

DRUGS AND CRIME: WORKSHOP PROCEEDINGS

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Committee on Research on Law Enforcement and
the Administration of Justice

Commission on Behavioral and Social Sciences and Education

National Research Council

106414

U.S. Department of Justice
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June 1987

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This project was sponsored by the National Institute of Justice, U.S. Department of Justice, under Grant No. 84-IJ-CX-0082. The contents do not necessarily reflect the views or policies of the grantor agency.

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DRUGS AND CRIME: FOCUSING RESEARCH AND ACTION

BACKGROUND

The Working Group on the Relationship of Substance Abuse to Other Criminality was established in 1986 by the National Research Council's Committee on Research on Law Enforcement and the Administration of Justice. With the sponsorship of the National Institute of Justice, the working group planned and conducted the "Scholar/Practitioner Workshop on Drugs and Crime," which was held in Atlanta on December 18-19, 1986 (see Appendix A for the workshop program).

The workshop brought together researchers from a variety of academic disciplines with a diverse array of practitioners from criminal justice and other types of agencies--prosecutors; judges; administrators of police, pretrial services, corrections, parole, and probation agencies; and administrative and treatment professionals from medical and social services organizations concerned with drug abuse treatment (see Appendix B for a list of attendees). All attendees shared a concern with the problem of violent and property crimes by offenders who abuse illegal drugs--primarily but not exclusively heroin, barbiturates, cocaine, and PCP. Attendees were distinguished by their extensive research, treatment, or administrative experience with such "user-criminals." Attendees concerned with adults far outnumbered those concerned with juveniles. Because of these interests

and the areas of expertise of the audience, the workshop made only passing mention of such important matters as juvenile drug use, white-collar criminals who use drugs, and the role of organized crime in drug trafficking at the international and national levels. The workshop did not consider proposals for major reform of drug laws or for other initiatives requiring fundamental reorganization of the criminal justice and drug treatment systems.

The workshop was not planned for the purpose of developing recommendations; rather, it was held to communicate the most important findings of recent research to practitioners, to share practitioners' insights and questions about user-criminals with researchers, to encourage cooperation and interaction at the state and local levels between practitioners and researchers, and to identify promising next steps for policy-relevant research on violent and property crimes by drug users. No formal set of recommendations was formulated for attendees' consideration, and no votes were taken. However, a number of themes emerged forcefully and repeatedly during the speakers' presentations, the questions in plenary sessions, the panel discussions, and the small sessions concerned with more specific topics. These themes were of three types: relatively settled research knowledge about user-criminals, high-priority unanswered questions for future research, and structural implications for financial support of research and local government action focused on user-criminals. The working group considered many of these themes important enough to warrant dissemination as recommendations to the policy makers who authorize and administer this support.

During working group meetings and the workshop itself, attention was drawn to three instruments that local criminal justice agencies might use to deal with the problem of crime associated with drug use: (1) street-level enforcement to restore the quality of life to communities beset by drug dealing and to reduce drug use by disrupting the markets in which drugs are obtained; (2) urinalysis of arrestees to distinguish offenders who use drugs from those who do not; and (3) pretrial and probation supervision for drug-using criminals, alone or in combination with drug-use monitoring and/or coerced drug abuse treatment, as possible methods of reducing these offenders' crimes more cost-effectively than through incarceration. Interest in these instruments helped to shape the workshop program, the themes and recommendations distilled from them by the working group, and the organization of this chapter. Much of the chapter is organized into sections that correspond to topics of the workshop small sessions: (1) crime participation by drug users, (2) local community-level strategies, (3) identifying drug-using offenders, and (4) drug abuse treatment for user-criminals. The chapter concludes with a discussion of the implications for federal financial support of research and programs in these critical areas.

RESEARCH KNOWLEDGE AND PRIORITY QUESTIONS

Crime Participation by Drug Users

A large body of research has demonstrated that there is no simple causal link that explains all connections between using drugs and committing violent and property crimes: some users never begin committing crimes; some criminals never begin using drugs; and even among those who engage in both behaviors, drug use is less likely to begin before crime than to begin concurrently with or after crime. Therefore, research intended to discover a universal link tends to be addressing a scientifically naive question; moreover, because both drug use and crime most commonly begin in the early teenage years, while individuals are potentially subject to juvenile rather than criminal justice jurisdiction, even a definitive answer to the "Which comes first?" question would carry few policy implications for criminal justice system practitioners.

Of far more interest to criminal justice policy makers is the interaction of drug use with offending for those who continue both behaviors into adulthood--the user-criminals who potentially attract criminal justice system attention. For this group, drug use may be related to violent and property offending in at least three ways. Offending may be related to drugs psychopharmacologically, when a user ingests a substance that promotes violent acting out or instills false confidence that lowers inhibitions against behavior that would normally be considered "too risky"; economic-compulsively, when a user commits economic crimes to support costly drug use; and systemically, when

violence is an outgrowth of the system of drug trafficking and the social context of drug use. Therefore, it is not surprising that research to date has established three empirical relationships rather definitively: (1) violent and property offenders who use drugs commit at least twice as many crimes per year as average violent and property offenders; (2) individuals' annual rates of offending increase with the regularity of their drug use--occasional, regular, daily; and (3) individuals' offending rates increase and decrease with variations over time in the intensity of their drug use.

Research to date has not progressed very far in determining the relative importance of psychopharmacological, economic-compulsive, and systemic mechanisms in accounting for these three empirical relationships. This decomposition is of far more than academic interest, because it carries implications for resource allocation among strategies of community-level law enforcement, drug abuse treatment, and selective sanctioning of user-criminals. As an example, there is some evidence that vigorous law enforcement can disrupt drug markets and drive up street prices of drugs, at least temporarily. These effects should reduce crime that is associated with drug use either psychopharmacologically or systemically; but, at least in the short run, the price increase may aggravate crime that is associated economic-compulsively, by raising the number of crimes required to support offenders' more expensive drug habits. That is, the net crime control effect of drug interdiction and market disruption strategies depends on the relative importance of the psychopharmacological, economic-compulsive, and systemic links. These links, in turn, will be of different strengths in different subpopulations of user-criminals

(defined in such terms as drug types, crime types, access to a legitimate source of income, and stage of careers in drug use and in crime) within the community. Similarly, the effectiveness of individual-level strategies of crime control (e.g., drug abuse treatment, incapacitation, supervision, drug use monitoring) could be more accurately assessed with better knowledge of how these links operate in different subpopulations of user-criminals.

This knowledge cannot be developed through a single study or even a single research methodology. Rather, it must accumulate through a long-term series of studies using at least three research approaches. Longitudinal studies of large samples of individuals will permit analysis of how careers in drug use and in crime begin, evolve, and respond to official interventions, social and psychological influences, and life events. Ethnographic studies of smaller samples that represent particular subgroups of user-criminals can provide insights into the links between drug use and crime that may not be obtainable through analysis of objective, easily measurable data. And impact and process evaluations of community-level law enforcement interventions, by generating data on their net crime control effects, can produce successive approximations of the empirical importance of the three basic links between drug use and crime. Progress in this research area will not be rapid. But as they accumulate, even small increments to knowledge about links between drug use and offending will be helpful in developing and refining policy in this area.

Local Community-level Strategies

Two kinds of community-level strategies for reducing crime by drug users were discussed at the workshop. The first was intensive police sweeps of neighborhoods known to harbor active drug markets, with the intent of disrupting those markets. The second was public education efforts, in which criminal justice agencies serve as catalysts for programs to prevent the initiation and encourage the termination of drug use, in hopes of reducing associated violent and property crime.

The discussion of sweeps centered on experience with such programs in three locations: New York City (Operation Pressure Point); Lynn, Massachusetts; and Lawrence, Massachusetts. Intensive drug law enforcement efforts in Lynn apparently reduced the levels of drug trafficking and both violent and property crime in that city without generating detectable displacement of those activities to surrounding communities. Operation Pressure Point in New York appeared to destabilize the drug market in the affected community by means of enormous numbers of arrests (14,000), even though most of those arrests did not result in vigorous prosecution. A drug law enforcement crackdown in Lawrence, in contrast to the Lynn experience, appeared to have had relatively little crime reduction effect.

There was a spirited discussion about the appropriateness of intensive policing/minimal criminal justice follow-up programs like Operation Pressure Point. The general view seemed to be that the effectiveness of intense police initiatives would be enhanced by allocations of additional prosecutorial, judicial, and correctional resources, but no useful estimates are available of the trade-offs

between marginal reallocations of resources and crime reduction effects. Additional research building on the Lynn, Lawrence, and Operation Pressure Point projects is essential to learn more about this trade-off, about the extent and nature of displacement both of drug trafficking and of drug-related crime as a result of such efforts, and about the necessary conditions--such as supportive community attitudes, which may have been lacking in the Lawrence project--for such programs to be effective. In addition, the distinction between long- and short-term program effects must be improved in future evaluations. Finally, research is needed on the effects of alternative drug enforcement strategies on police officers as individuals and on the police as an institution. Examples are the effect of intensive policing on public support for police and the effect of extended undercover assignments on police officers' mental health.

Discussion of the second community-level strategy, public education, was constrained by the fact that such programs are new in the drug use prevention field and have not yet been systematically evaluated. The workshop discussion and working group consensus were informed primarily by preliminary experience of a few practitioners, relevant social-psychological theory, and extrapolation from experience with similar campaigns in other contexts, such as smoking and drunken driving.

Over time, communications media alter the social environment within which people act. The media may instill desires, legitimize and delegitimize behaviors and topics of discussion, call attention to issues, and impart information that may influence decisions. Awareness of these accomplishments may stimulate criminal justice practitioners

to act as catalysts for media campaigns to discourage the onset or continuation of drug use, in hopes of reducing the associated crime. However, skepticism is warranted about the ability of such strategies to change drug-using behavior directly. Large advertising campaigns that emphasize instant gratification or relief from pain through legitimate means may have created motivations and expectations that are difficult to reverse in the drug use context through public service announcements. Countervailing influences of peers' behavior and suggestions may neutralize the messages of the campaigns. And budgets for public service information campaigns may not support the sophisticated message pretesting and market segmentation analysis that is needed to verify that the subpopulations in which user-criminals are most common will interpret the broadcast message as intended.

So theoretically there is reason for skepticism about the effectiveness of broadcast media campaigns in directly reducing crime by drug users. It is more reasonable to expect that such campaigns can keep drug use on the public agenda and thereby increase both the resources devoted to initiatives that may be effective and the chance that social movements may emerge spontaneously and have the desired effect. That is not to say that all interventions aimed at changing the values of actual or potential drug users are ineffective. It is possible that planned efforts involving micro-level small groups--intensive interaction involving credible peers to discourage drug use by participants in small, socially homogeneous groups--may be effective in reducing drug use.

All these conjectures may be tested empirically, using designs that involve randomized selection of a small number of communities. The

results can then be used to select the most promising strategies. In turn, the effectiveness of the selected approaches can be systematically validated and evaluated in a variety of contexts to determine the types of communities and individuals with which they are most likely to achieve the desired effects. Such a research program of iterative experimentation, evaluation, and refinement should be a high priority. Its result should be of great value in developing realistic expectations for public education strategies generally and in designing effective campaigns.

Identifying Drug-Using Offenders

Available evidence suggests that community-level strategies will not eliminate the problem of user-criminals, and existing research indicates the need for criminal justice agencies to give special attention to the drug users among the criminal populations that they encounter. Such attention may take many forms, singly or in combination, including court-ordered drug abuse treatment, intensive supervision during pretrial or probation release periods, drug use monitoring during release, civil commitment procedures for addicts, and selectively longer incarceration terms for drug users who are convicted of crimes. But systematic use of any of these interventions requires the ability to distinguish drug users from other offenders at early stages of criminal justice processing. Therefore, part of the workshop was devoted to discussion of recent research based on urinalysis of arrestees in New York City and Washington, D.C.

The findings of this research were presented and discussed, as were a number of legal, constitutional, and policy issues concerning urinalysis of arrestees. Since the prediction that an arrestee presents a high risk of failure to appear (FTA) or danger to the community may lead to pretrial detention, it is important that prediction methods be as accurate as possible. The primary implication of the urinalysis research is that, compared with other methods (e.g., offender self-reports, charge at arrest, and criminal justice records), urinalysis is the most accurate way to distinguish drug-using arrestees from other arrestees. Positive test results can potentially be used to flag arrestees for more extensive evaluation as part of drug treatment planning or to aid in setting pretrial release conditions.

Of course, to justify their use in pretrial release decisions, urine test results must also add significant power to predictions of FTA or danger to the community, and there is some controversy concerning the extent to which urine test results do this. Although published literature does not yet conclusively show predictive gains, and there was workshop consensus that analysis of the New York and Washington data on that question should be completed and published promptly, all that we know about the higher criminality of drug users supports the view that indications of drug use should be a powerful method of predicting which arrestees are most likely to offend again--and to offend again before their cases are disposed of.

There remains some controversy over the validity of urinalysis procedures. Some courts have ruled that one unconfirmed test result is adequate for making administrative decisions for prisoners, while others require retesting the specimen using the same or an alternative

technique. Discussion focused on the frequency of false positive and false negative test results; the prevalence of the two types of errors was not agreed upon. There is a need for standardized testing procedures that can be adopted by criminal justice agencies. There is a need for more evaluation of the accuracy of urine tests in detecting street-quality drugs under laboratory conditions and under the less controlled environment of a criminal justice setting. Finally, there is a need to continue development of tests for drug use that may be more accurate or less intrusive than those involving blood or urine.

Even if the validity and predictive power of urinalysis test results were definitively established, difficult research and policy questions would remain concerning interventions with identified user-criminals. For example, evaluations are urgently needed of the effectiveness of criminal and civil alcohol and drug commitment statutes as they are currently administered. In many states, these statutes have not been significantly reviewed or amended for many years. Old statutes may well have been rendered obsolete by increases in the prevalence of drug use and types of drugs used, by improved understanding of the relationships between drug use and offending, by changes in treatment philosophy and technology, by changes in the operating procedures of the agencies that implement the statutes, and by the emergence of acquired immune deficiency syndrome (AIDS) as a possible consequence of intravenous drug use. There was some discussion of Connecticut's ongoing efforts to revise its commitment statutes in recognition of these possibilities, and calls were made for research on the effectiveness of various forms of commitment statutes.

Strategic thinking and research are needed to develop effective and ethically acceptable criminal justice intervention policies for identified user-criminals. The positive association between the intensity of individuals' drug use and the frequency of their violent and property offending calls attention to strategies of selective incapacitation, in which drug users arrested for such crimes would face more stringent pretrial release conditions, and users convicted of such crimes would face longer incarceration terms, than would similar offenders who do not use drugs. However, such strategies raise well-known ethical concerns emerging from errors in test results and in predictions based on test results. Also, in view of the high prevalence of users among criminals and the excessively crowded conditions in our jails and prisons, such strategies raise implementation problems. It is therefore important to consider the feasibility of selective incapacitation strategies based on urinalysis results and to consider the optimality of existing jail and prison capacity; but at least for the near term, priority must be placed on extending the use of nonincarcerative sanctions for drug-using and other offenders.

A potentially promising enhancement to nonincarcerative strategies is drug use monitoring through urinalysis as a condition of pretrial or probation release, with revocation and/or drug treatment prescribed for failure to comply with the testing requirement or for "dirty" test results. In this connection, a number of questions were raised during the workshop. Do offenders lower their rates of drug use and of violent and property offending when they are subjected to regular or surprise testing? If offenders do not decrease their drug use, will

the prevalence of positive test scores be so high that revocation enforcement and housing requirements will overwhelm the capacities of police and jail capacities? Will pervasive urine testing result in significantly higher absconding rates among offenders who fear positive test results? Will such programs saturate drug treatment programs with offenders who fail urine tests, reducing their ability to serve the needs of noncriminals who voluntarily seek drug treatment? Preliminary answers to these and related questions may emerge from analysis of data from the Washington, D.C., research involving urinalysis, but replications and refinements of this research are likely to be needed to resolve these troublesome issues.

Several comments during discussions of intervention strategies reflected recognition that intravenous drug use is related not only to crime but also to AIDS. Therefore, policies for user-criminals must be considered in light of both crime control and public health consequences. Would selectively longer incarceration terms for drug users significantly increase prisoners' risks of exposure to the AIDS virus through sexual assaults? If so, what are the consequences for prison administration? On one hand, legal changes intended to inhibit the spread of AIDS through needle-sharing--repealing laws against possession of heroin works or mandating the distribution of sterile needles to known addicts, for example--could increase the prevalence of drug users and thereby the incidence of crime by user-criminals. On the other hand, criminal justice initiatives that lead to increased successful treatment of user-criminals could well produce public health benefits that complement their crime-reduction benefits. Recognition of such issues as these emphasizes the need for a broad framework,

incorporating both public health and crime control concerns, for evaluating research and program results related to user-criminals.

Drug Abuse Treatment for User-Criminals

Working group members and workshop attendees shared a strong interest in strategies involving drug abuse treatment for user-criminals. Workshop speakers on this subject agreed on several fundamental points that emerge from previous research. First, it is naive to limit the definition of success in drug abuse treatment to the narrow criterion of complete and permanent cessation of drug use. Rather, because long-term drug use is a chronic relapsing condition, success criteria should include such positive outcomes as temporary cessation of drug use, transition to legally available and less harmful drugs such as methadone, and even reduction in the frequency or quantity of use.

Second, using such broader criteria, all the major treatment modalities--including methadone maintenance, therapeutic communities, civil commitment, imprisonment, and behavior modification--have demonstrated some degree of success with some categories of drug users. Since none, however, approaches universal effectiveness and they may vary greatly in cost and effectiveness, the challenge is to match specific users with the most appropriate treatments.

Third, research does show clearly that duration of retention in treatment is a powerful predictor of treatment success. Legal coercion (e.g., by court order, or under threat of parole revocation) is an

effective means of promoting retention in treatment, one that does not seem to reduce treatment effectiveness; however, little is known about other, noncoercive forces that may extend voluntary retention in treatment.

Our current knowledge is insufficient for development of individualized treatment planning strategies for reducing violent and property crime. We need to learn more about the treatment modalities that are most effective with the user-criminal population. Once the most promising modalities are identified, there will be a need for still further disaggregation, to learn how the effectiveness of a given treatment approach is modified by the type (or, more likely, combination) of drugs used, by the types of crimes committed, by concurrent alcohol use, by quantities of drugs consumed, by stage of careers in drug use and in crime, by prior experience with criminal sanctions and/or treatment interventions, and by other factors such as age and incentives to reduce drug use. Furthermore, there is a need to learn more about the extent and duration of treatment success in reducing drug use. In short, research is needed to learn far more than is known now about what specific treatment strategies reduce drug use most effectively with specific categories of user-criminals.

Finally, a more thorough and systematic understanding is needed of the effectiveness of various treatment modalities on offending patterns as well as drug use. On one hand, by reducing the centrality of drug use in users' lives, even treatment that does not eliminate drug use entirely may reduce economic-compulsive crime related to drug use. On the other hand, even complete cessation of drug use may not lead to desistance from crime. During a career as a user-criminal, inhibitions

against committing crimes may break down; skills at committing crimes may improve; and records of unsteady employment, institutionalization, or conviction may reduce prospects for legitimate employment. Under these conditions, even successful drug treatment may fail to terminate crime; research is needed on this question.

Developing this knowledge, which is needed to enhance the effectiveness of treatment-based strategies for reducing crime by drug users, will require innovations in both program administration and evaluation. Administration of such strategies will require novel arrangements between criminal justice and treatment authorities to accommodate shared treatment planning, service delivery, and record keeping, for example. Evaluation will require longer posttreatment follow-up periods, more disaggregation in describing pretreatment drug use and crime patterns, and evaluation criteria that include disaggregated measures of offending as well as drug use. The quality of evaluations can also be improved through the use of urinalysis monitoring to measure drug use during the follow-up period.

As with other research areas discussed in this section, progress in this area will take time. However, the payoff in terms of improved strategies for reducing violent and property crime by drug users will be substantial. The evaluations recommended here should increase understanding of treatment programs generally and should enhance the ability to match specific treatment modalities to the categories of offenders for which they are most effective. Finally, the partnerships and working relationships between criminal justice and treatment authorities developed to carry out the research will be valuable later in administering the strategies that are found to be most promising.

IMPLICATIONS FOR FEDERAL RESEARCH AND PROGRAM SUPPORT

As indicated in the preceding discussion, research to date--much of it federally supported--has produced valuable findings about user-criminals. However, many policy-relevant questions remain unanswered, and practitioners and researchers attending the workshop agreed that investigations of these questions deserve substantial federal support. Awareness of the breadth of ignorance prevented workshop attendees and the working group itself from advocating any national strategy or set of strategies as a means of reducing crime by drug users. Rather, there was recognition that the knowledge that should underlie such a strategy can only accumulate over time through systematic assessments of program experience and research findings.

Widespread concern was expressed by practitioners and researchers alike that the substantial funds appropriated by the Congress in 1986 for drug law enforcement, drug treatment, and drug abuse education might be spent without adequate provision for monitoring the initiatives supported by those funds or for assessing their impact. Although the discussion took place in the context of the 1986 legislation, it raised points that apply to possible future funding for state and local initiatives in the area of drug-related crime.

Participants in the workshop were particularly concerned that large amounts of federal money may be wasted on transient intervention programs formulated as a response to the availability of federal monies, surviving only while those monies remain available, and leaving

no legacy in the form of improved policy or increased knowledge. Short-term appropriations, even of substantial funds, are not likely to have lasting effects either programmatically or in terms of knowledge of how most effectively to carry out drug law enforcement, drug treatment, and drug education programs. Long-term commitments of funds are needed to encourage and support collaborative efforts by practitioners and researchers in the criminal justice and treatment communities to identify promising approaches, to test their impact, and, over time, to tailor them to meet special needs.

Skepticism was expressed that meaningful collaborative efforts of this type would occur spontaneously or through standard procedures for federal grants to state and local government. In most states, authority over criminal justice, drug abuse treatment, and preventive education is fragmented between two or more cabinet-level departments--a fragmentation that would hinder attempts to carry out much of the research advocated in the preceding discussion. Even within the criminal justice arena, planning agencies in most states have been reduced during the 1980s, and now find it difficult to design effective, innovative uses for massive infusions of funds. The view was expressed that requirements for evaluations of funded programs rarely contribute to accumulation of the kinds of knowledge that are needed; rather, they tend to elicit either superficial exercises to satisfy the requirement or, even worse, to distort assessments in ways that are thought necessary to justify program expenditures.

The research advocated in the preceding discussion requires collaborative efforts involving practitioners at the state and local level in three distinct areas--criminal justice, drug abuse treatment,

and drug abuse prevention--together with the most knowledgeable and capable researchers. Overcoming organizational barriers to such joint efforts need not require massive infusions of funds and need not divert substantial funds from programs to research. Rather, it requires an extension of the approach that has characterized federal support to much criminal justice research in recent years. The National Institute of Justice has created grant programs in particular areas of interest and has encouraged researchers to collaborate with practitioners in planning and carrying out research funded through those programs. It has also made particular efforts to inform practitioners of policy-relevant research findings; these efforts have encouraged many practitioners to open their agencies to researchers and to integrate research findings into their policy development. This approach has succeeded in stimulating interaction and joint undertakings between researchers and practitioners within criminal justice and has fostered increased mutual respect and awareness of common interests between the two communities. Because of the complexity of the problem of crime by drug users, similar progress in that field now requires an extension of this approach, so that researchers and practitioners in the fields of drug abuse treatment and prevention are encouraged to join their colleagues in criminal justice in collaborative efforts to deal with the national problem of crime by drug users.

T R A N S C R I P T

December 18

9:00 A.M.

Introduction and Welcome

DR. MORRIS: My name is Norval Morris, and I am the Chairman of the Committee on Law Enforcement and the Administration of Justice of the National Research Council of the National Academy of Sciences; it is an emanation of the work of that Committee that brings you here today. It is my pleasant task to welcome you, to express our gratitude for your presence and to try to outline the purposes of and arrangements for this meeting.

This Workshop had its origins in some of the work of a Panel of this committee on Criminal Careers and "Career Criminals" which has produced two important volumes on that question earlier this year. It became apparent to the members of that Panel, over their years of work, that there was an extraordinarily close linkage between the ingestion of drugs, at quite often high rates, and periods of intense criminal activity; that there was a much closer linkage than had previously been understood. They addressed less the old question of "do drugs lead to crime or crime lead to drugs" but rather the very close and unusual relationship between the two. We thought that there would be merit in organizing a workshop that would bring together leading policy makers, practitioners, administrators and researchers to look at that relationship. We recommended to the National Institute of Justice that such a working group should be formed, and Chips Stewart, Paul Cascarano, and Dick Linster all welcomed the idea and have supported the idea. The members of the working group: You might as well know who are responsible,

who you can blame. If you will look in your program, you will see in those buff-colored sheets that the names of the members of the working group are starred; they are the people responsible for the errors and successes, if there are any, of the Conference. Staff assistance was excellent and came from Jeffrey Roth, Michael Tonry and Gaylene Dumouchel.

What we have done is to collect and commission a series of preparatory materials and working papers, which you have before you, and which (I hope you share my view) are a very interesting springboard for our discussions.

What are our purposes; why is this journey necessary? There are really two purposes. We believe that there can be increments of knowledge and increments of mutual understanding coming out of this meeting. We think it may lead to a better research agenda. We think it may lead to the definition of different, possibly better policy alternatives. We see nobody teaching or preaching at this meeting.

We hope we are all learning. We do not have from the working group any great insights that we are prepared to impart. If there is a resource that will be productive of better policy and better knowledge, it is the group around this table. We are, we hope, mutual learners and not teachers, because we have thought on the working group that communication between the researchers in this field and the practitioners and policy makers is very poor, and we believe that by bringing together a group like this we might improve the networking, and might even produce ideas that would be of use for a very serious problem for this community.

The second purpose is to consider (and the working group will meet on this again after our discussion at this Workshop) whether there are suggestions for research or experimentation that might usefully be

made to the National Institute of Justice for their critical consideration.

The arrangements you see: you have the agenda before you. We meet in this appalling race course of a room in plenary session, but then we break up into smaller working groups in an effort the better to communicate with one another.

I have the pleasant task of introducing the Honorable James K. Stewart, a/k/a "Chips" in the language of the trade, and the Director of the National Institute of Justice. I am not going for any flowery introduction here. Let me make the point that I have found most impressive, amongst many other impressive activities that he has pursued over the past few years: He has genuinely endeavored to improve communication between the researchers and practitioners in this field and not only in drugs, but generally in the criminal justice system, and I, for one, am very grateful to him for it.

Chips.

MR. STEWART: I am delighted that you forewent the flowery introduction. The reason is I remember that you talked about the working group being exposed there in the buff or it was the buff-colored pages, I guess.

DR. MORRIS: Well, if you want --

MR. STEWART: No, no, that is fine. My sincere congratulations, truly, to Norval and to the National Academy of Sciences for, I think, an outstanding job over the last few years, bringing together much of the literature and stimulating a lot of debate in the academic community about the impact of careers in crime and particularly to Al Blumstein whom we have met regularly who has just completed a very excellent panel that had

a number of findings that I think are extraordinarily important.

I think it is, also, very impressive that the National Academy of Sciences and the practitioners would come together to discuss and to debate some new issues, some papers that are being presented before they see the light of day and not afterwards, and this is the way that I think the input ought to come about is that we do have a shared relationship for policy in America, opportunity to debate, and you are not set up like the Red Sea, you know, right in between the people who are making the presentations, but what you are really here for is the chance to bring your insights, your background and experience about what works, about what seems to be the best, what seems to theoretically explain certain conduct and what in the real world seems to work and what seems not to.

I am delighted that Al Blumstein is here and certainly that Mark Moore is here and all of the rest of the scholars. I am pleased to see a number of my friends from the practitioner community, as well. Tony Bouza has worked on this Committee regularly, and welcome, Bud Mullen, a good friend, formerly head of DEA and now in the private sector, and a number of other practitioners who are here and who will be arriving.

I think that it is going to be a very exciting two days, more for what I have in mind, I think, than what Norval has in mind, although what Norval has in mind has a long-term building effect. My short-term reason is that we have an opportunity here; we have a threshold, and that is a discussion about where we are going to go in the next three years with drug initiatives in America, and there are going to be some very important decisions that will be made in the next 3 months, where to commit funds; what to produce; where to go.

We ought to try to inform that judgment as best we can, and that is the reason I asked the National Academy of Sciences and Norval Morris who has responded to the call to come today so that we can provide some better information and some better insights, not just to inform the literature, but to do the most important work, and that is to bring our resources, our brain trust, to bring it together to try to do something better than what has been done in the past. So, I am very pleased to see all of you this morning, and this Workshop on Drugs and Crime is part of a series that the National Institute of Justice has been very pleased to have funded. I supported these workshops because I have the deepest respect for the intelligence, the expertise of the National Academy of Sciences Law Enforcement Committee and for the community of experts that we bring together today, because these are forums, I see, for debate, challenge and inquiry, that the practitioners are not presented with facts, and that the academics are not presented with sole scenarios, but these are just departure points for discussions that will make our world better.

Now, in March 1987, the last workshop in this series will be entitled "An Experimental Experience in the Criminal Justice Agencies," and I am delighted to have some activity and to have some small part in helping be a catalyst to what I think is a very exciting discussion.

On a little lighter note now, research has been very useful, and it has been useful for me, personally, because one of the recent studies that has been brought to my attention, in fact, by my loyal staff, the other day was that the best way to stay awake during a morning speech is to be the one delivering it.

I don't know whether that has anything to do with what I am doing, but I thought I would say that my staff has a sense of humor, and so do I, and I am going to try to keep that in mind as I deliver these remarks.

Welcome to my good friend, Jay Carver who has arrived, and we will be talking about Jay and Eric Wish just a little bit later, and some of the things that are going on, but my presentation and my interest today are based, not on a discussion, but really on a call to arms. I have come to ask you to give us your best minds, your best experiences, your dedication, your energy to attack the threat of drug abuse in our country. We need your help because we are faced with a drug problem which is a menacing national scandal. I believe it is no exaggeration to say that it is a mega disaster in the making, probably the greatest social, economic and public health threat that we face today, and we are seeing it, also, emerging in country after country. It is coming out that that threat is crossing the international horizons. It used to be just an American problem. It used to be just a big city problem. It used to be just an inner city problem. It used to be just a lower class problem, but it is no longer that case.

In the last few years, with the strong personal commitment of President Reagan, this Administration has galvanized federal and local agencies into making great efforts to interdict the flow of drugs. It has been a supply side assault. We tried to regulate drugs out of business. We have become proactive. We have gone to the sources, both here and abroad. We have taken all of your best advice and applied it in spades. Under former Attorney General William French Smith and Attorney General Ed Meese, we have established new extradition treaties. We have increased

the rate of extradition of drug traffickers. We have seen larger seizures of drug cargoes than ever before. We have more asset seizures involving the economic source and resources of organized crime, and we have seen historic prosecutions of drug traffickers. We have brought the military in as an increase in widening the resource. We have increased the Coast Guard. We have, for the first time in history, brought the FBI into it. We have, for the first time, created strong and enduring partnerships among all law enforcement prosecutions to share in the proceeds of assets so that there would be an incentive to get involved. We have done what everybody suggested. We have taken what the best efforts were, and we have gone, we believe, to the heart of the problem, and what are the results? In spite of these massive efforts; in spite of these historic efforts, cocaine is more widely available today than ever before. The widely reported increases in cocaine have been documented in NIJ studies of arrestees and probationers, and I want to emphasize a very important point. Although in the general population there may have been a decline or a leveling off in the use of drugs, in the offender population, drug use has gone up dramatically in the past few years. You know, we never had good data on who was using what, what the preferences were, and as a result, and many of the papers pointed this out, we only could speculate. Our theories were based on the most flimsy data, on self-report, on opportunity surveys, on people who had a reason to conceal the information and alter it, but when NIJ began what I thought was a breakthrough program, an idea about actual testing of arrestees, a group that we thought because the literature was heading in the direction and the practitioners felt that this was a high-risk group, and we wanted to find out what it looked like; the NIJ testing of arrestees for drug use in

Washington, DC., began for the first time, hard data in March 1984. Do you know what we found out? First off, we asked the researchers what they thought the people would look like when they were arrested in terms of the narcotics they may have used, and then we asked the hard-core professionals, those steely-eyed individuals who face truth every day, and we said, "What percentage of those people arrested do you suspect have used drugs within the last 48 hours?" And then when we put their -- like Price Waterhouse, we got their stuff in a sealed envelope, and then we started the testing, and the testing showed that the best guesses of our experts in both the practitioner and the academic fields was not off by a mere fraction, but it was off by a fraction of over 300 percent. It showed that 56 percent of the arrestees tested positive, and that astounded both the researchers and the practitioners, plus the local politicians, parents and even the criminals because they had even lied about themselves on self-reports, but by September 1986, we took a continuing look, and it has been a program that I think we have done a very fine job in managing, and we want to thank Jay Carver for his excellent work on that, and certainly John Spevacek of the Institute, and by September 1986, despite our best efforts, 72 percent tested positive. In just two years, we have gone from 56 percent to 72 percent, nearly three out of four persons arrested tested positive. We are not talking marijuana; we are not talking alcohol; we are talking heroin; we are talking PCP; we are talking amphetamines. That is what we are talking about, 72 percent, and in the past few months, cocaine has surpassed PCP as the No. 1 drug used by arrestees in DC.

A similar increase has been detected in criminals in NIJ's New York City project, and that is done under the excellent work and the energy and the foresight of Eric Wish who has just become a National Institute of Justice fellow. He will be working with us, and you will be hearing about a very extraordinary national project that we are going to announce in just a few weeks that will, I think, be of enormous interest to this group and will continue the efforts that NIJ has started to get accurate data so that we can make much better interpretations of what is happening in our world, but I think these two projects, New York City and Washington, DC., have done something that has changed the way we look at this fundamentally, because it has given us hard information.

Now, we have got to attack this burgeoning problem of drug use by the criminals. The empirical evidence is unequivocal that there is a link between predatory crime and drug abuse. Drug use acts as an accelerator of criminal behavior. The recently completed report of Al Blumstein's Panel on Career Criminals concluded that drug abuse is a primary indicator of the high rate offender, and as drug use spreads throughout the population, we may experience some ripple effects in terms of other types of crime, because we have to ask ourselves, now that we have a wider spread of drug use, we have to ask ourselves what happens when millions of drug users whose behavior is otherwise non-criminal, what happens when they come in contact on a regular basis with the criminal class of our society in order to obtain illegal drugs. Will we experience an increase in white collar crime, employee theft, industrial espionage, insider trading to sustain their drug habits? What do white collar people have to trade? What opportunities do they have to engage in criminal kinds of conduct to raise their income so that they can buy drugs? Drug use is

widespread in our society, and let me give you just a few statistics, I think they are powerful ones, to suggest the dimensions of the problem. Cocaine was used by at least 17 percent of the high school seniors in 1985. One-half of all seniors reported it would be easy for them to get cocaine. The idea of marketability, the idea of a drug bazaar, the idea of easy accessibility, what kind of policy implications might that have?

Now, according to North Carolina's based Research Triangle Institute, illegal drug use cost the US economy \$60 billion in lost productivity in 1983. Estimates of 1986 productivity losses ranged from 70 to 100 billion dollars. No wonder we have trouble on the international market in terms of marketing our goods, if you talk this kind of overhead.

Although property crimes are most typical among drug abusing offenders, violent crimes are, also, highly related, and some cities, such as Miami and New York, report from 25 to 30 percent of their homicides are drug related. I think this was before we had strong drug-testing data. It may be much more startling than we suspect.

The estimated national cost of accidents is \$81 billion a year, one-half directly attributable to drug abuse. One of the biggest problems we face is the difficulty in detecting whether someone is using drugs.

All of us have to entrust our safety to people whose drug habit may make them a dangerous threat. Now, Time magazine recently reported the story of the airline pilot for a major international carrier who called a drug hot line complaining that he was feeling exhausted, paranoid and extreme anxiety after snorting cocaine on the white line for three days straight. He was calling because he was scheduled to fly a passenger jet to Europe that night, and he told the counselor that he was fighting fatigue, but he was sure he could stay awake and alert long enough to get the plane there, if he just kept taking the drugs.

The counselor who took the call never found out whether the pilot called in sick or went ahead and flew that plane, but he noted that this type of behavior is typical. I might, also, note that many members who came to this conference, also, flew to get here. The problem is all around us, and it is particularly dangerous when criminals use drugs. We have a crucial opportunity before us right now to improve our understanding on how to control drug use, and that is why I am appealing to you today. Congress has just set aside \$200 million for the Department of Education under the new anti-drug law. That money is targeted at educational drug prevention programs; the bulk of it, \$161 million will go to state governors and state education agencies for school and community drug prevention programs. Another \$16 million, which is about my budget, will go to training teachers in high schools and to getting drugs off campuses of institutions of higher learning and higher education, but I think the question we have to ask ourselves is what should they be trained in; what is the state of the literature about what works in diverting people in the educational field from using drugs? That is what we ought to ask ourselves. What do we know at this point that really works? I am reminded a little bit of these newlyweds who went to Las Vegas, and they just checked into a motel, and they were going down to the casino, and the newlywed husband said to the wife, "Could I borrow \$10. I would like to go in and gamble a little bit and make enough for dinner tonight. You know, that is the man's role. I am going to go down and do that." She said, "Okay, here is the \$10. See you later."

He went down, and he started playing the slot machines, and you know, after about the eighth dollar that he put in; he was almost out of money, he struck it with \$500. He then took that \$500, and he went over

to a blackjack table, and he bet all that \$500, and the strangest thing happened. He had four 21's in a row, and he ended up with a considerable amount more money. He ended up with about \$3000. He then took the \$3000 and went to the crap table and remarkable luck; he took the \$3000 and after about six passes, he was up to about \$70,000. He took \$10 out of the \$70,000, put it back in his pocket, went to the roulette table, and he put down all that money, \$70,000 on the red 14, tossed the thing in there, the ball went around; it dropped right down, hit the number, a black 16. He went back home, went up to the honeymoon suite, and said, "Hello, sweetheart." She said, "Well, how did you do?" He said, "I broke even." Think about that just for a second, and, also, think about the amount of money that we are about to launch into an anti-drug effort. Think about the opportunity that is before us today, and the question is, are we going to break even for that \$10 or will we purchase something for that \$10 that is enduring, that changes the way that we live in the United States? We have a chance in the criminal justice system, because they, also, I think, were influenced by Al Blumstein's reports and some of the reports from the National Institute of Justice, the work that Jay Carver, Eric Wish and all the rest of you in the room have been working on so hard, and I think that they were influenced by that because they said, "Look, we want to pass through to the states \$225 million a year for three years to encourage the states to take up this battle about drug enforcement, to make a difference and for once and all stop this. We are going to pass through \$225 million for state and local drug enforcement programs under the Anti-drug Abuse Act of 1986, but there is a serious oversight. No money, I repeat, no money has been set aside for research, planning and evaluation. In other words, in our zeal to do something, we are throwing money at the problem

without knowing the best way to spend it or even to invest money to evaluate its effects. We need to have some people who are willing, and I think we have to do this at the Institute as well so that we can have some residue of knowledge after spending all that cash.

We ought to find out what programs seem to work and what programs lead us down a dead-end alley. So, I am asking you to help us remedy the situation before the money starts flowing and is spent in the next few months.

I want to smuggle research in so that at least some of those millions of dollars can be spent intelligently, and we can learn something from our efforts. Ed Meese requested me to consult with the top practitioners and scholars for their insight in gaining the best knowledge on what works because we don't want to squander this opportunity.

So, I am asking for your help in two ways, first your advice for the Attorney General and for the governors of our states on what kind of research on drug abuse prevention is the best to inform policy. What will give them the greatest payoff from the investments they are about to make? And secondly, your suggestions for effective projects, just like Norval said, to help inform the kinds of research that we ought to be doing so that we can make a difference in the amount of predatory crime, the fear of crime that occurs because of policies that are not working as effectively as we all thought they would in 1980.

We need to define the specific goals we are trying to accomplish with this money and to assess how well this big infusion of funds is working.

Now, if you can come up with some project designs, maybe we can get some governors interested in implementing them with the money they get from BJA, and I am requesting that the National Academy of Sciences staff and Jeff Roth who is running this Workshop provide me with a summary of the ideas that come out of your discussions.

I will give the report considerable attention, and it will be part of the national policy debate and discussion about our new initiatives.

Now, it is going to take a Herculean effort to deal with our drug abuse problem. One of the labors of Hercules was to kill the Hydra. That was the many-headed sea monster who grew back two heads for every one that got cut off. That is the kind of problem we are facing today. The goal of this Workshop is to draw upon the combined intellectual strength of the best minds in the criminal justice field to solve this problem. These papers, I believe, will lead to a lively and informed debate amongst us. Now is the time, before the purse strings are opened to help advise our state officials on how to prevent the spread of drug abuse among our nation's youth and to lower drug abuse among the criminal predators whom we fear the most.

NIJ, Attorney General Meese and I are counting on your help. You represent our nation's great resource in this area.

Thank you very much.

(Applause.)

DR. MORRIS: That was no "Welcome, bless you, my children" speech. I think it underlines the possibility that out of this Conference there could emerge, if we wish, useful ideas, useful developments that could be implemented. If there is a drugs-crime linkage that is of

enormous threat, I think in a small way one can say that there has been established recently in recent years a link between the National Institute of Justice and the National Academy of Sciences that really does bear the potentiality of forming a useful contribution to practice and to knowledge in this country.

9:30 A.M.

Plenary Session: "Changes in American Public Policy Toward Drug Use Over Time--An Historical Perspective"

Let us turn to the program. The structure of feedback and discussion is such that with these numbers we have not thought that in plenary sessions, certainly in this room an interchange of ideas is really possible. So, we start with two morning sessions which are presentations of an historical perspective on our problem, and then a statement of what do we know; what is the state of the art, not what do we speculate, but what do we know, and after those sessions, we then break up into our smaller groups for discussion, exchange, in an effort to move towards meeting Chip's challenge towards us which is to make suggestions of rational research, and I assume research and experimental interventions that might be critically studied.

As you see from the program, and I will introduce three speakers on the first topic briefly, our first topic is historical, Changes in American Public Policy toward Drug Use over Time. We thought, those of us on the working group that one had to have a sense of history to make rational judgments of where we should go from here. Speaking to that, is David Musto who is a professor at the Yale School of Medicine, and as I think you all know, has written extensively about the history of American drug enforcement policy and whose paper is Tab A in your preparatory materials. As commentators on that paper, Arnold Trebach and Peter Kerr.

Arnold Trebach is a professor in the School of Justice at American University. He writes and lectures extensively and interestingly on heroin policy in the United States and elsewhere. I see him in my residual English terms as a member of Her Majesty's loyal opposition which he handles with distinction and which is a very important role, not to be neglected in any decent governmental structure.

Peter Kerr is a reporter for the New York Times, and several of us were so impressed by a piece he wrote in the New York Times which is your Tab B that we thought we had better get him here to comment on David Musto's work. That is all I propose to do by way of introductions. Let me now ask David Musto to speak to you.

PROF. MUSTO: Thank you very much. The Tab A is not my paper. It is a background piece which I sent in. I would like to talk more specifically about the changing attitudes toward drugs and alcohol in the United States. I have been very impressed by our recurrent interest in abstinence or in consumption. I have been in this area now about 20 years, and I remember conferences like this in 1970 and 1971. I thought it was appropriate for the times that we are in that the group has been divided today into smoking abstainers and stainers.

Now, I, also, got involved with this through the help of not only people in the Public Health Service, where I served in the late sixties, but, also, people in the law enforcement community. One of the most helpful persons who really made available the records of the Narcotics Bureau to me was a distinguished man who began his life as a law enforcement officer, narcotics officer, and he said in 1970, "I want you to look into these records. When I started out being a narcotics officer," he said, "I was a hero." Now, I am a bum, and if you can find

out what has happened, since I am doing exactly the same thing now I was doing 10 years ago, you are welcome to examine these records."

Now, it has changed, and on television we see DEA agents as heroes. Times have changed, and we are entering a different era in the drug abuse, law enforcement and alcohol field in the United States, probably for about the third time in our history. The image of drugs in the American popular mind has shifted from positive to negative several times. There were decades when alcohol or cocaine was thought a tonic or a restorative to the body's physiology. When we are in the midst of one of these decades-long eras, drug use seems pretty normal, an attitude usually tempered with benign advice, "Don't use it to excess." In popular fiction, Sherlock Holmes took cocaine, while Dr. Watson's medical armamentarium seems to have consisted solely of brandy.

In the stranger world of nonfiction, Americans in the 1820's typically believed that drinking distilled spirits allowed you to do more work and was, in general, an excellent tonic. Americans at that time drank two to three times as much distilled spirits then as we drink now of all forms of alcohol.

By the 1850's much of the United States was legally prohibitionist. Even Sherlock Holmes' cravings would have been frustrated, if he had visited us after 1914, for cocaine was severely restricted in the United States except for medicinal use. The same happened to alcohol, for a second time in the United States only five years later. Public policy evolved from these great changes in attitude toward drugs from eager distribution to determined prohibition. These shifts in public attitude are important for understanding the past of drug policy, why we are where we are now, but a consideration of these

recurrent themes may, also, help us when considering the future options in drug policy.

These shifts in attitude toward drugs included even the discovery that some ordinary, everyday substances were actually drugs. Alcohol has not always been thought of as a drug nor has tobacco. Even the definition of addiction has at times been narrowed, at other times broadened. Cocaine has been called non-addicting, while watching TV is said by some to be potentially addictive. Tonics can change to poisons as in the case of alcohol and cocaine and back again to tonics again. These changes can be gradual and may be almost totally overlooked. These attitudes become the often unexamined assumptions upon which we judge or advocate public policy. In the United States, one pattern of observable change regarding drugs is a gradual shift in public attitude against, say, alcohol which is actively debated in the open arena of public opinion. Limitation of alcohol's availability is advocated for reasons of health, morality, productivity and the family unit's stability. That was done in the 1840's and 1910's and now. In fact, I was waiting for one other shoe to drop. We have all heard about the fetal alcohol syndrome in which it is dangerous for a pregnant woman to drink alcohol. I have just been waiting for the other point to be made which was present in 1840 and 1910, that is, that the father drinking alcohol causes diminished birth weight. Last Thursday there was a letter to the New England Journal of Medicine saying that that was the case. Proponents call it a crusade, opponents the specter of repression and state interference in private tastes. The prodromal phase may be 20 or 30 years long, but the crucial stage of establishing legal prohibition may be much shorter. The battle against a popular but dangerous substance appears to be a gradual accumulation of

adherents so that when the crucial years arrive, the battle has been largely won already. The new consensus may be revealed by the sudden political victory of a proposal which a few years earlier had been thought extreme and unpopular. An example would be the successful demand in 1984, for a federally mandated drinking age of 21 or in 1912, the dramatic victory of the Webb-Kenyon Act, sealing the borders of dry states against the interstate commerce in liquor. This is the phenomenon John Adams noted when he wrote that the revolution was affected before the war commenced. Changes in our attitude toward substances like alcohol or tobacco, speaking of the broad public consensus, may be gradual enough that when we enact severe controls of a substance we may feel as though we had always thought that way, although one-half generation earlier we might have had the same assurance but the result was a policy jerk in the opposite direction. The historical study of these changes in public and governmental attitudes does not predict the future with any specificity. Expecting historical studies to answer contemporary issues in detail is an easy way to twist and misuse history. History gives us new perspectives with which to view current controversies. The study of history reveals that we are part of the decisions and traditions of the past, even though we may feel free and unfettered, or that the drug problem began only in the 1960's. History, also, complicates our simple and supportive reconstruction of the past which proved to ourselves and our comrades that our point of view was the only reasonable approach to a complex issue. The drug issue is often so polarized that there is considerable resistance to events from the past which weaken an extreme point of view. All these characteristics are illustrated in the history of drug policies in the United States.

Let me just briefly say that there have been some recurrent attitudes toward drug use in the United States. In the current phase, that is the years from a meeting like this in 1970, to a meeting like this in 1986, our society has moved from an assumption of isolated independence, that is to say, "You do your own thing," to a conviction that we live in a social network which does permit other people in that social network to comment or even to constrain others who are damaging themselves or other people. Both of these points of view have good aspects, and they have potential difficult aspects. We have, also, been moving from drug tolerance in the 1960's and early seventies to a drug intolerance; we have shifted from requiring no explanation for why someone would want to use a drug to a different assumption. The use of a drug, say, alcohol or tobacco, has to have some explanation of why that person is using it. The burden of proof now rests on the user of the drug rather than on the abstainer from the drug.

When these trends take place, and they take 20 or 30 years to develop, a consensus develops in the country with regard to the use of drugs. A consensus of drug intolerance was established during and after World War I. The new consensus with regard to drugs in this society, means that a number of things that didn't work in the early seventies and late sixties seem to work much better. For example, educational programs would probably be much more effective now than they were before. Law enforcement will appear much more effective because there is a growing alliance among the various institutions of society against drug use. I think one of the most frustrating aspects for law enforcement in the early seventies was the complete breakdown of this alliance against drug use which did exist in the nineteen-twenties, thirties and forties.

I had lengthy interviews with Harry Anslinger before his death. He pointed out that the world was a completely different world in the sixties from anything that he had known before. There was an enormous change of attitude toward drugs, but now, we are on the other side of that mountain, at least just a few steps over the other side. I feel that one of the most important media bits of information to come out in the last several months was a poll in Newsweek, of August 11th. Cocaine use, of course, was the main topic but attitudes were also shown to have changed about marijuana. The percentage of persons in America who felt that the possession of small amounts of marijuana should be a criminal offense has risen from 43 percent to 67 percent in the last six years. This is a reflection of the change I am talking about.

