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Mayors

Divider Title: _____

DENVER, CO

Mayor Wellington E. Webb

Summary

On the local level, too much emphasis has been put on the supply side of the illegal drug problem. Local police, along with Federal and State prosecutors, seem reluctant to prosecute the "small dealer" or the "casual user."

A "zero tolerance" policy must be adopted toward illegal drug use. This policy will involve the following: (1) revamping the prosecutorial viewpoint of the criminal justice system and (2) reevaluating and probably remodeling the entire criminal justice system, from enforcement aspects through the judicial and the correctional processes. On the short-term basis, additional resources must be made available to successfully prosecute small dealers and users. The restrictive rules of evidence and arrest that bind the effectiveness of both the enforcement and the judicial branches of the Government must be revamped. The legal rulings concerning "good faith errors" committed by the police must be expanded upon.

The drug problem must be viewed, realistically, as the economical predicament that it is. The supply will exist as long as there is a demand. Long-term solutions may be connected with educational approaches, but a balanced attack directed at both users and suppliers will be the only method of curtailing immediate demand.

Recommendations

- Support a collaborative effort at all levels of government to eradicate illegal drug use.
- Adopt a "zero tolerance" policy, and focus on demand and evidentiary rules.
- Give more thought to how treatment is provided to addicts while incarcerated and then followup treatment after their release from jail.
- Through the Federal Government, integrate efforts focused on health and safety as they relate to substance abuse, support a cross-discipline approach, and provide substance treatment in the primary care setting.
- Offer inpatient treatment for some populations, such as pregnant women, who may need inpatient treatment focused on restructuring the dynamics of the family as well as specific substance treatment for the mother.
- Continue and expand on efforts to educate the public of the dangers of drug use (e.g., through programs like Drug Abuse Resistance Education).
- Increase grant funding to assess the effectiveness of various intervention strategies for prevention and treatment.

VIRGINIA BEACH, VA

Mayor Meyera E. Oberndorf

Summary

States should be pushed to enact sentencing guidelines on drug distribution statutes that would closely parallel the Federal system. Also, sharing of resources—including funding, manpower, equipment, and information—needs to be increased at the Federal, State, and local levels of law enforcement to improve efficiency and better coordinate efforts as well as better assist those agencies with budgetary constraints. Federal funds to implement these programs should be granted directly to the qualifying localities without being subjected to the State's bureaucratic maze.

All uniformed patrol officers should receive the following: (1) field interdiction training, including highway and marine interdiction, and (2) increased training and updates regarding search and seizure laws as they relate to drug enforcement. Training must begin at the police academy and be mandatory for inservice training.

Federal laws are needed to control the number of handguns and assault weapons on the streets, and firearms interdiction must be expanded to reduce the violence associated with drug distribution and abuse. Also, State sentencing guidelines should be brought in line with the Federal statutes. Finally, Federal funds should be appropriated to the States to construct more corrections facilities to house convicted drug offenders.

Recommendations

- Make legislative changes to increase the effectiveness of drug enforcement. At the Federal level, push States to enact sentencing guidelines on drug distribution statutes that would closely parallel the Federal system.

- Make Federal grants available to enable programs to share resources at every level of law enforcement.

- Expand current education efforts to prevent future generations of drug abusers.

- Provide training for law enforcement officers. This should include uniform field interdiction training for all uniformed patrol officers as well as increased training and updates on search and seizure laws.

- Enact Federal laws to control the number of handguns and assault weapons on the streets, and expand firearms interdiction. Bring State sentencing guidelines in line with Federal statutes for violent crimes and drug distribution involving the use or possession of firearms.

- Expand neighborhood assistance programs, such as problem-oriented policing programs, neighborhood cleanup programs, and informant incentive programs (e.g., Crime Stoppers) in order to get citizens more involved in drug enforcement.

- Expand drug rehabilitation programs, for recovering drug abusers. Make the programs available for in-house treatment of inmates serving time for drug convictions, and require all persons seeking consideration for probation or parole to successfully complete one of these programs.

- Appropriate Federal funds to the States to construct more corrections facilities to house convicted drug offenders; military bases that are to be closed in the near future should be considered for this purpose.

AUSTIN, TX

Mayor Bruce Todd

Summary

An effective national drug control strategy must focus on both supply and demand reduction, and the President's Crime Policy and Grants Initiative is an excellent foundation for strategy development. Comprehensive programs that focus on youth are needed to ensure the next generation is free from the problems associated with illegal drugs.

Recommendations

- Emphasize a comprehensive national drug control strategy that includes supply reduction and demand reduction activities.
- Create comprehensive programs that focus on youth.
- Increase Federal grants to cities.

HONOLULU, HI

Mayor Frank F. Fasi

Summary

Continuing emphasis must be placed on supply and demand reduction, but more resources need to be provided for demand reduction.

Recommendations

- Continue supply and demand reduction efforts, but conduct more prevention, intervention, and educational activities.
- Use community policing to enhance drug prevention and education efforts in the community.
- Use the criminal justice system to convince the educational community and the community at large to do its part in fighting drugs.
- Promote responsibility among members of the criminal justice community to make the community safe for all and not just for certain individuals.
- Continue law enforcement posture to show the community its concern for protecting law-abiding citizens and to identify and refer people who are addicted to drugs for rehabilitation.

PHILADELPHIA, PENNSYLVANIA

Mayor Edward G. Rendell

Summary

The relationship between drugs and crime is only one factor to be considered when developing the Nation's antidrug strategy. Other factors include the relationships between drugs and homelessness, domestic violence, child abuse, prenatal care/birth problems, unemployment, and AIDS (acquired immune deficiency syndrome)/HIV (human immunodeficiency virus). Substance abuse treatment also must address the underlying problems of addiction, such as the lack of education or vocational skills and histories of abuse or neglect.

Recommendations

- Develop HMO standards to ensure that substance abuse treatment includes emotional and behavioral problems.
- Provide substance abuse treatment for incarcerated addicts. Following incarceration, continue treatment in community-based programs.
- Emphasize educating the community about the issues of drug abuse. This is paramount to the success of partnerships between schools and communities.
- Support community-based prevention efforts, using community workers to provide outreach, case funding, and home visits. The Strategy should promote the concept of community-based rehabilitation programs. This includes funding treatment programs with religious affiliations.
- Emphasize the "single agency/single mission" concept. Any law enforcement efforts must include prevention, education, treatment, and intervention.
- Support community policing.
- Support Federal funding to assist cities in developing and implementing comprehensive antidrug programs.
- Coordinate efforts funded by categorical set-asides.

SECTION III

Summary of Research Experts Panel

Summary of Drug Abuse Treatment Panel

Summary of Drug Abuse Prevention Panel

Summary of Criminal Justice Advisory Panel

SUMMARY

PROCEEDINGS OF MEETING OF THE RESEARCH EXPERTS (MORNING SESSION)

Friday, August 20, 1993

Executive Office of the President
Office of National Drug Control Policy
750 17th Street, N.W., Eighth Floor
Washington, DC 20500

Attendees

Attendees are listed below:

- Dr. Lee Brown, Director, Office of National Drug Control Policy (ONDCP);
- Ms. Ingrid Cobb, Acting Deputy Director, ONDCP;
- Mr. John Carnevale, Acting Chief of Staff of Planning;
- Mr. Lloyd Johnston, University of Michigan;
- Mr. Tom McDwellen, Philadelphia Research (inaudible);
- Mr. Dwayne Simpson, Texas Christian University;
- Mr. John (last name inaudible);
- Mr. Mark Horne, Kennedy School at Harvard;
- (name inaudible), Director of National Security Affairs on (inaudible);
- (inaudible) Morrison, (affiliation inaudible);
- Mr. Doug Anglan, (affiliation inaudible); and
- Mr. Sterling Johnson, (affiliation inaudible).

Opening Remarks by Dr. Lee Brown

ONDCP prepared an interim drug control strategy for submission to Congress by Labor Day (September 6, 1993). One purpose of the Meeting of Research Experts was to receive input for formulating a full-blown strategy for completion by February of 1994. The strategy will be comprehensive—dealing with issues of prevention, education, treatment, and interdiction—and will have an international component. The completed strategy will guide the allocating of spending. It should be value driven, promoting morals as well as health. The administration will take a very strong stance against the legalization of drugs. The policy will be focused at the community and local levels and will place an emphasis on youth. It will be results driven, and if evaluation shows that certain ideas are not working, they will be changed. Finally, although the strategy will work closely with communities and local governments, it will be a national strategy.

Agenda

- Briefing on current U.S. drug problem (Mr. John Carnevale).

- Brief overview of thoughts on national drug control policy (each participant).

- Research and informational needs for developing effective national drug control policy (Ms. Dana [last name inaudible], with response from Mr. Lloyd Johnston).

Lunch

- Discussion of treatment policy (Mr. Dwayne Simpson, with response from Mr. Tom McDwellen and Mr. Doug Anglan).

- Discussion of criminal justice populations ([inaudible] with response from Mr. Sterling Johnson).

- General discussion (all participants).
- Discussion of prevention and education policy.
- Discussion of research policy and priorities.

