KEEPING SCORE

1996

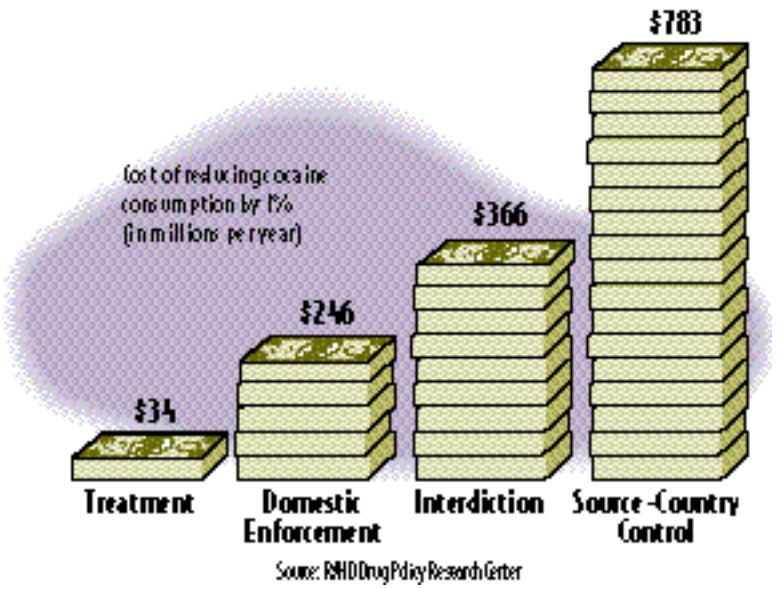
I. INTRODUCTIO

Americans are deeply concerned about drugs. Two-thirds of the public think that drug abuse is worse today than five years ago. Half say that they personally know someone who has been addicted to an illegal drug.

Over the years, Americans have spent substantial amounts of money to combat the nation's drug problems. Since 1980, we have spent $290 billion on Federal, state and local anti-drug efforts. This amount—some $20 billion a year—is twice as much as the Federal government spends annually for all biomedical research, including research on heart disease, cancer and AIDS.

Under Democratic and Republican administrations, **Federal policy** has been consistent: we have spent most of the money trying to reduce the supply of drugs in this country through enforcement, interdiction and overseas programs to eliminate drug production. Unfortunately, this bipartisan effort has failed. Despite a fivefold increase in Federal expenditures for supply reduction efforts since 1986, cocaine is cheaper today than it was a decade ago. Heroin is sold on the streets for $10 a bag at purities exceeding 60 percent compared to less than 30 percent in 1990. The nation's chief drug enforcement official, Thomas C Drug Enforcement Administration (DEA), told Congress in "availability and purity of cocaine and heroin are at an all-tin And for the first time, arrests for drug possession reached th one million mark in 1994—a 30 percent increase over the past three years.

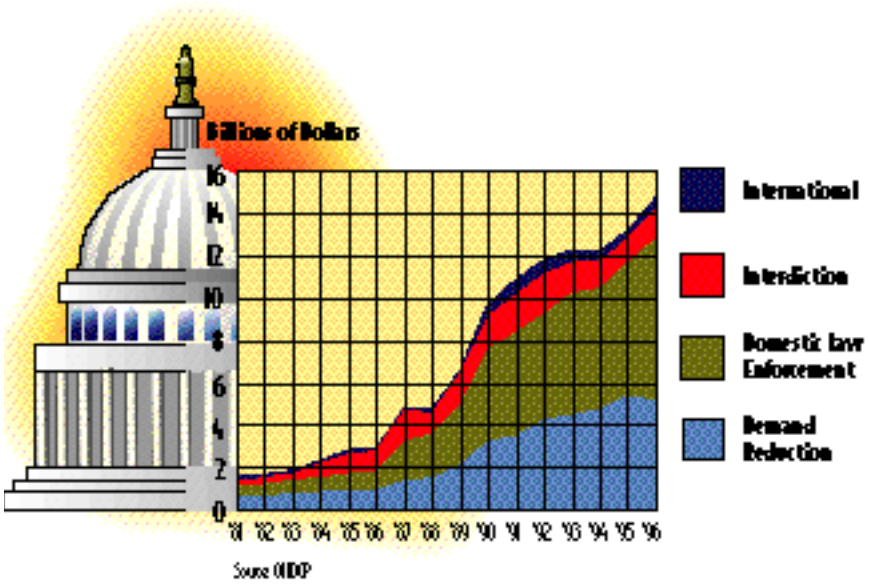
Treatment is the Most Cost-Effective Way to Cut Drug Abuse



Faced with these statistics, many have come to question whether supply can ever be reduced enough to affect drug abuse There is good reason for skepticism. Despite America's overs efforts, worldwide opium and cocaine production has doubled last ten years. The number of countries producing drugs has doubled as well, making drugs a truly global business. Pressure on one country only leads to increased production elsewhere. Since a single 25-square mile plot is enough to grow all the opium consumed in the U.S., the likelihood that we can stop drug production becomes small. Nor are our borders easily sealed, when

a single DC-3A flight can bring a year's supply of heroin into the U.S. and twelve trailer trucks can bring in a year's supply of cocaine. Such considerations make it doubtful whether any policy to cut off the supply of drugs to America can ever succeed, no matter how richly funded and brilliantly executed.

Federal Drug Control Budget



But if supply cannot be curtailed, perhaps demand can be reduced. Such considerations have

nent and community efforts to organize citizens against

matic. Drug use among young teenagers is climbing rapidly: marijuana smoking among eighth graders has more than doubled since 1991. Yet most children do not get effective drug prevention teaching, even though such programs can cut new drug use by half. In addition, one million prison inmates in this country have serious drug habits, regardless of the crimes for which they were convicted. Treatment for drug abuse is not readily available inside the criminal justice system or in many communities. Yet extensive research confirms that treatment is the most cost-effective way to combat addiction and drug-related crime.

But the value of prevention and treatment in addressing America's drug problems is by no means agreed-upon in Congress. In 1995, less than one-third of the $13.3 billion Federal drug budget was devoted to reducing demand for drugs. The current Congressional debate suggests that prevention and treatment will receive even less support in 1996.

Meanwhile, the public remains substantially more pragmatic and less ideological than the politicians about the nation's drug problems. Polls show Americans strongly favor a balanced approach, which includes law enforcement, **treatment** and prevention, and focuses anti-drug spending in their communities rather than overseas. In this election year, the public is asking: which policies and programs actually work?

II. DRUG USE AND DRUG ADDICTION

INCREASING DRUG USE

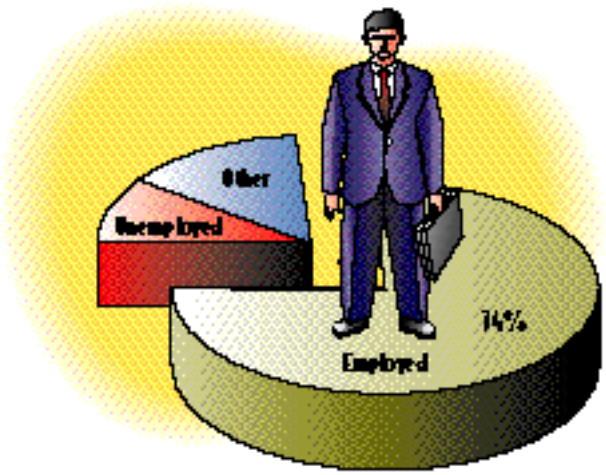
Illegal drug use cuts across all economic and ethnic groups. Of the 12 million Americans who admit they use drugs at least once a month, three-quarters are white and employed. Since 1992, adult drug use has gone up 12 percent, the first sustained increase since the 1970s. Among young adults ages 18 to 21, one in seven now reports using illicit drugs at least once a month.

Marijuana remains the most widely used illegal drug, among both adults and teenagers. Because of more intensive cultivation and hybridization of potent strains, today's marijuana is much stronger than its 1960s counterpart. Heroin use is increasing, particularly among young professionals and those in the entertainment world. Because of its higher purity, the drug can be snorted or smoked, increasing its appeal to those reluctant to inject drugs.

Methamphetamine abuse is also increasing. Asynthetic stimulant that produces euphoria, high energy and self-confidence, the drug may induce violent, paranoid behavior as well as stroke, seizure and death. Methamphetamine-related emergency room episodes more than tripled between 1991 and 1994 nationwide, according to the Drug Abuse Warn Network (DAWN).

Among medical professionals, the legal narcotic fentanyl—10 times more powerful than **heroin**—is frequently abused. The overdose death in November 1995 of a young medical student in New York drew national attention to the usually hidden problem of drug addiction among doctors, nurses and other health providers. In 1990, fentanyl sold on the streets a heroin was blamed for 17 deaths in the New York area.