Cocaine may be the catalyst that moves forward all of these various initiatives against drug use, and I think AIDS will potentiate that very strongly in the next 5 or 10 years. It is a broad approach against drugs, not just against cocaine or just against heroin, and I thought that the Newsweek poll was an extraordinarily interesting bit of information, especially when marijuana is really not a big issue now. This is a spillover effect.

Also, I would add that there is an increased concern over the effects of alcohol. This will be the third time in our country that we have moved into a temperance movement. In each case we have begun with the sore thumb of alcohol and have moved from moderation to extreme restrictions on the availability of alcohol. Alcohol in each of these movements shift from being a beverage to being a toxin. There are many examples of how this is happening now, but it always starts with the sore thumb of alcohol which in the 1830's or 1840's was too much distilled

spirits; in the 1890's it was the location where alcohol was supplied, the saloon, and now, it is drunk driving. In each of these you have had a generalization from that initial consensus-building attitude toward alcohol, and of course, the fetal alcohol syndrome is an excellent example. It has been rediscovered now for the third time in our history, and I am just extremely impressed that it is now said that the father's drinking, also, results in lowered birth weight.

There are, however, three important differences in our current movement. The first one is drug testing. Never before in our history has there been such an example of drug testing, this remarkable ability to drug test. Secondly, the issue of tobacco, the way in which there is no argument among our group here today that smokers should sit on one side and the nonsmokers on the other. There won't be many on the smoking side, and there will be more on this side; the fact that everybody accepts this is an enormous shift in attitude in the last 20 or 30 years. It seems absolutely normal; we are not surprised a bit. That is a wonderful model for the various other shifts in attitude that are coming along. Finally, I want to say that AIDS is going to present an overwhelming social impetus to allow testing of the body's condition. It will potentiate the attitudes that cocaine has already stimulated.

In the decline phase of drug use, the nation searches for the most efficient and preferred way of dealing with the problem. We tend to have an overkill, that is to say people become so righteous and so zealous that we can have excesses in the names of fighting drugs. There is very little opposition to draconian policies because no one wants to stand up for using drugs.

Now, it was only 5 years ago when you would have prominent individuals in the United States essentially standing up for drug use, expansion of consciousness, relaxation, whatever it happens to be. This doesn't happen very much anymore, and I think it will decline further. So, I am concerned about the negative effects of drug testing on a massive scale, and I think there will be very little practical opposition to it as the next years come. That will be something very interesting to watch.

The emotional and political charge inherent in the issue of drug dependence means that the products of research are quickly sucked into the public controversy. Scientists lose the power to interpret their own results in this kind of atmosphere, for the public and the politicians are quick to attach their interpretations. For a prime example of this, we can go back to the 1924 hearings before Congress on banning the importation of opium for the manufacture of heroin in the United States. Congress was told during the hearings that heroin combined the worst features of morphine and cocaine, that the drug heroin is a positive incitement to crime, a creator of violence, not just a drug used by criminals. Now, at the same time, almost in the same month, that this set of claims was being presented to a very sympathetic Congressional committee, Dr. Lawrence Kolb, Sr., was telling whoever would listen, and there were very few who did listen, that there was more violence in a gallon of alcohol than in a ton of opium.

This episode suggests that while research results may be available across a broad spectrum, which of the results are socially useful is not determined by the accuracy or even the credibility of the researcher but by politicians and the public who focus on the research which, in their opinion, makes sense.

There is another social impact on research which is not easily discerned by the researcher. Assumptions brought to an investigation, particularly within so charged a question as drug dependence, have a profound, although at the time unnoticed, effect on the research. Our national waves of opinion on drug use are so gradual and drawn out that a researcher may not live long enough to see how different the world looked when he did his or her earlier research. Because we are now at a transition stage moving from drug tolerance to intolerance members of this audience who worked in the 1960's may recall some of the changes in attitude over their research careers. Let me take literature on marijuana as a quick example. In the 1930's just about no good could be found in marijuana according to reports in the scientific literature. Then in the 1960's, those making a study of it could find almost no evil. In general researchers in the 1930's knew that marijuana was bad for you. In the 1960's they seemed to know it was safe, at least safer than alcohol, and they wanted to set the record straight, although "straight" is perhaps the wrong word to use in this context.

Here I recall a conversation I had in 1973, with Dr. Walter Bromberg. Dr. Bromberg had conducted some of the marijuana research of the 1930's, and his conclusions were among the milder of that era, although by today's standards a pretty severe indictment of the weed. He told me how he was fascinated by his own change in perception of marijuana. In the 1930's, he said, "It seemed so reasonable to see a link between marijuana and violence." In 1973, he was still interested in marijuana, but he saw no link with violence among the persons he treated. Dr. Bromberg had studied marijuana during the thirties, in the trough between two peaks of drug use in this country, and had lived to a later

peak of use around 1970. The cultural attitudes toward drugs differed greatly during these periods and profoundly affected the assumptions of the investigators, the object of their research, the interpretation of the results and possibly in some cases the results themselves. The dominance of ideology and politics over drug research can be observed in many ways. Just as there are research findings greatly desired by politicians who must come up with solutions to the drug problem, other research findings and areas of research have been left blank on the map of science because of society's pressure on the scientist. There are often rumors that one kind of research funding has been favored by the government or foundations over another. This audience would know better than I whether this has ever happened in modern times, but I can give a specific example from the past. Shortly before his death, Dr. Nathan Eddy had a lengthy conversation with me on his experience of an investigator of narcotics. Among the many important points he made, I will mention one. He said that the public and governmental attitude toward cocaine was so negative in the 1930's that when some substitutes for cocaine as a local anesthetic were tested at Lexington, he purposely did not compare some characteristics with those of cocaine. He said that he feared that if these substances were found too similar to cocaine's properties they would be likewise restricted, and medicine would have lost important painkillers.

Now, 10 years ago, that wouldn't have been the attitude. Of course, Dr. Eddy, like Dr. Bromberg worked between peaks of drug tolerance, in that trough when cocaine was the most feared drug in America, an era which we may be reentering over the next decade. In this intense interplay between politicians and researchers, research findings are easily converted into ammunition in the grand battle over drug abuse

policy occurring at the lofty national or even the international level. It is an exciting adventure for everyone. A damaged chromosome under a microscope might appear the next day as a front page warning against the drug that does such insidious damage to a germ cell. There is always a need for simple and convincing evidence that a drug is totally dangerous or totally safe, the only two forms in which a drug seems to exist in the United States. The insistent, dominant themes in drugs and crime have been emotional and symbolic. Research is presented as a major road to the solution of the drug problem when drug abuse is seen as a medical question. The medical and law enforcement approaches have alternated in our national perception of drug abuse.

When public concern peaked in the 1960's and early 1970's, America was in the medical or disease model stage of the drug cycle. Beginning with the Kennedy Administration and the rapid rise in drug use, the tired old-fashioned notion of relying on law enforcement was being rapidly scrapped for a fresh approach stressing humane, intelligent medical treatment for a serious disease. Since medical treatment buttressed by great infusions of money and research would now solve the drug problem, mandatory sentences were dropped. Civil commitment was offered as a replacement for criminal confinement, and for the first time since World War I, the last time the medical approach was dominant, legal maintenance of opiate addiction was approved.

Unfortunately, medical treatment did not solve the drug problem fast enough. Frustration set in. We have turned more and more to law enforcement. As you all know, the fear of drug abuse and what countermeasures can be taken have vastly different time frames. The public wants action now. The politicians want to assuage this demand now,

and the professionals who will be awarded the privilege of doing something now are picked among three groups, law enforcers, therapists and research scientists. Sometimes one group stands out. At other times all are brought into the act.

In periods of relative drug tolerance, medical treatment is preferred. In times of intolerance law enforcement gets the nod. I believe we are entering an era of drug intolerance.

Drug abuse policy evolves out of a truly hierarchical system. Decisions on drug abuse are made by politicians under pressure, and the interest is to get the issue behind the country as quickly as possible. Research in this context may be seen as a convenient source of ammunition. When the bullets are too soft to do any good, the researchers are criticized. When the bullets are hardened and given a simple unambiguous point, they may no longer represent research of high quality. Research workers find themselves serving as auxiliaries called into battle when needed for the higher goal, politically speaking of diffusing the furor over drugs, not as investigators who may take much longer than the current distress in order to provide results of great importance.

This would not be the case, of course, if a powerful cure for drug abuse were discovered, but so far this has not happened. The problem of research allocations being made on political grounds is, in fact, only a microcosm of the national drug problem itself. Even the grand national strategies to fight drugs can be compared to a small boat on large waves. We may like to think that the strategies are determined by examination of the problem, but we have had a sufficient history of government reaction to drugs, about one century now, to see that the way we fight drugs is a reflection of how we view ourselves as a nation and our place in the world.

To give one large-scale example, before World War I, we believed international treaties could solve our drug problem. We had faith in treaties and sought one which would force other nations to stop producing the raw materials. No foreign raw materials, no domestic consumption here. This strategy may sound familiar. The result was the American-inspired and American-led Hague Opium Convention of 1912. After World War I, we entered a period of isolation. We lost faith in international treaties. We saw foreign nations trying to undermine our democracy by sending us debilitating drugs. We walked out of the Geneva opium convention in 1925, and in other ways isolated our anti-narcotics effort. In each case, the action or reaction made sense at the time as if it were a direct and appropriate response to the issue at hand.

Seen in a larger context, however, the response to the drug problem could be extrapolated from our larger conception of ourselves and the dynamics of our whole society.

Drug policy is a cork that rises and falls on the larger tides that sweep our nation. The front page drama of the issue should not obscure its fundamentally secondary or tertiary role in the big domestic and international movements of our time.

In conclusion, as we enter the down phase of drug use, we will rely, if the past is a guide, more on law enforcement control rather than medical treatment and research.

As the drug problem recedes, the symbolic value, not the real value of giving money to drug research will decrease. Left on its own, drug research may not prosper in this atmosphere. The need is for statesmanship now to see the preeminent value of sustained research into drugs and drug problems, one of the actions which may moderate the recurrent drug cycles in the United States.

Thank you.

(Applause.)

DR. MORRIS: Thank you, David. We are certainly launched thoughtfully. I want to interpose one idea before calling on Arnold. I hope it is relevant. I hope, as you are thinking over these two days about what sort of things should be recommended about research and the acquisition of knowledge that you would think in the context not just of what people who call themselves researchers do, either medical or sociological research, but would start to think in terms of possible linkages between operational experiments in police forces, in other agencies joined by critical research, because it is my own personal prejudice that a third possibly new thing that could be added to the three new points that David suggested would be the possibility of conjoint linkages to test ideas critically. I don't mean test in the usual sense - start a new idea and then employ some public relations people to say that it works. I mean test in the sense of conjoint efforts of how do new ideas work in operation. I think that is the sort of research question I hope you would add.

Forgive the interposition.

Arnold?

PROF. TREBACH: Thank you very much. I can tell you right now that for me this meeting is a success because I think you have gotten together an amazing group of people who represent diverse views. You managed to get two Yale authors to meet one another for the first time, and we just did at this table. So, I am delighted to meet Dr. Musto. I use his work. I am educated by it, and I agree with virtually everything he just said, which saves me some time.

If you take off from Dr. Musto's point that ideology and history deeply affect the very same research findings, then I would like to come right to the main point. Future research, whether through the government or private agencies, must be guided by certain new kinds of ground rules. First, non-mathematically oriented research be considered valid research. Now, some of my best friends are numerologists. They are sitting here. They lecture me all the time. The last lecture I got on numerology was from Al Blumstein in Holland, and he convinced me that I really ought to appreciate it more. I do appreciate it and I appreciate all my friends here who are numerologists, but I want to say that you must consider other kinds of researchers and research. Certainly you do support ethnographic research as Paul Goldstein does and others do, but I think there has got to be more of that because that takes into account the fact that just reflecting from a different viewpoint may produce different results. A second point is that it be nontraditional research. Why do I say that? Because ideology and history affect scientific outcomes. So, I think unless you are willing to open up and bring in people who have shall we say, dissenting points of view, I think you might not get the same results, and again, I don't have to argue that. I think Dr. Musto has laid the groundwork for that.

I find a different reaction to my work now as from 14 years ago. Fourteen years ago when I started in this field, few people wanted to listen to my point of view. Today I find it consistently considered worth hearing -- and I was saying the same things 14 years ago. I have learned a few things from my friends around the table, but my basic posture hasn't changed that much.

Another guideline would be that there should be few boundaries. I wrote in originally no boundaries. I will say, "few boundaries," in terms of geography and the ideas entertained. I say that because I travel a lot. For example, I have just been taken on a tour of the Dutch red light scene by two addicts from the Junkie Bond, a unique union of addicts. I learned a lot that night. It was a very interesting discussion.

We, I think, tend to see the American experience and American policy as setting the boundaries, and I think we have got to say, at least in terms of research, we have got to look out and see what else there is out there, nontraditional stuff. Now, people say, "He means giving heroin to addicts." Sure I do. I think that is an option. I, also, view other kinds of options. One of my graduate students is a Born-Again Christian. She runs a program based upon religious principles. It is abstinence oriented, religiously oriented. I don't see much work on that at all. I would consider that an option we should research. To what extent are religiously-based programs, based on the abstinence model working?

I consider that nontraditional research for us. To what extent do the heroin programs work in other countries? To what extent is it a valid idea to provide needles, clean needles which I saw there in Holland. They showed me how they gave them in Holland to addicts to prevent AIDS.

By the way, I find it repulsive that people use needles, personally, all right? But on the other hand, I think research ought to look at that to say, "What are they doing over there, and what are the results?". The man in charge of AIDS research in Holland tells me he knows of four cases among the entire addict population, four cases of

AIDS. It may have gone up since then. Okay, now, that is the bottom line.

Let me back up a bit. What kind of compromises can we work out between people like me who have a fundamental distrust of the drug laws, a fundamental distrust of tough enforcement, with the more traditional approach which says, "There must be tough drug laws, and there must be tough enforcement"? What kind of compromises do you come out with, and I think that has got to happen, and that is the value of this meeting that we are sitting here, and I appreciate the notion of being the loyal opposition. It is an honor.

How do we get together on that? Okay, let me pick just a few things rapidly out of our book. I think most of the people of my political stripe would support vigorous police action to catch predatory criminals. Now, many of you in law enforcement may doubt that about us, but I applaud you people in law enforcement. I applaud DEA. Bud Mullen don't faint on me. I really do. I applaud your bravery and your courage in going out and getting bad folks, and most of the people whom I would consider left of center would support that.

I support the kind of thing that Mark Kleiman wrote about, of the use of street law enforcement to bring back the streets to our people. Believe me, I know of no one who would oppose that. I think it is worthy to try, and I think it is worthy to research to see how we could do it better. Okay? That is one of the reasons I very much wanted to hear Mark. Whether you cut down drug use, I don't give a damn. I mean I would like to see drug use reduced, but I find it intolerable even as a critic of the drug laws, that you cannot walk some streets, that a 14-year-old black kid cannot go out and buy a loaf of bread without encountering

prostitutes and drug dealers who make her street a hell. Everyone should agree.

We have got to find ways to stop that. We have got to find ways to get large organization criminals, and I think that ought to be the role of federal law enforcement as much as possible, and there should be support on that and massive funds that should go into that.

Another area, urine testing in jails, Eric's stuff, Eric Wish's. Believe me, I oppose urine testing. In my guts I hate the notion of taking searches into the homes or into the bodily wastes, for gosh sakes, of free citizens. On the other hand, this is an area of compromise, and Eric made a good case. It was a good paper, and with reluctance he has moved me to say, "Yes," I could see that happening. It is worth doing. I think there is a payoff there. Let us get on that line. I applaud action in that area, speaking as a member of this opposition. I think we can live with that. I have civil liberties worries about that, and I think you have got to research those, but I think the results you talked about are interesting, and I could see results there. So, I see that in policy. I see that in research.

A few more points, and I am sure my time is up. Another area which I think we can compromise on is this, and it is an area that is often ignored, and we really put blinders on this one, affordable treatment for everyone who has got a drug problem, when we find these people with the urine tests, and we are going to give them treatment. That you didn't deal with, Eric, all right? Because I assure you that if you are poor, the options of treatment are pretty bleak, and even if you have got money or insurance, you are apt to run into, forgive me, what I call medical jackals who are ripping off this country and charging vast

fees for treatment, which is really a case of unarmed robbery. So, we have got to come up with, and there are better models around, but we have got to come up with models of affordable treatment for everyone, and that deserves work in terms of policy, opening up options and, also, in terms of research to figure out what works. It has got to go beyond the few that were mentioned, some of the articles in our book. I will give you one that we don't even talk about. It may be beyond the scope of the Department of Justice.

I was asked by a tobacco addict where he could get locked up because he was killing himself, you know what? I know of one good place for him in the country. If you talk about damage to this country, it is tobacco, and if you put somebody in a residential facility for narcotics addicts or alcoholics, they smoke like chimneys and practically pour coffee over their heads. So, you cannot put a tobacco addict in there. That may be outside the scope, but I think we open up and look at the real damage out there and try to help them. At any rate, we do not provide affordable treatment for all people in trouble with drugs, and I would love to see options here. Of course, that should include drug maintenance, but there are plenty of people I know who are addicts who don't want maintenance. They want to get detoxified, and they cannot afford it.

Finally, I would add then that when we look at this, I think if we talk to one another, we can find within the present context areas of agreement in the political center for policy and for research, and I think that this meeting exemplifies the fact that that is possible and that we should continue down this line. Thank you very much.

(Applause.)

DR. MORRIS: I am enormously heartened by that. I think it is exactly the direction we should start to be thinking over these two days, and I am grateful to you.

In calling on Peter Kerr, I just want to make a note. I take it that machine over there is recording what is said. We are keeping a record of this so that we can take reflective thought of your words. We could have, obviously, made this a media event. We have taken deliberate steps, with as low a profile as possible not to do so. We are not putting out public statements or anything like that. It is an effort to communicate in as reasonable privacy as one can achieve. I am sort of apologizing for you really, Peter. It was your article, not that you are a journalist that gets you here. Please?

MR. KERR: Thank you for inviting me here. I think I am the only one of my species here today. I think it is important that I speak for a moment about our role, the press' role. It is something we in the press don't get a chance to talk very much about, and I think that we play a critical role in the development of public policy as you have seen this year.

I think I am going to dwell for a moment on our failures. There are some things that we have done well in covering the drug issue and law enforcement and the criminal justice system. I am not going to focus on that so much, because, I think, more pressing are the failures. I met Dr. Musto this year as I was assigned to the drug beat for the New York Times. We are one of the few newspapers that has a full-time drug reporter. By the way, just some of the difficulties in covering drugs for a daily publication. It came up, I think, just in the lexicon. I remember the first week in our office. We refer to our beats as saying,

if you are covering the transportation beat, "I am on transportation or I am on religion or I am on education." I met Sterling Johnson who is a narcotics prosecutor in New York and responsible for catching people in that world, and I said, "Hello, I am Peter Kerr. I am on drugs." I have developed a better way of presenting myself.

Dr. Musto has outlined in his work the collective forgetting and rediscovery of the drug problem. Unfortunately, I think, the media has contributed to that process as we may have seen again, this year. News gathering, as you know, is the business of chronicling changes. We are best on reporting quick changes, recent changes, visible changes, tangible changes. We trade in snapshots. This year the media dedicated more time and ink to the drug issue than anytime probably since the 1960's or anytime in the memory of anybody I know.

What happened here was with the discovery that the drug issue was going to be significant, there was the groping for stories that fit into that description, something quick, something that could be grabbed, something that is easy to digest and something more than anything else that shows change over a short period of time. In fact, the real story was something that was happening over a long period of time, something that isn't that visual.

Talking to Dr. Musto for the first time really one day this spring started to put them into a context to make them understandable. I divide the coverage this year into two parts. First, there was the rediscovery of the problem in essence. Now, there were some new things. Crack was a very big change. It was a rapid change. It was a visible change. It was a real story, and I think we covered it fairly well. That led within a very short period of time, over a period of weeks to a more

general coverage of the drug issue all across the country in areas where crack had not even appeared. The reflex there was to go and find the victim and to a lesser degree law enforcement, the picture, the sign of destructiveness. Again, there is validity to this, but the impression it started to create was that we had a new situation on our hands, that suddenly there was a new wave of drug use and victimization. The extreme of this, I think, was some of my colleagues who are very good journalists, the CBS news had 2 hours of "48 Hours on Crack Street." It was anecdotal. It was accurate as far as it went generally, although there were a few facts that really were not facts in there, but it gave the impression to the viewer that first of all this was an issue suddenly as pressing as arms control when it had not existed on the agenda in the same way the year before, and that more people were doing drugs. So, we proceeded on that. It got a little bit crazy of course. I am sure you had experiences similar to ours in New York. We had the New York Post discovering Mr. Crack. Mr. Crack was a nefarious big-time drug dealer who constantly eluded law enforcement. When the police finally found Mr. Crack, they found out that he really didn't trade in drugs at all, that he was a homeless person who sold beet substances, things that weren't real. The New York Post responded quickly by saying that they had discovered, that they were now stripping the mask of Mr. Crack, and "Mr. Crack is a quack" was the headline.

I don't know how much that contributes to the development of public policy, but the trick here, and I think the scarier part of all this came when we discovered, collectively, that maybe there weren't more drug users, substantially more drug users in the United States. Maybe there were changes in terms of crack and cocaine, but that you know what,

we have a bad drug problem that isn't that much different than it has been in the past. The reflex was a lot of breast beating. There was a cover story in the New Republic, saying that we were involved in hype, that we were promoting an issue that wasn't really an issue. Implicit there was that it is not really a story at all, and I think what you find after Congress acted in the last two months is a sudden dearth of drug coverage, as if we can go back now to forgetting, that we overplayed it. There really wasn't a story, and now there is nothing to do again, and they will go on for another few years and come back to the same place.

Actually I don't think that is going to happen, but that is the potential reflex. It has to do with the structure of my industry more than a lack of intelligence or I think, a blackhearted contempt for the reader or the public, but the effect was an important one. I think the real story this year beyond crack was No. 1, the slow buildup of the casualties related to cocaine, the drug that gained such widespread acceptance. It turned out it was a very serious hard drug problem in the heart of America, out of the inner city, in areas of influence, in middle class and upper neighborhoods and so on.

That was a realization that took place over years, and it is not a dramatic one. It is not one where one day you wake up, and you find that cocaine is bad. So, it doesn't turn into a good front page story. The more important story is the one, I think, that David talked about, the one that takes place over a 30-year cycle, that Americans are realizing the long-term casualties of drug use and are turning away. That is very hard to do as a story. There are no great pictures. There are no really dramatic quotes on that. That was a significant change. What happened was we had the sudden explosion, and unfortunately or maybe fortunately,

government is very responsive to us. So, we had a sudden paroxysm, a reflex in Congress, and the allocation of funds that maybe should have been there all along. I think that our biggest failure was to not ask some of the more subtle questions, such as what works? Treatment. Covering drug treatment is not a very sexy subject. Senators and congressmen don't get elected standing next to a building, a brick building where addicts go. They do standing next to a Cigarette boat or an airplane. We have the same reflexes they do. Education. There was an allocation of a large amount of money for education, but I don't know of anybody who is really looking at what studies have been done and what was effective and what was not. So, money is now coming to the school systems without a great deal of guidance on what works. I think the linkages have been outlined in some of the papers here between treatment and crime. If we have an operation pressure point, for example, and we don't have places for those addicts to go for treatment, to some degree it is self-defeating. Linking different parts of the criminal justice system. The net result of inadequate coverage, and I want to just stop for a second and say that I don't think it has all been that bad. There have been some good examples, other than the Times, and I think that we failed in a lot of ways. I think that many of the things that I am discussing here, by the way, I have been guilty of, and we have been guilty of over the years, a lack of continuity and a lack of connections, but the problem is that the public is just frustrated at the end by what seems to be an insoluble situation about which government and they can do nothing, and I don't think that is really necessarily a valid conclusion. There may be things that are working that they should know about. There may be actions that could be taken. There may be money that can actually have an effect

on their neighborhood and their lives. So, I think that this is the type of urging that I have got to, these are the points I have to make to my colleagues, but, also, if you should happen to run into one of us, I would urge you to try, particularly in law enforcement, not to regard us as an enemy or an exploiter, but to try to make some of the larger connections. Some of the best information I have come upon has been from law enforcement. In fact, my best sources are the people who are willing to sit down with me and start to say, "Here is something that works. Here is our relationship to the courts. Here is our relationship to treatment." I think if you have a little patience with us and our quick temperament and our tendency toward superficiality, we can be led along to make some of those connections, and I think that our coverage can improve, and I think it may because I think there will be a greater emphasis on drug coverage in the future. I don't think it is going to completely die.

DR. MORRIS: Thank you.

(Applause.)

DR. MORRIS: Our speakers are not only admirable as regards content, but from a moderator's point of view, they are admirable as regards time which is a most unusual experience for me.

David Musto talked of the sore thumb of drug addiction which at different times attracted community waves of interest and attitude. The sore thumb of drug addiction that brings us together is the link between addiction and predatory crime.

That doesn't mean that other things are not important, but that seems to me the central concern that we have, and to present an overview of what is known on research on drugs and crime, we have Dr. Bernard Gropper.

10:30 A.M.

Presentation: "Overview of Research on Drugs and Crime--What Do We Know?" Bernard Gropper, Working Group Liaison, Representative, National Institute of Justice

Now, Bud Gropper is a program officer of the National Institute of Justice. He is a psychologist, but he, also, shares the blame with the rest of us with asterisks behind our names in the program because he was the liaison officer from the National Institute of Justice to the working group. He wasn't a liaison officer; he was a very active member of that group and is equally at fault with the rest of us. I am delighted that he has been prepared to do the considerable work of drawing together what is known on our sore thumb; the metaphor gets bad, but the idea is clear. To present it to us, Bud?

DR. GROPPER: Can you hear me? (Adjusting microphone) I will try to provide a sort of bridge between these introductory background sessions and the state, local, and practitioner-oriented sections that will follow immediately after the break.

As Norval indicated, he has asked me to summarize what we know about the nature and extent of drug abuse and drug related crime, and how we know it. In the few minutes allotted to me, that is almost impossible.

So I have elected to try to provide a background overview that will do several things. We will touch on some of the highlights of what we know about the linkages between drugs and crime and the logic for our believing that the very well-known consistent associations between them are more than just casual -- that they are really causal, even if indirect and complex linkages -- so that attempting to control drug abuse as a means of controlling drug-related crimes is logical and reasonable. We

will also briefly look at some of the methods by which we address these issues and consider their strengths and weaknesses, and possible alternatives.

The kinds of issues we are talking about are obviously important themes in our research program. They have been for some years now. So the questions and problems we will be discussing here, and that we hope you will help us to refine, improve and build upon in the sessions that follow, are not new ones. They cut across the major policy-relevant topics that we and others have been and are studying about drugs and crime.

UNDERLYING QUESTIONS -

We are concerned with both the nature and extent of drugs and crime. The ways in which they are linked, the processes that explain how and why they are linked, how much of each can be attributed to the other. And also in the ways in which they are not linked -- separating myth from fact, as much as possible.

What we know is based on theory, anecdote, natural observation, and rigorous, methodologically well-founded studies. We are hoping to shift that balance more and more toward the latter part. Our purposes, of course, are both prevention and control of drug abuse -- because it is a social ill -- and drug-related crime -- because that is our charter.

The methods we have used over the years and the issues we have focused on have reflected the drug-crime situations that existed over those years. But, this is a changing field -- situations are changing, populations are changing. The drugs are changing -- and the marketing, price, purity, the health consequences. The methodological approaches to studying them may also have to shift according.

Overview of Research on Drugs and Crime

Underlying Questions:

- **What Do We Know?**
- **How Have We Learned It?**
- **How Can We Apply It?**
 - **What Else Do We Need To Know?**
 - **How Can We Learn It?**

Drug Abuse

The Nature of Drug Abuse

- What Do We Mean by "Drug Abuse"?
 - Definitional Issues:
 - Use vs Abuse:
 - Licit/Illicit
 - Usage vs Effects
 - Frequency/Intensity Patterns
 - Cultural/Legal Aspects
 - Which Drugs? Mood-Altering
- Why Do People Use/Abuse Drugs?
 - Motivations:
 - Social, Psychological, Self-Medication
 - Changes Over Life Cycle/Usage Patterns
- Implications for Research, Policy & Practice
 - Education-Prevention, Treatment-Intervention

THE NATURE OF DRUG ABUSE -

What do we mean by "drug abuse"? To those of us in the field it should come as no great surprise that lots of people mean different things when they use this term. These definitional and conceptual issues are fundamental. And they are crucial to all aspects of policy because of the potential they present for confusion and disagreement. Many problems arise because we do not always recognize that we may be talking about different things even though we are using what appear to be common and clear terms.

A basic definitional distinction should be made between "use" and "abuse". One way this distinction is often made is in terms of legal status. The Controlled Substances Act identifies the specific substances which, in this country, are illegal.

It provides several categories or levels. These are based on a drug's medical uses, abuse potential, etc. Drugs in Schedule 1, with no accepted medical use in this country, are totally illicit. By definition, any use of those substances is "abuse". The levels go on down through Schedules 2-7, with progressively less and less danger and where controlled, prescribed use is permissible. Self-prescribing, however, is not allowed; you may not decide on your own to use these for self-medication or recreation.

These are definitions of abuse based on the legal category of the drugs. But, even though they are based largely on medical properties, they are not necessarily universal. They can depend on where you are and who you are. Sometimes such definitions vary with the jurisdiction within our nation, leaving aside considerations of differences between us and other countries or cultures. The laws in different states are not uniform.

Sometimes distinctions are also made on age -- so that the use of alcohol by those under certain ages or in certain locales is illegal and considered abuse.

However, aside from mere usage, some definitions of drug abuse are based on the effects. For some drugs, we tolerate controlled usage so that, for example, you can have a social drink, or two or three or more in certain situations. As long as you don't let it get you. If it starts affecting your abilities to perform on the job, your health, your social interactions -- that's overuse and abuse. These are instances where the consequences, not the legal status, of the use defines what we mean by abuse.

Unfortunately, for many reasons, we often cannot readily measure these consequences within a given real-world situation. So, in practice, we back off a bit and apply measures based on the average effects of various frequency-intensity patterns of use on most people. Many studies define abuse in terms of such frequency and intensity patterns -- daily users, regular users, etc. In those situations the frequency or pattern of usage becomes the defining characteristic of what we mean by abuse, or by an abuser.

But such relations are not really like the constants found in chemistry handbooks. They are based only in part on physiological and pharmacological factors. There are also large sociocultural components that affect the outcomes. And they vary -- not only across individuals, but also across groups. For example, in the Mid-East there are sociocultural support systems that facilitate the controlled use of hashish; but not for alcohol. In some faiths it is forbidden. The reverse is true with us. In our culture, we have developed social supports for

controlling and limiting alcohol abuse. It is almost our only licit mood-altering drug -- certainly the most important one with the sorts of serious behavioral and legal considerations that we are concerned with here. Tobacco we won't go into, nor the caffeine that most of us are sharing here. While they may be addictive, and cause health problems, they are not associated with serious crime in this country.

The main drugs we will be concerned with in our discussions are those which, in our present society, are most related to serious crime -- both personal and property -- with the linkages being based primarily on addictive and behavioral effects, costs, etc. Specifically, what we will be focusing on will be such substances as narcotics, heroin, cocaine, hallucinogens, PCP, stimulants, depressants. In terms of overall use, probably the biggest depressant, of course, is alcohol.

But, in addition to questions of what we mean by abuse, any attempts to prevent or control abuse have to recognize that people are using these substances for some reason -- or reasons. Why do they use these things? If using them is bad for your health, bad for your performance, costly in so many ways -- what is their attraction?

The common characteristic of all the drugs we are concerned with here, of course, is that they are mood-altering. People want to experience "highs", natural or otherwise. And there are many myths that go along in support of using them. They are promoted as sexual enhancers, enlighteners for your consciousness, social reinforcers, etc. There are also psychological and self-medication reasons; they can make you feel better.

The main point I want to make here because of time limitations is that these reasons or motives are not constant -- either across different

people, or for any particular persons over time or different situations. Not only may people enter into drug abuse for various reasons, but the reasons why they continue may not be the same as why they started. A kid may initiate use of drugs out of curiosity or seeking approval by his peer group. Later on, the same or other drugs may be taken because you want to enhance your performance -- get yourself up, get yourself down. Then, as you become more and more dependent, your reasons become more like self-medication. You don't want the "highs" so much as you just want to avoid the "lows". These varying motives have to be recognized and built into our designs for communication, prevention, intervention, if they are to be successful. Treatment can be effective in reducing drug-related crime. But detoxification is only a part of what is needed; just cleaning a user up without also helping him develop ways to control those motivations probably won't work for very long.

I am sorry that I have to rush through these points, but there is really no other way to do it in 30 minutes.

THE EXTENT OF DRUG ABUSE -

Up to this point we've focused on the nature of drug abuse. Now let's consider how we can assess its extent. How much drug abuse is there? There are several ongoing systems for monitoring at the national level; very little at most local levels.

The monitoring systems all depend more or less on three basic methods or approaches to detecting and measuring abuse -- self-report, drug effects, or drug-testing. Self-report involves asking the people involved what they have used, how much, how often, and other information about their usage levels and patterns. Another approach is to look at the relatively gross social or medical consequences -- at people who end up in

Drug Abuse (Cont'd)

The Extent of Drug Abuse

- **Methods & Criteria**
 - Self-Report
 - Drug-Effects
 - Drug-Testing
- **National Surveys/Samples**
 - **General Population**
 - Households
 - Students
 - DAWN
 - **Special Populations**
 - Prisoners
 - Treatment
 - Armed Forces
- **Specific Research Populations**
 - Arrestees
 - Study Groups
 - Treatment Clients

drug-related accidents, dead, or in hospitals. But we can also come somewhere between those with drug testing. This approach doesn't depend on bad consequences or memory; it depends upon use of any of several types of objective methods that show the behavioral or biochemical effects of drug consumption. The most widely used test of test now is urinalysis, and we will look a bit more at it in just a moment.

At the national level, who do we include and how? The general population is regularly sampled by several types of surveys looking at households or students. Each of these sampling schemes has its advantages and limitations. Some of the heaviest users aren't residents in conventional households; so household-based surveys miss them. Students are important for many reasons. High school seniors are finishing the youthful phases of their life cycle and getting ready to start families and careers. We can follow them for a long time. However we miss the dropouts. The DAWN system (Drug Abuse Warning Network) reports on drug-related incidents from a sample of emergency rooms and medical examiners in major cities across the nation. But it can only report on what are essentially the losers, or unsuccessful users -- those who suffer consequences severe enough to make them seek out emergency room help. It is therefore better for monitoring trends in drug abuse than for assessing its actual levels.

All of these can be supplemented either by regular surveys or specific studies focussing on special populations as prisoners, treatment clients, and members of the armed forces. These are groups of obvious special interest which would otherwise be missed or under-represented in other data sources.

Drug Abuse (Cont'd)

Recent Trends and Findings

- **Some Drugs Stable or Down:
Heroin, Marijuana**
- **Some Drugs Up: PCP, Cocaine-Crack**
- **Multi-Drug Abuse**
- **New Drugs Appearing**
- **Prices & Populations Changing**

RECENT TRENDS AND FINDINGS -

The overall picture of the nature and extent of drug abuse in our country presented by such sources shows a mixture of stability and change. Usage of some drugs, such as heroin and marijuana, appears stable or somewhat down from levels of prior years. But other drugs such as PCP are climbing in some areas, and cocaine is growing steadily across all segments of the population.

In contrast to the patterns found in the 60s and 70s, multi-drug usage is now very common and is becoming the dominant pattern in some high-risk groups, such as inner-city youth. Adding to the increased risks imposed by multiple drug use are the complications imposed by the appearance of high potency synthetic analogs and the new form of cocaine known as "Crack". Because of its low unit cost (\$5 to \$10 per dosage) and rapid and intense high, crack is also reaching younger users who could not previously afford cocaine and is leading to much shorter cycles from initial use to addiction.

LINKAGES OF DRUGS AND CRIME -

Before going on to look at the nature and extent of drug-related crime, as we have about drug abuse, we should consider what we have learned about their linkages.

It is probably simpler to start by quickly dispelling some old questions centering around causality. From all evidence, there are no inherently criminogenic drugs. That is, there are no known drugs that will directly induce criminal behavior in an otherwise non-criminal person. Many may reduce judgment or coordination, or increase general euphoria or aggressive tendencies. But, contrary to the picture presented by early

Linkages of Drugs and Crime

How They Are NOT Linked

- **No Inherently Criminogenic Drugs**
- **Neither Necessary/Sufficient for Criminal Behavior**
- **Not Always First in Life Cycle or Event Sequence**

myths of a direct and automatic connection, as in the near instantaneous transformation of Dr. Jekyll into Mr. Hyde, there is no known robbery pill or rape drink. The connections are much slower, more subtle, and the results not universal or inevitable. The "Reefer Madness" image is neither very good as scientific fact or as persuasion for prevention.

While drugs or drink may get blamed for a lot of aggression, both sexual and otherwise, they are neither necessary nor sufficient for such behaviors to occur. They may, in fact, be counterproductive in many situations. We can find countless instances where crimes are committed without being motivated by or linked to drugs. And similarly, there are countless instances where drugs are consumed without directly resulting in criminal behaviors. Many factors cause or contribute to crime and, while drugs may be a major one, they are not the only one. Even if we could eliminate all drug abuse, we would not expect that to eliminate all crime.

Lastly, on the "which comes first" question, drugs do not always come before crime -- either in terms of when an individual starts taking them in his or her lifetime or when he takes them within a specific drugs and crime event sequence. Early studies tended to define drug-related crimes solely in terms of those committed "under the influence" of drugs -- that is those in which drugs had been consumed at or immediately before the time of the offense. They essentially assumed a model of behavior that did not include human memory or anticipation. They ignored the facts that offenders can and do recall earlier drug experiences and can be motivated to commit crimes in anticipation that the results will enable them to use drugs again.

Linkages of Drugs and Crime (Cont'd)

Mechanisms and Types of Crime

- **Indirect (Social, Economic, Psychological)**
 - **Intensification & Precipitation**
 - **Paradoxical, Non-Specific Reactions**
 - **Users and Non-Users**
- **Mechanisms**
 - **Psychopharmacological**
 - **Economic Compulsive**
 - **Social Systemic**
- **All Types of Crimes**
 - **Property/Violent**
 - **Expressive/Instrumental**

MECHANISMS AND TYPES OF CRIME -

Current research tends to take a far less mechanistic approach. Indirect mechanisms reflecting complex combinations of social, economic and psychological factors are now being more systematically addressed in a number of studies. And attempts are also being explored as to how to integrate measures related to these issues into the larger routine data bases.

In contrast to the types of relatively simple linkages that dominated earlier drug-crime descriptions, the overall conceptual picture that has emerged shows drugs to generally be indirect intensifiers and precipitators of criminal behavior tendencies, rather than the sort of direct and unmediated cause previously assumed.

The indirect and nonspecific ways in which they work can therefore influence both users and non-users. And sometimes they may appear paradoxical in one set of terms, but make good sense in another.

For example, since street users often use drugs both for recreational reasons and self-medication. Prostitutes who are used to a daily kind of "fix" will tend to be less tolerant of their customers until they get that fix. They may be less likely take the time to use a gentle "con" to get money out of their "johns" and more likely to engage in a rip-off or resort to violence, not when they have taken the drugs but when they have not taken them. They tend to use violence more when they are in a state of craving than when they are "under the influence" in the older sense of that term.

And drugs affect users and non-users, but for different reasons. Although we have been talking only in terms of consumers, other people deal with drugs as commodities -- as part of their business. The clean

Godfather may not be dirty when you test his urine, and may never be dirty -- that is not the way he is involved with it. But don't tell me that because he is not a user, that means that the trafficking and violence he commits or arranges for to run his business are not drug-related crimes.

We can summarize the scope of our interests with regard to violent crime, for example, in terms of three broad types of drug-relations. Paul Goldstein has proposed a model that combines many of the ideas we have been talking about. First are the psycho-pharmacological effects of intoxication, loss of judgment, irritability, etc. that are generally thought of as being "under the influence".

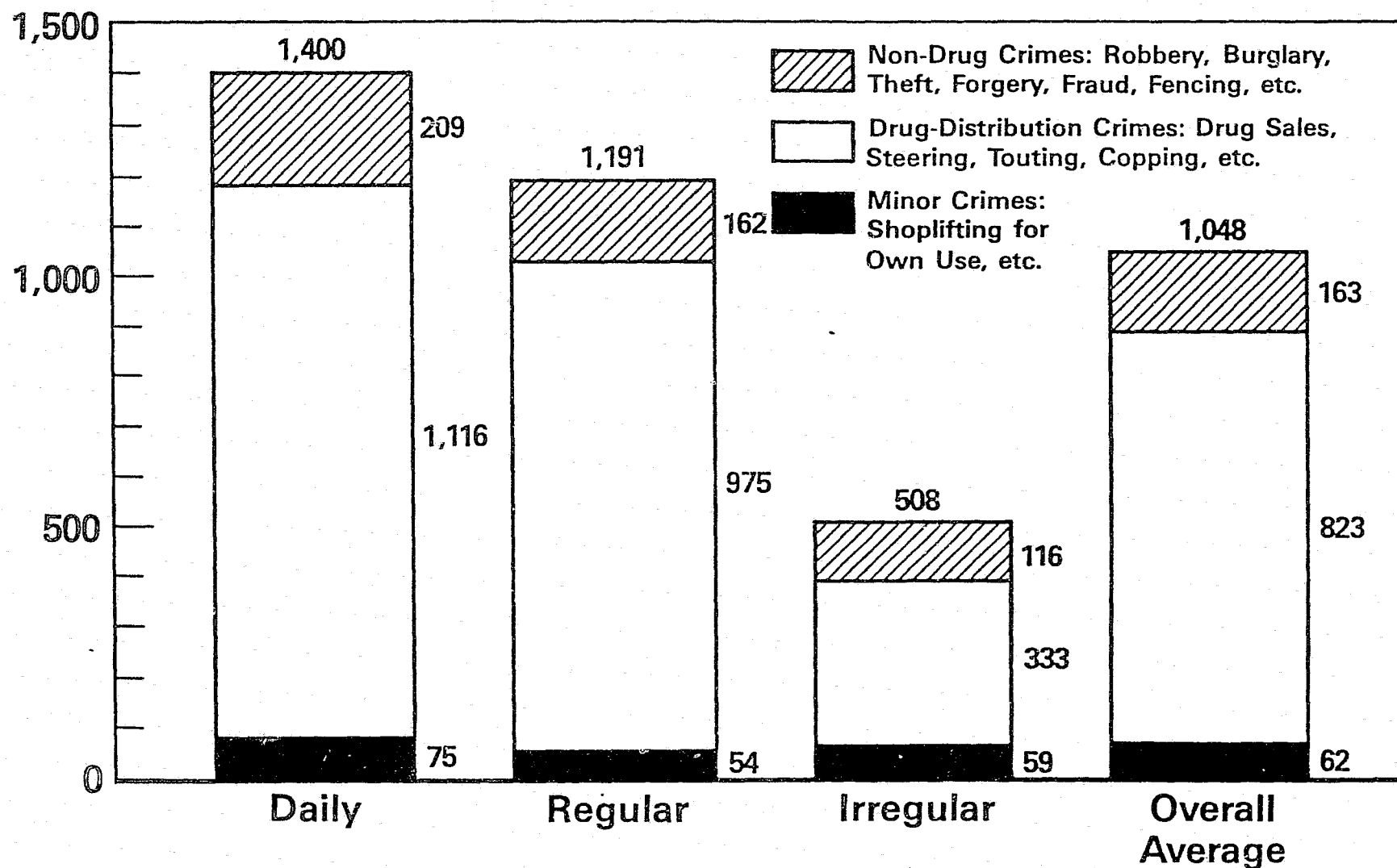
Independent of these are the economic-compulsive effects. These are not the expressive or intoxicated behaviors, but those where users go out and commit a property crime to generate funds to support their own habits. Whether they are clean or dirty at the time is not the primary question here, but rather the purposive nature of the crime -- to get money to pay for your own drug usage -- robbery or burglary, rather than rape or DWI.

Social-systemic is exemplified by the clean Godfather. It is the motivation for crime as part of the system where one establishes turf, enforces the code of the money, etc. One may or may not be a user, or ever have been a user. Drugs are a commodity. Violent and economic crime are part of the life-style and system.

Let's just look very briefly at two slides that illustrate some of the ideas we have been talking about.

Crime Rates of Street Heroin Abusers By Level of Drug Usage (New York)

No. of Crimes (By Type) Per Year

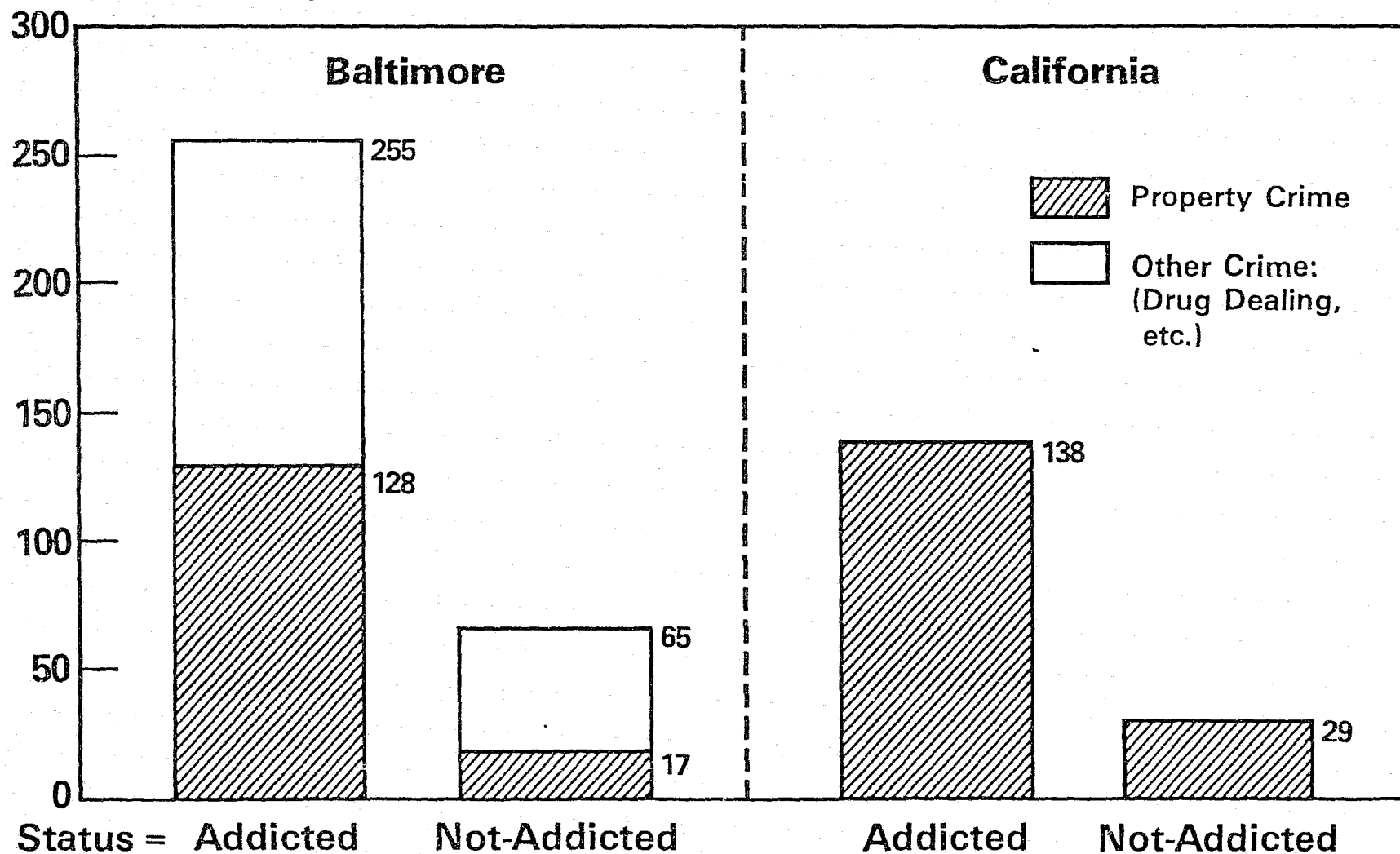


This first one, in New York, shows how the rates of different types of crime for street heroin abusers clearly relate to their level of drug usage. Comparing those who use heroin most frequently -- daily, regularly (less than daily, but about 2 to 3 times a week), and irregularly (less than once a week) -- shows about 3:1 overall difference between these groups. They all engage in a wide variety of crimes -- drug-defined, non-drug defined, and minor personal sorts of crimes -- and some of them may be drug motivated. But these data don't really allow us to say how many for sure. Most data systems don't allow us to get at even these interrelations, let alone quantify the motivations. The categories of crime are also important because we may expect that the amounts of crime reduction we are most likely to gain by cleaning these people up, putting them into treatment, incarceration, etc. may be in the types above the minor base level. Such user-offenders will probably reduce their criminal behaviors, but maybe not to zero. Crime may be partly a way of life. How much we can gain in crime reduction through control of drug usage is a significant policy concern. As I said, drugs are not the only cause of crime; just one of them.