Speaker: John Carnevale

Mr. Carnevale gave a brief presentation of recent trends showing data on self-reported use; overall volume sold in the marketplace; and production of various drugs, including marijuana, cocaine, and heroin. Cocaine use seems to be dropping for casual users. There was some mention of recent increases in cocaine use among eighth graders and speculation that heroin and marijuana use soon may show an increase. Production of cocaine has increased or remained flat in recent years. Worldwide opium production has increased. The speaker ended with the observation that there have been declines in casual use of cocaine and heroin but no declines in use among heavy (i.e., on a weekly basis) users. There was some discussion concerning the quality of the data.

Speaker: Doug Anglan

Mr. Anglan stated that the United States has very good data for policy purposes. Sociocultural conditions in the country have made drug use endemic and the policy should be one of containment rather than elimination, as is done with poverty. There must be more cooperation and less competition among the domains of prevention, treatment, and enforcement, and ONDCP must ensure this cooperation among the various agencies involved. Drug dependence is a chronic condition, and drug control policy must take a long-term view. In addition, the administration's policies in economy, education, and health care will have implications for drug policy. It is important to look at the data in different ways—they will show that there are differences, when looking at characteristics of individual users, for specific drug types that have implications for separate intervention strategies by type of user and type of drug.

Unidentified Speaker

An unidentified speaker offered a copy of a paper ("America's War on Drugs—What We Should Have Learned by Now") which he said made the point that focusing on the supply side will not reduce drug use and that there must be more attention paid to treatment and prevention. The speaker mentioned the importance of the family, in addition to the schools, in effective prevention. He stressed that long-term prevention strategies and adequate prevention research are crucial. Certain prevention policies can have a lot of immediate payoff, while others are very long term and underline the importance of basic research. The National Institute on Drug Abuse (NIDA), the drug agency with a research mission, recently has moved to the National Institutes of Health where there may be some pressure to "squeeze out" psychosocial research, including treatment, intervention, and epidemiology. The bulk of money for prevention efforts has gone to the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency without a research mission. An important role of ONDCP will be to promote prevention research through the coordination and promotion of cooperation between NIDA and SAMHSA. There was general discussion which

made the point that continued funding of prevention efforts will require a conclusive demonstration that prevention strategies can be effective.

Speaker: Lloyd Johnston

Mr. Johnston pointed to shifts in the social acceptability of drug use and increased perception of the dangers of drugs as important in influencing the recent declining trends in use, but added that recent increases in the use of marijuana, LSD (lysergic acid diethylamide), and other drugs in some youth groups suggest that the picture is "by no means altogether rosy." He said it is important that the drug policy should include reduction of harms (i.e., social, health, and physical) as goals in addition to the reduction of use; elimination of a reduction-of-use goal would lead to a loss of public credibility for the drug control policy. The speaker recommended finding another term to substitute for "casual" use, which implies nondetrimental use (ONDCP now calls this category of use nonaddicting use). The speaker recommended a report from the National Commission on Drug-Free Schools, which endorses the development and implementation of a kindergarten-through-12th grade drug use prevention curriculum. There was some discussion of the importance of including alcohol and tobacco in considerations of drug control policy. This can be accomplished most easily in programs aimed at youth because alcohol and tobacco are illegal for use by youth.

Speaker: Tom McDwellen

Mr. McDwellen does not claim that treatment works, but that it can work. He said full-service treatment and integration of treatment are necessary and that these are not being provided now, especially in the public sector. Full-service treatment would include provision of physical health care, mental health services for clients and families, job training, and legal assistance. This cannot be done by the substance abuse treatment providers alone but will require integrated case management of services from a variety of different local-level agencies.

Speaker: (David [last name inaudible])

The speaker recommended that the strategy clearly emphasize drug use and drug treatment as health care issues. Drug use has much broader health implications, including sexually transmitted disease, HIV (human immunodeficiency virus), and tuberculosis transmission. A more broad-based public health approach to treatment could attract more people into treatment services and maintain more people in such programs. He cited data indicating that substantial numbers of substance abusers identified in AIDS (acquired immune deficiency syndrome) treatment and in child protective services programs have never been in treatment for their substance problems. There is some discussion of the potentially important role of primary care and emergency room (ER) physicians in identifying substance abuse in patients and making appropriate referrals. It may be appropriate to replace the traditional philosophy ("Take care of the drug problems and other problems will take care of themselves") with a newer philosophy ("Take care of the other problems and the drug problems will take care of themselves"). There was discussion of the potential of nontraditional treatment programs. The importance of research to evaluate treatment strategies was stressed, along with the need to provide financial support for technical expertise in evaluation research.

Speaker: Dwayne Simpson

Mr. Simpson said that the introduction to the drug control policy document should rely on more than surveys and ER data; it should include a greater focus on individuals (e.g., length of time in treatment, AIDS outreach, HIV testing, and criminal justice treatment services). Of primary importance should be a focus on a need for AIDS and tuberculosis outreach as a part of the impact of drug abuse on the Nation's health. A second major point discussed was protecting against the loss of community-based services. The speaker cautioned that if health care reform results in the replacement of block-grant funding for treatment services, many local providers will be in great trouble, but he also stressed the importance of programs' accountability for the effectiveness of the services provided. He mentioned the importance of expanding treatment in the criminal justice setting. Mr. Simpson ended with a call for implementing "meaningful training and information dissemination plans to support what [is] an extremely weakened national treatment infrastructure" and for improved cooperation between NIDA and the Center for Substance Abuse Prevention. The primary critical training needs are not for licenses or credentials but for basic, hands-on help from sources that are reasonably accessible and trusted drug treatment counselors.

Unidentified Speaker

An unidentified speaker raised several issues from a political perspective and led the focus away from drug use per se to the bad consequences of drug use, not only for the individual but for society. He cited the following reasons for the need to remove some of the focus from the middle-class drug problem to the lower-class drug problem: First, the drug-related violence in many lower-class communities carriers inequities in punishment (e.g., sentences of greater severity are given for the sale of crack-cocaine as opposed to powder cocaine). Second, drug use in society potentially will lead to increasingly bleak futures for the Nation's children. Third, there is a relationship between HIV/tuberculosis and drug abuse, and there are associated overall increases in the costs of health care to society. He suggested the need for ONDCP to provide leadership in the education of lawmakers, policymakers, and voters in understanding these societal threats and their relationship to drug use.

Major points made include the following:

- Need for more research to determine not only what works but also how to implement what works.

- Need for management training and also training for treatment providers and prevention specialists on how to provide services.

- Need for work with community policing to change the traditional attitudes of police officers and other criminal justice professionals (e.g., jailers) toward how they can help deal productively with the drug problem.

- Need to expand prevention and treatment programs with accountability. Along with this is a need for program improvement and integration with other systems of care and health. This includes expanding the availability of services—if necessary, even before it is certain what actually works.

- Need for improving the linkage between criminal justice and treatment services, along with expanding the treatment system to collaborate more efficiently with other social services (e.g., jobs and education).

- Need to put some resources into understanding which community programs are now in place and evaluating them, with a goal of developing a manual that would give good advice to communities about how to set up and run these programs.

- Need to provide lifelong treatment to those severely addicted to drugs.

- Need to change goals so that, in addition to measuring numbers of users, the consequences of drug use also are measured.

- Need for a comprehensive kindergarten-through-12th grade drug prevention curriculum.

- Need to involve the medical profession to improve detection and referral of drug problems.

- Need to focus on alcohol and tobacco, especially for youth.

- Need to draw more attention to the link between drug abuse and AIDS, as well as the link between drug abuse and violence, and to focus on violence, especially among youth and those living in poor neighborhoods and on neonates and children.

- Need to involve the President. There also will need to be a "special mission to involve all the constituent agencies that are out there that are now...with all possible respect, not paying attention to what this office thinks...[and] not paying attention to what the national drug control policy is."

Speaker: (name inaudible)

A speaker introduced a discussion of data needs by characterizing necessary data systems as both proactive (e.g., anticipating problems, not just reacting) and methodologically sound (e.g., answerable to the scientific community). The extent of the problem needs to be revealed (e.g., how many people use drugs? Who are they? How much do they use? Where are they? What other problems are created by their use? Has any of this changed? How do we know it now?). There already are some good national probability sample data systems (e.g., the National Household Survey on Drug Abuse [NHSDA], the High School Senior Survey, the National Hospital Discharge Survey, and the National Health Interview Survey). There are also other nonprobability surveys of special populations and treatment data sets (e.g., Client Data System [CDS] and National Drug and Alcoholism Treatment Utilization Survey). These systems are good, but they do not completely answer the questions. One of the problems mentioned is that overall estimates of use for certain drugs are based on very small numbers of respondents, and these small numbers do not support detailed demographic or other examination of the data. The NHSDA (but not some others such as National AIDS Demonstration Research programs) miss the homeless and other people not living in relatively stable households. Other discussion of problems with specific data sets included sampling frames that overlook populations where the worst drug problems exist.

A second need for treatment advocacy data was discussed. Existing data suggest that longer treatment stays are associated with more positive outcomes, but it is not known what time in treatment indicates or what about treatment is effective. There is also a need to examine closely the lives of "career" drug users. Existing treatment and prevention data systems need program performance—accountability—data. Other data needs include CDS' that will be able to both count people and track their experiences over time, with more complete coverage of treatment clients than currently is available.

