THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FACSIMILE

PLEASE NOTIFY OR HAND-CARRY THIS TRANSMISSION TO THE FOLLOWING PERSON AS SOON AS POSSIBLE:

DATE: Aug. 4, 1994

TIME: 2:55 p.m.

TO : Jose Cerda

COMPANY :

FAX NUMBER: 456-7028 TELEPHONE NUMBER

Number of pages being transmitted (including this one) 19

FROM: Peter J. Edelman

OFFICE OF THE SECRETARY
200 INDEPENDENCE AVENUE, S.W.
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COMMENTS:

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

August 3, 1994

MEMORABDUM

TO: Jennifer O'Connor and Jose Cerda

FROM: Peter Edelman PBE

SUBJECT: Follow-up re Substance Abuse Issues

This memo and attachments are in response to our conversation about possible meetings and activities for the President concerning substance abuse:

1. Re the item in Secretary Shalala's report for the week of July 18-24, the President was of course right in saying that the item about weekly cocaine use was wrong. The Secretary's report said that the number of people who used cocaine weekly in 1993 was at its highest since 1985. It was not. It was in fact a little lower, although not by a statistically significant amount given the size of the sample. (See Attachment A) The error occurred because a member of our Public Affairs staff misunderstood a statement made over the telephone by someone from the Substance Abuse and Mental Health Services Administration. Everyone apologizes for the error.

While we are talking about statistics, I am also attaching a brief explanation for the discrepancy between the 500,000 figure which the Household Survey uses for weekly cocaine users and the 2.1 million figure for hard-core cocaine users which ONDCP uses. The difference is that the 500,000 figure includes no one in prison, while the 2.1 million figure takes inmates into account. (See Attachment B) Frankly, now that I understand this, I have to wonder whether the 2.1 million figure is too high, and, as Attachment B indicates, further work is under way to refine the estimates. Attachment B includes another note which explains that the Household Survey does not break heroin users out separately because the sample sizes are too small to produce reliable inferences.

2. You and Christine asked for names of people from the Administration with whom the President might meet for a briefing on substance abuse issues. I made some inquiries, and my suggestions are offered not on the basis of protocol but on the basis of people who are knowledgeable and articulate senior officials, to supplement individuals like Dr. Brown and Tom Constantine, who are obviously key officials. Key HHS senior officials, in addition to the Secretary, include Dr. Philip Lee, the Assistant Secretary for Health, and Nelba Chavez, newly confirmed as Director of SAMHSA.

The additional people who might be particularly helpful include:

-- Allan Leshner, the Director of the National Institute of Drug Abuse. He can talk about the nature of the disorder, the state of research, and the efficacy of treatment, as well as the scope of the problem statistically.

-- Dr. Enoch Gordis, the Director of the National Institute on Alcohol and Alcohol Abuse, is a nationally recognized expert in the alcohol field.

-- Mary Lee Warren, Deputy Assistant Attorney General in the Criminal Division, is particularly knowledgable and articulate on law enforcement issues in the narcotics area.

-- Robert Gelbard, Assistant Secretary of State with responsibilities regarding international drug issues, is highly regarded.

-- Elaine Johnson, Director of the Center for Substance Abuse Prevention at SAMHSA, is an expert on prevention and served as Acting Director of SAMHSA for the past two years.

In addition, there are many outside experts who would be appropriate to meet with the President: Mathea Falco of Drug Strategies, who has written one of the most readable books on drug policy and was Assistant Secretary of State in the Carter Administration; Dr. Herbert Kleber, who is associated with Joe Califano at Columbia and was Deputy Director of ONDCP under Bush; Charles O'Brien of the VA Medical Center in Philadelphia, who is an expert on treatment; Dr. David Smith of the Haight-Asbury Clinic in San Francisco; and David Hawkins of the University of Washington and Richard Clayton of the University of Kentucky, who are experts on prevention.

3. You asked for possible speech opportunities or other appearances or visits for the President. We have identified two good speech possibilities and three possible drug treatment programs to visit. Material on each is attached, but briefly they are:

-- CADCA, the Community Anti-Drug Coalitions of America, meeting in Washington October 27-29. I know you are already aware of this possibility, but I would like to add my strong support for it. You will note that Jim Copple's attached letter to my colleague, Camille Barry, makes a strong pitch for the President to come. This is an exceptionally good audience in the substance abuse field. It affords the possibility of calling on people to unite substance abuse prevention efforts with other local crime prevention and youth development efforts and partnerships, and thereby create larger partnerships and prevention strategies. It is an audience that has a terrific multiplier effect. (Attachment C)

-- The American Public Health Association annual meeting, also in Washington, October 30-November 3. This draws 10,000-12,000 people. It is a great forum for a health promotion speech saying that the ultimate success of health care reform depends on people taking responsibility to improve their diets, exercise, stop smoking or not start, reduce drinking, and not take drugs. The President should address this whole disease prevention/health promotion subject more frequently, in my view. This is a great oppoertunity to do so. (Attachment D)

-- Three outstanding drug treatment programs that the President could visit are the Family Center in Philadelphia, Arapahoe House in Thornton, Colorado, and Amity in Tucson, Arizona. (Attachments E, F, and G) Amity also operates a very interesting treatment program in a state prison outside of San Diego (the Donovan Correctional Facility). I visited the prison program in June and talked with many of the participants. It was fascinating.

4. I am sending along another copy of my memo to David Gergen of last November, which I also shared with George, Alice Rivlin, and others at the time. (Attachment H) It is still timely. The case for what we have done is even stronger, with the drug treatment and drug court parts of the crime bill added into the substance abuse treatment benefit in the health care reform, along with the fact that the President made such a strong proposal for drug treatment in the FY 1995 budget. It is still true that he needs to make it a regular theme in his public remarks on domestic social policy. His omission to do that is noticeable, I think, and is the major impetus for criticism that he has no strong substance abuse policy when in fact he does.

I hope these thoughts are helpful. Please let me know what else I can do about any of this.

ATTACHMENT A

The Weekly Report for July 18 -24 contained an error in the section including highlights from the 1993 National Household Survey on Drug Abuse. The report incorrectly stated that the "number of people who use cocaine on a weekly basis, 500,000, is at its highest since 1985." (See Attachment) Although the 1993 data do estimate the number of weekly cocaine users at approximately 500,000 (476,000), this number does not represent an increase since 1985. The data from the survey indicate that the number of weekly cocaine users has remained relatively stable. The survey estimated the number of Americans who used cocaine on a weekly basis to be 605,000 in 1985, 625,000 in 1991, 642,000 in 1992 and 476,000 in 1993. Note that the decrease from 1992 to 1993 was not statistically significant.

July 14, 1994

MEMORANDUM FOR LEON PANETTA, THE WHITE HOUSE

FROM: DONNA E. SHALALA

SUBJECT: Weekly Report for July 18 - 24, 1994

KEY DEPARTMENT NEWS

Court of Appeals Orders HHS to Reconsider Waiver: On July 12, the U.S. Court of Appeals for the 9th Circuit held that the Department failed to comply with the Administrative Procedures Act when, in 1992, it approved a Sec. 1115 demonstration project for California. The court ordered the Department to reconsider the proposed demonstration, the core element of which is a 6.3% reduction in AFDC benefits. In addition to the implications with respect to California, the decision is relevant to current deliberations regarding proposed Department policies and procedures for reviewing waiver requests.

THE WEEK AHEAD

Household Survey of Drug Abuse Results to be Released: On July 20, Lee Brown, Director of the Office of National Drug Control Policy, and I will hold a press conference to announce the findings of the Household Survey of Drug Abuse, conducted by HHS's Substance Abuse and Mental Health Services Agency (of PHS). The survey shows that rate of illicit drug use has remained flat during the 1990s, with roughly 11.7 million Americans reporting use in 1993. However, the number of people who use cocaine on a weekly basis, 500,000, is at its highest since 1985.

Florida Medicaid Waiver: The Department is in its final stages of negotiations with Florida on their request to implement the Florida Health Security Program (FHS) through a waiver. Florida's program would provide insurance to 1.1 million uninsured persons at or below 250 percent of the poverty level. Significant remaining issues are budget neutrality and the state's plan to use insurance agents to sell policies:

- Budget Neutrality: We are seeking agreement on a methodology to ensure that Florida spends no more under the

ATTACHMENT B

Discussion of hard core drug use estimates

Prepared by Joe Gfroerer, OAS, SAMHSA July 27, 1994

National Household Survey on Drug Abuse (NHSDA) results indicate that there were 476,000 weekly cocaine users in 1993. Survey estimates of weekly cocaine use and other "hard-core" drug use measures are believed to be conservative due to methodological limitations for measuring "hard-core" drug use. Sample size, coverage, and validity problems are likely to be more severe for "hard-core" drug use estimation than for most other measures generated by the survey.