Most Drug Abusers are Employed



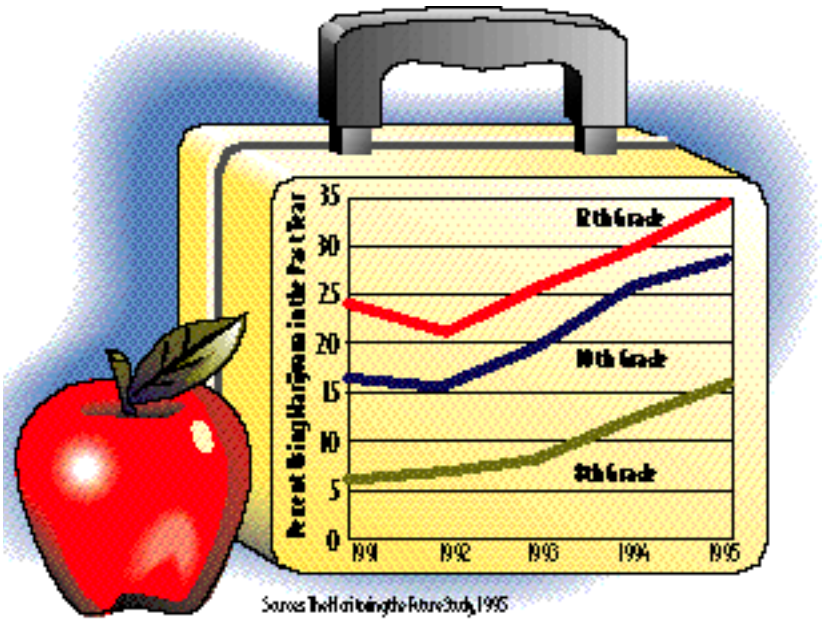
Source: National Household Survey on Drug Abuse, 1994

TEEN DRUG, ALCOHOL AND TOBACCO USE

Drug use is rising dramatically among the nation's youth after a decade of decline. From 1993 to 1994, marijuana use among young people aged 12 to 17 jumped 50 percent. One in five high school seniors smokes marijuana daily. *Monitoring the Future*, which surveys student drug use annually, reports that negative attitudes about drugs have declined for the fourth year in a row. Fewer young people see great risk in using drugs.

Mood-altering pharmaceutical drugs are gaining new popularity among young people. Ritalin, prescribed as a diet pill in the 1970s and now used to treat hyperactive children, has become a recreational drug on college campuses. Acentral nervous system stimulant, Ritalin can cause strokes, hypertension and seizures. **Rohypnol,** produced in Europe as a legal tranquilizer, is called the "date" drug because it lowers inhibitions and suppresses short-term memory. When taken with alcohol, its effects are greatly magnified. Rock singer Kurt Cobain collapsed from an overdose of Rohypnol and champagne a month before he committed suicide in 1994. In Florida and Texas, Rohypnol, known as "roofies" and "rope," has become widely abused teens, who see the drug as a less expensive substitute for marijuana and LSD.

Teenage Marijuana Use Rising



Glue, aerosol sprays, lighter fluid and paint thinner are inhaled by growing numbers of children to get a quick but potentially lethal high. These volatile solvents and gases can cause brain damage, paralysis and even eath. Both adults and youngsters are generally unaware of e terrible risks posed by inhalants; many parents do not ow which of these household products can be misused this way. In 1995, one in five 13 year-olds reported using ı increase of 30 percent since 1991. Inhalants kill as many as 1,000 people each year, most of them still in their teens.

Alcohol and tobacco use is increasing among teenagers, particularly younger adolescents. Each year, more than one million teens become regular smokers, even though they cannot legally purchase tobacco. By 12th grade, one in three students smokes. In 1995, one in five 14-year-olds reported smoking regularly, a 33 percent jump since 1991. Drinking among 14-year-olds climbed 50 percent from 1992 to 1994, and all teens reported substantial increases in heavy drinking. In 1995, one in five 10th graders reported having been drunk in the past 30 days. Two-thirds of high school seniors say they know a peer with a drinking problem.

PREVENTING DRUG USE

Extensive studies have documented that drug prevention programs work. Life Skills Training, a program for junior high students, can reduce new tobacco and marijuana use by half and drinking by one-third. With booster sessions in 9th and 10th grade, these results are sustained through high school.

Effective prevention programs are not expensive, compared to the costs of prison construction, high-tech interdiction equipment and health care for diseases related to tobacco, alcohol and illegal drugs. Life Skills Training, for example, costs about $7.00 per pupil per year, including classroom materials and teacher training.

Successful prevention efforts reach beyond the classroom to include the larger world that shapes **attitudes** toward drugs—families, neighborhoods, businesses and the media. The Carnegie Council on Adolescent Development, which recently completed a landmark study of children aged 10 to 14, concluded that a comprehensive approach is needed during these critical years when drug use and other problem behaviors begin. The essential "protective factors" which help children move successfully through adolescence include educational achievement, social skills, strong bonds with family members, teachers and other adults as well as clear rules for behavior.

Parental disapproval of substance abuse is also an important protective factor. The 1995 PRIDE survey found that **parental involvement** can significantly deter drug use, even among older teenagers. Positive options that create optimism about the future also reduce children's vulnerability to drugs. The Carnegie Council recommended the creation of middle schools small enough to respond to children's developmental needs, "family friendly" workplaces that encourage greater parental involvement, education in health and decision-making, and strong community support as steps to help raise resilient, productive teenagers.

The influences on a child's decisions to smoke, drink, and use illegal drugs are complex, including anxiety, stress, peer values and the desire to fit in socially. Advertising is a particularly powerful influence. A recent California study found that children were twice as likely to be influenced to smoke by cigarette **advertising** than by peer pressure. In 1993, the tobacco industry spent $6 billion for advertising and promotions. Preventing teen smoking is critically important: 90 percent of all adult smokers began smoking before the age of 19.

Organizing to Help Children at Risk.

Project HighRoad brings together parents, schools, community organizations, housing authorities, local police and clergy to create comprehensive substance abuse prevention programs in three New York inner city schools and related housing projects, in the South Bronx, on Manhattan's Lower East Side and in the Astoria section of Queens. Project HighRoad provides continuous support—family group sessions, school health clinics, tutoring programs, after school and weekend enrichment programs, youth leadership training and crisis intervention—for almost 2,500 primarily black and Hispanic young people.

The children of Mott Haven in the South Bronx grow up in a high crime, drug-ridden environment, the second poorest Congressional district in the country. A 10-week prevention program in Mott Haven classrooms teaches refusal skills for situations students encounter every day, in their homes and on the street. The HighRoad program works. Between 1993 and 1995, drug use among Mott Haven 8th graders declined 25 percent, while 8th grade drug use rose nationally. Smoking declined by half; binge drinking declined at all grade levels. Across the three HighRoad communities, more students reported "no use" of alcohol, tobacco or other drugs in 1995 than in 1993. Project HighRoad can be reached at (212) 645-5110.

Academic Achievement Builds Bridges to the Future.

Started in San Francisco in 1978, and recently expanded to 30 cities in the U.S. and to Hong Kong, Summerbridge serves more than 2,000 students recruited each year from inner city schools. The program provides tuition-free intensive summer sessions after 6th and 7th grades, as well as year-round tutorials, counseling and family advocacy that continue through high school. Rigorous academic classes, sports, field trips, art, theater and photography classes are taught by outstanding high school and college students, many of whom attended Summerbridge themselves. Eighty-four percent of recent Summerbridge graduates have gone on to college preparatory high schools and 64 percent of its summer teachers have continued into the teaching profession. More than half of the Summerbridge teachers are from ethnic minorities, compared to 10 percent nationally. Summerbridge costs $1,330 per student annually. Summerbridge National can be reached at (415) 749-2037.

"Tough Love" and Tumbling Equals Success for Chicago Youngsters.

The Jesse White Tumbling Team is proof that discipline and adults who care can make a world of difference to young people. Jesse White created the team in 1959 to provide recreational, athletic and educational opportunities for team members, who range in age from six to 26. Most are residents of Chicago's Cabrini Green housing complex. Participants must abide by strict rules, which include staying in school and avoiding gangs and drugs. The reputation of being on the team protects the youngsters in their neighborhoods and the intense involvement keeps them occupied, with little time for delinquent behavior. They must work towards a high school diploma and maintain at least a C average.

The tumblers have performed at NBA and NFL half-times, on David Letterman and Good Morning America. Private funding and performance fees support the program which costs $940 per member per year. Of the more than 2,700 tumblers who have joined the team, only 6 percent have been dismissed and only 2 percent have been in trouble with the law. Eighty-seven percent have graduated from high school, 22 percent have attended college and 25 percent have served in the military. For additional information, call (312) 443-5056.

Options and a Future for Portland Youth.

"Life Has Options" is the motto of Self Enhancement, Inc. (SEI), a program in Portland, Oregon, which has served more than 12,000 inner city school students since 1981. SEI offers classroom instruction, extracurricular activities, cultural enrichment, career counseling and summer outreach for 450 high-risk children every year. Paid SEI staff work with participants in their schools, tutoring, encouraging and handling crises. They provide after school supervision and guidance with homework. They also work with families and help parents obtain counseling or find jobs when needed.

A 1994 study found that school attendance improved and disciplinary referrals dropped dramatically among participants. Students in elementary school raised their grades by 47 percent; middle school students by 70 percent. SEI costs $1,800 a year per child. Oregon residents pay $27,375 a year in taxes to lock up one juvenile. For more information, contact Self-Enhancement, Inc. at (503) 249-1721.

Volunteers in the Fight Against Drugs.