SUMMARY

PROCEEDINGS OF MEETING OF THE RESEARCH EXPERTS (AFTERNOON SESSION)

Friday, August 20, 1993

Executive Office of the President
Office of National Drug Control Policy
750 17th Street, N.W., Eighth Floor
Washington, DC 20500

No speakers other than Dr. Lee Brown were identified.

Data Systems for Measuring Drug Use

The first panel focused on data sources for measuring the levels of drug use. Dr. Brown discussed three types of epidemiological data available to estimate both levels and trends of types of drug use. First he discussed surveys, which are direct measures of drug use in the population that allow generalizability. While there may be some degree of underestimation, the trends are highly accurate. He discussed the General Accounting Office recommendation for direct biological tests (i.e., hair and urine samples) but mentioned potential opposition to samples taken in schools. Dr. Brown also said that the surveys might measure many related factors so that analysts can look at drug use in the context of lifestyle, social environment, and so forth. He further noted limitations of self-reporting and missing population segments, such as homeless, incarcerated, or hospitalized persons.

The second data source discussed was agency-based data, such as the Drug Abuse Warning Network, coroners' reports, police reports, and Drug Enforcement Agency drug buy data. These systems measure events, not people, and the events may reflect changes in the purity of drugs, such as heroin, not the level of drug use. The third data source discussed was surveys of key informants.

The panel discussed collecting data on testing done in the workplace and suggested the possibility of a sample of worksites, but no consensus was reported.

Dr. Brown discussed survey coverage limitations, including missing population segments and suggested the need to study the cost-benefit ratio of attempting to collect data from these missing segments. He also discussed the need to use multiple surveys, expanding the High School Senior Survey to include 8th and 10th graders in addition to 12th graders, and oversampling of African-American and Hispanic populations. He also mentioned Centers for Disease Control and Prevention (CDC) data on HIV (human immunodeficiency virus), other communicable diseases, and tuberculosis. The panel discussed the limitations of telephone surveys.

The panel then discussed the Client Oriented Data Acquisition Process (CODAP) and its successor, the Client Data System, for measuring trends in treatment. The data were described as "terrific" but delayed by 2 or 3 years. The panel talked about the need for treatment data to track across the systems to avoid duplication.

The panel then discussed the size of the High School Senior Survey and the possible role of the National Academy of Sciences in measurement systems design.

Presentation on Evaluating the Treatment of Drug Users

The presentation discussed findings from the Treatment Research Branch of the National Institute on Drug Abuse (NIDA). The presentation started with a discussion of methadone maintenance treatment and the recent approval of a new drug for addicts who are stabilized. The speaker mentioned the problem of methadone and other maintenance drugs being seen as substitute drugs, and that there are social objections to substitutes.

The speaker stated that "...our major therapeutic emphasis depends on social and behavioral treatment strategies..." and less on "...the medical model to find the magic bullet for curing addiction." The speaker then talked about the need for unified services and a research agenda and how the separation of NIDA and the Substance Abuse and Mental Health Services Administration complicates funding efforts to blend evaluation research with service delivery and demonstrations. Furthermore, there is a need to conceptualize a general framework for treatment research domains. In addition, the presenter pointed to the needs (1) to integrate HIV outreach intervention services formally and functionally as a part of the continuing treatment and (2) to avoid turf battles.

One priority area discussed for research was to expand treatment process studies beyond outcome studies over the next 10 years. The panel discussed whether there was a standard definition of the treatment. A second priority discussed was improved assessments of psychological and social functioning, service delivery, and client engagement indicators. The third area discussed was expanded measurement and assessment concepts to measure the gradual addiction recovery process in terms of behavioral changes.

The fourth area presented involved measuring the quantity, quality, and focus of treatment services as part of studies of the treatment process and outcomes. The mutual perceptions of roles, performance, and impact of interactions between the client and the counselor should be assessed.

The fifth research area discussed was retention. The presenter stated that there is a positive association between length of treatment and treatment outcomes, but retention rate still is not monitored routinely. This was followed by a panel discussion of problems in implementing and maintaining treatment data collection systems, such as CODAP, and the need to prevent misuse of treatment data by Federal program managers and budgeters.

Finally, the presenter discussed the need for more focus on treatment and recovery as a process, looking systematically at social and environmental influences. The availability, accessibility, and cost of treatment also need to be studied.

The panel then discussed a range of evaluation issues. One issue was whether abstinence is an adequate measure of treatment success. Some suggested that improvement should be measured relative to each patient's starting point. Potential measures included stopping needle-sharing, drug use reduction, and crime reduction. Further discussion covered whether treatment programs should be evaluated or monitored. The panel agreed on the need for clear measures of treatment outcomes that can be used to support national policy and budget development before Congress and the Office of Management and Budget.

The final topics of discussion in this section were the need to increase the supply of treatment facilities, to improve access to treatment, and to enforce abstinence or treatment among parolees. There was a strong emphasis on the need to keep track of those in treatment and prevent them from dropping out.

Discussion of Criminal Justice and Treatment Policy

The session began with a statement that treatment capacity is needed within the criminal justice system, both as an alternative to incarceration and within prisons. The speaker

distinguished between those arrested for possession and distribution and those who have drug problems when arrested, whether for possession or for other crimes. The speaker raised the issue of how to diagnose a drug problem, whether by testimony or by physical evidence (i.e., hair or urine samples), and the ethical issue of differential, more lenient treatment for drug users than for others arrested. The panel discussion suggested long-term probation for arrested drug users.

The second point made by the presenter related to juvenile justice options considered by judges and the need for treatment facilities that judges can use instead of incarcerating juveniles. The speaker recommended alternatives to incarceration as being more cost-effective. The panel raised the issue of incarcerating those whose parole or probation was violated and stated that this is a large part of the prison population in California.

The speaker closed with the point that treatment facilities prefer volunteers, while they actually receive a large percentage referred by the courts or under threat of court referral. The panel discussion stated that prison administrators are concerned about drug use and AIDS (acquired immune deficiency syndrome) inside the prisons, and judges often prefer alternatives. However, there is not a constituency for alternatives, and mandatory sentencing laws could prevent alternatives to prisons.

There was extensive discussion of graduated sentences combined with treatment. One recurring theme was that alternatives to incarceration can lead to more imprisonments due to revocation of probation or parole, and filling the prisons with revocations does not look good to the public. Another theme discussed was the need for accountability in treatment alternatives. A third theme discussed was the possibility of mandatory sentences deterring casual drug users or sellers while not deterring those intent on selling drugs.

The discussion then turned to the quality of drug treatment and possible tradeoffs between quality and quantity. The panelists discussed how difficult it has been to achieve the treatment expansions completed to date, the shift from intensive treatment to group counseling, and the problems of getting physical examinations for those enrolling in treatment. The sense of the panel was that drug treatment quality has declined with the expansion. The policy question was whether to expand treatment capacity further or to concentrate on improving quality. A panelist stated that there are long waiting lists for treatment in cities but unused capacity in rural areas. A desire was expressed to target additional resources to areas of need instead of using block grants to States.

The discussion proceeded with the need to study infrastructure and case management approaches. There was further discussion about the effectiveness of boot camps and whether treatment modalities need to be evaluated comparatively. This led to discussion of treatment designs and whether programs other than methadone maintenance treatment have adequate treatment blueprints.

Current Measures of Drug Use Issues

The session began with a discussion of drug use as measured by the National Household Survey on Drug Abuse (NHSDA), which showed cocaine use is declining. The panel discussed the need for better measures to get at the critical population of hardcore addicts and the

potential effects of staff turnover and reduced sample size on the quality of data from the NHSDA.

The following needs for improved data were discussed: leading indicators of drug use to guide the national strategy—lags in survey data mean that next year's policy will be based on last year's data; better data on the supply side, especially cocaine production; and evidence that treatment works and improved measures of treatment.

In addition to the need for better data there is a need for new definitions of treatment outcomes other than indefinite abstinence. Abstinence was viewed by the panel as a losing measure. A panel member stated that treatment effects may be cumulative, that people may need treatment six or seven times, and that Congress and policymakers need to be educated on this point. One panelist compared the problem to renewing treatment of chronic diseases, such as cancer, that can go into remission, while another compared it to hypertension or diabetes that need constant treatment.

Prevention and Education

The presenter stated that different policies are needed for different people and divided the population into three groups: (1) nonusers, the drug-free high-risk population; (2) users who are not addicts; and (3) addicts. The panel criticized education programs that merely bring an entertainer into a school assembly and present a message about not using drugs. One panelist stated that education needs to include parents, the workplace, the community at large, churches, and other institutions. Another emphasized the need to intervene with adults in treatment because their children are at high risk.

One panelist was critical of community intervention and demonstration projects like those of the Center for Substance Abuse Prevention and recommended that the function should be placed with CDC. This panelist was very critical of using Federal funds for these purposes but recommended giving tools to schools and parents. The panel responded to several points and gave strong support to better targeting and more continuity of resources.

