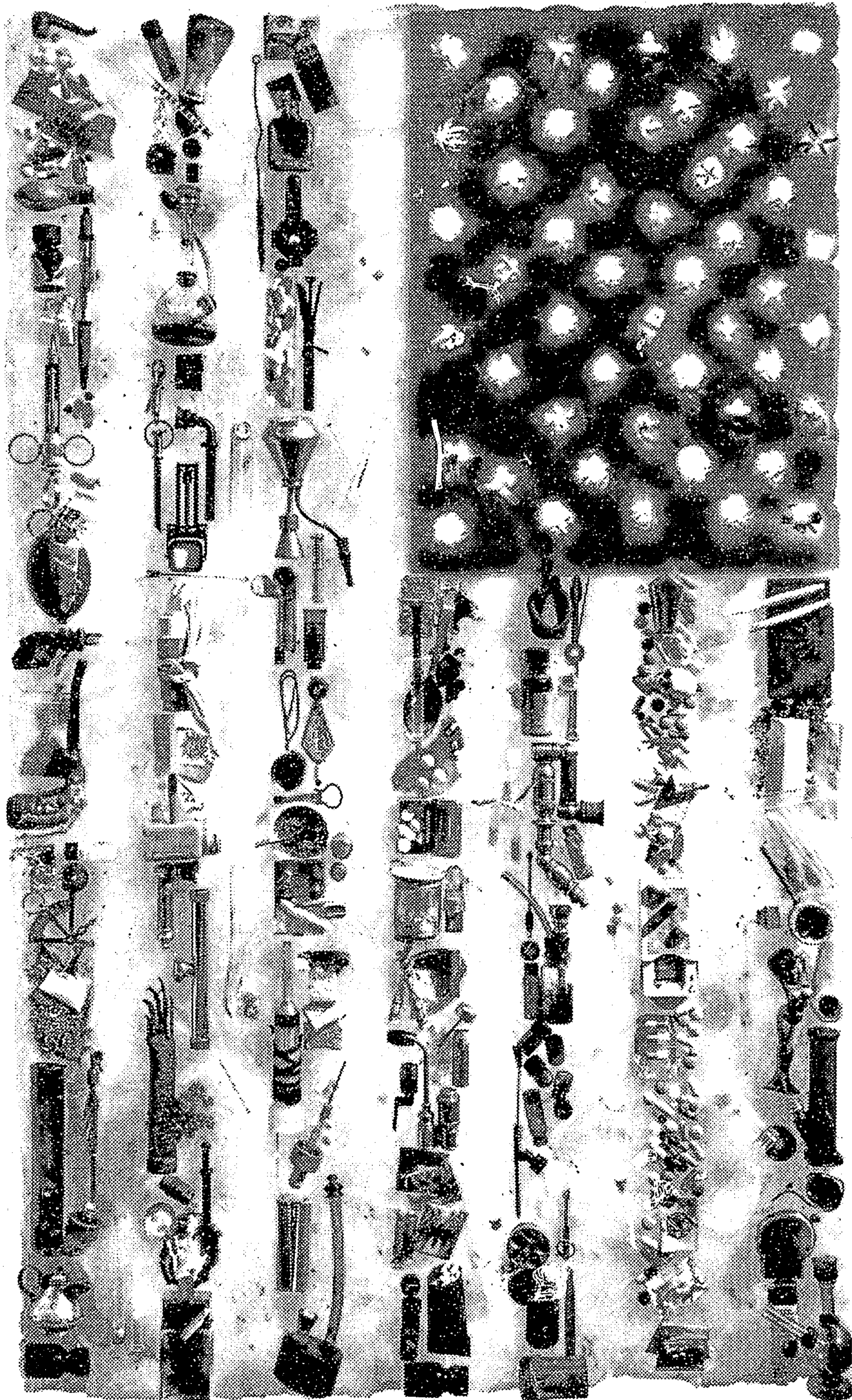
Systems, Inc. The project provided continuing education credits for physicians and was an excellent self-study, presenting a wide range of information on the topic of substance abuse. Due to funding constraints, however, the project was scheduled to be implemented in Baltimore City alone, not statewide.

The Governor's Commission on Drug and Alcohol Abuse has since provided the required funding to expand the initiative statewide. As a result, 400 physicians have requested and received a copy of the self-study guide; 40 of those physicians have completed and returned the study guide for Continuing Medical Education credit. Approximately 200 physicians have been reached to date. More program presentations are planned for the future. Evaluation of both the self-study guide and the program presentations have been excellent, with 95 percent of self-study guide respondents and 97 percent of presentation respondents either agreeing or strongly agreeing that they would recommend the program to their colleagues.



Criminal Justice Programming

Don't let it come to this.



Get involved in your communities' fight against drugs.

Partnership for a Drug-Free Maryland

A project of the Partnership for a Drug-Free America and the Governor's Drug and Alcohol Abuse Commission.

Criminal Justice Programming 1987-1994

Accomplishments

Maryland's first annual state drug control strategy was prepared in 1987 by the Governor's Office of Justice Assistance (GOJA) in response to the U.S. Anti-Drug Abuse Act of 1986. This Act required all states to have an approved criminal justice drug control strategy in order to receive allocated federal block grant funds. Responsibility for preparing the annual strategy was reassigned to the Governor's Drug and Alcohol Abuse Commission upon its creation in 1989.

Grant funds are used to implement state and local programs that support the state's annual drug control strategy. (See Figure 1) Recipients are selected on the basis of recommendations made by criminal justice professionals who participate in a panel representing Maryland's diverse criminal justice community. By working together and utilizing all available resources, much has been accomplished during the past eight years.

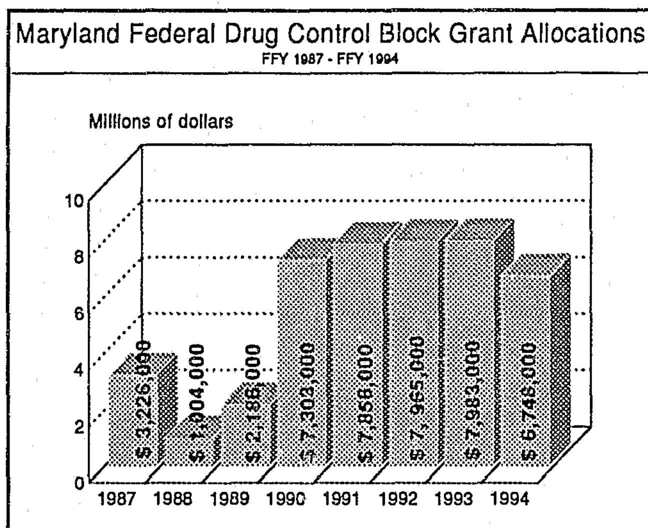


Figure 1

Apprehension

In 1987, drug investigation at the state level was vested primarily in the Narcotics Division of the Maryland State Police (MSP); however, various drug control responsibilities were scattered elsewhere in the MSP, and no single MSP authority was delegated to coordinate these responsibilities.

Consistent with the 1989 strategy, Governor Schaefer proclaimed drug law enforcement Maryland's foremost law enforcement priority and designated the MSP to serve as the lead agency for coordinating a statewide drug law enforcement effort. To fulfill its responsibility, the MSP established the Bureau of Drug Enforcement headed by a commander who reports directly to the Superintendent of the MSP.

To assist the Bureau in developing drug control policies, strategies, and plans that are endorsed by and meet the needs of Maryland's large and varied criminal justice community, Maryland's State Office of Strategic Drug Enforcement Coordination (SOSDEC), was first convened in 1990. SOSDEC is composed of representatives from federal, state, and local law enforcement agencies that have a drug control mission. It also includes representatives of other state agencies and groups. Although it was created in response to the need for better coordination of Maryland's anti-drug efforts, it has expanded its focus to include coordination of anti-violence efforts as well. SOSDEC members meet bi-monthly to discuss relevant issues, trends, and developments that are important to local investigators and policymakers. The organization is headed by an Executive Director who also serves as Chief of the Bureau of Drug Enforcement of the MSP.

The current potential that exists within SOSDEC for coordinating a statewide drug law enforcement effort is very different from the situation that existed in 1987. Law enforcement agencies at that time worked more or less independent of one another, and there was only limited cooperation, coordination, or sharing of resources and information. The MSP, the only agency with a broad law enforcement mandate and the authority to operate statewide, worked primarily with the many small departments in Maryland that needed assistance to cope with the growing drug problem within their jurisdictions. There was, therefore, no real MSP drug control presence in that critical area encompassing the Baltimore-Washington corridor, which comprises the six separate jurisdictions of Maryland's largest and best resourced local police departments. Individually, these six departments

had knowledge only of their own area, and no single department truly understood the nature and extent of illicit drug activity throughout this important corridor. Today, through the use of enhanced statewide procedures for better cooperation, the situation is much improved.

Although no formal state, county, or municipal drug enforcement task forces existed in 1987, some local efforts had been initiated to use available resources more effectively. One example, the Washington County Task Force, is still in existence and is comprised of county and municipal detectives and a deputy state's attorney. It receives forensic support from a laboratory operated by the Hagerstown Police Department, a member of the Task Force.

In 1988, the Wicomico County Narcotics Task Force became operational. It was Maryland's first formally established task force comprised of state, county, and municipal law enforcement officers, and a prosecutor from the State's Attorney's staff. Using this very successful task force as a model, others followed. They currently consist of: Garrett, Allegany, Frederick, Carroll, Harford, Cecil, Kent, Dorchester, Somerset, Talbot, and Worcester counties and the College Park/Metropolitan Area. A unique state, county, municipal bi-county task force covers Queen Anne's and Caroline counties.

Another unique task force is the tri-county Southern Maryland Task Force. It is operated by deputies from the sheriff's departments of Charles, St. Mary's, and Calvert counties; its jurisdiction encompasses all three counties.

In 1987, the state drug control strategy addressed a serious problem involving illicit "street" sales of prescription drugs. Only two police departments, Anne Arundel County and Montgomery County, had staff that were specially trained to investigate and develop cases involving the diversion of such drugs from legitimate to illegitimate channels. In 1990, MSP established a unit within its Drug Enforcement Division to investigate pharmaceutical drug diversion exclusively. Investigators assigned to this unit work closely with inspectors from the Department of Health and Mental Hygiene, Division of Drug Control. Howard County Police, Baltimore County Police, Prince George's County Police, Laurel City Police, and the Southern Maryland Task Force have also trained and assigned staff to work on this problem. These departments share information and work closely with one another on diversion cases, and all have enjoyed unusual success in developing prosecutable cases.

One of law enforcement's most notable shortcomings in 1987 pertained to drug-related intelligence. Few agencies had staff designated to develop and analyze such intelligence. MSP, with a statewide drug law enforcement mandate, had only one drug analyst who was often totally occupied simply in providing operational support for a single investigation. Statewide, there is an increasing appreciation of the need for intelligence, both for case making and for strategic planning. The MSP Criminal Intelligence Division currently has eight full-time analysts and a number of programs designed to support the intelligence needs of Maryland's large and varied drug control community.

In 1987, there were state agencies that had no drug control responsibilities but which now conduct aggressive drug control programs. A good example is the Maryland National Guard. In 1989, arrangements were made for the U.S. Drug Enforcement Administration to provide training for Maryland National Guard pilots to enable them, while flying in support of their guard missions, to recognize and identify fields of cultivated marijuana, and then to notify law enforcement officials of the locations. Today the Maryland National Guard actively supports law enforcement in a great variety of ways, from searching for contraband to providing intelligence support.

In 1990, the Natural Resources Police (NRP) and the State Forest and Park Service (SFPS) Rangers each dedicated three sworn officer positions to the drug control effort. The NRP and the SFPS are focusing primarily on Maryland's waterways and park lands. These officers are augmented by additional law enforcement personnel from the two services as needed. Their statewide drug supply reduction activities are being closely coordinated with the MSP. The SFPS has also

developed innovative programs to reduce the demand for drugs by youth, by showing them wholesome alternatives involving wildlife and the outdoors.

Law enforcement has traditionally championed efforts to reduce the illicit supply of controlled substances. Its efforts to reduce the public's demand for drugs, however, is a fairly recent phenomenon. In 1987, only two law enforcement agencies, first Baltimore County and then the MSP, had uniformed officers assigned to the public schools to conduct the Drug Abuse Resistance Education (DARE) program. This program is designed, in part, to teach students to resist peer pressure to use alcohol and drugs. DARE is now in each of Maryland's counties and Baltimore City.

Increasing awareness of underage drinking led to legislative initiatives and programs which focused on the underage drinking problem. In 1992 and 1993, respectively, St. Mary's County and Charles County established alcohol enforcement officer positions devoted exclusively to reducing underage drinking. In addition, a variety of new law enforcement programs dealing with the problem were put in place across the state in 1994.

In 1992, community policing began to emerge as an effective way to build solid anti-crime coalitions between police and communities. Numerous custom designed initiatives are now conducted throughout the state, each one specific for the community or jurisdiction served. Community policing, as a concept, was aggressively endorsed in the 1993 Maryland Drug and Alcohol Abuse Control Plan which recommended, "Jurisdictions throughout the state should embrace the philosophy of community-oriented policing and design and implement programs specifically geared to reduce crime and improve the quality of life...."

Pretrial Release

Throughout Maryland, court dockets as well as jail populations have escalated due to the use of increasingly more aggressive and sophisticated law enforcement techniques. This has resulted in burgeoning case loads and severe overcrowding with all of the attendant legal and social problems. Efforts, therefore, have been directed toward providing investigative and case supervision services to the courts, and, thereby, trying to reduce the incarcerated pretrial population while maintaining the safety of Maryland's communities and the integrity of its court processes. Historically, efforts to reduce the pre-trial jail population falls within the jurisdiction of the various pretrial release programs that exist in the state.

Each program is unique in its scope, staffing complement, and function. Disparities exist between the range of service delivery they provide and the inclusion of critical elements for nationally approved pretrial release program standards. Nevertheless, all units are configured to screen defendants to ensure public safety and to reduce the risk of their failure to appear in court. The following is a predominant listing of these programs in Maryland.

There are a select number of initiatives regarding drug and alcohol abuse since 1991. A most dominant theme is the merging of health care interests with criminal justice interests. It appears to a greater extent than ever that both systems are dealing with a similar individual. This is linked to the vast scope of drugs and alcohol abused by the population charged with a criminal offense.

PRETRIAL RELEASE PROGRAMS

Prior to 1988:

Baltimore City	(1968)
Anne Arundel	(1983)
Prince George's	(1984)
Baltimore	(1986)

1988 through 1994

Talbot	(1989)
Montgomery	(1990)
St. Mary's	(1990)
Dorchester	(1990)
Wicomico	(1990)
Charles	(1991)
Cecil	(1992)
Frederick	(1994)

Note: *It is significant that diversion from prosecution programs are being established to handle pretrial substance abuse individuals. Two such examples which have been implemented through the local State's Attorney's Office are Howard (1992) and Washington (1993) counties.*

Many existing efforts are directed at ensuring compliance with judicial release conditions (i.e., urinalysis, treatment, counseling, etc.). Some jurisdictions have linked home monitoring or programs with urinalysis.

Prince George's County is experimenting (1994) with a linkage of immediate sanctions to any positive urine test result. Individuals are immediately incarcerated for pre-specified time periods for any positive test. Immediate sanctions are also established for failure to appear for urinalysis.

In Baltimore City, a Drug Treatment Court was implemented in 1994. Individuals in a pretrial track (there is also a probationary track) are diverted from prosecution by a judge who, in regular intervals, monitors the individuals' progress until termination from or completion of the program. Participants are guaranteed treatment with an array of counseling and supportive services. A second initiative implemented in 1993 is the introduction of acupuncture as a treatment modality for eligible females in the Baltimore City Detention Center. The effectiveness of this modality and its use in conjunction with traditional counseling services is being evaluated. Program planners are currently designing a continuing care component set for implementation in 1994, so that treatment can be continued upon release. This will be routed through the courts to ensure release to the community under close judicial accountability. Two treatment facilities will provide treatment and acupuncture services for this population. Other aftercare services will be provided from existing community resources.

Prosecution

A significant problem that affected drug-related prosecutions in 1987 was the difficulty encountered in obtaining timely analysis of drug evidence. The six major police crime laboratories (Anne Arundel County, Baltimore City, Baltimore County, Montgomery County, Prince George's County, and Maryland State) all experienced serious backlogs in drug analyses. At its peak, the MSP Crime Laboratory Division's backlog involved approximately 1,700 samples. At the end of February 1994, however, its backlog was down to approximately 250 samples. This reduction, in part, reflects the establishment of a satellite MSP crime laboratory on Maryland's Eastern Shore and a continuum of upgrades and enhancements in all of Maryland's various crime laboratories.

The Office of the Attorney General currently pursues drug violators through innovative programs begun in 1989. Between 1991 and May 1994 its Criminal Investigation Division initiated 39 "Narco-Tax" and "Money Laundering" investigations. Within the same time period, these investigations resulted in seven indictments and convictions including four in "Narco-Tax" and three in "Money Laundering." At the present time it has a number of active investigations underway.

The Office also continues to pursue drug diversion violations through the Medicaid Fraud Control Unit and provides prosecutive support for those MSP officers responsible for seizing and forfeiting drug-related assets.

Local prosecutors, primarily through the use of block grant funds, have initiated several innovative programs. For example, Howard, Washington, and Wicomico counties have established diversionary programs that offer first-time offenders the opportunity to avoid prosecution by participating in activities that involve drug treatment, community service, and program fees. In Prince George's County, there are programs implementing a local nuisance abatement law; steroid education in county high schools; publication of a quarterly pharmaceutical newsletter dealing with drug diversion problems; and a review procedure which examines all significant drug cases to determine if there is any basis to proceed with money-laundering charges. In Baltimore City, a special asset forfeiture unit was begun along with special drug courts which now handle over 55 percent of all new circuit court felonies.

Since 1987, a steady stream of legislation has provided Maryland's various prosecutors with additional tools to deal with a range of drug-related violations. For example, legislation has been enacted to:

- Control the sale and delivery of drug paraphernalia.

- Make it a felony to hire or use a minor to unlawfully manufacture any controlled dangerous substance (CDS).
- Increase the penalties for subsequent offenders convicted for CDS violations.
- Revoke a defendant's probation if a laboratory test indicates drug or alcohol abuse.
- Impose administrative sanctions on persons having business or professional licenses upon their conviction of a CDS offense.
- Make it a felony to participate in certain financial transactions knowing that monies were derived from a CDS offense.
- Provide enhanced sentences for "drug king-pins."
- Make it a separate felony to use, carry, or transport a firearm during a drug trafficking crime.
- Permit municipal and county law enforcement officers to have statewide jurisdiction in investigating or enforcing the Controlled Dangerous Substance Act.
- Make it more difficult for "drug king-pins" to obtain pretrial release.
- Provide a mandatory minimum five-year term of imprisonment upon conviction of certain violations involving 50 grams or more of crack cocaine.
- Expand the state's authority to forfeit property used in drug crimes and assets to include real property obtained through drug dealings.
- Make it a separate felony to manufacture or distribute a CDS on a school vehicle or within a "drug-free school zone."
- Make it illegal to furnish alcohol for the purpose of consumption to a person known to be under the age of 21.
- Make it illegal to sell, issue or offer for sale certain cards or documents for use as fraudulent identification cards.
- Place additional controls on weapons classified as "assault weapons."
- Restrict the sale or transfer of a handgun where there is reasonable cause to believe the intended recipient has been convicted of certain felonies involving a CDS.
- Enhance the interception of mobile telephone communications.
- Make it a crime to possess or purchase non-controlled substances reasonably believed to be CDS.
- Add certain anabolic steroids to a certain schedule of CDS.

Parole and Probation

From 1987 through 1994, an estimated 90,000 substance abusing offenders were involved in one or more of three drug programs operated by Maryland's Department of Public Safety and Correctional Services and Division of Parole and Probation.

These three programs are:

Evaluation, Diagnosis, and Referral (EDR)

The EDR program was established by the Division of Parole and Probation in cooperation with the Alcohol and Drug Abuse Administration of the Department of Health and Mental Hygiene. Its purpose is to expedite the identification of substance abusing offenders under Division supervision and quickly refer them to appropriate treatment programs. From January 1, 1991, through December 31, 1993, the Baltimore City EDR Unit made approximately 8,000 referrals annually and the Prince George's County EDR Unit made approximately 1,000 referrals annually.

Intensive Supervision of High-Risk Drug Offenders

Two such units are in operation. The first was initiated by Prince George's County in 1987. It is now operated as The Day Reporting Program, a cooperative effort between the State of Maryland, the Division of Parole and Probation, and Prince George's County Department of Corrections. The program provides intensive supervision of non-violent state and county offenders released to the community.

The Baltimore City High-Risk Drug Unit went into operation in Baltimore City in January 1991 in response to a recommendation in Maryland's Drug and Alcohol Abuse Control Plan. Although the program terminated in 1993, many of the findings realized from it have been incorporated into the new Correctional Options and Drug Treatment Court Program.

Drinking Driver Monitor Program

DWI offenders in Prince George's County are incarcerated in the DWI Detention Center. These offenders are supervised by the DDMP upon release under a split sentence court order. While incarcerated, the program ensures detoxification and exposure to treatment programming. Courts are encouraged to include follow-up treatment for the offenders as a condition of probation after release.