Lee Brown's statement at the NHSDA press conference on July 20 cited estimates from the President's 1994 National Drug Control Strategy of 2.1 million hardcore cocaine users and 600,000 hard core heroin users. The source of these estimates is a study conducted by Abt Associates under contract with ONDCP. ONDCP released results from this study in a report entitled "Characteristics of Heavy Cocaine Users" in a press release on August 9, 1993. The details of the methodology used by Abt to estimate hard core drug use are presented in "Synthetic Estimation Applied to the Prevalence of Drug Use," by William Rhodes, in the Journal of Drug Issues, 1993. The estimates are constructed by combining NHSDA estimates with estimates of hard core drug use among arrestees from the Drug Use Forecasting (DUF) program. For example, Abt estimated 1.8 million heavy cocaine users among arrestees in 1991. They estimated that the NHSDA captured 0.3 million of this population plus 0.3 million additional users who had not been arrested. Thus, the sum of the 1.8 million arrested and 0.3 million non-arrested users was the 2.1 million total heavy cocaine users reported by Abt.

These Abt estimates attempt to compensate for NHSDA methodological limitations through the use of supplemental data. However, these estimates have important limitations.

- They rely heavily on data from DUF, which is not a probability sample of arrestees, and therefore does not support projections to national totals of arrestees. Even in the specific locations covered by DUF, generalizations are difficult due to differences in data collection procedures and nonrandom sampling at the local level.

- A lack of national data for many parameters needed to convert DUF data to national estimates required Abt to make various assumptions that could negatively impact the estimates, if incorrect.

It is clear that there is uncertainty about the size of the "hard-core" drug using population. Currently available data do not permit precise estimation, even when multiple data sources are combined. ONDCP and Abt have acknowledged this by moving ahead with the hard core drug use study. SAMHSA is collaborating on that study, and is also exploring methods of integrating NHSDA data on hard core users with external data to improve the NHSDA estimates. By integrating data in this way, we can take advantage of the nationally representative NHSDA sample and minimize the reliance on questionable assumptions.

Q. This survey doesn't say much about heroin. And you only cite cocaine issues in connection with the hard-core initiative. Does that mean heroin has ceased to be a problem? Or that we've given up doing anything about it?

A) The Department has long been aware that the Household Survey underestimates the prevelance of heroin use. Attemps to estimate heroin prevalence using modeling and multiple data sources have generally resulted in estimates of about half a million current heroin addicts. We have not given up on these addicts. The President's hard-core inititative would certainly encompass them.

The poor heroin estimation from the survey is the result of a combination of factors, including:

* the sample size is not large enough to accurately measure behaviors with such low prevalence;

* many heroin addicts do not reside in households;

* heroin addicts may be less likely to participate when selected, because they are not at home or because they refuse;

* even when they are located and interviewed, heroin addicts may be less likely to admit their heroin use (studies have shown that less socially desirable activities are more likely to be underreported).

Because of these factors, the heroin data from the Household Survey are not highlighted in reports. SAMHSA is developing ways to use the Household Survey data on heroin use in conjunction with external data to construct improved heroin prevalence estimates.

ATTACHMENT C

Community Anti-Drug Coalitions of America

701 North Fairfax Street
Alexandria, Virginia 22314-2045
(703) 706-0560, FAX (703) 706-0565

August 1, 1994

Camille Barry
Senior Drug Policy Advisor
Health and Human Services
200 Independence Ave., S.W.
Room 629-H
Washington, D.C. 20201

Dear Camille:

I enjoyed our visit on Friday, July 29, and look forward to working even more closely with your office. Community Anti-Drug Coalitions of America (CADCA) is ready to assist your office in anyway we can to address the very complex and difficult issues of substance abuse. As you requested, I am providing you at this time some detailed information about our organization and our National Leadership FORUMS.

CADCA was established by the President's Drug Advisory Council (PDAC) in October, 1992. The PDAC held three National Leadership FORUMS for leaders of the community coalition movement. President Bush spoke at all three FORUMS and several Cabinet Secretaries including, Bill Bennett, Jack Kemp and Louis Sullivan have all participated in one or all of the FORUMS. Last year, CADCA assumed responsibility for the National Leadership FORUMS as the PDAC dissolved and ceased to meet. CADCA invited President Clinton to last year's FORUM and were disappointed that he was unable to attend. Attorney General Reno and ONDCP Director Lee Brown were in attendance and addressed FORUM participants. While we appreciated their involvement, we were, nonetheless, disappointed that the President was unable to attend. Again, we have offered an invitation to the President to speak at this year's FORUM to be held at the Washington, Sheraton Hotel on October 27-29. I believe it is critical that President Clinton address this year's FORUM. Participants have come to expect Presidential leadership in this area and it is essential that President Clinton understand that he is addressing a very supportive audience. The community coalition leaders in attendance are the President's natural constituency and are very enthusiastic about many of the programs within this administration. We remain guardedly optimistic that he will accept our invitation.

CADCA is planning for over 1000 FORUM participants at this year's event. FORUM participants are community coalition members, board members and local political and community leaders. They primarily represent substance abuse coalitions, but they are also deeply involved in a whole range of community-based public health issues. They understand and appreciate the pervasiveness of substance abuse in other arenas of public health including violence, HIV issues, workplace issues and economic development. The

FORUM is a place where participants gain new information and network with other coalition leaders who share their mission.

CADCA is in the process of establishing a national advocacy network to facilitate communication and action about national policy issues. Our members are taking on an activist role in promoting changes in policies, practices and procedures related to alcohol and other drug abuse. They will receive specific training and guidance at our National Leadership FORUM.

I hope this information is helpful as you assist us in making the National Leadership FORUM V a reality. Anything you can do to help make our meeting beneficial to our nation's coalition leaders will be appreciated. Within the next week you will be receiving an invitation to be a presenter on issues related to the Crime Bill and the Ounce of Prevention program. We are hoping to have a round-table discussion where elements of this program are presented to our members. Specifics on the program will be discussed with you in the near future.

Please excuse this rather long and rambling letter outlining our FORUM and our organizational need to have the President speak to our coalition leaders. I look forward to talking with you in the near future.

Sincerely,

James E. Copple
National Director

ATTACHMENT D

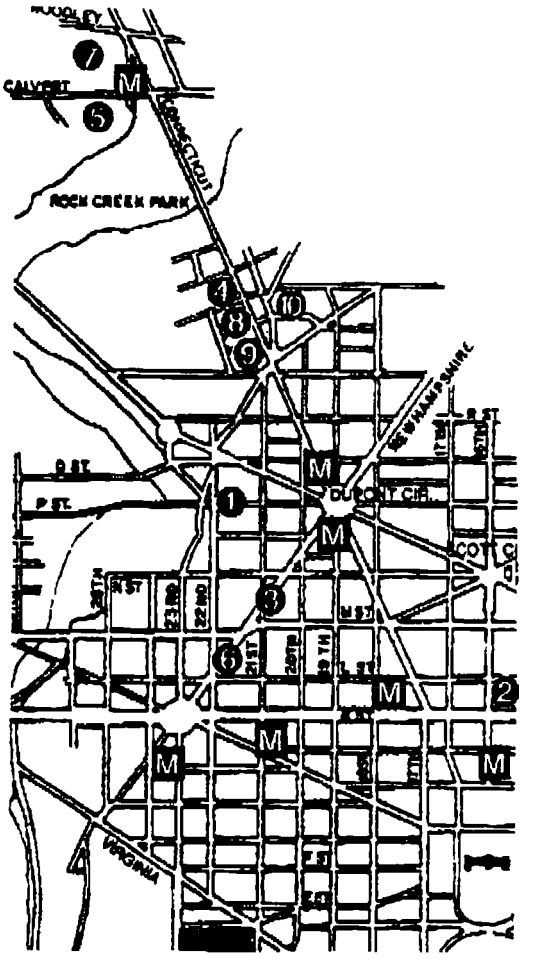
The American Public Health Association (APHA) will hold its 122nd Annual Meeting and Exhibition in Washington, D.C. on October 30-November 3, 1994, with an expected attendance of 10,000-12,000 people. Five major hotels—Capital Hilton, Omni Shoreham, Sheraton City Centre, Sheraton Washington, and Washington Hilton—will serve as APHA convention headquarters.