Now, instead of looking across groups of different people, let's look at the magnitudes of the effects of drug usage on crime rates within the same people -- when they are actively addicted and when they are not, whether through treatment or whether they do it spontaneously. The idea here is key -- reversibility. It is the fundamental premise behind treatment. Once a person has become involved in drugs and a life of repeat crime, does it really make sense to try to reduce his crime through changing his addiction status? Yes it does. Here are data from two

Changes in Criminality by Narcotic Addition Status

Mean Crime-Days Per Year-At-Risk



different places than I showed you before; two different time frames, two different offender populations, showing roughly the same phenomenon, roughly the same proportions of effects. Time doesn't allow us to go into more examples or pursue the point further here, but the principle does hold up in practice; the behavior is reversible.

DRUG RELATED CRIME -

Going on to the last of our major themes -- drug-related crime -- there are parallel sets of issues as with drug abuse. We have looked at the sorts of conceptual and empirical reasons for believing there really are contributory relations or links between them. Now, what do we mean by "drug-related crime"?

Again, there is no single standard for defining the term in practice. Although most people will probably think of the term as referring to crimes that are motivated or caused by drug usage, that is rarely if ever the way in which most data systems record it. This is probably not because we wouldn't like to be able to do so. The concept is very useful in some ways, but also very difficult to translate into routine operational measures that cover all of what we would want, especially on a large scale.

So we have various approaches. None is adequate for more than a part of the picture, nor are they each readily translated from one to another. And in each case it is important to remember not only what that approach measures or counts, but also what it leaves out.

We have some drug-defined crimes. We have talked about the drug laws. Some activities are identified within them as being criminal -- possession of certain amounts of certain substances, manufacturing,

Drug-Related Crime

The Nature of Drug-Related Crime

- **What Do We Mean by “Drug-Related” Crime?**
 - **No Single Standard for Term**
 - **Definitional Issues:**
 - **Drug-Defined Offenses (Official Charges)**
 - **All/Some Crimes by Drug-Users**
 - **All/Some Crimes Following Drug Usage**
 - **All/Some Crimes Motivated by Drugs**
- **Qualitative/Quantitative Issues**
 - **Identifying, Categorizing, Dealing with Offenders**
 - **Assessing Trends & Impacts of Policies**
 - **Social Costs**

transporting, dealing, selling. Many systems and studies identify crimes as drug-related primarily or solely in those legal terms. The ideas of robbery or other crimes as being motivated by drugs are just not addressed within their data.

How else do we count? Here the ideas of nature and extent or qualitative and quantitative considerations tend to merge a bit in practice. Whereas some systems or studies look solely at what is done, others take more of an ad hominem approach and look also at who does it. They consider as drug-related crimes some or all of those committed by offenders who are classified as being drug users, or at some or all instances where the offender had used drugs just before or at the time of the offense. However, as I indicated, there are limitations on our abilities to operationalize the ideas of the influence of drugs in present systems, not only because of the nature of the available data, but also because the logic of the order of occurrence is not at all straightforward.

We also have to consider how these patterns may change if we look at the state and local levels or in different regions across the nation. In California, Florida, New York you will find a lot more than if you go to the heartland of America. When we describe national averages, we don't deal with those differences. Some locations are also closer to sources of supply, as in the Texas-Mexico border area, and have different local population characteristics, so you may see not only different absolute levels but also different types of drugs being used than in, say, New York City.

Drug-Related Crime (Cont'd)

The Extent of Drug-Related Crime

- **National, State & Local Pictures**
 - **Regional Differences**
 - **Urban-Rural Differences**
- **Major Monitoring Systems**
 - **UCR & State**
 - **Prisoner Surveys**
- **Reporting Criteria**
 - **Crimes in Drug-Defined Offenses**
 - **Crimes by Drug-Abusers**

And there are urban-rural differences. As you get closer to the market copping areas, you will find greater usage. There is efficiency in the marketing system and higher intensities in the cities. And as you move out into the rural areas around those same cities, you will generally find different social and economic conditions and different types of drugs being used with different frequencies, different health consequences.

But the major monitoring systems now in place are not able to show how such variations in drug patterns interact with crime. The Uniform Crime Report's state and local contributions are excellent, but inadequate for our purposes. There are generally hierarchical rules, as in the UCR. Crimes are reported by the most significant or serious component within a combination. So, when events combine both drug usage and homicide, in some systems after the initial local case report you would not be able to find that out because only the homicide component gets reported. The drug relevance doesn't. You can go into the records and retrieve it. You will not be able to find it in the published data.

When we look into specific subpopulations, such as prisoners, we find they typically report much higher frequencies of usage and problem usage than the general population, and many crime events linked to drug use or abuse. But that doesn't reveal very much.

As for working to improve these systems -- we recently built upon results from earlier basic research on the relationships of drugs to crime, methods of detecting drug abuse by criminal offenders, and the value of such information in criminal justice decisions. We put these together in the DC and New York City urinalysis studies of arrestees and compared the results with other methods now being used to assess, for

Drug-Related Crime (Cont'd)

Detecting Drug Abusing Offenders

- **Methods**
 - Official Charges/Records
 - Observation/Self-Report
 - Tests: Breath, Blood, Urine
- **Uses of Information**
 - Pre-Trial Decisions — Arrestees
 - Post-Trial Decisions — Parole/Probation
 - Risk Assessment; Use of Jail Resources
 - Conditions of Release; Compliance
- **Issues of Testing**
 - Accuracy, Reliability
 - Impairment vs Usage
 - Constitutionality

example, how well each permits us to know about the involvement of drugs in an event. Eric Wish has done a good bit of the work in this area and compared the results of drug tests against official charges and other information. If someone comes in on a drug dealing charge, that is, by definition, a drug-related crime. But if he comes in on a burglary or robbery charge, is it a drug-related crime? How could you know if he was using drugs at the time of the crime? Would you know from his prior record? From simple observation of his behavior, or by self report? In many cases you would not.

The ability to obtain independent, objective tests then permits us to show relationships that exist in theory but that, in practice, are often impossible to show without it. The tests that are generally in place throughout the country now consist of everything from the cop on the beat and the observational techniques that the Department of Transportation uses to aid arresting officials in deciding whether or not there is reason to believe that impairment is related to use of alcohol or other intoxicating substances. That is good, but is not adequate.

Aside from breath tests in driving situations, blood and urine tests are the two most widely used ways for detecting drug involvement. They are correlated with, but not directly indicative of, impairment.

The controversies now surrounding the subject of testing are to some extent independent of issues relating to the actual techniques used, since they are concerned with the need to know and right to know about someone's drug usage in the civilian workplace. I am sure Arnold (Trebach) will comment on them. Within the criminal justice situation there is much

greater agreement on the justification and value of this information. It is used in both pretrial decisions with arrestees and in post-trial decisions concerning release conditions and as a surveillance and monitoring technique. The validity of the relationship of increased crime intensity and risk of repeat criminality to the community when dirty compared to when clean is well established now. It is being used by the courts to enforce abstinence. If you are on a conditional release, you are not to use drugs. If you recidivate, not just in detected crime, but in drug use, there are various approaches to tolerating levels of it. Whether you are automatically remanded or not depends on the particular circumstances. But clearly you are in violation of the conditions of release, and you are probably an increased risk to the community, and that is fed into the decision processes of what to do with you.

Before we wrap up the issue of testing, there are other methods being explored toward improving the time frame over which we can detect usage. Under conditions of parole or probation, monitoring may be every week or so. And the urine tests provide a narrow window of detectability of about 48 to 72 hours for most drugs. We know that the systems are not foolproof and can be beaten. So we are trying to see if we can extend our present capabilities to detect usage over a longer period through tests based on samples of hair.

There are basically three possible ways to test a person for signs of drug usage. There are short-term behavioral measures -- direct observation of what he does and how he does it. There are intermediate measures based on the metabolism of the drugs, how they are broken down, stored, excreted -- the breath, blood, urine. And there are newer tests

now in the laboratory, that may become more widely available to practitioners in the near future, based on the long-term structural storage by the body in the hair or nails. Like in tree rings, evidence of the drugs is stored permanently. They won't tell you what he did last night, but they will tell you what he did last week or last month. If that is the period relevant to your decision, and you can wait 24 hours or so for the information. If you need to know in an hour or less about what he did in the last night or so, hair won't do it. But if you can wait until tomorrow to find out whether or not he has repeatedly violated his conditions of probation since you last saw him, hair will show it..

Unfortunately it is very expensive, and time consuming. But it is precise, and the potential is great. We are working on it.

What we are discussing here, of course, focuses on the technical issues -- the accuracy, reliability, probabilities of false positives, or false negatives. The false negatives, those you miss; the false positives, those you classify unfairly as showing drug usage. Now, in some cases, these may very well be accurate "false positives" -- the sample really does contain the substance, but the sample was contaminated, mislabeled, switched. The ability to retest then through getting a fresh sample of hair is attractive. Testing the same urine sample twice by a different method has its merits; but it is not the total answer. None of them is. Each has some limits.

As far as the issue of knowledge of impairment versus usage -- in the workplace, impairment is probably the most relevant concern. But usage itself in criminals is very relevant to our needs. There are also, of course, disputes over the constitutionality, ethics, etc. of any testing

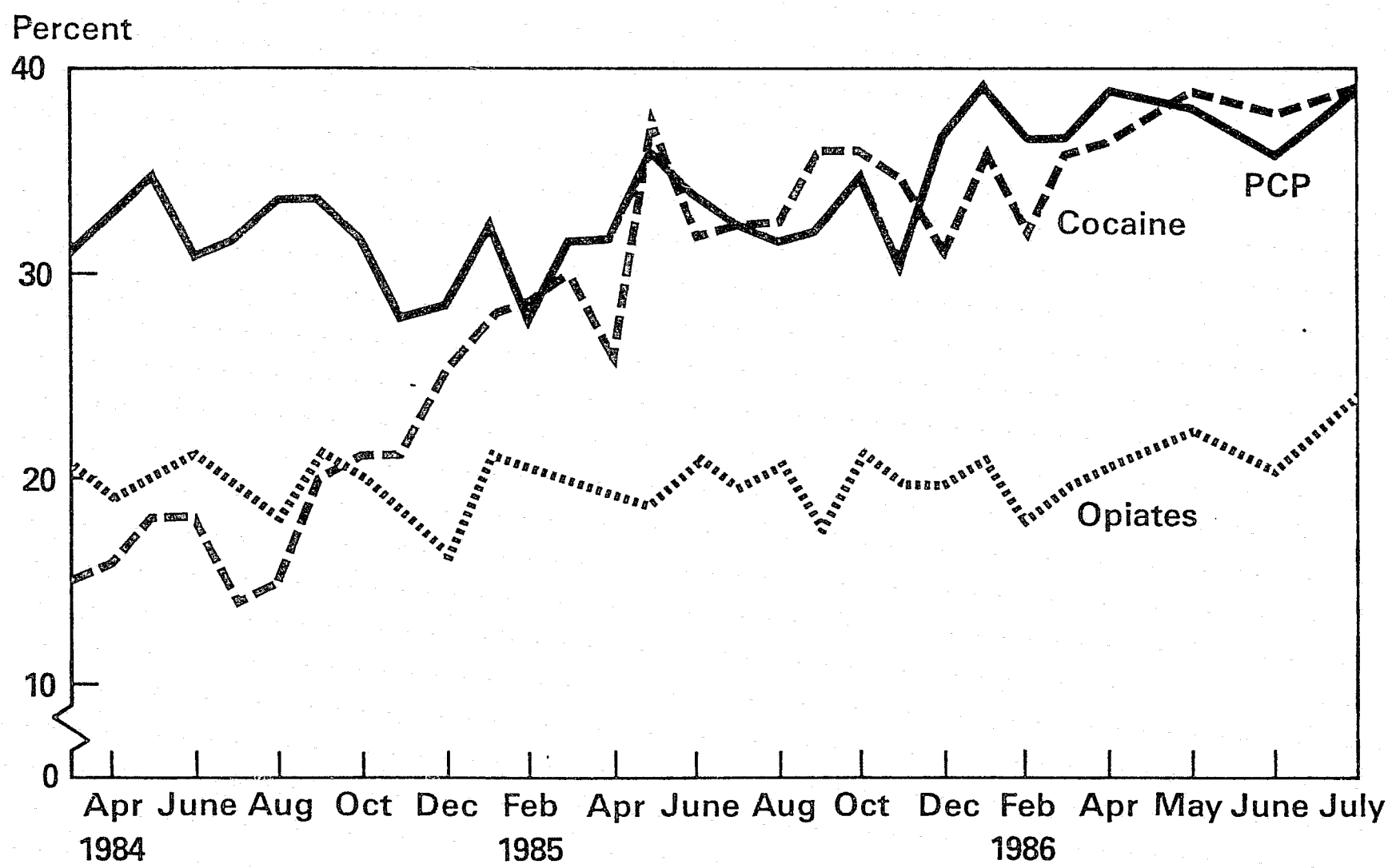
that we won't have time to go into now. And people who oppose the use of any tests will quite often oppose it on those grounds, aside from questions of their accuracy. Such concerns are inherent in the nature of testing, and you have to recognize that developing better techniques in the terms we have been discussing will not be able to resolve them.

Here, just briefly, is a graph from our Washington, DC study that combines some of these ideas. It shows not only that there are very high levels of drug usage in offenders compared to the general population, but also how the trends in some drugs are changing.

DR. MORRIS: All felony arrests.

DR. GROPPER: All felony arrests; right. In Washington, DC, almost 35,000 of them over a period of a little bit more than two years. These trends are within a sample that was not selected for drug abuse -- except that they selected themselves by getting arrested on criminal charges. The trends for the opiates are fairly stable; at higher levels than in the general population, but stable over the period, and this is also typical for the country as a whole. The levels for PCP are much higher, and not typical across the country. This is consistent finding for PCP in this area; it is not a statistical artifact or unique to this group. It is a regional difference, and shows up in street reports and health related data also. The trends in cocaine rose from a start of about 15 percent back in early 1984. The graph carries it through mid 1986, to a level almost three times that high. That period of time coincides with the advent of a cheap and easily smokable form of cocaine -- "crack" -- hitting large cities, including ours. In DC it went from the lowest of these drugs to the highest in that period of time. This illustrates the

Arrestees Who Tested Positive for Opiates, Cocaine, or PCP (Based on 34,687 Total Tests)

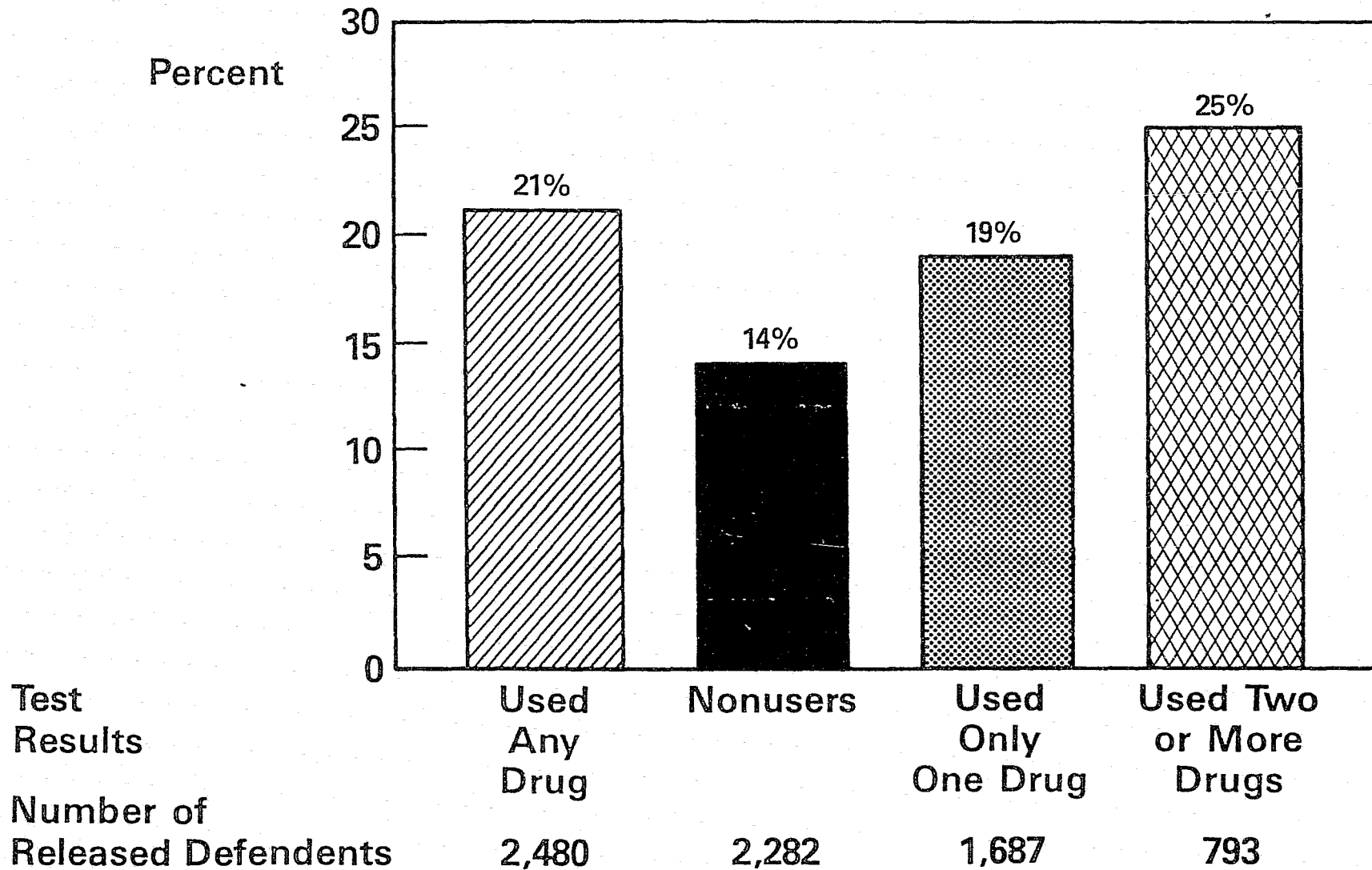


need to have monitoring techniques that are sensitive to what is going on; things are changing.

Finally, we can see how the ideas that we demonstrated in terms of theory on other populations also show up. These populations show the same patterns in these data in their pretrial criminal behavior. When we compare users against non-users; and within the users by their degree of use, the non-users were almost twice as safe compared to those the test showed positive for two or more drugs -- roughly a 14 percent rearrest rate versus a risk of almost twice that. And that is with tests which have known limitations insofar as their abilities to reveal drug use. We didn't test for marijuana; we couldn't detect what they had used much beyond about 48 to 72 hours because of the nature of the tests. But even within those constraints, the tests showed that multiple drug usage was associated with nearly twice as much risk. The relevance of knowing drug use for criminal justice decisions has been supported again and again.

Now, having given a broad summary of the kinds of background issues that will cut across the topics in the other sessions, where do we go from here? In just a moment we will be breaking up to go into the separate group sessions that will be focussing on practitioner issues; not at the national level so much as at the state and local levels. At your problems, and at what you can do. Uncle Sam may be concerned with what he can do in interdicting supplies from the Golden Triangle in Southeast Asia. You might be very much more interested in the market down at the south end of your city or the south end of the next block. Is there any point in trying to break that up, as a means of reducing local crime?

Pretrial Rearrest Rates of Released Arrestees, by Urine Test Results (June 1984 - January 1985)



What about prevention and treatment? How can we approach them so they will work? And how can we best communicate with the public to reduce demand by reaching people who are persuadable by the health risks, the social consequences, the legal risks, etc. -- deterring them from starting drug use, or preventing the escalation of its effects and helping them to stop if they have started?

We hope you will give us feedback informing our research program. I have copies here for those of you who may not be up to date on it. One of the full NIJ research program, that you can look at, and about 15 or 20 copies of the Drugs and Crime Research agenda. If you want to offer suggestions for improving, fine tuning what we are asking, adding to it, I will be glad to give you a copy.

Thank you.

(Applause.)

DR. MORRIS: I thought that a masterful overview of the problems and wish there had been time that he could unpack each topic with the details under it, but to this group, I think that is not necessary.

11:15 A.M.

Small Session A: "Local Drug Law Enforcement Strategies"

DR. MOORE: I am the moderator for this particular discussion. The subject we would like to talk about is street level drug enforcement and what it might contribute to society in terms of several different categories. One, what do we know about the effects of street level drug enforcement on such things as levels of drug use, levels of crime and other things that might worry us. Second is the theoretical question of why this program seems to work, whether it is just, and how we might

enhance justice and improve effectiveness, in the operation. Third, how generalizable is this strategy of drug enforcement across drugs? If it works for heroin, would it work for cocaine and marijuana? If it works in Lowell, Massachusetts can it work in New York? So, three different categories; what are its effects; two, what mechanisms are producing the effects; three generalizability of the program across drugs and across cities. The fourth question is operational issues about how to manage such programs and do it successfully. The fifth question is what important social values which have not been considered affect the way that we are thinking about these programs. We have some substantial resources in the room whom we can ask to address these questions. Mark Kleiman has been doing some research on this activity, and will be reporting the results of that research. Steve Belenko will be commenting from the vantage point of pretrial services, and the impact that these programs have on courts. Tony Bouza has years of operational experience, to make available to the group in commenting on these subjects. Each of these people will speak for about 10 minutes. Then I hope each of you will be prepared to make comments, as well as to ask questions. I hope you will give us the benefits of your views and your experiences. Please don't think of this as a question and answer session. We want to hear comments from you as well as questions.

Mark?

Mr. KLEIMAN: Thank you. Of the four issues that Mark laid out, I am going to hold myself responsible for data and theories and let the operational stuff come out in discussion. This is the results of the small-scale crackdown that has been in the paper, you have seen. This is

the effects of six state police in a town of 80,000 people, and these are simply before and after results and on the side underneath, for the statistically minded, I have got standard deviations both before and after. So, you see the results at large compared to the statistical variation. You know, as an aside, I have the results from some of the surrounding suburban towns which is one answer to the question, was there mere displacement of crime. It doesn't appear that anything is particularly up in the surrounding areas. That is not the most interesting answer. These are essentially UCR numbers. We did not have the victimization survey on this. There may be reason to think that this activity changed the reporting rate. I would guess that it would tend to increase rather than decrease reporting. At least it would increase the responsiveness of the police, which is one of the factors. Anyway, as you can see, robberies and burglaries were down very substantially. These are monthly means. Not much happened (inaudible) which is very surprising and which gives me some confidence that this is really a change in reporting. The amazing number, and the one I don't even start to understand is the enormous decrease in crimes against the person. That is homicides, forcible rape and aggravated assault. Why that should be down a factor of three due to street level drug crackdown is not clear. Clearly some of that is violence among users and dealers, but you would not think that that would account for two-thirds of the violent crime in Lynn. So, I leave that as a puzzle. I take these numbers just to be proof that there is some situation in which a street level crackdown has a very substantial effect on crime, much more substantial effect than you can get from any other kind of police work I am familiar with.

Now, for those that are less numerologically oriented, here is the picture. These are, again, reported robberies. The black line is month by month. The center line is the whole period mean. So, the red area is the time below the mean. The blue area is time above the mean. The black vertical line is the day the intervention started. So, those are robberies, and here come burglaries, and then crimes against the person, and as the fancy statistician I hired to work on this for me said, "Analysis? Who needs an analysis? Look at it!" So, those are the results from Lynn, very big. I don't believe for a second that there are fewer (inaudible). That is real. It doesn't appear that the crime is merely exported. In Operation Pressure Point 1 which is the lower East Side of Manhattan there were comparable results. They were smaller. Instead of 30 percent decreases in the property crimes, there was about an 18 percent decrease, comparable results in crimes against a person. They were produced by much bigger resources, absolutely, obviously, because Manhattan is bigger than Lynn, but, also, a larger share of police resources in Manhattan went into Pressure Point 1 than in Lynn went into that crackdown. So, the cost effectiveness ratio was less dramatic in Manhattan than it had been in Lynn, but it was still there. I should point out that there is a third study, Lawrence, Massachusetts, another smaller city with the same size intervention as Lynn, absolutely no effect whatever that is detectable. It had some effect on drug dealings as far as we can tell, but no effect on crime. The statistics look very uninteresting. So, I can then report that there are some places it works with amazing results, much bigger results than you can get from any other kind of police work I know about, some places where it doesn't work.

Why might it work? There are basically, I think, two important theories about why it might work. One is that a street level crackdown makes it harder to buy drugs. We are talking here really about heroin and cocaine. We have got evidence that reduced use of heroin and cocaine is correlated with reduced crime on the part of users. The reduction is brought about in this case by increased difficulty in buying, rather than increased price. So, there is no countervailing effect of reducing consumption but making everybody spend more money on it. Here you are reducing consumption with no change in price, so that the effects, the direction of the effect on crime should be straightforward. So, that is, I think, the most obvious theory about what you are doing. The second theory which may, in fact, be more important is selective incapacitation. If it is true, and it seems to be true that heroin and cocaine-using criminals commit a very large fraction of crimes, commit crimes at higher rates than other criminals, and if you do a program that results in locking some of them up for a while, that may be a very effective way of dealing with crime, that is they nominate themselves as dangerous offenders by their combination of property crime and drug use. So, those, I think, are the two things that are going on. Two other theories that may have some importance in some places are getting a lot of cops where the bad guys are may convince them that crime is dangerous in this town this week, and at least, in Lynn, there was some effective breaking up the fencing networks, and it turned out that the dealers and the fences were the same people. I don't think that turned out to be true on the Lower East Side or in Lawrence, and that may account for some of the difference in those results.

So, we know it works some places. We know it doesn't work other places or at least it doesn't work at that scale, and one of the implications I think I want to draw from the Lawrence experience is that there are thresholds. If you mount an inadequate street level enforcement effort, you don't get anything from it. You have got to mount an effort big enough to start to shrink the market and get the snowball effect going of a shrinking market and therefore, the same level of enforcement resources means more pressure.

So, we don't know that there are places it doesn't work. We know that there are some efforts that don't work, and I think those are efforts of inadequate concentration of scale. What we don't know, and Steve, I guess, will comment on this some is in an area unlike Lynn where it is not an isolated area of heroin dealing with nothing available for 40 miles in any direction, but an area like New York where there are many markets geographically close to each other, whether cracking down in one area has a substantial effect on use or whether the user simply goes someplace else or two, whether it is possible to mount a coordinated attack, cracking down simultaneously on all the important markets and avoid displacement that way. That, of course, would be the exciting thing. I mean if you could imagine mounting an effort that was as big relative to the New York heroin market as the Lynn effort was to the Lynn heroin market and imagine getting comparable effects, cutting burglary rates in New York City by 30 percent, any reasonable level, I mean if you had to invest one-third of the New York Police Department in that, that would be 10,000 cops, and that certainly sounds like the same scale they need. If you need one-third of your cops to reduce your burglaries by

one-third, your robberies by one-third, your crimes against a person by more than that, would that be a good investment? It seems to me it pretty obviously would.

So, somewhat contrary to the orders we were given by Norval Morris, I do have a gospel to preach here, not that I claim to know what the results are going to be of street level enforcement everywhere it is tried, but it seems to me given what we know now, anyplace that has substantial street heroin and cocaine market would be ill advised to ignore the opportunity, particularly the opportunity presented by the new drug money to see what concentrated street level enforcement will do. We may find out that there are places that it simply won't work, but we ought to find that out experimentally. We know enough now to say that it is worth trying.

DR. MOORE: Steve?

DR. BELENKO: What I would like to do is briefly talk a little bit about the genesis of the Pressure Point Program and context in which it arose and then talk a little bit about some of our findings in terms of the types of defendants that were arrested during the first basic pressure point, the extent to which that enforcement effort reached the population that it was designed to reach, and then what happened in these cases once they reached the court system, and I have a little bit to say about the implications of those court processes on replication of this kind of effort elsewhere. The pressure point as Mark pointed out in his paper didn't arise out of vacuum. There had been serious concern on the Lower East Side going back several years at the level of street dealing that was occurring, and in July 1982, the Mayor's Criminal Justice Coordinator set

up a multiagency task force whose goal was to try to coordinate not only law enforcement but, also, other types of efforts towards reducing the impact of this street dealing by targeting buildings for demolition or for sealing, buildings that were being used as shooting galleries or places for drug dealing.

So, in the two years, roughly, or year and one-half before Pressure Point went into effect there was a growing concern and growing activism in this community to do something about this dealing. Obviously the impact was not too large up to the point that Pressure Point began because there was still an enormous amount of drug dealing, but I think it important to keep in mind that part of the success of Pressure Point has been in terms of community support and reduction of street, at least latent street level drug dealing. (inaudible) history of community activism on the Lower East Side predating the drug issue and also, the existing political mechanisms that were in place for coordinating efforts and feeding information to the police, dealing with (inaudible) etc.

One of the assumptions about drug dealing as Mark, also, pointed out in his paper was that to a large extent it was a marketplace for out-of-town or at least out-of-area buyers who sought the Lower East Side as the place to get good quality drugs at a reasonable price, safe. It was geographically accessible to out of New York City and out of state residents, notably New Jersey, as well as residents of the neighborhood. In addition, it is an ethnically mixed neighborhood. Buyers feel more comfortable coming to the Lower East Side than they would going up to Harlem. One of the assumptions beyond Pressure Point is that mass enforcement effort would perhaps more easily deter out-of-town buyers

through levels of harassment and arrests that have occurred. Prior to Pressure Point there was a large effort to reduce street drug dealing. For a year or two before Pressure Point there were massive traffic jams and double parking taking place, with people lining up to buy drugs. There were begun a series of activities by the Police Department, as well as the Transportation Department, to tow and ticket cars, and it had begun to have some effect.

AUDIENCE: What exactly happened there? Who were the police arresting? Tell us about the success.

DR. BELENKO: I think the number of out-of-town buyers, at least judging by the characteristics of those arrested, was not quite as large as was thought. Only about 15 percent, at least in the early days of Pressure Point, were from outside New York City, primarily New Jersey and other geographically close areas. Among the arrestees, half were residents of the Lower East Side. If you look at the charges that they were arrested for there was a tendency for Lower East Side residents to be arrested for drug sales. Out-of-city residents did tend to be arrested for drug possession. There was some variation in this trend, however. But again a relatively small percentage of arrestees were actually from out of town. Whether the out-of-town buyers, once they saw the publicity about Pressure Point, stopped coming or whether the police were targeting certain people for arrest we don't know. There certainly is no evidence from the defendant population that there was a massive influx of out-of-town buyers. Most of the defendants arrested for drug possession were local residents. About one-third of the arrestees were under 25, and 13 percent were female. About two-thirds of the arrestees were

unemployed, 25 percent overall employed. The local residents from the Lower East Side had the lowest employment rate 18 percent compared to 49 percent of the out-of-city residents employed.

About 40 percent had no prior criminal record in terms of convictions, and that is not too different from what we have seen in similar drug arrest populations but a slightly lower proportion than we had seen in prior general arrest populations in Manhattan.

AUDIENCE: Forty percent?

DR. BELENKO: Yes, 41 percent. About 21 percent had at least one prior felony conviction. In terms of the charges for which they were arrested, only about 28 percent were actually arrested for felony level drug sales. In New York State, selling \$10 worth of heroin is enough to get charged with a felony. Only 28 percent were actually charged with a felony drug sale, and 37 percent were charged with felonies overall. So, most of the arrests were misdemeanors, and these were mostly drug possession or loitering for the purpose of using drugs.

What happens when these cases get to courts? First of all, a lot of the felony arrests were reduced to misdemeanors by the District Attorney's Office, at least once they reached arraignment. About 20 percent of those were reduced to misdemeanors. So, there was a fairly large drop-off in felonies that were prosecuted. In fact, a little over 20 percent of the felony arrests ended up being transferred to the upper court for prosecution as felonies and the rest were either reduced to misdemeanors or dismissed. One of the interesting findings about the court processing is that a lot of these Pressure Point cases were disposed of at arraignment: half the arrests were disposed of, mostly by guilty plea, at arraignment.

After the arraignment hearings, more than two-thirds of the defendants were released on recognizance, a much higher release rate than you see in general. Again these cases were being treated differently than other drug arrests, other types of cases in New York City, partly because of the large volume of cases and partly because of differences in the way the drug cases were being processed. The analysis of the final court outcomes showed that most of the arrests ended up being let out as misdemeanors, about two-thirds of them, and 24 percent were dismissed. As I mentioned before, if you look at the types of sentences imposed at conviction, most of these were for time served or conditional discharge.

AUDIENCE: But it is worth noting that there was something like 115 years nominal total incarceration.

DR. BELENKO: Yes, but over a very large defendant base. Where was I? I was saying that in terms of court outcomes these cases were treated rather lightly, tending to be disposed right at the arraignment appearance and receiving time served or conditional discharge. Also, even among the cases that were continued for further appearances, the bulk of the defendants were released on recognizance and ended up pleading to misdemeanors with either time served or jail sentences of 15 days or less or conditional discharge. Mark was remarking that there were 115 years of prison time imposed in I am not sure what period.

AUDIENCE: First two years.

DR. BELENKO: First two years. Keep in mind, that is the result of 14,000 arrests, roughly. Even among those cases that were indicted as felonies although nearly all were convicted on felony charges in the Supreme Court, (almost 90 percent), prison sentences there also tended to

be relatively low, considering that most of the indictments were on B felonies, which is the next to highest felony grade in New York State. Seventy percent of those convicted got prison terms. Almost half of those terms were for one year or less. So, what do we see here? We see a lot of arrests, a lot of misdemeanor arrests and even among felony arrests a lot of reduction to misdemeanors, and we see a very high rate of disposition of the cases at arraignment with limited sanctions, and overall we see fairly limited sanctions. So, if one of the goals of Pressure Point (and I am not sure it was a goal) was to incapacitate by getting dealers off the street, it wasn't that effective in that sense. It certainly was effective in maintaining police presence and arresting people, and perhaps we should not be surprised because in the context in which the Pressure Point was imposed, the level of blatant drug dealing and the knowledge of the community about where drug dealing was taking place, it is not surprising that the police were able to make a lot of arrests. To the extent that the primary goal was to reduce street level drug dealing, I think that certainly Pressure Point was a success. If the goal of this kind of effort is to remove drug dealers from circulation, at least for a while, I think enforcement people have to work with the courts and change judicial and perhaps community attitudes about what are appropriate sanctions for drug dealers. I am not saying that I agree that drug dealers should be locked up, but if that is the objective of an enforcement action, I think that before this kind of thing is replicated, these goals have to be discussed and specified. In terms of a community effort to reduce this kind of drug dealing, there can be success. But I know there was a lot of frustration on the part of the police about the

level of recidivism on the Lower East Side. These defendants were arrested time and time again, and back out on the streets, and I don't think that is surprising. These were not big-time drug dealers. These were low-level street dealers selling \$5 and \$10 bags, and at any rate I think the results from the court processing of these defendants are instructive for us, and I think important to keep in mind as they relate to the goals of this kind of enforcement strategy.

DR. MOORE: Thank you, Steve. Would you like the microphone?

CHIEF BOUZA: No, thank you. In the interests of maximizing the observations, I think it is essential to this discussion, I am going to be very brief, and inclusive. I have been in the business of policing for thirty-four years, three different agencies. I don't know anything about policing and I have sworn affidavits from most of my colleagues to that effect -- that is perhaps why they invited me here today, so I can admit my own ignorance. There is a school of management called management by walking around. You walk around and you ask questions. Operation Pressure Point inspires within my grasp the idea of management by going to work, and the things that you see on your way to work. Inventing the Pressure Point program by driving to work and looking at the appalling conditions. I was inspired by taking the train to work on the Central Railroad and looking at the contrast between the Bronx River in the Bronx and the Bronx River in Westchester which is probably still in that beautiful state, with a clear stream. And, as a result, today we have something called the Bronx River Restoration Project. The ride on the way to work resulted in a program for the Bronx River. That is still going on. I hope I will do better at the afternoon session.

If you awakened any chief of police in the United States at this moment, I know exactly what they would say if you say to them, "What is your biggest problem?" They would say, "It is drugs."

What does a chief of police do? A chief of police is a balloon called "police chief" in a roomful of other balloons, and those balloons are called "civil service commission," "city council," "mayor," "police union," "criminal justice system," "judges," "media," and every once in a while we rub against one another, and some of them burst, and some of them don't, and it is very uncomfortable, abrasive situation where you are trying to react. The public gets concerned about the situation of street drug dealing. The press goes kind of crazy. I can personally relate to it, and as I speak to you, the Minneapolis Tribune is doing a six-part series about drugs in which I am accused of not taking the subject seriously enough, and the reporter said to me, "You are crazy for saying what you are saying. You are going to get in political trouble, even if you really do believe it and think it is true." Minneapolis does not have the kind of serious drug problem that other cities do, and I have said so, and I am sure it is going to get me into some severe trouble. In drug enforcement there are also important considerations that have to do with public psychology -- the public's morale. James Wilson spoke to that. The "broken window" syndrome. This was a seminal article on the issue and I think gentrification, I think the East Side operation probably contributed to some of that.

I was shocked by the disclosures of the involvement of serious drugs in the systems of people arrested, and what it demonstrates to me, as it does to everyone else, is the appalling levels of ignorance in my

profession and the necessity for more research, more study, to know more -- more discussion. What I hope to come away with, from the meeting is more information. Most of the time you just arrest somebody and throw them into the system and hope for the best. Drugs, unfortunately, create several problems, one the drug use itself and all the things relating to it, and two, the involvement of recidivism in drug abuse so that when you see one criminal committing 350 crimes a year, you obviously, in arresting him once a year, are involved in attacking serious problems in street crime in America, and we need to know more about it and get to that.

To me the arrest of a criminal for drugs -- the area that we are talking about -- drugs is so far downstream that every time we make an arrest and we do some research or we do a little bit of study, we begin to see the complexity. So, the cop arrests somebody, and then you begin to see what a complex issue it is, and then you look upstream, and what do you see upstream? The necessity for systemic attack on the problem, even assuming that drug addiction and criminality may be a symptom of underlying social ills.

That means the criminal justice system has got to come at the problem in concert, which means to me that if you make 25,000 arrests and throw them onto the system, that is a good way to wreck the system, and overwhelm it because what you are probably doing, what Pressure Point probably did, I think, is ensure that drug dealers would get less time than they would have under normal operations, because masses thrown onto the system. As we were just told, that system is going to adjust and the way it adjusts, as it tries to survive is by throwing it out of the system so that they can go out to lunch. That is just illustrative of the need

for a systemic view that brings in judges, probation, corrections, prisons, defense, treatment. You think about the treatment center, and you are going to step on somebody's foot in order to send him to a podiatrist and there ought to be a podiatrist somewhere waiting for that individual, and if there "ain't" a podiatrist, why step on his foot in the first place? So, the systemic view of dislocations of the system has to be appreciated.

One of the reasons why I think the Lynn thing worked is because they probably were not given a great volume, and the system was reflexively responsive even though none of the elements in it took a systemic view. So, they have not said, "Oh, I think we will have six cops out there and make a lot of arrests." The system adjusted. The system believed in itself. The system of New York doesn't believe in itself anymore. It is really going bankrupt and out of the agenda, and it is just a bunch of bureaucrats trying to survive in order to get pensions. So, they are just going through motions. For me Operation Pressure Point has some important psychological influences; important public morale questions; influences of gentrification issues and important displacement issues, but as to law enforcement I cannot believe that it is effective at all. I think it is cynical and self-defeating and completely wrong, and what it really does is simply create a Jack-in-the-box syndrome, push it here, and it will pop up somewhere else -- displacement. Displacement in that kind of a situation will not necessarily occur in the surrounding neighborhoods because you are moving highly mobile people, customers and sellers. They will go to Washington Heights or Washington Square. They are not necessarily going to go into that precinct across the border. So,

the displacement effect, I think is an important question. But looking at an issue that appears to me as extremely complicated -- downstream the junky got arrested; we ignore the problem upstream where a systemic view is needed. There ought to be consequences. You arrest somebody, they ought to be coerced into treatment. There ought to be incarceration, probation, restitution, community service, something ought to happen.

Upstream we may discover a pregnant 13-year-old black girl on Welfare who is going to condition that kid into a life of criminality. So, we are talking downstream; we are talking upstream; we are talking headwaters.

DR. MOORE: Thank you. We will be glad to take questions and comments. Comments are much appreciated.

(There was a discussion period.)

1:30 P.M.

Small Session B: "Crime Participation by Drug Users

DR. BLUMSTEIN: How does one partition the different effects of drugs on different crime types, and how does one draw the distinctions among the different drugs? How much more crime is there because of drug use?

Much of the evidence suggests that the differences are much more quantitative than qualitative, that is, even the elimination of drugs would not eliminate all the crimes that drug users commit, but it might significantly change the amount. The question is how much that amount would shift. This question has to be addressed in the context of the many different types of offenders involved in drugs. How we partition those

and how we deal with possible changes in the drug picture should be addressed in terms of effects on other kinds of crime. These are some of the issues we would like to start talking about.

The speakers in this session are David Nurco of the University of Maryland School of Medicine and Paul Goldstein of the Narcotics and Drug Research, Inc. Nurco will focus primarily on property crimes and talking about some of his self-report research. Paul Goldstein will address typologies and provide information on different kinds of violent crimes. Let us start with David Nurco.

DR. NURCO: There is no longer any serious question about the relationship between narcotic drug use and crime. The strongest evidence of a causal link is derived from longitudinal studies in which the amount of crime committed during periods of active addiction far exceeds that committed during periods of non-addiction. Although much of this crime goes unreported in law enforcement as noted by Inciardi and our own research teams, when we both determined that less than one percent of addict crimes resulted in an arrest, addicts, under conditions of strict confidentiality in research environments have provided information that permits realistic estimates of criminal activity.

Recent studies have reported that narcotic addicts are frequently involved in criminal behavior on a daily basis, and that, consequently some of them commit thousands of offenses per individual during their addiction careers. Furthermore, it is now apparent that the magnitude of the crime problem associated with narcotics addiction is not only attributable to the frequency with which addicts commit "victimless" crimes and lesser offenses, but also to the fact that many of their offenses are serious and destructive. Goldstein will comment more on that.

The scope of the current problem in the United States can be summarized by the estimates that there are approximately one-half million narcotics addicts in the United States and that they commit over 50 million crimes per year. In addition, the cost to the US economy of overall drug abuse in 1980, was estimated to be 46.9 billion dollars.

Narcotics addicts have not always behaved as they do today. There have been shifts and changes in patterns and characteristics. In the 1950's, many addicts commonly obtained pharmaceutical drugs by burglarizing drug stores or stealing doctors' medical bags or prescription pads or simply "conning" physicians. This type of theft was more characteristic of white than of black addicts, since pharmaceuticals tended to be preferred by whites. For the most part, addicts during the 1950's commonly met their need for money to buy heroin by committing petty crimes. These crimes were nonviolent in nature, usually crimes against property rather than against persons. Criminality often took the form of petty larceny, such as shoplifting, burglary, stealing on the job, stealing from cars, as well as "con games." These activities were often learned by younger or "beginner" addicts from older ones and were perceived to require skill. Individuals became specialists in specific kinds of crimes.

In the 1960's, a trend began toward crimes involving violence, e.g., armed robbery, "yoking", mugging, purse snatching, and bank robbery. In the 1970's, prostitution which for many years had been a source of income for many female addicts, became more open, cheaper, and less discriminant. From the late 1970's to the present crimes have been characterized by violence, lack of skill, and use of firearms, reflecting

according to some observers, a reaction to the increase in price and decrease in the quality of drugs. Recent research suggests that arrested narcotic drug users are now just as violent as other arrestees if not more so. Also, studies of career criminals have found that the majority of the most violent were heroin-cocaine users with high-cost drug habits.

Over the years, it has become increasingly apparent that narcotic addicts as a group commit a great deal of crime by any absolute standard, (for example, in one of our own studies we determined that addicts will commit crimes on an average of 248 days a year while addicted, and only 41 days a year while not addicted and in the community). Furthermore, the amount of crime committed during periods of nonaddiction is considerably less than the amount committed during periods of active addiction. In addition, there are huge variations in the amounts and types of crime committed by various subgroups of the addict population. Finally, distributions of "crime-day" measures indicate that a small subgroup of the most criminally involved addicts account for a relatively high portion of days of crime. This is even more apparent during periods of nonaddiction, when drug induced pressures for money are less intense.

It is clear that addicts cannot be regarded as a homogeneous class with respect to type and pattern of criminality, any generalizations concerning individuals based on group tendencies are necessarily uncertain. We have found it is useful to characterize addict careers with respect to pattern and duration of narcotic dependency and relate these to patterns of criminality. Our approach is to describe an addict career in terms of the opportunity and motivation to use narcotics over an extended period of time, considering the duration and interplay of periods addicted and nonaddicted with time spent incarcerated.

When we apply these concepts to an addict population we derive several clearly distinguishable types of drug addiction careers. One type is composed of successful addicts who are able to maintain a virtually uninterrupted narcotic habit during the first 10 years of their drug career while committing a great deal of crime and spending little or no time incarcerated. In a sense, these are the true narcotic careerists since a majority entered the narcotics scene with virtually no prior criminality and with little history of juvenile delinquency. For many of these men narcotic addiction and associated criminality was the beginning and not the culmination of their deviancy.

At the other extreme is a type composed of addicts who spend relatively little time addicted and a great deal of time drug free in the community. They have ample opportunity to maintain their addiction but do not do so. Unexpectedly these individuals, who rejected narcotic addiction were quite delinquent and have had active criminal careers prior to the onset of addiction.

Between these two extremes is a type representing those addicts who are heavily involved in both narcotic addiction and crime. Over an extended observation period, these individuals are found to be either addicted or incarcerated, with little time spent drug free in the community. Prior to addiction they were also quite delinquent and criminal.

Given the research findings on addiction and crime in the United States and a general recognition of the magnitude and seriousness of addict crime, what kinds of solutions are possible? One obvious approach is control and deterrence by way of vigorous law enforcement, the

objective being to curb drug distribution and to curb crime by dealing with it decisively. Some have proposed that the need for crime among addicts could be eliminated by decriminalizing the so-called "illicit" drugs and making them openly available at little or no cost. This simplistic notion ignores damages to individuals within the society and an inevitable erosion of our social fabric. Providing the means for vast numbers of individuals to become unproductive and dependent on the rest of the population undermines the traditional values that make for a well-functioning society.

Nor does the solution lie in simply deriving chemical agents to be used in the control of addicts' emotions and behavior or in a mechanistic application of technical innovations aimed at physical dependence, per se.

Solutions that do not take into account the basic motivations and propensities underlying addictive behavior are destined to failure. Once they are caught up in the addiction subculture, addicts can be remarkably creative in achieving their own ends. Unfortunately, there is no "magic bullet" for the containment of drug deviancy and associated criminality. A promising approach to the problem of drug dependency and crime would be to concentrate on the use of a combination of methods for dealing with addiction. Court directed treatment has been shown to be as effective as voluntary treatment, if not more so, especially with drug monitoring and close surveillance in a clinical setting. In terms of priority, perhaps the most pressing objective from the standpoint of the welfare of society would be the selective control over the behavior of the most violent and the most heavily involved, criminally active drug abusers --

unfortunately, the latter are often especially skilled at avoiding detection. Thus, it is important that when members of these subgroups are identified and legal authorities pay particular attention to their disposition and follow-up. While they are under treatment, legal pressure should be continued and their drug-taking and patterns of antisocial behavior closely monitored and contained when necessary.

Effective strategies for dealing with the problem of drugs and crime may well depend on recognition of the diversity among addicts and tailoring countermeasures, both judicial and therapeutic, to individual requirements. Whatever strategies are attempted will require the integration of clinical, research, and criminal justice efforts in order to contain this problem.

Thank you.

DR. BLUMSTEIN: Thank you very much. We could take a few minutes for particular questions or issues that someone wants to raise on David's paper before we go on to Paul. Yes, sir?

(There was a discussion period.)

DR. BLUMSTEIN: Why don't we move on to Paul Goldstein who will expand on the paper that is in the book at Tab A.

DR. GOLDSTEIN: I am going to stand back here by the projector. Can everyone hear me?

I was asked to talk about the relationship between drugs and violent crime, and I was asked to focus on three specific issues. Those issues are what are the current sources of knowledge about the relationship between drugs and crime; what do we currently know about that

relationship, and what are the high-priority questions for the future? Bud Gropper of NIJ this morning raised the question, what do we mean when we say that crime is drug related? For example, the police chief says that 30 percent of murders in his locality are drug related. What does he mean by that? When another police chief says that 40 percent of the robberies in his locality are drug related, what does he mean, and do the two police chiefs mean the same thing by drug related? At the present time there just is no universal, accepted definition of drug-related crime or drug-related violence.

A philosopher of science once said that science does not begin with definitions; rather the goal of science is to formulate definitions. Hopefully one of the products of scholar-practitioner interaction, such as this meeting will be more generally accepted definitions of what we mean when we say that something is drug related.

To go back to the three questions that I was asked to talk about, let us look first at some major sources of knowledge about violence. We have several rigorously collected data sets from the criminal justice field; Uniform Crime Reports and the national crime survey, NCS. UCR is collected by the FBI as a measure of crimes known to the police. The national crime survey is collected by the Bureau of Justice Statistics. This a victim survey where the household is the basic sample unit. We, also, get data from the health care system from emergency rooms where instances of injury, stab wounds, gunshots, broken bones are reported. We get medical examiner data that tells us something about homicide victims, perhaps whether drugs or alcohol were in the bloodstream at the time of death.