SUMMARY

DRUG ABUSE TREATMENT MEETING (MORNING AND AFTERNOON SESSIONS)

Monday, August 30, 1993

Executive Office of the President
Office of National Drug Control Policy
750 17th Street, N.W., Eighth Floor
Washington, DC 20500

Morning Session Speakers (in Order of Presentation)

- Lee Brown, Director, Office of National Drug Control Policy (ONDCP), Washington, D.C.
- John Carnevale, Director of Planning, ONDCP, Washington, D.C.
- Shirley Coletti, President, Operation PAR, St. Petersburg, Florida.
- George De Leon, Director, Center for Therapeutic Community Research/National Development Research Institute, Inc., New York, New York.
- Naya Arbiter, Deputy Director, Amity, Inc., Tucson, Arizona.
- Jack Gustafson, Deputy Director of Federal Relations, New York State Office of Alcoholism and Substance Abuse Services, Albany, New York.
- Christine Blakely, Director of Gaudenzia, New Image, Philadelphia, Pennsylvania.
- Daniel Heit, President, Abraxas Group, Inc., Pittsburgh, Pennsylvania.
- Johnny Allem, Executive Director for Development and Communications, Society for Americans for Recovery, Washington, D.C.
- Reed Tuckson, President, Charles R. Drew University, Los Angeles, California.
- Jeannine Peterson, Deputy Secretary for Health Promotion, Disease and Substance Abuse, Harrisburg, Pennsylvania.
- John Gregrish, ONDCP, Washington, D.C., also was in attendance.

Speaker: Dr. Lee Brown

After extending a welcome to the meeting participants, Dr. Brown identified seven principles that will guide the formulation of the National Drug Control Policy. The policy needs to be as follows:

- *Balanced.*—Cover all aspects presented at this meeting.
- *Comprehensive.*—Derive from policies related to criminal justice, public health, education, employment, and all others involved in addressing the drug problem.
- *Value centered.*—Promote moral and physical health.
- *Community forced*—Include results from collective efforts with local, State, and Federal governments, as well as with community groups, school officials, religious institutions, and parents.

- *Oriented toward young people.*—Protect young people because they represent America's future.

- *Results driven.*—Based on what works.

- *National in scope.*—Form a partnership among Federal, State, and local governments; the private sector; communities; and individuals throughout the country.

Participants were asked to share their expertise and insights so that they could become involved in formulating the Nation's drug control policy.

Speaker: John Carnevale

A series of charts were presented to provide an overview of the latest drug abuse data. Data were presented from the National Household Survey, Drug Use Forecasting (DUF), and the Drug Abuse Warning Network (DAWN). Findings from Abt Associates' research, which included Federal Bureau of Investigation arrest records, also were presented. Better data sets are needed to measure drug use—for example, to measure hardcore drug users who are not represented in the National Household Survey and who are not fully represented in the other surveys or records. Despite the problems in the data sets, they do provide a picture of what in happening in the country.

The United States currently is spending about $2.5 billion dollars on drug abuse treatment. The total is 7 percent over the 1992 level. ONDCP's goal in 1994 is to treat 2.5 million drug abusers. Approximately 600,000 slots are currently available for drug abuse treatment through local, State, and Federal government programs and through the private sector. The number of slots that are needed versus the number that are available is narrowing, though not as fast as desired. Federal funds for treatment are awarded through the Substance Abuse and Mental Health Services Administration's (SAMHSA's) block grants, the Veteran's Administration, OJT, and other sources.

Speaker: Shirley Coletti

ONDCP needs to determine what programs work in the drug abuse field, to develop appropriate protocols for those programs, to modify protocols to meet the needs of the community (including culturally specific protocols), to provide training to staff, and to obtain an appropriate level of funding. Training of qualified program people is one of the major barriers in the present system.

Drug abuse treatment today is constrained by the availability of funds, the amount of which often is established on limited knowledge about treatment needs. Effective quality treatment should be based on the implementation of effective research. A drug abuse treatment policy will be more effective if it originates from the White House. Community empowerment and community policing will enhance ONDCP's efforts. Drug abuse programs based on effective research and training of qualified staff will make a difference.

Speaker: George De Leon

Twenty-five years of research on treatment effectiveness has demonstrated the following:

- Treatment (in residential drug-free programs, methadone maintenance programs, and to a certain extent drug-free outpatient settings) does lead to a positive change over time.
- Generally, the longer people stay in treatment, the better the results, including fewer relapse incidents.
- The success rates for addicts who are legally referred are equivalent to those of voluntary participants.
- The more people who enter treatment, the lower the average cost of treatment. Residential therapeutic communities have the best cost-benefit ratio in terms of reduction of property violence, other crimes, health costs, and so forth.

Very few studies identify special or remarkable client characteristics that predict successful outcomes in any modality. However, motivation and readiness for treatment are promising measures to examine in the future.

Current issues that need recognition when developing a National Drug Control Strategy were identified. First, appropriate and powerful strategies that will hold people in treatment need to be developed and implemented. Second, outreach and engagement are critical factors in getting drug abusers into treatment. Third, subgroup differences need be recognized and appropriate strategies developed. The notion of a single, primary treatment and engagement is not sufficient today. Does a client need habilitation or rehabilitation? Is the client psychologically impaired? What is the level of criminal severity? The new strategy must be guided by the notion of a long-term continuity-of-care concept.

Speaker: Naya Arbiter

The National Drug Control Policy needs to include the following:

- Employ a holistic and cause-oriented approach rather than one that is symptom oriented.
- Integrate socialization of the young as a national priority, and focus on inclusion rather than exclusion.
- Acknowledge truth rather than denial.
- Provide ongoing forums for expression rather than repression of individuals' needs, feelings, beliefs, and opinions.
- Inspire people to help one another.

Maturation, socialization, and community development are important targets. Economic enterprise, drug-free housing, child care, schools and communities working together, health

care, and drug rehabilitation need to be weighed. Perhaps an internal Peace Corps should be instituted.

Speaker: Jack Gustafson

The first National Drug Control Strategy was announced about 4 years ago with unprecedented media coverage. Today the issue of drug control is "almost off the radar screen." We need to get it back on the front page through clear leadership and aggressive advocacy. States and communities need a clear fiscal policy for drug prevention and treatment activities. A consistent and predictable funding stream will enable States and communities to plan for a continuation of effective services. There needs to be an increased focus on alcohol treatment because it is the number-one drug of abuse. A resurgence of interest and action toward AIDS (acquired immune deficiency syndrome) and HIV (human immunodeficiency virus) prevention and treatment is also necessary.

Our current treatment delivery system infrastructure demands shoring up. Program staff need better training with respect to the diversity of the clientele, the complexity of problems, the specific needs of a sicklier drug abuse population, and the distinction between clients who need habilitation as opposed to rehabilitation. Health care reform, along with the issue of medicaid-managed care, could be a tremendous boon in terms of effective treatment services. The allocation of existing resources requires reevaluation. The bulk of Federal resources has been committed to enforcement and interdiction rather than to treatment and prevention.

Speaker: Christine Blakely

Ms. Blakely was deeply gratified to be invited to this meeting and to learn that others share her commitment to the issues at hand. A former addict, she was able to continue her education and to dedicate her professional efforts toward running a quality program in Philadelphia. She has witnessed first hand the deterioration of and the lack of hope within the community and believes that it is important to stick with the programs that are working.

Speaker: Daniel Heit

The way in which a problem is defined often predicts its solution. There is a need to find better ways of communicating about the "War on Drugs". One mechanism would be to hold a series of Presidentially sponsored town meetings on the drug problem covering such topics as the potential for recovery. More emphasis needs to be placed on confiscating the profits of the drug trade and employing them in treatment programs. Drug abuse treatment needs to be redefined—not only what it is, but how it is accomplished successfully. Long-term continuum of care is essential so that clients can return to the community.

The entire country needs to be educated about what recovery means and how society can work together to support recovering substance abusers. Drug abuse is a long-term disorder, yet funding and regulatory strategies have been short term. The national health care reform is both an incredible opportunity and a tremendous challenge. Good process-oriented research is needed to help treatment providers perform the job.

Speaker: Johnny Allem

The availability of drug treatment is the key to obtaining positive social benefit for a national drug treatment policy. The following places the need for availability in perspective: First, recovery is a continuous process. Second, true recovery occurs at home. Third, recovery is most successful in peer settings. Fourth, recovery systems must allow for self-diagnosis of the disease nature of addiction. Fifth, high-volume treatment should focus on treatment, not housing, education, employment, health, or social adjustment. Sixth, a national program to enhance treatment availability should include a campaign against stigma and discrimination. Seventh, true recovery is consistent with facing consequences of behavior. The Federal Government needs to establish a neighborhood-based treatment service designed for a mass audience of substance abusers.

Speaker: Reed Tuckson

Issues surrounding drug abuse treatment are interconnected and require a "bully pulpit" approach to find solutions. The Federal Government and society in general need to be educated about the pain and suffering that drug abuse causes. ONDCP's Director has enough power, integrity, substance, credibility, and believability to get the message out and to get it heard so that appropriate action can be taken. In addition, help is needed from large companies to hype the message that all are in this together and that something needs to be done to combat this problem. Between of the "not in my backyard" syndrome and the difficulty of obtaining financial resources to build or renovate treatment facilities, efforts to help are drained. More political involvement is needed; service providers cannot do it alone.

Speaker: Jeannine Peterson

Treatment services must be tailored to each individual client's needs regardless of gender, race, educational level, or employment. It is necessary to determine the appropriate length of stay in treatment and the most appropriate instruments to use. The technology is now available in the field to develop standards of care. Staff training programs need to be consistent and widely available.

Community-based programs must become more competitive. They frequently do not have the expertise to develop winning grant proposals and, therefore, are ineffective when it comes to securing grant monies. Yet the services these programs provide are often top notch.