In addition to the three drug programs described above, the following program was implemented in 1994:

Correctional Options and Drug Court Program

On June 30, 1993, the federally funded Baltimore City intensive supervision of high-risk offenders program ceased operations. The results from that experimental program were incorporated in the design of the Department's Correctional Options and Drug Treatment Court Program. The Correctional Options and Drug Treatment Court programs were implemented January 1994 and March 1994 respectively. These initiatives will provide treatment and other services to non-violent, substance-abuse involved offenders. Offenders who experience non-compliance problems during community supervision will be subjected to increasing levels of security and control as part of a graduated sanctions approach.

Future Directions

The statewide effort to control drug abuse consists of numerous drug control initiatives conducted throughout Maryland. Each initiative has to be appropriately evaluated and new initiatives must be sought in order to ensure that only the most effective ones are maintained and/or implemented. Of necessity, individual initiatives are relatively narrow in focus, however, the total variety and mix of such initiatives provide Maryland with the necessary breadth required of a state-wide drug control strategy.

Over a period of years, gaps have been identified in Maryland's drug control strategy. Unfortunately, such gaps are often difficult to correct, especially where legislation is required as part of the corrective. A notable example deals with the use of Maryland law to prosecute "major" drug criminals.

Even though Maryland has "King Pin" legislation which provides enhanced penalties for those who traffic in drugs in amounts that exceed legislatively enumerated limits, Maryland's so-called "King Pins" usually fall well below the level and status of white-collar drug king pins prosecuted regularly in federal court. The reason for this dichotomy is that Maryland's king pin violators are usually charged with illegal activities relating directly to the possession or distribution of controlled substances. True white-collar drug traffickers, however, insulate themselves from direct drug evidence and almost never personally possess or distribute controlled substances. They are drug entrepreneurs, money launderers and conspirators; not drug dealers in the traditional sense. Maryland law, simply, is generally not adequate to allow for the efficient prosecution of this level of white collar drug king pin.

Legislative enhancements are required to enable the consistent and successful prosecution in state court of major drug criminals. Such enhancements have been identified and rationalized in prior plans and, in fact, necessary legislation has been introduced and/or endorsed by the Commission on several occasions. Unfortunately, for a variety of reasons, such legislative initiatives have failed enactment.

If it is agreed that it is important to be able to immobilize drug king pins through state prosecutions, then legislation must be enacted that provides:

- A general fraud statute that enables state and local prosecutors to act against those who use fraud, deceit and trickery to conceal criminal activity.

- Authority to include money laundering among the enumerated offenses which permit the investigative use of electronic surveillance.
- A mechanism to convene grand juries with statewide authority to pursue multi-jurisdictional investigations and to indict geographically dispersed conspiracies.

Another issue for the future relates to the continued and growing problem in Maryland of prescription drug diversion and the need to enact legislation providing for a retail audit trail that tracks distribution of such drugs.

In Maryland, as elsewhere in the United States, the abuse of Schedule II prescription drugs and their diversion from licit to illicit channels is a serious problem. It is so pervasive here that Maryland serves as a source location for trafficking networks located as far away as Illinois.

A U.S. Drug Enforcement Administration (DEA) system that traces the wholesale flow of Schedule II drugs reveals that in 1993, Maryland ranked number one in the nation for the per capita receipt of the narcotic analgesic oxycodone (Percodan®/Percocet®/Tylox®), number 13 for Dilaudid® (also a narcotic analgesic), and number two for Doriden® (a depressant), all commonly diverted and readily available. Although there have been attempts to justify the enormous per capita receipt of popular Schedule II drugs in Maryland, the sad fact remains that these drugs are available "on the street" in the kind of quantities that leaves no doubt that they were criminally diverted. Profit is clearly a major factor. This is evident by the fact that some Schedule II drugs that sell legally for 30 cents each can bring 30 dollars or more on the street.

Another indication that diversion is more pervasive in Maryland than in neighboring jurisdictions is shown by the results of a 1991 National Institute of Drug Abuse (NIDA) Metropolitan Area Drug Study survey. Respondents were asked what types of drugs were causing a severe or somewhat severe problem in their jurisdiction. With regard to drugs such as prescription amphetamines, barbiturates, tranquilizers, and analgesics, Washington, D.C. and Virginia area respondents answered 0.0 percent and 4.6 percent respectively. Maryland area respondents, however, answered with an unbelievable 17.7 percent.

Diverted Schedule IIs serve increasingly as "gateway" drugs for Maryland's youth. In the 1992 *Maryland Adolescent Survey*, 6th-graders reported higher non-medical use of them than at the time of the 1990 survey, which reported higher use than in 1988. This trend is also consistent with national data as determined by the 1993 National High School Survey, which revealed the use of prescription controlled amphetamines by 12th-graders jumped from 7.1 percent in 1992 to 8.4 percent in 1993. Similar increases were also recorded for 8th- and 10th-graders.

Recognizing the critical nature of the pharmaceutical diversion and abuse problem, a recommendation was adopted at the 1988 White House Conference for a Drug-Free America which called for state-wide systems to record and audit the retail flow of Schedule II drugs. In the February 1991 National Strategy, The Office of National Drug Control Policy (ONDCP) highlighted the problem stating "...the availability of legitimately produced pharmaceuticals for illicit purposes remains a major problem in the United States...."

In a report dated July 1992, the U.S. General Accounting Office advised that after extensive investigation, it found that prescription drug monitoring programs are cost efficient and that they save investigators time and improve their productivity. Eleven states have now adopted and implemented such programs.

In December 1993, the President's Commission on Model State Drug Laws released their legislative recommendations. Recognizing "that prescription drug diversion constitutes a $25 billion annual market," it recommended a Model Prescription Accountability Act to audit the retail flow of controlled substance pharmaceuticals.

Efforts in Maryland to implement such a point-of-sale audit system have met with fierce opposition from those who profit from the marketing of Schedule II drugs and from those who simply oppose being further regulated. Many of the

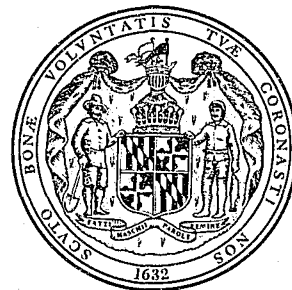
latter are well meaning but have been falsely told that such a system will result in patient confidentiality problems, heavy handed investigations of those who prescribe Schedule II drugs in quantities that exceed some arbitrary standard, and insufficient use of Schedule II drugs for proper pain control. None of those concerns are valid. In the above-referenced July 1992 General Accounting Office (GAO) study, GAO said that, "Claims by medical, pharmaceutical, and patient organizations that prescription drug monitoring programs adversely affect a physician's ability to practice medicine or compromise patient care or confidentiality have not been substantiated."

Maryland cannot continue to ignore the growing diversion from legal to illegal channels of controlled substance prescription drugs. In the past, they were diverted primarily at the manufacturing and wholesale levels of the industry. Tight record keeping requirements were legislated that nullified the problem. Now, however, the core of the diversion issue is at the retail level and that is where it must be addressed.

Future directions for the Commission are not all rooted in legislation. Philosophical, organizational, and programmatic changes are needed and the concepts on which they are based must be understood and accepted.

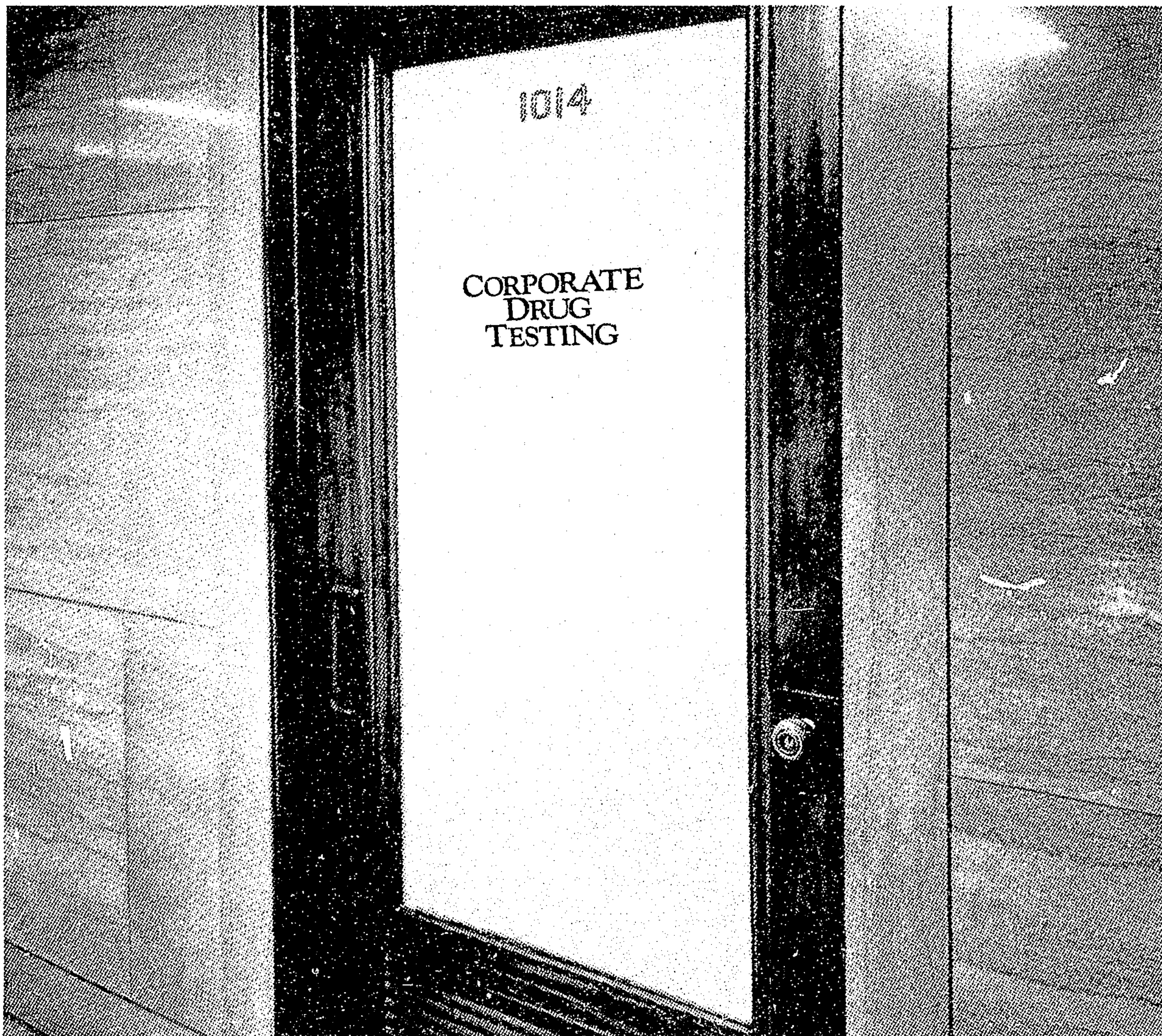
Since much of the crime and its attendant violence in Maryland is committed by recidivists and juveniles, such categories of violators need more attention and they must receive better oversight and management. More prisons and jails are not the answer. Instead, we must seek alternative sanctions and find ways to provide close supervision for non-violent offenders while maintaining critical bed space for the violent. More resources must be directed to programs for pre-trial defendants that address any necessary substance abuse treatment needs, ensure that defendants do not participate in crime while awaiting trial, and that they do, in fact, appear in court as required. Adult parole and probation systems and the juvenile justice system also need significant attention. These systems must be examined in detail and necessary improvements must get the attention and resources required to make the systems viable.

It is clear that the control of drug abuse requires ongoing and continuing efforts, and these efforts must serve as the beacon for our future directions.



Employment Committee

AT THIS POINT, YOUR ALMA MATER DOESN'T MATTER.



There's one exam even the best of colleges can't prepare you for.

Last year alone, America's businesses lost more than $60 billion to drugs.

So this year, most of the Fortune 500 will be administering drug tests. Failing the test means you won't be considered for employment.

And that's a matter of fact.

WE'RE PUTTING DRUGS OUT OF BUSINESS.

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

PARTNERSHIP FOR A DRUG-FREE MARYLAND

PARTNERSHIP FOR A DRUG-FREE AMERICA

Employment Committee

The focus of the Drug-Free Workplace Employment Committee for this year is to continue the implementation of its goals and recommendations.

The Drug-Free Workplace Highlights describe in detail the Committee's activities. Below is a summary of those activities:

GOAL I: **Support Maryland Occupational Information Coordinating Council's (MOICC) VISIONS Program.**

Implementation: One solution to our substance abuse problem is to address the social, economic, and educational needs of our communities. VISIONS will be demonstrated to the "Building Futures" participants during the Summer Youth Apprenticeship Enhancement Program in July 1994. VISIONS, an interactive computer-based career planning system, is designed with the needs of both students and adults in mind. The Committee is co-sponsoring, with the Department of Economic and Employment Development (DEED), mini-career/drug-free workplace fairs at local malls to promote the services of both programs.

In March 1994, the Drug-Free Workplace Coordinator participated in a Career Development Training Program entitled "Career Counseling for Change: Helping Students Transition from School to Work."

This teleconference highlighted an eight step career development system. (See Figure 1) While the process steps may take place at various grade or post-secondary levels, with specific and appropriate activities, every step is necessary to a comprehensive career development system. Achievement of competencies associated with the process steps will help ensure that students meet the goals of public education in Maryland and are prepared for employment, post-secondary education, or both.

Career Development Process

Process Step	K-5	6-8	9-12	Adult/Post Secondary
Self Awareness	X	X	X	X
Career Awareness	X	X	X	X
Assessment				
--Formal	X	X	X	X
--Informal	X	X	X	X
Career Exploration	X	X	X	X
Planning/Decision Making	X	X	X	X
Career Preparation			X	X
Job Seeking Advancement			X	X
Self Assessment Redirection			X	X

Figure 1

Because the educational system plays a vital role in the career development process, the Governor's Drug and Alcohol Abuse Commission's Drug-Free Workplace Initiative Employment Committee will continue to work closely with the Maryland State Department of Education, the Maryland Department of Economic and Employment Development, and the Maryland Office of Planning to integrate and collaborate on all aspects of education and substance abuse awareness with the community.

The Maryland Occupational Information Coordinating Council (MOICC) also offers annual "Improved Career Decision-Making" workshops to deliver updated, state-specific career information. MOICC has enhanced the VISIONS program by providing updated detailed employment information for every county in Maryland and Baltimore City and a middle-school VISIONS program. The VISIONS services are available free-of-charge at many public access sites throughout Maryland.

Responsible Agencies: Maryland Occupational Information Coordinating Council
Maryland State Department of Planning
Maryland State Department of Education
Governor's Drug and Alcohol Abuse Commission

GOAL II: **Determine if participation in school-to-work/after-school and apprenticeship-type programs serve as deterrents to substance abuse.**

Implementation: Associated Builders Contractors, Inc.'s (ABC) "Building Futures" is a Summer Youth Apprenticeship Enhancement Program (see Drug-Free Workplace Highlights Section). A formal evaluation of "Building Futures" will be conducted, and the project outcome and impact evaluation will be compiled and published to assist Maryland professionals in creating employment programs for at-risk youth.

In July 1994, several Employment Committee members and other community leaders will share their "world of work" experiences with the participants of "Building Futures."

Responsible Agencies: Governor's Drug and Alcohol Abuse Commission
Maryland State Department of Education
University of Maryland
Maryland State Department of Employment and Economic Development
Associated Builders Contractors, Inc., Cumberland Valley Chapter
The Living Classrooms Foundation
The Maryland Chamber of Commerce

GOAL III: **Develop new school-to-work transitions programs, youth apprenticeship models, and after-school job programs for youth ages 14 and 15.**

Implementation: The Employment Committee, as part of the Goals 2000 Program, is assisting ABC to obtain proper accreditation status which would allow participants of ABC's various apprenticeship programs eligibility for Pell Grants, Guaranteed Student Loans, and other alternative sources of funding for post-secondary education.

Our goal is to work closely with the Maryland State Department of Education to strengthen and replicate ABC's school-based apprenticeship programs throughout the entire state of Maryland to make this comprehensive learning tool available to all interested Maryland youth.

Responsible Agencies: Maryland State Department of Employment and Economic Development
Maryland State Department of Education
Governor's Drug and Alcohol Abuse Commission

GOAL IV: **Ensure that school-aged youth are being adequately prepared for the world of work.**

Implementation: We continue our participation in the Launching Entrepreneurs into Action Program (LEAP).

Responsible Agencies: Maryland State Department of Employment and Economic Development
Maryland State Department of Education
Governor's Drug and Alcohol Abuse Commission

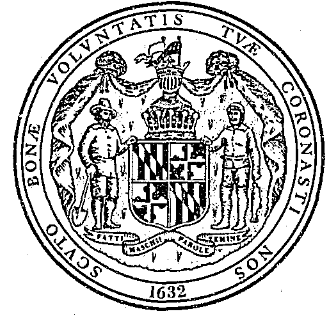
GOAL V: **Provide financial incentives and substance abuse awareness programs to Maryland's business community to hire youth and/or participate in school-to-work transition, apprenticeship, or on-the-job programs.**

Implementation: Efforts are on-going to promote DEED's other Job Service programs — Targeted Jobs Tax Credit and Enterprise Zone Tax Credit. In addition, on any given day, thousands of Marylanders are in the job market, most found themselves there through no fault of their own. The loss of a job has a serious negative impact accompanied by enormous pressures and stress.

Some of these Marylanders mistakenly turn to alcohol and other drugs for an escape in this stressful time.

The Governor's Drug and Alcohol Abuse Commission has joined forces with Maryland's health officers and prevention coordinators and the Maryland Employment Insurance Job Service Officers throughout the state to play a vital role in helping our citizens find and hold good jobs.

Responsible Agencies: Maryland State Department of Employment and Economic Development
Maryland State Department of Education
Governor's Drug and Alcohol Abuse Commission
Maryland State Alcohol and Drug Abuse Administration



Drug-Free Workplace Initiative

"MY COMPANY'S TOO SMALL TO HAVE A DRUG PROBLEM."

No company's too small. Nearly three-fourths of all illegal drug users are employed. They could be working for you. And they'll cost you: in absenteeism, on-site accidents, higher insurance rates and lower productivity.

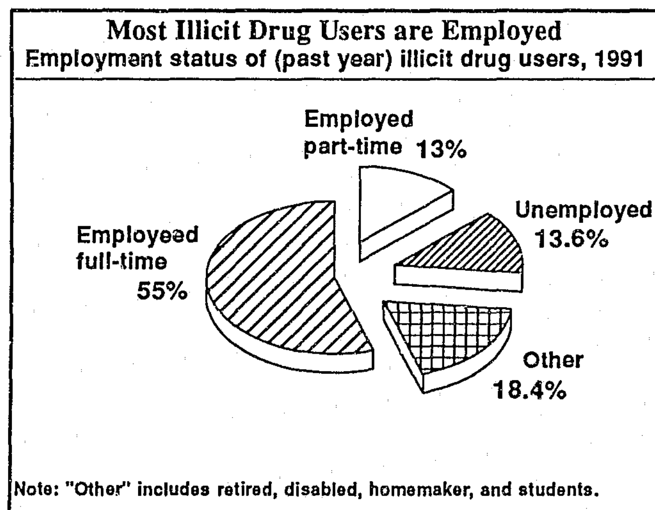
So call **1-800-464-4006** for a free guide on how to implement a drug-free workplace. Because unless you act, your small business could get swallowed up by something a lot bigger.

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

PARTNERSHIP FOR A DRUG-FREE MARYLAND
PARTNERSHIP FOR A DRUG-FREE AMERICA

Drug-Free Workplace Initiative

Productivity in the workplace, which affects our economic competitiveness, is an area where substance use and abuse has tremendous impact. Untreated addicted employees cost Maryland businesses millions each year in increased medical claims and disability costs from injuries, illness, theft, absenteeism and decreased productivity, and product quality. These costs are rapidly escalating due to the fact that 76 percent of all drug abusers in America are members of our workforce as reported in the National Household Survey on Drug Abuse in 1991.



The Drug-Free Workplace Initiative has found that the workplace is a highly effective point of intervention for substance users and abusers. A comprehensive drug-free workplace program and policy is essential.

The mission of the Governor's Drug and Alcohol Abuse Commission's Drug-Free Workplace Initiative, its Employment Committee, and the Economics and the Workplace Task Force of the Baltimore Coalition Against Substance Abuse is:

"To promote, support, and encourage awareness, prevention, and elimination of substance abuse in the workplace and its impact upon the economy, through educational, employment, and economic initiatives."

In an effort to more closely identify key problems and barriers that Maryland businesses face relative to the problem of workplace substance abuse, the Governor's Drug and Alcohol Abuse Commission's Drug-Free Workplace Initiative has developed several "Partners in Prevention" projects during the past year. Below is a list of these partnerships, followed by an overview, description of services, and implementation guidelines on each project.