One of the many topics to be addressed in the section meetings is alcohol, tobacco and other drugs (see attachment). If the President were interested in this venue, a broad speech in which he could talk about drug policy among other topics would be appropriate.

Hotels

Five major hotels—Sheraton Washington, Omni Shoreham, Washington Hilton, Sheraton City Centre, and Capital Hilton—will serve as APHA convention headquarters. Discounted room rates are available from these hotels and several others in the vicinity. Rate and location information for each hotel are provided below. Reserve your space now!

Refer to code numbers (below) and map for locations.



Guide to the Location of Section Meetings

Capital Hilton
Environment; Food & Nutrition; Mental Health; Occupational Health & Safety

Omni Shoreham
Gerontological Health; Maternal & Child Health; Population & Family Planning; Social Work

Sheraton City Centre
Alcohol, Tobacco & Other Drugs; Injury Control & Emergency Health Services; Oral Health; Podiatric Health

Sheraton Washington
Community Health Planning & Policy Development; Health Administration; Laboratory; Medical Care; Public Health Education & Health Promotion; Radiological Health; School Health Education & Services; Vision Care. *Also: Exhibits, Registration and Film Festival*

Washington Hilton
Epidemiology; International Health; Public Health Nursing; Statistics. *Also: Governing Council & Job Placement Service*

Map Code	Hotel	Single Occupancy	Double Occupancy	Parlor + Occupancy	Suites (starting price) Parlor + 1 Bedrm	2 Bedrm
1.	Barceló Washington, 2121 P Street, NW		$105	$105	$150	
2.	*Capital Hilton, 16th & K Streets, NW††		$135	$155	$575	$725
	Capital Hilton (Towers Level)		$160	$180		
3.	Embassy Square Suites, 2000 N Street, NW		$89	$89	$115	$179
4.	Normandy Inn, 2118 Wyoming Avenue, NW		$95	$105		
5.	*Omni Shoreham, 2500 Calvert Street, NW††		$129	$149	$325	$425
6.	*Sheraton City Centre, 1143 New Hampshire Avenue, NW		$114	$119		
7.	*Sheraton Washington, 2660 Woodley Road, NW††		$139	$159	$252	$363
8.	Sofitel Washington, 1914 Connecticut Avenue, NW		$130	$140		
9.	Washington Courtyard by Marriott, 1900 Connecticut Avenue, NW		$100	$115		
10.	*Washington Hilton, 1919 Connecticut Avenue, NW††		$134	$154	$275	$425
	Washington Hilton (Towers Level)		$164	$184		

* Meetings will be held at these locations and shuttle bus services will be provided between these hotels.

††As of April 1994, these hotels are not experiencing labor disputes and are unionized.

Please note: All rates are subject to prevailing taxes. Non-smoking rooms are available (in limited quantities) at all hotels.

ATTACHMENT E

Family Center (Philadelphia, Pennsylvania) is designed to offer specialized care for chemically dependent pregnant/post-partum women and their infants. The Center includes an outpatient treatment program, a residential treatment facility, parent-child centers, and a research division. Intensive, multi-modality treatment programs are intended to facilitate the best possible physical, psychological, and sociological outcomes for mothers and children.

In addition to providing methadone maintenance for opiate-dependent women, the **outpatient program** provides comprehensive medical, psychotherapeutic, and case management services to substance abusing women and their children. Treatment is directed towards achieving and maintaining a drug-free lifestyle, increasing coping skills, improving interpersonal relationships and strengthening the parent/child bond. In addition to weekly individual and group psychotherapy, an in-house 12-step addiction group, parenting groups, prenatal and health education and AIDS prevention counseling are also provided. Traditional addiction treatment approaches have been modified in order to accommodate gender, race, language, and culture-specific issues.

The **residential program**, known as My Sister's Place, provides housing, intensive substance abuse counseling and medical treatment, as well as case management services for addicted women and their children. Women must be pregnant or have at least one child under the age of 6 to bring to the program. My Sister's Place is part of a current NIDA research demonstration project, and thus has limited data on which to base any final, rigorous evaluation. The program's long term objective is to develop effective treatment/rehabilitation methods so that drug dependent women with children can become drug free, economically independent, and empowered to create an environment for themselves and their children that will break the intergeneration cycle of addiction and dysfunction. Immediate objectives are to provide effective treatment for maternal addiction; to promote a safe and healthy pregnancy and perinatal outcome; to provide intervention to facilitate optimal development of the children; and to provide maternal education and job training in order for mothers to reenter society as productive members of the community.

The **parent-child** centers provide an early education intervention program of both mothers and children. The primary focus of the Centers is to develop and to enhance positive responsive parenting skills in order to promote optimal development of the children.

ATTACHMENT F

Arapahoe House (Thornton, Colorado) provides detoxification, DUI education and therapy, residential, day treatment and outpatient services to substance abusers and their families. One particularly interesting project, The Project to Reduce Over Utilization of Detoxification -- PROUD -- targets homeless and chronically debilitated substance abusers. PROUD focuses on the provision of case management services by pairs of case managers, to help break the cycle of repeated visits for detoxification services. Case management is used to link each client with an optimal mix of services and benefits that match his/her individual needs. These clients typically exhibit multiple problems in addition to their substance abuse, and thus substance abuse treatment is only one of a network of services to which clients are connected. The most common first priority for this population is stable housing, with health services, vocational rehabilitation and mental health services a second-order priorities.

ATTACHMENT G

Amity (Tucson, Arizona) runs a jail-based therapeutic community for adults with substance abuse problems. As with other therapeutic communities, substance abuse is seen largely as a manifestation of severe alienation from self, family, and society. Thus, education toward rehabilitation focuses on the complete lifestyle change needed by participants. Education focuses on improving communications skills, abstinence from illicit substances, employability, an understanding of one's personal history and problems, and the successful development of support networks.

Some of the basic program elements of this program include: individual counseling; encounter group therapy, where issues, disagreements, and other questions that may come up are talked through in a frank, confrontational style; video playback (usually of encounter group meetings), where an individual can "see himself as others see him;" workshops and seminars regarding successful life skills and community and family reintegration; expressive therapy (art, music, drama); recreation; academic instruction; popular books, magazines and media to reorient clients to current events; work, where participants are responsible for a variety of housekeeping, kitchen, maintenance and related tasks; 24-hour retreats, which produce intense doses of interaction and learning; and integrating males and females, in an attempt to address issues of family and sexuality and learn from others' perspectives.

The goal of all these activities is to build pro-social attitudes of trust, cooperation, and personal responsibility, to help individuals down the road to successfully living and coping in the "real world."

ATTACHMENT H

November 4, 1993

Memorandum to David Gergen from Peter Edelman

The President is being attacked from left and right, literally, on his drug and alcohol abuse policy or lack of it. The latest salvo was from Judge Bonner, a Republican Bush appointee, who on leaving as head of the DEA blasted the President for weakness on law enforcement. To my knowledge, no defense was offered from the Administration, or at least none that appeared in any prominent place, not even the defense that this man was a partisan Republican. A couple of weeks ago the Administration's so-called interim drug strategy was released to resounding yawns and widespread criticism that it represented nothing new (i.e., it was the "same old" law enforcement-dominated approach with vague, nonspecific promises to emphasize treatment and prevention). We are losing the argument in both directions. It may be great campaign strategy to be attacked from both left and right, but that works only when one has staked out a place to occupy in the center.

We urgently need a strategy, both a substantive strategy and a communications strategy. I want to list for you some possible elements of a strategy, but I want to emphasize at the outset that none of it will be credible without a concrete investment of funds in drug and alcohol treatment and prevention in fiscal 1995. Any other combination of elements will be subject to the same criticism we are now encountering.

1. The President needs to talk more about drugs, about alcohol, and about the connection of both to crime and violence. He has been talking, passionately and movingly, about violence. He has visited trauma centers and talked about the unnecessary health costs that multiply the human tragedy. Drugs and alcohol are associated with a huge proportion of the violence that brings people to emergency rooms. They are associated with a huge proportion of the violence that victimizes women and children in their own homes. The turf wars that are killing young men and innocent bystanders in cities are about drugs. The car accidents that snuff out young lives and other lives in head-on collisions are heavily related to alcohol. Drugs and alcohol are costing us thousands of lives and billions of dollars. (Some relevant statistics are listed at the end of this memo.)

There is a larger theme here: prevention in relation to the health care reform, especially violence prevention but also all prevention of bad and costly health outcomes. If we can get people to change their behavior in relation to many things -- eating fat and cholesterol, smoking, and of course drugs, drinking, and violence -- we can have a major impact on the cost of health care

and therefore on the premiums that people are going to pay for their health insurance. This is the true cost containment. We all have the keys to cost containment in our own pockets if we will just take greater responsibility for our own behavior.