Other points to consider include the following:

- Treatment programs need to be developed around the children of drug abusers, perhaps children should be brought into the counseling sessions.
- Alcohol abuse must be addressed in the new National Drug Control Policy.
- Cities, States, and private providers need to form a partnership.
- More focus needs to be placed on drug abuse prevention.

- A strategy needs to be developed for focusing on youngsters before they get into the criminal justice system, with another strategy for first-time offenders.

Question and Answer Summary of Afternoon Session

Question 1: What are the major obstacles to the delivery of effective drug treatment?

Respondents:
Christine Blakely
Daniel Heit
Jack Gustafson
Jeannine Peterson

Question 2: How should drug treatment be funded in the immediate and long-term future?

Respondents:
Shirley Coletti
Jeannine Peterson
Johnny Allem
George De Leon

Question 3: This question did not appear in the transcription. The following topics were identified from the speakers' responses: outcome measures, research evaluation, efficacy versus effectiveness, treatment improvement, cost-effectiveness, and cost benefits.

Respondents:
George De Leon
Jack Gustafson
Reed Tuckson

Question 4: How do we engage hard-to-reach populations (e.g., women and their children, adolescents, and criminal justice inmates), and what should change in treatment?

Respondent:
Naya Arbiter

Major points raised by speakers in response to each question are presented below.

What are the major obstacles to the delivery of effective drug treatment?

Speaker: Christine Blakely

- Lack of leadership to deal with the issues.
- Lengthy wait for treatment.
- Lack of quality assurances for managed care within the health care system.

- Lack of individualized treatment plans for each client.
- Inadequate funding for treatment centers.
- A treatment program that does not include one or more of the following elements: assessment, diagnosis, detoxification, short- and long-term residential care, family education, therapy, housing and aftercare, and prevention and outreach services.

Speaker: Daniel Heit

- Insufficient funding.
- Dealing with the "not in my backyard" syndrome, including exclusionary local zoning restrictions.
- Need for increased capacity building.
- Insufficient staff training.
- Lack of standards of care for the industry.
- Concern regarding health care reform ramifications, particularly with respect to home-managed care.
- Lack of a visible leader to get the message across to the public.

Speaker: Jack Gustafson

- Federal program policies that restrict treatment access to residential programs.
- Erosion of treatment dollars that are available through the substance abuse block grants.
- Difficulty of States and communities that receive Federal funds to deal with the myriad of Federal agencies involved.

Speaker: Jeannine Peterson

- Help is available to address such problems as "not in my backyard"—the NIDA (National Institute on Drug Abuse) Project has developed materials and strategies to cut through community reluctance. In addition, the ADA has workable strategies.
- Use of base closures for drug treatment centers needs to continue.
- The use of political influence to access surplus property for treatment centers should continue.
- The erosion of block grant funds should be stopped.

How should drug treatment be funded in the immediate and long-term future?

Speaker: Shirley Coletti

- The system for funding and distribution of program dollars requires constant review and streamlining.
- Leadership and direction is needed at the Federal level to coordinate funding agents at the Federal level.
- Drug abuse treatment needs to be redefined to ensure that dollars are being provided for direct services.
- Block grants have both weaknesses and strengths; the formula for distribution needs to be reexamined.
- Programs exist in isolation and are characterized by gaps and overlaps.
- Congress should consider extending the term of funding to at least 10 years.
- Replication of existing, proven programs should be stressed.
- Substance abuse block grant monies and medicare funds are not sufficient to cover the cost of specialized program requirements, such as expert research evaluation consultation and technical assistance.
- Contract monies should be funneled to the States rather than center in Washington, D.C.
- Currently there is no single, long-term, flexible source of funding at either the Federal or State levels that permits service providers to provide comprehensive substance abuse treatment services.
- Medicaid is perhaps one of the most stable sources of funding for substance abuse services, but medicaid is difficult to access.

Speaker: Jeannine Peterson

- The issue of stabilized funding is critical.
- A collaborative effort is needed to access and have input into the annual plans of the agencies who administer substance abuse programs.
- Federal leadership is required so that States can develop comprehensive programs.
- The Administration cannot afford to omit substance abuse as a basic benefit in any health care reform package.

- Health maintenance organizations or managed care entities that medicaid agencies contract with have an incentive to undertreat people and have little or no accountability.

Speaker: Johnny Allem

- Part of the funding scenario needs to be reformed.
- Community and private funds can do much to pay for treatment, and all must do their share.
- Mobilized community members can do a lot to eliminate the "not in my backyard" problem.

Speaker: George De Leon

- The medicalized medicaid approach is ruinous in terms of its cost. The dollars could be redirected to the social rehabilitation capacity.
- ONDCP needs to implement a new integrative approach to coordinate efforts among law enforcement, treatment, and prevention.

(This question did not appear in the transcript.) The following topics were identified from the speakers' responses: outcome measures, research evaluation, efficacy versus effectiveness, treatment improvement, cost-effectiveness, and cost benefits.

Speaker: George De Leon

Some of the language in this question requires clarification. Efficacy measures whether people change, whereas effectiveness measures whether a specific design demonstrates that the actual treatment is producing the change. A number of programs are operating at very high efficacy yet have not shown proven effectiveness. Two decades of research have been necessary to accumulate the necessary data to demonstrate efficacy.

It is preferable to talk about cost benefits rather than cost-effectiveness. Every cost-benefit study this presenter has been involved with has shown a positive cost-benefit ratio in favor of treatment, particularly therapeutic treatment.

Treatment absolutely works, although there still is a retention problem. It is important to remember that, even though there may be high retention and high dropout, treatment is not ineffective.

When discussing outcome measures, one must know the goals of the modality, the method of reporting, and whether the measures were used during or after treatment. (One problem has been noted in the criminal justice system where the classical measures for effectiveness and outcome have been arrests, convictions, or incarcerations. One needs to ask how many times a person has done certain specific acts, not simply whether that person was arrested.) The

effectiveness of treatment is better measured in the first 1 or 2 years after the client leaves treatment.

Regardless of the specific issues related to treatment outcome and treatment success, it needs to be ensured that program people have an additional 5 to 10 percent in monies to perform self-evaluation. The ability of program people to generate information would bear very heavily on program effectiveness and cost-effectiveness questions.

Speaker: Jack Gustafson

The drug abuse treatment field needs to be more aggressive in letting people know that treatment works. A number of studies, in addition to those of Dr. De Leon, demonstrate treatment efficacy, including the following:

- 1991 National Academy of Science study;
- SAMHSA's drug services research study;
- The National Institute on Alcohol Abuse and Alcoholism's ongoing study through the company Myatech;
- Treatment Outcome Study; and
- New York State's Program Assessment and Cost Effectiveness System (PACE).

The field needs standardization of evaluation protocols based on the best practices resulting from 30 years of research.

Speaker: Reed Tuckson

ONDCP should contact the Agency for Health Care Policy Research to determine whether it is evaluating the quality of substance abuse treatment. If not, this agency should be encouraged to do so. ONDCP also needs to address the question of accountability of services. Training issues come into play here.

In addition, ONDCP needs to accomplish the following:

- Become a catalyst for a "meeting of the minds" between the mental health model and the drug treatment model;
- Find a commonality of language between disciplines; and
- Engage university presidents to develop a strategy for training future leaders who can transcend disciplines.

How do we engage hard-to-reach populations (e.g., women and their children, adolescents, and criminal justice inmates), and what should change in treatment?

Speaker: Naya Arbiter

If ONDCP wants to extend services to the most resistent, it has to wade through and become comfortable with some of the ugliest issues of the day. A better understanding of American culture—tools, language, and beliefs—is required to do this. Because street culture is moving very quickly, better questions need to be formulated and one needs to do a better job of listening. Service providers need to make sure that they are not indifferent to the issues. Furthermore, women have been on the lowest rung of services, and this must change. One thing that convicts, women, and teenagers agree on is that they do not want to have their children end up the same way they have. Good teachers, community building, and empathy will help form bridges back into the community. Everyone in the drug abuse treatment field needs to join forces, promote high expectations, and be realistic.

SUMMARY

PREVENTION ISSUES MEETING

Thursday, September 2, 1993

Executive Office of the President
Office of National Drug Control Policy
750 17th Street, N.W., Eighth Floor
Washington, DC 20500

The following summary of the Prevention Issues meeting held September 2, 1993, at the White House is organized into three subsections: (1) speakers, (2) main issues, and (3) recommendations. Contents of each of the subsections were derived from the 188-page transcript of the meeting produced by Alpha International Reporting, Inc.

Speakers

- Dr. Lee Brown, Director, Office of National Drug Control Policy (ONDCP), Executive Office of the President.
- Mr. Arthur Houghton, Office of Demand Reduction.
- Mr. John Carnevale, Director, Office of Planning.
- Mr. Fred Garcia, Director of Programs for the Alcohol and Drug Abuse Division, State of Colorado.
- Ms. Valera Jackson, Executive Director, the Village, Miami, Florida.
- Mr. Robbie Calloway, Assistant National Director of Boys and Girls Clubs of America.
- Ms. Susan Rusche.
- Mr. Peter Bell, consultant.
- Ms. Susan Berger.
- Mr. William Current, Executive Director, American Council on Drug Abuse.
- Francine Picouit, Office of Demand Reduction.
- Mr. George Coggins, Associate Director (Acting), State and Local Matters.