Since 1990, the American Bar Association has found ways to engage lawyers, judges and local bar associations in anti-drug efforts across the country. With close ties to many segments of the community—business, professional and government—lawyers are in a unique position to pull together local and national support to combat drugs. Volunteer programs involve lawyers in teaching legal rights and responsibilities to first-time offenders and their families; in working as mentors for juveniles arrested for drug abuse or drug-related crime; and in helping communities fight street drug markets. Through the active participation of judges and lawyers, the ABA Standing Committee on Substance Abuse has also initiated justice system reform, including the development of local drug courts. For a list of Lawyers as Volunteers initiatives nationwide, contact the American Bar Association's Standing Committee on Substance Abuse at (202) 662-1784.

Communities Drive Out Street Drug Dealers.

Through strong partnerships with police, government agencies, businesses and non-profit institutions, Baltimore citizens are dismantling the drug trade one city block at a time. Baltimore's Comprehensive Communities Program aims to retake public spaces from dealers and to replace drug markets with youth activities. Baltimore received a Bureau of Justice Assistance grant of $1.9 million to combine community policing, alternatives to incarceration, drug courts, and anti-gang initiatives, part of a national pilot program to create coordinated strategies against drugs.

The Boyd Booth community of West Baltimore is once again a livable neighborhood. Citizens boarded up vacant houses, fenced off drug dealers' get-away alleys, pursued nuisance abatement against drug houses, and prevented apartment rentals by out-of-state dealers. Cleaning up trash, replacing street lights, removing public telephones from drug routes and planning community social gatherings on drug corners have dramatically decreased open drug dealing on street corners.

Since the program began in 1993, violent crime in Boyd Booth has dropped 52 percent, and overall crime 40 percent. At the same time, fewer police resources are consumed by crime in the neighborhood, with calls to police dropping to one-fifth their 1993 rate. Contact the Baltimore Comprehensive Community Program at (410) 396-4370.

III. DRUGS AND CRIME

INCREASING DRUG CRIME

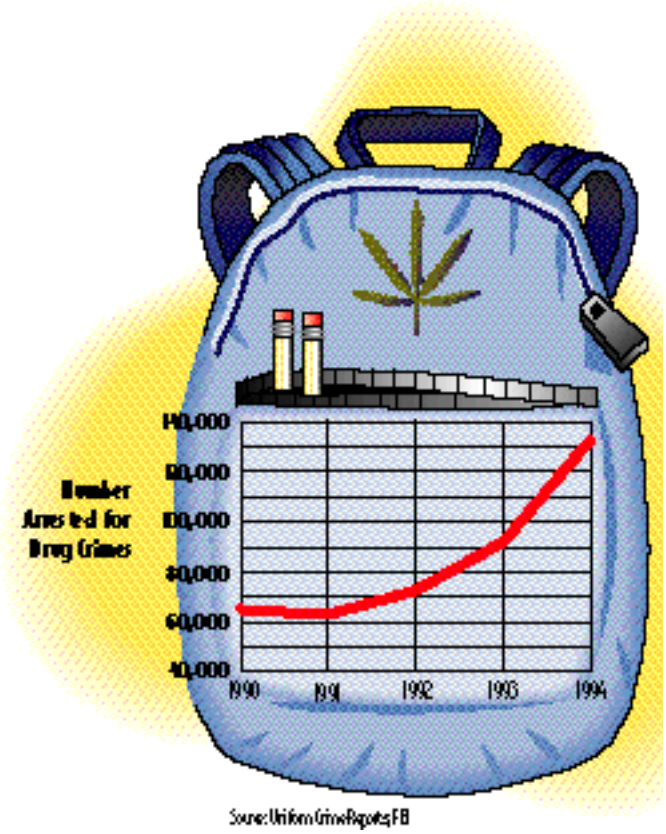
Most Americans regard drug crime as a serious threat to their personal safety and to their quality of life. The public views drugs and crime as two of the most important issues facing the nation, according to a December 1995 *Wall Street Journal/NBC* poll. People are particularly concerned about violent crime associated with drug trafficking and thefts and burglaries by drug users. Almost half of all Americans have changed the way they live because of drug-related crime—either by taking security precautions at home or by shopping at different times and in safer neighborhoods.

Law enforcement officials share the public perception that crime and drug abuse are closely linked. A1995 nationwide Hart survey of 386 **police chiefs** found that f drug and alcohol abuse as the top problem in their communities. Police c more likely to believe that violent crime can be curtailed more effectively abuse than by reducing the number of guns on the streets. They also believ of two to one that reducing drug and alcohol abuse is a more effective stra combating violent crime than longer prison sentences for criminals.

Arrests for drug offenses (possession or sale) have risen sharply in recent years, climbing from 471,200 in 1980 to 1,351,400 in 1994. Although arrests for serious property and violent crimes have gradually declined since 1991, drug arrests increased 34 percent. In New York City, heroin arrests jumped 43 percent from 1992 to 1994 and cocaine arrests rose 13 percent.

Juvenile **drug arrests** have also increased sharply. Among mino juvenile drug arrest rates more than doubled from 1985 to 1992, reflecti of the crack epidemic on inner-city youth.

Juvenile Drug Arrests Skyrocket



Source: Uniform Crime Reports, FBI

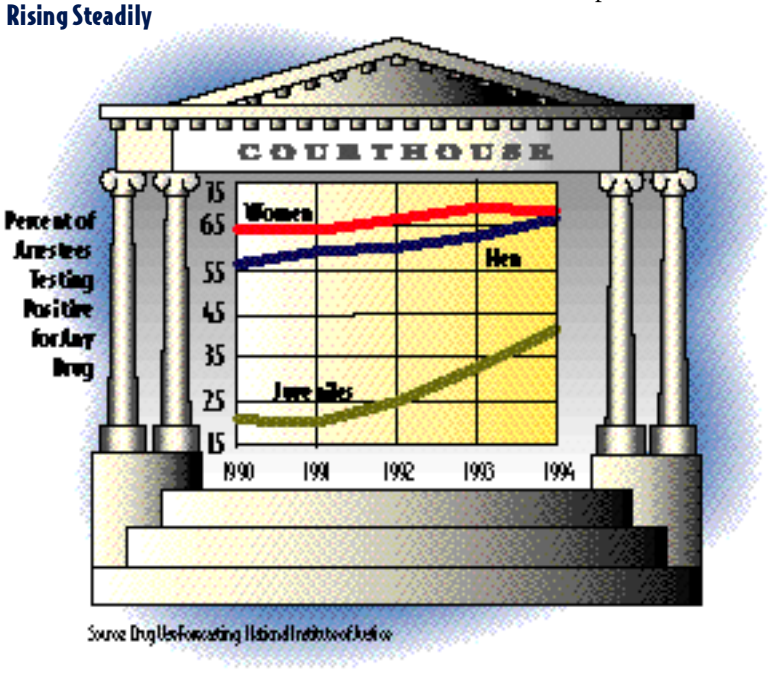
DRUG ABUSE AMONG CRIMINAL OFFENDERS

Regardless of the crime charged, the majority of all offenders have serious drug problems. In 1994, drug testing of adult male arrestees revealed drug positives ranging from 48 percent in Houston to 82 percent in Manhattan. Among juveniles, two out of five arrested in 1994 tested positive for drugs, more than twice the rate in 1991.

Drug offenders now account for almost two-thirds of all Federal inmates. Federal prisons are operating at 25 percent above capacity. **Prison overcrowding** also has become chronic in most states. A1994 nationwide survey of prosecutors, defense attorneys, judges and sheriffs found that drug cases are the primary cause of overload in all parts of the criminal justice system.

Low-level drug offenders with no history of violence account for one in five Federal prison inmates, according to a 1994 Department of Justice study. A 1995 study by the University of Maryland's Center for Substance Abuse Research (CESAR) found that nearly one in five of all drug offenders in state prisons has no previous criminal history. These **low-level drug offenders** accounted for 3.4 percent of the total state prison population in 1991, or as many as 48,000 ıtes based on the current prison census. The annual cost of incarcerating these offenders exceeds $1.2 billion a year based on an annual average per prisoner cost of $25,000.

Drug Use Among Arrestees Rising Steadily



According to the CESAR study, low-level drug offenders show significant differences from other prisoners. Specifically, they are more likely to be female, non-citizens and Hispanic, with higher educational levels than other prisoners. They also are significantly less troublesome while in prison. (Only 20 percent broke prison rules compared to 44 percent of all other offenders.) Before arrest, they are more ely to have held jobs.

WOMEN DRUG OFFENDERS

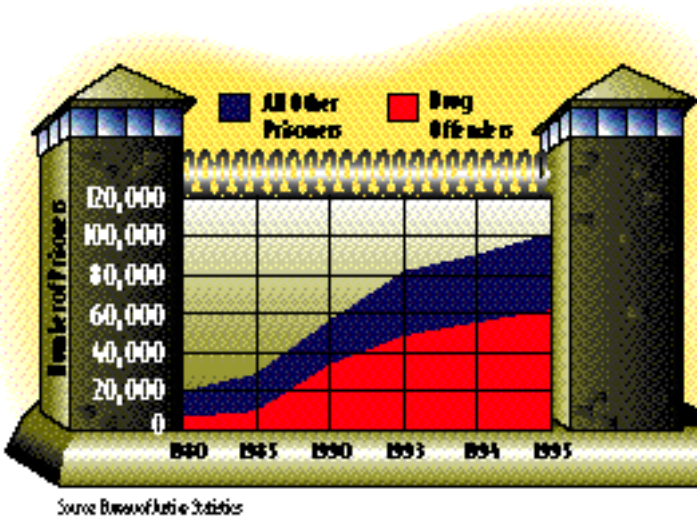
In 1994, 64,400 women were serving sentences in Federal and state prisons, five times the number incarcerated in 1980. This increase is due largely to drug offenses and to crimes committed to support **addiction,** like theft and prostitution.