Finally, we have some specific local studies. Unfortunately, all of these data sources have severe limitations in helping us to understand the nature of drug-related violence. In the UCR study drug relatedness is just not coded. It is not one of the categories of concern in that particular thing. As I said, the NCS is a victim survey. Victims may not know motivations of offenders. When someone comes up to you in the street and sticks a gun in your back and says, "Give me your money," you don't know if he is going to take that money and buy drugs or not. Also, victims may not be able to judge accurately the pharmacological state of offenders. If that individual on the street turned around and looked at his assailant and there is a wild gleam in the eye, is the person mentally deranged; does he have a slight astigmatism? You cannot always judge these.

Also, NCS is a household survey. The household is the basic sampled unit. Many drug users and their victims are homeless. They are not part of a household which means that a population that is being posited to be at especially high risk for either violent perpetrations or violent victimizations are immediately excluded from this data base, and in fact, A and B are moot questions because of C, that the NCS just doesn't ask anything about drugs.

With regard to the health care system, the emergency rooms are essentially war zones. They have got bloody bodies coming through. Their job is to patch them up and move them out. They cannot do research on why the body got shot or got stabbed. Medical examiners can only provide us with victim data. They cannot tell us information about perpetrators or about circumstances of the event. Also, medical examiners' offices vary

considerably in regard to budget and hence the sophistication of their equipment, their staff and even their definitions of study.

So, in fact, we are left with No. 5 over here which is the specific local studies. Most of our information about drugs and violence comes from local studies. For example, a 1972 Philadelphia study reported that 31 percent of their homicides were drug related. In 1975, a Michigan study stated that the drug use and distribution were more strongly related to homicide than to property crime. The New York City Police Department reported 24 percent of New York City homicides in 1981 as being drug related; a nearly identical figure was found in Dade County, Florida. The work of Dave Nurco and his colleague John Ball has documented the increase of violence in drug users during periods of addiction. I would, also, like to point to the work by Eric Wish in New York and Washington. While these studies and many others have consistently pointed out the strength of the association between drugs and violence, we still don't fully understand the phenomenon, and we still don't have an agreed-upon definition of what constitutes drug-related crime or drug-related violence.

Studies have used various indicators to say that a crime or an act of violence was drug related. Some of the indicators that various studies have used include whether or not drugs or drug paraphernalia were found at the scene of a crime, whether or not victim or perpetrator was a known drug user or distributor, blood and urine tests of the victims or perpetrators, verbal accounts gathered from victims, perpetrators, witnesses; it is very difficult to compare studies using such diverse indicators. Further the presence of drugs, whether it be in urine or whether it be at the scene of a crime doesn't really tell us what happened

during that crime. Criminal history that includes arrests for drug sale or possession does not tell us how drugs may or may not have been related to a specific act of violence. What we need now, what I see as one of the high priority research questions for both the present and the future is a focus on process. Exactly how do drugs or drug distribution affect specific acts of violence? An analogy may be made to the early days of combating yellow fever. Researchers noted a correlation between the presence of swamps and the incidence of yellow fever, and this led to various efforts to drain the swamps. My recollection is that those efforts had some salutary effects in combating yellow fever. This was before anyone understood the true process of transmission of yellow fever. No one had thought of mosquitoes. No one knew exactly how yellow fever got from swamps into people and why this correlation existed, but once science was able to fully understand that process and understand the role of the mosquito in how yellow fever was transmitted, we were then able to design most effective and most economical sorts of interventions.

My own effort to come to grips with process and to understand how drugs influence violence were guided by a tripartite conceptual framework that Bud Gropper referred to this morning. We have essentially three forms of violence. We have psychopharmacological violence which occurs when an individual ingests a substance and begins to act out in a violent fashion. Typically alcohol, barbiturates, amphetamines and PCP are connected with this form of violence. Economic compulsive violence refers to the violence committed by an individual in the context of committing an economic crime to support drug use. He is not interested in acting out violently the way psychopharmacological actors are. He is interested in

raising money. Sometimes something in the circumstances of an economic crime turns it into a violent crime. Heroin and cocaine are the two substances most clearly associated with economic compulsive violence because they are expensive and because they are typified by compulsive patterns of use.

Finally we have the systemic violence. Systemic violence refers to all violence connected to the system of drug use and distribution. But this morning referred to the clean Godfather. That is certainly part of it, wars of territory between rival dealers, but I would like to bring that down a bit. Systemic violence is, also, the guy on the street selling a \$10 dummy bag, and systemic violence is people who cannot pay their debts in the drug world, and those debts could be \$10 or \$10,000. You wind up just as dead. In fact, any drug can be connected to systemic violence. We all know stories of children being stabbed to death in disputes over five dollar bags of marijuana.

I would like to make a comment based upon Peter Kerr's presentation this morning. You mentioned the tremendous newspaper coverage that crack had gotten in the past year, and since I formulated this framework and have seen all of these articles related to crack and violence, I kept searching those articles, and it wasn't just the Times. It was the Times. It was Newsday, the Post, to try to understand how was crack, why was crack related to violence. Were individuals getting so crazy behind the use of crack that they were going out and committing violent crimes? Were individuals going out there to raise money to purchase crack and committing violent crimes? Was crack a new drug on the market, and there was a necessity to open up territory on the streets and

hence wars between rival bands of dealers? I searched article after article on crack-related violence and never got a clue as to which one of these processes might be ongoing. So, that is something you may want to pick up in the discussion period.

How am I doing on time? Two minutes, okay. So, I get to show this group something that I did not get to show the first group. Okay, currently I have three different projects. This is going to take just a little bit of explanation. What I am trying to document is that tripartite conceptual framework. Two of my projects are represented in this table. One is called Drive. One is called DRCA-H. Drive is a field study on the Lower East Side. It involves eight weekly interviews with 152 male drug users and distributors. In the course of their interviewing, they reported a total of 193 violent acts. The DRCA-H study is a study of all homicides in New York State in 1984. We gathered data from every police agency that reported at least one homicide in New York. I took the 193 violent events that were reported to me from the Lower East Side from street drug users and distributors and compared it to the first 268 homicides that came in. These are all non-New York City homicides. These all occurred in Upstate cities and towns, or suburban counties. We had roughly 1700 homicides in New York State in 1984, of which about 1400 occurred in New York City. So, we have got here about 85 percent of the non-New York City homicides. There are two things about this chart that I want to bring to your attention. One is the similarity between the two studies in terms of how the data arrays along that tripartite conceptual framework. The 193 violent events from DRIVE involve anything from verbal threat right up to homicide admitted by male drug users and distributors

on the Lower East Side. About 18 percent of DRIVE violent events were psychopharmacological compared to 22 percent of the homicides in New York State, committed by males and females of all socioeconomic status. The economic compulsive category contained 3 percent of DRIVE events and 2 percent of DRCA-H homicides. Systemic violence accounted for 16 percent of DRIVE events and 9 percent of DRCA-H homicides. Distribution of events between the two studies was very, very similar. Also, let me point out how low the economic compulsive violence is amongst both the sample of homicides in New York State and the sample of violent events committed by street drug users and distributors. The stereotyped junky out on the street robbing, killing, mugging to support his drug habit is not supported by this data. Most of our violence is either psychopharmacologically derived or of the systemic variety.

With that I have probably overstepped my time. So, I will stop.

(There was a discussion period.)

DR. MOORE: Thank you all very much. There is a 15-minute break or so, and Norval Morris will call us back in at an appropriate time.

(Brief recess.)

3:00 P.M.

Plenary: Synthesis of Issues and Research Recommendations from Small Sessions A and B: "Local Drug Law Enforcement" and "Crimes by Drug Users."

Mr. Goldsmith: I would like to begin with the moderator's summary of each break-out discussion and then 10 or 15 minutes of discussion and move right on to the next subject. So, with that, I would like to introduce Mark Moore.

DR. MOORE: Thank you. I am not sure that my presentation qualifies as a summary. Perhaps it would be better to think of it as reflections that occurred to me as we were listening and talking about the subject of local drug law enforcement in the two different groups. A useful way to organize my remarks is based on an extensive discussion in the first group (but not the second) on the issue of the basic purposes, (the goals and the effects that would justify a substantial investment of resources) in street level drug enforcement. Three rather different ideas about the central justifying purpose of such activities were offered.

One purpose is to reduce property and violent crimes committed by drug users. As to that, we had some evidence that it would succeed in some circumstances. How general those circumstances were remained to be discovered. Some very useful cautions were offered both about whether there really was an effect. Many worried that the apparent reduction in crime was offset by substitution or displacement of the crime in other areas. Others worried that the effects could be in a few special areas where the drug market was an open drug bazaar isolated from community, but that these effects would not hold necessarily in other areas: specifically, neither in big cities nor in areas where there was much greater redundancy in the marketing system.

The second idea was that what would justify street level drug enforcement would be to give back the streets to the community or enhance the quality of the life for the community. That, in fact, was the justification for some of the efforts. I think there was relatively little dispute that that effect could be produced though, of course, at some price in terms of effects foregone with the same amount of police manpower.

The third idea was that maybe these were important in managing the drug problem in terms of either reducing consumption of drugs or in disrupting the supply system. I want to distinguish that effect from both the effect of reducing property and violent crime and enhancing the quality of life for the community. There was rather vigorous discussion about whether this was an effective approach for either reducing consumption in the form of either preventing new use or encouraging old users to give up their current use and whether it was an effective approach to disrupting supply. I think the general sense of the group was that it was a little bit hard to imagine that this supply disruption or that this street level enforcement activity had much impact on higher levels of the distribution system or levels of production, but it was possible that this might be interrupting the marketing process of drugs and therefore, perhaps having an effect on total amount of drugs demanded, and that over time that might shrink the supply system. With respect to reduced consumption, I think there was more optimism that this approach would be successful, since it seemed that such an approach both motivated old users to seek treatment and/or to abandon drugs all by themselves and might, also, conceivably, though there was less discussion of this, discourage some new use as well.

So, three quite different ideas about what would justify street level enforcement, different levels of confidence about whether that instrument would be successful in producing any of those results and different views about which of those would be the most important result to produce.

An awful lot of our discussion in both groups focused on the importance of pairing any effort at street level drug enforcement with the development of capacities elsewhere in the system. Specifically, what elsewhere in the system meant was in the courts and jails and prisons on the one hand, in treatment capacity on the other; and perhaps in terms of the community's general tolerance for this activity as the third.

I think that the point that I pressed (unsuccessfully, I think) in both groups was that what was surprising was that even when the society did not do that, street level drug enforcement nonetheless produced an effect. That made me wonder, then, whether it was essential or merely valuable to pair this capacity with other operational parts of the system. As I thought about that and felt the terrific discomfort in both groups with the notion that we should just go out and make a lot more street arrests, I gradually came to the view that maybe what we were really trying to do was to say that there is something fundamentally undignified and transient about street level drug enforcement. For years we have persuaded ourselves that this was a losing strategy. It doesn't look dignified. It doesn't look like it will produce a lasting or important effect. The only thing that casts doubt on that is that we have got some evidence that it works. So, when we imagine cranking ourselves up to take this subject seriously, we reach for something that would dignify it. One of the ways that we reach for something that would dignify it is a process that would involve the whole system. That would dignify the enterprise through court action. That would dignify it with an imagined response from treatment. That would dignify it with an important goal of protecting the community and an important community

authorization. So, it seems to me that part of the motivation for talking about pairing things with street level drug enforcement is not just that it is operationally significant, but also that it changes the frame within which we view street level enforcement.

I don't want to minimize the importance of the operational significance of "paired activities." Instead I am just pointing out that if we did pair enforcement with these other activities, it would somehow rise in status -- in ours and the community's mind -- and give it a kind of permanence, scale and significance that would otherwise be lacking. That seems to me to be an important reason to be concerned about pairing enforcement activities with other things.

I would go on further, I suppose, and say that I am pretty convinced that the crucial resource that might be important in making street level enforcement successful is a community that has decided that it won't tolerate open drug dealing on the streets, and defines street dealing as a problem that is not theirs. Where such community sentiment exists, I think these programs can be very successful. Where such sentiment does not exist, I think they are much less likely to be successful. To be successful, then, one of the parts of the system that one would have to work on is not the courts and the jails and the treatment people but, also, on the community's determination to deal with the drug people. That, in turn, might require a different police strategy than simply taking the initiative themselves to get the job done.

Those are my summary remarks.

MR. GOLDSMITH: Before Al speaks, why don't we take about 5 or 10 minutes for responses or questions directed to Mark? Anybody? Exhausted yourselves the last two hours?

AUDIENCE: I think there is one further remark which is that I think it is true that there is an opportunity for us to experiment in the next year or two rather widely with different forms of drug enforcement, and it might be important for us to think about how we could maximize the learning that could come from what will inevitably be an increase in the level of street level drug enforcement.

DR. MOORE : I suppose just an ancillary reason to do something might be that doing nothing is worse, and by that I mean I am reminded of the early days when the paraphernalia laws were being implemented and held unconstitutional and enforced for a day and reimplemented and held unconstitutional and many in law enforcement said, "Why enforce the paraphernalia laws?" It is not as if the marijuana smokers cannot figure out how to do it, even if you don't sell them marijuana over the counter, and the response generally was from at least the groups concerned to stop drug usage among young people that the open selling and peddling of marijuana paraphernalia gave a community attitude of tolerance which increased the usage of the drug. Similarly you might take the attitude that drug sweeps, even if they don't accomplish anything, that through the above at least make it appear as if the city doesn't condone the open usage of drugs which might have a negative effect, at least at the entry part of the market which is not without significance, I don't think. With that -- yes, sir?

AUDIENCE: Are you suggesting that perfectly illegal arrests may be occurring (inaudible)?

DR. MOORE: No, I am obviously saying that open selling of drugs on street corners, whether it be Indianapolis, New York City or Minneapolis, is subject to intervention in a fairly easy way by aggressive law enforcement strategies, and that there is a reason to do that, even if all you are doing is moving the drugs off that street corner or moving them off in the back building, that the absence of overt dealing on the street has an effect on the entrance level of marijuana, cocaine, whatever the drug might be, but the open peddling of drugs, the sign that it is tolerated and this community acquiesced to may cause a greater use of the drug. I prefer that they be legal arrests, yes.

MR. STEWART: A question to Mark, and that is in your discussions one of the things that was brought up regularly was the systemic problem that we have to have sufficient courts and prosecutors for corrections. Are you suggesting that the preliminary research indicates that that is not the case, that the common wisdom that somehow we have to increase capacity all over may not be the case, but you may receive beneficial effects by a small increase of enforcement, a small increase, say, an increase of some proportions and you may not have to add any additional capacity because the beneficial effects occur, reduction, you know, in robberies and murders?

DR. MOORE: That is what the evidence we have available to us suggests because we produce a result that seems interesting without what people would naturally say would be important. I think it leaves us all with quite a dissatisfied feeling, and part of the reason that I am

stretching it this way is to increase the discomfort because I think that you have to ask yourself the question, what is it that we are getting from the additional court action, and it seems to me that you are getting two very important things. One is assurances that the arrests are legal and a reasonable amount of assurance to the rest of the society that the enforcement resources are not being deployed casually or with disrespect for people's rights, and the second is a sense that when a person commits a crime, they are dealt with by the criminal justice system, and both of those feel to me like very important results to produce for the society in terms of its feeling about this activity, and therefore I would buy it, but I am contrasting that with the odd feature that you can get an important operational result without doing that. So, then one has to ask, "So, what is it that we are buying that for?" and I think I have given an answer to that.

AUDIENCE : I just wonder if it is relevant to add that it seems to me that taking seriously the next few years of research in this field what is really being made is a case for some differential experimentation with experiments like Lawrence or Lynn or Pressure Point in middle size cities where one did provide an adequacy of results and took seriously the question of crime to measure in a planned way outcomes. I mean the thing that I found most interesting about the discussions were bringing together the best in the country to talk about it, how many unresolved which were researchable questions that were serious.

MR. GOLDSMITH: Let us go down this side, and we will take these three and then move on. Yes, sir?

AUDIENCE : One of the lessons learned from Pressure Point was the fact that you do need the resources as Judge Caplan said, and you do need them badly, but the other lesson that was learned was that a policy administration or a city administration cannot wait for resources to be provided for a particular part of the system. You must act, and when we did act in Pressure Point in Lawrence and in Lynn, at least in Lynn, we did get desired results, notwithstanding the fact we did not have the resources incorporated into the system, but we do need resources.

AUDIENCE : I think a critical question that we tend to overlook is why didn't we get the effect in Lawrence? It may be that there is a sine qua non in community support for this that is needed at the outset for this kind of effort to work and that we certainly saw that in pressure point we had that. I am not sure what the situation was in Lynn, but it may be more germane in terms of the generalizability of these findings to understand why it didn't work.

MR. KLEIMAN: Mark Kleiman from the Kennedy School at Harvard. Part of the reason that I think the question about additional resources keeps coming up is it just seems implausible that arrests alone are going to have an effect. An early reviewer of an early version of the Lynn study accused me of reporting the miracle of the loaves and fishes, that there was output with no input, and I think it is important to know just in analyzing that by making arrests, police put demands on the system, and unless it is a totally closed system, they may wind up borrowing particularly prosecutor and court and prison capacity from elsewhere. So, I don't doubt that the danger of being a heroin dealer in Spanish Harlem for the period of Pressure Point was less than it had been before, so that

even though there weren't explicit new resources devoted to Lower East Side drug cases, the Lower East Side by having more than its share of arrests was probably bleeding off more than its share of other kinds of capacity in the system. So, there is a question to be asked whether that is a good thing to do, whether we ought to add those court things, but if the discomfort is from the feeling that you cannot do this stuff by magic, I think that is right. You cannot, and we almost certainly didn't. You probably did in fact, get some more court resources from somewhere else.

MR. GOLDSMITH: Thanks. Let us take one more and move on to A1.

PROF. KAPLAN: There is some theoretical reason to believe though that arrests themselves, even disassociated from future punishment will have an effect on an activity, first of all the deterrent studies show that arrests really do the job, and you find a constant connection between increased arrests and lowered criminality, whereas you don't find it within presentences. Part of the reason is that a lot of the people who do this sort of thing are very present oriented and really in a sense the nearer it is to them the more it affects their behavior. Furthermore, when you get a certain number of middle class people, the people from the pavement and threaten them, their consequences from arrest involve publicity, perhaps losses of jobs, a lot of things that the criminal justice system doesn't directly impose but have led partly to the wonderful title of a book which really makes in a sense reading the book unnecessary, the Process Is the Punishment. Once you get that title, you know really what he has to say, and he is right.

MR. GOLDSMITH: I think there is an interesting point as we move on to Al. That is, that drug offenders are not all the same. They have different reward and punishment deterrence levels. They have different costs of the effort, and to some extent there are people scattered throughout the system who are deterred by arrest. In a few communities there are actually a few people probably deterred by the fact that it is illegal. So, there are all sorts of different sorts of deterrence. With those comments, Al Blumstein will now provide the answer.

DR. BLUMSTEIN: I was envious of the previous discussion because it had an operational quality, and I am sorry that the three of us, Dave Nurco and Paul Goldstein and I, had to miss some of the discussion. Our issue was drugs and crime, and sorting out the nexus between them. It is clear to virtually everybody that there is a strong association between them. But knowing of the strong association merely opens a whole range of other questions. Those are only partially sorted out. Indeed, there are fundamentally multiple connections that depend on the type of crime and the type of offender. We face some fundamental questions of how best to make those partitions better in ways to maximize the clarity of the relationships. In each crime-offender pairings, we would like to know the magnitudes, magnitudes of participation rate in crime, the frequency of crime commission by active offenders -- and especially the difference in the crime-commission frequency between their drug-abusing periods and their drug-quiescent periods. We also have to learn about the directionality of influence -- that directionality reflects the degree to which drugs create criminals or also happen to engage in drugs. We do know that many individuals who get caught up in drugs engage in crime as a

consequence of the drugs, and it is clear that both of these inferences -- drugs on crime and crime on drugs -- exist. We still have the quantitative task of estimating the amount of each of these parallel effects. We know they are going to be different in different circumstances and so we have got to find ways to partition the circumstances in a much more subtle, careful and detailed way. We especially want to know who is doing drugs and not doing crime and who is doing crime and not doing drugs. The other two combinations are much more common, and so much less interesting.

We particularly want to know for which kinds of crimes there is a tendency for drugs to increase participation, and for which crimes that influence is relatively minor. Paul Goldstein showed us that the influence of drugs on economic compulsion for violent crimes was relatively low. Dave Nurco showed us that being in a high-addiction period increased economic crimes by a factor of five to ten times for individuals who are addicts.

This information is very relevant to any kind of treatment evaluation. It is reasonable for an evaluator to anticipate that curing the addiction will reduce the addict's level of criminality, the frequency of crimes he commits. If the expectation is that the crime will be eliminated, and a program is judged in terms of whether it eliminates crime, then that may be too harsh a test for a population that is always involved in criminal behavior but at very different intensities at different times. So, we have to have much more subtle, careful, quantitative measures of the influence of various kinds of treatments.

Ultimately we are not going to be able to sort these issues out as long as we do one time cross-sectional studies. That theme has been reiterated in a number of studies over the last year or two. We have to do much more in the way of longitudinal studies, starting at very early ages. These studies will have to look at the sequence of involvement in crime and in drugs. We know that those sequences will almost always be mutually influential, and longitudinal studies will be needed to partition those respective influences. They will help indicate why some individuals do become involved in drugs and why others in otherwise similar settings do not. Also, we need long-term longitudinal follow-up subsequent to treatment. One of the participants highlighted this theme. He pointed out that we have had major drug programs for the last 20 years. Many treated people are out there, but very little has been done to try to track some of the people who were in drug program 20 years ago. Their experiences can tell us of some of the longer term effects of treatment. We must do more follow-up so that we can sort out the effects.

As we look to the issue of interventions and their effects, there are two classes of interventions: those interventions that are associated with drugs that should have a consequential effect on crime, and interventions against crime that should also have an effect on drugs.

We know that enforcement of the drug laws can increase the price of drugs, and this may or may not increase the amount of crime. It should increase the amount of crime by those who continue to use drugs in the same amounts. But the price increase may also drive some people to use drugs less or to stop using it entirely. So, there is still some ambiguity about the net effect.

It is clear that enforcement also has an influence on participation. While diminished enforcement might well reduce the price, that would also be likely to increase the availability to those who are ready to be recruited into drug involvement.

A separate dimension to the drug-crime nexus is the AIDS question. A significant factor in the growth of AIDS is the consequence of the transfer of needles among drug users. This forces us to think of these negative consequences of the restrictions on the supply of syringes or needles. Making the syringes more available could diminish the AIDS contamination. One could then make the trade-off in what that might do to reduce AIDS and weigh that benefit against whatever increment might result in the increased availability of the mainline drugs.

We need much more in the way of effective treatment evaluations. This requires much sharper outcome measures. The outcome measures must distinguish between effects on qualitative participation in drugs and participation in crime. They must also address quantitative differences in terms of the frequency of crime commission. It is clear that one needs much more. Particularly as the large, new federal anti-drug program gets under way, much evaluation will have to be incorporated into the action programs. The technology of conducting evaluations of individual treatment is relatively easy. You find the individuals and then put them into a control group or a treatment group. If assignment can be random, that would be best. If randomization is not possible, then matched groups might work. There are a variety of quasi-experimental methods that allow reasonable estimates of what effects were achieved.

The really tough evaluation problems are associated with the larger-scale interventions, the more macro-interventions. There, the chain of effects from treatment to consequences are much more complex to trace. Those macro-interventions include a wide variety of enforcement methods through to prevention. Everyone wishes there were more and more effective prevention, but that is undoubtedly going to be the toughest one to evaluate. Prevention may come from educational programs in the junior high schools, but may not show itself until three to six years later. The effect of a prevention program would be very tough to disentangle from other factors in the society that will affect those kids. It is important that we not be overly optimistic about getting good evaluations of prevention programs. But that should not inhibit program direction from using the best judgment and the best practice in shaping the program. Then one ought to do whatever evaluations are feasible.

It is clear from the discussion today that one has to sort out offenders into more homogeneous groups, and at least to distinguish those who engage in property crime from those who engage in violent crime. For some of these, the fact of heavy drug use should be an aggravating factor from the crime reduction viewpoint. Others may be engaged in drug trafficking simply as a means of participation in their own addiction. To the extent that these groups are distinguishable, it would be terribly important to know how to sort them out.

It is clear that this whole area is plagued by a minimum amount of usable knowledge. In light of that, it is particularly ironic that the Federal Government, in establishing its \$225 million anti-drug grant program for the states, did not see fit to create a research program to

start to provide some of the information that the states will need. I am involved in planning the program in Pennsylvania, and so I am acutely aware of the knowledge problem. Better knowledge would enable the states to be more intelligent about making their allocations. It would make a considerable amount of sense for the states to come together somehow and contribute perhaps 1 to 3 percent of their allocations into a common research fund. That fund could be administered by NIJ, with oversight by the states. It would create a research program that would meet the states' collective needs. This would establish a joint research program with an appropriate amount of coordination. I would be astonished if very many objected to giving up that relatively small percentage in order to start to see some intelligence emerge on how to deal with this drug-crime problem. Until that happens, it is merely the latest one that we are once again merely throwing money at.

MR. GOLDSMITH: Questions, comments, response to Al's presentation? Anybody from a state or locality who like to ante up the first 1 percent? Yes, sir?

DR. BUTYNSKI: My name is Bill Butynski, and I am with the National Association of State Alcohol and Drug Abuse Directors. Something like 1 percent of the treatment money has been proposed by ADAMHA to be reserved for research, at least as I understand it. The proposal has gone from ADAMHA to the HHS Secretary's Office to take off the top of the bloc grant 1 percent for evaluation. Now, it seems to me that is a good opportunity there, and it is not unrealistic to propose that same type of approach for the justice monies.

Even better, one might even think of combining and looking at both of those problems as we are trying to do here. My fear is that in most states and, also, at the federal level there is relatively little interchange in terms of dollars. There are good personal contacts, but in terms of combining dollars for research and evaluation, not much of that has been done. There may, also, be some opportunities in terms of the monies that NIDA has, as I understand it.

DR. BLUMSTEIN: Actually the problem may be even worse than we think from the state level. We have three pots of money coming into each state. So, we have 150 potential programs: treatment money from HHS, prevention money from Education, and then the Justice money. I would suspect that most states won't even be working in terms of a comprehensive approach whatsoever. Any other comments in that regard? Sir?

AUDIENCE : You sound so cynical about the possibilities. Are you really? I mean it seems to me it is an eminently worthwhile idea. You know, we lose a lot of battles. Why not try this?

DR. BLUMSTEIN: I will be glad to write a letter on Pennsylvania Commission on Crime and Delinquency stationery. I will write it to the attorney general to encourage him to do it. I would be glad to write it to the counterpart agencies in the various states. But I think the point about HHS is appropriate but doesn't quite address the issue for Justice. HHS has a history of research; it has got NIDA and it has ADAMHA with its research component. The Justice Department lives in a very different culture that doesn't adequately recognize that research can help in decisions. Empirical research can help in making decisions in a setting that is dominated by lawyerly traditions; scientific traditions really are much closer to the HHS experience.

Within the states, I think Steve Goldsmith's point is right on target. Our criminal justice planning agency had a meeting with the people from education, from health, from the state police, from our attorney general's office, and from corrections to talk about what they were thinking of doing with their programs as they anticipated the money flowing from Washington. It was clear that unless one worked very hard at it, that those were going to be very disjoint programs with very little collaboration, very little coordination, and very little awareness of what the others were going to do with their money.

This recognition led to an urging for some kind of joint agency task force, with some lead agency identified in the state that will, indeed, do what Steve is suggesting. Unless there is some conscious effort to make sure they get coordinated, those will be separate streams, each driven by different traditions. It is also clear that central leadership in a state can indeed make them come together, but it is going to take some leadership to make that happen. Norval, cynicism comes more from the fact that the Federal Government has put this money out in a way that causes this disjoint response. It is eminently sensible that there be a common research effort and that there also be linkages. But there has to be some initiative at the federal level to cause that response because there is no state that is apt to take the lead.

MR. GOLDSMITH: Thank you. Yes, sir?

Audience: At the risk of being sort of radical on this I want to propose the idea that, based on the education and prevention literature that if you are going to give a large amount of money for this sort of thing without a research component carefully monitoring it, you are simply

wasting the people's money. In other words, the literature out there is so inadequate in terms of predicting what will work and what won't that you are really just throwing it away. It is a national scandal if no research is done on this because this is not an area where you can make intelligent guesses on what should and what shouldn't work. Research is far more primitive than that, and we learned so much that doesn't work and doesn't begin to work. There were periods where we thought that you could lower alcohol use by taking big ads in newspapers, and then we measured it, and it was absolutely worthless, and we are doing this on a vastly larger scale, and if there is nobody who can stop it, it is something about which the political bodies of the United States should be aware.

MR. GOLDSMITH: Thank you. I, however, do not wish to accept the responsibility for the Congress of the United States which is really what has caused this situation to begin with. All right, any other last comments? Thanks, Al. With that, I would like to ask Tony and Lawrence Wallack to come up as we talk about advertising and public relations.

3:30 P.M.

Plenary Roundtable: "Advertising, Public Relations, and Public Education Approaches for Discouraging Drug Use."

MR. GOLDSMITH: Let me give two brief anecdotes to introduce our section on advertising, public relations, and public education. About eight years ago I started a community wide anti-drug "It-takes-guts-to-say, -'No,'" campaign. I approached an old PSA and approached all the network affiliates and the independent. I went to the fourth station after the first three said that this was a wonderful idea,

and I said, "I want prime time, and I want to see your logs, and I want you to do all these things." The general manager of the fourth station said -- and this was eight years ago, and drugs were still illegal although it wasn't quite so faddish to be against them -- and his response was, "This is an issue, and if we grant you a public service time to campaign against drugs, don't I have to in a sense of fairness grant equal time to the opposing side?" He was serious and denied me the time. I think we have come a long way since then, and my only other anecdote is we did this program, and we designed a market opinion poll to measure its effects before and after, and we called families before and after, and we talked to the kids and talked to the parents, and afterwards 80 percent of the kids said, "This is a wonderful program. I enjoyed the public service announcement, and I learned from it." Ninety percent of the parents said that it would be a good program for some other family, but we don't have any drug problems in our family, which was just about a full jump from what the kids' response was.

To give us an answer about how we are going to use advertising and public relations, so that we won't need to worry about whether we are using law enforcement dollars effectively because we will reduce the drug problem, the next speaker is Tony Bouza.

MR. BOUZA: A lot of time has been spent today talking about the supply side of narcotics. We have sent helicopters to Bolivia, defoliated the Colombian jungles, mugged the Mexican president, signed treaties with Turkey. We have got the Coast Guard, the Navy, the Air Force, everybody out there interdicting shipments. We have, I think, enough money in this current budget to have literally and figuratively hands across the Mexican

border, in terms of narcotics agents. And then we were worried about arrests, incarceration, incapacitation, treatment, a tremendous amount of national concern and obsession over the supply side of the issue, very little interest in the demand side, and I think we all know as good marketeers, and if there is anything Americans are, it is good marketeers, we are obsessed with the idea of selling the sizzle and ignoring the steak. We have somehow curiously ignored the demand side of the equation of drugs in this country, and I submit that as long as the demand exists, the supply will somehow arise to meet it.

If Alexis de Toqueville were coming to American today to undertake a study 130 years after his visit, he would be a senior citizen to be certain, but he might be able to use some advice about what to study in the American culture. (Let me say that everything that I say today is not only personal and subjective, but I pride myself on the fact that it is not based on any scientific evidence that I am aware of, and if it were I would take the opposite position). But what institutions might de Toqueville analyze if he were to come to America today? If we were to reduce it to three, the three that I would recommend to him are; I would say, "Spend a lot of time in a supermarket and look around in order to get an idea of America and America's obsession with form rather than substance, with packaging rather than content. The genius of the American marketplace -- our qualities as marketeers and salespeople." So, a lot of time in the supermarket as an important cultural, economic and social institution.

Second I would say that you must understand sports in order to understand our value system. Now, we pay our ministers \$12,000 a year, teachers \$18,000 a year and our athletes somewhat more than that. That demonstrates, I think, that we are more concerned with those who entertain us, with the circuses of our society, than we are with those who transmit our values.

And third, and foremost, and I saved it for last in order to create an unbearable tension and anticipation in the audience, which is almost palpable at this point -- is the 30-second television commercial, the Sistine Chapel ceiling of our age. Without a doubt, the most talented writers, musicians, cinematographers, painters, the greatest concentration of talent in America today, is to be found working on our latter-day Sistine Chapel ceiling, the 30-second television commercial -- preeminently the greatest creative achievement of this nation, and I will debate anyone on national television on that subject. I read the New York Times every single day. I do not believe that you can be a totally actualized, fully realized human being on this planet if you do not read the New York Times every day. Someone once asked me, "If you cannot be a totally actualized, fully realized human being on this planet if you don't read the New York Times, what happens to you if you don't?" You become a lima bean. A little humor there. The action is the boob tube. That is where it all is, I think. There is no doubt in my mind that the most important cultural artifact of this nation is the boob tube -- television -- very important shaping influence and, of course, all the genius of Madison Avenue is now being poured into it, shaping our view.

Every conference I have ever attended -- and one of the fantasies that I engage in, is that we ought to have the urinals empty out into a huge test tube at half time so that we can have a lot of fun doing random sampling on sportspeople who attend football games -- but that is another issue. Every conference I have ever attended, whatever the subject, always wound up in a vigorous discussion of television. And what is it telling us, this 30-second television commercial which I love? I mean you have to watch a lot of garbage in between, but it is the commercials that I wait for. What is it telling us? Have a good time. Look after No. 1. Apply the pleasure principle, hedonism, carpe diem, Sybaritic tendency; you deserve a break today, not your neighbor; screw your neighbor. Look after No. 1. Have a good time. Indulge yourself. Get more pleasure out of life. If you made a bad deal; if your wife is not as pneumatic as she used to be, trade her in.

It is turning us into a very Sybaritic folk, I think, and even today when you come out of this conference, I will tell you exactly the adjective you are going to be using. You are going to say whether you enjoyed this conference or not. Imagine coming all the way to Atlanta to attend a conference on drugs, crime and research which immediately sends a pall of catatonia over my brain, and you are going to say, "I enjoyed the conference," or "I failed to enjoy." Why are we so preoccupied with finding the secret to enjoyment? Because the 30-second television commercial is telling us all the time, "Do you want to get laid today?" Gargle. Take Pepto Bismol. Chew Wrigley's spearmint gum." I have been doing all of this. It doesn't work, at least it doesn't work for me. It works for everybody else. I see the evidence of my senses before my very

eyes. I have not hit the right drug yet, but I am trying them all. You have a little headache, take Tylenol, take Advil. If you have a little bump take this, rub that. It is only a minor jump from there to look for the drug that makes you feel good -- alcohol, cocaine. Why have we gone from heroin to cocaine? Simply because we think cocaine will make you feel good without exacting a horrifying price, and heroin very clearly makes you feel good, but it exacts a horrifying price. So, as we discover that cocaine, also, will exact a horrifying price, the constant will be the search, not the substance.

So, I think that Madison Avenue has actually cottoned to this, to the fact that they have made us a very Sybaritic culture, very self-indulgent, obsessively concerned. I think that they have subliminally, unconsciously, certainly surreptitiously and secretly because they aren't going to tell us, they have discovered that they have turned us into a very Sybaritic, self-complacent, pleasure-oriented folk, and maybe they ought to do something about it by way of mounting a campaign against it, and I think that that is important because that does speak to the demand side. I think we do need a discussion, research, debate about the kind of people we have become, what has happened to our value system.

I read a New York Times magazine article about a very successful lawyer. It was a cover story, a very successful lawyer; wins, talent, energy, skill, 1 million bucks a year, working on his third wife, and he had two children by each wife. I love it. He is trading up, doing really great, and driven to win, not to asking the tortured question, "Is it right?" This is one of the reasons I felt compelled to speak on the

question. There is no reason to make arrests that are not based on anything but a totally legal foundation, and I am not prepared to make jokes about the United States Constitution and sweeps. I think arrests have got to be legal and legally founded. We have got to become a more tortured people, more introspective. Think about the value system, and the value system is importantly connected to the television industry and the radio industry and the advertising industry, and they have got to begin to educate us back to becoming a simpler folk, back to the basic values.

In that very same magazine section of the New York Times there was a story of an elderly doctor who was immensely successful and the story there was that his son was, also, an immensely successful surgeon. Parenthetically this elderly doctor dines with Walter Cronkite and a lot of other interesting people, and he has a townhouse, and he has a country house, and he has a Mercedes, and he has got all of the accoutrements of success. He is, also, working on his third wife. I mean if a guy makes a solemn deal, I have to wonder how sincere he can be about it and what kind of a value system that that reflects. That speaks to the demand side of the equation. That speaks to the value question. That speaks to the importance of television and advertising, and now they have got to pay their dues. They have got to begin to educate the American public. The reason why heroin is not popular is because of movies like the "Man with the Golden Arm" where you see somebody shaking and sweating and turning gray. It is because of so many television stories that finally enough people died and were crippled and paralyzed and destroyed and the kids began to say, "Hey, it ain't worth it. Let us look for something else."

I think we have got to bring the genius of our latter day Leonardo da Vinci's, Michelangelo Buonarotti's, Tchaikovsky's, Paderewski's and Beethoven's to work on the question of the demand side and make us a less druggie culture.

Thank you.

(Applause.)

MR. GOLDSMITH: Thanks, Chief. I think we will take both presentations and then questions.

Dr. Wallack?

I want to begin by summing up what my whole message is and then provide some elaboration of it. First of all, information does not equal education, and education does not equal prevention. This may seem obvious to a lot of people, at least I hope it does, but our whole prevention system, in fact, our whole way of dealing with many social and health problems in the United States is based precisely on that assumption -- the assumption that information equals education and that education equals prevention. Education is necessary but not sufficient. It is necessary but not sufficient. Educational approaches whether through the mass media or the school system, even the best designed kinds of programs in the school system, don't work very well. If they do work it is on an isolated basis, showing small gains as a result of these programs. Seldom do they ever stand up to evaluation. So, that is sort of the punch line, and now, I am going to explain some of this fascination with media, and I will elaborate these things a little bit.

There is a fantasy and a reality of mass media, and we all tend to want to believe the fantasy. The fantasy is that there is a 30-second spot that can stimulate behavior change, that if only we can get to the right people at the right time with the right message, we can actually change their behavior. Mass media can do it alone. We have this unbelievable faith that mass media can change people.

There is the story of Fonzie on Happy Days. Fonzie gets a library card one night on Happy Days. The next week library card requests go up all across the country. Kids are running off to the library to get library cards. People look at that and they say, "Aha, if Fonzie can stimulate people to get library cards, let us have him testify in front of Congress about drug abuse. Let us have him do a spot on teenage pregnancy. But if we take this kind of action on a very low involvement behavior and translate that to alcohol or to drugs or to sexuality it doesn't work. If we get the right person to say the right message to the right people at the right time, we really think that is what it is about, and it simply doesn't work. The reality is that mass media campaigns, and you have to differentiate between mass media campaigns and mass media in general, can be a powerful adjunct to a well-defined comprehensive program at a community level, but in isolation (when that is all you do) it simply doesn't do any good. You have to start looking at mass media in addition to rather than instead of other approaches. Mass media in general, aside from the specific kinds of campaigns has enormously profound effects. Each of us looks the way we do, dresses the way we do, talks the way we do in part because of the influence of mass media.

There are three key areas that I want to address very briefly. One, what are the effects of campaigns; two, why do we use campaigns; and three, what is the role of campaigns? There is sort of this "Alice in Wonderland" quality about the way we think about media. Research indicates that mass media campaigns have little or no effect on individual behavior. Yet, we know that the power of the media is enormous. For example, 98 percent of homes in the United States have at least one television set. There are more homes in the United States of America with television sets than there are with bathrooms.

Television is on an average of 7 hours in each household on the average in the United States. That doesn't mean that an individual is watching it 7 hours a day, but individuals do watch television on the average of about 31 to 32 hours a week. It is a major fixture in the American household. It is so ingrained in our everyday life that we don't even think about it. We just take it for granted. Television is a major source of education and socialization. From early childhood, through high school television consumes more time than any other single activity except sleeping. By the time a kid gets to be 5 or 7 years old, they will spend more time in front of a TV set than they will pursuing a college degree. A participant at the White House Conference on Families several years ago noted that television has become another member of the family. We eat meals near it. We learn from it. We spend more time with it than any single individual. Television is central in our children's lives, as a tutor, babysitter, teacher, entertainer and salesperson all rolled into one.

George Gerbner, a major critic of television, calls it our own little ministry of culture. Television communicates culture. Gerbner says that if you can write a nation's story, you don't need to worry about who makes its laws. Today television tells most of the stories to most of the people most of the time.

Okay, so, when we look at the effects of campaigns, we find that campaigns increase the level of awareness somewhat. Maybe people learn a little bit, increase knowledge, but there is absolutely no shift in deeply ingrained attitudes or deeply held behaviors, and certainly if you define the purpose of a mass communication campaign to prevent somebody from using drugs or get somebody off of drugs, it is virtually, I think, an impossibility. Certainly in terms of a treatment modality, and some people actually think that mass media can be a treatment modality, forget it. Everything we have heard here today argues that drug abuse is an enormously complicated problem.

Even though we don't see the primary effects from campaigns, there are a whole range of indirect or secondary effects which I think are very important. No. 1, television, mass media in general plays a very important role in agenda setting. Some people have said that media may not tell us what to think, but it certainly does tell us what to think about, and I think that is a key issue. Media can stimulate public debate. It can legitimize issues, make it okay to talk about it. Nobody talks about incest. We have a 90-minute television movie on incest, and the next day people feel it is a little bit better about the problem, it's a little bit easier to talk about it. It increases the visibility of problems. It normalizes or helps to normalize and reinforce new behaviors

that may be stimulated by other kinds of more interpersonal and person-to-person interventions. Also, it helps in the transition of changing assumptions about what is okay behavior and what isn't okay. Somebody said today that we have smokers on one side of the room and nonsmokers on another side of the room. Somehow in our society in terms of smoking, we have changed assumptions totally. It is now assumed that it is not okay to smoke unless you ask, whereas it used to be the other way around. Now, we are talking about public policies that establish smoking areas rather than nonsmoking areas. That is an enormous shift to have taken place, and media can help reinforce that shift.

As an example of this agenda-setting type of thing and the way that extensive mass media, not campaigns, but mass media attention provides a backdrop for action and makes action possible, let us look at the war on drugs. Nancy Reagan was out running around for a couple of years about the war on drugs, visiting treatment centers, making public statements. She received some media attention, but not a whole lot happened. Len Bias died of an overdose, and it riveted the nation's attention on Len Bias and the huge tragedy because of the position that he had and the opportunities that he had, and all of a sudden the whole thing took off. Candy Lightner was able to crystallize the alcohol issue through the mass media. Okay, even though all kinds of efforts go on for years and years all of a sudden something happens, and it crystallizes the mass media. It rivets attention on it, and I think this is a positive function that the media can play, except if it rivets attention on it and then we don't have any thing to come up with, and I feel like that is what is happening pretty much in the field in general, and I think it is one of

the key issues that people in this room are trying to address. We have got ADAMHA in the health service with about \$260 million of new money, and I don't think they know very much what they are going to do with it except just sort of throw it on out there. Someone in this group said that it is a crime to throw this money out for interventions and demonstrations without research. It may be a bigger crime to throw out money for interventions that we know are not going to work and still do research on top of that. So, I think we really have to look to whether the war on drugs, once it has stimulated all this public hype, is going back to strategies in the past that we know don't work, and we are just going to do more of the same, and when you do more of the same, and that didn't work in the first place, more of the same becomes part of the problem that you have to overcome.

Why do we use mass media campaigns? Problems are seen as relatively simple and reducible to individual behavior. We have this view that if only people knew, if only they did the right thing, then they wouldn't have these drug problems. So, our key goal is to get them information, because once we get them information, we know they are going to make the right choice because anybody in their right head would.

What is the fastest way to get people information? You have got 98 percent of the homes covered. It is to put it on the mass media. So, let us get this information out to them. Let us fill this empty vessel with information, and they will make the right choices. It doesn't work. It doesn't work because it is a problem that is not isolated from the larger society but ingrained in the social fabric. Like we heard this morning you have to take a systems approach to understanding what happens

because when you intervene in one part of the system there are effects in other parts -- some sort of accommodation happens in another part. It's the same thing with mass media. You cannot have a situation where you have television stimulating consumption values being driven simply by a profit motive where you have wide-scale availability of alcohol, where you have cigarettes which are the No. 1 killer in the United States being subsidized in one-half dozen different ways by the Federal Government and then turn around and say, "Hey, this is a drug you should not use."

We also use mass media not only because it fits with our idea of education being important, but, also, because education is noncontroversial. Nobody is against giving people education. A lot of people are against economic development in communities or looking at producers as a cause of the problem. Nobody is against education. It is a non-threatening strategy. It works for everybody. It is easy. We put together 30-second spots. They are really flashy, colorful. We call it a program. It is fun. We can sometimes interact with movie stars or athletes. We can get to know people. We can see some sort of creative stuff coming to fruition. It is relatively instant. It doesn't take long to put together these spots, and basically it shows concern for the problem, and for many agencies who do this, it is like a commercial for the agency, "We are concerned with this problem; we are doing something about it."

But why don't these campaigns work? We have such great intentions. We have all these advertising geniuses willing to help us out now. They don't work for several reasons. No. 1, the other media don't support it. The campaigns are done in isolation, and we don't deal with

media images that are nonsupportive, and we don't deal with communities that are organized around conditions and that live in conditions where drug abuse is a reasonable alternative, where it is easy, widely available. You cannot generate the extended reach and frequency that might be necessary on the media to have any kind of effect. The advertising model that much of this is based on is not really an advertising model. See, that is where we have been fooled. The advertisers say, "Hey, you can change this behavior using an advertising model." The advertising model is a marketing model, and the marketing model has four elements, the right product at the right price, the right place with the right promotion. We don't have any of that kind of backup for these media campaigns. What we think we have is the right promotion. We are trying to sell an idea. The cigarette people go out, and they have price discounts. They have freebies that they give out. They sponsor other kinds of events. They insinuate their product into everyday life in a lot of different ways.

The alcoholic beverage people, take their product and try to erase the difference between their product and any kind of soft drink, to minimize the health concerns. Campaigns end up to be victim blaming. They end up to focusing on the person with the problem and giving them little other support except telling them that you need to make the right decision.

There are all kinds of other things, reasons why they fail that I won't go into discussing, not the least of which though is the fact that the formative research that goes into these campaigns is either nonexistent or very poorly done.

In other words, we don't do good audience analysis. We don't do message pretesting. We don't do market segmentation. We don't apply communications theories. All these things have to be done. We don't do it because partly we are using media because it is cheap and inexpensive and fast, and if we start building in all of this research, it no longer becomes cheap. It no longer becomes fast.

Okay, what is the role of media? I think there are a lot of things that we can do. No. 1, media can be used to keep drugs on the public agenda, and I think it is important to have drugs on the public agenda as a backdrop for keeping communities involved. One thing we heard today was that these kinds of law enforcement programs seem to work better when the community is involved, when the community has made a public statement that drugs aren't going to be the norm in this community. You know in Oakland, California, a couple of weeks ago, we had two big marches of parents against drugs and the take back the street sort of movement. That simply would not have happened two years ago, and the reason it would not have happened two years ago is that we did not have this big media attention which has recently legitimized the issue and made it easier for people to talk about it, made it easier for people to say, "Let us do something about it" and feel like they were involved in it with other people.

Highly specific media campaigns that are well designed and reinforced by a network of community problems probably can help create an environment in which drug abuse is easier to avoid, in which drug abuse is easier to mobilize against, in which people feel more part of a social network with a common purpose where they are more likely to act, and they

are more likely to persevere to change public policy and economic and other local conditions that contribute to and sustain drug abuse. If you are going to do a campaign -- and I know most of you people do campaigns, and you have people who come to you, social marketing people, advertisers who want to do something good; they say, "We know we can be effective." You have got to start asking them some questions. You cannot just let them show the spots they have done in the past and say, "Those are beautiful; let us put them on the air" -- you have got to set realistic goals; what can you accomplish as a result of your campaign? What do you want people to know, believe and do? What are your clear objectives? Do you have adequate funding to involve community groups? Do you have adequate funding to develop a network within the community which will institutionalize the anti-drug abuse issue, rather than having a mass media campaign and after two months everything is gone, and everything is forgotten. Are you going to have extensive formative evaluation; are you going to find out what happens as a result of putting this money into this campaign?

Sometimes people think because these campaigns don't cost money that they might as well do them because they don't do any harm. There are two reasons that is not true, No. 1, if they do cost money, they could be taking resources away from other kinds of strategies which may be more important; No. 2, even if they don't cost money, they can give the appearance that the community is taking a serious approach or the Federal Government is taking a serious approach to these problems by putting their weight behind these messages, when, in fact, they are not really doing anything. So, it can give the sense that something is being done when it isn't.

What can you do? You can question the purpose of the campaign; how does it fit with other kinds of approaches; is it being used instead of, rather than in addition to other kinds of projects. When these people say that it is effective, you want to know from them, what do you mean by effectiveness; what do you mean it works?