A key part of this larger theme is the public health reform portion of the health care reform, which is vitally important but has received almost no public attention. As you know, guaranteeing health security to individual Americans does not address the need for additional capacity in underserved areas, the need to promote the development of the health professions, and, especially relevant here, health promotion and disease prevention activities. The public health reform will provide support for the kind of broader prevention activity that can help induce people to change their behavior. The public education campaigns on smoking, seat belts, and drunken driving show that it can be done. Presidential leadership and public health reform go hand in hand to convince Americans that prevention is vital to our economic, social, and physical health.

2. We need a credible budget strategy which shows that we are taking greater steps to reduce demand at the same time as we remain committed to tough law enforcement. There needs to be an immediate, tangible change in direction in drug and alcohol abuse policy. The fiscal 1995 budget recommendations will be transmitted from OMB to the President on December 1. In view of the continuing negative public comment, the President might consider announcing right now, in advance of the December 1 date, that he expects to alter the balance by ending supply-reduction activities that have proven ineffective and investing more in treatment. Even a $200 million reduction in interdiction (adequately defended) and a similar increase in the treatment investment would help a lot. Together with the investment of $300 million over three years in drug treatment in federal and state prisons in the crime bill, the President could then say he is adding over a quarter of a billion dollars annually for drug treatment.

3. There is another message point that we have not made. There is an important fact that critics fail to recognize. Large elements of the President's program that are not specifically denominated drug abuse policies are nonetheless absolutely on point as drug and alcohol abuse policy:

- o community policing (and 50,000 more police on the street) will result in safer streets, more arrests of drug dealers, and less drug dealing as a consequence.

- o empowerment zones and enterprise communities will strengthen neighborhoods (and directly increase substance abuse treatment in some cases) and thereby reduce drug dealing and drug abuse.

o Head Start expansion, family preservation, and welfare reform will strengthen families and prevent drug addiction.

4. The health care reform contains a major new investment in drug and alcohol treatment. The individual benefit which is guaranteed to all Americans provides for residential care, intensive day treatment, and counseling. Beginning when health care reform becomes effective, this is a major step forward in substance abuse policy. It deserves prominent mention and emphasis as part of our drug and alcohol abuse strategy, although it will of course not become effective until the health reform is implemented. (This is separate from the public health reform mentioned earlier.)

There are two bottom lines here: 1) There is no reason for silence in the face of attacks that we are doing nothing. We are improving law enforcement, we are improving treatment, we are investing in prevention. This is not just a matter for the President. Everyone who communicates on his behalf should be able to speak affirmatively and positively about our substance abuse policy; and 2) We are missing some key elements of substance to make our defense credible. Unless we find a way to invest more in treatment in fiscal 1995 by reducing our budget for failed interdiction activities and effectively moving funds from that area to treatment, at a level of about $200 million, the entire rest of our message will not hold together.

(Key Facts for possible use in remarks and responses are attached.)

Key facts:

- Care related to or stemming from substance abuse and addiction costs the health care system about $140 billion a year, something like 1 out of every 7 dollars we spend on health care. The total economic cost, including treatment and all indirect costs, of alcohol and drug abuse and smoking is about a quarter of a billion dollars a year. This is about $1000 for every man, woman, and child in America.

- 75% of trauma victims test positive for drug use.

- Alcohol and/or drug abuse are implicated in something like 80% of all domestic violence, 75% of all rapes and child molestations, and 75% of all homicides and suicides.

- In 1990, there were more than 370,000 drug-related emergency-room episodes and the number has been going up since. At one major teaching hospital 28% of all intensive care admissions and 40% of all intensive care costs were attributed to substance abuse.

- With only 5% of the world's population, Americans consume 60% of the world's cocaine.

- Prevalence of violence among alcohol abusers is 12 times higher than general population, and 16 times higher among drug abusers.

- 75% of inmates in state prisons and jails have a substance abuse problem serious enough to warrant treatment.

- A third of AIDS cases are directly or indirectly related to injection drug use.

- Almost half of all traffic fatalities are alcohol-related. 2 out of 5 Americans will be involved in an alcohol-related motor vehicle crash in their lifetime.

December 13, 1993

POINTS FOR PRESIDENT'S ANTIVIOLENCE PROGRAM
(Peter Edelman and Phil Heymann)

1. Enact the crime bill (especially community policing)

2. Next steps on guns (whatever the President decides to propose)

3. Media (President announces he is inviting leaders of all the media -- networks, cable, filmmakers, record companies, video toys -- to White House for meeting to discuss what they can do. This obviously needs careful honing of list of requests and knowledge of how they are going to respond.)

4. Neighborhood and community-wide antiviolence coalitions (These are absolutely key to the President's call to take our cities back block by block and neighborhood by neighborhood. They are developing on their own in many communities. We have worked with Denver and Omaha, but seven cities in Texas have action plans for crime prevention connected to broad-based coalition building, and cities like San Diego and Seattle have done their own city-wide task forces. Fort Worth says it has reduced crime in all categories by 25 to 30 percent by the totality of its activities. Could say U.S. Attorneys will lead federal team to draw on federal expertise to help in any city that wants it. Could also propose modest federal cash assistance on a formula basis to states and major cities as "glue" to start up and staff the coalitions. Major message point here: everyone has to take responsibility.)

5. Drug and alcohol treatment (This goes here because drugs and alchol are so closely interwoven with so much of the violence. There will be a new hard-core drug and alcohol abuser treatment initiative in the FY 95 budget and there is a significant criminal justice drug treatment portion of the crime bill.)

6. Federal law enforcement activities to prosecute and assist local prosecution of violent crime:
-- At local level, define the problem, inventory federal and local prosecution and investigative resources, and develop joint anti-violence strategy. Use integrated force of federal investigators (FBI, DEA, and Customs) to work with local law enforcement.
-- Design federal role as part of the locally determined strategy, based on special advantages of the various federal tools available to assist.
-- Coordinate and share intelligence among federal and local law enforcement agencies.
-- Create new Violent Crime Section in Criminal Division to support training, help in the field, facilitate coordination and share intelligence and ideas.

7. Safe schools (Enact the Safe Schools Act and the Safe and Drug-Free Schools and Communities Act portion of the Elementary and

Secondary Act reauthorization)

8. Million Mentors Initiative (Get a million mentors out there with young people -- there are perhaps 150,000 to 200,000 now by rough estimates, so this is a reasonable aim. This is prototypical reinventing government. Doing good mentorship programs is neither simple nor free. It requires careful organization to recruit, screen, train, supervise, monitor, support, and provide logistical assistance for mentors. Could propose small grant program to states to distribute as they think most wise. Leverage would be multiplied many times over, because the heart of the effort would be private action.)

9. Turn schools into community centers and enact "Ounce of Prevention" program in crime bill (Would enable nonprofit organizations, colleges, and others to work with schools within neighborhoods to reach "at risk" youth with after-school, evening, and summer academic enrichment and recreation, with lots of adult role models to create meaningful adult relationships for kids who so often lack them, and organized activities to connect youth to labor market. Call for enactment of Ounce of Prevention (Dodd) and Bradley-Danforth-Domenici amendments in crime bill to do these things. Major message point here: There is a tendency to send the message that all youth or all youth in certain categories are threats. All youth have strengths and we need to build on them even as we punish those who engage in violence. Need to treat youth as assets, not collections of problems.)

10. Massive public education
- re guns as dangerous consumer products
- re "time out" or "squash it" to appeal to kids to settle disputes nonviolently
- re real men don't beat women
- re underage drinking

(fund Centers for Disease Control to work with private sector to develop messages)

11. Use national service to get full-time volunteers into violence reduction and prevention activities (Call on everyone involved at grass-roots and on up to make this a priority in implementation of the program.)

12. Get prosecutors and police and social service people to cooperate in each community to implement tough domestic violence arrest and prosecution protocols and safe places for battered women and children to go (Enact Violence Against Women Act provisions in crime bill. Message point: there is a continuity of violence. What children see and experience at home reflects itself all too often in their later behavior.)

13. New hate crimes legislation

14. Strengthen families and parenting skills (Implement recently enacted Family Preservation legislation)

15. Promote jobs and opportunity and hope for young people (This is a missing piece at present, especially for young men, since we will concentrate some effort on young women via welfare reform -- we need some kind of youth employment initiative as part of Job Training Partnership Act reorientation, concentration of resources within national service, or connected to Bill Galston's zero to three year old initiative. Bob Reich tells me he has a $5 billion idea to revive the CCC -- not bad <u>if</u> we could find the money.)