Among arrestees, drug problems are as pervasive among women as among men. In 1994, two-thirds of both male and female arrestees tested positive for drugs, according to Drug Use Forecasting. More than two-thirds of the women in Federal prisons have been incarcerated for drug offenses. In state prisons, the number of women drug offenders jumped more than 400 percent

between 1986 and 1991. Incarceration increased even more dramatically for black women drug offenders, jumping 828 percent during the same period.

Women drug offenders are more likely than their male counterparts to be non-violent with no criminal history or involvement in high-level trafficking. Many have been implicated in drug crimes through spouses or boyfriends. The 1995 CESAR study of state inmates found that 40 percent of all low-level drug offenders nationwide are women. Many are serving mandatory minimum sentences, while their children are cared for by relatives or placed in **foster care.**

Drug Offenders Overcrowd Federal Prisons



Source: Bureau of Justice Statistics

DRUG USE IN PRISON

Even within prisons, illegal drugs are used, smuggled in by guards and visitors. Most states conduct drug tests of only 5 percent of their prisoners each month. The drug positive rates, which range from 3 to 10 percent, are widely acknowledged to underestimate inmate drug use. AFederal Bureau of Prisons official who ran the Federal inmate testing program recently told the *New York Times* that universal drug testing of inmates would probably find positive rates of more than 30 percent.

In Pennsylvania, state troopers found 60 drug caches and 200 homemade weapons in a surprise raid on the state maximum security prison near Philadelphia on October 23, 1995. At the Mississippi State Penitentiary at Parchman, the State Auditor reported in February 1995 that the drug trade was so prolific that inmate dealers were smuggling drugs out of the prison for sale in the community. At the Federal prison in Atlanta, four guards and four inmates were indicted for drug smuggling in October 1995 after a spate of **violence,** including the killing of a prison official.

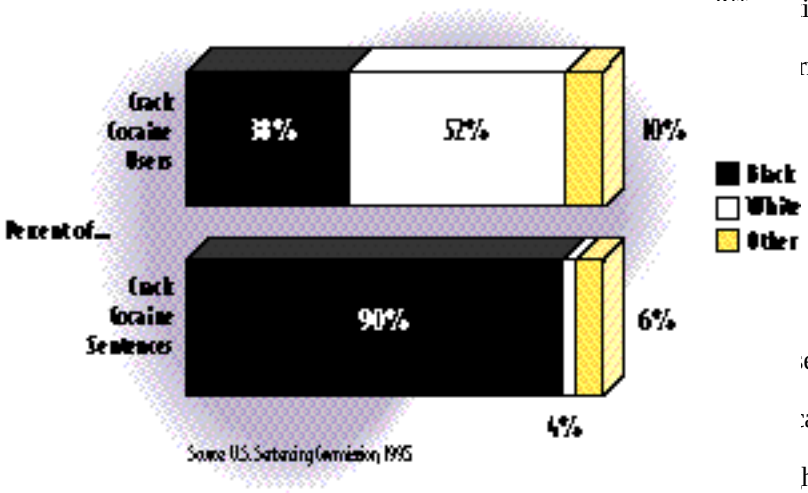
Treatment is currently available for less than 10 percent of Federal inmates who have serious drug habits. In 1994, about 4,000 offenders participated in prison residential treatment programs while another 2,000 took part in counseling sessions. Research over the past decade confirms that intensive prison treatment programs can reduce recidivism by half after release and that the programs more than pay for themselves in terms of reduced crime costs. Yet Federal funding

remains severely limited. In 1996, Congress approved $13.5 million for residential programs in Federal prisons, which will provide intensive treatment for about 2,500 inmates out of the estimated 60,000 who need it.

IMPACT OF DRUG LAWS ON BLACKS

The arrest rate for drug offenses among blacks is five times the rate among whites. In 1993, blacks accounted for the majority of all drug convictions and prison sentences, even though they comprise only 13 percent of the nation's population. This disparity reflects ial enforcement policies in some communities. Drug rrests are also easier to make in inner-city neighborhoods where drug markets operate more openly than in middle-class areas.

Crack Cocaine Sentencing Disparities



The disproportionate impact of drug laws on minorities is particularly apparent in Federal prison entences for offenses involving crack, a smokeable form caine. Although smoking crack produces a quicker, more h" than snorting powder cocaine, the pharmacology of the two is essentially the same. Powder cocaine can also be smoked in the concentrated form known as free-base.

The "**100-to-1**" rule makes crimes involving 5 or more grams of crack subject to the same mandatory minimum term of five years as offenses involving 100 times that amount of powder cocaine. In addition, simple possession of more than 5 grams of crack (less than one-fifth of an ounce) triggers a mandatory minimum felony sentence of five years in prison. Possession of any quantity of all other drugs, including powder cocaine, by a first-time offender is a misdemeanor punishable by no more than one year in prison. Fourteen states also have criminal laws which treat crack and powder cocaine differently.

In 1994, although whites accounted for more than half of all crack users in this country, less than 4 percent of those sentenced under Federal law for **crack offenses** were white. By contrast, 90 percent of those sentenced for crack offenses were black, although blacks account for only 38 percent of all crack users.

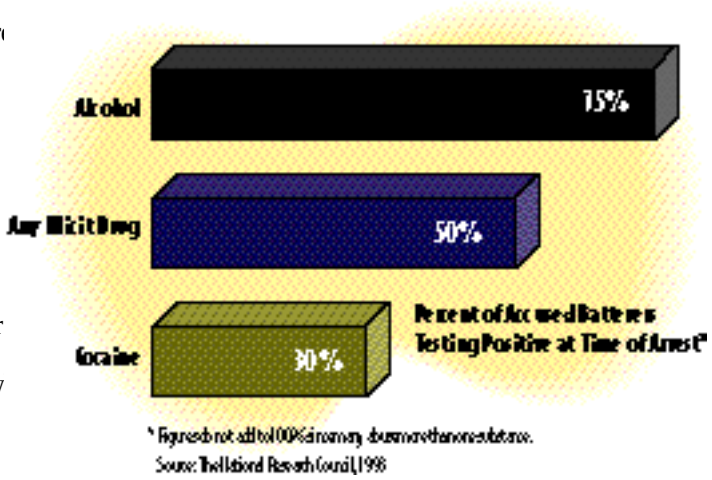
No white person has ever been convicted of a crack offense in the **Federal courts** of Boston, Denver, Chicago, Los Angeles, Dallas or Miami.

After extensive review, the U.S. Sentencing Commission recently recommended ending the 100-to-1 rule. However, in October 1995, the Congress rejected the proposed change—the first time Congress has not accepted the recommendations of the non-partisan, independent Commission since it was established in 1984. Calling for stiffer sentences for sales of powder cocaine, President Clinton approved Congress' decision to maintain the 100-to-1 rule while asking for further study of the issue.

DRUG ABUSE AND FAMILY VIOLENCE

Each year, women are the victims of violence in nearly five million incidents, according to the Bureau of Justice Statistics. Women are six times more likely than men to experience violence from an intimate companion, such as a husband or boyfriend. Agrowing number of researchers believe that many women turn to substance abuse to deal with domestic violence. *The Handbook of Family Violence* reports that prior to the onset of physical abuse, batter women did not abuse drugs at higher rates than non-battered women. After battering, however, these women were nine times more likely to abuse drugs. Arecent study of pregnant adolescents in North Carolina found that 22 percent had been victims of violence, usually by a boyfriend or husband. These teenagers were nearly four times more likely to have abused drugs prior to pregnancy than those w had not been assaulted.

Alcohol and Drug Abuse Linked to Family Violence



Clinical studies and police records confirm high rates of drug and alcohol use by both offenders and victims in family violence. Three-fourths of men charged with domestic battery in a 1992 study reported by the National Research Council tested positive for alcohol, while half tested positive for illegal drugs.

Drug abuse and **child abuse** are closely linked. The tragic death of Elisa Izquierdo in New York City in November 1995 at the hands of her mother, a crack addict, drew national attention to this tragic problem. In 1994, 18 of the 25 deaths of children under the supervision of the City's Child Welfare Administration were related to substance abuse. Drug testing of families with abused and neglected children in the District of Columbia Family Court in 1995 revealed that two in three parents test positive for cocaine and one in seven tests positive for heroin and other opiates.

Treatment Alternatives for Non-Violent Offenders.

Offenders in Chicago can spend up to 18 months in jail awaiting trial or sentencing for a drug-related crime. While they wait, those with non-violent criminal histories can receive treatment from Treatment Alternatives for Special Clients (TASC), a non-profit agency providing court-approved treatment. TASC's Day Reporting Center, sponsored by the Cook County Sheriff's Department of Community Supervision and Intervention, was established in 1993.