The final point that I want to say is that we saw an excellent article, I thought, in the New York Times, and I see good articles on some of these issues in the Wall Street Journal and other places. Some of the TV stuff I am not too crazy about. You have to realize that the mass media operate for the most part on the same model as the society in which it exists. This means that the media tend to see these problems as individual level problems. Media presentation of these issues is characterized by the fact that it is an individual problem, that there is an absence of social conflict, that it is ahistorical. Mr. Kerr from the Times told us that it is just once the problem gets rediscovered and you reflect on it, you realize that it is not the first time around, but the media treats it as ahistorical, and finally that there is a great sense of immediacy, that it is all happening right now, that we have got to do something right now, that we cannot afford to sit back and take a long-term planning rather than a short-term crisis, problem solving approach. We need to do both in this society. We need to deal with the short-term stuff and then we need to look and set up long-term institutional responses so that we are not back in the same situation five years from now.

Thank you.

(Applause.)

(There was a discussion period.)

December 19, 1987

9:00 A.M.

Small Session C: "Drug Abuse Treatment for User-Criminals."

DR. MORRIS: We have a traveling road show that performs here and then after the coffee break performs upstairs, and it is my task to do my best to tease out from the discussion some points, at least that might be reported to the Plenary Session later. I am not going to spend any time at all on introducing our resource person, Dr. Anglin and our discussants, George De Leon and William Butynski. You know their position. You see their appointments in your program. For my own part, I look forward to this morning because I want to learn a great deal more than I now know about the treatment of the user criminal, and I want to make one other point. I think the focus of our thoughts and perhaps of our discussion should, also, include what this Workshop should recommend to NIJ and to other governmental agencies in the field of treatment which seems to me, at least to have been greatly neglected in recent governmental discussions and allocation of funds.

So, Douglas?

PROF. ANGLIN: I am going to spend seven to ten minutes going over some data so that you can see how 15 years of work on the treatment of narcotics addicts has led to my conclusions. Those conclusions are experiential, based on interviews with hundreds of addicts throughout California -- on the streets, in jails, and in prisons -- and the subsequent analysis of data from those interviews.

I think that yesterday Bud Gropper was very concise in indicating the relationship between drug abuse and crime. I cannot resist showing

one of my own graphs so that you can have a visual representation of just how extensive that relationship is. This data used in preparing Figure 1 is derived from a sample of methadone maintenance clients that we interviewed six to ten years after their admission to the program. We have here a base line, starting with initial use at about age 18, addiction at about age 20, a long period of addiction up to about age 29, when this particular group entered methadone maintenance, a period of approximately 2 to 2.5 years on methadone maintenance, and then a posttreatment period.

The bottom, dotted line is the amount of property crime that would have been expected among this group had there been no addiction; when I speak of crime, I will generally be speaking only of property crime. The solid line represents the actual amount of crime. When the subjects become addicted, there is a significant jump in the amount of crime they commit. There is a sharp drop in crime when they enter methadone maintenance, and the decrease is maintained during the time that they are in the program. When they leave the program, there is a sharp jump to pretreatment levels of crime.

I should also note that treatment, in my experience, was of two types: either the Civil Addict Program run by the Department of Corrections of California, or methadone maintenance. I am familiar with the literature about outpatient drug-free therapy, but I have no direct experience with it.

QUESTION: That base line number is age- and socioeconomic status-adjusted average rates, or where does the base line come from?

PROF. ANGLIN: The base line is the amount of property crime self-reported by our addicts for their nonaddicted intervals during this period of time. Addicts, of course, don't have a continuous run of

addiction. They have long periods of addiction, of irregular use, and of no use at all. The dotted line represents the periods of no use, and this represents a base line of subsistence level property crime.

In my paper, I argue that criminal careers and addiction careers are largely parallel. If you can stop the addiction career, you can stop the criminal career, specifically crime against property.

I will begin by stating my conclusions. Both of the treatments I have investigated work. Civil commitment works -- simply taking an addict through the criminal justice system, placing that addict in a closed institution for a period of time until they have withdrawn from the drugs and have reestablished a structure that doesn't involve drugs, and releasing them into the community with urine supervision under the direction of a parole agent. That is very effective. It is as effective as just about anything else, except perhaps methadone maintenance, I have ever seen that affects drug offenders' behavior.

This data is from the California Civil Addict Program. We were very lucky in our study of the program in that the criminal justice system inadvertently set up a natural experiment for us. Because the justice system was not familiar with the program when it was begun in 1962, mistakes were made in processing about half of the addicts admitted during the first 18 months. These people were released from the program on a writ of habeas corpus after only a very brief exposure.

We first selected a group of patients who had normal exposure to the program. They may not have completed the full seven years of the program, but they had an average of five years exposure to it. We then matched them with subjects who were released out of the program on writs

after only a few months. The solid line in Figure 2 represents the treatment group, those who stayed in the program. The dotted line represents the comparison group, those who were released on writs.

What is plotted here is the percentage of time in each year that the subjects in each group reported using narcotics on a daily basis. This is the addicted time. As you can see, there is a base line up until about two years before their admission to the program in which they reported that they used narcotics daily about 40% to 50% of their time on the streets. In the two years before admission, their use went up substantially -- they were out of control.

After their release from the treatment facility, there is a sharp separation in the behavior of the two groups. The comparison group has a drop from the pre-entry peak back to their base line level followed by a slow, time-related reduction in daily use time. The experimental group, in contrast, shows a sharp drop from both their pre-entry peak and their base line level. The reduction in daily use is retained for the five years that most of them were on the program. There is a small rebound effect as they get off the program, and then a time-related decline.

As an aside, this rebound effect was partly the result of a heroin epidemic. If we plot this data out chronologically, the bump in consumption by both groups occurs during the heroin epidemic of the early 1970s. Clearly, addict consumption responds to availability.

So, civil commitment works. I think this natural experiment indicates that it is a very viable approach if it is carried out properly. Unfortunately, that has not always been the case.

Both New York state and the federal government have subsequently tried the civil commitment approach, the latter as a result of the Narcotic Addict Rehabilitation Act. Both programs were introduced fairly rapidly, were implemented rather badly, and dropped out of sight quickly. The California program, as far as I know, is the only one that is still being used.

QUESTION: Has anybody tried urine monitoring without treatment -- that is, without the invasive, or incarcerated, phase?

PROF. ANGLIN: Intensive supervised probation does that, but someone else will have to speak to the effects of that approach.

QUESTION: In the urine monitoring, what is the extent of revocation of parole or recommitment to the treatment facility if they test positive?

PROF. ANGLIN: Let me address that in my recommendations.

Just quickly, to show you a different measure of the success of the commitment program, Figure 3 shows the self-reported percentage of the addicts' time involved in property crime while they were on the streets. As you can see, the effects are not as dramatic as for self-reported daily narcotics use, but they are still convincing. When you control narcotics use, you are controlling a substantial amount of crime.

Let me point out something else, which is a point I made yesterday also. Notice that we have approximately 13 years of follow-up and, even though the comparison and the treatment groups show a decline in use, 20% of the experimental group still reported committing crimes. I reemphasize that addiction is a chronic, relapsing condition, and that anyone identified as an addict needs constant monitoring for a long period

of time or until there has been a long enough period of "rehabilitated" behavior to release them from supervision. In the Civil Addict Program, they were originally released early if they had displayed three successful years on an outpatient basis. Later, in the late 70's the demonstrated period of rehabilitation was reduced to two years.

QUESTION: What would be the average cost for methadone maintenance?

PROF. ANGLIN: This is civil commitment, and the cost is about the same as for intensive parole. I have some methadone maintenance data to make a later point. Why don't I address that question there?

QUESTION: I want to check my memory on this. As I remember, people have come out of Corona frequently and transferred not just into the outpatient Civil Addict Program, but also into other things like methadone maintenance programs. My memory is that you don't have an uncontaminated civil addict program effect because you have a mixed treatment membership. Is that correct?

PROF. ANGLIN: Yes and no. For these early admissions, we plotted the point at which methadone maintenance became available in California. The first program did not open until late 1969, and then only about 30 people were enrolled. It wasn't until 1971 that significant proportions of people were enrolled in the program. The point where methadone became available is marked with an M on the graphs. Only about 23 percent of the population entered methadone maintenance when it became available. So, up until 1971, we have an uncontaminated system. In terms of other treatment, there were also not that many other treatment centers available, and those that were, e.g., Synanon, did not process very many people.

Thus for most of the years in Figure 2 and 3 that the subjects reported daily narcotics use, the difference between the two lines I attribute totally to the Civil Addict Program, without contamination by any other treatment involvement. So I believe, from the research data and from my personal experience in the program, that civil commitment works in and of itself. I will talk about the interaction between civil commitment and methadone maintenance in a minute.

To state another conclusion, I also believe that methadone maintenance works. Look at figure 4. This figure shows the percentage of time using narcotics daily for about 100 addicts each from three samples entering methadone maintenance treatment programs in Southern California. The first part of each graph shows their pretreatment levels of daily, or addicted, use. The second part shows their posttreatment levels, and the difference is dramatic. The long base line before entry into treatment gives us a good deal of confidence that this is their general level of use. The long posttreatment base line also gives us quite a bit of confidence that the observed effect from treatment is sustained for some time. This is convincing evidence that methadone maintenance works and works quite well.

QUESTION: The last graph is reported crime?

PROF. ANGLIN: Yes, it is self-reported crime. Again, one sees an effect. It is not as strong as the effect on narcotics consumption, but it is there and it is sustained. The difference that you see between the three lines represents program characteristic differences. One program (represented by the dotted line), the one that performed worst, had a low-dose, very rigid policy of kicking addicts off the program if

they failed a urine test. Of course, once they were kicked off, they went back to heavy use. The best program that you see represented here is Los Angeles County's, which had a reasonable dosage level, between 60 and 80 milligrams, and which was very flexible in retaining people on the program as long as possible.

QUESTION: Posttreatment years, is this usage in addition to their methadone.

PROF. ANGLIN: That is correct.

QUESTION: If you adjust for methadone, is their opiates consumption reduced or increased?

PROF. ANGLIN: We used as one measure of outcome the percentage of people who were not on methadone, were not addicted, and were not incarcerated. That is a stringent measure of success. When you use that measure at outcome, the LA County program was comparable to others because it retained about 25% of its sample on methadone from first entry to follow-up, which was an average of eight years. So, when you factor in methadone, the differences you see disappear considerably.

We discuss in our paper the potential for the unnecessary prolongation of addiction due to capture of individuals by methadone maintenance, but we decide, "So what?" They care much better than they were before, and there are not any demonstrated negative consequences of long-term methadone maintenance. So we don't consider that a negative.

We had followed the subjects in that Civil Addict Program sample I showed you earlier for many years. Referring back to Figures 2 and 3, the two Ms on the graph show where the subjects entered methadone maintenance. We asked, "What was the combined effect of sequential

treatment in a methadone maintenance program and the Civil Addict Program?" To do this, we looked at the people for the three years prior to the interview, and we found that we had three types. We had some "bad guys" who were still out there using quite heavily. We had the group that had entered methadone maintenance, and we had the "good guys" -- the ones who had, in Winick's terms, "matured out."

Making that distinction, we projected backwards from their admission to methadone maintenance. Figures 5 and 6 show the results. The good guys, who represented about 50% of the sample, responded to civil commitment just the way they ideally should have. They went in the program and, after five to seven years, they had a fairly rapid reduction in their daily drug use and crime that was sustained after they got off the program. They were pretty stable for the several years prior to our interview.

The methadone maintenance people weren't all that different from the good guys, except they didn't respond to civil commitment as well. As soon as they got off the program, however, there was a huge rebound effect, and as soon as they got on methadone maintenance, they had an immediate and sustained reduction.

QUESTION: As they got older, while they were still on methadone, did you observe considerable alcohol use in that population?

PROF. ANGLIN: Yes. We are doing a 25-year follow-up right now, and we are finding nearly 28 percent of our sample dead, many of them due to alcohol-related problems. We also have a few people who are alcoholic street drifters, and are thus difficult to find.

What I call the psychopathic group, the bad guys, had a higher narcotics use even before they got into the Civil Addict Program. The Civil Addict Program affected their use, but by the least amount of all groups; I emphasize, however, the point that it did affect even them. These are the true bad guys, the sociopaths that stay in a revolving door of drug use, crime, and incarceration. Even though you may not see an effect when you are working with them within the system, when you trace them longitudinally, there is an effect. It is minimal, but it is there. Thus, Civil addict supervision seems to work for everybody to a greater or lesser degree.

Following the psychopathic out along the graph, the time-related trends do not change much all the way along, and this is 13 years of data. The peaks here, again, are partly due to the heroin epidemic in the United States about the same time that methadone became available, and you can see that the compulsive chronic users respond to heroin availability fairly strongly. One of these days, I hope to plot my data out chronologically and plot consumption data against availability data to see if you can judge availability from self-reports of consumption.

I want to make one more point in these next tables, which are from a paper in process. We have performed a subsequent analysis of reasons for entering methadone maintenance, which is shown in Table 1. We divided those reasons into three levels. The first level represented a very high level of criminal justice coercion, where they either went into treatment or they went to jail. The subjects in this level were on a legal supervision status with urine monitoring at entry. Typically, when we asked them why they entered the program, the addicts said, "I wouldn't

have gone into treatment unless it had been ordered by the court or pushed by my parole officer." The second group had a moderate level of coercion by the criminal justice system, and the third group had no coercion at all. Table 2 shows the coercion levels involved.

When we started this, we expected to find perhaps that retention was longer for the highly-coerced group and that maybe their behavior would be a little bit worse because they were "badder" guys. To our surprise, when we looked at the effects of treatment on all these variable, we saw no differences between the three groups in criminal behavior. We saw no differences in relationship behavior. We saw no differences in alcohol use, in marijuana use, in dealing behavior, and in working behavior. We found only one significant difference, and that was in a category we call "dealing even," which is bartering for drugs.

What this data implies is that it doesn't matter how you get an addict into therapy. Even if they come in kicking and screaming, held by the scruff of the neck by the criminal justice system, they do just as well as someone who comes in "voluntarily."

The second question is how do they do after they get off treatment? We looked at that, too, from discharge from treatment to the interview. Again we found nothing except that the bad guys, or those coming under high legal coercion because they were on parole or probation with urine testing, ended up spending more time in jail. But when they were on the street, there were no differences in their behavior from the other two groups.

To restate my conclusion from the data: treatment works. No treatment works great, but treatment does work. It works better over time, but no matter how an addict is pushed into treatment, it works as well for them as it is going to work for anyone else. Thus, the criminal justice system should interface with treatment programs more than it does. I think such an interface would solve a lot of problems such as overcrowded jails and the high costs of institutionalization. By trying at every level within the criminal justice process to put people into treatment, considerable reductions in criminal careers that are motivating by addiction would occur.

You could do it at diversion stages. You could do it at pretrial stages or at pre-incarceration stages with probation linked to treatment, which, in fact, is quite often done. You can use a residential program as an alternate to incarceration. You can do early release from incarceration to a treatment program. You can make entering treatment a condition of early release for people who warrant it. I think these measures would be a terribly cost-saving and terribly cost-effective way for the criminal justice system to deal with addict offenders.

Now, there are some problems with implementing these suggestions. The biggest problem right now is from the treatment side. There are simply not enough treatment slots. There are long waiting lists. At the earlier conference in September, I heard complaints from many CJS practitioners that they would love to use the treatment alternatives, but that they could not get their addict offenders placed. Probation officers couldn't get someone into a program. One solution, I think, is that the criminal justice system needs to lobby the

treatment-funding systems for additional monies, but I also think that the criminal justice system can buy treatment for the people under their own supervision. In California, there is discussion now between the department of alcohol and drug programs and the parole and probation system about the possibility of setting up additional slots that would be contracted and paid for by criminal justice system agencies and reserved for their wards. This, I think, is a good thing, and will probably go through. I think it should also be considered elsewhere.

I also think some of the money that is coming to the criminal justice system should be used to buy treatment for chronic addict offenders. Now, there are always people who resist this type of advice, and resistance is a matter of value judgment. When you saw the slight improvement of the bad guys in the Civil Addict Program, the question comes up, is the improvement worth keeping them in a community program? What is the cost given their high level of continued drug use and crime as opposed to selective incapacitation and just locking them up for a while? I don't have the answer to that yet, but it is a question that deserves further consideration.

DR. MORRIS: I think it would be better to save questions. Thank you.

George De Leon, would you begin the commentary and discussion it will lead into? George De Leon, Phoenix House.

DR. DE LEON: I have several points to make which I will attempt to present in a systematic order. In general, they will focus upon what we know about treatment outcomes for addicts in general and criminal offender addicts in particular. A second theme will underscore a

recommendation for research and policy concerning linkages between the criminal justice and drug treatment systems.

As some of you may know, my experience concerning drugs and crime derives primarily from research of the traditional therapeutic community approach. Recently appearing literature provides a systematic account of the therapeutic community, what it does, how it does it and what its outcomes are (e.g., De Leon, 1985, 1986). However, my remarks today reflect what is known about drug treatment in general, although a particular emphasis on certain points will be supported by illustrations from my work in therapeutic communities.

What do we know about treatment effectiveness for addicts? The answer to the question requires an understanding of varieties of treatment approaches to drug abusers. There are four major treatment modalities: detoxification, methadone maintenance, outpatient drug free settings and drug free residential therapeutic communities. There are some essential differences among the modalities. As a treatment, the principal aim of detoxification is the elimination of physiological dependence through a medically safe and relatively inexpensive procedure. The secondary objective is to refer the detoxified client to other modalities.

Methadone maintenance programs have been guided by the general view that opiate addiction is a recurring disease which may relate to physiological or metabolic anomalies and that addition to illicit opiates assures involvement in a criminal life-style. The principal aim of methadone maintenance is to permit the addict to sustain a prosocial life-style undistracted by the illegal pursuit of narcotics. Abstinence from chemical dependency is not a primary goal, although it eventually occurs for some clients.

Outpatient drug free centers include a diversity of ambulatory and day care programs. Originally offered for relatively well socialized opiate abusers, these outpatient settings evolve into a modality attracting non-opiate, alcohol and/or poly drug abusers.

The therapeutic community views abuse of any drug as a self destructive behavior, reflecting personality problems and/or chronic deficits in social, educational and marketable skills. Its antecedents lie in socio-economic disadvantage, poor family effectiveness and in psychological factors.

The principal aim of the therapeutic community is a global change in life-style: abstinence from illicit substances, elimination of antisocial activity, employability, prosocial attitudes and values. A critical assumption for the therapeutic community is that stable recovery depends upon a successful integration of prosocial and psychological goals. Rehabilitation, therefore, requires multidimensional influences and training which for most can occur only in a 24 hour long term residential setting.

Each treatment modality has its view of drug abuse, each impacts the abuser in different ways, and the effectiveness of each must be evaluated in terms of its principal aims. With respect to detoxification, for example, there is virtually no mortality or morbidity reported. Temporary treatment for safe withdrawal from physiological dependency is achieved in well over 90% of admissions to this modality. Occasionally, long term cessation of opiate abuse follows, but relapse is the rule and rehabilitative effects are rare.

With respect to methadone maintenance, if effectiveness is defined in terms of heroin or methadone abstinence, less than 10% are judged successful ten years after treatment. Most clients followed show histories of recurrent relapse through illicit use of heroin or methadone, alcohol abuse and/or criminality or have required retreatment. When success includes those remaining on legal methadone, however, results are considerably brighter. One year retention rates range from 45 to 75%, the highest among all modalities. About 30% in the national survey samples reveal favorable outcomes (employment, no criminality, abstinence or continued licit methadone). Thus, methadone maintenance offers an effective treatment for blocking illicit opiate dependence. Moreover, its ancillary services can facilitate rehabilitative effects for a number of others, if abstinence is excluded as a criterion for success. (De Leon, 1981).

Evaluating the effectiveness of drug free outpatient treatment has proved to be more difficult because of the wide varieties of programs and clients served. National survey studies, however, reveal favorable outcomes are estimated to be about 34% when criminal status is not included as an outcome measure. Ambulatory settings are generally successful in reducing illicit drug use, however, research indicates that there is little effect on alcohol or marijuana abuse. Nor is this modality seen as particularly appropriate for the more antisocial drug abuser. (Hubbard et al. 1984).

For traditional long term therapeutic communities, national surveys indicate that nearly 40% of clients achieved maximally favorable, outcomes (no crime, no illicit drug use and prosocial behavior).

Representative results are reported for Phoenix House. Graduate success rates exceed 75% five to seven years after treatment; among dropouts, success rates average 33% but the percentages relate directly to time spent in treatment. Over 50% of those who remain a year or longer in residence are successful across five years of follow-up compared to about 25% who stayed less than a year (De Leon, 1984, 1986).

Regardless of modality, all studies indicate that the most consistent predictor of successful posttreatment outcome is length of stay in treatment. (De Leon, 1985; Simpson, 1984). A third fact concerning treatment outcome studies is that they uniformly reveal impressive reductions in criminal behavior as well as drug abuse, particularly therapeutic community findings. This demonstrates the positive effects of rehabilitation on both criminality and drug abuse.

Other than time in program, the most consistent client characteristic that predicts negative outcomes is lifetime criminal severity.

DR. MORRIS: May I just ask, severity is the gravity of the crime or the frequency?

DR. DE LEON: That is a good question. The severity issue has been handled empirically in different ways by different investigators. Most usually severity is viewed as duration of criminal history with a particular emphasis upon early onset of crime. Crime usually before regular drug use is a key measure if individuals have earlier incarceration or juvenile justice institutionalization. The client with early history of criminality is usually one which reveals a more consistent involvement in crime, it is kind of a criminal severity proxy variable.

DR. MORRIS: It is really a persistence variable.

DR. DE LEON: Yes, as I mentioned earlier, it is handled in different ways. Some studies have used index crime to develop a severity measure. However, this measure has often been correlated with age of onset of criminal activities as well as duration of criminal involvement. One point about duration of crime. Individuals showing a rather long term prudery criminal inclination appear to be delinquent types, well described in the deviancy literature. These drug abusers are recalcitrant in both the correction and drug treatment systems. Nevertheless, though many of these may not be successful in terms of the therapeutic community's rigorous criteria for outcome (no crime, no drugs) many yield considerable reductions in their antisocial behavior. Significant decreases in criminal activity occur although "clinical cures" appear less often.

Fourth, as I stressed earlier, the most consistent predictor of successful outcome is length of stay in treatment. There is no particular profile of the clients who will be successful in any treatment modality. In particular, clients who are legally referred yield similar positive outcomes when compared to those who are "voluntary" referrals, although among the latter who have no history of criminality, success rates are somewhat higher. Thus, the role of legal referral in posttreatment outcomes is somewhat unclear, although large numbers of legally referred clients show dramatic reductions in criminal activity; and many, as in the case of therapeutic communities, are fully rehabilitated. Although a specific relationship between legal referral and posttreatment outcome is unclear, research shows that legal referral does increase length of stay in treatment. This is important, given the fact that time in program is the most reliable predictor of success.

How is it, then, that legal referral increases retention in treatment, but is not a direct predictor of posttreatment outcomes? The answer to this question is complex, apparently relating to several facts: (a) legally referred clients are more likely to survive early dropout compared to "voluntary" clients. After six to nine months of treatment, however, the legally referred client is just as likely to leave treatment as a "voluntary" client. (b) The implementation of the legal referral process varies widely; that is the involvement of the criminal justice system in the legal referral process is variable and uneven. This affects the degree to which legally referred clients actually "perceive" legal pressure. The extent to which legal referral will increase retention depends directly upon how much the client perceives the "pressure" implied in the legal referral. Thus, the variance in the intensity, consistency and duration of the legal referral process has affected client perception of pressure, and hence, retention in treatment. (c) A third factor affecting outcomes statistics respects differences among subgroups of clients both within and outside the legal system. Research has primarily examined a crude viable defined as legal referral versus voluntary referral. In actuality, among legally referred clients, there are those who are probated, paroled, court mandated; and, conversely, among the voluntary clients, there are those who are legally involved, although not legally referred. Legal involvement includes such factors such as arrested, awaiting trial, awaiting a court sentence, etc. Added to these distinctions is yet a further complexity in that among illegally involved clients are those who actually perceive legal pressure and those who do not, regardless of their referral status.

This third factor, concerning the varieties of subgroup differences obscures the legal referral factor in treatment outcomes. It is clear that research must clarify these subgroup differences.

A better understanding of the relationship between retention and treatment outcome, particularly with respect to legal pressure can be understood from the recovery process. A successful recovery from drug abuse emerges from an interaction of client and treatment factors. On the client side, intrinsic factors, such as motivation, readiness and acceptance of the treatment regime are essential, for positive adjustments. However, many drug abusers are unwilling or psychologically unprepared to acknowledge or change their drug abuse patterns. For these, outside pressure from family, friends, but particularly the legal system often compels the option to change. For example, not infrequently, clients at Phoenix House confess that the courts, or fear of arrest influenced their remaining in the program until they were internally motivated to continue on their own.

Given what we know about treatment outcome, retention, and the role of external pressure in the recovery process, the following recommendation is made. There must be a new linkage between the criminal justice and treatment systems. The agenda for that research is to specify the important subgroup differences across drug abuse offenders particularly in terms of criminal severity, and perceived legal pressure. Research in this area is underway with preliminary classifications describing at least three important subgroups: legally referred -- client directed to treatment through the criminal justice system; legally involved -- drug abusers who though not referred to treatment, have or

fear having a legal status, e.g., arrest, a court case, warrants pending, etc.; voluntary clients -- individuals with no legal involvement -- among these, however, further subgroupings are necessary to distinguish between voluntary clients with past histories of legal involvement and/or legal referral to treatment and those who have been crime free. Additionally, research is now developing measurement instruments to assess client perception of legal and social pressures as well as to tap their intrinsic pressures such as motivation and readiness to change. (De Leon & Jainchill, 1986). However, a definitive program of research must be undertaken to evaluate the effectiveness of treatment for clients who are properly identified as eligible for treatment in the criminal justice system. In this regard, for example, judges, district attorneys and defense attorneys are anxious to know what are the characteristics that would best identify clients suitable for treatment rather than jail. A full clarification of the legal referral, legal pressure, legal involvement, motivation and readiness issues constitute the information needed to identify appropriate clients.

Finally, a successful union between the criminal justice and treatment systems will require mutual education particularly with respect to the rehabilitative and recovery process. Special emphasis must be placed upon the continual involvement of the criminal justice system in the legal referral process. This involvement focuses upon the establishing of a uniform set of procedures for legal referral and to assure consistency (e.g., surveillance and consequences for violations) in the Criminal Justice System involvement to maximize the motivational benefits arising from the client's perceived legal pressure.

DR. MORRIS: I am sorry to belabor the time question, but I do want to leave time for critical feedback. William Butynski?

DR. BUTYNSKI: Thank you. I will briefly cover three areas: one, provide an overview of the current drug abuse treatment system throughout the country; two, present a brief description of the Treatment Alternatives to Street Crime (TASC) program; and three, provide an overview of the new Anti-drug Abuse Act of 1986, focusing specifically on drug abuse treatment dollars, and I have a few overheads.

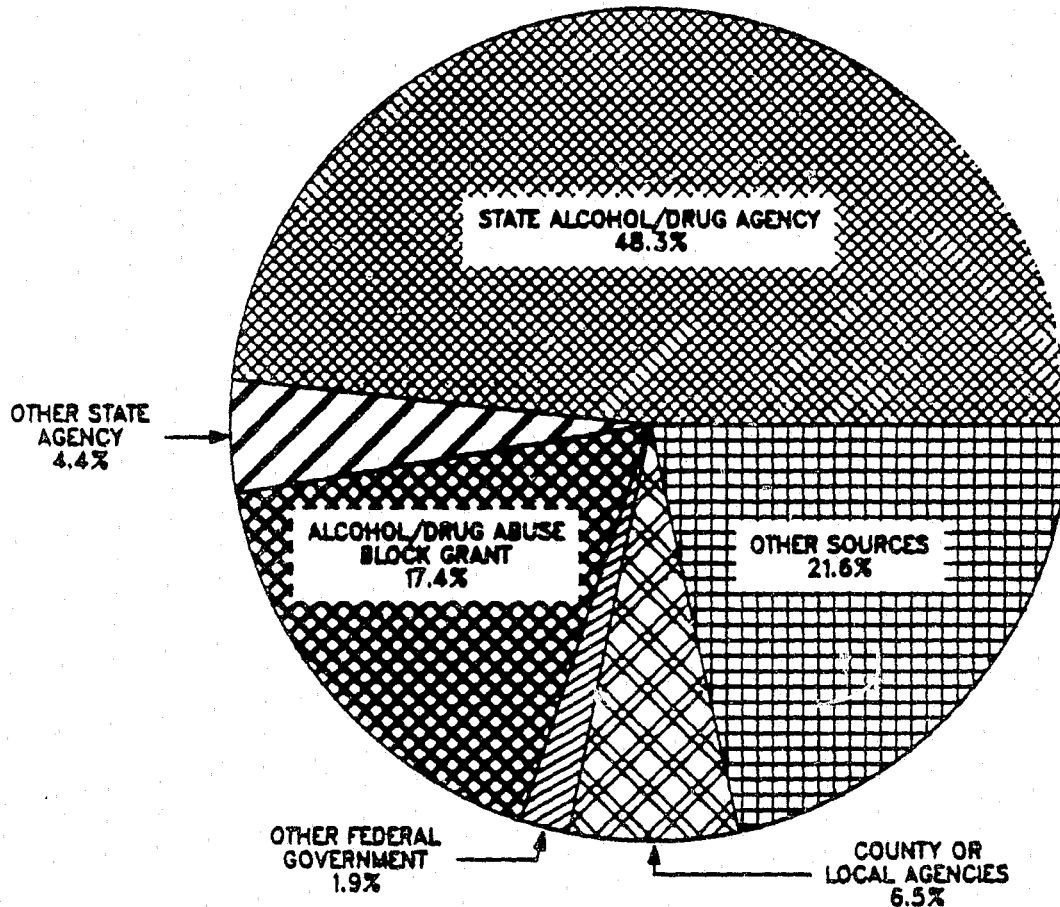
First, see Figure I. In terms of the current drug treatment system throughout the country, Figure I provides an overview in terms of dollars. With all of the recent publicity in terms of federal dollars one might think that, in fact, federal dollars constitute the major portion of the drug abuse treatment system. That simply is not accurate. As you can see from this graph, in fact, state dollars provide the majority of funds going into alcohol and drug abuse treatment.

I should emphasize two areas on this chart and most of those that follow. Alcohol and drug monies are combined. Also, the bottom note entitled "Source" is important: Data are included only for those programs which received at least some funds administered by the state alcohol and drug agency.

That means, for example, that the private for-profit treatment system resources are totally excluded from these data. In terms of relationships to the criminal justice system I expect that this exclusion doesn't make much difference. The data provided are really for public and private not-for-profit programs. As noted on Figure I and on Exhibit I, the state agencies provide most of the money. It comes from state

FIGURE 1
MAJOR SOURCES OF EXPENDITURES IN FISCAL YEAR 1985
FOR ALCOHOL AND DRUG ABUSE SERVICES

Total Expenditures: \$1,364,765,441



Source: State and Alcohol Drug Abuse Profile FY 1985; data are included for only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985.

revenues, and usually it is channeled through state alcohol and drug abuse agencies. There are a few exceptions in that the alcohol and drug abuse block grant provides most of these resources in some states (see Exhibit I, column 3).

Following as Exhibit II is information on "Economic Costs to Society of Alcohol and Drug Abuse as Compared to Allocations for Alcohol and Drug Prevention and Treatment Programs." The cost data is derived from the RTI study. That was completed in 1984. The prevention and treatment program allocation data are taken from the State Alcohol and Drug Abuse Profile (SADAP) study which is conducted annually by NASADAD.

Essentially alcohol problems cost \$116 billion, drug problems cost \$59.7 billion for a grand total of over \$176 billion per year. Program allocations are about \$1.3 billion. Most of those in fact, go for treatment. As you can see, relatively little money, in fact, goes into prevention. One important fact is that less than 1 percent of the cost of alcohol and drug abuse problems goes into alcohol and drug abuse services. Less than 1/10 of 1 percent, in fact, goes into prevention services.

Following, as Exhibit III, is information on number of treatment units. Again, what may be of most interest here are the totals on the bottom of the sheet. Over 5,900 alcohol and drug treatment units received state monies in Fiscal Year 1985.

Next, following as Exhibit IV is some client information. There is a breakdown here of detox, maintenance, and drug-free treatment admissions in terms of hospital, residential or outpatient. You might just want to look at the total columns. These are drug treatment client

EXHIBIT I
EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES
BY STATE AND BY FUNDING SOURCE FOR FISCAL YEAR 1985

STATE	STATE ALCOHOL/ DRUG AGENCY	OTHER STATE AGENCY	ALCOHOL/ DRUG ABUSE BLOCK GRANT	OTHER FEDERAL GOVERNMENT	COUNTY OR LOCAL AGENCIES	OTHER SOURCES	GRAND TOTAL
Alabama	1,854,694	0	3,748,335	292,744	N/A	N/A	5,915,793
Alaska	14,000,700	0	1,504,400	0	4,006,763	0	19,511,863
Arizona	9,636,203	N/A	3,793,471	0	N/A	6,788,444	20,218,120 A B
Arkansas	1,785,517	0	2,111,218	1,179,584	0	327,223	5,403,542
California	75,516,000	438,000	30,547,000	3,831,000	24,033,952	67,567,768	201,933,720
Colorado	9,476,302	1,100,000	3,083,967	0	0	2,558,953	16,219,222
Connecticut	7,192,697	0	4,488,451	2,639,323	0	12,767,264	27,087,735
Delaware	2,444,977	0	1,311,925	0	0	0	3,756,902
District of Col	189,067	16,847,010	1,861,600	0	0	0	18,897,677
Florida	23,786,832	1,493,724	15,311,138	100,041	0	0	42,891,735
Georgia	19,092,515	0	2,091,268	0	598,881	2,015,078	23,797,742
Guam	N/A	0	206,092	0	0	0	206,092 A
Hawaii	1,339,908	N/A	996,579	36,397	35,225	1,265,019	3,673,124
Idaho	1,795,804	N/A	1,027,071	N/A	N/A	N/A	2,822,875
Illinois	39,773,570	20,680	7,562,566	0	0	0	47,356,816
Indiana	3,143,592	4,772,872	2,934,313	2,292,680	397,950	4,142,284	17,683,691
Iowa	8,164,993	458,670	2,342,473	171,794	1,107,429	35,694	12,281,053
Kansas	3,175,100	1,445,400	1,469,500	177,000	1,500,000	635,000	8,402,000
Kentucky	967,733	3,325,479	2,546,808	6,550	1,054,371	0	7,900,941
Louisiana	8,659,523	962	3,937,715	216,739	0	0	12,814,939
Maine	4,025,510	266,000	1,316,304	120,000	480,000	2,425,000	8,652,814
Maryland	21,802,397	N/A	2,950,416	1,062,583	1,247,220	1,087,381	28,149,997
Massachusetts	28,894,667	N/A	6,440,634	0	N/A	599,000	35,934,301
Michigan	25,360,748	1,225,000	10,727,884	1,609,796	6,856,306	19,766,141	65,545,875
Minnesota	2,333,500	N/A	2,665,500	10,800	N/A	N/A	5,009,800
Mississippi	2,651,222	0	1,098,003	3,077,075	N/A	N/A	6,826,300
Missouri	6,978,116	0	3,583,769	840,453	N/A	N/A	11,402,338
Montana	207,920	1,938,141	1,095,187	418,008	1,483,350	2,917,470	8,060,073
Nebraska	3,941,659	0	1,057,490	0	475,198	709,320	6,183,667
Nevada	1,446,229	0	2,198,309	0	147,163	2,760,389	6,552,090
New Hampshire	1,029,960	0	1,305,230	0	0	0	2,335,190
New Jersey	12,204,000	1,000	9,170,000	932,000	N/A	N/A	22,307,000
New Mexico	9,981,236	492,300	2,252,950	844,800	0	N/A	13,571,286
New York	136,329,671	704,199	28,345,055	1,425,901	21,448,538	121,115,117	309,368,681 C
North Carolina	2,813,637	N/A	3,709,862	N/A	N/A	N/A	6,523,519
North Dakota	1,017,000	N/A	615,000	0	N/A	145,000	1,777,000
Ohio	11,273,988	7,881,975	8,435,456	1,389,557	1,523,906	5,253,715	35,960,797
Oklahoma	4,054,743	0	1,868,325	0	N/A	N/A	5,923,068
Oregon	7,063,378	N/A	3,547,557	304,295	N/A	N/A	10,915,230
Pennsylvania	26,902,000	8,272,000	11,546,000	99,000	3,326,000	15,367,000	65,712,000
Puerto Rico	13,426,849	0	4,076,875	214,720	0	0	17,718,444
Rhode Island	5,399,841	0	1,892,243	0	0	0	7,292,084
South Carolina	4,008,065	0	1,891,965	189,572	3,857,694	2,565,000	12,512,296
South Dakota	559,367	295,220	919,298	588,051	628,715	1,025,065	4,015,715
Tennessee	4,933,742	N/A	2,705,434	434,307	244,496	1,782,821	10,100,800
Texas	5,736,367	83,539	10,416,354	0	4,196,855	0	20,433,115
Utah	5,534,655	825,304	1,948,541	54,843	2,061,112	2,224,607	12,929,062
Vermont	2,159,067	0	1,322,832	50,572	0	244,450	3,778,941
Virgin Islands	216,589	0	375,000	0	0	0	591,589
Virginia	12,180,459	N/A	4,326,836	N/A	9,845,554	4,675,024	27,027,873
Washington	16,418,630	539,248	4,249,712	462,438	646,311	6,532,184	28,844,525
West Virginia	2,094,977	1,845,480	1,220,531	0	256,417	2,031,976	7,447,581
Wisconsin	39,134,736	5,142,100	4,054,516	0	1,109,626	3,283,576	52,724,554 A
Wyoming	2,939,536	0	344,566	N/A	598,351	N/A	3,882,453
TOTALS	659,050,208	59,408,303	236,969,764	25,372,616	89,349,383	294,614,967	1,364,765,441
PERCENT OF TOTAL	48.3%	4.4%	17.4%	1.9%	6.5%	21.4%	100.0%

A = Figures represent allocated funds rather than expenditures.
 B = Other Sources category includes County or Local funds; further breakout not available.
 C = Other State Agency category includes alcohol monies only; data on drug monies from this funding source is not available.

N/A = Information not available.

Cautionary Note: In a number of States complete information is not available on all funding sources for State supported programs. In most instances where such information is not presented the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented at the bottom of this table should be used only as gross estimates of the overall levels of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and "Other Sources" categories actually contribute more monies and higher percentages than the figures shown.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT II

ECONOMIC COSTS TO SOCIETY
OF ALCOHOL AND DRUG ABUSE
AS COMPARED TO
ALLOCATIONS FOR ALCOHOL AND DRUG
PREVENTION AND TREATMENT PROGRAMS

ECONOMIC COSTS TO SOCIETY	ALCOHOL COST	-	\$116,674,000,000
OF ALCOHOL AND DRUG ABUSE PROBLEMS	DRUG COST	-	<u>59,747,000,000</u>
(ESTIMATE FOR FISCAL YEAR 1983*)	TOTAL COST	-	\$176,421,000,000

ALLOCATIONS FOR ALCOHOL AND DRUG PREVENTION AND TREATMENT PROGRAMS (ESTIMATE FOR FISCAL YEAR 1984**)	PROGRAM ALLOCATIONS	-	\$ 1,346,613,511 INCLUDES APPROXIMATELY \$ 173,882,878 FOR PREVENTION SERVICES
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CONCLUSION: LESS THAN ONE (1) PERCENT OF THE COST OF ALCOHOL AND DRUG PROBLEMS IS ALLOCATED TO PREVENT OR TREAT SUCH PROBLEMS. ALSO, LESS THAN ONE-TENTH (1/10) OF ONE (1) PERCENT OF THE COST OF THESE PROBLEMS IS ALLOCATED TO PREVENT SUCH PROBLEMS.

*SOURCE: ECONOMIC COSTS TO SOCIETY OF ALCOHOL AND DRUG AND MENTAL ILLNESS: 1980, JUNE 1984, RESEARCH TRIANGLE INSTITUTE FOR THE ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION.

**SOURCE: STATE RESOURCES AND SERVICES FOR ALCOHOL AND DRUG ABUSE PROBLEMS, FISCAL YEAR 1984, MAY 1985, NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS FOR THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ACOHOLISM AND THE NATIONAL INSTITUTE ON DRUG ABUSE.

EXHIBIT III

NUMBER OF ALCOHOL AND/OR DRUG TREATMENT UNITS WHICH RECEIVED FUNDS ADMINISTERED BY THE STATE ALCOHOL/DRUG AGENCY FOR FY 1985

STATE	ALCOHOL TREATMENT UNITS	DRUG TREATMENT UNITS	COMBINED ALCOHOL/ DRUG TREATMENT UNITS	TOTAL ALCOHOL/ DRUG TREATMENT UNITS
Alabama	21	4	23	48
Alaska	1	3	38	42
Arizona	32	27	61	120
Arkansas	12	6	14	32
California	467	253	N/A	720
Colorado	31	10	0	41
Connecticut	46	49	N/A	95 A
Delaware	7	1	7	15
District of Col	5	7	0	12
Florida	26	43	33	102
Georgia	9	3	31	43
Guam	0	0	1	1
Hawaii	9	3	9	21
Idaho	0	0	13	13
Illinois	135	31	19	185
Indiana	0	0	48	48
Iowa	0	0	29	29
Kansas	0	1	34	35
Kentucky	1	3	126	130
Louisiana	18	11	26	55
Maine	0	0	31	31
Maryland	184	70	20	244
Massachusetts	130	66	0	196
Michigan	N/A	N/A	237	237
Minnesota	2	2	46	50
Mississippi	50	1	20	71
Missouri	7	8	57	72
Montana	0	2	30	32
Nebraska	0	0	75	75
Nevada	9	10	15	34
New Hampshire	5	5	17	27
New Jersey	105	73	N/A	178
New Mexico	32	31	12	75
New York	263	376	35	674
North Carolina	23	1	13	37
North Dakota	0	0	8	8
Ohio	87	74	29	190
Oklahoma	0	0	32	32
Oregon	68	9	19	96
Pennsylvania	48	25	415	488
Puerto Rico	8	21	37	66
Rhode Island	21	11	4	36
South Carolina	0	0	37	37
South Dakota	0	0	21	21
Tennessee	0	0	51	51
Texas	48	16	17	81
Utah	3	1	55	59
Vermont	0	0	26	26
Virgin Islands	1	0	2	3
Virginia	21	7	94	122
Washington	47	42	40	129
West Virginia	0	0	26	26
Wisconsin	424	103	67	594
Wyoming	0	1	15	16
TOTALS	2,376	1,410	2,115	5,901
PERCENT OF TOTAL*	40.3%	23.9%	35.8%	100.0%

A = Connecticut recently classified 24 units as "Combined" units. However, due to difficulties in formatting data into the separate alcohol and drug client matrices, they have been artificially separated as submitted previously for FY 1984.

N/A = Information not available.

*Cautionary Note: Since 4 States were not able to identify all treatment units by orientation, i.e., alcohol, drug or combined, the percents shown should be viewed as only gross estimates.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT IV

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,
TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1985

STATE	DETOXIFICATION				MAINTENANCE			
	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL
Alabama	11	0	0	11	0	0	197	197
Alaska	0	0	0	0	0	0	261	261
Arizona	3	13	74	90	0	0	883	883
Arkansas	0	4	0	4	0	0	0	0
California	0	2,734	9,785	12,519	0	20	4,465	4,485
Colorado	0	0	0	0	0	0	246	246
Connecticut	0	0	899	899	0	30	1,895	1,925
Delaware	0	161	0	161	0	0	89	89
District of Col	0	0	606	606	0	0	2,315	2,315
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	1,829	397	461	2,687	0	0	110	110
Hawaii	0	0	73	73	0	0	0	0
Idaho	0	130	0	130	0	0	65	65
Illinois	3	46	96	145	1	290	2,604	2,895
Indiana	0	1,281	0	1,281	0	0	787	787
Iowa	0	63	16	79	0	2	37	39
Kansas	0	334	0	334	0	0	0	0
Kentucky	0	602	0	602	0	0	36	36
Louisiana	15	590	0	605	0	0	200	200
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	306	1	1,016	1,323	17	0	1,566	1,583
Massachusetts	0	811	785	1,596	0	0	812	812
Michigan	N/A	1,331	205	1,536	N/A	N/A	2,183	2,183
Minnesota	0	0	0	0	0	0	55	55
Mississippi	435	0	125	560	0	0	0	0
Missouri	47	293	8	348	0	0	359	359
Montana	26	0	0	26	0	0	0	0
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	0	0	0	0	0	0	200	200
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	0	344	3,967	4,311	0	0	1,738	1,738
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	406	0	1,371	1,777	0	671	9,911	10,582
North Carolina	N/A	N/A	545	545	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	19	0	0	19	0	0	529	529
Pennsylvania	3,888	1,308	80	5,276	0	0	2,026	2,026
Puerto Rico	N/A	257	157	414	N/A	N/A	31	31
Rhode Island	216	0	297	513	0	0	95	95
South Carolina	0	695	0	695	0	0	114	114
South Dakota	0	22	0	22	0	0	0	0
Tennessee	318	301	0	619	0	0	187	187
Texas	39	1	16	56	2	3	1,130	1,135
Utah	184	51	21	256	0	21	174	195
Vermont	0	223	0	223	0	0	0	0
Virgin Islands	N/A	N/A	N/A	N/A	N/A	N/A	80	80
Virginia	N/A	55	221	276	N/A	55	664	719
Washington	0	0	323	323	0	0	804	804
West Virginia	371	1	93	465	0	0	0	0
Wisconsin	546	52	0	598	0	0	500	500
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	8,662	12,071	21,240	41,973	20	1,092	37,348	38,460
PERCENT OF TOTAL	20.6%	28.8%	50.6%	100.0%	.1%	2.8%	97.1%	100.0%

See footnotes at the bottom of next page.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,
TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1985

STATE	DRUG FREE				TOTALS			
	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL
Alabama	0	236	1,171	1,407	11	236	1,360	1,615
Alaska	0	400	748	1,148	0	400	1,009	1,409
Arizona	20	739	3,412	4,171	23	782	4,369	5,144
Arkansas	0	386	1,374	1,760	0	390	1,374	1,764
California	0	5,970	21,853	27,823	0	8,724	35,803	44,527
Colorado	177	117	2,295	2,589	177	117	2,541	2,835
Connecticut	0	1,544	2,874	4,418	0	1,574	5,668	7,242 A
Delaware	0	0	486	486	0	161	575	736
District of Col	0	168	597	765	0	168	3,518	3,686
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	318	713	5,992	7,023	2,147	1,110	6,563	9,820
Guam	0	0	11	11	0	0	11	11
Hawaii	0	102	1,174	1,276	0	102	1,312	1,414
Idaho	0	208	846	1,054	0	338	846	1,184
Illinois	3	1,930	4,738	6,671	7	2,266	7,438	9,711 B
Indiana	20	596	2,059	2,675	20	1,847	2,846	4,713
Iowa	12	652	803	1,467	12	717	836	1,585
Kansas	0	375	910	1,285	0	709	910	1,619
Kentucky	0	369	1,766	2,135	0	971	1,802	2,773
Louisiana	0	772	4,281	5,053	15	1,362	4,481	5,858
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Maryland	10	377	10,808	11,195	333	378	13,390	14,101
Massachusetts	0	808	7,722	8,530	0	1,619	9,319	10,938
Michigan	N/A	2,638	5,661	8,299	N/A	3,969	8,049	12,018
Minnesota	1,687	1,314	636	3,637	1,687	1,314	691	3,692
Mississippi	0	0	622	622	438	0	747	1,182
Missouri	0	1,073	2,846	3,919	47	1,366	3,213	4,626
Montana	0	45	1,149	1,194	26	45	1,149	1,220
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Nevada	0	240	374	614	0	240	574	814
New Hampshire	0	115	860	975	0	115	560	675
New Jersey	0	1,330	4,350	5,680	0	1,674	10,055	11,729
New Mexico	N/A	N/A	N/A	N/A	63	140	1,538	1,741 F
New York	0	7,749	16,482	24,231	406	8,420	27,764	36,590
North Carolina	N/A	N/A	N/A	2,697	N/A	N/A	545	3,242 D
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Oregon	0	209	2,681	2,890	19	209	3,210	3,438
Pennsylvania	708	3,967	9,584	14,259	4,596	8,275	11,690	21,561
Puerto Rico	N/A	181	580	761	N/A	438	768	1,206
Rhode Island	0	135	1,578	1,713	216	135	1,970	2,321
South Carolina	0	82	3,456	3,538	0	777	3,570	4,347
South Dakota	63	0	297	360	63	22	297	382
Tennessee	29	510	2,529	3,068	347	811	2,716	3,874 E
Texas	91	1,024	4,741	5,856	132	1,028	5,887	7,047
Utah	0	409	936	1,345	184	481	1,131	1,796
Vermont	0	253	572	825	0	476	572	1,048
Virgin Islands	N/A	N/A	N/A	N/A	N/A	N/A	80	80
Virginia	N/A	553	3,986	4,539	197	663	4,871	5,731 B
Washington	0	658	5,126	5,784	0	658	6,253	6,911
West Virginia	30	103	544	677	401	104	637	1,142
Wisconsin	476	572	4,314	5,362	1,022	624	4,814	6,460 E
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	3,644	39,622	149,224	195,187	12,556	52,928	209,350	274,861
PERCENT OF TOTAL	1.9%	20.3%	76.5%	98.6%	4.6%	19.3%	76.2%	100.0%

- A = Number of clients served instead of clients admitted.
- B = Drug free admissions include clients receiving early intervention services.
- C = See alcohol admissions exhibit; it includes both alcohol and drug data.
- D = North Carolina was not able to provide a breakout of 2,697 drug free admissions by Type of Environment.
- E = These admissions data are estimates.
- F = New Mexico was not able to breakout 63 admissions to hospitals, 140 to residential facilities and 1,538 to outpatient environments.
- G = Virginia was not able to break out the 197 hospital admissions by Type of Care.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

admissions in fiscal year 1985. In fiscal year 1985 there were about 42,000 admissions for detoxification, 38,000 for maintenance and about 195,000 client admissions to drug-free modalities. The overall total in terms of these particular breakdowns are about 274,000 client admissions per year including about 12,500 to hospitals, 52,900 to residential facilities and 209,000 as outpatients.