- Building a Safe, Drug-Free Workplace Workshop
- Maryland Small Business Employee Assistance Services & Substance Abuse Testing Networks
- "Building Futures," a Summer Youth Apprenticeship Enhancement Program
- Violence in the Workplace Seminar
- Baltimore Drug-Free Workplace Empowerment Zone Project
- Operation Safe Shopper
- Volunteer Recognition Program
- Red Ribbon Campaign
- National "Drugs Don't Work" Partnership
- "Working Partners" Resource Guide
- Drug-Free Workplace Survey on Substance Abuse Prevention Programs
- International Outreach - Japan and Chile

As a result of these programs and projects, both our Maryland business community and its surrounding residential communities are receiving the assistance needed to address the problem of substance abuse in the workplace. This format of a multi-faceted approach to workplace substance abuse prevention and control is working.

"If I had employees on drugs, I'd know about it."

Maybe. But a lot of illegal drug users are pretty good at hiding their problems. Until your production drops. Or your profits erode. Or until someone gets hurt in an on-site accident caused by a drug abuser. Then it's too late.

Implementing a drug-free policy at your small business can be easy and inexpensive. For a free guide, call **1-800-464-4006.**

There's a lot you may not know about drugs in the workplace. And what you don't know could hurt you.

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

PARTNERSHIP FOR A DRUG-FREE MARYLAND
PARTNERSHIP FOR A DRUG-FREE AMERICA

Drug-Free Workplace Highlights

Building a Safe, Drug-Free Workplace Workshop

Throughout 1993 and 1994, the Governor's Drug and Alcohol Abuse Commission's Drug-Free Workplace Initiative's seminars were modified and structured to maximize exposure to the state's small business community. "Building a Safe, Drug-Free Workplace" is presented as an overview to assist Maryland businesses in getting started in designing and implementing a drug-free workplace policy and program. This program consists of a four-hour seminar scheduled twice monthly as a community service at the Church Home and Hospital Health Centers, Friends Medical Laboratory, and the Maryland Small Business Development Center/Central Region. Other seminars are scheduled and conducted as outreach projects throughout the state.

Services/Implementation

The seminar program covers four topics:

- Nature and Extent of Substance Abuse in the Workplace: Why You Need a Drug-Free Workplace and How to Achieve One
- Legal Considerations Relative to Drug-Free Workplace Policies and Procedures
- Recognizing and Responding to Signs and Symptoms of the Troubled Employee
- Workplace Drug-Testing: The Four W's

To serve as a model for businesses, a sample Drug-Free Workplace Policy and Policy Checklist is provided as a part of the seminar. In addition, the policy is made available on computer disk for those businesses who desire to save time in personalizing the policy. Participants in the seminars are encouraged to use the information provided to draft a policy that later will be reviewed by the Consultant Resource Network.

The seminar topics are presented by members of the Maryland Consultant Resource Network who donate hundreds of hours for this purpose.

Regionally, industry and community-specific workshops co-sponsored with local community colleges and chambers of commerce, trade associations, etc., are also offered and scheduled by the Drug-Free Workplace Initiative. Seminars have already been held in all 23 counties and Baltimore City.

For businesses desiring more detailed and topic specific information (such as the Americans with Disabilities Act) seminars are offered through the Maryland Center for Drug-Free Workplace Services at the Baltimore City Community College.

Maryland Small Business Employee Assistance Services and Substance Abuse Testing Networks

This project was originated early in the year and was developed in the fall/winter of 1993 to serve Maryland's small business community. The Governor's Drug and Alcohol Abuse Commission, in conjunction with the Baltimore Coalition Against Substance Abuse and the Maryland Chamber of Commerce, initiated a "Partnership in Prevention" project consisting of a Network of Employee Assistance Service providers and Substance Abuse Testing organizations. These organizations have joined together to provide products and services at affordable costs to Maryland's small business community. Through this newest "Partnership in Prevention" effort, more of Maryland's business community can engage the substance abuse threat through comprehensive programs that impact on substance abuse and the workplace's bottom-line.

Services

Two functions are served through this effort. First, the Substance Abuse Testing Network makes Maryland's Drug-Free Workplace initiative an affordable reality for Maryland's small business community. In past years, many small businesses in the state did not engage in drug testing because of its high cost. Through the Substance Abuse Testing Network many of the

barriers to starting a program have been eliminated. Advice on policy development is already available at no cost from the Drug-Free Workplace Volunteer Consultant Network. With the establishment of this latest effort, sample policies, program guides, and access to substance abuse testing laboratories and MRO services are now readily available at costs competitive to those larger companies now have. Second, The Employee Assistance Service Network supports businesses with education and training programs and provides counseling and treatment assistance to employees who are afflicted with substance abuse problems. Professionals who are expert in dealing with such issues are now available to train and educate employers, supervisors, and their workers to deal with substance abuse in the workplace setting. In addition, this multi-faceted approach to workplace substance abuse prevention and control can help supervisors to intervene with substance abusers earlier in the addiction process and thus be more successful in eliminating abuse from the workplace. Companies that utilize both of the above programs have substance abuse efforts that are equal to those now employed by most Fortune 500 companies nationwide. There is an annual fee of $50 for each network membership.

Implementation

The Baltimore Coalition, in cooperation with the Governor's Drug and Alcohol Abuse Commission Drug-Free Workplace Initiative, has established both networks and has begun enrolling small business members. With marketing assistance from the Maryland Chamber, both organizations quality assure the processes, provide program initiation assistance, produce sample program policies and program guides, and maintain program administrative support. Individual network members contract for services directly with the service providers at the published network rates and pay all bills directly. Additional services may be rendered by the Commission as the network expands and experience is gained.

"Building Futures" — Summer Youth Apprenticeship Enhancement Program

A high level of substance use and abuse is prevalent among Maryland youth. According to the *1992 Maryland Adolescent Survey* on drug use conducted by the University of Maryland, 26 percent of 11th- and 12th-grade students reported current substance use and 86 percent of seniors have tried drugs. Overall, Maryland's high school juniors and seniors rank at the national level of use for many drugs; however, some levels of drug use range from 30 percent to 700 percent above the national level. Figures and research indicate the amount of drug use escalates as grade level increases.

Parallel the above statistics with the numbers of high school drop-outs which have plagued the Maryland population and there is an even greater compounding impact on substance use and abuse percentages. As a 1993 A.S. Abell survey indicated, there is a cumulative drop-out rate of 75 percent of students in the Baltimore City school system.

There is an even more disturbing effect on our young people when we couple the above problems with the major findings of a recent study completed by the Construction Education Foundation. This survey highlights the negative perceptions and attitudes of young people about potential employment opportunities in the construction industry and the need for comprehensive prevention programs, such as drug-free workplaces and "Building Futures."

Program and Services

In an effort to reverse these alarming statistics, the Governor's Drug and Alcohol Abuse Commission's Drug-Free Workplace Initiative's Employment Committee, in partnership with Associated Builders and Contractors, Inc. (ABC) Cumberland Valley Chapter, has created a summer youth apprenticeship enhancement project, "Building Futures." By creating "Building Futures," the Partnership in Prevention will be able to provide the Governor's Drug and Alcohol Abuse Commission with a comprehensive program to evaluate the impact and importance of

the introduction of a career development/job skill component to programs for adolescents and to determine if such a skill and the mastery of that skill acts as a deterrent to adolescent substance abuse.

One component of this program of particular note is that each participant is provided the safety equipment and tools that he/she will need to accept a job and maintain gainful employment.

The ABC's "Building Futures" Construction Education Foundation program is an accredited carpentry apprenticeship course of progressive study. "Building Futures" integrates academics, worksite learning, and paid work experience for 15 eleventh and twelfth grade students at South Hagerstown High School.

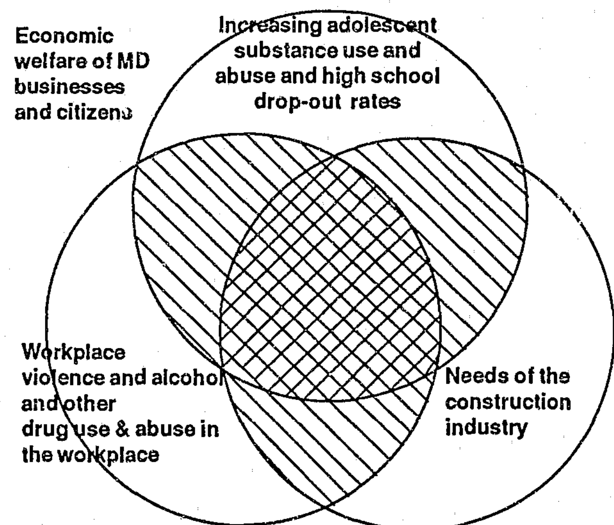
Implementation

Beginning on June 20, 1994 and ending on August 26, 1994, participants of "Building Futures" will enter into this carpentry apprenticeship program. The program runs for an average of seven hours per day, five days per week. The students, in addition to completing a first-year carpentry apprenticeship, will be exposed to local business leaders' success stories on a weekly basis. These guest speakers will be volunteers from the Governor's Drug and Alcohol Abuse Commission's Employment Committee as well as other community representatives.

The project outcome and impact evaluation of this summer program will be compiled and published to assist Maryland's substance abuse organizations and professionals in creating employment programs for at-risk youth.

In addition to offering a first-year apprenticeship transcript for participants, ABC's "Building Futures" program includes an extended post secondary adult carpentry apprenticeship for those participants who graduate from the "Building Futures" program who wish to continue their job-skill training with a carpentry apprenticeship and further preparation for the world of work. We have created a Venn diagram to show the interrelationship among these three problematic areas: the needs of the construction industry; adolescent substance abuse and high school drop-out rates, and violence and alcohol and other drugs in the workplace. Why combine these three challenges? President Clinton's 1994 quote answers this question. "We will bring business, labor, and education leaders together to develop a national apprenticeship style system that offers non-college-bound students training in valuable skills, with the promise of good jobs when they graduate."

Inter-Relationship of Goals & Objectives of ABC's "Building Futures"



Violence in the Workplace Seminar

Homicides and transportation accidents were the leading causes of the 57 workplace fatalities in the Baltimore Metropolitan Statistical Area during 1992. Thirty five percent of the work-related fatalities in the metropolitan area were homicides and 28 percent were due to transportation accidents. Of the 14 work-related fatalities in Baltimore City, 71 percent were homicides. Key points of these data are:

- Ninety-one percent of those killed at work in the metropolitan area were men, compared with 86 percent in the City. All of the fatalities among women were homicides.

- Whites accounted for 77 percent and blacks 19 percent of those fatally injured in the metropolitan area — about the same as in Baltimore County. Whites represented 50 percent and blacks 43 percent of the City's total fatalities. All of the deaths in Anne Arundel, Carroll, and Howard counties were among whites.
- Workers aged 25 - 54, the prime working age group, experienced 74 percent of the metropolitan fatalities in 1992.
- Four out of five workers killed on the job in the metropolitan area worked for wages and salaries; the rest were self-employed.
- Twenty-one percent of metropolitan fatalities occurred in the transportation and public utilities industry, 19 percent were in manufacturing, and 18 percent in construction.

The Program

Violent crimes in the workplace are rapidly becoming the greatest threat to employee safety. Interestingly, from the data above, many of the industries where fatalities were highest were also those industries that have the highest prevalence of drug abuse. Because of the many similarities and connectivity between violence in the workplace and drug-free workplace programs, the Drug-Free Workplace Initiative is planning a violence in the workplace seminar in the fall of 1994. This seminar is designed for Maryland's business community, human resource managers, security personnel, and anyone responsible for assuring a safe work environment for employees.

Information and topics in this seminar include:

- The Psychologist's and Sociologist's Perspective of Violence in the Workplace
- How Employrrd Assistance Programs Positively Impact Violence in the Workplace
- The U.S. Postal Service Lesson Learned in Dealing with Violence in the Workplace
- The F.B.I.'s Role in Addressing Workplace Violence
- Legal Issues Regarding Violence from the Perspective of Criminal Law
- Civil Liabilities and the Need to Provide a Safe Workplace

AT WORKPLACES NATIONWIDE

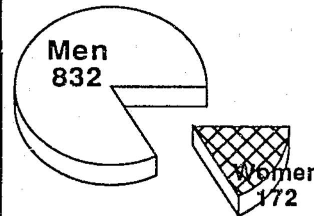
Top Three Most Dangerous Workplaces

Workplace	Killed
Grocery stores	160
Restaurant, bars	143
Taxicabs	86

Number of workers killed at each workplace, 1992

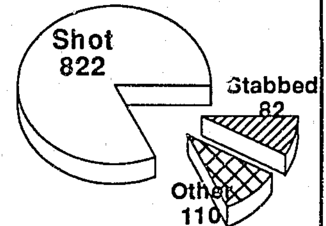
Most Victims Are Men

Number of men and women who were killed at work, 1992
Total: 1,004



Most Are Shot

Number of victims who die from gunshot, knife, other wounds, 1992



Source: Bureau of Labor Statistics report of October 1993

Baltimore Drug-Free Workplace Empowerment Zone

This project was created to support Baltimore City's empowerment zone project. The Governor's Drug and Alcohol Abuse Commission will provide resources, education and policy guidance for establishing a Drug-Free Workplace Zone in support of Baltimore City's Empowerment Zone Initiative. As part of the program, the Commission will assist in scheduling three two-hour seminars and provide qualified staff and volunteer consultants to teach drug-free workplace seminars to small businesses in the Empowerment Zone. Upon completion of the seminars, businesses who attend the seminar will be positioned to establish Drug-Free Workplaces and provided with certificates of completion.

Program and Services

It is estimated that there are approximately 663 businesses in the zone. The program envisions the use of volunteers such as Law Enforcement Explorer Scouts (or other similar identifiable groups) to assist in marketing the seminar program by delivering drug-free workplace brochures to businesses in the Empowerment Zone. Two-hour seminars will be scheduled for up to 100 participants during morning, afternoon, and after-work hours in each zone area to accommodate maximum participation. Each seminar will cover the following information:

- Nature and Extent of Substance Abuse in the Workplace: Why You Need a Drug-Free Workplace and How to Achieve One
- Legal Considerations Relative to Drug-Free Workplace Policies and Procedures
- Employee Assistance Programs and Workplace Drug Testing: The Four W's

Implementation

The Governor's Drug and Alcohol Abuse Commission will schedule and host the seminars in conjunction with Baltimore City Community College. Intellectual materials and instructors for the seminar will be furnished by the Commission from internal resources and the consultant network. Seminar participants will be provided with sample policies, information sheets, assessment information, and access to the Maryland Small Business Substance Abuse Testing and EAP Networks. Upon completion of the seminar, businesses will be issued a certificate of completion of the seminar (Phase I). Upon implementing the policy, a drug testing program, an Employee Assistance Service, and providing awareness education to business employees, the Commission will issue a Certified Drug-Free Workplace Credential to the business (Phase II).

Operation Safe Shopper

The Governor's Drug and Alcohol Abuse Commission Drug-Free Workplace Initiative, in conjunction with a statewide initiative of the Governor's Executive Advisory Council, Operation Safe Shopper (created to improve security during the 1993 holiday shopping season), established a project to make drug testing more available to small businesses during the holiday season. As a one-time effort, the Commission negotiated and coordinated special drug testing prices with several local laboratories and made them available to businesses for pre-employment testing of temporary employees. The program was introduced and explained at the Operation Safe Shopper Conference in November 1993 and made available to any businesses who had drug-free workplace policies in place which are required by Maryland regulations.

This program will be repeated again this year through the Maryland Small Business Substance Abuse Testing Network. In addition to accessing lower costs, the over 150 conference participants received a sample Drug-Free Workplace Policy and Checklist, information on "Warning Signs That May Warrant Testing," instructions on "How to Choose a Drug Testing Laboratory," and copies of the Maryland Drug Testing Statute regulating workplace drug testing as well as a "How To" manual on creating a drug-free workplace.

Volunteer Recognition Program

Every employer in Maryland can and should establish a drug-free workplace. The business community has the ability to send a strong message to current and future employees: "If you want to work in Maryland, you must be drug-free, and if you need help, we will do our best to see that you receive it."

The Governor's Drug and Alcohol Abuse Commission's Drug-Free Workplace Initiative relies on its Consultant Resource Network of professional corporate volunteers to assist Maryland businesses in implementing Drug-Free Workplace programs and policies.

On April 20, 1994, in honor of National Volunteer week, the Governor's Drug and Alcohol Abuse Commission hosted a Volunteer Recognition Ceremony at the Maryland Science Center. One hundred volunteer experts were honored for their pro bono services in the areas of needs assessment,

supervisory training, access to treatment, legal challenges of Drug-Free Workplace, drug testing, policy development, and policy review.
These 100 volunteers donated over $500,000 worth of pro bono services to our Maryland business community.

Red Ribbon Campaign — "Healthy Means Drug-Free In Maryland"

As in previous years, the Governor will be the honorary chairperson of the 1994 Red Ribbon Campaign. The Governor's Drug and Alcohol Abuse Commission's Drug-Free Workplace Coordinator is the coordinator of this year's campaign. The goal of this project is to promote healthy drug-free lives by increasing public awareness and help change attitudes toward alcohol and other drug use by youth. Beginning on October 23rd, Maryland will celebrate Red Ribbon Week throughout the state.

This comprehensive national campaign is a catalyst to mobilize communities into action by establishing parent/community coalitions to create a drug-free America. The coalition includes all segments of the community: parents, youth, schools, religious institutions, business, law enforcement, government, service organizations, media, medical, and concerned citizens.

Suggested Business Participation

- Purchase Red Ribbons and distribute to your employees, customers, and schools, etc.
- Display Red Ribbons and posters on the interior and exterior of your building
- Place a Red Ribbon message in your advertisements and monthly statements
- Sponsor a Red Ribbon Week activity, i.e., fun run, bike-a-thon, etc.
- Promote Red Ribbon Week in newsletters, on grocery bags, on marquees, on "FOR SALE" signs, etc.
- Advertise Red Ribbon special discounts or sales for customers wearing a Red Ribbon
- Initiate drug education programs for employees.

In addition to individual statewide school and community celebrations, this year's campaign project will be to create a quilt of squares (one for each county and Baltimore City) depicting each jurisdiction's winning rendition of what "Healthy Means Drug-Free in Maryland" signifies the Red Ribbon Campaign to its community members. The finished quilt will be proudly displayed in Annapolis.

The Governor's Drug and Alcohol Abuse Commission is proud to again provide Red Ribbon stickers for all students kindergarten through eighth grade.

National Drugs Don't Work Partnership

Protecting businesses from the harmful effects of alcohol and other drugs is a simple task made possible through the National Drugs Don't Work Partnership.

As members of this national effort, the Governor's Drug and Alcohol Abuse Commission has assisted several states in developing initiatives such as ours. By sharing our experiences with other coalitions, partnerships, chambers, and trade associations, the Maryland Drug-Free Workplace Initiative has significantly reduced substance abuse in the workplace and simplified the implementation of Drug-Free Workplace policies and procedures.

"Working Partners" Resource Guide

In February 1994, the Drug-Free Workplace Coordinator was invited to participate in a roundtable hosted by Secretary of Labor, Robert B. Reich. In support of the current administration's objective to encourage employers (including small business) to implement Drug-Free Workplace programs, Secretary Reich asked business owners, representatives from various civic, trade, and service organizations,

and state and local Drug-Free Workplace program directors to join him to discuss the problems, issues, and hurdles confronting small business in trying to address the problem of workplace substance abuse.

Representatives at this roundtable were given a new resource guide compiled by the Department of Labor (DOL), "Working Partners: Substance Abuse in the Workplace." The kit contains profiles of companies with successful substance abuse programs, brochures, payroll stuffers, resource information, and posters for use in the workplace.

Services/Implementation

The information in this kit can help a company to a more productive future by taking steps to raise awareness of substance abuse in the workplace. A sample kit has been forwarded to all chambers of commerce in Maryland. Additional copies of materials can be ordered through the National Clearinghouse for Alcohol and Drug Information. Most of these materials are available free of charge. Call (800) 729-6686 and reference the inventory numbers listed below to order more copies.

Materials for Distribution Include:

Posters on Symptoms/Intervention — These posters can be displayed on bulletin boards throughout the workplace. They illustrate possible symptoms of substance abuse and offer appropriate methods of intervention (Inventory #AVD68).

Brochure on Symptoms/Intervention — This brochure can be distributed to employees or used as a payroll stuffer to help employees recognize possible symptoms of substance abuse and understand intervention (Inventory #PHD638).

Employee Helplines Flier — This flyer contains a list of substance abuse helplines and hotlines for employees and their families. It can be handed out to employees or used as a payroll stuffer (Inventory #PHD639).

Employer Resource List — This list provides employers with hotlines, free services, and resources to consult when faced with a substance abuse problem. It can be mailed or kept on file (Inventory #MS469).

SAID Disk and Manual — Companies can develop a workplace policy by going on-line with SAID - DOL's Substance Abuse Information Database. SAID provides information on successful programs, services, and policy options used by other businesses to deal with workplace substance abuse. It is available on disk free-of-charge by calling (800) 775-SAID.

Industry-Specific Stories — These stories can be reprinted in newsletters or trade publications. The stories describe the experiences of companies that have established successful substance abuse programs.

Drugs Don't Work Slicks — These five slicks are part of the Partnership for a Drug-Free America, Drugs Don't Work Campaign. They are camera-ready and can be included in publications and enlarged to poster size.