Main Points

ONDCP is responsible for putting out the National Drug Control Strategy; the purpose of the prevention issues meeting was to gain insight from experts in drug treatment, prevention, and policy, law enforcement, research, and community action to assist ONDCP in developing a National Drug Control Strategy.

The interim strategy has seven principles: It will be (1) balanced, (2) comprehensive, (3) value centered, (4) community focused, (5) youth oriented, (6) results oriented, and (7) national in scope.

Information was presented regarding the drug situation among the adolescent population, including the following:

- Data on drug use among adolescents are available from the National Household Survey on Drug Abuse (NHSDA) and the High School Senior Survey.

- In terms of prevention, there are no good data sets addressing initiation of drug use; however, prevalence trends give a sense of progress.

- There has been great success in reducing drug use among adolescents; however, some disturbing recent trends for younger children foretell a difficult future.

- The NHSDA shows that marijuana and cocaine use is down across U.S. households; for adolescents ages 12 to 17, the trend across the four drugs it measures is down.

- In the High School Senior Survey, drug use is flat or down for marijuana, hallucinogens, inhalants, and cocaine.

- There has been great success since 1988 in reducing cocaine use (3.4 percent to 1.3 percent). The use of alcohol and tobacco is flat or down.

- The High School Senior Survey recently began collecting data for 10th and 8th graders. No change in cocaine use was found among 10th graders between 1991 and 1992, but a statistically significant increase in cocaine use was found among 8th graders. No change was found in the marijuana use among 10th graders; however, marijuana use is increasing among 8th graders. For hallucinogens, mostly LSD, both 10th and 8th graders have shown an increase in use.

- The High School Senior Survey also looked at three different drug-related issues: (1) harmfulness, (2) availability, and (3) disapproval. Among eighth graders, fewer associated risk of harm with cocaine or crack use than 1 year ago. They also perceived all the drugs—LSD, marijuana, and cocaine—to be highly available. The percentage reporting disapproval of people using drugs also fell for marijuana, crack and inhalants, alcohol, and tobacco.

- Among college students, marijuana and hallucinogen use is on the increase, and there is no change in inhalant use. While the overall trend is decreasing, three-fourths of all college students surveyed indicated drinking within the past month.

- While these data show progress, they also show signs of problems looming on the horizon.

- The issue has become "Is the message getting stale? Do we need a booster shot?"

The main points of the meeting are organized by interim strategy principles below.

Balanced.—The strategy will emphasize funding driven by policy in order to avoid arbitrary divisions of resources. Meeting attendees did not raise any balance issues or concerns.

Comprehensive.—The strategy will be comprehensive in that the perspective will be broad and include many disciplines previously excluded from dealing with the problem of drug abuse. Meeting attendees raised the following issues and concerns:

- The Federal Government insists on separating alcohol and drugs in prevention and treatment strategies. The separation of drugs and alcohol, or the focus on illicit drugs only, is erroneous given multiple drug use particularly among high-risk youth.

- The Government does not do a very good job of identifying alcohol and drug problems in their earliest stages.

- Event-specific prevention needs to be explored (i.e., inappropriate chemical use as a result of certain life events). This is because those suffering life traumas are more susceptible to abusive behaviors.

- Alcohol and drug abuse is bipolar in the African-American and Latino communities. When drug or alcohol use is initiated in these communities, it is more likely to progress through addiction—the gateway theory of addiction is inverted in the African-American and Latino communities. Prevention in these communities may comprise gang and crime prevention because they serve as gateways to drug usage.

- There appears to be a differential treatment between African-American children involved with drugs and the majority population. White kids caught selling drugs are often addicted and are sent to treatment (court diversion), while African-American kids caught selling drugs are not usually addicted and are incarcerated.

- The definition of drug abuse prevention needs to be shifted using the public health model which (1) recognizes the relationship between the host, the agent, and the environment and (2) describes service delivery as primary, secondary, and tertiary. Comprehensive public health approaches must be considered and it must be recognized that drug abuse is related to a number of other public health problems such as HIV (human immune deficiency virus)/AIDS (acquired immune deficiency syndrome) and tuberculosis.

- Comprehensive programming includes prevention, intervention, treatment, and aftercare (relapse prevention)—these have to be presented as a package in any behavioral health situation to be effective.

- Problems faced by communities are multifaceted and need to be dealt with as such.

Value centered.—The strategy will promote moral as well as physical health. Major points raised include the following:

- The most effective organization/rehabilitative program in the African-American community is the Nation of Islam. This needs to be acknowledged and incorporated into thinking regarding the strategy. Also, the role of religion/faith in a comprehensive strategy needs to be identified.

- For drug use efforts to be successful, community norms must be changed. When are uniform standards of conduct that transcend all cultural and population groups appropriate, and when do cultural prerogatives determine the day?

- Children need to be worked with in the context of their parents; their moral development can be strengthened by strengthening families, churches, and the community in general.

- Legitimate prevention strategies have strong cultural aspects rediscovering rites of passage (such as developing racial identity and bicultural awareness).

Community focused.—The strategy will emphasize partnership efforts between the Federal Government and State and local entities. This principle recognizes the fact that the federal government, by itself, cannot effectively address the problem of drug abuse. Major points raised regarding community focus include the following:

- One key is to bring the funds to the right people and let them do what they do best. Funding independent of the Federal Government is important to communities "owning" their programs—that is, they do not have to follow the Federal Government's rules, etc.

- The Federal Government works best with big entities, big pictures, big strategies (e.g., drug-free workplace and drug-free schools)—think about approaching the drug problem from exactly the opposite perspective—from the community, grassroots perspective. At the macro level, the Government can develop regulations which give incentives to businesses or schools and generally create opportunities. The struggle is defining the big strategy and connecting it to something people can understand and take part in.

- At the neighborhood level, there is a need for (1) nontraditional neighborhood programming to give children something besides negative behavior; (2) mentoring programs that have neighborhood representatives talking to one another about what works; (3) positive, consistent messages about zero tolerance of violence, family bonding, educational and career goals, and cultural and neighborhood identity; and (4) early identification strategies for children and youth at risk to target prevention programming. There is also a need for school programs that go beyond current alcohol and other drug education and reach out to parents, churches, local agencies and organizations, and businesses to get more involved with school-based prevention efforts.

- There is a need for "environmental prevention"—ways that communities can make their thoughts known about alcohol, drugs, violence, and other issues. In order to do this, communities will need technical assistance and training.

- Collaboration among all community members who recognize the interdisciplinary nature of the substance abuse problem is necessary.

- Community-based prevention efforts must be focused, short term, and attainable to help empower the community; those efforts are most effective when tied directly to a central problem faced by the community; prevention efforts that are service oriented can be encouraged by the Federal Government through block grants or guidelines, which must take into account the idiosyncracies of the local community when planning prevention efforts.

- African-Americans need to be recruited to serve as addiction counselors as is done in the Professional Addictions Counselor Program (which costs $20,000 to train and make employable 50 or so persons).

- The private sector provides opportunity for prevention efforts because the Government can only do so much.

Youth oriented.—The strategy must focus on addressing the concerns of young people including drug violence and emphasize efforts to restore and create hope in local communities. Major points raised regarding youth include the following:

- In order to maximize the use of Federal dollars, young people need to be targeted who are both high risk and show a degree of motivation.

- A sense of hope needs to be created by taking the worst areas in communities and marshaling all the communities' prevention and treatment resources into improving those areas creating a drug-free zone that the community can be proud of because the major impediment to prevention in this country is a lack of hope.

- Increasingly, prevention programs need to help children live in dysfunctional programs. Currently there are two such strategies which help make the families functional or take the child out of the dysfunctional family. A third strategy needs to be developed that helps children function in the dysfunctional family.

Results oriented.—The strategy must seek to improve on efforts known to work and eliminate efforts known not to work. Key points raised regarding the need for the strategy to be results oriented include the following:

- In order to disseminate information about what works and what does not work, it will be important to have prevention information clearinghouses.

- A national prevention strategy needs to have training as a vital component because there are ways of going through the process that are more effective than other ways. People need to be retrained regarding those effective processes.

- The leadership of a prevention program is one of the most important elements; charismatic, articulate, and dynamic leadership make a real difference. The issue is how are these leaders located and once they are, how can they be enticed to work in this field?

- The substance abuse field and community organizations received the Center for Substance Abuse Prevention's (CSAP's) community partnerships well but they totally bypassed the infrastructures that State governments set up. In other words, CSAP would fund programs at levels the States could not possibly replicate once the CSAP funding expired.

National in scope.—The strategy must emphasize work in local communities throughout the country—in cities, suburban areas, and outlying rural areas. Key points regarding the scope of the strategy are as follows:

- Specialized programs and services are needed in the Nation's "hot spots" (urban areas). Services delivered to areas of similar sizes and characteristics need to be compared to identify critical elements.

- Regional prevention resource centers have been very useful.

Other, more general, points raised include the following:

- Under the public health model, there is a need to seek alternative treatment approaches (tertiary prevention)—such as acupuncture and transcendental meditation.

- While prevention efforts appear to have made some impact with casual users, there is still a major hard-core drug problem that has to be addressed in this country.