Following as Exhibit V are client admissions, by sex: 210,000 males, 69 percent; 94,000 female, about 30.8 percent, for a grand total of 305,000 clients.

Following as Exhibit VI is information on fiscal year 1984-85, in terms of primary drug of abuse, making comparisons from 35 states in which we had comparable data for those two years. Cocaine admissions increased substantially from 26,653 in fiscal year 1984, to 39,592 fiscal year 1985.

Next, I want to discuss briefly TASC, Treatment Alternatives to Street Crime. This is a program funded originally by LEAA and currently being funded by the Bureau of Justice Assistance and by many state alcohol and drug agencies. Essentially in terms of the "Criminal User" Cycle (see Exhibit VII) of addiction, criminality, arrest, prosecution, conviction, incarceration, release, the TASC program, in fact, tries to break into that cycle. It may be through pretrial diversion or pastoral diversion.

A major focus of TASC is to bring together the justice system that emphasizes legal sanctions, community public safety and punishment together with a treatment system which looks more at therapeutic relationships, the change of individual behavior and reducing personal suffering (see Exhibit VIII). What TASC does essentially is to create a bridge from the criminal justice system to the treatment system for

EXHIBIT V

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS
BY SEX AND STATE FOR FISCAL YEAR 1985

STATE	SEX			TOTAL
	MALE	FEMALE	NOT REPORTED	
Alabama	1,062	450	0	1,512
Alaska	1,058	351	0	1,409
Arizona	3,314	1,830	0	5,144
Arkansas	1,306	458	0	1,764
California	29,193	16,459	0	45,654
Colorado	1,951	814	0	2,765
Connecticut	5,002	2,156	84	7,242 A
Delaware	552	184	0	736
District of Col	2,581	1,105	0	3,686
Florida	10,017	3,939	0	13,956
Georgia	6,914	2,906	0	9,820
Guam	10	1	0	11
Hawaii	888	526	0	1,414
Idaho	877	307	0	1,184
Illinois	6,743	2,968	0	9,711
Indiana	3,582	1,131	0	4,713
Iowa	1,059	405	121	1,585
Kansas	1,229	390	0	1,619
Kentucky	1,804	969	0	2,773
Louisiana	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A B
Maryland	10,938	3,163	0	14,101
Massachusetts	7,368	3,570	0	10,938
Michigan	8,268	3,662	0	11,930
Minnesota	2,817	875	0	3,692
Mississippi	830	352	0	1,182
Missouri	3,497	1,129	0	4,626
Montana	746	474	0	1,220
Nebraska	N/A	N/A	N/A	N/A B
Nevada	529	285	0	814
New Hampshire	475	200	0	675
New Jersey	8,197	3,532	0	11,729
New Mexico	1,033	505	0	1,538
New York	25,357	11,233	0	36,590
North Carolina	2,296	946	0	3,242
North Dakota	925	475	0	1,400 C
Ohio	9,501	5,111	0	14,612
Oklahoma	N/A	N/A	N/A	N/A B
Oregon	2,284	1,154	0	3,438
Pennsylvania	16,440	7,499	0	23,939
Puerto Rico	1,102	104	0	1,206
Rhode Island	1,393	712	0	2,105
South Carolina	3,134	1,213	0	4,347
South Dakota	274	108	0	382
Tennessee	2,418	1,456	0	3,874
Texas	5,307	1,738	2	7,047
Utah	1,251	545	0	1,796
Vermont	736	312	0	1,048
Virgin Islands	N/A	N/A	N/A	N/A
Virginia	4,071	1,660	0	5,731
Washington	4,529	2,382	0	6,911
West Virginia	765	377	0	1,142
Wisconsin	3,918	1,612	402	5,932 C
Wyoming	1,106	369	0	1,475
TOTALS	210,649	94,102	609	305,360
PERCENT OF TOTAL	69.0%	30.8%	.2%	100.0%

A = Number of clients served instead of clients admitted.
 B = See alcohol admissions exhibit, it includes both alcohol and drug data.
 C = These admissions data are estimated.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year

EXHIBIT VI

COMPARISON OF DRUG CLIENT TREATMENT ADMISSIONS DATA
BY PRIMARY DRUG OF ABUSE FOR FISCAL YEARS 1984 AND 1985

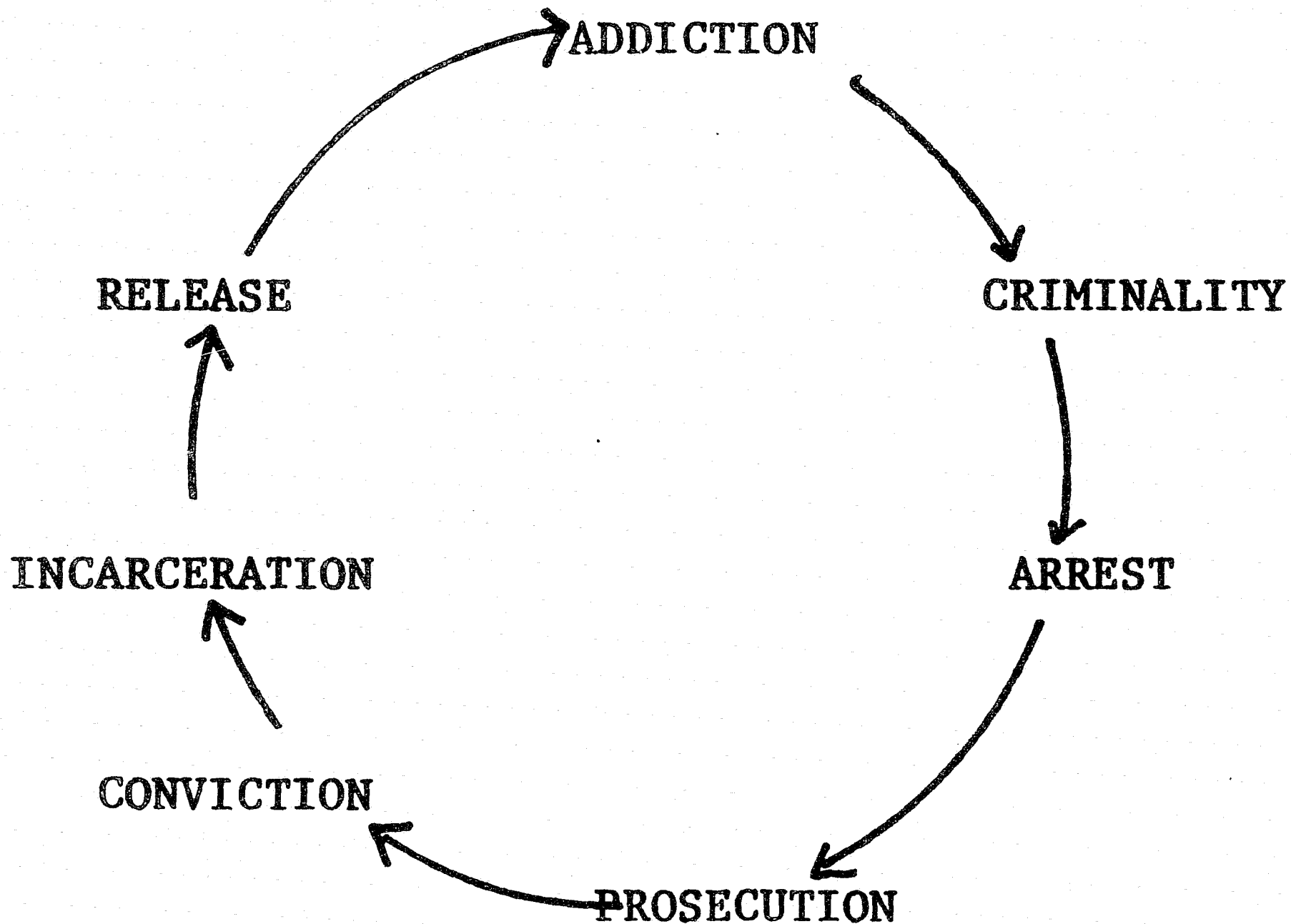
	1984	1985	PERCENT CHANGE
HEROIN	90,283	88,626	-1.8%
NON-RX METHACONE	1,541	1,620	5.1%
OTHER OPIATES/SYNTHETICS	12,865	13,038	1.3%
BARBITURATES	3,922	2,939	-25.1%
TRANQUILIZERS	4,193	3,902	-6.9%
OTHER SEDATIVES & SYNTHETICS	3,611	2,680	-25.8%
AMPHETAMINES	14,988	14,990	.0%
COCAINE	26,683	39,592	48.5%
MARIJUANA/HASHISH	58,757	60,850	3.6%
PCP	9,798	11,423	16.6%
OTHER HALLUCINOGENS	2,981	2,292	-23.1%
INHALENTS	1,933	1,687	-12.7%
OVER-THE-COUNTER	566	545	-3.7%
OTHER	8,321	14,128	69.8%
TOTAL	240,711	259,341	7.8%

NOTE: Grand totals for the client exhibits may differ depending on State ability respond to specific categories for both 1984 and 1985; this exhibit includes a summary of comparable data for 35 States plus the District of Columbia and Puerto Rico.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency".

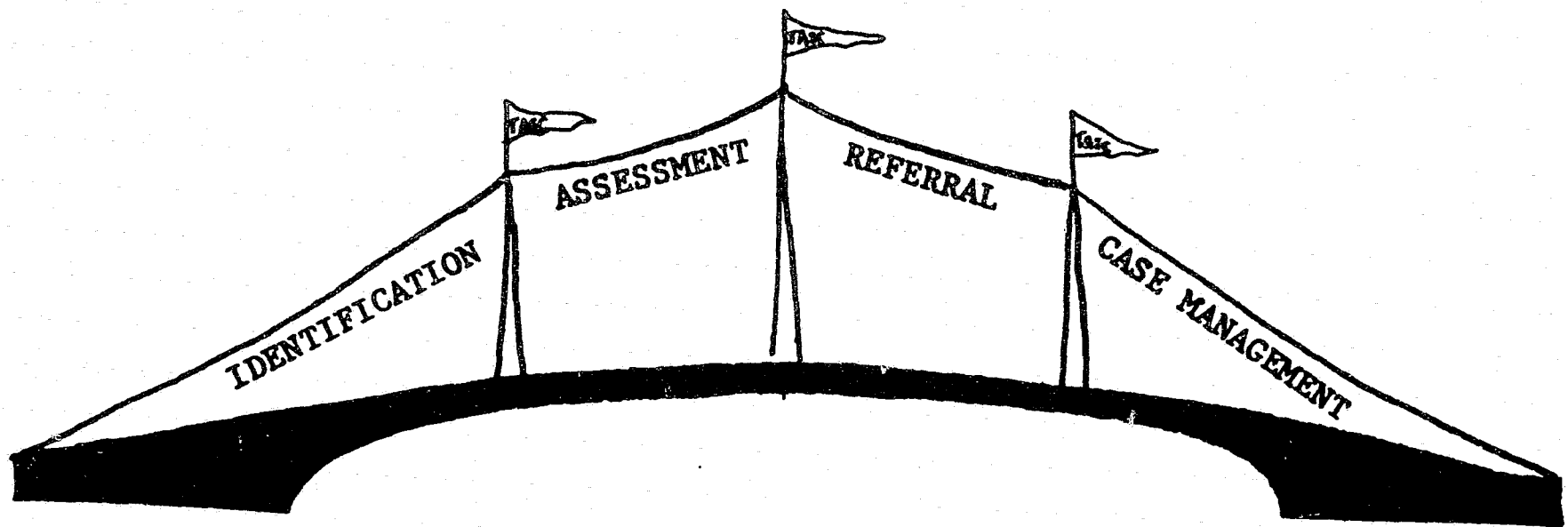
'CRIMINAL USER" CYCLE

EXHIBIT VII



WORKING WITH THE USER CRIMINAL

TASC



Justice System

- o legal sanctions
- o community safety
- o punishment

Treatment System

- o therapeutic relationship
- o changing individual behavior
- o reducing personal suffering

EXHIBIT VIII

offenders who are drug involved. TASC programs provide a good assessment of those people, referral of those individuals to appropriate facilities and finally, as indicated a few times throughout this conference, very close and ongoing case management including urinalysis.

Following as Exhibit IX is an outline of the operational elements of TASC. TASC usually involves a full-time administrator as noted in element 3 of Exhibit IX and X.

Following as Exhibit XI is a look at TASC programs throughout the country. There are approximately 10 states that, in fact, have statewide TASC programs. They include Arizona, Florida, Illinois, Maine, New Jersey, North Carolina, Oklahoma, Pennsylvania, Puerto Rico and Washington. Besides those statewide TASCs or as part of those, there are in fact, 25 different states throughout the country that have some type of TASC program and a total of, at least, 117 TASC project sites in existence throughout the country today.

Next, moving to the future, I will briefly discuss the Anti-drug Abuse Act of 1986. There are, in fact, monies in that act for drug treatment, both through the justice side, as well as through the treatment side (see Exhibit XII). First, if you look at the top, Title 1, Subsection K, State and Local Narcotics Control Assistance, includes monies for states that can be used for drug dependent offender counseling and treatment. Those are monies that will be going from the Bureau of Justice Assistance to every state, generally administered by the state criminal justice planning agency, but whoever the governor designates within that state.

TASC PROGRAM ELEMENTSORGANIZATIONAL ELEMENTS

- ELEMENT 1 -

TO ESTABLISH A BROAD BASE OF SUPPORT WITHIN THE JUSTICE SYSTEM WITH A PROTOCOL FOR CONTINUED AND EFFECTIVE COMMUNICATION

- ELEMENT 2 -

TO ESTABLISH A BROAD BASE OF SUPPORT WITHIN THE TREATMENT SYSTEM WITH A PROTOCOL FOR CONTINUED AND EFFECTIVE COMMUNICATION

- ELEMENT 3 -

TO ESTABLISH A FULL-TIME TASC UNIT/AGENCY/NON-PROFIT CORPORATION OR OTHER ENTITY WITH A DESIGNATED PROGRAM ADMINISTRATOR

- ELEMENT 4 -

TO ESTABLISH POLICIES AND PROCEDURES FOR REQUIRED STAFF TRAINING

- ELEMENT 5 -

TO ESTABLISH A DATA COLLECTION SYSTEM TO BE UTILIZED IN PROGRAM MANAGEMENT AND EVALUATION

OPERATIONAL ELEMENTS

- ELEMENT 6 -

TO ESTABLISH AGREED UPON OFFENDER ELIGIBILITY CRITERIA

- ELEMENT 7 -

TO ESTABLISH PROCEDURES FOR THE IDENTIFICATION OF ELIGIBLE OFFENDERS WHICH STRESS EARLY JUSTICE AND TREATMENT INTERVENTION

- ELEMENT 8 -

TO ESTABLISH A DOCUMENTED ASSESSMENT PROCESS WHICH INCLUDES CONFIRMING ELIGIBILITY CRITERIA, APPROPRIATENESS FOR TREATMENT AND A TASC RECOMMENDATION FOR TREATMENT WITH REFERRAL PROCEDURES

- ELEMENT 9 -

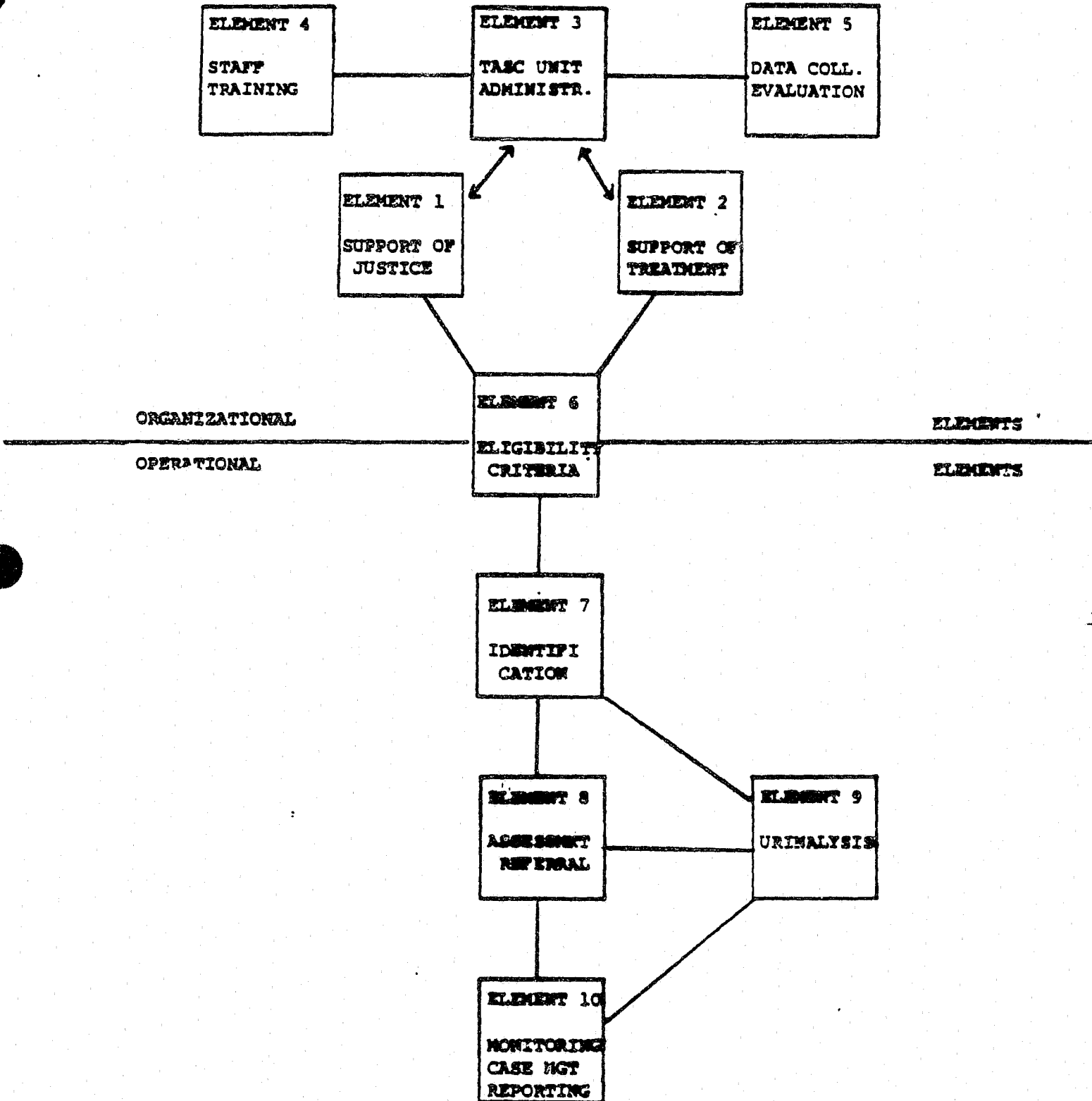
TO ESTABLISH DOCUMENTED POLICIES AND PROCEDURES FOR RANDOM URINALYSIS AND OTHER PHYSICAL TESTS

- ELEMENT 10 -

TO ESTABLISH PROCEDURES FOR OFFENDER MONITORING WHICH INCLUDE CRITERIA FOR SUCCESS/FAILURE, REQUIRED FREQUENCY OF CONTACT, SCHEDULE OF REPORTING AND NOTIFICATION OF TERMINATION TO THE JUSTICE SYSTEM

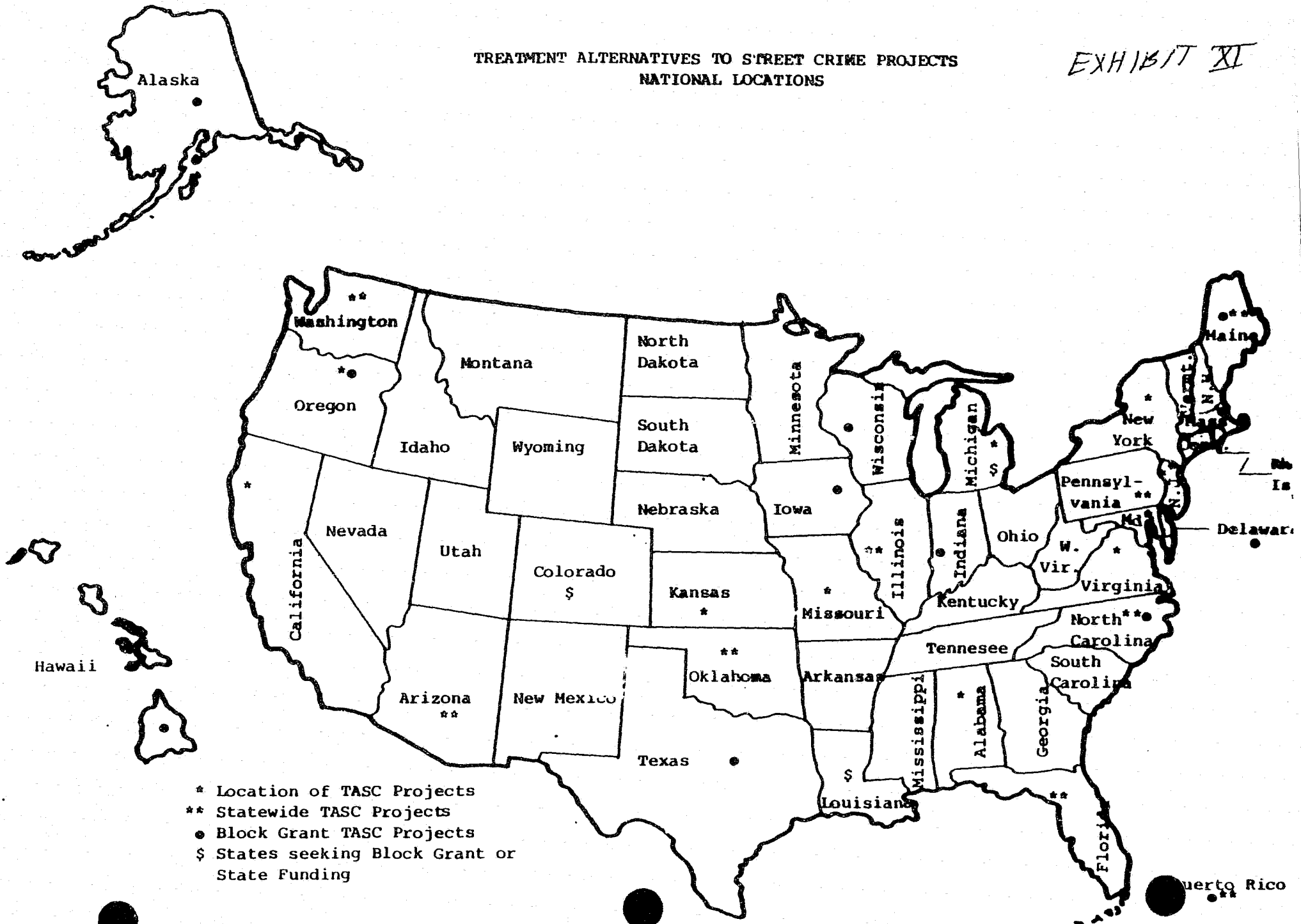
TREATMENT ALTERNATIVE TO STREET CRUISES

CRITICAL PROGRAM ELEMENTS



TREATMENT ALTERNATIVES TO STREET CRIME PROJECTS
NATIONAL LOCATIONS

EXHIBIT XI



- * Location of TASC Projects
- ** Statewide TASC Projects
- Block Grant TASC Projects
- § States seeking Block Grant or State Funding

ANTI - DRUG ABUSE ACT OF 1986
PUBLIC LAW (P.L.) 99-570

HIGHLIGHTS

o TITLE I, ANTI-DRUG ENFORCEMENT

- SUBTITLE K, STATE AND LOCAL NARCOTICS CONTROL ASSISTANCE - INCLUDES MONIES FOR STATES THAT CAN BE USED FOR DRUG DEPENDENT OFFENDER COUNSELING AND TREATMENT
- SUBTITLE S, WHITE HOUSE CONFERENCE FOR A DRUG FREE AMERICA - PROVIDES FOR A NATIONAL CONFERENCE THAT WILL INCLUDE GOVERNMENT AND PRIVATE SECTOR REPRESENTATIVES TO SHARE INFORMATION, TO DISCUSS SUCCESSFUL DRUG ABUSE EDUCATION AND PREVENTION APPROACHES, TO EXAMINE PROGRESS AND TO DETERMINE THE ESSENTIAL ROLE OF PARENTS AND THE FAMILY IN PREVENTION

o TITLE IV, DEMAND REDUCTION

- SUBTITLE A, TREATMENT AND REHABILITATION - AUTHORIZES THE APPROPRIATION OF \$241 MILLION IN FISCAL YEAR (FY) 1987 INCLUDING MONIES TO STATES FOR TREATMENT (THE LEVEL OF MONIES IS BASED ON BOTH POPULATION AND NEED FACTORS) AND MONIES FOR A NEW OFFICE FOR SUBSTANCE ABUSE PREVENTION (OSAP) WITHIN THE ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION (ADAMHA) WHICH WILL PROVIDE \$20 MILLION IN GRANTS FOR TREATMENT AND PREVENTION PROJECTS FOR HIGH RISK YOUTH
- SUBTITLE B, DRUG-FREE SCHOOL AND COMMUNITIES ACT OF 1986 - AUTHORIZES \$200 MILLION IN FY 1987 AND \$250 MILLION FOR EACH OF FYS 1988 AND 1989 TO FUND STATE AND LOCAL EDUCATION AND PREVENTION PROGRAMS (THE LEVEL OF MONIES PER STATE IS BASED ON SCHOOL AGE POPULATION); 70 PERCENT OF THE MONIES WILL FLOW TO THE STATE EDUCATION AGENCIES MOST OF WHICH WILL BE EXPENDED FOR GRANTS TO LOCAL AND INTERMEDIATE EDUCATION AGENCIES AND 30 PERCENT OF THE MONIES WILL FLOW TO THE GOVERNORS' OFFICES FOR PREVENTION PROGRAMS AT LEAST HALF OF WHICH MUST BE DIRECTED TO SERVE HIGH RISK YOUTH
- SUBTITLE D, MISCELLANEOUS PROVISIONS - SECTION 4302 PROVIDES FOR THE ESTABLISHMENT OF A NATIONAL TRUST FOR DRUG-FREE YOUTH

o TITLE VI FEDERAL EMPLOYEE SUBSTANCE ABUSE EDUCATION AND TREATMENT

o TITLE VII, NATIONAL ANTIDRUG REORGANIZATION AND COORDINATION

o TITLE VIII, PRESIDENT'S MEDIA COMMISSION ON ALCOHOL AND DRUG ABUSE PREVENTION

Then moving down into the demand reduction side, there are, also, treatment and rehab monies that will go through the state alcohol and drug agencies, and finally someone did mention yesterday the education monies. Those will go through primarily the state education agencies with some 30 percent of the money going to the governors.

Exhibit XIII provides information on the specific amounts of money that this new Drug Act will provide to states. There is a fairly substantial amount of new money that will be going out. These monies have not yet begun to be made available to the states. I hope they will shortly. I would expect probably by January or February states will be getting applications in terms of the treatment monies, and they will probably be going out as soon as March or April. That is assuming that there are not too many problems with regard to a new formula that is now being developed by the Alcohol, Drug Abuse and Mental Health Administration. In terms of those treatment monies \$176 million will be going out to states. Those monies are essentially going to our members, the state alcohol and drug abuse agencies. These monies are in addition to an ongoing alcohol, drug, mental health services block grant of about \$500 million per year. That \$500 million though is divided about 50/50, in terms of \$250 million going to alcohol and drug services, \$250 million going to mental health. So, essentially you have got about \$250 million for A and D, plus, this new \$176 million in treatment monies going through the state alcohol and drug abuse system.

There are \$166 million in Education monies. I am not sure how we or this group should relate to that, but I share many of the concerns expressed yesterday in terms of how those monies are going to be

ANTI-DRUG ABUSE ACT OF 1986

NEW MONIES TO ALL STATES

BY CATEGORY:

TREATMENT:

\$176,715,000 AUTHORIZED FOR ONLY ONE YEAR
(INCLUDES \$162,855,000 FOR NEW A&D BLOCK GRANT +
\$13,860,000 ADDED TO EXISTING ADMS BLOCK GRANT)

EDUCATION:

\$166,000,000 AUTHORIZED FOR YEAR ONE AND HIGHER
LEVELS AUTHORIZED FOR YEAR TWO AND YEAR THREE

LAW ENFORCEMENT:

\$178,400,000 AUTHORIZED FOR YEAR ONE AND HIGHER
LEVELS AUTHORIZED FOR YEAR TWO AND YEAR THREE.
THESE MONIES CAN BE USED FOR COUNSELING AND
TREATMENT OF DRUG DEPENDENT OFFENDERS IF SO
DETERMINED BY THE COGNIZANT STATE LAW
ENFORCEMENT PLANNING AGENCY.

administered, and as far as I know almost no research is being planned in terms of following up of what is going to be done with these monies, what impact they will have, etc. I really have great fears that there may be very bad publicity in another year or two, and in fact, many of the monies may not only be wasted but, in fact, may be counterproductive. So, if there is any way you can influence the educational system to do some evaluations, we would certainly encourage it.

The last item on Exhibit XIII pertains to the law enforcement money from the Bureau of Justice Assistance. Authorized for the current year is \$178 million. Those monies, again, can be spent for seven or eight categories or different program categories. Two of those, in fact, relate to drug dependent offender counseling and drug dependent offender treatment. So, again, if you can influence those systems within your own state, it seems to me you should do that to see that some of those monies go into TASC or TASC-like programs with some research and evaluation on the outcomes.

At this point, I think I am ready to quit with maybe two comments briefly to identify some people who may be relevant for further information. I know John Grigrich is here from the Bureau of Justice Assistance in terms of that \$178 million. John, can you put your hand up. Thank you. If anybody is interested, please contact John.

Next our agency has a contract to provide technical assistance on TASC projects. Our project director is a woman who, in fact, used to work with Phoenix House and the State of Illinois, Beth Weinman. If any of you are specifically interested in establishing TASC-like projects, or want to expand existing ones in your state, I urge you to give Beth Weinman a

call; the telephone number is Area Code 202 783 6868. We would be happy to provide technical assistance under our ongoing contract to you.

DR. MORRIS: Thank you.

10:45 A.M.

Small Session D: "Identifying Drug Using Offenders."

[BECAUSE OF A TECHNICAL PROBLEM, WE WERE UNABLE TO PRODUCE TRANSCRIPTS OF THE PRESENTATIONS BY ERIC WISH AND JACK NOVIK. BOTH PRESENTERS WERE OFFERED THE OPPORTUNITY TO RECONSTRUCT SUMMARIES OF THEIR REMARKS FOR INCLUSION HERE. MR. WISH DECLINED, BECAUSE HIS COMMISSIONED PAPER--THE BASIS FOR HIS REMARKS--IS INCLUDED AS AN APPENDIX TO THIS TRANSCRIPT. MR. NOVIK PROVIDED THE FOLLOWING SUMMARY OF HIS REMARKS, AND WE GREATLY APPRECIATE HIS EFFORTS.]

MR. NOVIK: I have been asked to talk to you about the civil liberties and policy concerns implicated by criminal justice drug testing programs. I was counseled, in preparing this talk, that I should not become preoccupied with the technical issues. Regrettably, I cannot avoid them, because the law and policy questions can only be resolved against the backdrop of those technical details. In other words, the technical and scientific validity of drug testing -- what it tells you about behavior, its mechanical reliability and the experimental legitimacy of the underlying research -- are all considerations that are central to both the legal and policy inquiries.

Let me give you some examples of that interrelationship between law and policy, on the one hand, and the technical academic questions, on

the other: If drug tests are unreliable to any significant degree, then the use of such tests in the criminal justice system would almost certainly constitute a violation of due process of law. Indeed, some courts have already so held.

Similarly, the scientific validity of drug testing is of critical significance to the determination of whether a drug testing program will survive constitutional challenge. In any such lawsuit, individual constitutional rights threatened by drug testing -- privacy, self-incrimination, etc. -- must be balanced against the competing government interests. But the government side of the equation is measured by two factors. The first is whether the drug testing program has a legitimate government purpose, and for the sake of this argument we may assume that it does (for example, avoiding a defendant's "failure to appear" would be a legitimate government purpose). However in addition, the government must demonstrate not only that it is pursuing a legitimate purpose, but also that it is doing so in the least intrusive way.

Thus, even when there is a legitimate government purpose the government cannot just pursue that interest willy-nilly, without regard for alternatives that are less intrusive. When an abridgement of individual liberty is necessary to achieve a government interest then it may be permitted. But when such an intrusion can be avoided, then it must be. So the constitutional and policy considerations require us to ask, not only whether drug testing may be useful to you, but whether there are other ways of accomplishing the same ends. And again the answer is yes, and again the courts have so held.

Lastly, in developing policy -- constitutional, social and legal policy -- the alleged benefit to be achieved by drug testing cannot be assessed independent of the related costs, dangers and alternatives. Certainly, if we could obtain better information from some means other than drug testing, with less cost, then as policymakers we would be obliged to do so. And if we could obtain elsewhere, and more efficiently, information of a quality equal to drug testing, then again I think as policy makers we would be so obliged. I suggest to you, as well, that even if the information we obtained elsewhere were somewhat less complete than drug testing, we might nonetheless decide as a matter of policy to suffer that loss because the costs of overcoming the differential was too great.

So the point here is that the legal and policy issues can be resolved only in the context of answers to some basic empirical and technical questions. And, quite frankly, I find very little in Eric Wish's presentation or paper that is helpful in providing those answers to the central questions such as these:

First, and to me most importantly, what added knowledge do we gain from drug testing, and at what marginal cost? For example, does drug testing provide a judge with any significant information in addition to the information the court already has (e.g. charge, prior record, community ties, etc.)? The issue here is not whether drug testing results are correlated with higher FTA rates. The issue is whether there are other ways of obtaining comparable FTA predictions without incurring the financial, social and legal costs of drug testing. The drug testing research demonstrates that FTA rates correlate to drug use. I do not

dispute that. However, FTA rates also correlate to community ties and to prior crime and to prior FTA's.

Now you might ask: maybe drug use is a better predictor of FTA's than other variables, or perhaps knowing about drug use enhances the predictive efficiency of the other information. Those are reasonable questions. However, the articles written in support of drug testing do not answer those questions. Indeed, they do not even address the questions. Yet, until that research is conducted and the results released, there is simply no policy justification for jumping to the conclusion that there is some significant informational benefit to drug testing.

A related complex of questions pertain to the cost of the drug testing program. This means of course, first the financial costs. How much money will it take to establish the program? And just as importantly, where will that money come from? We know that criminal justice resources are not limitless. The expense of a drug testing program will be taken from other needed expenditures, whether it be the courts or the prisons or the police department, or drug treatment programs.

And of course we also have to consider the nonfinancial costs of a drug testing program. Most prominently among them, but rarely even mentioned in the papers promoting drug testing, is the indecent indignity of the intrusion required by such a program, as well as the intangible injuries we inflict on ourselves by offending our most precious constitutional values. We must also consider the pragmatic operational costs of creating this cumbersome new bureaucracy within an already overloaded criminal justice system.

Another central question is reliability. Reliability is a critical issue because a mistake will have serious consequences. It is not only that an individual will spend more time in jail, to the extent the judge thinks him a poorer release risk, although that is surely a grave concern. But, in addition more people will be in jail, and they will stay in jail a longer time. And all the people falsely accused will also suffer a permanent stigma that will attach independent of guilt or innocence.

How large a percentage error can we tolerate? The EMIT literature admits to a 2% error. Others claim the rate of error is higher. That percentage error rate might be acceptable to statisticians when conducting a survey, but is it tolerable to a society on the verge of conducting a massive drug testing program which will thus result in stigmatizing thousands upon thousands of people with the false label of drug user? Personally, I think not. Nor do I think most communities are prepared to bear the exposure for damages resulting from the lawsuits that will almost surely be brought by those falsely accused, stigmatized and imprisoned.

And we must anticipate the implementation shortfalls that will almost certainly result with the implementation of a drug testing program. A successful program requires almost impeccable processing and procedures. Such particulars as specimen identification, specimen storage, preparation and storage of test materials, cleaning and calibration of test equipment and the qualification and training of test personnel, all must be successfully completed and functioning in unison in order for the program to achieve its expected results. However, studies

in all other areas suggest that, upon implementation, the quality of any test program will fall off dramatically.

Lastly, we have to ask whether drug testing will work at all, given that the researchers have not tested the predictive efficiency of drug testing under the full range of circumstances encountered by criminal justice systems throughout the country. Thus, for example, a drug testing program like that in the District of Columbia would have to be tested under a variety of circumstances, employing defendants with different behavioral patterns (e.g. base rates of crime), in areas where there are different patterns of drug use and different social and economic and political conditions. That research has not yet been done, and the results cannot be assumed to favor drug testing.

For the most part I have avoided discussing the moral and principled objections to drug testing -- privacy, search and seizure, self incrimination and the fundamental offensiveness of the government being in this business. I have ignored them here because we do not even have to reach those questions yet. Drug testing is being promoted, and I fear all too readily accepted, as a decisive weapon in the battle against drugs, when in fact we do not even know yet whether that weapon works at all, or if it does, what it targets. Interestingly the proponents of drug testing both in New York and in D.C. have important data, but have only selectively released the relevant analyses. Clearly, until that work is public we as policymakers should remain skeptical of a program that is as costly and questionable as drug testing.

(There was a discussion period.)

1:30 P.M.

Plenary: Syntheses of Issues and Research Recommendations from Small Sessions C and D; "Drug Abuse Treatment for User-Criminals" and "Identifying Drug Using Offenders."

MR. GREENBERG: I am very happy to be here today. I work in Charleston, South Carolina. I am the chief of police, and I am going to be the moderator, I suppose, for this afternoon's session which is going to be, hopefully, a synthesis of issues and research recommendations.

MR. GREENBERG: This afternoon's session is going to be a synthesis of issues and research recommendations from small group sessions C and D that we had earlier this morning. Norval Morris whom you have met already is going to be presenting about 10 minutes or so worth of information regarding drug abuse treatment for user criminals.

DR. MORRIS: Thank you, sir. Despite Tony Bouza's anti-hedonistic strictures of yesterday, I have to confess that I have enjoyed this conference so far. Is that a sin? I don't really see, Tony, why one cannot sometimes both learn and enjoy at the same time, but you have some strange rules in Minneapolis.

I don't really know why I am summarizing what you have all heard this morning. In my opinion, the presentation by the three speakers was excellent, and the feedback from the corridors supports that opinion. I suppose it may be useful, if only as a test of my own prejudices, to tell you the main themes that stay with me, and I think I can do that in well under allotted 10 minutes.

There was great similarity, with really only one difference, between our two presentations and discussions this morning. There was agreement that if one was looking at treatment for drug-abuse-user-criminals that one had to think of their condition as one of a chronic relapsing condition, and it was in that perspective that one should address or think about the questions of "cure," if that be the appropriate word.

Leaving "cure" as the appropriate word for the moment, there was no disagreement, certainly no disagreement expressed, (and I will qualify this a little) that civil commitment, methadone maintenance, or therapeutic communities all effected cure, but by "cure" was meant the reduction of the incidence of criminality and the reduction of the extent of ingestion of illegal drugs. They were talking in terms of the continuance of a condition whose impact on both society and on the individual was attenuated not eliminated. In that context, I think everyone accepted the proposition about all treatments working, if that is what you mean by working.

The next proposition that I think became uniformly accepted was that the single most important predictor of success in all these treatments was staying in the treatment, the duration of retention in the treatment program and that in particular periods of one year or more seem to function as a cut line. There seems to be a one-year threshold.

There was acceptance that we have not developed out of our various treatment modalities any classification system by which we can with confidence, even in regard to groups and certainly not in relation to individuals, say that one treatment is to be preferred to another. We

have not evolved a treatment nosology, a classification of user-criminals related to our various treatment modalities, and there was a strong view that that was something we ought to struggle to achieve and might be able to achieve.

At that time there came a cri de coeur, a scream of anguish, from the practitioners who would say, "Oh, this is lovely, fancy stuff, you academics and researchers are talking about, but hell, we are overwhelmed with numbers. We are overwhelmed with numbers in our jails and in our prisons, and you are talking about classification of alternative treatments and which will turn out to be best!"

Now, I understand that, but in the long run I think that the reality of the flood presents, also, an opportunity. That is to say, that there is an opportunity in the immediate few months ahead, when for odd political reasons large funds seem likely to be flowing into this whole area, surely appreciable amounts could be directed towards evaluating diverse treatment modalities. It may be possible in different parts of this country to form relationships between the overcrowded institutions and overcrowded agencies and those interested in the treatment of drug users with a view to the diminution of the incidence of crime and the diminution over time of the ingestion of drugs. So, it is both a period of great difficulty and a period of opportunity, and the one thing that was different between the two groups this morning, everything else was the same. There was some discussion in the second group that now really might be a time when one could, in the situation of an overloaded system achieve serious random allocation to different treatment modalities, that would be both ethically and politically wise. We could build better bridges

between the treaters and the researchers in this field which would be of mutual advantage.

You knew all that, I don't know why you asked me to say it.

Thank you.

MR. GREENBERG: You have already met John Kaplan, of course. He is going to be talking about trying to develop, if we were able to develop some sort of synthesis regarding identifying drug-using offenders.

PROF. KAPLAN: Rather than repeat what Norval has said and relate what we agreed upon, I am instead going to outline for you what we should have agreed upon and would have if we had been sufficiently together and together long enough. Basically, the break-out meetings both were structured as attacks upon Eric Wish's data and the paper that you have seen which indicates that a sizable predictive power can be gained from urine testing of arrestees. These attacks were along a number of dimensions. First, I certainly think we all agree that we would not want to perform urine testing if it would not accomplish anything. It is, therefore, important to know, not whether it can give us a certain amount of predictive power, but whether it helps us predict things over and above our current capability. I think I can say, being familiar with the general data about our predictive power, that the magnitudes Eric Wish is talking about indicate that urinalysis can be an important and powerful tool in terms of predicting failure to appear and rearrest for crime, and certainly in terms of need for treatment, but I will admit, however, that the published material does not conclusively show this yet. It strikes me as a fairly easy study to conduct in terms of the materials that are available in the criminal justice records and with the data that Eric Wish

has, and I would urge him to get a study out as fast as possible to eliminate an argument that I think is going to fail in the end anyway.

Nonetheless, the issue of how much incremental predictability you derive from urinalysis is a very important matter, especially when we have to consider the cost of urinalysis which is not trivial. If urinalysis gives us very little extra predictive power, it may not be worth performing, but as one participant pointed out, it costs \$70 a day to keep somebody in jail, and if our predictive power allows us to release just a few more people, it will pay for a great many urinalyses. Of course, as things are now, that is not likely. What is more likely is that urinalysis tests will simply result in the jailing of other people. Nonetheless, if our ability to jail the right people improves, this is worth, to my mind, a considerable amount. Again, however, we do need more data to indicate how much extra predictive power we get through urinalysis over and above results from current methods. I think many people overestimate our current capability because the confidence in criminal justice system records often turns out to be very much misplaced in almost all jurisdictions. They are not as complete as we would like, and they aren't as forthcoming. There also may be a lot of problems in terms of getting the records fast enough.

Another argument we heard against urinalysis of arrestees was the reliability of the urine test, since there is a debate about its reliability. From what I can tell, the Emit test has a 2 percent error, and not all of that amount is false positives. We would always expect some degradation as the test gets used more and more and people get a little careless, but there is no reason to think that that 2 percent won't

hold up pretty well. Even so, some people will worry a great deal about a 2 percent error rate where important decisions involving people's lives may be made. My only view is if we accomplish a 2 percent false positive rate and no more in the criminal trial process, we will be doing very well indeed. If you compare this with the false positive rate for other important evidence like victim identification, which I can assure you it is a great deal more than 2 percent, by the standards that we usually use in the criminal justice system, urinalysis looks very reliable indeed.

There are issues, however, of privacy. I am not personally sure, that in the way we contemplate them, they amount to constitutional issues. I think that with our present Supreme Court one can predict very confidently that a rapid turn to the left is unlikely, and even the Warren Court approved of blood tests for drunken driving.

Nonetheless, even if we agree that constitutionally you can perform urine tests, there are issues of public morality and personal privacy. These are issues that we should take quite seriously as a society, and we have not seen a great deal of these issues ventilated. It seems to me that you can argue that merely because someone can be jailed on probable cause and strip-searched along with the various other things that can happen to him, there is no reason why we should add the extra indignity of urine testing, unless, and there seems to be a fairly sizable consensus on this, it really does some good. So, in a real sense the constitutional issues, though we like to think of them as abstract, in the final analysis will boil down to issues of practicality as they typically do.

A number of things are clear from scattered questions about the urine testing and its predictive power. We need to know a great deal more information about it. If it is used coercively in the sense that people will have their pretrial release revoked on the basis of it, we have to be especially careful. Therefore, we should perform two tests rather than one. In addition, it is clear to me that any coercive use of the test is going to put an extra burden on the police department, because sooner or later the word is going to get around that if you flunk a urine test under the wrong conditions you are going back to jail, and this will vastly increase the absconding rate of people who were on probation or on pretrial release, and it is going to be the job of the police to catch them. Although, this will put an extra burden on the police, it may also have advantages. It is not clear that the test will put a great burden on the rest of the criminal justice system. That is a question of implementation because it may very well be that this will allow fewer people to be kept in jail. Many jails are already under federal order to do something about overcrowding. It may be that this test may tip the balance and save the building of some extra jails here and there. If so, it isn't exactly true that every space we save by urinalysis will be simply used on somebody else.

The final question that we worry about is how will drug users' behavior change when they can be monitored by urinalysis? To what extent will they lower their drug use and therefore stay out of jail more or to what extent will we simply have to jail more of them and put more of a burden on the system? It seems to me that that is simply an empirical question. I could design a system which would guarantee to be a fiasco,

in that it let everybody out of jail or almost everybody out of jail, at least on this issue; I could similarly design a system that would be a fiasco, in that it would jail everybody and simply be too coercive. Somewhere in the middle of this universe of possibilities, we have to find the optimum or an optimum range, and this should be the subject of future research.

I have now matched Norval in the time taken, and thank you very much. We can get on to our discussion.

MR. GREENBERG: Is there any discussion regarding these? Yes?

(There was a discussion period.)

2:00 P.M.

Presentations: "Research Priorities for the Next Decade."

MR. GREENBERG: Let us move on now to the later afternoon presentation regarding research priorities for the next decade. I would like to introduce Rudy Nimocks. Rudy is Deputy Superintendent of Police, Chicago. He is presently head of the Administrative Services Section, and prior to that he was the Commander of the Organized Crime and Narcotics Bureau.

Rudy?

MR. NIMOCKS: I am going to take care of my mandates first, and those are the suggested research topics for the next decade. I have maybe two and one-half, one of which may be a surprise to some of you, but the first one has to do with what I think is the foundation for all remedies having to do with drugs and their misuse, and that speaks to the sporadic and fragmented drug education in both primary and secondary schools, with

no protracted follow-up and no comprehensive research. The second has to do with the fact that there is no clear unambiguous policy relating to sworn police officers who are found to be using drugs, based upon unequivocal test validity and job impairment, empirically concluded from quantitative analysis. I long to see a far less intrusive but accurate test for drugs, not involving blood or urine and constitutionally amenable to objective random testing. Those are basically my personal aspirations when it comes to the next decade of research.

First and most important, for a lot of reasons having to do with our young people, whom I believe are more susceptible to preventive measures than those who are already trapped in the system and running in perpetual motion like mice in boxes. The other comments I have are rather philosophical, and I want to apologize for those, but I thought it was appropriate for me to scratch them out and give them to you. Most of the remedial strategies discussed these past few days will be complicated by the existence of a subculture in our democracy, unequal in skills and mobility when compared to those in the so-called "mainstream", but nonetheless, in hot pursuit of the captivating and highly visible American dream talked about yesterday. An American dream that is the swimming pool, and I am not talking about public, the single family dwelling without a common bathroom, another single family dwelling when needed for outside temperature discomfort or a tour of the super market without food stamps or booster britches, motor cars for both sport and dress, bank accounts, possession and understanding of stock portfolios, CD's, cruises and junkets and the insatiable need for recognition that seems to drive us

all. In my estimation the hot pursuit of these trappings by that subculture exacerbates and amplifies the problem. I don't know whether or not it is unwarranted and unrealistic for those without saleable skills and mobility to pursue those trappings or that recognition. One would think not. But we all know that the trappings are pursued, each of us using our own devices, rationality notwithstanding.

Now comes the inadequate governmental largesse, the subject of prior discussions targeted for the usual short term without penetrating consideration of the target population's capacity for what is commonly termed upward mobility. Assuming of course, that the target and principal population are those who reside at or near the lowest socioeconomic rung.