International Drug-Free Workplace Outreach

Japan

Substance abuse is a universal problem that transcends all geographic boundaries. Many health, safety, and public welfare problems facing society can be traced, directly or indirectly, to the problem of alcohol and other drug abuse.

The Governor's Drug and Alcohol Abuse Commission Coordinator and Executive Assistant for Treatment were members of a women's delegation of the Maryland/Kanagawa Sister State Program that visited Japan last spring. The Maryland Sister State Program has served as a model for women's exchange and partnerships.

The purpose of the trip was to explore the differences and similarities between American and Japanese cultures on a variety of issues including

substance abuse in the workplace, substance abuse awareness education, prevention, and treatment.

This delegation had the unique opportunity to explore how substance abuse is perceived by the Japanese people, what forms of substance abuse prevention and treatment are available, how addiction is defined, and what drug-free workplace initiatives exist. As a result of this visit, an ongoing communication has evolved between our Japanese hosts and these Maryland visitors.

Chile

The Drug-Free Workplace Initiative was invited by Mutual Security (The National Worker's Compensation Insurance Provider) to participate in a Drugs in the Workplace Conference "Drogas, Trabajo Y Mineria" in Santiago, Chile June 8th, and 9th, 1994. Co-sponsored by La Deco Airlines of Chile and the National Society of Mining, the Drug-Free Workplace provided a representative to coordinate and make two presentations covering Maryland's Drug-Free Workplace Initiative at the Conference. The Chilean representative plans to attend a similar conference in Maryland in the fall of 1994 to continue this international outreach.

The Nature and Extent of Substance Abuse in the Workplace

A significant amount of substance use takes place among the American work force, and some of this use occurs at work. One-third of full-time workers are smokers, about two-thirds report that they consumed alcohol in the past month, and about 15 percent say they used illicit drugs during the past year.

Since smaller companies will be the "engine of growth" in the future, it is of vital importance for them to implement substance abuse programs.

Unfortunately, small and medium-sized businesses are generally not aware of the nature and extent of the problem or, they feel it is too large an issue to tackle. Also, some do not recognize their role in prevention and intervention strategies and do not realize the negative effect substance abuse may have on their bottom line.

The following data represents the challenges facing the workplace and the importance of Maryland's Drug-Free Workplace Program Initiative in meeting these challenges.

Extent of the Problem in the United States

- Six out of 10 Americans, age 18 to 25, have tried illegal drugs at least once, and nearly one-third of all Americans in this age group have used illegal drugs within the past year alone.
- Nearly 66 million Americans, age 12 and older, have tried marijuana; 23 million use it on a regular basis, at least 4 times a month; 6.6 million use it at least once weekly.
- Six million Americans use cocaine on a regular basis.
- More than one million Americans have used crack in the past year.
- Nearly 2 million Americans have used heroin, and 500,000 are addicted to the drug.
- Nearly 2 million teenagers currently use illicit drugs. Approximately 600,000 youths, age 12 to 17, have used cocaine within the last year.
- Sixty percent of the world's production of illegal drugs is consumed in the United States.

Extent of the Problem in the Workplace

- Approximately 76 percent of Americans engaged in illicit drug use are employed.
- One-in-four employees nationwide, 18 to 35 years old, is estimated to have used illicit substances in the past year.
- On any given day, 14 to 25 percent of all employees, 18 to 40 years old, would test positive for illicit drugs.
- An estimated one-in-four drug users sell drugs to coworkers, friends, and neighbors to support a drug habit.
- Drug abuse and related mental health treatment cost the nation $60 billion in 1988; more than half was paid by employers through private health insurance cost.
- The annual cost of drug abuse to American business is currently estimated at $75 billion annually due to lower productivity, higher health insurance and workers compensation costs, absenteeism, theft, vandalism, and turnover.
- Drug abuse costs American businesses $640 for every one of the 117 million workers in the United States.
- Both the employer and employee feel the effect of substance abuse on health care costs. Employers, on average, have spent 15 percent more on health care per year for the last 12 years. Employees in turn receive higher deductibles, more co-payments, and less coverage.

A Closer Look at Maryland Statistics

- In Maryland between 2 and 3 percent of the population is in need of substance abuse treatment.
- Last year 37,483 Marylanders used treatment services. However, between 72,385 and 126,175 were in need of treatment services.
- In 2nd QTR '92 Maryland's emergency room mentions were over 2,000 for cocaine and over 1,400 for heroin.
- In the metropolitan areas, Baltimore ranked first for drug-related emergency room episodes:

  Per 100,000 population

cocaine	101.8 episodes
heroin	67.2 episodes
alcohol in combination	56.0 episodes

  Baltimore ranked third for PCP and fourth for marijuana.
- In Maryland, 20 percent of the workers use 80 percent of the health care benefits.
- In Maryland, we spend $1.2 billion annually on substance abuse, about $11,000 per substance abuser.
- Maryland medical labs reported 4.3 percent positive for drugs of 138,123 specimens of Maryland government and private industry employees.
- Maryland small business is the employer of choice of substance abusers because they do not have drug-free workplace policies, testing, or employee assistance programs.
- In Maryland, 93 percent of the businesses that perform drug testing report it is working to cut costs in rehires, absenteeism, theft, and workers' compensation claims.

The following information is the result of a 1992 study conducted by Johns Hopkins University of 11,789 adults. This epidemiological research was conducted to determine the prevalence of substance abuse in Maryland as it relates specifically to various occupational trades and more generally in the workplace as a whole.

Occupation	*Prevalence of Substance Abuse*
Construction	**32.0%**
Other Const. Trades	**22.3%**
Carpenters	**23.1%**
Auto Mechanics	**20.6%**
Stock Handlers	**22.4%**
Transportation	**19.8%**

The prevalence of substance abuse is 8.4 percent across all occupations.

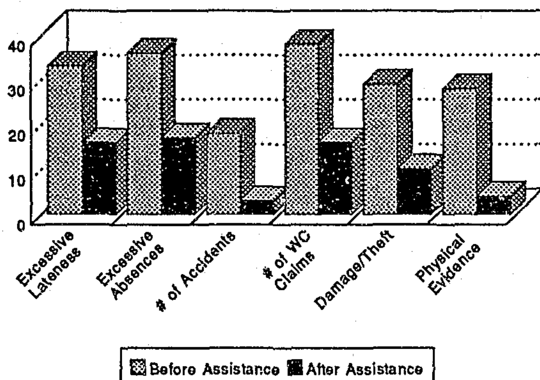
Occupations with prevalence rates above 12%:

Athletes	**Artists**
Clerks	**Farm Workers**
Groundskeepers	**Precision Metal**
Workers	**Retail Sales**
Waiters/Waitresses	**Welders**
Writers	

Good News About Drug-Free Workplace Programs

- It is estimated that for every dollar an employer invests in a drug-free workplace program, $5 to $16 are saved in drug-related cost.
- Pre-employment drug testing can cost from $2 to $10 per drug per employee and an EAP from $20 to $40. The total cost of a drug-free workplace program would be approximately $22 to $50 per employee. The use of a drug-free workplace program demonstrates cost effectiveness when compared to work force drug abuse costs, which are estimated at $640 per employee.
- Drug testing works as a deterrent to further use among employees, as a detection device, and in helping employers identify workers with drug problems and getting those employees the help they need.
- The U.S. Postal Service saves $21,240 for each applicant not hired because of pre-employment drug screening.

Drugs in the Workplace Analysis
Before and After GDAAC Assistance



Average Decreases in Reported Workplace Problems after Intervention

Excessive Lateness	Down 50%
Excessive Absences/Early Dismissals	Down 50%
# of Accidents	Down 50%
# of Workers Compensation Claims	Down 50%
Reports of Incidence of Theft	Down 60%
Physical Evidence of Abuse	Down 70%

Substance Users as Employees

EMPLOYED DRUG ABUSERS ARE....

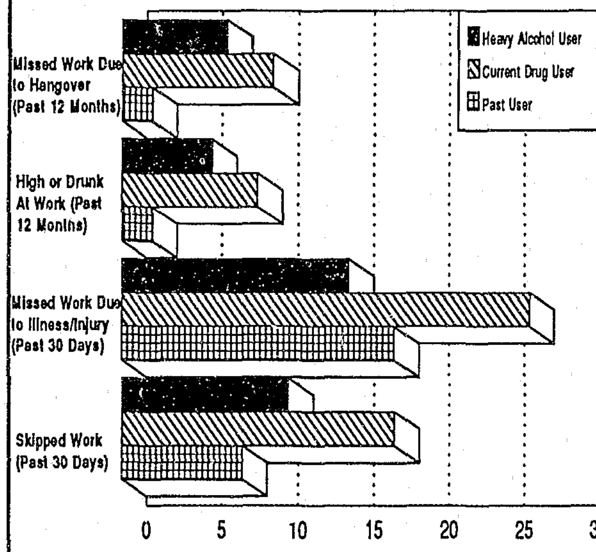
- 5 times more likely to be late for work
- 16 times as likely to miss work
- 3 times more likely to have absences of eight days or more
- 3 times more likely to request early dismissal or time off
- 4 times more likely to injure themselves or another person in a work place accident
- 5 times more likely to be involved in an accident off the job (which, in turn, affects attendance and job performance)
- 5 times more likely to file a worker's compensation claim
- responsible for 40% of all industrial fatalities
- likely to incur 300% higher medical cost and benefits
- 33% less productive

..... WHEN COMPARED TO THEIR NON-ABUSING COUNTERPARTS

Costs of Substance Abuse

- Lee Iacocca, Chairman and CEO of Chrysler says employee health care costs add an additional $600 to the price of each car sold.
- A recent estimate of expenses and losses related to substance abuse average 25 percent of the salary of each worker affected.
- Alcoholism causes 500 million lost workdays per year.
- The United Nations estimates that the global problem of illegal drugs has become a $500 billion-a-year industry.

Alcohol and Drug Users Have Problems Working, 1991
Full-Time Employees with Problems



Workplace Prevention Activities

Since its inception in 1990, the Maryland Drug-Free Workplace Initiative has provided the following services to the Maryland business community.

	Cumulative as of June 30, 1994
Consultant Resource Network	
Number of volunteers	93
Number of times volunteers utilized	167
On-Site Technical Assistance to Companies	
Number of companies	341
Number of employees reached	26,435
Number of counties covered	23 & Baltimore City
Seminars and Conferences	
Number of conferences held	31
Number of companies reached	3,489
Number of counties covered	17 & Baltimore City
Presentations to Professional Groups	
Number of presentations made	21
Number of persons reached	1,203
Trainings	
Number of trainings held	59
Number of persons trained	794

The Bottom Line

76% OF SUBSTANCE ABUSERS ARE EMPLOYED

This chart is based upon national statistics and a study done by the National Institute on Drug Abuse and Arizona State University. Your company's situation may vary, but this guide will help you to approximate the cost of substance abuse to your company.

The estimate is only a minimum and does not take into account theft of company property to pay for drug habits, nor the costs of damages to company property due to the carelessness of impaired employees. It does not consider loss of customer good will, nor the lowered employee morale that can occur from substance abuse in the company.

A. Number of full-time employees ________

B. Total annual wage and benefit cost ________

C. Average wage & benefit cost per employee: (B divided by A) ________

D. Number of employees impaired by substance abuse: (take 10% of A) ________

E. At best, an employee operates at only 75% of the expected norm; therefore calculate the lost productivity: (D times C times 25%) ________

F. In addition, 20% of health insurance benefits are paid to cover substance abuse related claims, so calculate the increased health insurance cost (20% of total annual claim) ________

G. With a Drug-Free Workplace Program your company can receive a 5% Workers' Compensation discount: (put in 5% of your premium) ________

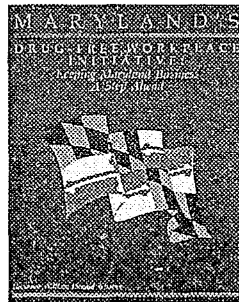
Lack of a Drug-Free Program can cost your company an annual minimum of: (E plus F plus G) ________

Can your company afford this cost or loss to the bottom line?
Don't become the employer of last resort for the substance abuser! Implement a program to create and maintain a substance free workplace!

It's amazing how Dave's car broke down for the fifth straight Monday.

Dave doesn't really have a car problem. He has a drug problem. And if he works for you, it's your problem. Drug users have almost double the normal absentee rate, which you certainly can't afford.

So call **1-800-464-4006** for a free guide on how to set up a drug-free workplace. It's surprisingly easy. And a lot cheaper than Dave's car problem.



GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

1-800-464-4006

PARTNERSHIP FOR A DRUG-FREE MARYLAND

PARTNERSHIP FOR A DRUG-FREE AMERICA

Workplace Survey on Substance Abuse Prevention Programs

Overview

During the annual meeting of the Baltimore Coalition Against Substance Abuse on October 21, 1993, an objective was created under the Economics and Workplace Task Force (which our Drug-Free Work Place Coordinator chairs) to survey Baltimore City's major and mid-size employers regarding their substance abuse programs. The survey was completed and mailed to 63 companies on November 15, 1993, and 15 companies (23 percent) responded to the survey, one of which failed to complete the form. The purpose of the survey was to establish baseline measurements on the number of companies with a drug-free workplace policy, the number of companies with Employee Assistance Programs, and the number of companies who had initiated drug testing programs. In addition, queries were made about the companies' substance abuse education and training programs, their health insurance benefits for substance abuse treatment, policy regarding drug testing, and their desires to mentor small businesses considering implementing a workplace substance abuse program. The results of this survey follow with accompanying graphs.

Analysis

Demographics

Of the 14 companies who favorably responded to the survey, four were very large (5,000 employees or more), eight had between 1,000 and 5,000 employees and two were between 50 and 200 employees in size. Five of the companies were in service-related industries, three each represented the financial and health care industries, two were engaged in manufacturing, and one represented an industry not included on the survey.

In response to queries concerning knowledge of/or working with the Governor's Drug and Alcohol Abuse Commission or Baltimore Coalition, four of the companies had contacted the Commission and five had contacted or heard about the Baltimore Coalition. Seven of the responding companies indicated that they were willing to assist in mentoring smaller businesses who were attempting to implement similar programs.

Policy

All 14 of the responding companies indicated that they had a substance abuse policy. One company indicated that they were planning to change their policy in the next 12 months. The most prevalent reasons for implementing substance abuse policies were for preventive (10) and safety (9) reasons. Employees were made aware of the policy most frequently through the employee handbook or seminars and meetings with orientation sessions being utilized by nine of the responding employers.

Substance Abuse Awareness Education and Supervisor Training

The most prevalent means for educating employees about substance abuse was through brochures (10 companies) and through holding seminars and meetings (10 companies). The types of education materials desired by most of the companies who responded to the query was additional brochures that could be passed out to employees. The most desired forms of supervisor topics were "How to intervene when a person is identified?" and "How substance abuse affects job performance?" "Identification of the symptoms of substance abuse" was also desired as a topic that companies would like to see incorporated in supervisory training.

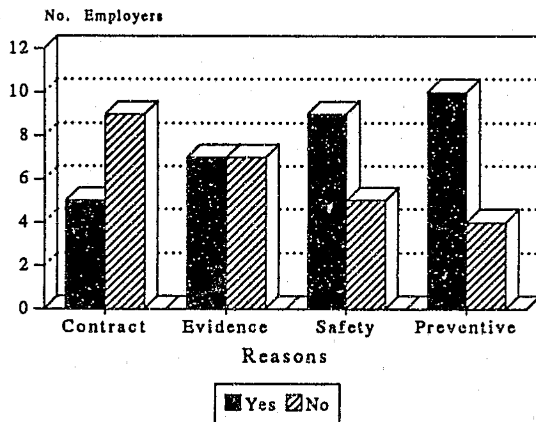
Insurance and Other Benefits

Nearly all (85%) of the companies responded that they provided insurance benefits for substance abuse treatment to their employees, and all 14 companies allowed sick leave time off for treatment. Thirteen of the companies also extended these insurance benefits to their dependents. Although thirteen of the responding companies offer some form of EAP to their employees only seven indicated that they must use the EAP services if the employee has a substance abuse problem. Interestingly, only three of the companies reported that they would like to know more about how EAP's might help their employees.

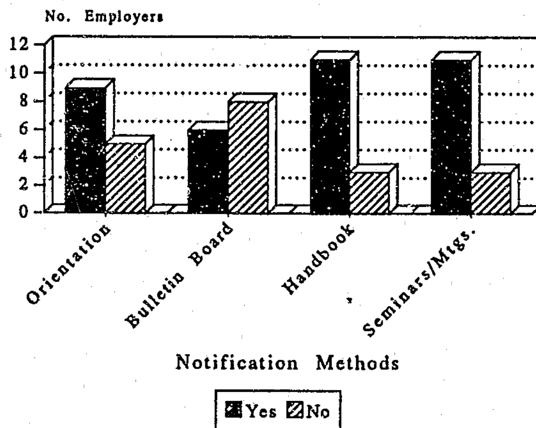
Drug Testing

Twelve of the fourteen companies indicated that they test employees or applicants for substance abuse. The most prevalent types of testing conducted by these companies were "Reasonable Cause" (12 companies) and "Pre-employment" (10 companies). Only three of the companies responding to the survey indicated that they conducted random testing and most of these were in response to DOT guidelines for designated employees. Only one company indicated that employees were discharged as a consequence of a positive urinalysis test. The most frequent answer to this query indicated that companies (8) usually placed the employee into a substance abuse program of some type as a consequence of testing positive.

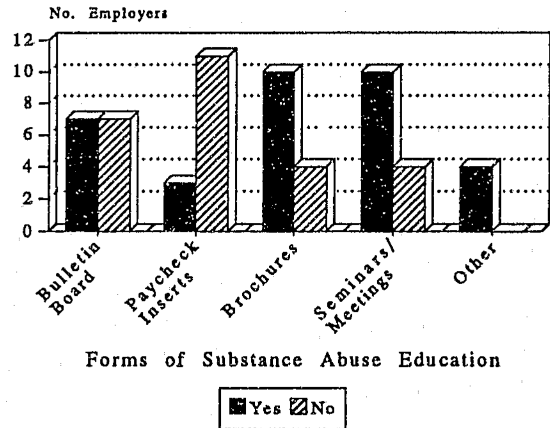
Reasons For Enacting Policy



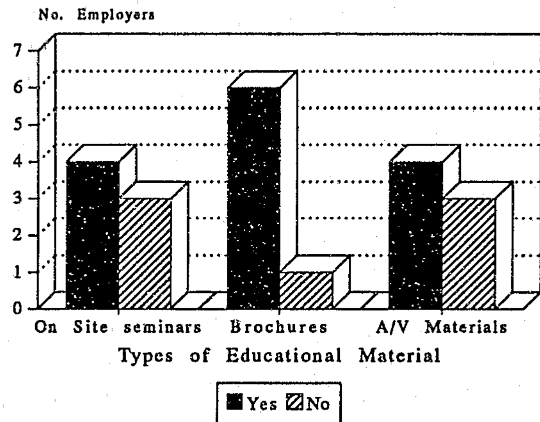
How Employees Were Made Aware of Policy



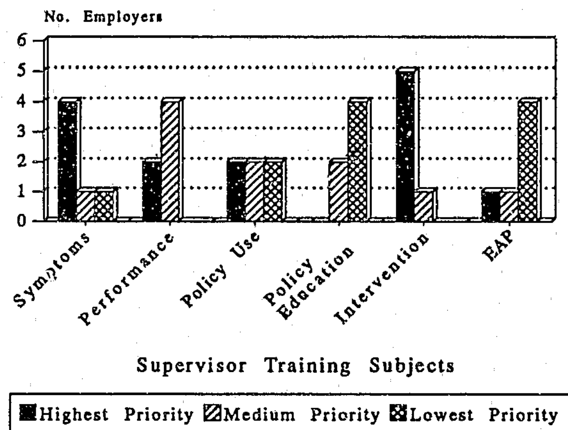
Substance Abuse Awareness Education



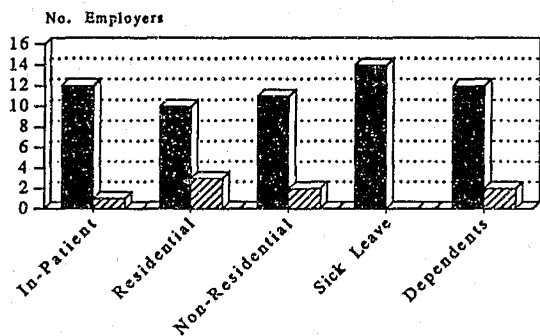
Substance Abuse Education Desires



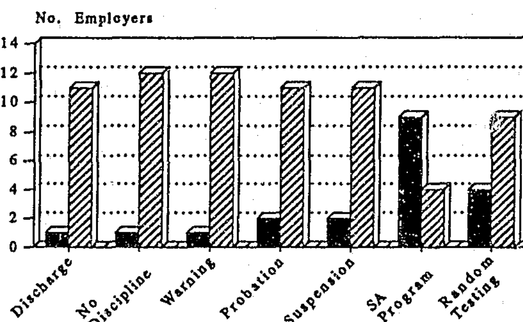
Desired Training Subjects For Supervisor