16. Cut red tape for localities, develop improved on-line computerized information about federal resources, new resource guides and how-to manuals about promising activities to reduce violence.

NOTE: Martin Luther King's birthday would be a good time to do something or things to dramatize all of the above -- possibly a speech or lead a march against violence or go to Lincoln Memorial or meet with kids and talk about Dr. King or some combination.

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

November 29, 1993

NOTE TO JOSE CERDA

FROM: PETER EDELMAN PBE

SUBJECT: **Drug Strategy Meeting**

Here is the memo I mentioned to you which, amended to reflect later events, could perhaps serve at the basis for some talking points. The following are my suggestions for who should be invited to a strategy meeting, which I suppose should occur before the budget cross-cut meeting with the President.

Alice Rivlin
Chris Edley
George Stephanopoulos or Mark Gearan
Christine Varney
Ricia McMahon
Skila Harris or designee
Charlotte Hayes
John Podesta
Carol Rasco or Bruce Reid
Marcia Hale
John Baggett
Mike Lux
Ricki Seidman
Liz Bernstein
Jennifer O'Connor

November 4, 1993

Memorandum to David Gergen from Peter Edelman

The President is being attacked from left and right, literally, on his drug and alcohol abuse policy or lack of it. The latest salvo was from Judge Bonner, a Republican Bush appointee, who on leaving as head of the DEA blasted the President for weakness on law enforcement. To my knowledge, no defense was offered from the Administration, or at least none that appeared in any prominent place, not even the defense that this man was a partisan Republican. A couple of weeks ago the Administration's so-called interim drug strategy was released to resounding yawns and widespread criticism that it represented nothing new (i.e., it was the "same old" law enforcement-dominated approach with vague, nonspecific promises to emphasize treatment and prevention). We are losing the argument in both directions. It may be great campaign strategy to be attacked from both left and right, but that works only when one has staked out a place to occupy in the center.

We urgently need a strategy, both a substantive strategy and a communications strategy. I want to list for you some possible elements of a strategy, but I want to emphasize at the outset that none of it will be credible without a concrete investment of funds in drug and alcohol treatment and prevention in fiscal 1995. Any other combination of elements will be subject to the same criticism we are now encountering.

1. The President needs to talk more about drugs, about alcohol, and about the connection of both to crime and violence. He has been talking, passionately and movingly, about violence. He has visited trauma centers and talked about the unnecessary health costs that multiply the human tragedy. Drugs and alcohol are associated with a huge proportion of the violence that brings people to emergency rooms. They are associated with a huge proportion of the violence that victimizes women and children in their own homes. The turf wars that are killing young men and innocent bystanders in cities are about drugs. The car accidents that snuff out young lives and other lives in head-on collisions are heavily related to alcohol. Drugs and alcohol are costing us thousands of lives and billions of dollars. (Some relevant statistics are listed at the end of this memo.)

There is a larger theme here: prevention in relation to the health care reform, especially violence prevention but also all prevention of bad and costly health outcomes. If we can get people to change their behavior in relation to many things -- eating fat and cholesterol, smoking, and of course drugs, drinking, and violence -- we can have a major impact on the cost of health care

and therefore on the premiums that people are going to pay for their health insurance. This is the true cost containment. We all have the keys to cost containment in our own pockets if we will just take greater responsibility for our own behavior.

A key part of this larger theme is the public health reform portion of the health care reform, which is vitally important but has received almost no public attention. As you know, guaranteeing health security to individual Americans does not address the need for additional capacity in underserved areas, the need to promote the development of the health professions, and, especially relevant here, health promotion and disease prevention activities. The public health reform will provide support for the kind of broader prevention activity that can help induce people to change their behavior. The public education campaigns on smoking, seat belts, and drunken driving show that it can be done. Presidential leadership and public health reform go hand in hand to convince Americans that prevention is vital to our economic, social, and physical health.

2. We need a credible budget strategy which shows that we are taking greater steps to reduce demand at the same time as we remain committed to tough law enforcement. There needs to be an immediate, tangible change in direction in drug and alcohol abuse policy. The fiscal 1995 budget recommendations will be transmitted from OMB to the President on December 1. In view of the continuing negative public comment, the President might consider announcing right now, in advance of the December 1 date, that he expects to alter the balance by ending supply-reduction activities that have proven ineffective and investing more in treatment. Even a $200 million reduction in interdiction (adequately defended) and a similar increase in the treatment investment would help a lot. Together with the investment of $300 million over three years in drug treatment in federal and state prisons in the crime bill, the President could then say he is adding over a quarter of a billion dollars annually for drug treatment.

3. There is another message point that we have not made. There is an important fact that critics fail to recognize. Large elements of the President's program that are not specifically denominated drug abuse policies are nonetheless absolutely on point as drug and alcohol abuse policy:

- o community policing (and 50,000 more police on the street) will result in safer streets, more arrests of drug dealers, and less drug dealing as a consequence.

- o empowerment zones and enterprise communities will strengthen neighborhoods (and directly increase substance abuse treatment in some cases) and thereby reduce drug dealing and drug abuse.

o Head Start expansion, family preservation, and welfare reform will strengthen families and prevent drug addiction.

4. The health care reform contains a major new investment in drug and alcohol treatment. The individual benefit which is guaranteed to all Americans provides for residential care, intensive day treatment, and counseling. Beginning when health care reform becomes effective, this is a major step forward in substance abuse policy. It deserves prominent mention and emphasis as part of our drug and alcohol abuse strategy, although it will of course not become effective until the health reform is implemented. (This is separate from the public health reform mentioned earlier.)

There are two bottom lines here: 1) There is no reason for silence in the face of attacks that we are doing nothing. We are improving law enforcement, we are improving treatment, we are investing in prevention. This is not just a matter for the President. Everyone who communicates on his behalf should be able to speak affirmatively and positively about our substance abuse policy; and 2) We are missing some key elements of substance to make our defense credible. Unless we find a way to invest more in treatment in fiscal 1995 by reducing our budget for failed interdiction activities and effectively moving funds from that area to treatment, at a level of about $200 million, the entire rest of our message will not hold together.

(Key Facts for possible use in remarks and responses are attached.)

11/29/93
This is no longer correct. The weakness of the treatment benefit makes great attention to FY 1995 all the more important.
Peter Edelman

Key facts:

- Care related to or stemming from substance abuse and addiction costs the health care system about $140 billion a year, something like 1 out of every 7 dollars we spend on health care. The total economic cost, including treatment and all indirect costs, of alcohol and drug abuse and smoking is about a quarter of a billion dollars a year. This is about $1000 for every man, woman, and child in America.

- 75% of trauma victims test positive for drug use.

- Alcohol and/or drug abuse are implicated in something like 80% of all domestic violence, 75% of all rapes and child molestations, and 75% of all homicides and suicides.

- In 1990, there were more than 370,000 drug-related emergency-room episodes and the number has been going up since. At one major teaching hospital 28% of all intensive care admissions and 40% of all intensive care costs were attributed to substance abuse.

- With only 5% of the world's population, Americans consume 60% of the world's cocaine.

- Prevalence of violence among alcohol abusers is 12 times higher than general population, and 16 times higher among drug abusers.

- 75% of inmates in state prisons and jails have a substance abuse problem serious enough to warrant treatment.

- A third of AIDS cases are directly or indirectly related to injection drug use.

- Almost half of all traffic fatalities are alcohol-related. 2 out of 5 Americans will be involved in an alcohol-related motor vehicle crash in their lifetime.

PRINCIPLES/IDEAS FOR PRESIDENT TO EMPHASIZE ON VIOLENCE

I. Message

o Stop the killing

o Both . . . and: law enforcement and prevention. Law enforcement can't do the job by itself. Law enforcement officers are the first to say so.

o Violence is pervasive, not just on the street. It's in families, it's against women, it's hate violence, it's sexual assault.

o There is a continuity of violence. What children see at home or experience themselves reflects itself all too often in their later behavior.

o Drugs and alcohol are closely interwoven with violence. Massively associated with domestic violence, child abuse, auto accidents. Killings on streets over drug turf. All of this sends message to children that violence is the best way to settle an argument. Immensely costly to the health care system.

o Responsibility -- everyone has a responsibility: public and private across the board, but also must instill a sense of responsibility in citizens themselves, especially young people.

o Must give people hope, have to have a reason for hope. Can't build enough prisons to lock up all the perpetrators unless we create real reasons for hope.

o Must say and teach, over and over, violence is not the way to settle disputes. Stop the killing.

o This is a genuine national crisis. Everyone has to get involved.