The program, designed to reduce prison overcrowding, provides substance abuse treatment, education and job training tailored to the specific treatment needs of each offender. Participants remain in the program an average of 70 days, although some continue as long as 18 months. Participants live at home and are closely monitored; failure to comply with program rules and policies will send them back to jail. According to the Illinois Criminal Justice Information Authority, 99 percent of participants miss no court appearances, compared to 35 percent in the general population. Less than 5 percent of participants have been reincarcerated. TASC costs only $39 per day, compared to $89 per day to keep offenders in jail. Contact Treatment Alternatives for Special Clients at (312) 890-7943.

A New Vision for Texas Drug Offenders.

An estimated 80 percent of the 118,195 Texas prison inmates have a history of substance abuse. Half were on drugs when they committed their crimes. In 1991, then-Governor Ann Richards launched the largest prison treatment initiative in the country. Since then, more than 3,500 inmates have participated in the nine-month intensive therapeutic community program which is physically separate from the rest of the prison population. After release, inmates continue treatment in the community for up to 12 months.

The New Vision In-Prison Therapeutic Community for men, located in Kyle, Texas, treats 500 inmates. Forty-two percent have completed the nine-month in-prison component as well as four months or longer in transitional community treatment or outpatient counseling. One year after release, only 7 percent of those completing both the in-prison and community program had returned to prison. This is less than half the recidivism rate of those who had no treatment or who dropped out of treatment. For more information, call the Texas Department of Criminal Justice at (409) 294-2981.

Options for Women with Children.

Since the 1970s, Summit House in North Carolina has offered an important alternative to separating female offenders from their young children: instead of prison, women are placed in a 15-month residential program, where they can be with their children and receive drug treatment.

Summit House women are repeat offenders who have received probation for at least one previous non-violent offense. Most are convicted for drug or property crimes (usually in order to obtain money to buy drugs) and 80 percent have substance abuse problems. Each residence houses eight to nine women and as many children as space allows. Services for children include day care services, medical/preventive health care, individual and family counseling, play therapy and recreational therapy. Each woman is responsible for $90 monthly rent, caring for her children, maintaining her living space and helping with communal tasks. Substance abuse treatment includes 12-step fellowship groups, educational and vocational counseling and aftercare services. Recidivism is only 13 percent among Summit House graduates, compared to 42 percent for non-participants. Treating one woman costs $17,300 a year, less than half the annual cost of incarceration. To contact Summit House, call 1-800-294-0189.

Forever Free From Drugs and Crime.

In 1991, California's Department of Corrections and the Department of Alcohol and Drug Programs began providing substance abuse treatment to inmates at the California Institute for Women in Frontera. Forever Free is an intensive four-to-six month program that provides treatment, aftercare planning and placement in residential or outpatient treatment upon release from prison. Continuity of care encourages successful transition back into society.

Women from any California state prison may apply to Forever Free six months prior to release. Participants live in a separate 120-bed housing unit and receive treatment four hours a day, five days a week. Treatment includes counseling, relapse prevention, problem solving, resocialization, 12-step groups and case management. Women's issues, such as dependency, physical and sexual abuse and coping with the stress of motherhood, are also addressed.

Only 7 percent of the 320 women who participate in Forever Free each year drop out of the program. A 1993 outcome study found that longer time in treatment—at least five months—increases the women's chances of staying out of jail. For more information, contact the California Department of Corrections' Office of Substance Abuse Programs at (916) 327-3707.

Oregon's Cornerstone.

Located in Salem, Oregon, Cornerstone is a therapeutic community for state prisoners with long histories of drug abuse. Most have served over seven years in prison, with an average of seven felony convictions apiece. About 80 percent of the state's 7,500 prison inmates have serious substance abuse problems.

Cornerstone participants live at Oregon State Hospital, supervised by program staff who are themselves recovering addicts and former offenders. Through intensive counseling, encounter groups and seminars, the program builds self-awareness, confidence, discipline and respect for authority. Offenders are first assigned low-level jobs, such as janitorial and dishwashing duties, and gradually earn more responsibility through hard work. The program also has a six-month after-care component, in which graduates live in a halfway house and get help finding permanent housing, employment, education and continued treatment.

Two major evaluations of Cornerstone found much lower arrest, conviction and incarceration rates among program graduates three years after release than among untreated inmates. Almost half the Cornerstone group had avoided another conviction, compared to only one-quarter of the untreated group.

In 1994, one-third of Cornerstone's 32 beds were set aside for intensive two-to-five month treatment for parole violators. The set-aside requires parole officers to be involved in treatment planning and gives participants priority in aftercare services, creating a solid connection between prison treatment, aftercare services and parole officials.

Based on Cornerstone's success, the state has built three additional 50-bed programs that are showing comparable results. For more information, contact Cornerstone at (503) 945-9850.

IV. DRUGS AND THE WORKPLACE

MOST DRUG ABUSERS EMPLOYED

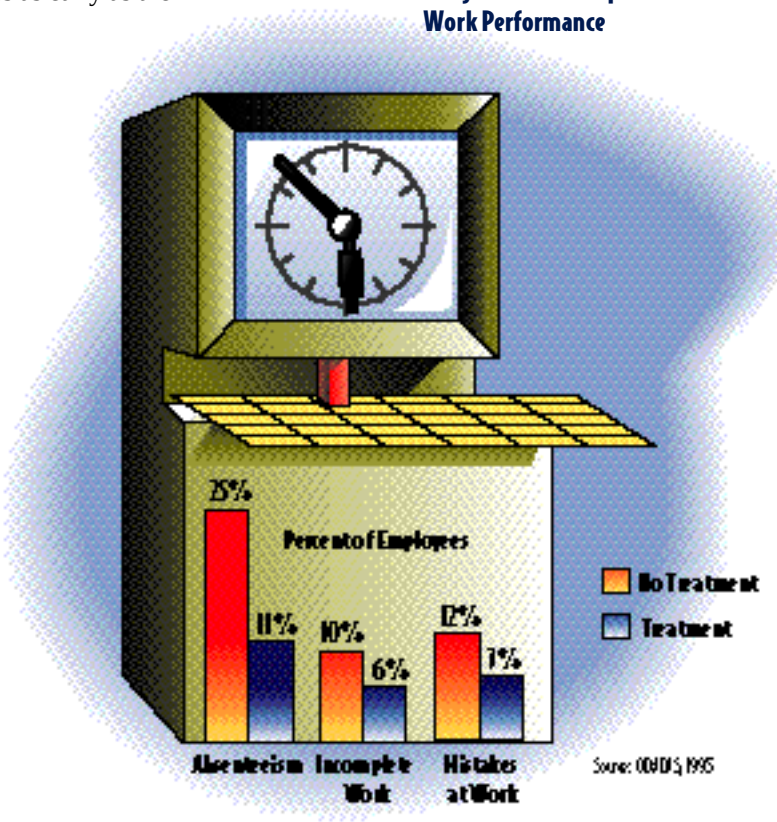
Three out of four adults who used illegal drugs at least once a month in 1994 were employed, a total of more than 8 million people. Eighty percent of these workers are full-time employees.

A 1995 Gallup poll found that more than two-thirds of Americans view drugs as a serious problem affecting the workplace and want workplace drug testing increased. Employers and employees alike have good reasons to be concerned about substance abuse and the workplace, whether drugs are used on the job or outside working hours. **Absenteeism,** lost productivity, accidents and medical claims due to drug use cost more than $60 billion a year. If alcohol is included, the annual costs exceed $140 billion.

EMPLOYEE ASSISTANCE, EDUCATION AND DRUG TESTING

Many businesses introduced employee assistance programs (EAPs) and provided treatment coverage for substance abuse in their health insurance policies as early as the 1970s. In addition to EAPs, many firms instituted drug programs and trained supervisors to deal with substance a the workplace. However, the number of these programs d significantly in 1994. These cost-cutting efforts may be short- Studies have shown that companies which combine drug t programs with education and treatment consistently re positive test rates one-third to one-half lower than those th rely on testing alone.

Drug Treatment Improves Work Performance



In 1995, the average annual cost of EAP services per eligible employee nationwide was $26.59 for internal programs staffed by company employees and $21.47 fo external programs provided by an outside contractor, accor to the Research Triangle Institute. These costs compare fav the expense of recruiting and training replacements for emplo due to substance abuse problems—about $50,000 per employee at corporations such as IBM.

One small plumbing company in Washington, D.C., the Warner Corporation, saved $385,000 in one year by establishing a **drug-free workplace** program that included EAP services. The savings were attributed by the company to a decrease in the number of accidents, which resulted

in lower workers' compensation costs and lower vehicle insurance premiums. Warner now has a waiting list of top-flight mechanics wanting to work in its drug-free environment, saving the company $20,000 a year on personnel advertising costs. Additionally, the proportion of apprentices completing its two-year training course has increased from 25 percent to 75 percent, resulting in an annual savings of $165,000.

Most small businesses, which employ more than half the nation's workforce, have not developed drug programs. A national "Drugs Don't Work" program, launched in 1993 with support from the Robert Wood Johnson Foundation, helps **small businesses** establish drug policies and obtain discounts on drug testing and employee assistance programs. In June 1995, the Partnership for a Drug-Free America started a new media campaign to increase small business participation in drug-free workplace initiatives.