We could easily conclude that it would not be politically or economically feasible to address this most obvious deficiency in our midst, and we practically guarantee that all or even most of our ghetto urchins shall have at least a high school education, and that includes the ability to read and write and manipulate a \$25 calculator. We know that no such commitment is on the horizon. So, let us not delude ourselves. That recently released street addict whose omnipresence is principally responsible for this meeting will still return like a homing pigeon to his roost, follow his predictable routine of crime and inconvenience, certainly not punishment and live out his wretched and often short life unaffected by our short-term remedies and heavily influenced by his non-therapeutic community. Of course, I am awfully aware that this analysis may be termed typical police, but it is, also, a long-term practitioner's honest point of view. I am disappointed and disillusioned with short-term strategies designed to placate and forestall public

outcries. My gut feeling is that the present state of the art and meager technology requires a protracted concentration on the very young, as I said before in two principal areas. One, the ability to be upwardly mobile; by mainstream standards, and two, a mindset that is unequivocally anti-drug. Obviously this requires not one but two interfacing educations. We constantly talk about the one and say very little about the other. Both of these items of education are equally dependent upon the other. There is no practicality in ignoring or minimizing the crucial influence of socioeconomic circumstance. The wave of drug education standing alone will do little to solve our problem. I am talking about trying to build a castle on a foundation of sand.

I firmly believe that the socialization of all our citizenry has gone so far as to give false promises and false expectations and false aspirations until it is almost irretrievable, and that is partially our problem. I thoroughly subscribe to the notion of therapeutic communities as described by Mr. De Leon, and I, also, thoroughly subscribe and heartily support the conclusions as expressed by Tony Bouza a few minutes ago. That is basically my position.

Thank you.

MR. GREENBERG: I don't know if perhaps being the moderator on this thing I should open this thing up a little differently, but I think we make a mistake when we assume, particularly when you start talking about various types of treatment modes, to some extent, and Rudy was talking about that, looking at various types of subjects, we make a mistake if we assume that the reason why people are career criminals or multiple offenders is somehow they don't know what society expects of

them. They know very well what society expects of them. As a matter of fact they expect that treatment person to operate on what he expects from society. The problem is that that particular multiple offender exempts himself from meeting those same standards that he understands so well, and that is the reason why I think, for example, that the treatment mode is not one that is likely to offer much success, certainly hasn't in the past, and in the future when dealing with these types of individuals, they understand what their shortcomings are. They simply exempt themselves from having to meet the standards for everybody else, and it is not somehow that they are lost or disillusioned or whatever.

The other thing is I was sitting over there earlier this afternoon just before lunch listening to the discussion, and I believe it was Jack Novik who was talking, and I realize you know, the reason why I am interested, and maybe I shouldn't admit it but I will, but the reason why I am interested in drug testing for offenders, arrested offenders is it seemed to me that here was yet another way to perhaps keep somebody in jail who ought to have been kept in jail. Now, that is a very cynical type of interest in that, but that is really -- if it doesn't do that, then I don't care about drug testing. I don't care about anything else that might develop as long as it is something that is utilized to reduce the number of days that high-volume criminals have on the street because the only thing that we have, it seems to me in the criminal justice system that absolutely works relative to armed robberies, relative to burglaries, relative to most assaults, except for the ones, of course, on the inside which are of no particular concern to me, homicides the same situation, but the process that can provide us with the only respite from their

criminal escapades is incarceration. Their longest periods in most cases of crime-free periods have been those periods whatever they were, 30 days or 5 years as a result of incarceration someplace, and I look upon the drug testing experiment in Washington when I heard about it that this process which very frankly I thought might be considered by somebody to be unconstitutional but nonetheless it was desirable if in fact, it identified high-volume people and we were able to keep them in jail longer or get them back into jail, then it was a good thing in and of itself regardless of whether it did anything else. That may be a cynical assessment, but unfortunately, that is my operational mode.

PROF. KAPLAN: The fact is, the causes of crime and our outlandish rates of crime as compared to those of other developed nations have something to do with our values and with our social structure: the number of people at the bottom as opposed to the number of people at the top and distance between them and, indeed, the number of people at the bottom as opposed to the people in the middle and the distance between them. These are the kinds of realities that no intervention we can devise, or certainly would be in any way politically acceptable, will have any effect on.

We are consequently limited to a much narrower area in which to do our research, at least research that will have political possibilities of getting done and capability of producing valuable information. Certainly we need to know more about the relation between drugs and crime. The figure that we use is that from David Nurco, and from the McGlothlin group, and I think it is accurate, certainly as far as it goes, that people on a run of heroin use commit about seven times as much crime

as they do when they are not using heroin in this kind of a run. Now, a factor of seven is very important. It means if we can just simply prevent runs of heroin use, we would be cutting down crimes by very prolific criminals by 85 percent, and that is not chicken liver.

The second aspect of this limitation is that we still don't know much about finer tuning. We don't know much about the relation between cocaine use and crime, the relation between PCP use and crime, and the relation between use and abuse. Indeed, one of the things we discovered, through studying heroin is that there turns out to be many more users of heroin who, in the normal sense of the word, would not be called abusers in the sense that their use of heroin over a long period has not seriously compromised their adjustment in society or their health.

Now, we don't know how many of these users there are. There are certainly more than we thought. We don't know how many users of this type there are in regard to cocaine and PCP. We don't know what kinds of trouble these drugs get you into in a causal sense and, also, in a correlational sense, and this is extremely important. The second area of research is in a sense following a technique that we are just developing; I am talking about the technique of urine testing. In a way chemistry never got anywhere until we discovered the balance, that is, until we learned how to measure things. Now, it may be we are measuring some things that aren't exactly the proper thing to measure. I would much rather measure abuse and daily use of heroin than one-time use of heroin, but the more we know about the correlations between these two types of behavior, the more we can use one measure as a surrogate for another or determine how and in what situations it is appropriate to use one as a

surrogate for another. In addition, urine testing now gives us a kind of base that we can perform innumerable manipulations upon. This opens a whole world to us. We can use one, admittedly it is only one, but accurate, easy indicator of the success of different kinds of drug treatment. We can use urinalysis as an example of the success of different kinds of pretrial release. We can find all kinds of variables. An interesting variable that came out when I chatted with Eric Wish was the group of people in the population who test positive for drugs but lie about it, i.e., lie about their drug use on their interviews. Now, it may very well be that this group may turn out to be the most criminalistic of all. I don't know, but it would be very interesting if we find it because the nice factor about that is it makes people tell the truth to prove they are not criminalistic, and there are all kinds of advantages that feed in on itself. So, in other words, this urine testing has hardly begun to be even thought about in terms of its possibilities, but I predict it can do a great deal.

Now, in addition, entirely apart from the use of urine testing, we need to know a great deal more about treatment efficacy. First, based on random studies and then after we have learned a little on random studies, there is the big problem of matching people to treatment. We certainly know in medicine doctors would laugh if they said, "Well, the treatment for this is you always do that." No, sometimes we use chemotherapy; sometimes radiation; sometimes surgery; and sometimes different combinations. This diversity comes from understanding something, and once we understand a little more about treatment, we may very well begin to match people to treatment based on their likelihood of

success and, also, be able to devise combinations of treatment. I know that both the Methadone and the Phoenix House people will shudder at the idea of using Methadone on some of your Phoenix House people because you have got different ideologies. Someday when we learn a little bit more about treatment, we may find a subgroup of people on which this is exactly the method to use. For instance, people may start on Methadone until they can sort of break the most vicious aspects of the life style they are in and then maybe transfer to therapeutic communities to make them decent and functioning, or as Tony would say, self-actualized human beings. We don't know this, but it is a possibility.

In addition, there is so little that we know about drug education and so much that we know which indicates that, in almost every area where we thought it would work, it has failed. We really have to do something carefully at the microlevel (i.e., small groups), that is, really begin to do things in the drug education area which will be small enough so that we can say, "This has a change in attitude, and the big link between attitude and behavior is one that we are going to have to jump." In other words, one thing we know is that merely changing people's attitudes does not have much of an effect on behavior in and of itself.

There may be ways of getting around this obstacle, but we have to do a greater magnitude of research on this problem. Finally, the research on enforcement is in its infancy. I won't say that Mark Kleiman has given birth to it because there are some studies out of California which wonderfully parallels just what he found, though they are not as well done as his. Santa Barbara is like Lynn. Sacramento is like Lawrence. Santa Barbara two years after the initial studies is like Lawrence, too, and in

other words, the relation of low level selling to a pressure point, if you will pardon the word, that can be used on the overall availability of drugs and on crime is a matter of enormous importance. It has amazed me how little research there is on this, seeing as how it is not that difficult to do, especially after Mark Kleiman has led the way.

There are other areas of research one would like to discuss. The final one I am going to talk about is really much broader than drugs. It is the problem of longitudinal studies. We know a lot about correlation. We know a lot or a reasonable amount about certain kinds of people. We know about the conditions that have produced some of these people, but we don't have the kinds of studies that show with any sophistication the relation between the kind of family they grew up in, the social milieu they grew up in, their individual variables, their school performance and many other things. This kind of research is expensive and will take 20 years, but when it is done, it will put us at a level of sophistication which will dwarf our current knowledge, not only for the drug area where it is quite important, but for the general problem of crime where it is of enormous importance. I don't have any doubt that we are going to find something out about the underclass, and it may turn out that there are things we can do that don't put the strain on the political system that the politicians won't tolerate and yet can still bring America somewhat more into line with other developed nations as far as criminality is concerned and marginally less important, the drug use problem we have in this country.

Thank you.

DR. MOORE: Predictably, most of what I have to say has been previously said. So, I will edit my remarks to save time for discussion. I assume my assignment is this: having heard the conversation, what research opportunities could be exploited to position this society to deal more effectively with crime and drugs? Here are my conclusions. The basic issue which this group originally considered (e.g. the causal relationship between drug abuse and crime) does not, at this stage, present an attractive new opportunity for research except in the very expensive, long-term form of longitudinal work that John Kaplan recommended. I think that we have gone about as far as we can go in that area in terms of our theoretical models and our data. I think we have come a long way in terms of understanding the nature of that relationship, in terms of seeing it as an intensifying or sustaining impact of drugs on crime, but I don't think that there is a lot more that we could do to estimate magnitudes or increase our confidence about the nature of that relationship. It is a harsh judgment -- overstated, no doubt -- but it seems to me right as to direction.

Yes?

PROF. KLEIMAN: That is true with respect to heroin. Do you really mean that with respect to cocaine?

DR. MOORE: No, I don't mean it with respect to cocaine. That is an excellent qualification. I'm not even sure I mean it with respect to the other drugs such as marijuana. But heroin, I think we understand.

So, all of the opportunities for research seem to me to be associated with the policies through which we are trying to address the problem of drug abuse and crime. In this domain, it seems to me that

there are an enormous number of interesting opportunities for research in the form of experimental versions of programs and evaluation of them. First, I think that it would be important for us to see if we could replicate the results that we have had so far with street level enforcement. I think the challenge that this group has laid out with respect to street level enforcement is to measure its performance on characteristics beyond its crime-reducing capabilities. We should look also at its ability to control drug use and to create a higher quality of life in the communities. I think that should be done.

Tony Bouza keeps challenging us to try a quality version of this program; one in which we don't merely arrest but arrest in a way that is just and consequential. That is, the arrest should have something coming at the end of it that will have a bigger impact on those arrested and satisfy all the rest of us who are concerned about how police power is being utilized, that the arrests were made justly and effectively. I think we should respond to this challenge. I think a further test of generalizability and a discovery of the conditions necessary for success in these programs is also necessary. We have gotten hints of what some of those conditions might be, but I think we ought to go out and test this operational theory. The way to test the theory is to try the program out in a lot of different cities.

Second, the thing that Professor Morris keeps emphasizing as an obvious target for research is an improved classification and triage system for distributing addict offenders or drug-using offenders across a variety of supervised, correctional and treatment programs. I would argue that in doing that, though, I think we are going to have to pay a lot of

attention to the issue of justice and general deterrence as well as to the issues of individual efficacy in incapacitating or rehabilitating the offenders. Moreover, when we construct that classification scheme, I think it has to incorporate those concerns.

I also think that in using a classification or triage system there is an implicit assumption that we know what programs would work for which people. To obtain that information, of course, we would have to have run random trials of people in these programs, and I think that that logically should come before the use of the triage systems. As a practical matter, however, I suspect that it will come later because I think it is a harder program to mount and manage. I, also, confess to being taken by the point that somebody in the treatment discussion made: one of you said, "Don't look at the characteristics coming in. Let the bits of behavior that you see afterwards tell you which program the guy should be in and have flexibility in reallocating him across programs as it turns out that it is working or not working." I think that is consistent with Professor Kaplan's notion about what treatment in the medical world is really like. I wonder how that will fit in a world where concerns for justice are at least part of our concerns in that, and where a worry about equal treatment of people similarly situated might turn out to be important in our judgments about whether the system is performing well or not. I leave that as a philosophical problem lying on top of the empirical problem.

An additional problem in this triage system is that we have to learn more about the performance characteristics of alternative drug identification systems and what they add to other methods now available

for predicting criminal conduct. Demonstrations will have to be made to show that identification could be done well enough (and combined with appropriate enough alternative forms of supervision) that we would get benefits in terms of crime control and individual rehabilitation that would compensate for whatever risks to justice and privacy were associated with using them for that purpose.

Now, that is a long laundry list. I have laid it out in a particular way. I think what is the most exciting thing that I have learned in the course of this meeting is something a little bit different than something about each of these elements. I think you can hear emerging from the discussion around the table something that might be thought of as a theory or a strategy of how the state and local criminal justice institutions might usefully confront the problem of drug abuse and crime. When you think about it, it makes an integrated piece of the separate parts that we have been discussing.

We have on the one hand the idea that the police might become more active in street level enforcement. In the course of street level enforcement against drug markets, they will likely come up against drug dealers, drug possession and drug users. Some of them will not be criminals in any other sense. But some of them (perhaps a substantial portion) will be some of the most dangerous robbers and burglars that are in the society. We have been told that we shouldn't just arrest those people. We should make something more important than that happen. We have heard evidence that we might be able to identify them through the use of urinalysis and other forms of systems and that we might be able to construct both some treatment and supervisory capacity to which properly identified people could be distributed.

Now, that looks like an integrated approach to a problem of drug abuse and crime in our cities that is based on a partnership between effective enforcement on the one hand, speedy and just administration of justice on the other and the availability of a variety of supervised programs apart from jail and prison and probation (including treatment programs, Methadone maintenance and forced urine screening). This constitutes a broad theory about how local criminal justice systems might be effectively used to deal with drug abuse and crime. Maybe what would be most interesting to do, then, is not just experiment with each of the individual elements of this idea but experiment with a partnership formed to implement the whole package in a variety of different communities.

That is an exciting idea. All of us who are occasionally interested in managing in the public sector and who despair of the possibility of managing the criminal justice system know the difficulties of managing a coherent strategy like that. It seems to me, knowing that the clear lesson from a lot of the research that we heard around the table was that there were some significant reasons to believe that such a strategy could work, and if we were operating as a private sector firm trying to reach our objectives, we would be planning to make some pretty big investments in building our capacities to produce that result at this stage. We would not be sure it would work, but we would sure as hell be interested in trying it, and it seems to me that that is the opportunity.

Thank you.

(Applause.)

MR. GREENBERG: Okay, there are a couple of hands up down on the left. Right here?

MR. KLEIMAN: Mark Moore and John Kaplan both have been talking largely about the kind of research I like to do which is trying a program and seeing if it works, and then modifying it to see if it works a little better. I want to suggest a major investment in the kind of research that I would not touch with a 10-foot pole, which is very basic survey research in this area. We talk about the relationships between drugs and crime and about getting a handle on drug abuse in the society generally, and yet if you ask what our data base is for knowing about the drug markets and about drug use, it is developed as follows. Every two years we go to 50,000 people who are not homeless, who are not in prison, who are not in dormitories and not in the army and find out what they will tell us about their drug use, questions of the form, "What drugs have you used recently?" (we never ask how much or how often or how many dollars or where do you buy it from). Then every year we go to 15,000 high school seniors, that is people who have gotten to their senior year in high school, haven't dropped out, who aren't in jail and who showed up in school that day, and we find out what they will tell an adult researcher about their drug use. I have just described our entire data base for knowing about what is alleged to be a 30 or 40 or 50 billion dollar a year industry. If we are going to seriously confront this issue, somebody has got to go out and spend some money doing a serious sample. We should oversample rather than undersample among the heavy abuser groups. We should ask: "How much?" "How often?" "How many dollars?" "Who do you buy it from?" and "Where does your money come from." That will then allow us to look at an intervention and say, "Program X seems to have decreased PCP use in Philadelphia," or not. And I think without going out and getting

that basic research data, these programs are going to be very, very hard to evaluate.

AUDIENCE: Why limit it to high school seniors?

MR. KLEIMAN: I was describing the only two sources we now have. No, high school seniors have got to be the least interesting group. I would much rather talk to the dropouts.

AUDIENCE: To you, not Lloyd Johnson.

MR. KLEIMAN: Not to Lloyd Johnson, right.

MR. GREENBERG: Yes?

AUDIENCE: Mark, what about taking arrestees from a specific period of time, putting them through a drug testing program, seeing what effect that has on the crime rate during that period of time and take the same time period next year and don't put the people through drug testing and see what the crime rate at that time period. Basically our crime rate stays the same year to year. It has gone up a little each year, but for a specific time period it is about the same. March is the same this year as last year. Why wouldn't that give you some simplistic data on drug testing and what effect drug testing has on reduction of crime rate.

MR. KLEIMAN: Now, you are talking about the kind of studies that I like to do. It depends on whether the background variation is so great as to mask small, but worthwhile, effects. Reducing crime by 5 percent effect is a big accomplishment, but it is hard to measure. If the variance is small enough that you can measure that sort of program effect, then that would be a very interesting study, and I would claim that you don't have to go back and forth. If last year is a good predictor of this year, you don't have to do it this year and next year. Try it this year,

and see if it makes a difference. I think that is a great thing to do. The only caveat I would put to that is if you are going to use crimes reported to the police, then you have always got the question about what effect the program had on the reporting rate, and it might be worth doing a victimization survey so that you could look at crimes that actually happened rather than the one-third to one-half of them that get reported.

AUDIENCE : There was considerable discussion about building classification systems for offenders and choosing from among a variety of programs the most effective way to meet their needs. I think that perhaps we have to create that variety of programs. My home town, Philadelphia, is not a small city. Of course, we have therapeutic communities, outpatient treatment, and other programs. I am not sure that the variety of treatment programs existing out there at this point in time is so tremendous it merits such a classification system.

AUDIENCE : It is not so much a classification system, I think, as a coordinating system that allows you to go across all those.

AUDIENCE : I think you are right. There may be a need for a classification system, but you know what? I am worried about that as a strategy because we have not learned enough about the relationship between the existing treatment modalities and the criminal drug abusing spectrum. (Inaudible) I feel that before we race off into beginning to build and assess new alternative treatments, that would delay our getting to the question that we need to get to now based on existing experience.

AUDIENCE : First of all a lot of our data with respect to effectiveness comes from treating primarily heroin abuse. We are now encountering cocaine which is totally different. The research that we

have been examining today rests upon heroin and is not applicable to the entire situation. We need a new baseline. We need to examine not only the relationship of treatment effectiveness (inaudible) but, also, the relationship of (inaudible) cocaine to (inaudible.) I would, also submit that this discussion that we had this morning with respect to urinalysis goes by the board when you consider the very serious nature of designer drugs, none of which can be detected by any of the existing technology and it is not long before (inaudible) good deal of time until industry willingly permits its resources (inaudible).

We have heard about statistical results and statistical artifacts and the changes which occur with street level drug enforcement. Yet, whenever ethnography informs those studies you learn a great deal more richness about what in fact, has been happening on the street. I would strongly encourage the development of a national ethnographic system where all the big cities are involved in street ethnography. Not only does it provide information with respect to changes of the type that have been described, but they are epidemiological resources. They are political resources to be able to speak more knowledge on the part of political forces as to where resources ought to be allocated.

The last point I would have is with respect to the hard core offenders, the small percentage of hard core heroin and cocaine users. These should be resources specifically for that group so that a major effect on the quality of life could be achieved.

AUDIENCE : I am with criminal justice. I am with the Seattle County Jail. We have got 800 people in jail, and it is crowded. Anyone who wants to do research, come out. We will give you access to the jail.

We will even give you some staff help if we can afford it. I just got a budget of one million seven to do some studies. So come up with a plan, we will bring you in, and we will study the heck out of it. We need help. We need to know about the future. But I have a very conservative county council. They don't like to spend money. (Inaudible).

MR. GREENBERG: One of the difficulties that I think we have with approaching something like that has to do with the whole question in a society like ours of equity. For example, let us just develop a not-so-artificial scenario. Four teenagers, 16, 17 years old shoot and kill a guy that they are trying to rob. They are apprehended by the police, and you have four individuals who did the same thing at the same time. One of them may have been a trigger man or whatever, but they all were involved in pummeling and kicking the guy and so forth. They did it for separate reasons doing that same thing. One guy wants to be the boss, to maintain his leadership. That is the reason why he is involved in this particular incident. Another one is there simply because of peer pressure. He is a follower. He has never been a leader. He is there because all the other kids are doing it. Another one is there because he absolutely needs the money that the guy has in his pockets. Another guy there needs the money as well, but he doesn't need it for food or clothing. He needs it for drugs.

Let us say that all four are apprehended, all four convicted. The equity in our system suggests, and this is even complicated greater if one of them is a Latino, white, black, middle class, lower class kids. These cases are not all that farfetched. How are we going to address treating these four people who are involved in the same thing, the same

single incident at the same time, with different treatment modalities? Obviously the one who is there only for peer pressure reasons alone doesn't necessarily need to be incarcerated, but how do you not incarcerate him if you do the guy who wanted the money to buy drugs as opposed to the one who wanted to buy clothes or the guy who wanted to show his dominance and leadership in that particular group?

When we talk about treatment, we are talking about really about social engineering, and that is something that we just don't know a lot about, and we are miserable failures at it. We don't understand why it is. We understand the crime can be committed, but people commit the same act for many, many different types of reasons, and if we are going to have an intelligent response to that, we have to have a response that fits the kinds of reasons that they got involved in that particular incident, but our law doesn't work that way. We generally look at what the individuals did and make a determination based upon what he did on this occasion, plus any previous similar occasions there may have been in the past.

AUDIENCE : I understand what you are saying, but it's not my issue. I am not asking individual case-oriented questions about how you deal with offenders. Is anybody besides me interested in knowing more about trends in drug-related crime at the city level?

AUDIENCE : I certainly addressed that point. As a police administrator I am terribly interested in such information because I think the information would have a salutary impact on the effects we daily employ to prevent crime and apprehend offenders. Certainly anybody, any police administrator worth his salt would be equally interested, I believe.

AUDIENCE : There is a study going on now. I don't know how far it is along by the Police Executive Research Forum in cooperation with the Orange County Sheriff's Office, Orlando, Florida, that actually is oriented toward that particular question that you are talking about, to look at the trends as reflected in the jail population, particularly with respect to drugs, and they have gathered quite a bit of data already, but they have not come to any replication studies or any definitive conclusions of their own yet, but there is some interest out there on that. That is just one location that I am familiar with.

AUDIENCE : Let me give you an example. I just thought of an example. I would be delighted if we had information on what group in the primary schools particularly would be most amenable to a preventive program when it comes to drug usage; is it 10-year-olds, 9-year-olds, what have you? Which child based upon family structure should be targeted--a single parent home or one with two parents, you know, a single child in one family, the whole gamut of things having to do with what you are talking about.

DR. MORRIS: Kaplan left, but he left power of attorney with me, and he recommended that I move the adjournment of this session which I now formally do.

DR. ROTH : On behalf of the Committee on Research on Law Enforcement and the Administration of Justice, I want to thank you all for coming and for staying to the bitter end despite the holiday season. Your discussion was very helpful to the working group in its deliberations, and I hope that all of you feel as though your investment in time paid off well.

Thanks again for coming.

(Applause.)

(Thereupon, the meeting was concluded.)

BACKGROUND PAPERS

The four papers included here were either commissioned or invited by the working group for presentation and discussion at the Workshop on Drugs and Crime. All were drafted, distributed to the working group for comment, and revised by their authors in light of the working group members' comments. The papers were presented to the workshop as second drafts representing the views of their authors rather than the working group, and they succeeded in stimulating discussion and informing workshop participants. Following the workshop, the working group decided not to seek support for further publication and therefore released the draft papers back to their authors for their own use and possible publication in other forms. Inclusion of the papers here does not necessarily imply that they represent the views of the working group.

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BRINGING BACK STREET-LEVEL HEROIN ENFORCEMENT

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November 14, 1986

I. THE DECLINE OF STREET-LEVEL HEROIN ENFORCEMENT

The strategy of "professional" policing, with its focus on rapid response to calls for service, was bad news for retail heroin enforcement. Like other "victimless" crimes, drug dealing almost never produces a complainant to a specific criminal event. If the key statistic for a department was to be median 911 response time or the fraction of "priority" calls reached within five minutes, arresting drug buyers and sellers was simply a drain on manpower. Retail drug enforcement required having officers away from their radios, increasing both the problems of supervision and the number of patrolmen subject to the drug market's notorious temptations to corruption.

In many cities, the response was to formally or effectively remove drug dealing from precinct officers' jurisdiction and to assign it to a separate vice or narcotics unit staffed by detectives. But the narcotics squad, with limited resources, assigned little value to street arrests, particularly of users. Like all detectives, narcotics officers are looking for good felony collars, a scarce commodity in the street drug market. Moreover, taking their lead from Federal narcotics agents, they learned to scorn the simple "buy and bust" from a retail dealer. Success meant "working up the chain" to get "Mr. Big," whose "immobilization" was supposed to "dry up the market." (Oddly, it never did.)

Retail drug dealers, and even more so retail buyers, had, and in many places still have, a soft situation, insulated from

precinct cops by policy and operating procedure but beneath the notice of the dope squad.

There is now theory as well as data to suggest that the de-emphasis on drug retailing was a mistake, that street-level enforcement compares favorably with high-level enforcement as a target for the drug squad and with 911 response as a task for the uniformed force.

II. THE STAKES IN RETAIL HEROIN ENFORCEMENT

Retail heroin enforcement can influence at least four important performance measures: the frequency of non-drug crimes, the level of drug consumption, the level of perceived disorder in drug-dealing areas, and police-community relations. It can change these conditions partly by changing the patterns of heroin purchase and sale, and partly through its side-effects (for example, by locking up drug dealers who are also high-rate property criminals).

A main goal of this paper is to show that retail heroin enforcement can substantially reduce the frequency of non-drug crimes. That it can improve the level of perceived community civility is more nearly self-evident; open heroin dealing is itself an announcement that forces of order have lost the battle for control of a neighborhood, and seeing heroin users nodding off in doorways make things even worse. Whether street-level enforcement helps police-community relations depend in part on the situation and in part on what tactics are used, what consultations are made, and the previous state of relations;

there have been some bad experiences. But the failure to control street dealing has its own risks, reflected in increasingly strident complaints from minority communities that the continued presence of street drug bazaars in their neighborhoods represents a police decision to expose them to unpleasant conditions and their kids to the lure of the needle. No argument is needed to show that crime control, disorder reduction, and good community relations are valuable objectives. But the benefits of reducing heroin consumption may be worth reviewing.

Heroin use imposes heavy costs on users and others apart from the crime and disorder associated with the illegal heroin market; that was the justification for criminalizing the drug in the first place. Partly because of the pharmacology of the drug and partly because of its legal status, heroin users tend to do badly in terms of health, employment, and the value they place on themselves and have placed on them by others.

Users' health has always been bad. They suffer from malnutrition and exposure due to drug-induced poverty and run the risks of topical infection from unsterile injections and bad reactions (called, not quite accurately, "overdoses") to the varying mix of drugs and adulterants in street heroin. Over the last ten years, however, matters have become overwhelmingly worse as two potentially fatal diseases spread from user to user through the sharing of needles: first hepatitis-B, now AIDS. In the worst-hit area, New York and northern New Jersey, more than 50% of regular heroin users are now believed to carry HIV, the AIDS virus. The level of HIV infection is lower elsewhere,

partly because of different customs about sharing needles and partly because the spread of the infection started in New York; which factor was more important is not yet known. But the health risk associated with heroin use is rising everywhere, and with it rises the value of whatever can be done to limit the recruitment of new users.

The viruses of hepatitis-B and AIDS can also be spread through sexual contact. Since many heroin users work as prostitutes, and since prostitutes' customers also have non-commercial sexual partners, the needle-borne spread of the two viruses represents a potential threat to the public health far beyond the confines of the heroin-using population. Retail heroin enforcement may represent one of the very few ways that police can contribute to controlling the AIDS epidemic.

But that possibility depends on the ability of retail enforcement to reduce consumption. Showing that such a reduction can be achieved requires some economic analysis.

III. RETAIL ENFORCEMENT AND THE MARKET FOR HEROIN

Buying heroin is not like buying cigarettes. Finding a willing and reliable seller may be a substantial problem for a would-be heroin buyer, requiring not only cash but also connections, skill, and time. It is as if there were two distinct prices to be paid for heroin, one in money and the other in time, risk, and aggravation.

Enforcement can increase both kinds of prices. This is valuable insofar as having to spend more money or endure more

aggravation in order to acquire heroin causes some users to reduce their drug consumption.

The money price of heroin depends largely on the risks faced by high-level drug dealers. If enforcement can increase those risks, the price will rise and some users will refuse to pay it. The non-money price of heroin depends on how many street dealers there are, who they are, where they are, and how aggressively they look for new customers. If enforcement can shrink their numbers, restrict their location, and make their behavior more cautious, it can influence drug consumption even if the money price of heroin remains unchanged. The relative effectiveness of longer search time as against higher money price in discouraging heroin use is a matter for conjecture.

But one advantage of raising search time rather than money price is clear. An increase in money price, if it fails to produce at least a proportionate reduction in consumption, will tend to increase the total number of dollars spent on heroin. This may be bad both for users (to the extent that the additional dollars come out of spending for food, shelter, and clothing) and for everyone else (to the extent that they are "earned" in criminal activity). Increasing the time and hassle of buying heroin has no such risks. Even a small reduction in heroin consumption brought about by an increase in the non-money price will lead to an equivalent decrease in the dollars spent on the drug.

Whether a given kind of enforcement influences the money price of heroin or the price in time, risk, and aggravation will

depend on whether it is directed at high-level dealers (importers, distributors, and wholesalers) or at retail dealers and "jugglers" (user-dealers).

A. HIGH-LEVEL ENFORCEMENT

High-level drug dealers face enforcement risks. They can lose their inventories, their assets, and their freedom. In deciding whether to do another deal rather than quit or whether to expand their business by dealing with new customers (with the additional risks which accompany such deals) they have to balance risk against reward, where the reward is determined by the price. If risk increases due to more vigorous enforcement, some dealers may quit, cut back, or refuse to expand when the opportunity arises. This shift in supply will tend to generate higher prices, until the increased risk is offset by the increased reward.

But increasing the risks faced by high-level heroin dealers should not change the numbers or behavior of retail-level dealers, any more than the consolidation of the brewing industry reduces the number of bars. It would take extraordinary circumstances to keep a street-dealing organization "orphaned" by the incapacitation of its supplier from finding alternative sources of supply at some price. Therefore, we should expect changes in high-level enforcement pressure to be reflected primarily in the dollar price of heroin.

B. STREET-LEVEL ENFORCEMENT: IMMEDIATE EFFECTS

Street-level enforcement, by contrast, is likely to have most of its effect on the numbers, behavior, and location of

retail dealers rather than on heroin's money price. To understand why, we need to think about the drug-dealing business from the dealer's viewpoint.

In retail heroin dealing as in other retail trades, the time of principals and employees spent waiting for customers to show up is a major element of cost; profitable dealing depends on turnover. By dealing with many regular customers, or by making an open show of willingness to sell to strangers, a dealer can squeeze more transactions, and thus more earnings, into his business day. However, dealing with many buyers increases the dealer's exposure to enforcement. Strangers are particularly dangerous, because they are most likely to be undercover police. Thus the dealer faces a tradeoff between revenue and security; being aggressive in seeking customers is risky, but being cautious in seeking customers reduces income. Dealers can also employ subordinates, such as steerers, to limit the dealers' visible involvement with drugs and customers and thus their risk of arrest, but this too is costly.

An increase in street-level enforcement presents each dealer with a less attractive set of options. Any given level of aggressiveness is riskier than before. A dealer can accept the increased risk and attempt to maintain his previous income by maintaining his previous strategy, or he can become more cautious (in the extreme, by leaving the business entirely).

Unlike a higher-level dealer, a retailer facing increased risks and the need to operate more discreetly may have difficulty raising his prices to compensate for the combination of higher

risks and fewer transactions. He, like his customer, spends considerable time waiting for an opportunity to do business. When willing buyer meets willing seller, both have substantial investments in being able to take care of business right then. If tougher enforcement encourages dealers to refuse to deal with new customers, old customers become that much more valuable.

When street-level enforcement becomes more vigorous, heroin buyers are therefore likely to face increased difficulty in scoring (as well as increased risk of arrest for possession) rather than higher dollar prices.

C. STREET-LEVEL ENFORCEMENT: DYNAMIC EFFECTS .

The ability of drug enforcement to influence the behavior of any market will depend on the level of enforcement effort and the size of the market, measured in the number of participants or the number of transactions. Dealers and transactions compete (unwillingly) for enforcement attention. The fewer the participants and the fewer the deals, the more likely any one deal is to lead to an arrest (holding constant the number of enforcement agents).

This can generate snowball effects, for good or ill. If a market grows while the enforcement resources directed at it remain constant, all participants in the market become safer from arrest. This may then lead to further growth in the market, leading to still more safety, and so on. On the other hand, an enforcement increase large enough to shrink the market will then expose the remaining participants to even higher risks, because

there are fewer of them to share the heat. This may then lead to further shrinkage, and so on.

This effect is characteristic of drug markets at any level. But in the retail markets there may be a special kind of snowballing. The probability that cruising around will lead to a successful meeting depends, whether one is a buyer looking for a seller or a seller looking for a buyer, on the number of buyers and sellers in the market in a given region. But the number of buyers and sellers itself depends in part on the probability of a successful meeting: the search-time to "score" from the buyer's perspective, the waiting time between customers from the seller's.

Thus a shrinking retail market brought about by increased enforcement means both more risk and less revenue for the dealer, more hassle and less chance of scoring for the user. At some point, the market may virtually disappear.

This helps explain why street drug dealing tends to be locally concentrated. The best place to buy or sell drugs is the place where drugs are currently bought and sold, because the chance of finding a transaction partner is higher and (unless enforcement resources are as concentrated as dealing itself) the risk of arrest is less. Thus the effects of intense street-level enforcement might outlast the enforcement itself. If enough pressure is put on retail heroin dealing to depress the number of transactions for a while, that shrinkage might begin to snowball as enforcement risks and search times both grew. After some period, a reduced level of enforcement effort would be adequate

to maintain the new, lower level of heroin transactions. Any such effect depends on either the absence of alternative nearby markets or on buyers' difficulties in changing buying locations.

The value of breaking up an established street market will be particularly great if it is in an unusually convenient or safe location from the viewpoint of buyers and sellers. If there are only a few "natural" dealing locations in a city, it may be possible to severely limit the extent of the heroin trade by squeezing all of them at once.

IV. EFFECTS ON PROPERTY CRIME

Heroin users commit property crimes to obtain money to buy heroin, which is expensive because it is illegal. It is by no means self-evident that increasing drug enforcement will make the situation better rather than worse.

If drug enforcement makes heroin more expensive, it may lead to more street crime rather than less. Even if that were true, increased drug enforcement might be worthwhile as a way to protect users and others from the other ill effects of heroin use, but it would not be a crime control policy. There is an old police adage to the effect that the drug squad makes work for the burglary squad.

As far as money price goes, theory is silent and the evidence is ambiguous. But, as we have seen, street-level enforcement mostly increases the non-money price: the time and risk involved in buying heroin. Theory and evidence agree that this is an unambiguously crime-reducing effect.

A. CHANGES IN DOLLAR PRICE

What will happen to property crime if the dollar price of heroin increases? Consider the problem from the user's viewpoint. He can respond to a price increase in one or more of four ways: by cutting back on his consumption of heroin, by cutting back on his other consumption spending, by increasing his money income from licit sources, or by committing more income-producing crimes.

Neither cutting back on non-drug consumption nor increasing licit-source money income is likely to be an important option for the minority of heroin users who account for a very large proportion both of heroin use and of property crime related to heroin use. Heroin consumes so large a fraction of their total consumption spending that cutting back on everything else may not do much good, and the price of a bag is so large a multiple of their hourly wages in the licit market that working more is hardly worthwhile. Thus they are faced with the choice of more criminal activity or less heroin.

Some, conforming to the myth of the junkie with a daily habit of fixed size, may not cut back their drug use at all. They will simply increase their criminal activity enough to offset the price increase. Others may find the new terms of trade between theft and heroin so unattractive that they will pass up criminal opportunities which they would previously have embraced, and spend fewer total dollars on heroin after the price increase than they did before. Still others will choose a mix of somewhat less heroin and somewhat more criminal activity. The

overall short-run effect of a heroin price increase on crime will depend on how much of heroin consumption is financed by property crime and on how crime-committing users respond, on average, to dollar price increases. There is no theoretical basis for a guess about overall direction; on this simple model, an increase in heroin price caused by tougher heroin enforcement could as plausibly increase property crime as decrease it.

The overall direction of the long-run effect (where "long run" means after everyone has had time to adjust to the change) is also indeterminate, but (again on this simple model) more favorable than the short-run effect. Consumers of heating oil, gasoline, and coffee, when those commodities skyrocketed in price, responded at first by grumbling but not by reducing their purchases very much. However, given time, they learned to adapt to higher prices by cutting back on consumption (buying sweaters and turning the thermostat down, moving closer to work to save on commuting costs) or consuming more efficiently (wasting less coffee, buying higher-MPG cars). Heroin users may have no technological efficiencies available to them, but habits can, over time, be changed. Since individual heroin careers typically involve periods of abstinence and controlled use as well as "runs" of very intensive use, a heroin price increase might be expected to generate longer and more frequent periods of abstinence and shorter and less intense runs. Those users who respond to higher prices with higher personal crime rates will be at increased risk of going through enforced abstinence either in prison or as an alternative to it.

In addition to increasing the rate of outflow from the population of heroin users, money price increases will tend to decrease the rate of inflow; fewer persons who have never used heroin will try it, and fewer occasional users will proceed to heavy chronic use, if it costs more. This too will tend to reduce the rate of property crime in the long run.

Thus it is quite plausible that an enforcement-induced price increase in the heroin market might cause an immediate increase in crime followed by a decrease to below the previous level. (If that were true, would there be enough political and institutional support to sustain such a long-sighted choice?) But it would be unduly bold to assert that an increase in high-level heroin enforcement has proven value in crime control.

B. CHANGES IN NON-MONEY PRICE

Now let us assume that the money price of heroin remains unchanged, but that the number of retail dealers shrinks, the remaining dealers become more unwilling to deal with new customers, and the buyer's risk of arrest for heroin possession increases. As we have seen, this is a plausible account of the effect of increased retail-level enforcement.

The user faces both increased difficulty in purchasing heroin (on average, he will spend more time looking for a dealer willing to sell) and increased enforcement risk. He might try to compensate by purchasing several days' supply at once, but doing so requires both the ability to accumulate sufficient cash all at once and the self-control not to consume whatever heroin is on

hand. Notoriously, heroin users are chronically short of both ready cash and self-control.

For those who continue to buy heroin day-by-day, the additional search time and risk presumably make heroin use less attractive than formerly. An increase in the non-money price, like an increase in money price, should cause a reduction in heroin consumption. Just as was the case for a money price increase, some users will cut back consumption more than others. This variation is partly a matter of differing preferences (in strict analogy to a dollar-price increase) and partly a matter of differing access to supply; changes in drug availability will hit some users harder than others.

But whether the cutback is great or small, fewer total dollars will be spent on heroin than before, because the consumption decrease took place without a (money) price increase. Decreased consumption with constant money price must mean fewer total dollars spent on heroin.

A heroin-using thief facing a heroin price increase can choose to steal more as a way of dealing with the problem. A heroin-using thief facing increased search time and arrest risk in buying heroin has no such option. Stealing more doesn't help; his problem is not the need for more money, but the increased difficulty of turning money into heroin. Indeed, time spent stealing competes with time spent scoring junk.

Thus, though a change in the money price of heroin (the expected result of more vigorous high-level enforcement) reduces drug consumption but may increase property crime, an increase in

the non-money price (the expected result of more vigorous retail enforcement) reduces both.

If, as seems to be the case, many heroin-using criminals are strongly present-oriented, increasing the search time of heroin buyers may have an important psychological effect independent of the economic effect sketched above. The behavior pattern stealing-buying-shooting up may be strongly reinforcing if the pleasures of heroin follow the risks of theft within minutes, and much less so if the lag is measured in hours or if there is some substantial chance of failing to score at all. Similarly, for currently abstinent former heroin users who intend to remain drug-free but are subject to temptation, lack of easy availability may be a far more valuable aid to self-control than higher money price.

V. OTHER CRIME-CONTROL EFFECTS OF STREET-LEVEL ENFORCEMENT

Street-level enforcement may also reduce crime through its side-effects on the incapacitation of high-rate property criminals, disruption of the market in stolen property, and perceived police presence.

A. THE INCAPACITATION EFFECT

Heroin dealers and heroin users include many very active property offenders. Their arrest and incarceration as a result of street-level drug enforcement will thus have a direct effect on property crime. For this purpose, the precise nature of the relationship between drug use and crime is irrelevant; the simple correlation between heroin use and heroin dealing on the one hand

and property offenses on the other means that drug enforcement arrestees are likely to be worth incapacitating from the viewpoint of property crime control. The value of locking them up will be the same whether they are arrested on drug charges or picked up on outstanding warrants due to the concentration of police in drug-buying areas.

B. PERCEIVED POLICE PRESENCE

If property criminals tend to steal less when they think that risks from police are high, and if they tend to spend much of their time in drug-dealing areas, then the concentration of police resources in those areas for street-level drug enforcement may have a useful "advertising" effect. An increase in police presence where property criminals hang out may convince some of them to cut back on their property crime activity by giving them the (probably incorrect) impression that the risks of arrest for theft have gone up. It seems reasonable to expect that any such effect would be temporary, but very little is known about how criminals evaluate risks.

C. DISRUPTION OF STOLEN GOODS MARKETS

There is slight anecdotal evidence that in some areas drug dealers also act as fences, sometimes bartering heroin for stolen property. Where this is true, drug enforcement can help disrupt the stolen goods markets as well as the drug markets. It seems plausible that making stolen goods harder to sell might make theft less attractive, but there is little empirical work about any such effect.

VI. CASE STUDIES

Drug crackdowns -- even persistent ones -- are not very rare, but they are very rarely closely studied. Lynn, Massachusetts (the Lynn Drug Task Force) and the Lower East Side of Manhattan (Operation Pressure Point I) are the only two reasonably well-studied recent examples of intensive street-level heroin enforcement in practice. A comparable effort in Lawrence, Mass. is now under evaluation. Still less is known about several other efforts along similar lines. This section will present moderately detailed case sketches of Lynn and Pressure Point I, and report what little is now known about the others.

A. LYNN, MASSACHUSETTS (Lynn Drug Task Force)

1. Origins

In early 1983, the Massachusetts State Police narcotics unit was "decentralized" with the dispersion of its agents into county Drug Task Forces under direction of the elected District Attorneys. The District Attorney for Essex County, Kevin Burke, found himself with six narcotics officers at his disposal.

Burke, in consultation with Sgt. James Jajuga, the Task Force commander, decided that spreading six drug officers over a county of 750,000 population was a formula for failure. He also faced chronic complaints from merchants and residents in the city of Lynn (pop. 80,000) about open heroin dealing in the High Rock neighborhood, just four blocks from the central business district. He elected to concentrate his entire Task Force on street-level heroin dealing in Lynn as a way to "improve the

quality of life" (A phrase he used to include crime reduction as well as order maintenance).

Lynn had the second highest crime rate of all Massachusetts cities and a police department whose sworn strength had fallen by about one-third (from 180 to 120) due to fiscal pressures. The understaffed Lynn Police Department had no resources it felt it could dedicate solely to narcotics work. The growth of the street heroin market in the High Rock area had consequently not been checked by enforcement activity. The corner of Essex Street and Essex Court was a virtual heroin bazaar: passers-by in automobiles and on foot were approached by "runners" hawking competing drug dealers' wares.

The drugs were purchased wholesale on the Lower East Side of New York, sometimes already bagged and with New York brand names. Average heroin content, at more than 10%, was twice the national (and Massachusetts) average, and the purity-adjusted price appeared to be lower than elsewhere in the state. The easy and consistent availability of high-potency drugs made Lynn the preferred place to buy heroin for drug users all over the North Shore. Some users even came from as far away as Brockton -- about a two-hour drive -- to buy, and there is evidence that some drugs purchased in Lynn were resold elsewhere. Some dealers accepted stolen merchandise in barter for heroin, a particular attraction for those users who supported heroin habits by committing burglaries.

Lynn's drug sellers (but not its buyers) were almost entirely drawn from its small Dominican population, about 5% of

the city's residents. Almost all of Lynn's Dominican residents lived in High Rock. This tended to make the market both very local and very immobile.

2. Timing, Resources, and Costs

The Lynn Drug Task Force began operations in September of 1983 with six state troopers and Det. Sgt. John LaBrasseur of the Lynn Police Department. In January of 1984, the Lynn Police assigned an additional agent. During the summer of 1984, state troopers were gradually switched away from Lynn to the city of Lawrence, some 40 miles to the west. Later that year, a third Lynn policeman was assigned to drug duties. Over the first ten months of its existence, from September 1983 through June 1984, the Lynn Drug Task Force averaged six full-time-equivalent police, plus one part-time civilian clerk. Since then, it has had about three FTE police, plus the same clerk. These levels represented about 5% and about 2-1/2%, respectively, of the total sworn police resources available in Lynn. For its first ten months, costs averaged about \$20,000 per month; since then, about \$10,000 per month. On a per-resident basis, that amounts to about 25 cents per month for the initial period, and about 12 cents per month thereafter.

3. Tactics and Operations

The objective of the Task Force was to make the streets of Lynn an unattractive place for heroin buyers and sellers to meet. Its activities were primarily surveillance and questioning of known and suspected buyers and sellers, the use of low-level informants (primarily users and runners) to assemble information

about dealing activity, and the execution of search warrants on dealing premises. There was one conventional undercover investigation in which two troopers impersonated drug dealers for some weeks.

From the first day, the Task Force maintained and publicized a telephone "Hot Line." The Lynn Item has prominently displayed the hot line number in every edition since the Task Force started. From October 1983 through June 1984, the Hot Line averaged approximately 25 calls per week. Though these included the usual percentage of crank calls, spite calls, and routine business, some of the calls were extraordinarily valuable, giving names, addresses, license numbers, and times of scheduled drug deliveries.

The Task Force provided information which Lynn housing authorities used to support housing and zoning violation complaints against landlords whose premises were being used for drug dealing. Police also worked closely with a sympathetic agent of the Immigration and Naturalization Service to secure the deportation of four non-citizen dealers.

4. Enforcement Outputs

In its first ten months, the Lynn Drug Task Force made 186 arrests on a total of 227 charges. Twenty-six arrests were on felony heroin charges (plus an additional 17 arrests on outstanding warrants for felony heroin charges); 21 were on felony cocaine charges. Other charges were a miscellany of drug and non-drug offenses. Ninety-six defendants were convicted or pleaded guilty, including ten on felony heroin charges. Nominal

minimum sentences on all charges totaled 110 years; approximately 55 of those years will actually be served, or about 11 convict-years of imprisonment per officer-year worked. This is in addition to the four deportations noted above. Additionally, several non-citizen defendants defaulted on bail, and police believe them to have returned to the Dominican Republic.

Arrests have continued since, but at a much lower rate, reflecting both changes in the market and the decrease in police manpower assigned.

5. Results

a. The Heroin Market

By every available measure and indication, the heroin market in Lynn shrank substantially. Official and unofficial observers agree that High Rock was a bustling street drug market through the summer of 1983; it now seems placid and ordinary-looking. There are no reports of substitute markets developing in Lynn or in any of the contiguous towns. (There have been reports of increased heroin and cocaine dealing in nearby Chelsea starting in the summer of 1985.)

Police and treatment professionals in day-to-day contact with users report that users have found it harder to buy drugs and are worried about being arrested for possession of narcotics if they do succeed in buying. The word has spread that Lynn is no longer an easy market, and out-of-town buyers are no longer seen as frequently as before.

Unlike treatment facilities elsewhere in Massachusetts, the Lynn drug treatment facility experienced a 90% increase in demand

for service over the ten months starting September, 1983. By that point, waiting lists had started to develop and further changes in treatment demand became hard to measure.

b. Crime

If we compare the twelve months starting September, 1983, with the previous twelve months, reported robberies were down 18.5% and reported burglaries down 37.5%. In the following twelve months (after the reduction in drug enforcement manpower in Lynn due to the shift to Lawrence) the reported burglaries remained at their new, lower level and reported robberies declined still further, to a level 30% below the base year. If these changes are correctly measured and can be attributed to the Task Force, and if crime was not simply displaced, this decrease in crime represents a remarkable ratio of result to effort.

c. Order Maintenance and Citizen Satisfaction

Interviews with High Rock residents and business district merchants found wide agreement that the Task Force had helped restore order to the streets. More surprisingly, 37% of the respondents in a citywide survey conducted in the summer of 1984 thought that police and prosecutors were doing a better job than previously in drug enforcement, while only 12% thought they were doing a worse job. This 3-to-1 ratio of "better" to "worse" is surprising given the well-established tendency of survey respondents to think that law enforcement performance is getting worse rather than better.