II. Policies

o Enforce the law. Lock up the bad people. (Pass the crime bill.)

o Community policing to make the streets safe. (Pass the crime bill.)

o Build antiviolence coalitions everywhere to strengthen neighborhoods and communities. Support people in neighborhoods coming together, working with elected officials, business leaders, clergy, schools, police, etc. to take back the streets. Mothers Against Drunk Driving as model. Federal interagency response to help

build coalitions. (Examine all federal programs that support community partnerships for prevention, e.g., in the drug area, to consolidate and coordinate for effectiveness.)

o Massive public education. Don't use violence to settle disputes. Guns are dangerous. Real men don't beat up women. Preventive health by controlling our own behavior is the real cost containment for health reform: less violence, less drinking, less drug abuse will save billions in health care costs. (Fund Centers for Disease Control to come up with effective messages.)

o Take guns away from bad people, educate everyone about how dangerous it is to have a gun, and make guns a little less dangerous. Assault weapon ban. Juvenile possession ban. Regulate extra-destructive ammunition. Enforce concealed weapon bans and take away guns from people in the street. Tighten regulation of dealers. Ban laser sights. Stop advertising campaigns directly at women and young people.

o Urge media to be responsible. Cable and films as well as networks. PSAs and proactive messages in shows as well as reduction of gratuitous violence.

o Schools. Teach nonviolence. Mediation and conciliation.

o Keep kids constructively engaged -- after school and summer. Build ties to labor market. (Enact pending school-to-work legislation.)

o Lots of mentoring and adult role models.

o Strengthen families and parenting skills. (Implement recently enacted Family Preservation legislation.)

o Opportunity.

o Hope for the future.

THE WHITE HOUSE

WASHINGTON

TO: John Podesta

FROM: Carol H. Rasco

SUBJ: State of the Union

DATE: December 22, 1993

Following the 8 a.m. Senior Staff meeting direction regarding the compilation of materials for the State of the Union, I have attached the expanded paper from the Violence Interagency Task Force which we saw in an earlier form in the meeting in my office recently with Peter and Phil.

In addition to this piece, I have asked Bill Galston to forward to you a memo he recently did for the President on education themes for the coming year. The subsequent budget decisions give further weight to this memo.

Finally, the themes outlined in the draft discussion paper on welfare reform should be a part of the compiled materials; Bruce Reed can provide a copy of that document if you need an additional one.

These three items along with health care reform and its themes would be the favored and "short list" of items for a narrowed list for inclusion in the State of the Union from the Domestic Policy Council staff perspective.

Thank you.

cc: Bill Galston
Bruce Reed

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FACSIMILE

PLEASE NOTIFY OR HAND-CARRY THIS TRANSMISSION TO THE FOLLOWING PERSON AS SOON AS POSSIBLE:

DATE: Dec. 22, 1993

TIME: 4:00 p.m.

TO : Carol Rasco

COMPANY :

FAX NUMBER: 456-2878 TELEPHONE NUMBER

Number of pages being transmitted (including this one) 13

FROM: Peter Edelman

OFFICE OF THE SECRETARY
200 INDEPENDENCE AVENUE, S.W.
WASHINGTON, D.C. 20201
(202) 690-7000 FAX NO. (202) 690-7595

COMMENTS:

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 21, 1993

MEMORANDUM

TO: Carol Rasco

FROM: Peter Edelman PBE

SUBJECT: Ideas concerning violence for possible inclusion in State of the Union Message

Attached is the document we discussed. This is also the guts of the 10 page report you will receive from the working group the first week in January in addition to the Executive Summaries, which will be about 5 pages apiece. We have now told the individual groups that their longer reports are due to us on January 17. This will give them enough time to reflect the editing suggestions we made to them. If it seems useful, we could go through another round of comment and editing at that time.

The attached document reflects the input of about 15 to 20 people -- the members of our steering committee and the working group chairs. I would welcome your comment or Bruce's comments or anyone else's as to substance, tone, organization, or anything else. We can expand on anything that needs elaboration, reduce discussion of matters where we are stating the obvious or being unduly repetitive, etc.

It would be very helpful to get feedback. I hope you find the document helpful. Happy holidays!

December 21, 1993

SOME IDEAS FOR STATE OF THE UNION MESSAGE
(From Interagency Task Force on Violence)

The startling escalation in violence in the last few years has produced pervasive fear and concretely altered the quality of life for millions of Americans. Drive-by shootings, killings over drug turf, and gang-related violence have reached suburbs, smaller cities, and small towns all over the nation. Homicide rates have soared. Children are killing children.

Guns are everywhere. There are now over 200 million firearms in the United States. Half the households in the country now have a firearm.

Drug and alcohol abuse cause the toll to mount and add immensely to our national bill for health care. The incidence of violence among alcohol abusers is 12 times higher than the rate in the general population, and 16 times higher among drug abusers.

Americans are coming to realize that violence in the home is far more prevalent than they thought, and closely related to what happens in the street. Between 2 and 4 million women are seriously assaulted by their domestic partners each year, including 1300 to 1400 who are murdered by their husband or partner, accounting for 40 percent of all homicides of women. Over 3 million young children witness parental violence each year, and there are nearly 900,000 confirmed reports of child abuse. Each year some 1300 children die as a consequence of abuse or severe neglect.

The consequences are devastating in the longer run as well as immediately. Too many children model their later behavior on what they see and experience at home -- reinforced, sad to say, by what they see on television and at the movies and what they hear in the music they listen to. The average American child watches 28 hours of television a week, and sees 8000 homicides and 100,000 acts of violence before he or she finishes elementary school. The emotional, physical, and sexual abuse of children, unacceptable in itself, is part of a continuity of violence that we must understand much more fully than we now do.

The President began a process of national self-examination about the damage we are doing to ourselves with his eloquent and profoundly thoughtful speeches in Memphis on November 13. People feel that this is a time of crisis. Crises, though, present both danger and unusual opportunity for change. So this is both a time of risk and a time to seize the moment and assume a common responsibility to restore coherence and hope to life for every American.

The answers, unfortunately, are not simple. There is a whole series of "both ... ands" in what we must do. We need both law

enforcement and prevention. We need both short-range and long-range strategies. We need both national policy and local action. We need both public policy and private initiative. We need both carrots and sticks. We need to bring to together every segment of our nation and our communities to deal with every aspect of the diversity of violence. We need all of us on all of this.

We absolutely have to begin with safety. It should be a given but it is not. People must feel secure at home and as they go out to work and shop. Children must feel secure on their way to and from school and while they are there, and when they are out playing in the neighborhood. Older Americans must feel secure as they enjoy the fruits of their retirement. Assuring the physical security of every American is where we must start.

But if all we do to assure safety is enforce the law, as fundamental and essential as that is, the irony is that the destruction of order will continue and worsen. Law enforcement is a form of prevention, but it is not sufficient. If we invest only in more prisons, we will never have enough prisons to lock up all the perpetrators. Law enforcement professionals are the first to say this. They know that ultimately, they cannot do their job effectively unless the community joins them -- first, to help make the streets safe, but second, to take all the other steps that are necessary to create economic opportunity and to strengthen families, neighborhoods, schools, and communities. These are the steps that in the long run will change the climate and the conditions which fuel so much of the violence. The key is prevention, to start as early as necessary to stop violence before it starts.

NO

We go into detail below, but national policy to prevent violence before it starts includes focusing on how guns are used, who has them, and how they are made, urging the media to be more responsible, and investing in our people, especially our children. Local policy must include neighborhood and community-wide partnerships and coalitions to reduce and prevent crime and violence and reach out to young people to provide role models, educational enrichment, and connections and, in the end, hope. It must include strategies to strengthen families, neighborhoods, and schools, and specific interventions like mentoring and educational enrichment. It must include more attention to victims.

We believe the President can use the bully pulpit to educate and celebrate and inspire, as he has already done in so many ways. He can educate us all as to what each of us can do to take responsibility. He can educate us as to just how pervasive the violence is -- in the home as well as on the street, the hate violence as well as the street crime, the suicides as well as the homicides. He can educate us by telling us that guns are dangerous consumer products, that violence is not the way to settle disputes, that we should have respect for and value human life, that real men

o/w

don't beat women, that teens should not be drinking, and that no one should be using, distributing, or selling drugs.