Employee **drug testing** has expanded rapidly, partially in response to government regulations. Only one in five large corporations conducted drug testing in 1987. Last year, more than three out of four large companies tested, according to the American Management Association. U.S. Department of Transportation regulations issued in 1994 doubled the number of employees required to undergo testing for both drugs and alcohol—from 3.7 million to 7.5 million. The regulations, which broadly define "safety-sensitive employees," apply to all commercial transportation enterprises regardless of size as of January 1, 1996.

MANAGED CARE AND DRUG TREATMENT

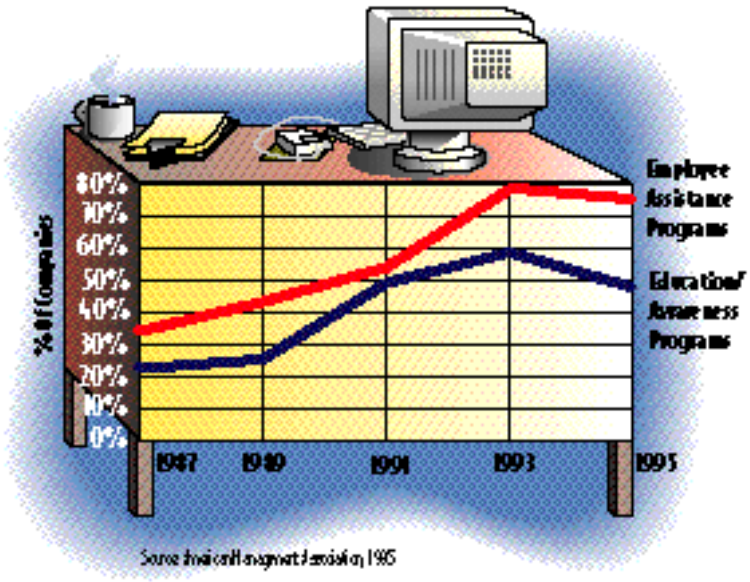
The relentless rise of health care costs in the United States has spurred the growth of "managed care"—strategies to control utilization, cost and quality of health services. In 1995, 70 percent of insured workers were covered by managed care plans, compared to 29 percent in 1988. Managed care has modified health practices for acute care and is now being applied to chronic conditions such as substance abuse in both privately and publicly funded programs.

In 1995, Drug Strategies commissioned a special study of the most recent Bureau of Labor Statistics Employee Benefits Survey (BLS 1994) and the National Drug and Alcoholism Treatment Unit Survey (NDATUS 1992). The study found that health care coverage has declined over the last decade, resulting in fewer workers and their dependents having access to privately funded drug treatment. Coverage for substance abuse problems is also increasingly restricted. For example, many plans allow only 30 treatment days per year for substance abuse, compared to unlimited

treatment for other illnesses. Additionally, many plans now have lifetime caps of $50,000 for substance abuse treatment compared to $1 million for other diseases. In 1994, only one in ten employees was in a plan that covered inpatient treatment for drug abusers on the same terms as other illnesses.

Public funds often provide a safety net for private sectc payers. Patients (and costs) are switched to public programs in order for services to continue after insurance limits are exhausted or utilization review denies care. Privately insured patients also compete for access to publicly funded services that their plans may not purchase, such as long-term residential treatment and methadone maintenance. One-quarter of those who have private health insurance are using public services.

Workplace Anti-Drug Initiatives Decline



Debate on the use of managed care for substance abuse is intense. Some believe that managed care can facilitate access improved services; others contend that managed care cannot offer the quality or length of services currently provided under fee-for-service plans, because the need to cut costs dominates all other considerations. Many health experts are concerned that drug treatment, which is already severely underfunded in this country, will be further constricted.

Some managed care programs have been able to maintain services while cutting costs. Massachusetts was the first state to implement a comprehensive managed care program for delivering substance abuse and mental health services to Medicaid recipients. During the program's first year, use of substance abuse treatment services increased 10 percent, while the cost of these services declined 45 percent (from $28 million in FY92 to $15.8 million in FY 93). Savings were achieved primarily through reduced use of hospitals and increased use of detoxification centers. Interviews with consumers and providers indicated that the **quality of services** did not decline after the introduction of managed care. Programs in other states are less developed but illustrate the range of potential strategies. Oregon, for example, integrates substance abuse treatment with a managed care program for primary health care. State officials anticipate that increased access to treatment for alcohol and drug dependency will result in significant overall savings in health care costs.

Labor Unions Reduce Substance Abuse Through Peer Assistance.

Union programs enable workers to help fellow employees with substance abuse problems. The Association of Flight Attendants (AFA) developed a peer referral model to address the unique career demands on its 36,000 members. Volunteer counselors, in more than fifty cities in the U.S. and overseas, coordinate activities with the union's Employee Assistance Program (EAP). Volunteers receive 80 hours of training, including simulated role playing, case studies, problem-solving exercises and opportunities for detailed discussion. The peer referral network has helped 4 percent of AFA's members since 1980.

In 1984, CSX Transportation, a freight railroad company, implemented Operation RedBlock, a response to widespread violations of Rule G, which prohibits the use and possession of alcohol or drugs. The program's 4,000 volunteers are trained to confront substance abusers and, if appropriate, refer them to the company's EAP. Since 1990, less than one percent of the drug tests administered to safety-sensitive employees have been positive. Every CSXT terminal has an Operation RedBlock committee. To learn more about these peer assistance programs, contact the Association of Flight Attendants at 1-800-424-2406 and CSX Transportation at (304) 645-4604.

Employers Promote Family Education.

"You can have a happier family by opening this envelope," says the cover of the Parents Work! kit distributed by employers in Connecticut.

The program revolves around a portable $11 kit offered by businesses as an employee benefit. The compact kit is a self-help tool, filled with colorful games, interactive materials and information for parents and kids about drugs and alcohol. Parents Work! offers training seminars for employees, promotional tools to help businesses encourage participation and materials for creating a Parents Work! Resource Center in the workplace.

Started in 1993 with support from the federal Drug-Free Schools and Communities program, Parents Work! has reached 1,900 working parents in Connecticut. Neighborhood organizations in New Haven are translating the kit into Spanish. Liberty Bank provides kits to customers and employees at 25 branch offices. The Connecticut Yankee Atomic Power Company holds Parents Work! "brown bag lunch" seminars to educate employees about prevention techniques for kids of various ages. Parents Work! supports itself through the sale of kits, and is eager to help other states adapt the kits for their own use. For more information, call (203) 232-0361.

Financial Incentives Promote Workplace Programs.

Saving money is a sure way to get the attention of businesses. State chapters of Drugs Don't Work (DDW) are working with state governments and the private sector to offer discounts on insurance premiums as incentives to promote drug-free workplace programs. Each state has its own requirements, but businesses usually must provide a substance abuse policy statement, supervisor training, drug testing and an employee assistance program. DDW chapters offer supervisor and employee education as well as discounts on drug testing and employee assistance programs.

Florida, Georgia and Alabama have passed legislation which provides a 5 percent discount on workers' compensation premiums to businesses that establish drug-free workplace programs. W.W. Gay Mechanical Contractors in Florida saved $100,000 on workers' compensation premiums in 1990 and experienced increased productivity, reduced absenteeism and fewer accidents. In Georgia, where premium discounts have been available since 1993, more than 700 businesses have established drug-free workplace programs. In Washington, the Blue Shield affiliate offers a 5 percent discount on health insurance premiums which has encouraged 400 businesses to adopt drug-free workplace programs. Washington Drug-Free Business is working with state legislators on enacting a 5 percent workers' compensation credit.

To learn more about these insurance discount programs, call Washington Drug-Free Business at (206) 451-4771, the Florida Chamber of Commerce at (904) 425-1200 and the Georgia Chamber of Commerce at (404) 223-2277.

V. DRUG ABUSE AND HEALTH

INCREASING HEALTH COSTS

Drugs directly affect the health of millions of Americans—both those who use drugs and those who do not. Drug abuse is a major factor in the spread of infectious diseases, the incidence of emergency room care, violence, job accidents and auto fatalities. The health costs of leaving drug addiction untreated exceed $3 billion a year, according to a 1993 study by the Institute for Health Policy at Brandeis University. The costs are measured not only in dollars but also in lives. Some 40,000 Americans die of direct and indirect effects of drug abuse each year.

The percentage of AIDS cases attributed to injecting drug use has nearly tripled since 1981, and now accounts for one-third of all AIDS cases nationwide. Among women and children, the role of drugs is even greater, accounting for two-thirds of AIDS diagnoses in women and more than half of pediatric **AIDS** cases.

The explosion of congenital syphilis—babies born with the disease—has begun to decline since its peak in 1992. Nonetheless, the rate of congenital syphilis in 1994 was still eight times higher than in 1985. The Centers for Disease Control and Prevention (CDC) links the rise in syphilis to the crack cocaine epidemic during these years when sex was often exchanged for drugs. In South Carolina, for example, a recent study found that the sharp increase in congenital syphilis involved crack abusers, particularly pregnant black women in rural areas.

Drug abuse is also linked with the spread of **tuberculosis** (TB), an infectious disease that has made a recent comeback after decades of decline. TB is transmitted by airborne droplets expelled when an infected person coughs or sneezes. Individuals with significantly suppressed immune systems (due to poor health, chronic drug abuse, HIV infection or old age) are at greater risk for tuberculosis. In California, which has one-fifth of the nation's TB cases, one in six TB cases in 1994 involved drug and alcohol abusers.