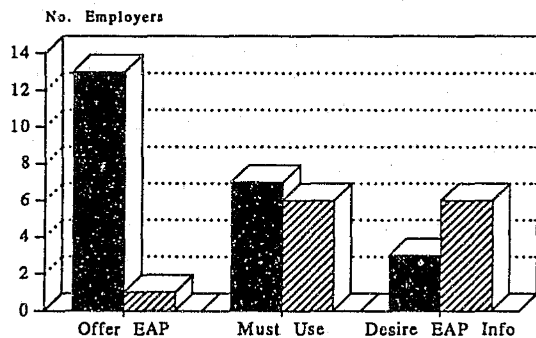
Insurance Benefits

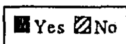


Consequences of a Positive Drug Test

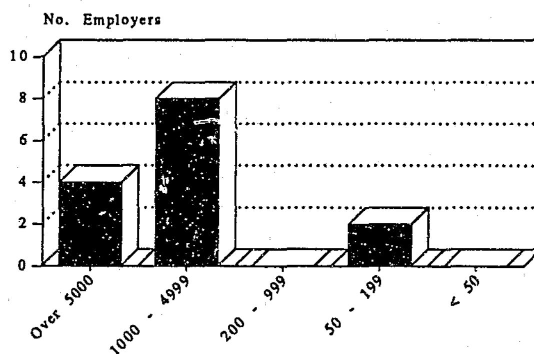


EAP Services Provided

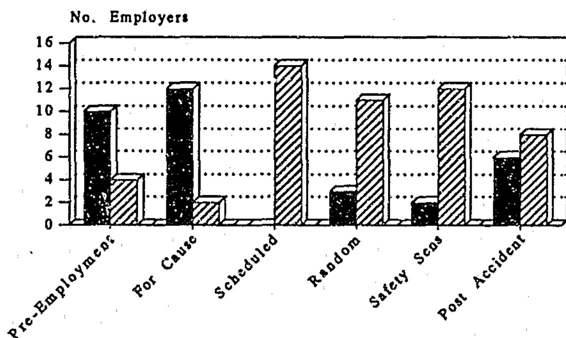




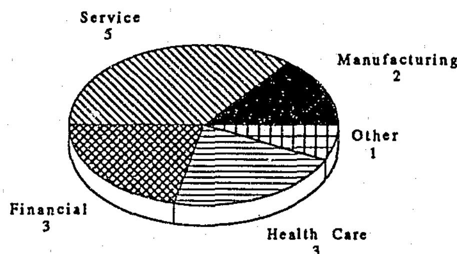
Demographics
No. of Employees



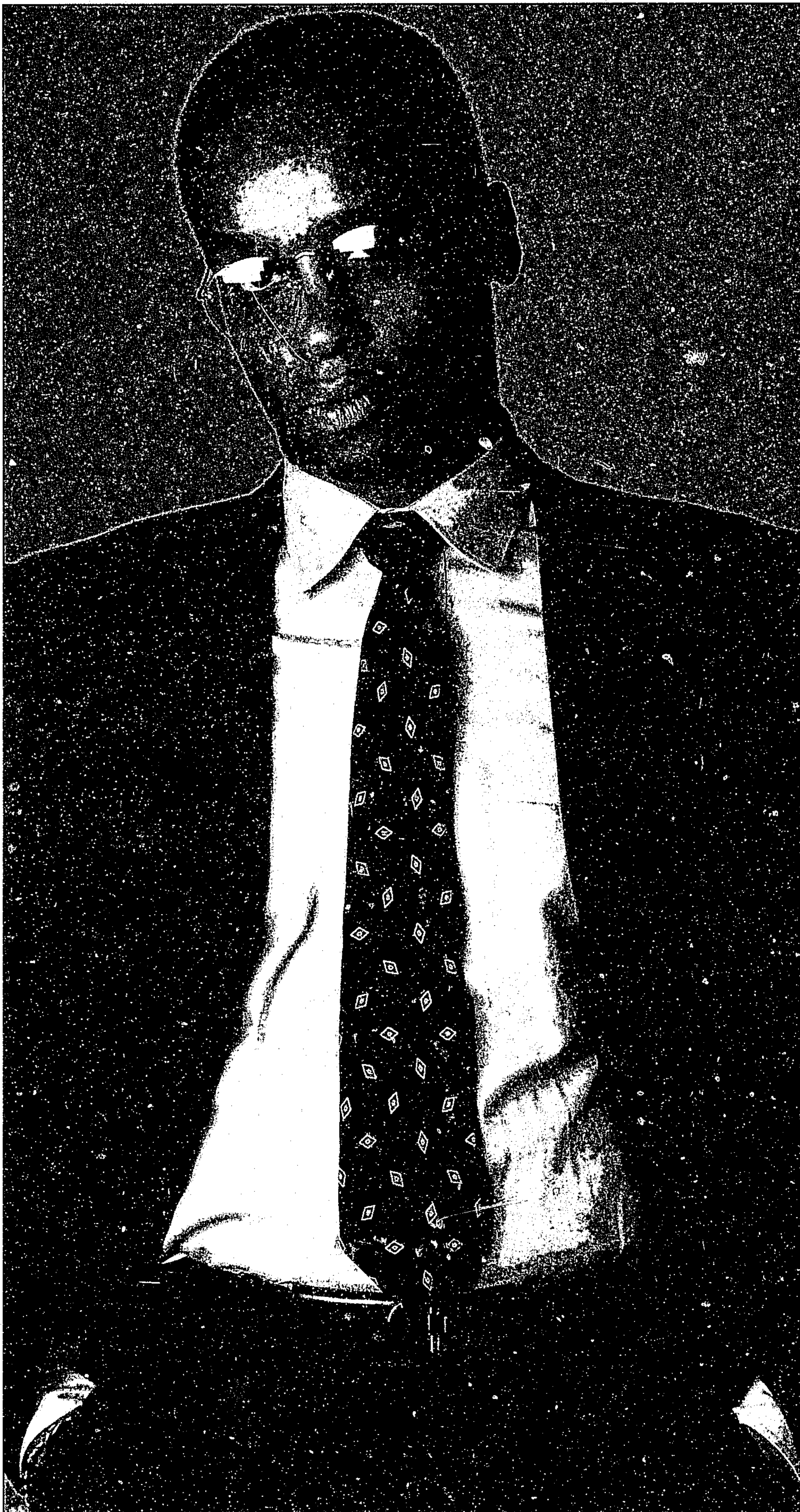
Employer Drug Testing



Survey Participants Type Industry



14 Respondents of 63 surveyed



The last thing an addict needs from you is understanding.

One of the first principles of modern management is understanding. With all the feelings of tolerance and agreement and working together that the word implies. A manager is supposed to care about the employee's needs.

It won't work with drugs.

You've got to offer the hard choice: Get well or get out.

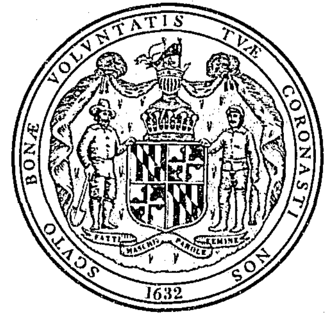
Your toughness may be an addict's only hope. Because the threat of losing a job sometimes gets drug users into treatment. That's when you can be understanding—after the treatment has begun.

If you don't have a program in your company, please call **410-321-3521.** That's the number for Maryland's Drug-Free Workplace Initiative. This group of Employee Assistance and business experts have helped hundreds of managers and CEO's develop safe, productive workplaces and to establish programs that get employees help.

They won't tell you what to do, but they can outline all of the options. Then you can do the first thing an addict needs from you.

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

Partnership for a Drug-Free America *Partnership for a Drug-Free Maryland*



County Outreach

A DRUG TEST FOR PARENTS.

Wild mood swings, or a dramatic change in behavior, is often a sign of a drug problem.

Poor concentration and memory may be signs of marijuana, cocaine or crack use.

Bloodshot eyes may be caused by marijuana.

Enlarged pupils may be caused by cocaine or crack.

Serious lack of sleep, or an unusual sleep pattern, may result from cocaine or crack.

A frequently runny or stuffy nose, or regular nosebleeds, may indicate use of cocaine.

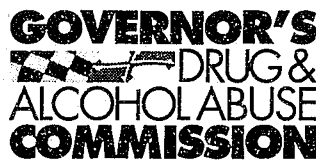
A dramatic increase of appetite may signify marijuana use.

A dramatic decrease of appetite may signify use of cocaine or crack.

No parent wants to believe his kid is using drugs. A good way to know if he is, is to know your kid. If he displays some of the symptoms above, talk to him. Ask him about the symptoms. He may not be on drugs. He may simply be ill, or going through a tough emotional stage.

But if the signs are strong and you need advice, call **1-800-662-HELP** or contact a local drug abuse agency. People there are trained to spot drug problems, and can recommend a treatment program if it's needed.

So study this drug test. For the good of your child, it's one exam you must not fail.



Partnership For A Drug-Free America

Governor

County Outreach

In the spring of 1989, Governor William Donald Schaefer held the first statewide summit on substance abuse at the University of Maryland at College Park. The participants included all local stakeholders who had any involvement in addressing the issue of substance abuse. The purpose of this "Statewide Call to Action" was to enlist the support of these individuals and to strategize effective ways to address this problem locally and statewide. The results that flowed from this became the foundation for Maryland's comprehensive strategy.

Following the summit, the representatives from each jurisdiction returned to their regions, determined to make a difference. Just as each jurisdiction within the state is unique, so was each of their plans. Through the past several years, the Commission has had the opportunity to share in the implementation and modifications of those plans and, most importantly, has been able to chronicle their significant efforts and achievements.

The Local Response — A Model Effort

The *Maryland Drug and Alcohol Abuse Control Plan*, like the Commission's membership, has continually reflected the input from all Maryland localities. The vehicles for acquiring this information were numerous Commission visits, public hearings, training, technical assistance projects, program visits, recognition events, public awareness activities, and the broad statewide membership of the Commission. The Commission's presence at the local level also helped state policy makers learn and recognize the unique needs, problems, and resources in all the regions, counties, and municipalities of Maryland.

It has been crucial to note the differences in each jurisdiction's approach to the problem. Each area has exercised the flexibility to select their strategies and resources to prevent and control drug and alcohol abuse. What emerges from these diverse local communities is a variety of programmatic responses, yet a common observation that success is reached when people work together.

Cooperation between disciplines, coordination between agencies, collaboration between public and private entities, and the engagement of broad segments of the community is achieved once people define and accept a role to play.

In this final report for Governor William Donald Schaefer's administration, the Commission has chosen to highlight the efforts of these dedicated public and private citizens, and their communities. It would not be possible to share every single innovative action or program nor name every individual that has been involved in this effort. However, the attempt in this section is an examination of Maryland's local response, illustrating the need for leadership, vision, collaboration, commitment, and innovation. What emerges from this examination is a model of the ideal approach.

Leadership

Leadership has taken many forms in each jurisdiction. There are the more traditional leaders such as those in the executive and legislative ranks, be it county executive or mayor, state or local legislator, or county commissioner. In southern Maryland, a senator has made substance abuse one of his priorities. In Montgomery County, a county councilwoman has been instrumental in "Drawing the Line" on attitudes and policies related to underage drinking.

Certain counties have demonstrated their commitment by establishing offices of substance abuse within the Executive or County Commissioner's office. Baltimore County's Office of Substance Abuse has been in existence for 13 years, through three administrations. Howard County, Calvert County, and St. Mary's County have established similar offices.

Leaders have come from other branches of government, such as law enforcement, health, education, and the judiciary. In Washington County, a judge leads the county-wide effort. The State's Attorney in Dorchester County directs their

citizens' alliance with support from the fraternal organizations: Veterans of Foreign Wars, Elks, Moose, and American Legion. A school principal continues to head up the Worcester County Citizens' Task Force. Allegany's Health Officer, Drug-Free Schools Coordinator, and Prevention Coordinator — "the three Janes" — share the lead in that County's efforts.

In other areas of the state, citizens have risen to leadership roles in their communities. In Queen Anne's County, a female member of the clergy guides the County Drug and Alcohol Abuse Commission. The efforts of the Cecil County Citizens Against Drugs are steered by a retired veterinarian. Lawyers involved in the Baltimore Bar Association spearhead the Baltimore Coalition Against Substance Abuse.

Inclusion

Leadership plays a prominent role in mobilizing and directing local efforts. But successful leadership is only possible when the leader has broadly based support from the community. The leaders of Maryland that have been successful in their efforts against substance abuse have included a wide representation of government agencies and community organizations.

Traditionally, education, health, and law enforcement agencies have been seen as those primarily responsible for substance abuse prevention, treatment, and control. However, as the knowledge of substance abuse issues has grown, so has the list of stakeholders, and the inclusion of other disciplines that can be effective allies. These organizations, who at first glance appear to have little to do with the issues of substance abuse, are viewed in a new light.

Jurisdictions have taken a closer look at the different professionals and institutions in their areas that can make an impact on substance abuse. In the counties of Wicomico, Caroline, Queen Anne's, and St. Mary's, Recreation and Parks, with a strong substance abuse prevention theme, has focused on developing and marketing alternative activities for youth. The local colleges that house the substance abuse resource centers such as Salisbury State, Frostburg, and Charles County Community College, are active participants in the local task forces and commissions. Cecil County Community College is an example of one of 17 institutions of higher education that offers courses to educate future addiction counselors. Carroll County Community College has assumed the responsibility to prepare teachers to instruct students on substance abuse prevention curricula. Other community colleges in Baltimore and Howard counties have strong Drug-Free Workplace Initiatives. Harford Community College has recently pioneered an initiative centered on violence in the workplace. In many areas of the state, such as Baltimore City and Carroll, Charles, and Washington counties, religious organizations play an instrumental role in educating their congregations on issues related to substance abuse.

In Montgomery County, Baltimore County, St. Mary's County, Howard County, Prince George's County, Talbot County, and Baltimore City, the judiciary has seen the positive effects of bringing youth into the courtroom to witness the legal consequences of involvement with illegal substances. The result of including the Housing Authority in the Talbot County Health Department's prevention efforts has been the creation of a "Safe House" in St. Michael's. This Safe House offers an after-school refuge for children living in the housing units.

Representatives of state agencies such as the Department of Social Services and the Department of Juvenile Services have realized that they can be an important resource on the local level in Washington County and Queen Anne's County. In the rural Counties of Somerset and Garrett, the Department of Natural Resources assists in local law enforcement efforts.

The private business community has not been neglected as a resource. Whether it is the involvement of a local bank president, as in Calvert County leading the Alliance, or organizations such as Pepsi in Wicomico County, a rental management company in Anne Arundel and Prince George's County, a hospital in Allegany County, the private treatment programs on the Eastern

Shore, or a restaurant in Ocean City, each has found that they are valuable to their communities and offer great assistance.

Collaboration

By including a variety of agencies and organizations in the efforts to prevent and control substance abuse, many collaborative efforts have developed. In 16 counties, sheriffs, police chiefs, state police, and states attorney's have joined to form task forces. Local schools have reached out to their health departments and law enforcement agencies for assistance. Just as DARE officers have been instrumental in educating students about substance abuse, school personnel involved in the Maryland Student Assistance Program will say that they would not be able to help youth with substance abuse problems without the involvement of the adolescent addictions counselor from the health department.

The health departments have also collaborated with correctional agencies to bring substance abuse treatment into jails and other local detention facilities. The theory is, if treatment is offered to addicts at a turning point, such as being incarcerated, they may admit to themselves that they have an addiction and will be motivated to take treatment seriously. This same philosophy is behind the State Police Early Assessment and Referral program (SPEAR). In this program, youths arrested for substance abuse offenses are immediately linked to addictions counselors. The program takes advantage of crisis situations in an attempt to confront these youths with the reality of their substance abuse problems.

The Maryland National Guard has had a pivotal role, joining with the state and local police in the state's marijuana eradication program. In addition, the Guard and the Department of Natural Resources (DNR) have been recruited to assist in substance abuse prevention. DNR, joining with the schools, has identified personnel interested in working with youth to implement substance education programs such as "Take the Drug-Free Trail" and "Scales and Tails." Both instructional programs educate youth by drawing analogies between protecting the environment and taking good care of their bodies. "Hooked on Fishing" is another program spearheaded by DNR. This annual event, which relies upon the support of local prevention offices and offices of recreation and parks, emphasizes family and other drug-free activities. The Maryland National Guard sponsors "My Life My Choice." Youth at risk for substance abuse are involved in a 16-week program that leads parents and youth to the realization that there are solutions to their problems that don't involve drugs.

Commitment

The problem of substance abuse is not new. Just ask the individuals in each jurisdiction that have labored against the problem for so many years. Their struggles have not been in vain, however, because with every step they have gained knowledge. This knowledge has led them to revise their strategies, create new programs, expand successful programs, and try new ideas. The jurisdictions that have experienced success in preventing and controlling substance abuse are those where individuals have remained committed and persistent.

The Worcester County Alcohol and Other Drugs Task Force has been in existence for 11 years. The Wicomico County Sheriff, the Salisbury Chief of Police, and the Board of Education's Drug-Free Schools Coordinator have been planning ways to address the problem of substance abuse since the 1970s. The county prevention coordinators have remained committed despite long years of limited funding. And they have continued to inspire the people in their community. At the Washington County Summit in January of 1994, the same key individuals from 1989 were still involved. They have not lost their determination to make a difference.

In many jurisdictions there is a core group, such as in Baltimore County, Prince George's County, Garret County, Charles County, and Allegany County. In some jurisdictions, it is an individual, such as the Chief of Police in Easton, a Sheriff in Somerset, or a minister in Queen Anne's County, the Director of Maryland's Veterans Commission in Garrett County, a State's Attorney in Carroll County, or a judge in Baltimore City. They have not lost their determination to make a difference.

Innovation

Every agency and every citizen who has been touched by the substance abuse problem in Maryland has searched for solutions to the problem. What has made this search so difficult is that there is no map or guide; there are only clues. These clues have led committed individuals to combine their creative problem-solving skills with their knowledge of the substance abuse problem. This combination has resulted in many innovative ideas, strategies, and programs.

Clue Number One: If a substance abuse problem can be identified early, it is more likely to be treated successfully. The question is, how can youth with substance abuse problems or youth at risk for potential problems be identified early? Washington County's answer to this question was to implement a student assistance program. They were the first county to employ this early intervention model. Following their lead, the Maryland State Department of Education began training other school systems to replicate the model statewide. In Prince George's County with the support of the Kiwanas Club, an after-school program was formed for elementary children who are at great risk for substance abuse.

Clue Number Two: Drug education has to be more comprehensive than merely training students to identify various drugs. Counties have looked at ways to provide effective drug and alcohol abuse education by bringing experiential curricula into the classroom. Although every county school system has DARE, Baltimore County led the state in implementing this program. A Montgomery County circuit court judge was the first to bring students from the classroom into the courtroom to witness drug offenders experience legal consequences for their actions.

Clue Number Three: The key to drug education is presenting information in new and innovative ways that make people listen to the message. Educators and community leaders have struggled with this. Queen Anne's County succeeded when it opened the first Haunted Crack House. The Crack House, a dramatic enactment of a "Drug Abusers Odyssey," takes the audience from the drug transaction through the criminal justice system and concludes in a fatal drug overdose. The thousands of people who attended the event felt the impact of the experience. Charles County sponsored the first student video contest. It challenged youth in the southern region to create their own TV public service messages. Baltimore and Anne Arundel counties have the cable stations that air prevention messages presented by their county substance abuse office.

Many high school seniors anticipate the spring tradition of going to Ocean City. Parents dread the sleepless hours worrying whether or not they will receive a phone call letting them know that their child has not been wise about drug and alcohol choices. Worcester County responded to this concern and got the attention of parents and youth by developing the "Play it Safe" campaign, consisting of a pamphlet recommending drug-free activities and places to go for help in Ocean City.

Clue number four: Many individuals must "hit bottom" before they will realize that they have a substance abuse problem. The difficulty for treatment professionals has been finding a way to be in the right place at the right time. The Washington County Health Department has developed a program which takes advantage of a critical point in the justice system that allows for successful interventions to take place. The Jail Substance Abuse Program (JSAP), located in the Washington County Detention Center, provides a 30-day intensive drug treatment program for inmates. Through a study done in 1991, it was found that JSAP participants were three times less likely to be re-incarcerated than other offenders who had not received treatment. The outcome data they collect on inmates who have been through the program attests to the effectiveness of the program.

For years, the Wicomico County Sheriff and the Salisbury Chief of Police have united to address the needs of their communities. They were the first in the state to join with state and local police to form a task force. As insightful law enforcement officers, they knew that there must be a way to address demand reduction while working on supply reduction efforts. They found a way by

adopting the Phoenix Project developed in Mara Copa County Arizona. This project combines media awareness with stiff sanctions and drug treatment alternatives to address the casual drug users. They also initiated the Tenants, Owners, and Police Strike Force. These individuals work together cooperatively to improve the quality of life in targeted neighborhoods.

Prince George's was the first county to aggressively address the problems of the drug-involved offender. Through their arrestee-drug-testing program, their DWI facility, their Day Reporting Center, and the Awakening drug treatment program, the county's Department of Correction has developed ways to effectively treat offenders while holding them accountable for their offenses.