And it is so important that the President can celebrate what works. He can tell the people that we have many things we can do, things that work. This is a time for us to act, not retreat behind locked doors. There are neighborhood and community-wide antiviolence coalitions and programs in cities across America that are making a difference. The Beacons program in New York is turning schools into community centers. New Futures in Savannah, the Omega Boys Club in Oakland, El Puente in Brooklyn, Youth Development, Inc. in Albuquerque, City Year in Boston, Rheedlen in Manhattan, and Youthnet in Kansas City are all making a difference in the lives and futures of young people. They deal with youth as assets and take a developmental approach. And there are individual heroes to be celebrated -- from the men who disarmed the killer on the Long Island Railroad to the thousands of young people from the most difficult of circumstances who beat the odds every year and make it, despite everything.

Finally, the President can inspire. Just as national service will tap into youthful idealism, there is an enormous wellspring of idealism among people of all ages. There is a desire to help and do something worthwhile. The President can inspire all Americans to participate, to be part of the effort to replace fear with hope, to shift the focus. He can motivate people to take action, to get involved, to serve in a variety of ways that help individual families and communities. The long list of specific ideas that follows below shows there is good reason for optimism.

One vital matter on which the President can educate specifically has to do with issues about race and ethnicity. The issues and the facts about violence are deeply intertwined with both realities and Americans' prejudices about race. The realities and the prejudices need to be separated and differentiated. This is not a simple matter, but one simple truth is that there is no causal connection between race or ethnicity and violence. Violence is associated with poverty and discrimination, lack of education, lack of jobs, and lack of hope -- and these are things we can change.

NO ~~of~~ Causal connection w/poverty, either

Another truth is that the victims of crime are disproportionately low-income people and minorities, and that the fear which stalks the streets of neighborhoods is most intense in low-income neighborhoods.

Crime cause poverty

And there are other related matters to which we do not attend sufficiently. Young African-American, Latino, and other minority young men and women still face widespread racial and ethnic discrimination in the job market as they go about the crucial phase of looking for the first job that will help determine their entire life's direction. The intertwined forces of race and poverty bring

no excuse for violence

disproportionate responses against minorities and the poor in the criminal justice system as well, where we see disparities in rates of conviction, sentencing, and incarceration. The schools attended by low-income minority children are routinely the worst in the city. And hope is at its lowest ebb in the low-income predominantly minority neighborhoods of our cities.

In all of this we need to view our children and youth as assets and resources to be developed, and not presumptively as threats and collections of problems as is too often the case. The vast majority of young people, including those at risk for socioeconomic reasons, never engage in violence. Indeed, children and young people can be significant resources to aid in efforts to eliminate violence, through peer mediation and counseling and other activities.

The following are some specific ideas for an antiviolence movement that must involve all Americans. They represent the "both ... and" approach called for above. Some of the ideas relate to tougher law enforcement and others relate to prevention and child and youth development and strengthening families, schools, neighborhoods, and communities. These, then, are some possible elements of the call to action:

1. Enact the crime bill, which includes a significant number of absolutely vital elements. Community policing is the most important of these -- a policy of demonstrated effectiveness in cities across America. Of vital importance also are the provisions for drug and alcohol treatment in the criminal justice system, boot camps and other prison initiatives, drug courts, prevention of violence against women, safe schools, and other prevention activities including the Dodd Ounce of Prevention amendment and the Bradley-Domenici-Danforth amendment to turn schools into community centers.

stupid, self-serving

2. Next steps on guns. Firearms are at the heart of this epidemic of violence. And both the victims and the perpetrators are getting younger and younger. Fights that used to end with a black eye now end in death. Disgruntled employees return to the work site with guns and settle scores fatally. And loaded handguns in the home increase the risk of tragedy to an innocent person. We have done extraordinarily well in reducing motor vehicle deaths and injuries by making safer cars, safer roads, getting drunk drivers off the road, educating and licensing drivers, and registering and inspecting cars. We can do the same thing with guns. The Brady Bill was a historic event. Now we can move forward to keep guns out of the hands of children and out of the wrong hands, get rid of the most dangerous ammunition, make guns safer, tighten regulation of gun dealers, and educate people about how dangerous guns are. The President has of course already called for a ban on assault weapons and a ban on possession of guns by juveniles, and he has asked for a study of the licensing and registration of handguns.

He might consider announcing that we are going to address the prevention of firearm injuries as aggressively as we have addressed cancer, smoking, and motor-vehicle related injuries through rigorous enforcement of the law and new research and programs that bring together justice and health professionals through the National Insitute of Justice and the Centers for Disease Control.

3. Media. We suggest that the President announce he is inviting leaders of all the media -- networks, cable, filmmakers, record companies, video toys, perhaps the print media -- to the White House for a meeting to discuss what they can do. There is a lengthy agenda of possible and important areas and steps for them to consider: reducing the violence in films, programming and products; news policies; policies regarding the hours when various types of programming appear; ratings systems; measures of the incidence of violence in programming and products; proactive efforts to send antiviolence messages in films and programs; and strategies to do public education by way of public service announcements, documentaries, and other activities. The media are a powerful influence on our culture and we should urge them to focus that power on positive, pro-social outcomes.

4. Neighborhood and community-wide antiviolence coalitions, and accompanying programs and interventions that work to strengthen families, child and youth development activities, and neighborhoods. These initiatives are absolutely key to the President's call to take our cities back block by block and neighborhood by neighborhood. They are developing on their own in many communities. Our interagency group has worked with Denver and Omaha, but seven cities in Texas have action plans for crime prevention connected to broad-based coalition building, and cities like San Diego and Seattle have done their own city-wide task forces. Fort Worth says it has reduced crime in all categories by 25 to 30 percent by the totality of its activities, including a major emphasis on community policing. The President might assign the U.S. Attorneys around the country to lead federal teams and thereby draw on federal expertise to help in any city that wants it. It might also be appropriate to consider modest federal cash assistance on a formula basis to states and major cities as "glue" to start up and staff the coalitions. The federal government can also work to cut red tape for localities, develop improved on-line computerized information about federal resources, and produce new resource guides and how-to manuals about promising activities to reduce violence. All of these activities will make a major difference to communities as they seek to develop their own approaches to the problem. Even more broadly, all of this must be part of rethinking the federal government's ability to respond to the needs of all communities across all Departments and programs. This is a major focus and purpose of President Clinton's Empowerment Zone and Enterprise Community legislation, which was enacted in 1993 and is now in the process of being implemented. The federal government should seek to promote comprehensive program

development at the local level in every way possible to meet the varied needs of children and youth and their families.

5. Drug and alcohol policy, including both law enforcement and treatment/prevention. Drug sales and excessive alcohol use are closely interwoven with a large proportion of the violence. The President might emphasize his determination to redouble our law enforcement efforts against drug dealing, as well as the concrete efforts he is making to increase our investment in treatment and prevention, especially efforts to prevent young people from using alcohol and other drugs. The CDC is currently developing a comprehensive school health education program that will make it possible to teach every student every year about the risks of alcohol and drug abuse and how they can avoid getting involved. The President might emphasize the new hard-core drug and alcohol abuser treatment initiative that is currently slated to be proposed in his FY 1995 budget, the significant criminal justice drug treatment portion of the crime bill, and the substance abuse treatment benefit in the health care reform legislation. The latter looks toward a historic shift in substance abuse treatment as of the year 2001 when the mental health and substance abuse benefits in the health care plan will achieve parity with the benefits available under the rest of the plan.

6. Promote jobs and opportunity and hope for young people. This is vital. The President might consider adding together and emphasizing the various youth employment initiatives that are projected as part of welfare reform, reorientation of the Job Training Partnership Act, and national service.

7. Safe and effective schools. Too many of our children are terrified to go to school, especially as they get to middle school and find gang pressures from older children, so that the threat of violence within the school becomes even more worrisome than the dangers that confront children on their way to and from school. In a recent survey, 37 percent of teens said they did not feel safe in school, and 50 percent said they knew someone who transferred to another school because of safety concerns. Of course our schools will not be totally safe until our communities are safe. At the same time, though, antiviolence curricula in schools and mediation and conciliation activities, including peer mediation, can reduce the proclivity of children to resort to violence. Finally, there is no substitute for working to make all of our schools places where children can learn, for helping all of our teachers to be good at listening to children, and for making our schools much better at helping young people make a successful transition to the labor market or to postsecondary education. To pursue all of these ends, the President might call once again for enactment of the Safe Schools Act, the Goals 2000 legislation, the school-to-work bill, and the Elementary and Secondary Act reauthorization, including the important provisions it contains constituting the Safe and Drug-Free Schools and Communities Act.