EMERGENCY ROOM VISITS

In 1994, half a million Americans came to hospital emergency rooms with drug-related problems, a 37 percent increase since 1990. Heroin emergencies jumped 70 percent from 1988 to 1994. In New York City, which has more than one-third of the nation's heroin addicts, heroin overdoses more than doubled during this period.

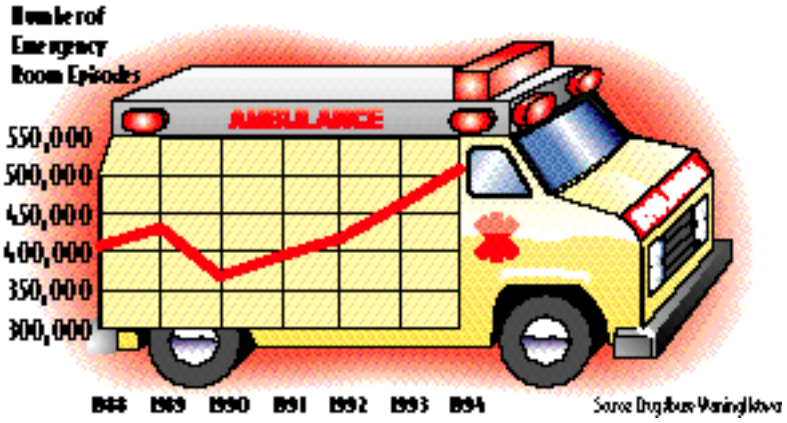
Overdose is only one factor in drug-related emergency room admissions. Others include suicide attempts, complications from withdrawal and adverse reactions to drugs in combination with alcohol. Medical experts believe that the numbers of **drug overdoses** are at least four times larger than those reported. Injuries sustained from violence related to drug use create additional burdens on emergency room facilities.

The number of deaths due directly to drug abuse increased by one-third from 1990 to 1994. The largest increases were reported in Baltimore (372 percent), Dallas (223 percent), Phoenix (211 percent), Norfolk, Virginia, (193 percent) and Minneapolis (176 percent).

DRUG ABUSE TREATMENT

Treatment significantly reduces addiction, crime and disease. Drug addiction is similar to other chronic illnesses, such as diabetes, hypertension and asthma, in that successful treatment requires lasting changes in behavior. Relapse and deviation from the treatment regimen weaken the chances for success in treating all these illnesses.

Drug Overdoses Soar



Length of time in treatment, intensity of treatment and effective aftercare are key factors in helping addicts stay clean. One-third of those who stay in treatment longer than three months are still drug-free one year later, according to extensive national studies of tens of thousands of addicts. The recovery rate jumps to two-thirds when treatment lasts a year or longer. In a 1994 study of employees referred to four different treatment programs in Philadelphia, University of Pennsylvania researchers found that outcomes improve by 40 percent if treatment services are matched to the particular needs of each client.

A1992 Minnesota study found that providing treatment for drug abusers saved the state $39 million in one year because of reduced hospitalizations, detoxifications and arrests. These savings, which begin as soon as the addict enters treatment, offset 80 percent of the program costs. Providing treatment to all addicts in the United States would save more than $150 billion in social costs over the next 15 years, according to a 1994 Rand Corporation study, while requiring just $21 billion in treatment costs.

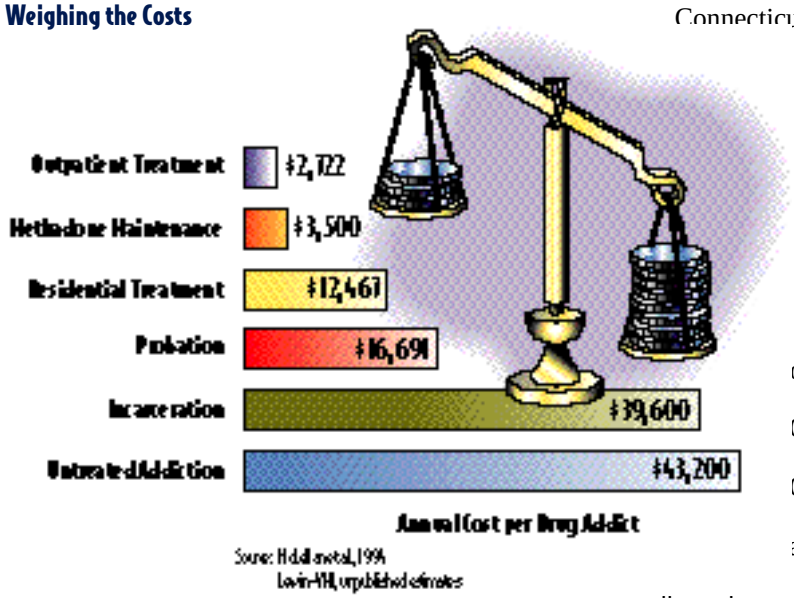
Building on the knowledge of what works, innovative treatment programs are emerging across the country. One example is the movement to combine **prenatal care** with drug treatment to protect unborn babies from exposure to drugs and to prepare pregnant women for parenthood. There are fewer than two dozen such clinics nationwide, but they are saving lives and money. Babies born addicted to drugs are often premature and suffer severe withdrawal symptoms. In one Maryland program where women addicts receive treatment during pregnancy, 84 percent of the babies are born full-term. Taxpayers save $40,000 per child in neonatal intensive care costs.

TWO OF MANY EFFECTIVE APPROACHES

There is a wide range of effective programs to help drug abusers. Some, like methadone maintenance treatment, began decades ago; others, like needle-exchange programs, are of more recent origin.

Sharing needles, syringes and other equipment among injection drug users is a key factor in HIVtransmission. Recent studies in New York City; Los Angeles; San Francisco; New Haven, Connecticut; and Tacoma, Washington, have determined that needle exchange programs reduce the spread of AIDS and hepatitis B without increasing drug use. In addition, these programs connect addicts to drug treatment and related health services. Needle sharing dropped 40 percent in Connecticut after the state permitted pharmacies o sell syringes without prescriptions, according to a 1995 CDC study. In November 1995, researchers in New York City reported a greater reduction in HIV risk behaviors among injecting drug users the longer they participated in the needle exchange program, indicating that benefits are cumulative.

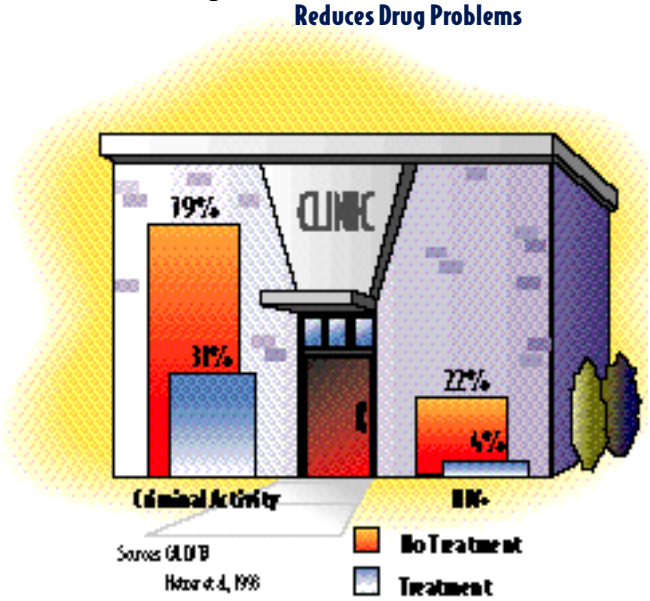
Weighing the Costs



In 1988, Congress prohibited the use of Federal funds to support needle exchange programs. In 1995, approximately 75 programs in 55 cities distributed sterile needles or exchanged used needles for new ones, even though these activities are illegal in most states. The mayors of Los Angeles and San Francisco have declared states of emergency which permit needle exchange programs to continue despite California law.

The 1995 Hart poll found that one in two Americans supports needle exchange programs to reduce the spread of AIDS, and one in three believes that needles should be available without prescription. In September 1995, after a two-year study, the National Academy of Sciences recommended lifting the prohibition on Federal funding for **needle exchange programs.** Many other scientific associations, ranging from the American Medical Association to the American Academy of Pediatrics, support this recommendation. The Administration has not acted, citing the need for further study.

Methadone Maintenance Reduces Drug Problems



Methadone maintenance, a drug treatment developed 30 years ago provides addicts with daily doses of a legal, synthetic narcotic (methadone) which blocks the effects of heroin. Methadone maintenance has proved effective in reducing heroin use, increasing productivity and curtailing criminal activity from the first day of treatment. In 1993, researchers at the University of Pennsylvania found that comprehensive methadone treatment combined with intensive counseling reduces illicit drug use by 79 percent. Moreover, clients in methadone programs were five times less likely to become infected with HIV than addicts who were treatment. The 1994 California Drug and Alcohol Treatment Assessment (CALDATA) found that **methadone maintenance** clients achieved greater reductions in illegal drug use, criminal activity and hospitalization than addicts in other kinds of drug treatment programs.