Clue Number Five: Children of substance abusing parents are at high risk for developing substance abuse problems. The Calvert County Alliance realized that if youth could be reached through drug education programs in the schools, then parents should be reached through the workplace. Under the leadership of the Alliance, Calvert County took the lead in implementing Drug-Free Workplace initiatives.

Clue Number Six: If communities are to be successful in addressing the drug problem in their neighborhoods, they must work together. The proof of this statement lies in the success of the community partnerships that have formed in Annapolis, Cecil, Montgomery, and Talbot counties and in Baltimore City. Individuals in these groups have forged many collaborative initiatives and seen their communities benefit from the fruits of their labor.

Clue Number Seven: The last clue is actually a fact. Economic reality means limited dollars are available to support the current efforts under way in the state, and even fewer dollars are available for new programs. Professionals and citizens have had to look at creative ways to provide themselves with the resources necessary to support their substance abuse initiatives. St. Mary's County has employed VISTA volunteers to help organize crime and drug-ridden communities. These volunteers have become a vital component of their efforts. In Dorchester County, the initiatives sponsored by Dorchester Citizens Against Substance Abuse have thrived as a result of the benevolent donations of their fraternal organizations. In Baltimore City, members of the city administration and health department combined their efforts in writing a grant proposal to enhance the City's substance abuse treatment services. This translated in to an additional $15 million for the City, over a three year period.

The Model — The Vision

Several jurisdictions have been able to bring all the key elements together in a model approach. They have a strong leader that inspires and guides a core group of dedicated individuals. These individuals represent the primary agencies responsible for substance abuse prevention, treatment, and control. But the core group also includes other public agencies, community organizations, and private enterprise. All of these individuals, and the organizations they represent, work cooperatively. "Turf issues" do not stand in the way of collaboration. Out of their combined talents have come innovative and pioneering initiatives. The results of their work will not be appreciated fully until years from now. But their successes show glimpses of a community that is not oppressed by substance abuse and a vision of a community that is safer, healthier, and a tribute to those who have labored to make life better for generations to come.

The power of a Grandpa.

Children have a very special relationship with Grandma and Grandpa. That's why grandparents can be such powerful allies in helping keep your kid off drugs.

Grandparents are cool. Relaxed. They're not on the firing line every day. Some days a kid hates his folks. He never hates his grandparents. Grandparents ask direct, point-blank, embarrassing questions you're too nervous to ask:

"Who's the girl?"

"How come you're doing poorly in history?"

"Why are your eyes always red?"

"Did you go to the doctor? What did he say?"

The same kid who cons his parents is ashamed to lie to Grandpa. Without betraying their trust, a loving, understanding grandparent can discuss the danger of drugs openly with the child he adores. And should.

- The average age of first-time drug use among teens is 13. Some kids start at 9.
- 1 out of 6 American kids between 9 and 12 is approached to try illegal drugs. 34% of the time it's a friend. 29% of the time, it's a kid their own age.
- Illegal drugs are a direct link to increased violence in many communities, to AIDS, to birth defects, drug-related crime, homelessness.

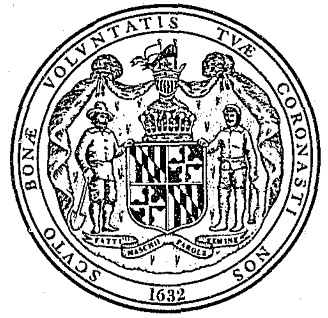
As a grandparent, you hold a special place in the hearts and minds of your grandchildren. Share your knowledge, your love, your faith in them. Use your power as an influencer to steer your grandchildren away from drugs.

If you don't have the words, we do. We'll send you more information on how to talk to your kids about drugs. Just ask for your free copy of "A Parent's Guide to Prevention." Call 1-800-624-0100.

Grandma, Grandpa. Talk to your grandkids. You don't realize the power you have to save them.

Partnership for a Drug-Free Maryland

A project of the Partnership for a Drug-Free America and the Governor's Drug and Alcohol Abuse Commission.



Partnerships in Prevention and Drug Control

IT USED TO BE, AT 13, LITTLE BOYS BECAME INTERESTED IN LITTLE GIRLS.

Boys and girls used to use straws to sip sodas at the drug store.

Now they cut the straws in half and use them to snort drugs deep into their nostrils.

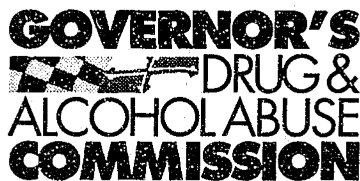
Times have changed. Our children need our help.

We need to talk with our children. And talk. And talk. This way, we'll learn what they think about drugs. What they know about them. What they don't know.

Then, once we understand their perspective, we'll be in a better position to offer our own. Then we'll be able to talk about the dangers of various drugs. And about what our children can do to avoid them.

It takes courage to talk to them like this. And to do it effectively, it takes homework—like reading articles, attending meetings and talking to other parents. Otherwise, our children won't see us as informed sources. And they'll get their answers elsewhere.

As a parent, you can get answers to your own questions by contacting your local agency on drug abuse.



PARTNERSHIP FOR A DRUG-FREE AMERICA

PARTNERSHIP FOR A DRUG-FREE MARYLAND

Partnerships in Prevention and Drug Control

The elements that make up the model approach to preventing and controlling substance abuse on the local level are also the components that the Governor's Drug and Alcohol Abuse Commission has fostered at the state level. Leadership has been tapped at state agencies. A broad spectrum of public and private sector organizations and individuals have been included in the process. All of these entities have worked in a spirit of collaboration. The people involved have been personally and professionally committed to the issue. These efforts have created innovative partnerships. What follows is a brief description of the 33 partnerships that have been developed during the five years since the Governor's Drug and Alcohol Abuse Commission was established.

Baltimore City Drug Litigation Court is a joint screening and litigation of drug cases project between prosecution, defense, and court officials from District Court to the Circuit Court of Baltimore.

- Baltimore City State's Attorney's Office
- State Public Defender's Office
- District Court of Maryland (Baltimore)
- Circuit Court of Baltimore
- City Bar Association - "Russell Committee"
- Supported by Commission funding

Baltimore City Drug Treatment Court is a proposed comprehensive assessment, referral, and treatment initiative for criminal justice offenders.

- 17 state and local participating agencies, including nine Commission Member agencies and Commission staff, as well as the Bar Association "Russell Committee"

The Combined County Criminal Investigation Unit (C^3I) is a state and local task force to address major crimes and violence in Allegany County.

- Maryland State Police
- Maryland National Guard
- Cumberland Police Department
- Allegany County Sheriff's Office
- Frostburg Police Department
- Allegany County State's Attorney's Office
- Supported by Commission funding

The **Center of Excellence** is a Commission directed higher education initiative to provide substance abuse education and training for health professionals.

- Johns Hopkins Hospital
- University of Maryland at Baltimore
- Coppin State College
- Morgan State University
- Alcohol and Drug Abuse Administration (OETAS)
- Supported by Commission Funding

The **Community Drug and Alcohol Prevention Initiative** provides substance abuse prevention activities developed statewide for community based organizations.

- Alcohol and Drug Abuse Administration
- Local health departments
- Community organizations in all Maryland subdivisions
- Supported by Commission funding

The Doctor/Lawyer Partnership Against Drugs involves doctor and lawyer teams who educate middle school students statewide about the legal and medical consequences of drug and alcohol abuse and dealing drugs.

- Maryland State Bar Association
- Medical and Chirurgical Faculty of Maryland
- Department of Education
- Governor's Executive Advisory Council
- Local bar associations
- Local school systems
- Local Med-Chi Chapters
- Supported by Commission funding

Drug Abuse Resistance Education (DARE) is a statewide drug resistance education program for Maryland public school students.

- Maryland State Police
- All Maryland school systems
- Local enforcement agencies
- Supported by Commission funding

Drug-Free Trails is a Drug Abuse Resistance Education program for inner-city youth at Maryland parks.

- Department of Natural Resources
- Baltimore City Schools
- Supported by Commission funding

The **Governor's Drug and Alcohol Abuse Youth Commission** is a joint education and Commission project to develop student leaders and provide youth input into the statewide plan.

- Department of Education
- All local school systems
- Governor's Drug and Alcohol Abuse Commission

The **Governor's Drug-Free Workplace Program** is a public/private sector partnership supported by volunteers to assist small businesses in developing drug-free workplace programs.

- Governor's Drug and Alcohol Abuse Commission
- Governor's Executive Advisory Council
- Department of Employment and Economic Development (SBDC)
- 70 private sector volunteer consultants
- Loaned Executive - BG&E
- Local community colleges
- Maryland Chamber of Commerce

Governor's High-Risk Youth Initiative consists of 25 direct service prevention projects directed to high-risk youth involving:

- 17 local health departments
- 11 local school systems
- 8 non-profit service organizations
- 2 county executive offices
- 2 Head Start Programs
- 2 housing agencies
- 1 community action agency
- 1 community Hispanic coalition
- 1 college
- 1 recreation department
- 1 community task force

The **Highway Administration Anti-Underage Drinking Initiative** supports state and local awareness and enforcement of underage drinking laws.

- Department of Transportation
- Alcohol and Drug Abuse Administration
- Local health departments
- Local enforcement agencies

Marijuana Eradication is a joint state and local marijuana seizure and prosecution project.

- Maryland National Guard
- Maryland State Police
- Local law enforcement and prosecution agencies

The **Maryland Judiciary — "Live Your Dreams, Don't Use Drugs" Program** is a classroom to courtroom reality-based education program utilizing judges and addicted offenders teaching middle-school students the legal and criminal justices consequences of using and dealing drugs.

- Montgomery County
- Baltimore County
- St. Mary's County
- Prince George's County
- Howard County
- Baltimore City
- Supported by Commission funding

The **Maryland Project** is a joint state and local community policing and community mobilization demonstration project in Edgewood.

- Maryland State Police
- Harford County Sheriff's Office

- Harford County Department of Community Services
- 12 participating Harford County agencies
- University of Maryland at College Park
- Supported by Commission funding

Maryland Student Assistance Program is a school based identification, referral, and treatment program.

- Department of Education
- Alcohol and Drug Abuse Administration
- Masonic Charities of Maryland
- All local school systems
- All local health departments
- Initially supported by Commission funding

Media Partnerships are multi-agency drug and alcohol awareness campaigns involving print, radio, and T.V.

- Department of Transportation "Drive to Survive, Drinking & Driving," .02 PSAs
- Department of Public Safety "Violence" PSAs
- Black Student Alliance Anti-Drug PSAs for African American Community
- Baltimore County Judiciary "Live Your Dreams" Classroom to Courtroom program
- Commission "Partnership for Drug Free Maryland" PSAs
- Commission "Inner City Campaign" PSAs
- Commission "Underage Drinking Campaign" PSAs
- Commission "Be a Star Student Video Contest" PSAs

Medicine Check is a statewide prescription and over-the-counter medicines review program for all pharmaceutical drug users, particularly the elderly.

- Giant Food
- Governor's Drug and Alcohol Abuse Commission

Medication Management for the Elderly is a multi-agency training and information project to address medication misuse among the elderly.

- Office of Aging
- Alcohol and Drug Abuse Administration
- University of Maryland School of Pharmacy
- Local offices of aging
- Local hospitals
- Local health departments
- Initially supported by Commission funding

My Life, My Choice is a military operated mentor program for juvenile services and school-age youth.

- Maryland National Guard
- Department of Juvenile Services
- Baltimore City and County Schools
- Supported by Commission funding

Operation Night Ride is a joint enforcement and education project to build youth/enforcement relationships and to allow youth to observe drunk driving enforcement efforts.

- Maryland State Police
- Department of Education
- Local school systems

Options: Pre-Trial Diversion Project is a companion initiative to Drug Litigation and Treatment Court involving assessment, referral, and sentencing options which will direct offenders into community services and treatment.

- Division of Parole and Probation
- Baltimore City Detention Center
- Pre-trial Services Division (DPS)
- Baltimore City State's Attorney's Office
- Office of the Public Defender
- Baltimore City Circuit Court and District Court Judiciary
- Alcohol and Drug Abuse Administration
- Supported by Commission funding

The Peer Educator Project enables college students to be peer educator/leaders in local high schools.

- Department of Transportation
- 6 higher education institutions
- Department of Education
- 6 local school systems

Primary Care Physician Substance Abuse Education Program is a statewide substance abuse education program for practicing physicians to assist in screening, counseling, and referring substance abuse patients.

- Medical and Chirurgical Faculty of Maryland
- Baltimore Substance Abuse Systems, Inc.
- Supported by Commission funding

State Police Early Assessment and Referral Program (SPEAR) is a joint enforcement and health project to treat juveniles with drug problems.

- Alcohol and Drug Abuse Administration
- Maryland State Police
- Department of Juvenile Services
- Washington County Health Department

The **State Agency Drug-Free Workplace Initiative** is a drug-free workplace policy initiative developed for all state agencies and applicable to state grantees, loans, and contracts.

- Department of Personnel
- Department of Licensing and Regulations
- Department of General Services
- Governor's Drug and Alcohol Abuse Commission
- All other state agencies

State Office of Strategic Drug Enforcement Coordination (SOSDEC) is a state, local, and federal enforcement and criminal justice policy development and coordinating group, located functionally within the Maryland State Police Bureau of Drug Enforcement.

- Maryland State Police
- 32 participating agencies
- Supported by Commission funding

Statewide Epidemological Work Group is an ongoing state and local effort that collects and analyzes drug data, conducts specific studies and surveys on drug and alcohol abuse, and informs policymakers, legislators and the general public.

- Center for Substance Abuse Research (UMCP)
- 20 participating federal, state, and local agencies
- Supported by Commission funding

The **Substance Abuse and Child Abuse Project** is a multi-agency initiative, led by the Department of Human Resources to assist families in addressing substance abuse and its link with child abuse.

- Department of Human Resources
- Alcohol and Drug Abuse Administration
- Governor's Office of Children, Youth, and Families
- Department of Juvenile Services
- Department of Education
- Division of Parole and Probation
- Department of Health and Mental Hygiene
- Local health, child welfare and probation agencies
- Supported by Commission funding

The **Summer Youth Recreation and Job Training Initiatve** targets summer activities for juvenile services clients.

- Department of Juvenile Services
- 7 community-based organizations
- Supported by Commission and Juvenile Justice Advisory Council funding

Task Forces are joint state/local enforcement and prosecution teams.

- 14 county-based task forces (local sheriffs, chiefs, and state's attorneys)
- Maryland State Police
- Maryland National Guard
- Department of Natural Resources
- Supported by Commission funding

The **Underage Drinking Prevention Coalition** is a statewide community and government network directed at the awareness and prevention of underage drinking and enforcement of underage drinking laws. Funding supplied by:

- Department of Transportation
- Maryland State Police
- Governor's Drug and Alcohol Abuse Commission

The **Women's Detention Center Treatment Initiative** is a Baltimore City Detention Center project targeting females in need of treatment.

- Baltimore City Detention Center
- Alcohol and Drug Abuse Administration
- Baltimore City Health Department
- Baltimore Substance Abuse Systems, Inc.
- Episcopal Social Ministry
- Johns Hopkins Women's Program
- Baltimore Acupuncture Treatment
- Supported by Commission funding
- Supported by Commission funding — The Commission has also funded similar programs in Prince George's, Dorchester, Frederick, Montgomery, Worcester, and Queen Anne's Counties

Never forgive an addict.

That's somebody else's job.

Forgiveness calls for higher powers; you're just the boss. Your job is to help. And to do it in the here and now.

And that's tough. Because you'll have to tell a decent person to get well or get out. You'll have to deliver an ultimatum to someone who's already in trouble.

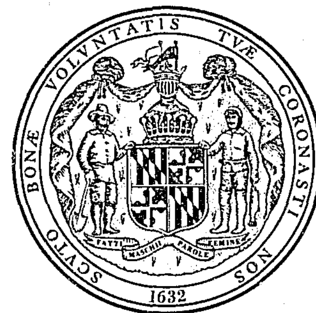
That's what it takes. No one has ever sweet-talked an addict into treatment.

Once you've done the tough part, there's help to go the next step.

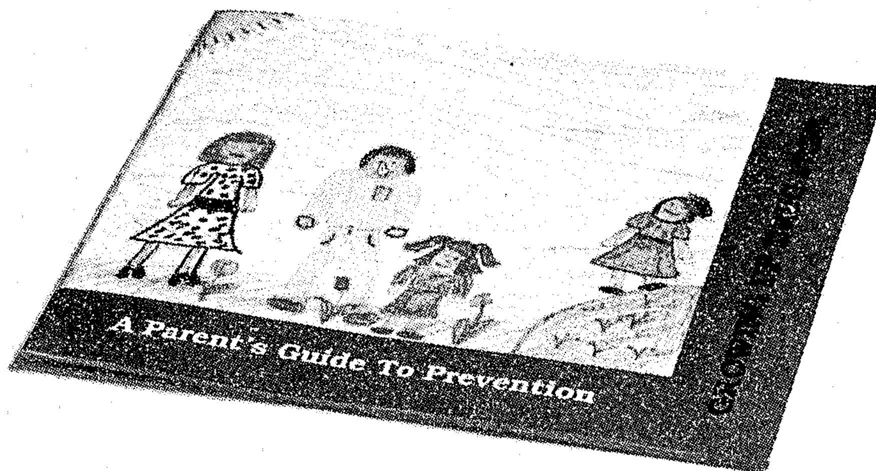
410-321-3521 is the number to call for Maryland's Drug-Free Workplace Initiative. Call weekdays from 8:00 a.m. to 5:00 p.m. They have the professionals who can help your company set up drug education, employee assistance, and treatment referral programs.

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

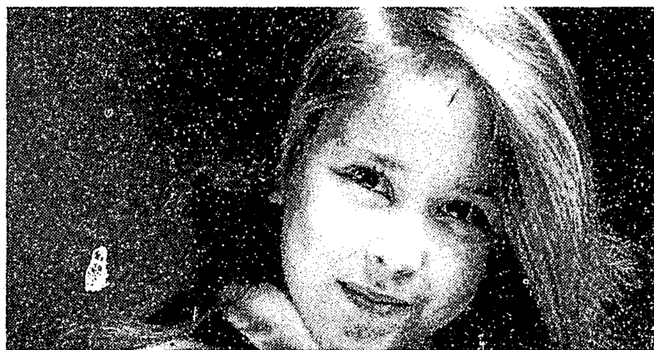
Partnership for a Drug-Free America *Partnership for a Drug-Free Maryland*



Grants Program



Study this book.



There will be a quiz later.

Growing Up Drug Free is a parent's guide to prevention.
Call 1-800-624-0100 for your free copy. It doesn't have all the answers,
but it can help with some of the questions.

Partnership for a Drug-Free Maryland

Proud to be a Member of the Partnership for a Drug-Free America.

GOVERNOR'S
DRUG &
ALCOHOL ABUSE
COMMISSION

Grants Program

The Commission administers three grant programs that support Maryland's drug control strategies. Two are federally funded and one is state funded. The Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program (Byrne Memorial Program) is a federal block grant program for funding state and local drug control projects. The Maryland Drug and Alcohol Grants Program Fund (Community Crime Prevention Program) is the state grant program aimed at community groups and organizations to provide "seed money" in order to initiate community-based programs dealing with crime prevention and drug and alcohol abuse. The Commission also administers the Governor's portion of federal funds available under the Drug-Free Schools and Communities Act of 1986. These grants fund a number of community-based programs focused on high-risk youth.

Strategies Supported by Grants Programs

The state, with the support of the federal government, must sustain the momentum of its anti-drug efforts. A number of strategies reported in *Maryland's Drug and Alcohol Abuse Control Plan* have been developed for using the federal and state grant funds administered by the Commission. These strategies include:

- Bringing law enforcement together with other criminal justice agencies, as well as prevention, treatment, and education services so that collaborative approaches can be developed focusing on demand reduction through prevention and treatment

- Empowering communities and neighborhoods to implement their own programs for crime prevention, and drug and alcohol abuse prevention

- Advocating that resources be focused on prevention programs aimed at high-risk youth

- Making police operations more efficient by improving and expanding the use of management and criminal intelligence information systems

- Providing law enforcement officers and prosecutors with resources to innovatively disrupt drug trafficking and immobilize criminals

- Furnishing judicial officers with the kind and quality of information needed to make the most appropriate pretrial release and sentencing decisions

Byrne Memorial Program Activities

For the formula grant program, the Commission selects grant recipients on the basis of recommendations made by state and local specialists who participate on a panel representing Maryland's diverse criminal justice community. Grant recipients are required by the federal program to provide a 25 percent cash match of the total grant project's cost. For some jurisdictions beset by restricted budgets, this match could prohibit them from applying for these federal funds and thus lose potential funding for initiatives that deal with local drug problems. However, by working together with these jurisdictions and using all available resources, the Commission has been able to fund these needed programs so that identified problem areas are addressed. The Commission has received approval from the Bureau of Justice Assistance (BJA) for an exception to the match provided on a project-by-project basis. The exception permits the match to be calculated on a statewide basis. In addition, where appropriate, the Commission has sought from chief executives of local jurisdictions, authorization to accept as local programs grant funded projects operated by the state which provides the matching funds, but whose services are solely for the benefit of the local jurisdiction. This authorization maximizes the use of the federal and matching funds.