8. Turn schools into community centers and encourage nonprofit organizations, colleges, and others to work with schools within neighborhoods to reach "at risk" youth with after-school, evening, and summer academic enrichment and recreation, with large numbers of adult role models to create meaningful adult relationships for young people who so often lack them, and organized activities to connect youth to the labor market. This is of course related closely to the previous recommendation. The question used to be, it's 10 o'clock, do you know where your kids are? Now the question is, it's 4 o'clock, do you know where your kids are? As indicated above, the President might call for enactment of the Ounce of Prevention (Dodd) and Bradley-Danforth-Domenici amendments in the crime bill to do these things. These youth development initiatives are vital elements in a violence prevention strategy.

9. Million Mentors Initiative. This is obviously related directly to the previous two suggestions. So many young people lack meaningful adult relationships in their lives today, for a variety of reasons. Mentoring has become a cure-all solution in the minds of some, but, properly done and in the context of other initiatives and policies, it has an extremely important role to play. The President might call for the nation to mobilize to get a million mentors in place to work with young people. Rough estimates indicate that there are perhaps 150,000 to 200,000 mentors around the country now through Big Brothers and Big Sisters and other, smaller groups, so a million mentors is a reasonable aim. It represents exactly the kind of partnership between government and the people that we need and want to promote. It has to be carried out by private individuals, but because doing good mentorship programs is neither simple nor free, an infrastructure is required to accomplish the aim. Careful organization is required to recruit, screen, train, supervise, monitor, support, and provide logistical assistance for mentors. The President might consider proposing a small grant program to states to distribute as they think most wise to create the needed infrastructure. The leverage from such a small set of grants would be multiplied many times over, because the heart of the effort would be private action.

10. Additional federal law enforcement activities to prosecute and assist local prosecution of violent crime and gang activity. The Department of Justice, through its Criminal Division, will undertake the following activities:

-- At the local level, Justice will work with local authorities to define the specific problems that need to be addressed, inventory federal and local prosecution and investigative resources, and develop a joint anti-violence strategy. An integrated force of federal investigators (FBI, DEA, INS, U.S. Marshals, and Customs) will be deployed to work with local law enforcement officials on this.

-- Justice will design the specific federal role to be undertaken

as part of the locally determined strategy, based on the special advantages of the various federal tools available to assist.

-- Justice will coordinate and share intelligence among federal and local law enforcement agencies.

-- Justice will create a new Violent Crime Section in the Criminal Division to support training, help in the field, facilitate coordination, and share intelligence and ideas.

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11. Juvenile Justice. The juvenile justice systems in most states satisfy no one. They neither levy sufficient sanctions against violent offenders nor respond with policies and interventions appropriate for first-time and minor offenders who do not constitute a threat to the security of the community. Thirteen percent of juvenile offenders are serious offenders who have committed rape, murder, robbery, or assault; 80 percent were arrested for property crimes, drug offenses, or the like; and 7 percent have committed minor offenses like shoplifting or status offenses. Between 1988 and 1992, the number of violent crime arrests of juveniles increased by 47 percent, more than double the increase for persons 18 and older. Juvenile arrests for murder increased 51 percent compared with a 9 percent increase for adults. We need to encourage and assist the states to differentiate among juvenile offenders in ways they have not in the past. Federal leadership can help states in a number of ways:

-- in the design of tougher sanctions and appropriate correctional facilities for violent offenders. The crime bill includes funds for facilities for serious juvenile offenders. Federal leadership can help states understand that for many serious offenders, especially younger ones, strengthening the juvenile justice system can be more effective in protecting the community than sending accused offenders to the adult system;

-- in developing alternatives to unnecessary and costly institutionalization for minor offenders who will benefit far more from interventions that are based in the community. Federal leadership can help states develop ways to work with the families of young offenders and on realistic strategies for attending to the reintegration of offenders back into the community; and

-- in developing better assessment tools to differentiate among categories of offenders and assess their needs.

12. Massive public education. We know that public messages have an effect. We can see what has happened with cigarette smoking, use of seat belts, and designated drivers. The President might wish to encourage a new set of public messages on such matters as:

- guns as dangerous consumer products
- "time out" or "squash it" to appeal to kids to settle

disputes nonviolently
- real men don't beat women
- underage drinking

We need to turn the power of our marketing community toward violence prevention. The President might consider asking Congress to fund the Centers for Disease Control to work with the private sector on the development of the best specific messages to reach those at greatest risk. Schools should be asked to play a major role in the public education strategy, which should be dovetailed with what occurs through the mass media. Schools can be requested to take time out to talk with children about violence, especially if the President establishes a National Violence Prevention Week, or calls for a National Day of Nonviolence.

13. Use national service to get full-time volunteers into violence reduction and prevention activities. Our new national service program has enormous potential to assist in enlisting Americans to take individual responsibility for participating in meeting our national violence crisis. The President might mention in the State of the Union Message that the Summer of Service in 1994 will be a Summer of Safety and call on everyone involved at the grass-roots level and on up to make violence reduction a priority in implementation of the national service program.

14. Get prosecutors and police and social service people to cooperate in each community to implement tough domestic violence arrest and prosecution protocols and safe places for battered women and children to go, and stronger prosecutorial policies against child abuse as well. As we said earlier, there is a continuity of violence. We have learned, for example, that 27 percent of women and 16 percent of men experienced sexual abuse as children. Over 61 percent of sexual assaults occur to girls younger than 18. This is in addition to the fact that a woman is beaten every 15 seconds in this country, and that 160,000 children each year suffer injuries from child abuse or severe neglect that are serious enough to send them to the hospital. What children see and experience at home reflects itself all too often in their later behavior. As indicated in the brief discussion of the crime bill, the President might call on Congress to enact the Violence Against Women Act provisions contained in the crime bill. He might also commend the American Medical Association for its leadership in getting physicians to see signs of domestic violence and child abuse when they examine women and children. Congress responded to the President's request last year to initiate a new program at CDC to prevent violence against women. This was an important beginning. It is a seed that needs to grow.

15. New hate crimes legislation. The increasing number of incidents of violence and vandalism against others based on their race, ethnicity, gender, or sexual orientation are a matter of the deepest concern. Although less than a third of law enforcement

agencies reported in the category of hate crime in 1992, there were 5700 incidents of hate crime. The President might call for enactment of tough new legislation to let the perpetrators of these horrible acts know that the nation means business in saying that it wants the ugliness to stop.

16. Strengthen families and parenting skills. What happens to children in their infancy is deeply determinative of outcomes later on in their lives. The Family Preservation and Support legislation enacted in 1993 as part of the budget reconciliation act is a promising beginning on getting assistance to families of young children so they can learn parenting skills and deal with problems before they become so serious as to require that a child be removed and placed in foster care. We need to look as well at the promise of home visitation programs, based on the experience in Hawaii and Arkansas and elsewhere, as a part of an initiative to help young families, and especially to work with families where there has been violence. The President might want to make reference to the zero-to-three initiative that is now under consideration within the Administration. For the longer run we need not only to consider home visitation and other outreach and expand parent education, but we also need to build up a network of family support centers like Avance, which began in San Antonio and is now in 9 sites.

17. Strengthen neighborhoods via the Empowerment Zones and Enterprise Communities. This landmark legislation, also enacted in 1993 as part of the budget reconciliation process, will support model neighborhood development in 104 communities around the country. Strong neighborhoods, like strong families, are a vital element in reducing the level of violence. The experience gained from this legislation will guide community development strategy for the nation.

18. Enact health care reform. Health care reform has great implications for the reduction of violence in a number of different ways. More families seeing a physician regularly will result in more identification of domestic and child abuse. Drug and alcohol treatment will reduce the incidence of violence among people who would have been at risk had they not received treatment. Health promotion and disease prevention activities under the public health reform provisions of the health care reform will help change people's behavior and thereby have an effect on violence. Schools can play a major role in health promotion, including antiviolence education activities.

19. Vigorously enforce the laws against employment discrimination, especially with regard to entry-level jobs, which is an area that has been virtually untouched by enforcement policy.

20. Support research on the causes of violence and promising interventions of all kinds. We simply need to know more about the problem and about what works if we are going to be as effective as

we can possibly be in reducing the prevalence of this terrible problem. Only $31 is spent on research for every year of life lost due to violence. In comparison, $794 is spent on cancer, and $697 is spent on AIDS.

NOTE: Martin Luther King's birthday would be a good time to do something or things to dramatize all of the above -- possibly a speech or lead a march against violence or go to Lincoln Memorial or meet with kids and talk about Dr. King or some combination.