- Priority needs to be given to the mentally ill, the emotionally disturbed, and the multiaddicted.

- The violence today is a symptom of people not attending to the environmental aspect of the public health model.

- The challenge faced today, in the words of Cornell West author of *Race Matters*, is "to care about the quality of our lives together and to invigorate the common good with a mixture of government, business and labor that does not follow any existing blueprint."

- The 10 principles of prevention for Boys and Girls Clubs of America are as follows:

    1. Involve youth in the conceptualization and implementation of the prevention program.

    2. Involve club members, their parents, and other people in the community.

    3. Make the program broad enough to include drug abuse and alcohol abuse (and other socioeconomic problems such as teenage pregnancy).

    4. Present a clear, consistent "say no" message.

    5. Create positive peer and parental pressure making abstinence in communities both acceptable and desirable.

    6. Provide accurate information.

    7. Work with older youth to improve personal and social interactions.

    8. Place programs in safe environments.

    9. Involve the parents...if necessary, bring the program to the families (in their homes, where they work, etc.).

    10. Start the programs early in children's lives.

- The Federal Government needs to take the lead and coordinate agency policies regarding substance abuse; create joint Requests for Proposals; and have some kind of plan that focuses on coordinating substance abuse prevention efforts—not just digging in and taking turf.

- In some States the block grants work very well; in others they do not work well.

- One of the biggest problems facing prevention in this country is that prevention is viewed as an event or a process. The goal is to prevent something that has not yet happened. It is difficult to motivate the individual and the community around a potential event that may or may not happen. Similar to Maslow's hierarchy for individuals, communities have a hierarchy. At the bottom of the hierarchy is safety and security. A community will not be as attentive to a D.A.R.E. (Drug Abuse Resistance Education) or QUEST program if there are crack house scattered throughout the area. The second level of the hierarchy is treatment. A community will not be concerned about primary prevention if it is faced with a large addicted population. Only after these two levels are dealt with adequately will a community give meaningful attention to prevention.

- Programs need to put parents in the driver's seat, help them conduct the programs, and act as a support system for the parents. Parents in other communities need to be trained so they can replicate this program.

- Prevention needs to go beyond young people and include seniors as well.

- Substance abuse sits at the heart of every social problem faced today, and a policy needs to be developed that connects substance abuse and social problems.

- The Federal Government is not active in the community problemsolving area.

- Community policing is a good idea. The "no legalization" message needs to be maintained as collaboration is the only way to go. Regarding "weed and seed," lots of "weeding" needs to be done, but more emphasis needs to be placed on "seeding."

- More research is necessary, particularly in minority communities.

- Very few of the nutritional aspects of addiction have found their way into substance abuse prevention programming.

- In a prevention strategy, pretreatment and postprevention problems must be addressed. There's a large group of adolescents out there that needs more than a school-based or community-based approach, but these youth do not need inpatient and outpatient treatment programs.

- There need to be more efforts to create alternatives and opportunities, not just education.

- In prevention strategies, particularly school-based ones, the different learning styles (e.g., visual, auditory, experiential, etc.) need to be considered.

Additional points raised regarding communication include the following:

- Multiple, consistent messages from multiple messengers—the Government, private sector, media, educators, treatment and prevention providers, parents, etc.—are needed.

- The message regarding drugs and alcohol is not getting out anymore; while it is useful to know that drug use is down, it is also important to note that substantial problems remain.

Other points discussed regarding marketing include the following:

- Marketing prevention has failed mainly because it has not been defined very well. On the other hand, efforts have been very successful in identifying children at risk and matching them up with specific types of services.

- The values and attitudes that are to be conveyed must be made more concrete and be matched with messages and behaviors. Two areas that illustrate the success of this are tobacco and drunk driving. The grand strategy from the Federal Government is missing, that is, what are the messages and behaviors? The States and localities generate the appropriate ways to deal with the strategy.

- Marketing and education needs to take place within the Federal Government, which may be an appropriate role for ONDCP.

Points raised regarding the Federal role and reinventing Government include the following:

- The Federal Government's legitimate role lies in protecting the public safety and public security through drug testing.

- A new funding mechanism is needed that is responsible for funding replications of effective programs and which is separate from block grants and separate from research and demonstration funding. Given the nature of the replications, multiple agencies would be involved.

Discussions regarding employers and drug control strategy raised the following concerns and points:

- Studies of employers indicate that cost was not at issue for small employers; instead lack of education regarding the issues and how to identify a problem were the issue.

- Achieving drug-free workplaces will require (1) multiple approaches with the workplace as the place of primary prevention and (2) education combined with media to teach employers how to identify troubled employees; this initiative should be a private-sector initiative.

- It is time for businesses to invest in workforce development, such as mentoring programs and adopt-a-school programs.

- Implementation of a comprehensive drug-free workplace approach including treatment opportunities, counseling, education, and testing is appropriate in some employment settings.

- Employers with operations in more than one State face potential legal problems when conforming to the differing State laws regarding drug testing; this may be an area where the Federal Government can help.

Recommendations

Recommendations of meeting attendees are as follows:

- Develop some strategies to get minimum wage employers to enact prevention programs in order to reach a very vulnerable and yet somewhat motivated population.

- ONDCP should hold a series of seminars bringing grassroots community people together with Federal agencies to discuss effective ways to put money into the right hands and coordinate its use.

- Under the rubric of reinventing Government, create an addiction agency that brings all of the existing Federal agencies dealing with substance abuse together under one roof.

- Agencies must be given responsibility for administering the block grant power to hold States accountable for not only what they are supposed to do but also the results they achieve.

- Repeal the 30 percent rule in public housing.

- Schools or community-based prevention should have a service learning component whereby kids learn by doing; one possible immediate target is alcohol marketing for teenagers.

- There should be greater focus on children of addicts, as they represent the highest risk group and deserve special attention.

- Move away from supply side, interdiction, and law enforcement-driven drug abuse policy; focus on drug abuse as a health problem that needs to be prevented and treated. Drug addiction must be viewed as a disease—a disease that has warning signs. The fact that women and youth progress through drug use more rapidly also must be considered.

- Resources must be reallocated from treatment to aftercare because recovery happens in aftercare. There is a desperate need for aftercare. A community-based prevention system is available, and now it is time for a community-based aftercare system.

- The concept of combining prevention programs in treatment programs must be explored, particularly for the children of clients.

- Neighborhood and community preservation programs should be modeled after the family preservation programs.

- There is a current proposal for a Youth Development Block Grant to give about $2 billion at the local level to improve community youth programming and to have the local community pick up the program over the long haul. Do not reinvent the wheel; use what we know works and put the money in the hands of those who know what to do with it.

- Simple but accurate and timely drug messages need to be sent every week to the President, business leaders, community leaders, Government representatives, key members of Congress, Governors, etc.

- Strong language needs to be put into the various State block grant programs regarding collaboration.

SUMMARY

MEETING OF THE CRIMINAL JUSTICE ADVISORY PANEL

Friday, September 10, 1993

Executive Office of the President
Office of National Drug Control Policy
750 17th Street, N.W., Eighth Floor
Washington, DC 20500

Attendees

- Dr. Lee Brown, Director, Office of National Drug Control Policy, Executive Office of the President, Washington, D.C.
- Herman Goldstein, Professor, University of Wisconsin School of Law, Madison, Wisconsin.
- Sylvester Daughtry, Chief of Police, Greensboro, North Carolina.
- Judge Stanley Goldstein, Miami, Florida.
- Dr. Joseph McNamara, Research Fellow, Hoover Institution, Stanford, California.
- Robert Wasserman, President, Wasserman Associates, Inc., Cambridge, Massachusetts.
- Jimmy Wilborn, Director, Texas Narcotics Control Division, Office of the Governor, Austin, Texas.
- Matt Rodriguez, Superintendent of Police, Chicago, Illinois.
- Elizabeth Watson, Chief of Police, Austin, Texas.
- Nicholas Pastore, Chief of Police, New Haven, Connecticut.
- Helena Ashby, Commander, Field Operations Region Two, Los Angeles County Sheriff's Department, Rancho Dominguez, California.
- George Kosnik, Acting Associate Director, State and Local Affairs, Office of National Drug Control Policy, Washington, D.C. (Panel Moderator).

ONDCP Staff

- Richia McMahon
- Philip Cogan
- John Carnevale
- Richard Porter
- Richard Yamamoto
- Hank Archer

Agenda

I. Welcome and Opening Remarks

Interim and 1994 Strategies
Objectives of the Meeting
Overview of the Drug Situation

II. Criminal Justice Resource Issues

Redefining the Police Role
Funding Issues
Additional Police Officers—Integrity Issues
What Works
Potential Research and Demonstration Projects

III. Law Enforcement Operations

Community Policing
Rural Policing
Task Forces

IV. Dealing With the Offender

Intermediate Sanctions
Offenders Under Supervision
Foreign Born Offenders
Interface With Social Issues.

V. Followup Discussions: Implementation Suggestions

Introduction

This meeting was one of a series of meetings hosted by the Director of the Office of National Drug Control Policy (ONDCP) to solicit the views and thoughts of panel members concerning what should be part of the 1994 National Drug Control Strategy. Invited panel members include experts from the public and private sectors in criminal justice and drug control prevention, education, treatment, and research and evaluation. The specific focus of this meeting is the criminal justice component of drug control.