In order to make as much grant funding as possible available for drug control efforts, the Commission has maintained a five percent use rate of the grant funds for administration. With the administration portion of the grant funds, the Commission has implemented the required system enhancements to Maryland's Criminal Justice Information System (CJIS) and established the information linkages with the Immigration and Naturalization Service (INS). Furthermore, the Commission has funded a number of research and information initiatives deemed vital to determining the extent of the drug and alcohol abuse problem in Maryland and for developing appropriate and effective programs to deal with it.

Federal Grant Funded Initiatives Implementing Maryland's Strategy

Drug Abuse Research, Information, and Statistics

Using funds available through the Byrne Memorial Program, the Commission has funded the Center for Substance Abuse Research (CESAR), located at the University of Maryland in College Park, Maryland since 1990. CESAR performs as an information center so that accurate and valid data about statewide drug use can be collected and relayed to state and local government, policymakers, service providers, and other researchers throughout the state.

Improving the Operational Effectiveness of Law Enforcement

In 1987, drug investigation at the state level was vested primarily in the Narcotics Division of the Maryland State Police (MSP); however, various drug-control responsibilities were scattered elsewhere in the agency and no single MSP authority was delegated to coordinate these responsibilities.

Interagency Coordination — In 1989, the Governor proclaimed drug law enforcement Maryland's top law enforcement priority and designated the MSP as the lead agency for coordinating the statewide drug law enforcement effort. To fulfill this responsibility and in support of the Commission's strategy, the MSP applied for in 1991 and received from the Commission formula grant funding to establish the Bureau of Drug Enforcement. This initial grant was refunded for two additional years and subsequently for FY 1994 the Bureau operations were funded with state general funds in the MSP's budget. The total amount for the three years of formula funding was $8,010,323.

Through the formula grant funding of the Bureau, three operating divisions were created within the Bureau: drug enforcement, support services, and the State Office of Strategic Drug Enforcement Coordination (SOSDEC). SOSDEC is a noteworthy innovation that would have only been possible with the formula grant funding.

SOSDEC is staffed by policy and management experts from every state level law enforcement agency, relevant state level criminal justice and regulatory agencies, and from the various associations that represent Maryland's prosecutors, police, and sheriffs. SOSDEC was designed to assist the Bureau of Drug Enforcement in developing drug control policies, strategies, and plans that had the endorsement of Maryland's large and varied criminal justice community.

Criminal Intelligence and Analysis — One of law enforcement's most serious shortcomings in 1987 pertained to drug-related intelligence and its analysis. Very few agencies had staff that could develop and analyze criminal intelligence information. MSP, with a statewide drug law enforcement mandate, had only one drug analyst who was often totally occupied simply in providing operational support for a single investigation. Statewide, there is an increasing appreciation of the need for intelligence, both for case making and for strategic planning.

Using formula grant funds from the Commission, the MSP organized the Criminal Intelligence Division. The Division currently has nine full-time analysts and a number of programs designed to support the intelligence needs of Maryland's large and varied drug control community. The high quality of the work product of this Division has been noted over the past two years. Three MSP analysts received national

awards for their intelligence products — one in 1992 and two in 1993, and one of these analysts also had excerpts from his work product quoted in the Congressional Record — Senate, dated October 19, 1993. Grant funds were provided for three years through June 30, 1993, when this Division was funded in the MSP's FY 1994 state budget.

In addition, other local jurisdictions received formula grant funds to upgrade their criminal intelligence capabilities including Baltimore and Montgomery counties. Baltimore County's program is a unique collaboration of the county police department and the county's Office of Substance Abuse Services. The formula funds provided a computerized system (equipment and programming) for correlating data on drug trafficking patterns, arrests, and treatment requirements. The correlation produces a picture, or "map" identifying trends and needs. This information is then used to develop a county strategy for applying both limited police and treatment resources.

Programs That Target Domestic Sources of Controlled and Dangerous Substances

Through initiatives supported with formula grant funds as well as federal discretionary funds, the number of state agencies, conducting aggressive drug control programs has significantly increased since 1987.

Marijuana Eradication Program with Maryland National Guard — In 1989, through a Discretionary Grant awarded by BJA to the MSP, arrangements were made for the U.S. Drug Enforcement Administration to provide training for Maryland National Guard pilots to recognize and identify fields of cultivated marijuana and then to notify law enforcement officials of the locations. As of December 31, 1993, 8,653 plants have been eradicated and 99.5 pounds of bulk marijuana seized. In addition to the eradicated plants and bulk seizures, 180 arrests have resulted from the subsequent investigations with 73 weapons and $2,840,968 in assets seized as a result of the eradication efforts.

Other Cooperative Initiatives with State Agencies — In 1990, through a formula grant from the Commission, the Natural Resources Police (NRP) and the State Forest and Park Service (SFPS) Rangers each dedicated three sworn officer positions to the drug control effort. The NRP and the SFPS are focusing primarily on Maryland's waterways and park lands, and their officers are being supported as appropriate by all law enforcement personnel in the two services. The NRP also assists the various drug enforcement task forces throughout the state by providing support for large scale arrests and investigations having a connection with the state's waterways. These statewide activities are being closely coordinated with the MSP.

Multi-Jurisdictional Task Forces

The Commission does not use formula grant funds to fund task forces. Rather, multi-jurisdictional task forces across the state are formed under the supervision of the MSP's Bureau of Drug Enforcement. However, formula grant funds, upon application and approval, are provided to individual jurisdictions participating on task forces to ensure their participation. For example, grants have been provided for law enforcement officers assigned to a task force or for the salary of full-time officers. Grants have also funded local prosecutors assigned task force cases. Otherwise task forces operate with resources provided by the participating jurisdictions. This type of approach has been successful in Maryland with encouraging the formation of task forces.

State Task Forces — In 1987, the Wicomico County Narcotic Task Force became operational. It is Maryland's first formally established task force comprising state/county/municipal law enforcement officers and a prosecutor from the State's Attorney's staff. Using this very successful task force as a model, others followed: Garrett, Allegany, Frederick, Carroll, Harford, Cecil, Kent, Dorchester, Talbot, Somerset, and Worcester counties. A unique state, county, municipal bi-county task force covers Queen Anne's and Caroline counties, and a similar one, the College Park Metropolitan Area Task Force, covers Prince George's County.

In addition to its formal participation within 14 county, or bi-county or metropolitan county task forces, MSP has letters of understanding governing its operational involvement with the Washington County Task Force, the University of Maryland Police Department at College Park, and the Laurel City Police Department. There are also letters of understanding between the MSP and state agencies such as the Department of Natural Resources Police and the Maryland National Guard.

A tri-county Southern Maryland Task Force, independent of the statewide effort, is also active. It is operated by deputies from the sheriff's departments of Charles, St. Mary's, and Calvert counties.

In addition to the above task forces, cooperation is also fostered using the multi-jurisdictional task force model to focus on specific areas of drug activity. One of these cooperative efforts is the Organized Crime/Narcotics Trafficking Program.

Organized Crime/Narcotics Trafficking Program — The MSP Bureau of Drug Enforcement was awarded a Discretionary Grant by BJA through the Organized Crime Narcotics Trafficking Program (OCN). Maryland's program was one of only twelve such programs funded nationwide. The initial grant of $152,892 was awarded in FY 1991, continuing at $100,000 in FY 1992 and $64,000 in FY 1993.

The federal funds are utilized exclusively to fund multi-agency drug trafficking investigations in which the traffickers use violence as a means of furthering their drug activities. All case appropriations and expenditures must be unanimously approved by a control group representing five local, state, and federal criminal justice agencies. Those agencies are the Maryland State Police, Baltimore Police Department, Baltimore City State's Attorney's Office, U.S. Drug Enforcement Agency (DEA), and the Federal Bureau of Investigation (FBI).

The discretionary grant has thus far funded 22 separate investigations, 18 of which have utilized oral intercept technology (wiretap). In excess of 200 participants in major drug trafficking violence-prone organizations and $1,000,000 in investigative funds are appropriated to reimburse law enforcement agencies participating in these investigations in the following areas; purchase of information, purchase of evidence, purchase of services, and personnel overtime.

Illicit Sales of Controlled Substance Pharmaceuticals

In 1987, the state drug-control strategy addressed a serious problem involving illicit "street" sales of controlled substance pharmaceuticals. Only two police departments, Anne Arundel County and Montgomery County, had staff that were specially trained to investigate and develop cases involving the diversion from legitimate to illegitimate channels of such drugs. Using formula grant funds from the Commission, in 1990 MSP established a unit within its Drug Enforcement Division to investigate pharmaceutical diversion exclusively. Investigators assigned to this unit work closely with inspectors from the Department of Health and Mental Hygiene, Division of Drug Control. Howard County Police, Baltimore County Police, Laurel City Police, Prince George's County Police, and the Southern Maryland Task Force have also trained and assigned staff to work on this problem. All of these departments share information and work closely with one another on diversion cases and all have enjoyed unusual success in developing prosecutable cases.

Demand Reduction Programs by Law Enforcement

Law enforcement has traditionally championed efforts to reduce the illicit supply of controlled substances. Using law enforcement to reduce the public's demand for drugs, however, is a fairly recent phenomenon. The Commission has encouraged participation of law enforcement in demand reduction efforts as part of the overall strategy to take a holistic approach to deal with drug and alcohol abuse, especially among youth. These law enforcement initiated demand reduction/prevention programs are described below.

Drug Abuse Resistance Education (DARE) — In 1987, only Baltimore County had uniformed officers assigned to the public schools to conduct

the DARE program. Using formula grant funds to foster the development of DARE within local jurisdictions, statewide training of DARE officers and an MSP DARE unit were initiated.

In addition, several local initiatives have been funded with formula grants for school- and community-based drug and violence reduction programs at the high school level.

"My Life/My Choice" — The Maryland National Guard has developed a unique demand reduction/prevention program for the high-risk youth of Baltimore City and Baltimore County. "My Life/My Choice" is a grant funded, collaborative program between a number of state and local agencies; the Maryland National Guard, the Department of Juvenile Services, and the Baltimore City and Baltimore County public school systems. The primary aim of the grant program is the prevention of drug and alcohol abuse among high-risk youth.

Improving the Operational Effectiveness of the Court Process

Crime Laboratories — A significant problem that affected drug-related prosecutions in 1987 was the difficulty encountered in obtaining timely analysis of drug evidence. The six major police crime laboratories (Anne Arundel County, Baltimore City, Baltimore County, Montgomery County, Prince George's County, and Maryland State Police) all experienced serious backlogs in drug analyses. Formula grants were provided by the Commission to the MSP, Baltimore City, and Baltimore County for purchasing enhanced testing equipment and other laboratory support. These enhancements had a dramatic effect. For example, at its peak, the Maryland State Police Crime Laboratory Division backlog involved approximately 1,700 samples. By October 1993, however, the Division's backlog was 387 samples. This reduction, in part, reflects a continuum of upgrades and enhancements supported by the federal funds in Maryland's various crime laboratories.

Drug Prosecution and Defense — In Maryland, crimes involving drugs are prosecuted by local state's attorneys and by federal prosecutors. In addition, eligible defendants are provided representation by the State Public Defender, who has offices in the various jurisdictions of the state. Baltimore City, in particular, is heavily impacted by drug cases. For example, during calendar year 1992, felony narcotics defendants at the Circuit Court level constituted 54 percent of all felony defendants. In six years there was an increase of 72 percent in felony narcotics defendants. In essence the City's court system, as well as the state's attorney and public defender's office were overwhelmed in processing these cases. From 1990 and continuing to the present, the Commission awarded two complementary formula grants to Baltimore City to help alleviate this problem.

One formula grant, entitled the Narcotics Consolidation and Overall Reorganization Program (NARCORP) was awarded to the Baltimore City State's Attorney's Office. This program has had a significant impact on the processing of drug defendants. Time-to-trial has been lowered, increased efficiency has been obtained, defendant-per-prosecutor ratios have improved and all narcotics cases at the Circuit Court level have been consolidated under one unit for prosecution, thus allowing centralized policies to be evenly and fairly promulgated and administered.

A complementary formula grant also went to the City's Public Defender's Office to create a specialized drug defense division. The eight-attorney unit tries felony drug cases before the Circuit Courts specially dedicated to drug adjudications. Through specialized vertical representation, extensive training, and paralegal training, superior and efficient client representation has been achieved. Furthermore, through prompt initiation of this representation, careful case monitoring of case-length intervals, and close interaction with potential sources of alternative dispositions, Circuit Court delays and jail overcrowding have been avoided.

It should be noted that while the Public Defender's Office is a state agency, the Mayor of Baltimore City designated this as a local project eligible for the local pass-through formula grant funds because this unit is so vital to the City's Courts which are locally funded. The state agency provided the matching funds indicating a

collaborative approach to solving the problem noted above. It should also be noted that a similar formula grant was awarded by the Commission to the Public Defender's Office in Prince George's County. This formula grant was also accepted by the County Executive as a local project and eligible for the local pass-through grant funds.

Pretrial Release — In Maryland, jail populations have dramatically increased because of more aggressive and sophisticated law enforcement techniques. The severe overcrowding of jails causes many legal and social problems. Efforts have been directed toward trying to reduce the incarcerated pretrial population while maintaining the public safety and the integrity of the court processes. The management of this problem population historically falls within the jurisdiction of the various state pretrial release programs. In Baltimore City, location of the largest pretrial population, the state operates both the supervision program for pretrial releasees and the local detention center for pretrial detainees. Several grant projects funded during the past year focus on Baltimore City's pretrial release population.

The Acupuncture Program for Female Offenders is a 28-day drug treatment program for eligible female detainees in the women's detention section of the Baltimore City Detention Center. The program provides drug screening and clinical assessment for identified drug-dependent female detainees utilizing individual addictions assessments and evaluations, urinalysis, acupuncture, and group and individual counseling. The project works with a variety of agencies to provide education on child rearing, AIDS, survival skill practices, adult children of alcoholics, dealing with anger, etc. It is anticipated the project will treat approximately 705 women during its first year of operation.

Drug Court — In December 1990, a Committee of the Baltimore City Bar Association (called the Russell Committee after the chair, George L. Russell, Jr. Esquire) concluded in a report that 85 to 90 percent of all felony prosecutions in the City were drug or drug driven. However, despite the obvious link between drugs, crime, and recidivism, no substance abuse programs existed in the city or state detention facilities. In response, the Baltimore City Community Coalition Against Substance (Coalition) was formed in 1992 comprising more than 50 organizations including law firms, business, courts, public safety, corrections, community leaders, and human services agencies. The Coalition, chaired by two members of the City's Bar Association, recognizing the serious problems that drug abuse presents to the criminal justice system, created the Drug Court Advisory Board to promote joint cooperation of the courts, prosecution, probation, substance abuse treatment providers, health and mental health providers, and human services agencies. The Board, with the Commission's participation, developed a treatment-based "drug court," responsible for enhancing the delivery of criminal justice and substance abuse treatment services to those nonviolent offenders arrested and charged with committing drug-involved crimes in Baltimore City.

As a result of the development effort by the Coalition, the Commission awarded formula grants to the Maryland Department of Public Safety and Correctional Services totaling $2,300,000 including state matching funds to initiate a "Drug Court" program in Baltimore City. One grant is to be implemented by the Department's Division of Pretrial Detention and Services, which provides pretrial detention and services to arrestees from Baltimore City, and the other grant will be implemented by the agency's Division of Parole and Probation.

The formula grants will specifically support an intensive diversion program for pretrial males in Baltimore City who have a history of substance abuse and who meet the eligibility criteria for the program. The first year goal is 600 participants: 300 in the residential treatment program and 300 in the Day Reporting Center (outpatient) program.

Corrections Options — As outlined above, the pretrial program is a diversion from the detention program. However, if the offender adjusts favorably (abides by pretrial conditions, abstains from drugs, and progresses in treatment), at sentencing the offender becomes a candidate for continued community placement (i.e., probation and eligible for diversion from incarceration) because of his

positive adjustment. However, a Discretionary Grant awarded by BJA, entitled Corrections Options, provides graduated sanctions and graduated treatment for offenders who do not abide by the pretrial program or who are not eligible and, as a result, are placed in the state's correctional institutions. This program, operated by the Department of Public Safety and Correctional Services also provides addiction treatment in varying levels of intensity in conjunction with additional services such as educational and job readiness skills.

Evaluation and Monitoring of the Federal Grant Projects

Process Audits and Monitoring

As part of the application completed for requesting formula grant funds, the applicant must indicate project goals and objectives, as well as provide a monitoring and evaluation plan. This is used by the Commission's grant monitors whose specific responsibility is to oversee the operational implementation of the various projects approved for funding through the formula grant program.

Monitoring includes reviewing the quarterly narrative reports submitted by each subgrantee and on-site visits to ensure grant activity is consistent with the intended purpose of the grant. The monitors also establish Performance Indicators for each grant, based on the stated objectives noted in the grant application. These Performance Indicators are statistical measures demonstrating how well the grant is achieving its objectives and are forwarded with the quarterly report.

One grant program received an in-depth audit of overtime expenditures and another grant program (a pharmaceutical diversion/drug profiteering program) involved lengthy site visits and discussion with project personnel relative to continued funding or modification of the program. Telephone contacts are routine with all grant programs. In addition, large grant programs, such as the MSP reorganization program and the Department of Natural Resources' (DNR) Demand Reduction/Eradication program, were visited on a regular basis.

Evaluation Technical Assistance

During the past year, using the administrative federal funds available to the Commission, the University of Maryland, Institute of Criminal Justice and Criminology has been contracted to perform program evaluations of the Commission's grant programs. The Institute will also provide technical assistance to subgrantees and provide an evaluation conference for grant recipients.

It is intended that this evaluation technical assistance will assist subgrantees in preparing their evaluation plans, generate feedback during the implementation phase of the evaluation, and aid subgrantees in strengthening their evaluation efforts on the basis of the feedback.

Grant Specific Evaluations and Studies

The Commission has provided funds for evaluation of projects which may demonstrate ways to improve the supervision, treatment, or processing of drug offenders in the criminal justice system. In these cases, funds are used to hire evaluators to establish evaluation procedures, including data collection procedures, and prepare an evaluation report on the project's impact. There are several grants in this category.

One evaluation provided with formula funds assessed the impact of an intensive supervision parole and probation program in Baltimore City. Data from the study of the persons on parole in this program suggest that results from drug tests are good indicators of eventual outcomes. The study looked at different ways in which the results from ongoing drug tests might relate to future misconduct (arrest, absconding, and technical violations). One of the strongest relationships emerges with persons who test positive on their first or second drug test while under supervision. Among this group, 35 percent are eventually arrested for a new crime, 23 percent abscond, and 33 percent are cited for technical violations. Thus over 91 percent of parolees who tested positive for drugs on their first or second test eventually failed parole. Copies of the complete study will be available by the end of the year.

Following up on the above study results, the Commission provided a grant in 1993 to Prince George's County focused on their pretrial population to quantifiably evaluate whether imposing a serious sanction (reincarceration) for the first drug positive test would reduce the potential criminal activity and at the same time reduce the drug use rate during pretrial status. Since this study was recently funded, results are not yet available.

Also funded during the past year is an evaluation of the "My Life/My Choice" program described previously. This evaluation of the Maryland National Guard project will report on the effects of this multi-intervention model for adolescents of delinquent behavior.

Governor's Portion of the Drug-Free Schools and Communities Act

The Commission also administers the Governor's portion of the federal funds available to the states under the Drug-Free Schools and Communities Act of 1986. The Commission has directed this portion of the DFSCA funds for the development of an effective statewide network of grassroots prevention activities. These activities include those dealing with providing the most effective possible prevention interventions to high-risk youth. As a result, a number of model programs have been developed throughout the state which address a range of individual, family, and community risk and protective factors. These programs are being evaluated in order to learn more about which prevention activities work; with what group; and under what circumstances. We have motivated a wide variety of community groups, agencies, religious institutions, and health, education and human services providers to become involved in community-based prevention efforts.

Furthermore, the Commission has used the DFSCA money and the Byrne Memorial block grant program in a collaborative manner when implementing community policing initiatives in local jurisdictions. The Commission has funded community policing projects with the Byrne Memorial formula grant funds to support law enforcement efforts and, in the same community, the Commission funded projects with the DFSCA funds aimed at high-risk youth so as to be a coordinated extension of the community policing effort.

Maryland Drug and Alcohol Abuse Grants Program Fund

The Maryland Drug and Alcohol Abuse Grants Program Fund is a state grant program created by Article 27, Section 297C during the 1992 General Assembly and signed into law by the Governor effective July 1, 1992. At the time the legislation was passed, there were no funds available in the FY 1993 state budget in order to implement the program.

In the Commission's FY 1994 budget, $102,000 was provided for the program and during the fiscal year a process was undertaken to award grants. Priority was given to awarding grants to community groups in support of crime prevention programs in their neighborhoods.