In 1994, methadone programs served 115,000 patients—less than one-fifth of all heroin addicts in the United States. In 1995, the National Academy of Science's Institute of Medicine recommended that the federal government expand the availability of methadone treatment. The Institute also urged the government to simplify regulations governing dosage levels and take-home medication that currently discourage participation in treatment. To date, the key regulatory agencies (the Drug Enforcement Administration and the Food and Drug Administration) have not responded to the Institute's recommendations.

The Straight and Narrow Path to Recovery.

Founded in 1954 by the Roman Catholic Diocese of Paterson, New Jersey, Straight and Narrow's original mission was to provide rehabilitation services to alcoholic men. The program today offers services to a wide range of special populations, including the homeless, HIV-infected substance abusers, mentally ill substance abusers and the deaf and hard of hearing. It also maintains a residence for addicted women and their children, called Alpha House. Straight and Narrow's staff of 200 serves 750 clients per day in many locations.

The 18-month residential programs address two chronic problems: drug addiction and unemployment. The program focuses on job skills training as a treatment modality and runs its own fundraising businesses. All participants get vocational training and eventually work in one of the program's businesses. Residential program graduates leave with a job and with at least $3,000 in savings from working while in treatment. For more details, call (201) 345-6000.

Treating Families at Miracle Village.

A typical family living at Miracle Village in Cleveland, Ohio, consists of three children and a 29-year-old woman addicted to crack with a 15-year history of drug abuse. The family has lived in shelters or with family members or friends as a direct result of the mother's addiction.

Miracle Village is a unique program which involves the entire family in residential drug treatment in an environment that fosters resilience in children. All family members participate in treatment, in educational, parenting, budgeting and wellness classes, and in family recreational activities. Comprehensive services continue for up to 21 months, with families moving from Miracle Village to Recovery Village after the initial treatment period. Spouses and significant others can stay in a nearby transitional housing program for the first 90 days, then join the family. The cost of treating and housing a family for one year is $6,300.

Miracle Village has served 110 families with 285 children since opening in 1992. Three-fourths of the women are sober; most are working or pursuing educational goals. At least 28 children in foster care have been reunited with their mothers. Drug-related crime in the adjacent housing project has dropped by over 45 percent since Miracle Village opened. For more information about Miracle Village, call (614) 644-8317.

Treatment with Results.

Operation PAR (Parental Awareness and Responsibility) provides treatment, prevention and support services to every segment of the population. Its founder, Shirley Coletti, mobilized government leaders and community members to create the organization in 1970. Their grassroots effort has become a national model for substance abuse services and research.

PAR Village is an 18-month residential treatment program for addicted mothers. Services include counseling, parenting skills training, day care and educational/vocational training for mothers. Six months after treatment, women who participate in the residential program are more than twice as likely to be employed or to be enrolled in school or vocational training than women who received only detoxification.

Operation PAR has several programs for adolescents. The Juvenile Justice Day Treatment program addresses substance abuse problems among delinquent adolescents and enlists the services of a full-time drop-out prevention counselor. After one year, 92 percent of program graduates have remained in school and 96 percent have had no further contact with the criminal justice system. For additional information about PAR programs, call (813) 570-5080.

Treating Mothers with Children.

Begun in 1990, Chicago's Women's Treatment Center offers a wide variety of residential and outpatient programs for women with young children, pregnant women and adolescent girls. Treatment includes individual and group therapy, vocational, parenting, social skills and literacy training as well as medical services.

In collaboration with the Chicago Board of Education, the Center offers a fully accredited pre-kindergarten with licensed teachers. Mothers work as teachers' aides, giving them a unique opportunity to contribute to their children's education. The children may remain in the pre-kindergarten for the duration of the school year even after the mother leaves treatment. The Center has the only crisis nursery in Chicago which provides care 24 hours a day to the infants and children of women undergoing medically supervised detoxification.

The Center can treat 70 women and teenagers in the residential program and 90 women as outpatients. As a result of the Women's Treatment Center's focus on responsible parenting, 67 drug-free babies have been born to women in treatment. For more information, call (312) 850-0050.

VI. GOVERNMENT RESPONSE

For three years, the Clinton Administration's **national drug control strategy** has acknowledged the importance of expanding demand reduction efforts. In 1994, the Administration announced a $355 million treatment initiative directed towards hard-core addicts, but the Democratic Congress refused to fund it. The 1994 Crime Control Act—the centerpiece of President Clinton's assault on crime—contained support for drug prevention and treatment programs for criminal offenders, but the new Republican Congress rescinded most of these provisions. In 1996, two-thirds of the Federal drug budget still concentrates on supply reduction as it did under earlier Republican Administrations.

Prevention has been hardest hit. Despite rapidly rising teenage drug use, Congress recently cut funds in half for the two major Federal prevention programs: the Safe and Drug Free Schools Act, which helps fund **drug education** in schools across the country, and the Center for Substance Abuse Prevention, which supports community anti-drug partnerships, demonstration projects and training. Although the final outcome of the 1996 budget is still unclear, it is likely that prevention will suffer severe cuts. Moreover, many of the surviving programs which are described in the Administration's National Drug Strategy as "prevention" in fact support community policing, security measures in public housing projects, job training and drug testing for Federal employees. While these programs are important, they cannot substitute for drug education aimed at the nation's children.

Although addiction is increasing, Federal support for drug treatment is not. Changes in health care delivery and insurance coverage are putting additional burdens on already strained treatment programs. Currently, publicly funded programs can provide treatment to less than one-third of the nation's addicts.

The single fastest growing item in the Federal drug budget is corrections, which has doubled since 1991 largely because of drug convictions. We now spend as much each year to incarcerate 61,000 Federal drug offenders as we do for all drug education and prevention efforts. Nationwide, corrections costs exceeded $30 billion in 1995: at least half these costs are attributable to drug crime. **Drug courts,** which divert nonviolent offenders from prison to court-supervised drug treatment, are proving cost-effective in cities across the nation. These courts show much lower rearrest rates for program participants at a fraction of the cost of incarceration. Drug courts were slated to receive $1 billion over five years in the 1994 Crime Control Act which the new Congress repealed. Although President Clinton requested $150 million for drug courts in 1996, Congress eliminated all funding.

VII. LOOKING TO THE FUTURE

Although the Federal drug budget continues to grow, America's drug problems are getting worse, not better. Since 1992, drug use among young people has climbed rapidly. So, too, has drug-related crime, which corrodes the quality of life in neighborhoods across the country. In the nation's businesses and factories, drug abuse is also on the rise: three in four regular drug abusers are employed, compared to two in three in 1992.

Despite these alarming trends, Federal drug policy remains essentially unchanged. Since 1981, supply reduction efforts have dominated Federal spending, although they have not succeeded in curtailing drug availability or drug abuse in this country. In January 1996, General Barry McCaffrey, the newly named Drug Czar who led the U.S. military Southern Command, acknowledged that U.S. assisted counter-drug initiatives in South America, including the Cali cartel arrests, have not made a difference. He concluded that attacking the drug problem is more like combating cancer than fighting a war and that the government needs **"new ideas."**

The Federal drug budget, which will reach $14 billion this year, should support cost-effective approaches to the nation's drug problems. We do not need more money; we need to spend more wisely. Research and development—the wellspring of new ideas in science and industry—continue to be the neglected stepchildren of Federal drug policy. We need to invest in innovation as well as to apply what we have already learned about what works.

Extensive studies confirm that prevention programs can reduce teenage drug use by half. Yet in 1996 drug prevention receives less than one-sixth as much funding as interdiction efforts like those directed by General McCaffrey. The Federal drug budget devotes even less money to combating drugs in the workplace. While drug abuse is going up in the workforce, the government is spending only $2 million—less than 0.2 percent of the Department of Labor's $10.6 billion budget—for workplace anti-drug initiatives. Much more could be done by government working with business to provide drug education and treatment to the 93 million working Americans. The workplace is effectively an adult "school house" where anti-drug programs would benefit workers as well as their families and communities.

Making drug treatment readily available is key in reducing both drug abuse and drug crime in this country. The success of the promising new drug courts depends on the availability of rigorous, intensive programs. Without adequate drug treatment, the Administration's plan to drug test all

Federal arrestees will become an expensive exercise, increasing knowledge of drug positive rates but unlikely to reduce addiction.

Treatment is also pivotal in combating teen violence. Recent research reports that juveniles who abuse drugs are more likely to continue violent behavior which otherwise they tend to outgrow by the age of 21. Making sure teenagers in trouble with drugs get help protects their future as well as our safety.

We have learned that **law enforcement** alone cannot solve the nation's drug problems. The incarceration of growing numbers of drug offenders has not reduced drug crime while corrections costs are consuming larger portions of government budgets. Many judges and law enforcement officials believe it is time to revisit the wisdom of mandatory drug sentences, including the Federal crack cocaine laws, and to develop more effective alternatives to lengthy imprisonment, particularly for nonviolent offenders.

Government leadership in combating drugs is critically important, particularly in shaping public attitudes and providing funding to make comprehensive programs possible. But it is in our families, our schools, our churches and our places of work that we learn what drug abuse means in personal terms. As **community coalitions** have discovered, once the problem takes on a human face, people are able to respond in new ways. If elected officials could think of the nation's drug problems in pragmatic rather than ideological terms, they would come to understand what many Americans, military leaders and police chiefs already know, namely: that we can develop more effective strategies to combat drug abuse in this country.

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