Director Brown outlined seven broad principles that will form the basis of the 1994 National Drug Control Strategy:

- First, the strategy will provide a balance for drug education, prevention, treatment, law enforcement, interdiction, and international efforts.

- Second, the strategy will be comprehensive. The drug problem is not just a law enforcement or criminal justice problem, it is also a public health problem.

- Third, the strategy will promote values and physical health and will take a strong stand against legalizing illegal drugs.

- Fourth, the strategy will be community oriented and community focused. It is important for the Federal Government with its resources and its leadership to develop a partnership with State and local governments to empower communities to address their own problems.

- Fifth, the strategy will be youth oriented. It is very important to protect young people from drug use and drug-related violence in schools, streets, and homes.

- Sixth, the focus must be results oriented or results driven. It is time to put serious effort into determining, identifying, and funding those programs that work and dropping those that do not work.

- Finally, the strategy will be national in scope. It will outline a partnership between the Federal, State, and local governments; the private sector; communities; and individuals throughout the country.

As the title of the meeting indicates, three major criminal justice subjects were addressed by the panel members: (1) criminal justice resource issues, (2) law enforcement operations, and (3) how to deal with the offender. The panel members were asked to discuss their views, as well as present their comments and recommendations where appropriate.

Criminal Justice Resource Issues

The discussion concerning criminal justice resource issues centered on six concerns. First, law enforcement efforts must be better balanced between the predominant focus on (1) arrest and incarceration and (2) interaction with the providers of community-level social, health, service, and education resources.

Second, greater priority needs to be placed on finding out what works through increased funding of research and demonstration projects. Panel members agreed that funds should be allocated to leverage technology and create a national-level repository of what is working, how it is working, under what conditions, and where it is working.

Third, the emphasis on the young adult population needs to be refocused. A caring and understanding approach needs to be adopted rather than "Weed and Seed." Damage should not be done first. The balance needs to be fixed; seeding should be done first. The community needs to be mobilized, and together the elements will be weeded out.

Fourth, education of the Nation's young people is critically important. The majority of prison inmates are school dropouts. Law enforcement resources need to be devoted to working with the schools. A more holistic approach should be adopted, not just the D.A.R.E. (Drug Abuse Resistance Education) program, but more involvement with the school systems and the encouragement of role model and mentoring programs. The juvenile justice systems need serious attention. They were put together 60 to 70 years ago when their purpose was to deal with youth like Huckleberry Finn—he is gone....He is the "good" boy today.

Fifth, the role of law enforcement officers must be redefined. These officers should be used to effect positive change within communities that does not necessarily translate into arresting more people. The focus on influencing the environment in which citizens live needs to be increased.

Sixth, there is no mechanism in place to enable officers to be agents of the "criminal justice system," because there is no "system." There are individual components. For example, the

probation department cannot tell the police department about troubled or dangerous young people because the probation department has to protect the youth's identities.

Law Enforcement Operations

The discussion on the topic of law enforcement operations centered on three main areas: (1) community policing, (2) rural policing, and (3) task forces. The concept of community policing is very complex—it means different things to different people. In this context there is a need to focus on what relationship community policing has to drugs and the problems associated with drugs. Community policing must be thought of in terms of not just reducing supply and demand and concern about violence and crime associated with drugs, but also the basic problems of public order, street people, and the intimidation on the streets that affects the community.

It is important that the whole notion of community building be examined as a way of developing protection against and resistance to the negative consequences of drugs in a community. Further, the concept needs to be looked at as a means of changing neighborhoods to the extent that people are taken through the criminal justice system and treatment and then return to the neighborhoods. Those neighborhoods hopefully will be somewhat better than what the people have left.

It is equally important to address the issues concerning drug abuse and trafficking in rural America. Some policymakers have been slow to acknowledge the magnitude of the drug problem in rural areas. In many cases it has overwhelmed the small number of resources available in rural areas.

Panel members agreed that task forces are generally seen as beneficial; however, there are areas of concern. Smaller law enforcement agencies have difficulty giving up staff to every task force. There is a tendency for task forces to drive themselves as opposed to being driven to solving a particular problem; they become self-perpetuating. Another concern is how the effectiveness of task forces is measured. How does a task force prove it has reduced the drug problem in the community? Task forces should have an objective, a plan, a method of evaluation, and a limit.

How To Deal With the Offender

The last topic of discussion concerned dealing with the offender. Foreign-born offenders comprise a significant percentage of the people housed in the Nation's jails and prisons. In many cases, economic status is what drives them to the illicit drug trade. The possible impact of the North American Free Trade Agreement is of particular concern. There will be many more trucks in this country that are free to move around and carry illegal drugs and many more undocumented aliens across the United States' already open borders. Historically there have never been secure borders in the United States, and there never will be. The United States is a nation of immigrants who are not, as a group, responsible for the American drug problem. The problem stems from demand. Reduce the demand and the drug problem will be reduced.

There were many areas of agreement among the panel members concerning the overall themes of the 1994 National Drug Control Strategy. Panel members were concerned about the need for research into what works and the need to continue appropriate supply reduction programs. They also were concerned about education, prevention, and treatment. Above all, the aspect that was deemed more important than anything else was prevention.

One of the key issues that must be confronted is how to reduce the demand for drugs. The harsh punishment that has been the predominant policy for many years has not had any significant impact on people using or selling drugs, or on the demand for drugs. There is some evidence, although more research needs to be done, that prevention, education and treatment can reduce demand. Community attitudes are a key factor. Look at the fact that Americans consume less cholesterol in foods, less "hard" alcohol, and less tobacco than previously. All these things occurred without any war by the Federal or local governments and without penalties. They occurred because the attitudes of some Americans changed, and government at all levels played a role in those changes.

The nonviolent offender needs to be taken out of the criminal court and put into a "drug court." The circumstances of each case must be examined, and the judges in criminal court should deal with the offenders who should be put in the penitentiary. This represents a change in overall philosophy and motivation. The philosophy behind drug courts recognizes that offenders cannot be threatened or punished out of their addiction. These offenders require immediate access to realistic treatment. The motivation is no longer that of punishment but rather a quest to reduce crime by reducing addiction. Addicts must be held accountable, but they also must be given a fighting chance.

Panel members stressed the importance of "balance" in their discussion of the interface between the criminal justice community and the drug education, prevention, and treatment communities. The entire grant process should be viewed as a system, not as individual programs with separate purposes. For example, if the focus is on youth, Grant "A" may be appropriate; if the focus is on violence, Grant "B" may be appropriate. Because of the overriding concern for public safety, many programs that the law enforcement community could use as referrals do not get funded because that money is coming to them as law enforcement dollars.

The strategy must address balance between and among programs and ensure adequate funding for those agencies and programs that support law enforcement. There are many people who come to the attention of some component of the criminal justice system; these people have committed no criminal act, want to get off drugs, and are looking for help. In many cases there is no place to send them. There appear to be some important policy gaps; for example, some people may think that they have to commit a crime to get drug treatment.

Key points emerging from the discussion include the following:

- The panel members thought the drug problem was more of a public health and social problem than a problem that could be cured by criminal law.

- The panel members said that arbitrary numbers in terms of drug reduction and in terms of population should not be examined; instead, there should be an examination of what people are upset about. The people in some neighborhoods are not as

concerned about people "nodding" on the corner from heroin. They are concerned about getting shot by dealers and by the whole society and culture that develops from the illicit drug trade. The other major concern is the large profit being made from illicit drugs, which makes it very difficult to motivate kids to stay in school.

- Policy, when it comes to funding priorities, should be community oriented; there is a need for additional personnel and drug abuse education, prevention, and treatment.

- There is a need for a central repository of "what works." There is a need for a place where programs can be examined, providing an idea of what they are and whether they work.

- To date, the United States has proceeded in a fragmented fashion, and there is a tendency to want to continue to do that. The way fragments occur is by proceeding programmatically rather than systematically. The problem is multifaceted. The Government is now leaning more toward a holistic approach and must be careful not to stray back toward funding pieces that do not contribute to the success of the whole process.

- The strategy cannot be just a document. It must capture the public imagination and be a catalyst for change.

APPENDICES

APPENDIX A: SECTION 1005, ANTI-DRUG ABUSE ACT OF 1988

Public Law 100-690, November 18, 1988
The Anti-Drug Abuse Act of 1988
Section 1005, Title 1, Subtitle A
National Narcotics leadership Act of 1988
Title 21, United States Code 1504

(a) Development and Submission Of The National Drug Control Strategy.

(3)(A) In developing the National Drug Control Strategy, the Director shall consult with-

(i) the heads of the National Drug Control Program agencies;
(ii) the Congress;
(iii) State and local officials;
(iv) private citizens with experience and expertise in demand reduction; and
(v) private citizens with experience and expertise in supply reduction.

(B) At the time the President submits the National Drug Control Strategy to the Congress, the Director shall transmit a report to the Congress indicating the persons consulted under this paragraph.

APPENDIX B: INDIVIDUALS AND ORGANIZATIONS CONSULTED

CABINET MEMBERS AND FEDERAL AGENCIES

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UNITED STATES SENATORS

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UNITED STATES REPRESENTATIVES

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PUBLIC INTEREST GROUPS AND INDIVIDUALS

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GOVERNORS

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MAYORS

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