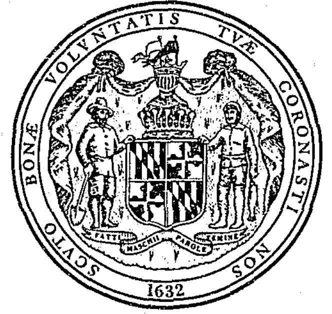
Since the total amount of funds was only $102,000, applicants were advised to limit their grant requests to non-personnel driven items such as printing or copying costs, purchase of support equipment such as base-station radios or hand-held radios, or crime prevention training programs. The intention of this guidance was twofold: 1) provide "seed money" to implement community crime prevention programs, and 2) provide as many community groups as possible with grant funds. Furthermore, each community group applying for these funds was required to coordinate their project with their local police department so that local law enforcement would be aware of and support the community effort.

While the amount of funding in this state grant program was small, the Commission funded a number of community initiatives that presented unique ways of dealing with crime prevention and drug and alcohol abuse. For example, the program funded a project in one local jurisdiction for the community organization to plant shrubbery

and plants that would prevent the use of a vacant lot in that community from being used by drug traffickers. Other grant funds were used to support the purchase of athletic equipment to reestablish a community recreation program for high-risk youth. Another community project provided funds to purchase material to board-up and seal vacant houses in the neighborhood so that they could not be used for drug trafficking. These and other projects funded through this state grant program were all in support of communities to undertake their own initiatives to deal with drugs, crime, and violence.

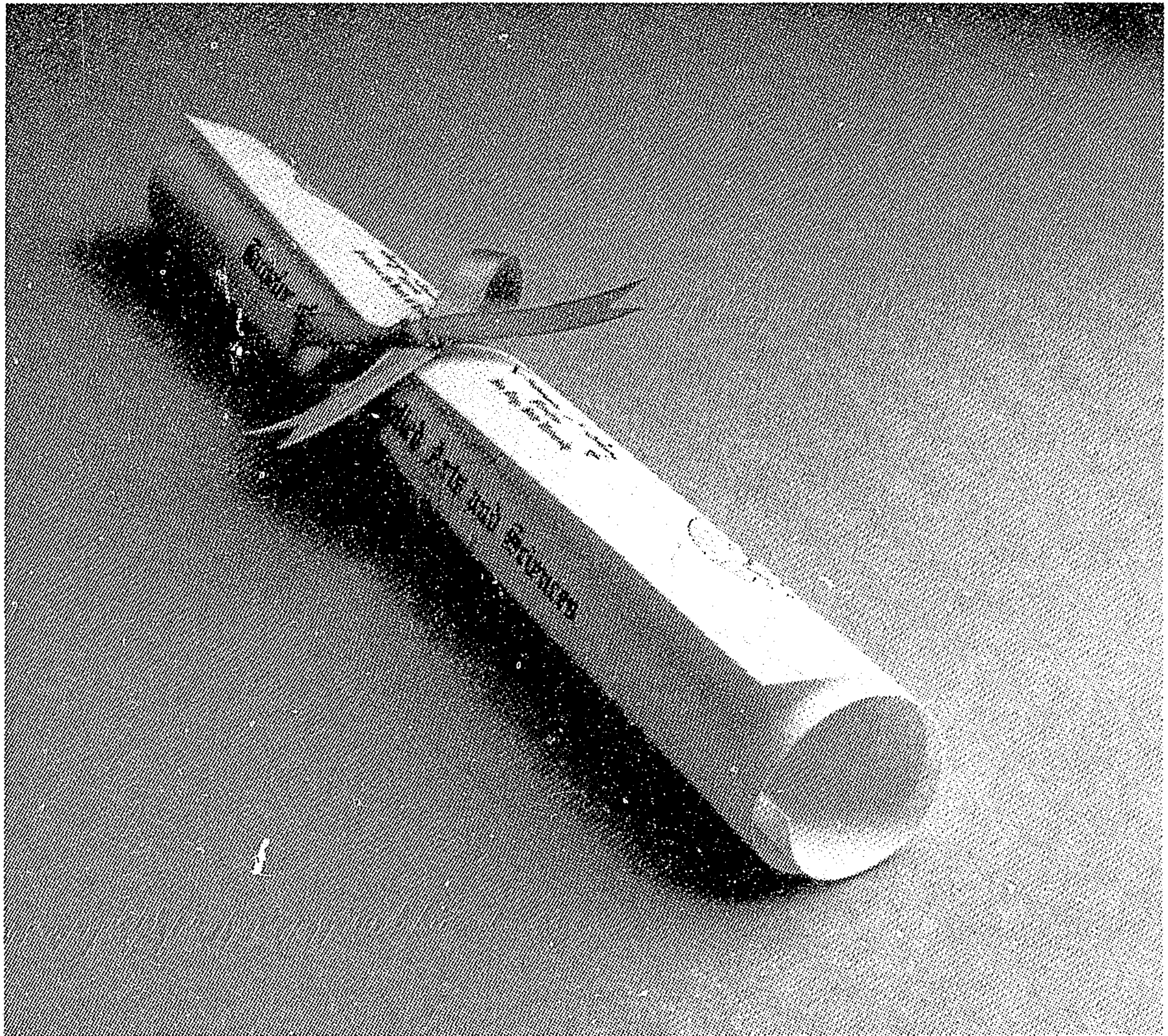
Summary

As a result of the Commission's direction in the administration of its grants programs, nearly all state departments and agencies have developed appropriate drug abuse prevention or control missions. In addition, the Commission continues to meet the formidable challenges posed by substance abuse and drug-related violence in the community by encouraging those communities to implement prevention, education, violence, and crime prevention initiatives. Through these projects and initiatives, which are designed to make more effective and efficient the use of limited state and federal resources, the Commisson is reducing the impact of substance abuse on Marylanders.



Governor's Youth Drug and Alcohol Abuse Commission

IF YOU'RE INTO DOPE, YOU MIGHT AS WELL SMOKE THIS.



There's one sure way to see your future go up in smoke.

Do drugs.

Last year alone, America's businesses lost more than $60 billion to drugs. So this year, most of the Fortune 500 will be administering drug tests. If you fail the test, you're out of a job.

The message is simple. Doing drugs could blow your whole education.

WE'RE PUTTING DRUGS OUT OF BUSINESS.

GOVERNOR'S DRUG & ALCOHOL ABUSE COMMISSION

PARTNERSHIP FOR A DRUG-FREE MARYLAND **PARTNERSHIP FOR A DRUG-FREE AMERICA**

Governor's Youth Drug and Alcohol Abuse Commission

Historical Perspective

In May 1989, a number of middle and high school youth made outstanding presentations at the first Statewide Summit on Drug and Alcohol Abuse. As a result of these impressive presentations, Governor William Donald Schaefer decided to sponsor the Maryland Youth Summit, which was held on October 3, 1989. Over 500 adolescents participating in the Youth Summit made recommendations to the Governor, other state and local elected officials, local school superintendents, the Secretary of Health and Mental Hygiene, the Secretary of Public Safety and Correctional Services, and the State Superintendent of Schools. The youth recommended that they have a larger and more active role in solving the problems of alcohol, tobacco, and other drugs.

In response to the youth's recommendations, a suggestion was made to establish a youth commission that would work with the adult commission. The primary focus of the newly formed youth commission would be to create a platform for the youth to share their concerns and ideas about teenage substance abuse. The Governor liked the idea and signed an Executive Order creating the Governor's Youth Drug and Alcohol Abuse Commission on May 3, 1990.

To establish the Youth Commission, local school superintendents were asked to identify a representative from the eleventh or twelfth grade and an alternate from the tenth or eleventh grade. The alternate would substitute when the representative was unable to attend meetings and would also become the representative in the following year. This allowed for a continuous membership of adolescents who were familiar with the workings of the Commission. At present, representatives and alternates are identified in the same fashion. Today, however, alternates serve alongside the representatives as active members of the Commission. After one year, alternates become the representatives and continue for one more year.

The first year of the Youth Commission was filled with ups and downs as the coordinator worked with various school systems' schedules and a wide variety of concerns. By the second year, things had settled down and each of the regional groups identified at least one specific issue to focus on. The issues included:

- Increasing parent/peer awareness of alcohol, tobacco and other drug problems;
- Re-energizing peers to continue substance abuse prevention efforts;
- Petitioning county commissioners to leave lights on in the park areas and to provide money for structured outdoor activities; and
- Creating alternative recreational activities.

At present, Youth Commissioners meet six times a year, including two times with the adult Commissioners. In addition to writing this section of the *Maryland Drug and Alcohol Abuse Control Plan,* Youth Commissioners have presented workshops at both national and statewide alcohol, tobacco, and other drug prevention conferences. Various Youth Commissioners are involved in planning activities at the state level and work with a variety of agencies and organizations in their own communities.

Although the members have changed during its four-year existence, the Youth Commission continues to provide youth's perspectives and ideas for helping to prevent alcohol, tobacco, and other drug abuse. The Youth Commissioners are still eager to make an impact on their peers and on the adult leaders who in turn will impact the youth.

1994 Recommendations

Now in its fourth year, the Youth Commission continues to explore Maryland's major substance abuse-related issues from a youth perspective.

The Governor's Youth Drug and Alcohol Abuse Commissioners have prioritized their 1994 Recommendations in four areas that they believe are most relevant to Maryland's youth:

- Alcohol, tobacco, and other drug education;
- Adolescent self esteem;
- Alternative activities for youth; and
- Law enforcement.

Within these focus areas, the Youth Commission has supported several existing *Maryland Drug and Alcohol Abuse Control Plan* recommendations and has developed a number of new recommendations.

Alcohol, Tobacco, and Other Drug Education

The Youth Commission supports the following *Maryland Drug and Alcohol Abuse Control Plan* recommendations related to alcohol, tobacco, and other drug (ATOD) education:

> ***Recommendation:*** *Formulate a collaborative evaluation for seven major components of the Maryland State Department of Education's comprehensive Drug-Free Schools Strategy: 1) K-12 curriculum, 2) student alcohol, tobacco and other drug policy, 3) peer leadership, 4) student assistance, 5) parent involvement, 6) school nurses, and 7) the middle grades' tobacco prevention/education initiative. Continue to evaluate each component of the Drug-Free Schools strategy and develop a statewide standardized evaluation instrument for each component.*

> ***Recommendation:*** *Increase parent awareness of the serious nature and consequences of underage drinking; existing laws pertaining to underage drinking; and how they can get assistance for their efforts to prevent underage drinking.*

Additionally, the Youth Commissioners make the following new recommendations related to alcohol, tobacco, and other drug education:

Recommendation: **A. Develop an in-depth parent alcohol, tobacco, and other drug (ATOD) education program.**

Action Step: 1. Develop a program that will educate parents about the specifics of alcoholism and addiction; the disease model concept, the symptoms of a substance abuser, and the causes of substance abuse.

Implementation: Create a team comprised of representatives from the Maryland State Department of Education (MSDE), the Maryland Alcohol and Drug Abuse Administration (ADAA), the Maryland Infants and Toddlers Program, youth, and non-profit parenting organizations (i.e., Parent Action) who will review and assess existing parenting programs for drug education content and make recommendations of model programs. Local school systems, members of student assistance teams, and local prevention coordinators will be encouraged to implement these model programs.

Action Step: 2. Publicize the parent drug-education program to all parents, with particular emphasis on those parents whose children have been identified as having an ATOD abuse problem and/or are in danger of suspension due to ATOD use, and encourage parents to attend these programs.

Implementation: A joint letter from the Youth Commission, the Governor's Drug and Alcohol Abuse Commission, the Alcohol and Drug Abuse Administration, and the Maryland State Department of Education will be sent to all local student assistance teams, principals, and Juvenile Services personnel. It will strongly encourage them to provide drug education programs to parents, specifically to those parents whose children have been identified as having an ATOD abuse problem.

Adolescent Self-Esteem

The Youth Commissioners made the following new recommendations related to adolescent self-esteem:

Recommendation: **A. Support the Maryland State Department of Education's Comprehensive Drug-Free Schools Strategy, and emphasize self-esteem as part of the curriculum and prevention/intervention programs.**

Action Step: 1. Form alliances between schools, community organizations, and government agencies to effectively address the issue of self-esteem and its impact on ATOD abuse by children and adolescents. These alliances will assist in the development of curriculum, prevention, and intervention programs that directly address self-esteem.

Implementation: A team consisting of youth and representatives from the Maryland State Department of Education (MSDE), the Governor's Drug and Alcohol Abuse Commission (GDAAC), and the Alcohol and Drug Abuse Administration (ADAA) will review and assess existing programs and make recommendations of model programs. Local Drug-Free Schools project directors and prevention coordinators will take the lead role in forming local alliances to determine which curricula will be most effective for their jurisdictions.

Action Step: 2. Provide ATOD prevention and treatment services that recognize the importance of and strengthen the self-esteem of users and their families.

Implementation: A letter from MSDE, GDAAC, and ADAA will be sent to addictions counselors, support group facilitators, and guidance counselors strongly encouraging them to incorporate self-esteem education in their delivery of services.

Action Step: 3. Provide opportunities for those adolescents who have been identified as ATOD offenders to participate in meaningful community service activities that enhance their self-esteem.

Implementation: Representatives from the Youth Commission, MSDE, GDAAC, ADAA, and the Department of Juvenile Services will develop a list of meaningful

community service activities. This list will be sent along with a joint letter from the aforementioned group to local juvenile services personnel judicial systems, prevention coordinators, and volunteer coordinators strongly encouraging them to collaborate in providing meaningful community service experiences to ATOD offenders.

Action Step: 4. Promote a variety of meaningful community service activities and volunteer opportunities for all youth to enhance their self-esteem.

Implementation: Opportunities would be coordinated through a joint effort involving guidance counselors, prevention coordinators, county partnerships, private business, and volunteer coordinators. A joint letter from the Youth Commission, MSDE, GDAAC, and ADAA will be sent to these groups listing various meaningful community service activities and encouraging their collaboration.

Alternative Activities for Youth

The Youth Commission supports the following *Maryland Drug and Alcohol Abuse Control Plan* recommendations related to alternative activities:

> ***Recommendation:*** *Continue to support community prevention services, activities, and programs that are consistent with the Commission's public health approach to substance abuse prevention. This approach prioritizes prevention activities that are targeted to known adolescent substance abuse risk and resiliency factors; involve multiple segments of the community; and include a sound evaluation plan.*
>
> ***Recommendation:*** *Support community recreation centers, and develop additional alternative activities for youth in their communities.*

The Youth Commissioners recommend the addition of the following action steps related to this recommendation:

Action Step: 1. Offer a wide variety of underage alternative activities throughout the year including, but not limited to, biweekly underage youth clubs, block parties, Prom Promise, post prom activities, Project Graduation, and various school sponsored events — i.e., pudding wrestling, donkey basketball, drama presentations.

Implementation: A team consisting of youth, the Maryland Underage Drinking Prevention Coalition, MSDE, and ADAA will take the leadership role in providing suggestions, implementing activities, and assisting local groups. A school-community approach would be most effective to ensure that alternative activities are available all year. School staff, PTA, student government, peer leadership groups, student organizations, local businesses, community organizations, and prevention coordinators would be involved in this effort.

Action Step: 2. Involve youth in every phase of planning for alternative activities.

Implementation: Adolescents will be brought into the early planning phases and remain part of the planning by the various school-community groups involved in the development and implementation of the activities. The Youth Commission should oversee this process.

Law Enforcement

The Youth Commission supports the following *Maryland Drug and Alcohol Abuse Control Plan* recommendation, related to law enforcement:

> *Recommendation: Adopt the community-oriented policing philosophy and a framework to support it throughout the state.*

The Youth Commission supports the following existing Control Plan recommendations with the additions indicated by underlines:

> *Recommendation: An interagency planning group, including youth, should be established in every county and Baltimore City to ensure all existing services and resources are used to their fullest potential in the prevention of violence and substance abuse. The state should take a leadership role in providing training in interdisciplinary planning.*

> *Recommendation: Improve lines of communication and sharing of information among law enforcement agencies, the Department of Juvenile Services, the Division of Parole and Probation, and youth.*

In addition, the Youth Commission adds the following law enforcement recommendations:

Recommendation: A. **Develop and implement consistent interpretations, enforcement policies, and judicial decisions related to underage drinking laws among law enforcement and judicial systems around the state.**

Action Step: 1. Review and document existing underage drinking laws to ensure clarity of interpretation.

Implementation: The Maryland Underage Drinking Prevention Coalition will develop and distribute a booklet on underage drinking laws in Maryland.

Action Step: 2. Provide school, community, and law enforcement presentations to educate participants about underage drinking laws and the legal and non-legal consequences of underage drinking.

Implementation: Youth and the Maryland Underage Drinking Prevention Coalition will take a leadership role in developing educational strategies and incorporating underage drinking laws and consequences into their community education presentations, materials, media campaigns, etc.

Action Step: 3. Monitor enforcement and sentencing practices of the law enforcement and judicial systems regarding underage drinking laws.

Implementation: The Maryland Underage Drinking Prevention Coalition and youth will take a leadership role in identifying and recommending local monitoring strategies.

Recommendation: **B. Increase law enforcement officers' community interaction and involvement.**

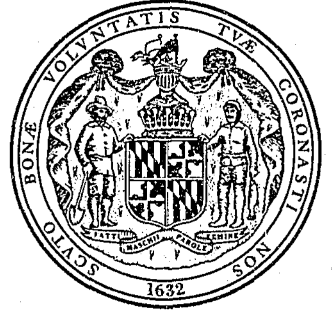
Action Step: 1. Support the involvement of law enforcement officers in community activities that illustrate and increase mutual respect between law enforcement officials and the community.

Action Step: 2. Support and encourage law enforcement officers to become more involved in community service activities in order to continuously improve relationships between officers and the community.

Implementation: Support existing community-oriented policing advisory committees, and encourage those local jurisdictions that don't already have these advisory committees to create them. The Youth Commission will send a letter to the community-oriented policing advisory committees supporting their efforts.

Action Step: 3. Encourage the inclusion of youth on Community-Oriented Policing Advisory Committees.

Implementation: A joint letter from the Youth Commission, the Governor's Drug and Alcohol Abuse Commission, and the State Office of Strategic Drug Enforcement Coordination will be sent to all community-oriented policing advisory committees suggesting and strongly encouraging the inclusion of youth on their committees.



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Acknowledgments

Since Governor William Donald Schaefer signed the Executive Order creating the Drug and Alcohol Abuse Commission in February 1989, hundreds of individuals have been involved in helping to develop the comprehensive and coordinated strategy necessary to reduce illegal drug and alcohol abuse throughout the state. Our appointed commissioners have come from a wide variety of backgrounds. Others are involved in work within different state agencies and many are volunteers from the private sector. All have the same common goal: the reduction of substance abuse throughout Maryland.

These people have served on task forces, committees and subcommittees. Many have given a great deal of their time to the effort.

What follows is, to the best of the Commission's ability, a listing of those who, since 1989, have given of their time and expertise. Titles and places of employment may have changed, task forces have given way to standing committees, some committees have been merged with others. While our job is far from over, significant gains have been made. But to all who have participated, the Commission says, "thanks."

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State Office of Strategic Drug Enforcement Coordination

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WAAI-FM
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WAFY-FM
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WAMD-AM
Aberdeen, Maryland

WANN
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WASA-AM
Havre de Grace, Maryland

The Washington Times
Washington, D.C.

Mark Wasserman, Secretary
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WBAL-AM
Baltimore, Maryland

WBAL-TV
Baltimore, Maryland

WBFF-TV
Baltimore, Maryland

WBMD-AM
Towson, Maryland

WBSB-FM
Baltimore, Maryland

WCAO-FM
Baltimore, Maryland

WCBC-AM
Cumberland, Maryland

WCEM-AM/FM
Cambridge, Maryland

WCTN-AM
Potomac, Maryland

WDCA-TV
Washington, D.C.

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WERQ-AM/FM
Baltimore, Maryland

WFMD-AM/FM
Frederick, Maryland

WFMW-FM
Frostburg State University
Frostburg, Maryland

WFRB-FM
Frostburg, Maryland

WFTY-TV
Rockville, Maryland

WHAG-TV
Hagerstown, Maryland

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Robert White
Drug-Free Workplace Initiative

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WHSW-TV
Baltimore, Maryland

WICO-AM/FM
Salisbury, Maryland

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WIYY-FM
Baltimore, Maryland

WJEF-AM/WWMD-FM
Hagerstown, Maryland

WJZ-TV
Baltimore, Maryland

WKHI-FM
Ocean City, Maryland

WLIF-FM
Baltimore, Maryland

WLVW/WQHQ
Salisbury, Maryland

WMAR-TV
Baltimore, Maryland

WMDT-TV
Salisbury, Maryland

WMJS-FM
Prince Frederick, Maryland

WMYJ-FM
Pocomoke City, Maryland

WNUV-TV
Baltimore, Maryland

WOCQ-FM
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WOLC-FM
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WPOC-FM
Baltimore, Maryland

WPTX/WMDM
Lexington, Maryland

WQSR-FM
Baltimore, Maryland

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WSER-AM
Elkton, Maryland

WTMD-FM
Towson State University
Towson, Maryland

WTOP/WASH
Washington, D.C.

WTTG-TV
Washington, D.C.

WWIN-AM/FM
Baltimore, Maryland

WWMX-FM
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WXYV/WCAO
Baltimore, Maryland

WYVN-TV
Martinsburg, West Virginia

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