B. MANHATTAN, LOWER EAST SIDE (Operation Pressure Point I)

1. Origins

If the Lynn heroin market represents one extreme -- small, concentrated, isolated -- the market in Manhattan's "Alphabet City" on the Lower East Side represents the other -- big, cosmopolitan, and in a city with thriving drug markets in several other neighborhoods. In the early days of Pressure Point, only about 55% of the buyers arrested were even from Manhattan; a quarter lived elsewhere in New York and a fifth lived outside the city. The area had a good reputation with out-of-town buyers for honest dealing and personal safety.

As of January of 1984, the area around 2nd Street and Avenue B was a center of well-organized retail drug dealing. Drug buyers waited in orderly double lines. Stores and apartment buildings in the area were largely abandoned; drug dealing appeared to have displaced virtually every other activity. Among its attractions for drug sellers was its division among three police precincts (5th, 7th, and 9th). The three were not even within the same patrol zone. As a result, it was almost impossible to focus enforcement attention on the drug market without creating an organizational unit which could span existing boundaries.

Calls for change had come from several directions. A Lower East City Multi-Agency Task Force, chaired by the city's Criminal Justice Coordinator, began meeting in July 1982. Over the next eighteen months, the level of drug enforcement in the area rose, but without any very noticeable impact on drug dealing.

Plans were drawn up for a massive crackdown, but the requisite manpower did not seem to be available.

Benjamin Ward, sworn in as Police Commissioner on January 1, for years had driven through Alphabet City on his way to work, and regarded it as the most flagrant drug bazaar in the country. Having learned from his term as Corrections Commissioner that two-thirds of New York's jail inmates were drug users, he was convinced that drug markets created crime. A successful crackdown on drug dealing would require community support, but he couldn't ask the community to help until he had demonstrated the department's seriousness through a massive show of force.

Though the project was aimed at generating community support, Ward did not go through a process of openly consulting community leaders. Nor did he spend time developing support within his own department. Nineteen days after Ward was sworn in, Pressure Point I was in operation.

2. Timing, Resources, and Costs

Pressure Point I was initially conceived as a sixty-day crash project. It began January 19, 1984, and is still running at very close to its original resource levels.

Over that entire period, Pressure Point has averaged 135 tours of duty per day for uniformed officers and approximately another 20 tours per day worked by detectives assigned to the Narcotics Unit of the Organized Crime Control Bureau (OCCB). This compares with about 500 tours/day as the normal manpower level for the three precincts. Pressure Point costs, in salary alone, appear to run about \$12 million per year. (This is about 25

times the size of the Lynn Task Force; New York City has about 100 times the population of Lynn.)

The uniformed officers assigned to Operation Pressure Point form an integrated command under a commander whose authority crosses precinct lines. A separate commander within OCCB has charge of the narcotics detectives assigned to Pressure Point.

Pressure Point, like the other activities in the NYPD's "Quality of Life and Narcotic Enforcement Programs," has been financed from the growth in the Department's sworn force. Manpower has grown from 24,000 in January 1984 to 28,000 today, against an authorized ceiling of 32,000. Since the Department was already meeting its 911 response time targets, the Commissioner and his advisers decided to put no new manpower into patrol, thus freeing it for other uses. One such use is the Community Patrol Officer Program (CPOP), a system of walking posts -- about ten per precinct -- which are compact rather than linear. CPOP officers are expected to identify problems and to mobilize police and other resources to solve them. The Pressure Point "target area" was among the first to be assigned CPOP officers, and then received a double allotment to allow CPOP coverage on the evening tour as well as the day tour.

3. Tactics and Operations

In the beginning, Pressure Point relied on massive numbers of arrests. For the first six weeks, it averaged some 65 arrests per day, of which more than one third were on felony narcotics charges. (Two-thirds of arrests in that six-week period were made by the uniformed patrol force, but 80% of the narcotics

felony arrests were made by the narcotics unit.) As market participants became more wary, the number of arrests fell and felony drug charges became rarer. In August of 1986, arrests had fallen to fewer than 20 per day, and the proportion of narcotics felonies to total arrests had fallen to 27%. (Overall, in 32 months of the program, arrests have averaged 22 per day, with just under 30% narcotics felonies.)

The uniformed operation absorbed more than its share of the area's scarce supervisory resources, with one lieutenant and eight sergeants on the streets at all times, and frequent drive-throughs by the captain in charge. Perhaps as a result, the uniformed force worked hard and the operation generated no reports of either corruption or misconduct toward citizens.

While the uniformed force concentrated on making arrests of buyers and sellers in "observation sales," the narcotics unit specialized in low-level undercover buys (including the use of fresh Police Academy graduates as one-time undercover agents) and raids on dealing locations identified from tips or informants. Since most of the locations were in abandoned buildings long since taken by the City for back taxes, entry could be made on trespassing charges with the City as complainant. CPOP officers made sure that other city agencies boarded and bricked problem locations. In addition to drug charges, Pressure Point made arrests for a wide range of misdemeanors and violations. A special booklet was printed and distributed to the entire Pressure Point force, giving the legal rules about stops and arrests and citing the statutory language for such charges as

harassment, disorderly conduct, and loitering. About 2500 of the 21,000 arrests made through August of 1986 were on such charges.

Pressure Point officers also put pressure on drug dealing by writing traffic and parking tickets (18,000 moving violations and 73,000 parking tickets through August of 1986) against cars they believed to belong to buyers and sellers. At the very heart of the Target Area, this meant any vehicle at all. To make this strategy work, CPOP officers were given authority to sidestep the centralized allocation of tow trucks and order tows on their own.

Cases where dealers were using juveniles as runners were handled by taking the kids back to their parents and warning that another arrest of the child for drug dealing would lead to charges of abuse and neglect against the parents. This seemed to work.

As Commissioner Ward had hoped, initial community apathy was followed by increasing use of the anonymous "hot line." Calls are still running more than 400 per month.

4. Prosecutor Relations and Case Results

In the view of some Pressure Point leaders, the sheer volume of arrests was more important than arrest quality, as measured either by the severity of the charges or potential prosecutive merit. In part, this opinion reflected their feeling that felony convictions and stiff sentences were unlikely no matter what sort of police work was done, and that therefore any sacrifice of quantity for the sake of quality would be labor lost.

In the first two years of Pressure Point I, roughly 5000 felony narcotics arrests led to 3300 felony complaints (or about

66% of felony arrests), about 1000 indictments (20% of the arrests, 30% of the complaints), of which 629 have been disposed of, 591 as felony convictions (94% of dispositions). The 494 sentences passed so far have involved 240 to state prison (almost 50%, for a median term of between 2 and 4 years) and 129 jail terms (about 25%, all less than one year). Misdemeanor charges seem to draw extremely light sentences, the most common being "time served."

It is possible to very roughly estimate that the first two years of Pressure Point led to about 1200 aggregate nominal years of prison time and perhaps 200-300 years of additional aggregate jail time. Again very roughly, this appears to be between one-half and two-thirds the prison time per unit of police manpower expended as was the case in Lynn. In addition, Pressure Point appears to be draining prosecutive resources from other Manhattan drug cases; in 1984, the first year of Pressure Point, narcotics felony arrests in Manhattan rose by more than 2000 while narcotics felony convictions rose by only 6.

Not surprisingly, prosecutors tend to blame what they see as sloppy police work -- the failure to arrest buyers as well as sellers in "observation sale" cases, thus leaving no evidence in the form of drugs to be used against the seller; bad searches; laboratory slowdowns; the failure to "fume" drug packages for fingerprints -- for the high rate of dismissals and reduced charges. They also complain of police "overcharging" (making felony arrests on misdemeanor facts).

The experience with the prosecution of Pressure Point defendants in Federal court is instructive. It appears to be universally agreed that defendants tried Federally face much more serious sanctions and are much less likely to "walk" after misdemeanor pleas than are similar defendants tried at the state level. Lower caseloads for prosecutors, judges less hardened to the gravity of heroin dealing, and stiffer statutory penalties for small-volume sales explain part of the difference. But taking advantage of these conditions involved some changes in investigative procedures. For example, Federal prosecutors insisted that instant photographs be taken of arrestees and initialed by arresting officers on the spot to eliminate problems of identification at trial. "Federal day" also involved the presence of an Assistant U.S. Attorney at the precinct station to take pre-arraignment statements from arrestees.

Police were prepared to undertake additional investigative steps in return for what they perceived as superior Federal prosecution. They did not believe that such steps would call forth additional efforts by state prosecutors. The state prosecutors, on the other hand, found themselves confronting a flood of cases with no additional resources. This put pressure on them to dispose quickly of cases they saw as evidentially weak. The expectation that most arrests would not lead to felony convictions was self-reinforcing; the worse the prosecutive outcomes, the more important it became to keep arrest volumes high, even at the expense of quality.

4. Results

Pressure Point I, like the Lynn Task Force, led to unimpressive courtroom results but had dramatic effects on the drug markets, crime, and neighborhood welfare. To what extent drug dealing and property crime were merely displaced rather than reduced is much harder to judge in the New York setting than it was in Lynn, but the observable results seem to more than justify the investments made. Whether the results would have been better if there had been more concentration on high-quality arrests and better follow-up by prosecutors cannot be known; but Pressure Point, like Lynn, shows how much can be done with lots of arrests and not many sentences.

a. The Heroin Market

Alphabet City is no longer a heroin bazaar. That is not to say that dealing has been eliminated, but the streets are no longer crowded with drug buyers and sellers. Before-and-after photographs and videotapes provide evidence of the change. Buyers from far away appear to be less common, as reflected in the rising percentage of arrestees who are Manhattan residents.

Lower East Side drug treatment programs, already crowded due to funding cutbacks and increasing fear of AIDS among heroin users, have seen a new influx of clients due to Pressure Point. The Police Department has been criticized for starting its enforcement program without arranging for an increase in treatment capacity to accommodate the influx; the criticism assumes that the program succeeded in making addiction a less attractive lifestyle.

If participation in formal treatment programs were the only route to drug abstinence, the treatment capacity shortage would sharply limit the effectiveness of enforcement in reducing drug consumption, though there would still be value in reducing the rate at which new users are added to the population. But if many users can quit without supervision, or by participating in informal programs similar to Alcoholics Anonymous, then enforcement may be a partial substitute for treatment.

In a city with many neighborhoods where heroin is sold, users have the alternative of buying elsewhere; how many Lower East Side users chose to move rather than to quit has yet to be investigated. But changing drug-buying locations involves inconvenience and risk for users, and no other dealing area in New York had Alphabetville's reputation for honesty and safety.

b. Crime

Reported crime of many kinds has been drastically reduced in the Pressure Point "Target Area," hardly a surprising result given the sheer volume of police presence in a limited area. Comparing the first eight months of 1986 with the first eight months of 1983, robberies were down 40%, burglaries 27%, grand larcenies 22%, and homicides fully 69% (13 as against 42).

The obvious question is how many of these crimes were only displaced to neighboring streets where there were fewer cops. The figures are reassuring; robberies were even, and burglaries down 12.5%, in those parts of the 5th, 7th, and 9th Precincts not covered by Pressure Point. Homicides in those areas were down from 18 to 15. Thus Pressure Point seemed to have had little

effect on crime, for good or ill, immediately outside its territory. Its effects on crime in more remote areas, and particularly in other heroin-dealing areas to which some drug purchases may have been diverted, are unknown.

c. Order Maintenance and Citizen Satisfaction

Perhaps the best measure of citizen response to Pressure Point is the continued insistence of neighborhood leaders that it be maintained at full strength, despite the manifest decline of the market. (From one perspective, this is a problem as well as a measure of success; not only is that manpower wanted elsewhere, but there are reports of early retirements by officers and their field supervisors from sheer boredom. Twenty arrests per day may not be enough to keep 150 cops happy in their work.)

One topic of controversy about Pressure Point has been its role in encouraging the "gentrification" of Alphabet City. The Commissioner has been attacked for making the Department serve real estate interests. Like the complaint about treatment facilities, this is a back-handed compliment; it assumes that the program succeeded in making the neighborhood more livable.

C. OTHER CASES

There have been several other recent examples of street-level drug crackdowns whose operations and results have not been carefully studied or where studies are still ongoing.

1. Lawrence, Massachusetts

If Lynn is the classical success of street-level drug enforcement as property-crime control, Lawrence appears to be the classical failure. In the twelve months after the state police

had moved from Lynn to Lawrence, reported robberies in Lawrence were up almost 30%, and burglaries were unchanged from the previous year. As far as controlling drug dealing went, the Lawrence Task Force appeared to succeed in suppressing heroin dealing in the one housing project where it had been most flagrant, but the overall traffic did not seem to shrink nearly as much in Lawrence as it had in Lynn or on the Lower East Side.

Several explanations can be offered for this lack of success. The simplest is that the heroin market in Lawrence was simply too big to be much influenced by such a small task force, particularly when much of its attention was diverted to making cases against the active local cocaine wholesaling market. If this is true, it suggests an important lesson: retail drug enforcement may be a case where half-measures are almost worthless. Unless the enforcement effort starts out strong enough to put a real dent in the market, it may have no measurable benefits. This makes sense if, indeed, it is the dynamic of higher risks leading to smaller markets leading to still higher risks that makes street drug enforcement work. This then argues for the importance of concentration, both by geography and by target drug.

Another problem for the Lawrence effort was the fact that the the city of Lowell, a few miles away but across the county line, remained wide-open for heroin dealing, thus giving Lawrence heroin users an alternate source of supply.

2. Central Harlem (Operation Pressure Point II)

The Central Harlem drug market is older and probably larger, though less cosmopolitan, than the market on the Lower East Side. It is also more dispersed geographically. Working at about 2/3 of Pressure Point I's manpower level for about the same period of time (30 months as against 32 months) PP2 has generated even more arrests (25,000 as against 21,000). The rate of narcotics felony arrests is about the same (though more heavily weighted toward felony possession), but there are only about half as many misdemeanor drug possession charges and enormously more miscellaneous violations.

The drug market does not appear to be responding as strongly in Central Harlem as it did in Alphabetville. Robberies and purse-snatchings in the area are down about one-third since the operation started.

3. Others

Norfolk, Va. and Sydney, Australia, have both reportedly succeeded in reducing drug dealing and other crime by cracking down on concentrated areas of street-level drug dealing. On the other hand, Philadelphia's "Operation Cold Turkey" was, by all accounts, a disaster.

Instead of concentrating resources on one or a few areas with major dealing problems, Cold Turkey chose two "drug corners" from each of the city's twenty-three police precincts. Of the 1,000 persons stopped and searched by Cold Turkey's 450 officers over four days, only 80 were arrested on narcotics charges, and 150 more for disorderly conduct. Public protest and a lawsuit

brought the operation to an effective end after four days, with no measurable result except for citizen hostility.

VIII. OPEN QUESTIONS AND OPERATIONAL ISSUES

There are a number of operational issues to be considered by anyone contemplating a street-level drug enforcement drive, and some open questions about how effective they are in reducing drug use and crime.

A. DISPLACEMENT

Do drug dealing and crime decrease because of street-level enforcement, or do they merely go elsewhere? One way to approach this question would be to study a group of drug users or a group of property-crime arrestees identified as such before concentrated enforcement shrinks the drug market in their neighborhoods. What do they do and where do they go? How does the change in the drug market in their neighborhood influence their subsequent drug and crime careers? Alternatively, one could look at the arrest histories of a group of users and dealers arrested as part of such an operation to see how many of them are later arrested for property crime or drug dealing elsewhere.

B. CASE OUTCOMES

What happens to users and dealers arrested as part of street drug crack downs? In the operations examined above, felony convictions appear to be rare; the tendency seems to be for police to blame this on a lack of diligence by prosecutors and

for prosecutors to blame it on sloppy police work, and for everyone to complain about forensic laboratory delays.

The fact that arrests without felony convictions appear to be enough, in some circumstances, to change street conditions raises some questions. Is the primary effect of street-level enforcement to change the behavior of dealers or to scare away buyers? What is the optimal mix between large numbers of low-quality arrests and a few high-quality arrests? Can prosecutors and the courts handle more felony drug cases, even if arrest quality is high, or will good cases from a concentration area simply displace other cases?

C. OPERATIONAL SCALE AND DURATION

The Lawrence experience suggests the importance of having an operation big enough for the market being attacked. Half a loaf may not be much better than no bread. Unless an operation is large enough to force changes in users' and dealers long-term behavior patterns, it will accomplish little. This means not only using enough manpower (compared to the number of buyers and sellers in the market), but also maintaining the operation long enough. At least one Lower East Side dealing organization responded to Pressure Point I by sending its employees on vacation for the month that dealers thought the operation would last.

Where there are alternative local markets, long-term effectiveness may depend on cracking down on all of them at once.

D. OTHER RESOURCES

Street-level drug crackdowns create new demands, directly and indirectly, on other public services: within the police department, in other criminal-justice agencies, and in the drug-treatment system. Police managers need to think about these other resource needs, though what they can or should do about them is an open question. Planning ahead for the expected results of one's actions sounds uncontroversial, but holding back on enforcement until all possible ducks are in a row may not be a good idea.

1. Police Laboratories

Drug prosecutions need laboratory drug analysis and can benefit from fingerprint work on drug packages using cyanoacrylate (superglue) fumes. An increasing flow of street-level drug arrests means more work for the lab. Letting that increased workload show up in longer processing times and less detailed analysis will take its toll on case outcomes and prosecutors' tempers.

Fuming is unpopular with many lab workers, despite its sometimes dramatic successes, because the fumes are noxious. This problem can be controlled with adequate venting and the use of glove boxes.

The workload problem can frequently be handled with overtime, but at some point more people, more equipment, and more space are required. Lab costs are small enough compared to total costs that skimping on them hardly seems worthwhile.

2. Prosecutors

More arrests will not necessarily lead to more convictions unless more lawyers are added. At minimum, District Attorneys need to be warned that a flood of drug cases is coming. Some negotiation where the police offer more thorough investigation in return for more prosecutor-hours may be worthwhile.

3. Lockups

Whatever is done about prosecution, more arrests will strain limited lockup space. There were reportedly some very bad conditions in the early days of Pressure Point I. Sometimes it may be possible to house prisoners in lockups outside the arresting precinct, or even to do some booking where there is spare lockup capacity.

4. Treatment

Drug crackdowns tend to further strain already overcrowded drug treatment facilities. This is obviously a problem, but how great a problem or what, if anything, police executives can do about it, is obscure.

It seems clear that having adequate detoxification and outpatient counselling services will aid enforcement efforts in shrinking the drug markets. It is less clear that their absence will completely frustrate enforcement goals; after all, many heroin users detoxify themselves without supervision. The role of methadone maintenance is even murkier. If increased enforcement is pushing users toward abstinence, the presence of a "halfway house" in the form of methadone maintenance may even be undesirable; that depends on how many more users will become

heroin-abstinent if methadone is available than otherwise and on the probability of going back to heroin use from methadone maintenance vs. the probability of going back to heroin use from total abstinence.

One simple expedient used in Pressure Point I was to encourage organizers of AA-style programs for drug users to have ex-addict recruiters available to talk to arrestees after booking.

E. CIVIL LIBERTIES AND COMMUNITY RELATIONS

Two kinds of civil liberties questions can arise in connection with drug enforcement. The consensual nature of the crime and the concealability of the evidence can create temptations for search-and-seizure violations by police, and the intent to make the streets unfriendly to drug dealing and drug buying can be translated into random harassment of anyone who looks "druggy" to officers. The evidence seems to be that much progress can be made against street-level dealing without cutting legal corners, as long as police know what they are supposed to be doing and have adequate supervision. Outdoor drug dealing is not a Constitutionally protected activity, and there is no need for specially intrusive investigative techniques to stop it. Once it moves indoors, the search-and-seizure problems get harder, but just moving it indoors constitutes progress.

Given the widespread hostility to drug dealing, it would probably take serious incidents of rudeness and excess to turn the local community against a drug-enforcement sweep. As always,

pre-consultation with local leaders may be helpful, but there is no real evidence that it is necessary.

F. OTHER DRUGS

This paper has singled out heroin as the target drug for retail enforcement efforts. In fact, many street markets where heroin is sold also supply cocaine, frequently to the same users. Street-level enforcement will necessarily catch both kinds of buyers and sellers, and there is no reason to avoid this result. The harder question is what to do with marijuana sales on the street or in "smoke shops" and with "rock houses" which substitute for street markets as mass retail suppliers of crack, the smokable form of cocaine.

It may help to recall the four purposes retail drug enforcement can serve: maintaining order, improving relations with the community, suppressing drug consumption, and reducing property crime. Any drug dealing which imposes disorder on the neighborhood may be worth breaking up. The closer it is to being public, the more of an annoyance it is likely to be and the easier it is likely to be to disrupt. Whether breaking up such markets succeeds in depressing consumption depends on how widespread dealing is and on how easily users can switch from buying small quantities frequently to buying in bulk occasionally. Whether enforcement reduces property crime depends both on its ability to reduce consumption and on the share of consumption financed by such crime. The fact that cocaine is now being detected in the urine of about half of all arrested persons

in New York City and Washington, D.C., suggests a closer cocaine-crime link than many had suspected.

We would not expect a disruption in street marijuana dealing to have much impact on consumption; marijuana is cheap enough to buy in bulk, and users are less likely to experience strong temptations to consume their entire supply at one sitting. Similarly, we would not expect a reduction in marijuana consumption to have much impact on property crime; a marijuana habit is not that expensive.

By the same token, rock houses serving adolescents and young adults in poor neighborhoods are more attractive enforcement targets than yuppie bars where cocaine powder is sold, both because cocaine smoking seems to be much more likely to lead to compulsive use than cocaine snorting and because the yuppies are more likely to have enough legitimate income to support their drug use.

But it is in the street markets for heroin that all of the arguments for retail-level drug enforcement come together in their strongest form. Those markets, where they exist, deserve first place on the target list.

Report to Workshop on Drugs and Crime, National Research Council

DRUGS AND VIOLENT CRIME

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Preparation of this chapter was supported in part by grants DA-03182 and DA-04017, National Institute on Drug Abuse; and 85 IJ-CX-0052, National Institute of Justice. Additional support was provided by the New York State Division of Substance Abuse Services and Narcotic and Drug Research, Inc. Points of view or opinions in this chapter do not necessarily represent the official position or policies of the U.S. government, the New York State Division of Substance Abuse Services, or Narcotic and Drug Research, Inc.

November, 1986

DRUGS AND VIOLENT CRIME

The nature and scope of the relationship between drugs and violent crime is a matter of great concern in American society at the present time. The existing literature sheds some light on the subject, but mainly points to the need for further research. This paper reviews some of what we think we know about the causal role played by drugs in the occurrence of violence, places that knowledge within a conceptual framework, and focuses attention on those areas that require additional inquiry.

DEFINING "DRUGS" AND "VIOLENCE"

"Drugs" and "violence" are rather vague concepts. Both are general terms that include a wide range of quite disparate phenomena. For this reason, it is customary for experts in both fields to begin any presentation by defining their terms.

With regard to drugs, a wide variety of substances will be examined; substances that have different, and sometimes opposite, psychopharmacological effects. For example, some are central nervous system (CNS) stimulants and some are CNS depressants. Some drugs are generally considered to be addictive while others are not.¹

However, the pharmacological aspects of drugs are only one dimension of the drugs/violence nexus. It is also necessary to examine the relative costs of drugs, how they are obtained, how they are ingested, and the social contexts and organization of both use and distribution. Each of these areas impacts on violence.

Alcohol always poses a special problem to drug researchers. Should it be included as a drug or not? The Federal government,

New York State, and many other jurisdictions, have created separate agencies to deal with drugs and alcohol. However, research findings frequently report that a certain proportion of victims or perpetrators of violence was inebriated on alcohol, drugs, or both. Many persons use drugs in combination with alcohol and it is difficult for researchers and law enforcement officers to separate the effects of one from the other. Some discussion of alcohol will inevitably, and not inappropriately, surface in this paper.

Violence is not difficult to define. As Megargee (1982) noted, most of us know exactly what it means; the problem is that our definitions may not agree with anybody else's. There simply is no universally accepted definition of violence. However, most definitions of violence include causing or threatening to cause physical harm to others (thereby excluding suicide). This will constitute a definitional "bottom line" for exploring the drugs/violence nexus. Analyses of official criminal statistics define violence in terms of legal categories, such as homicide, assault, forcible rape, and robbery. Such analyses will be identified and surveyed in this paper.

POOR QUALITY OF AVAILABLE DATA

The social sciences are only now beginning to generate the theory and data that will enable the relationship between drugs and violent crime to be perceived more clearly. Anglin has concluded "... that the relationship between drug use and violence can best be viewed as a probabilistic and relativistic function in which the violent outcome is dependent on the

interaction of a host of biological, sociocultural and psychological factors, only a few of which have been elucidated in the research literature" (Anglin, 1984: 469). Some reasons for the current relative lack of data and theorizing in this most important area are listed below.

1. There has been a substantial increase in the total volume of illicit drugs used and sold in the United States over the past three decades, especially with regard to some specific substances such as cocaine. This has resulted in substantial increases in the volume of drug-related violence. However, there was an inevitable time lag before academic social scientists and government agencies labeled the increase in drug use as important, designed studies to estimate its magnitude, and began to do research aimed at documenting attendant phenomena, such as violence. Specialists in violence who received their training prior to a general recognition of the impact of drugs on violence may continue to ignore drug use and trafficking as relevant variables in their studies.

2. Related to point 1 above, much of our current knowledge about the drugs/violence nexus has emerged from research funded by the National Institute on Drug Abuse (NIDA) and the National Institute of Justice (NIJ). The research programs at NIDA and NIJ expanded in response to the growing awareness of how serious the drug problem was becoming. The flow of Federal dollars into drug research has dispelled many of the myths and faulty assumptions about drugs and their impact on violence in American society. For a fuller discussion of these Federal efforts see Clayton (1981) and McBride (1981).

3. In addition to the problem of myth is the problem of backlash to myth. The first half of the twentieth century witnessed some absolutely incredible myth-making about drugs. The film Reefer Madness has become a symbol of the lurid and inaccurate manner in which drugs and their effects were portrayed. Other stories presented to a sensation-loving public by popular media included that of a fifteen year old boy who was driven to insanity and suicide by smoking cigarettes; the 1923 headline that "Marihuana Makes Fiends of Boys in 30 Days;" and the 1913 headline that "Drug Crazy Negroes Fire at Every One in Sight in Mississippi Town" (Silver, 1979).

Anti-drug crusaders such as Harry Anslinger, U.S. Commissioner of Narcotics for more than 30 years, went far to one extreme in portraying drug users as "fiends." In reaction, those who wished to align themselves with wisdom and reasoned analysis of data tended to stress the nonviolent behavior that was characteristic of most drug users most of the time. This discouraged scientific inquiry into the actual violence that was characteristic of some drug users and traffickers some of the time. It should be noted that the violence characteristic of some drug users and traffickers some of the time may constitute a substantial proportion of a society's total violence.

4. Because of its widespread use, alcohol tends to dominate most discussions of violence and substance use. Many young scientists have been discouraged by experts in the field from pursuing inquiries into relationships between drugs and various sorts of violence. They are told that the major substance abuse

problem in these regards is surely alcohol and there is little reason to do research on other drug-related violence. While some have persevered, there is no way of knowing how many potentially important studies of drugs and violence were nipped in the bud by this attitude.

5. Collins (1982) argues that within the context of long criminal careers, violent crimes tend to be statistical rarities. Property crimes are committed at much higher rates. The relative rarity of violent crime makes research on the drugs/violence nexus difficult. Numbers of incidents are often not adequate to conduct analyses that control for variables known to be related to violence.

6. Last, and certainly not least, is the fact that important national level data on the drugs/violence nexus are just not being collected. Researchers trained in the most sophisticated techniques of data analysis can hardly make a contribution if the necessary data do not exist. Official statistics collected in the criminal justice and health care systems do not link acts of criminal violence and resultant injuries or death to antecedent drug activity of victims or perpetrators. Broad recording categories make it virtually impossible to determine whether the offender or victim was a drug user or distributor, or whether the pharmacological status of either victim or offender was related to the specific violent event.

Uniform Crime Reports (UCR), collected by the Federal Bureau of Investigation is the most visible source of crime data in the country. UCR contains aggregated statistics of crimes known to the police. However, the drug relatedness of violent events is

simply not a focus of inquiry. It is not possible to use the UCR data base to link specific violent acts to antecedent drug activities of either victim or perpetrator.

The major alternative criminological data source is the National Crime Survey (NCS). This annual report issued by the Bureau of Justice Statistics (BJS) is based on data obtained from a stratified multistage cluster sample. The basic sampling unit is the household. Respondents within households are asked for all instances of victimization in the past year. Projections are then made to the nation as a whole.

As was the case with UCR, the NCS is not useful for elaborating on the drugs/violence nexus. Street drug users frequently are not part of a household, i.e., they may sleep in abandoned buildings, in subways, on park benches. Thus, a population that is posited to be at especially high risk for drug related violence is likely to be underrepresented in this data. Another problem with the NCS is that victims may not know the motivation of offenders for committing acts of violence, or be able to judge accurately the pharmacological state of offenders. These latter problems have not really been problems because the NCS never asked victims anything about the pharmacological state of offenders. However, according to reliable sources, one or two rather simplistic questions of this nature are planned for the 1986 survey.

Little relevant data is produced in the health care system either. Hospitals record presenting complications. Emergency room data will show that a bullet wound, a fractured skull, a broken

arm, or whatever, were treated. There is no indication as to whether the event producing the injury was drug related or whether victim or perpetrator had engaged in antecedent drug activities.

Medical examiner data have limited utility for elaborating on the drugs/violence nexus. Such data only provide information on the status of homicide victims. Homicide is a relatively rare form of violence. The vast majority of violent events, including those that are drug related, never come to the attention of medical examiners. Further, evidence of the drug relatedness of homicides frequently is not contained in the victim; for example, when only the perpetrator had ingested drugs. Finally, a NIDA funded study claimed that there were "structural barriers" associated with trying to use medical examiner statistics to depict the relationship between drugs and homicide (Gottschalk et al, 1979).

So, for all of the above reasons, there is a serious lack of data and theory necessary for full elaboration of the drugs/violence nexus. There is clearly a need for such theory and data.² It should be stressed, also, that the drugs/violence nexus is certainly not the only dimension of violence where there is a need for more and better data.

In the study of drug-related violence, one must rely chiefly on local studies for data since the problem is not specified in the major national data bases. Most local studies support the contention that there is a strong relationship between drugs and violence. Zahn and Bencivengo (1974) reported that in Philadelphia, in 1972, homicide was the leading cause of death

among drug users, higher even than deaths due to adverse effects of drugs, and accounted for approximately 31 percent of the homicides in Philadelphia. Monforte and Spitz (1975), after studying autopsy and police reports in Michigan, suggested that drug use and distribution may be more strongly related to homicide than to property crime. Preble (1980) conducted an ethnographic study of heroin addicts in East Harlem between 1965 and 1967. About fifteen years later, in 1979 and 1980, he followed up the seventy eight participants and obtained detailed information about what had happened to them. He found that 28 had died. Eleven, 40% of the deaths, were the victims of homicide. Stephens and Ellis (1975) argued that criminal patterns of heroin users were shifting in the direction of greater amounts of violence. McBride (1981) found the same increasing trend of violent behavior among Miami narcotic users. Ball et al (1983), studying heroin addicts in Baltimore, found the number of days containing violent crime perpetrations to be 18 times higher during initial addiction periods as compared to initial days off opiates. Felson and Steadman (1983) studied 159 homicide and assault incidents leading to incarceration in New York State. Homicide victims were significantly more likely than assault victims to have used alcohol or drugs.

The New York City Police Department (1983) classified about 24 percent of known homicides in 1981 as drug related. The 34th Precinct, which serves the Washington Heights section of Manhattan, had more homicides than any other precinct in New York in 1983. It recorded 85 homicides, 70 percent of which were

allegedly drug-related. (Randazzo & Gentile, 1983: 11) A Miami police official was quoted on television as saying that one-third of the homicides in Miami in 1984 were cocaine related.

Even though the relationship between drugs and violence has been so consistently documented in both the popular press and in social scientific research, it is only recently that attempts have been made to assess this problem on a national level. One such effort estimated that 10 percent of the homicides and assaults nationwide are the result of drug use. However, the authors include the caveat that their estimate should be viewed as a conservative approximation "in the face of inadequate empirical data to support an estimate derived in a systematic fashion" (Harwood et al, 1984: 22). Another recent report estimated that in the United States, in 1980, over 2,000 homicides were drug related and, assuming an average life span of 65 years, resulted in the loss of about 70,000 years of life. This report further estimated that in 1980 over 460,000 assaults were drug related, and that in about 140,000 of these assaults the victims sustained physical injury leading to about 50,000 days of hospitalization (Goldstein and Hunt, 1984). Gropper, summing up research funded to date by the National Institute of Justice, stated the following:

... narcotics abusers engage in violence more often than earlier studies would lead us to believe. Recent studies have shown that heroin-using offenders are just as likely as their non-drug-using or non-heroin-using counterparts to commit violent crimes (such as homicide, sexual assault, and arson) - and even more likely to commit robbery and weapons offenses (1984: 4).

TRIPARTITE CONCEPTUAL FRAMEWORK

In an earlier article (Goldstein, 1985) it was suggested

that drugs and violence were related in three different ways: psychopharmacologically, economic-compulsively, and systemically. This conceptualization is intended to provide a structure within which data may be most fruitfully analyzed. A full elaboration of the three models follows below.

Psychopharmacological Violence

The psychopharmacological model suggests that some individuals, as a result of short or long term ingestion of specific substances, may become excitable, irrational, and may exhibit violent behavior. The most relevant substances in this regard are probably alcohol, stimulants, barbiturates and PCP. A lengthy literature exists examining the relationship between these substances and violence.³

Barbiturates appear most likely, on a per ingestion basis, to lead to violence. Fortunately, the number of drug users who report barbiturate abuse is relatively small. In three separate studies of incarcerated delinquents, a barbiturate (secobarbital) was identified as the single substance most likely to enhance assaultiveness (Tinklenberg et al, 1974, 1976 , and 1981). Collins (1982) studied self reports of aggravated assaults and robberies by nearly 8,000 drug treatment program new admissions in ten cities for the year prior to entering treatment. He found that the highest proportions of persons committing one or more aggravated assaults or robberies were those who identified their primary drug problem as barbiturate use. Barbiturates, followed by alcohol and amphetamines, were most strongly correlated with assault. Barbiturates, followed by heroin, were

most clearly correlated with robbery.

Early reports which sought to employ a psychopharmacological model to attribute violent behavior to the use of opiates and marijuana have now been largely discredited.⁴ However, the irritability associated with the withdrawal syndrome from opiates may indeed lead to violence. Mednick notes that workers in drug treatment programs are familiar with irritable, hostile, and sometimes aggressive clients in withdrawal (1982:62).

Heroin using prostitutes often linked robbing and/or assaulting clients with the withdrawal experience (Goldstein, 1979). These women reported that they preferred to talk a "trick" out of his money, but if they were feeling "sick," i.e., experiencing withdrawal symptoms, that they would be too irritable to engage in gentle conning. In such cases they might attack the client, take his money, purchase sufficient heroin to "get straight," and then go back out on the street. In a more relaxed physical and mental state, these women claimed that they could then behave like prostitutes rather than robbers.

A somewhat similar process has been reported with regard to cocaine. Users characterize being high on cocaine as a positive and "mellow" experience. However, the cocaine "crash," i.e., coming down from the high, has been described as a period of anxiety and depression in which external stimuli may be reacted to in a violent fashion. A cocaine user interviewed on the DRIVE project reported beating his infant stepson to death because he would not stop crying during such a "crash."

A study of institutionalized delinquent boys revealed that about 43 percent took a drug within twenty-four hours of

committing an offense against a person.

Many of these boys stated that they took the drugs to give themselves courage to commit an act of violence. Sometimes an act of violence against a person was not intended since the boys initially wanted to steal goods or money to support a drug habit. Each of the 25 subjects who took drugs prior to an act of violence considered the dose taken to be significant and to have contributed substantially to their commission of the crime. In fact, they speculated that the crimes would not have occurred if they had not taken the drugs in question. About 17% of the total person offenses committed by all subjects were preceded by significant drug taking within 24 h[ours] of the offense. (Simonds and Kashani, 1980: 308)

The drug scores most significantly correlated with the number of offenses against persons were barbiturates, PCP, cocaine, and, to a somewhat lesser extent, valium and amphetamines. In this research, alcohol use had only a small, nonsignificant correlation with number of person offenses.

Drug use may also have a reverse psychopharmacological effect and ameliorate violent tendencies. In such cases, persons who are prone to acting violently may engage in self-medication in order to control their violent impulses. The drugs serving this function are typically heroin, tranquilizers and, contrary to Anslinger's "facts," marijuana.

Psychopharmacological violence may involve drug use by either offender or victim. In other words, drug use may contribute to a person behaving violently, or it may alter a person's behavior in such a manner as to bring about that person's violent victimization. Previous research indicates relatively high frequencies of alcohol consumption in rape (Amir, 1971; Rada, 1975) and homicide victims (Shupe, 1954; Wolfgang, 1958). Public intoxication may invite a robbery or mugging.

Sparks (1981) suggests that alcohol and/or drug use may be one of the reasons why a small minority of respondents on victimization surveys report multiple victimizations. One study found that in rapes where only the victim was intoxicated, that she was significantly more likely to be physically injured (Johnson et al, 1973).

Many intoxicated victims are reluctant to report their victimization. They do not wish to talk to the police while drunk or "stoned." Further, since they are frequently confused about details of the event and, perhaps, unable to even remember what their assailant looked like, they argue that reporting the event would be futile. Thus, even if police agencies were sensitive to recording cases of victim precipitated psychopharmacological violence, such events would probably be seriously under-reported.

An important issue that remains unresolved with regard to psychopharmacological violence concerns our ability to distinguish between what is a direct effect of drug use, and what may be a "self fulfilling prophecy" and/or a "technique of neutralization."⁵ Certain drugs acquire a reputation for stimulating aggressiveness. Barbiturates, for example, are referred to as "gorilla pills" by users. Though the reputation of a drug may be deserved, in some cases users may act out violently simply because they have learned that the drug has that effect.

Certain substances may be used in a psychopharmacologically functional manner. In this regard, drugs are ingested purposively because the user is familiar with specific effects and perceives them as positive for the perpetration of criminal acts. Examples of such functional drug use include tranquilizer and marijuana

use to control nervousness, barbiturate and alcohol use to give courage.

In a similar fashion, users may be motivated to ingest the substance because of its reputation. They may wish to engage in a violent act, feel deterred by scruples, and ingest the substance in order to be freed from personal responsibility for the act. This entitles them to claim that "the drug drove me to do it!" This process may also surface as a legal stratagem. Clever lawyers may capitalize on a drug's reputation for provoking aggressiveness by claiming that their client is not responsible for criminal actions because of antecedent drug use.

Economic Compulsive Violence

The economically compulsive model suggests that some drug users engage in economically oriented violent crime, e.g., robbery, in order to support costly drug use. Heroin and cocaine, because they are expensive drugs typified by compulsive patterns of use, are the most relevant substances in this category. Economically compulsive actors are not primarily motivated by impulses to act out violently. Rather, their primary motivation is to obtain money to purchase drugs. Violence generally results from some factor in the social context in which the economic crime is perpetrated. Such factors include the perpetrator's own nervousness, the victim's reaction, weaponry (or the lack of it) carried by either offender or victim, the intercession of bystanders, and so on.

Research indicates that most heroin users avoid violent acquisitive crime if viable nonviolent alternatives exist (Preble

and Casey, 1969; Swezey, 1973; Cushman, 1974; Gould, 1974; Goldstein and Duchaine, 1980; Goldstein, 1981; Johnson et al, 1985). This is because violent crime is more dangerous, embodies a greater threat of prison if one is apprehended, and because perpetrators may lack a basic orientation toward violent behavior.

While research does indicate that most of the crimes committed by most of the drug users are of the nonviolent variety, e.g., shoplifting, prostitution, drug selling, there are little data that indicate what proportion of violent economic crimes are committed for drug related reasons. No national criminal justice data bases contain systematically and routinely collected information on the drug-related motivations or drug use patterns of offenders as they relate to specific crimes.

However, a variety of studies do indicate a significant proportion of robberies are committed by persons who use drugs. "Robbery" is a broad term that may include quite diverse events, e.g., street muggings, bank robberies, juvenile lunch money "shakedowns." Robbery is defined by Uniform Crime Reports as "the taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear." It is unfortunate for a discussion of violence that the literature says little about what actually happens in particular cases of robbery. There is a lack of data on such issues as whether heroin-related robberies differ from other robberies in terms of the frequency and severity with which physical force may have been applied.

A report issued by the American Bar Association stated that "to a large extent, the problem of urban crime is the problem of heroin addiction." (1972:8) This report estimated that between one-third and one-half of the robberies committed in major urban areas are committed by heroin addicts. A 1978 report on bank robbery issued by the General Accounting Office estimated that at least 42% of the 237 bank robbers that were surveyed were drug users.

Voss and Stephens (1973) studied a sample of 990 patients committed to the Federal drug treatment facility in Lexington, Kentucky. They found that only 2 percent reported committing armed robbery prior to beginning drug use. However, 18 percent reported committing armed robberies after having begun using drugs.

Petersilia et al (1978) studied forty-nine incarcerated, male armed robbers in California. These men reported committing a total of 855 robberies. Over one-half of the sample reported regular use of drugs, alcohol, or both; 60 percent said they were under the influence of drugs or alcohol while committing their crimes. The desire for money to buy drugs was the single most frequently cited reason for committing crimes.

Wish et al (1980) analyzed 17,745 arrests in Washington, D.C., in which a urine specimen was obtained from the arrestee. Twenty-two percent of the male robbery arrestees (N=2,209) and 29 percent of the female robbery arrestees (N=149) had drug-positive test results, mainly for opiates. In only four other offense categories was there a higher proportion of drug-positivity among

arrestees. These included bail violation, larceny, drug offenses, and weapons offenses.

Inciardi (1980) compares heroin users to other drug users in Miami and reveals that the two groups had similar robbery rates and similar proportions doing robberies. Chaiken and Chaiken (1982) show that among inmates in Texas, California, and Michigan entering prisons and jails, the robbery rate is generally higher among daily heroin users than among less frequent users or nonusers.

Johnson et al (1985) studied the economic behavior of 201 active street opiate users in Harlem. Subjects provided at least 33 consecutive days of data in a storefront ethnographic field station. A total of 183 robberies were reported. During the study period, 72 percent of the respondents committed no robberies; 23 percent committed robberies on an occasional and irregular basis. Ten subjects, 5 percent of the sample, were classified as high rate robbers. They committed 45 percent of all reported robberies, averaging one robbery every 6.6 days. High-rate robbers were more likely to use heroin, and to use a larger amount per day, than low-rate robbers or non-robbers.

An additional caveat should be offered with regard to the brief literature review presented above. Not all studies are able to claim that robberies were, in fact, motivated by the compulsion to obtain money to purchase drugs. In some cases the perpetrator may have been under the influence of drugs, such as barbiturates, and the robbery may have had more of a psychopharmacological motivation than an economic compulsive one. In other cases robbers may celebrate a successful score by

"partying" with drugs, such as cocaine. This need not imply that the robbery was committed for the sole purpose of purchasing cocaine.

There have been many stories in the popular media in recent years about professional athletes who are also drug users. These stories never suggest that persons become athletes because of drug use. Rather, it is usually suggested that the large sums of money paid to professional athletes, lots of free time, unstable home lives, a physically and mentally stressful occupation, all combine as motivations to use drugs. Robbers may use drugs for much the same reasons. In other words, the mere fact that robbers are also drug users does not necessarily imply an economic compulsive motivation for committing robberies.

Victims of economic compulsive violence, like those of psychopharmacological violence, can be anybody. Previous research (Goldstein and Johnson, 1983; Johnson et al, 1985) indicates that the most common victims of this form of drug related violence are people residing in the same neighborhoods as the offender. Frequently the victims are engaged in illicit activities themselves. Other drug users, strangers coming into the neighborhood to buy drugs, numbers runners, and prostitutes are common targets of economic compulsive violence.

Systemic Violence

In the systemic model, violence is intrinsic to involvement with any illicit substance. Systemic violence refers to the traditionally aggressive patterns of interaction within the system of drug distribution and use. Systemic violence includes

disputes over territory between rival drug dealers; assaults and homicides committed within dealing hierarchies as a means of enforcing normative codes; robberies of drug dealers and the usually violent retaliation by the dealer or his/her bosses; elimination of informers; disputes over drugs and/or drug paraphernalia; punishment for selling adulterated or phony drugs; punishment for failing to pay one's debts; robbery violence related to the social ecology of copping areas.

Various sources have stressed the importance of what I have termed the systemic model in explaining drugs/violence relationships.⁶ Zahn pointed out the importance of systemic violence in her study of homicide in twentieth century United States. She showed that homicide rates peaked in the 1920s and early 1930s, declined and levelled off thereafter, began to rise in 1965, and peaked again in 1974. This analysis led to the following conclusion.

In terms of research directions this historical review would suggest that closer attention be paid to the connection between markets for illegal goods and the overall rate of homicide violence. It seems possible, if not likely, that establishing and maintaining a market for illegal goods (booze in the 1920s and early 1930s; heroin and cocaine in the late 1960s and early 1970s) may involve controlling and/or reducing the competition, solving disputes between alternate suppliers or eliminating dissatisfied customers. ... The use of guns in illegal markets may also be triggered by the constant fear of being caught either by a rival or by the police. Such fear may increase the perceived need for protection, i.e., a gun, thus may increase the arming of these populations and a resulting increased likelihood of use. For the overall society this may mean a higher homicide rate (Zahn, 1980: 128)

Zahn's analysis is contradicted by that of Klebba. Klebba (1981) argues that while gang wars for control of the illicit liquor

market accounts for some of the rise in homicide rates, t
white men, who were most frequently involved in the gang wa
continued to have a much lower rate than men of other rac
Further research is needed to clarify this issue.

There are two rather distinct dimensions of systemic violence: one related to the system of distribution and one related to the system of use. Drug distribution refers to cultivation and/or manufacture, processing, packaging, smuggling, and both the wholesale and retail trade. Violence may occur at any level of this system. For example, Adler described marijuana growing in California as a " time-consuming and dangerous business."

Harvest seasons required the most vigilance, as the incidence of rip-offs was high. All growers, especially those with outdoor fields, had to guard their near ready crops both day and night until the process of cutting, preparing, packaging, and distributing was completed. And unlike dealing, where violence was less common, a successful cultivation business required carrying and occasionally using shotguns, hand guns, and rifles (1985: 55).

Lewis et al commented that the illicit heroin market in London is not as violent as that in New York. However, the authors add that this may be changing.

There were indications early on in our research that some freelance 'entrepreneurs of violence' (or thugs) were attempting to penetrate the distribution system at wholesale level in order to exert monopoly advantage from customers and monopsonistic advantage from importer/distributors unfamiliar with its structure (1985: 288).

Within the system of distribution, it is possible to differentiate between macrosystem violence and microsystem violence. A good example of macrosystem violence was reported in a recent Wall Street Journal article on the cocaine business. Discussing Florida's "cocaine wars," the article states that "...

the U.S. demand for cocaine and the Miami-area drug-related homicide rate grew at about the same frenzied pace, with Miami's drug murders peaking in 1981 at 101."

Everyone who fought in or witnessed the war seems to have a different explanation of its causes. ... What is clear is that certain Colombian organizations emerged from the war in command of the wholesale level. ... In business school terms, those Colombian organizations, by installing their own middlemen in Miami, "forward integrated" to capture an additional level of profit. (Ricks, 1986: 16)

An example of microsystem distributional violence is provided by a subject from the forementioned DRIVE study.

I copped twenty dollars of heroin from this girl. I left and checked the first bag. It was baby powder. I checked the second bag. It was baby powder also. I got my knife, went back, and put it to her throat and took sixteen dollars off her. That's all she had. I don't know what happened to my twenty. She had the sixteen in her bra. We were in a vacant lot and I could have been seen by the cops. That's the only reason I didn't cut her up.

Microsystem violent events occur within the system of drug use as well as that of drug distribution. The system of drug use refers to the norms and values that have emerged to structure interactions around drugs and drug paraphernalia. Violence associated with disputes over drugs have long been endemic in the drug world. Friends come to blows because one refuses to give the other a "taste." A husband beats his wife because she raided his "stash." The following accounts of violent events arising from drug use were obtained on the DRIVE project (see footnote 2 for a description of the DRIVE and FEMDRIVE research projects).

Friends were giving me watershots. So I gave them rat poison. It was my money buying the stuff. I didn't like that. I got fed up with it. They were nodding and I wasn't even getting straight. When I gave them the rat poison, they all went to the hospital. None died, but they wished they had.

A transvestite heroin user reported the following event involving another transvestite.

A friend stole my wake up. So I put lye in her face. We did 20 bags together. I had 10 bags left. She did those and also took my money. I waited for her to come home and threw the lye in her face. She had first degree burns; peeled skin, blinded in one eye. She deserved it. What I have, I give. But people shouldn't take more. When she sees me now, she walks the other way. I like that.

Microsystem, or interpersonal, events tend to appear quite similar, regardless of whether they involve use or distribution. Violent actors tend to perceive themselves to be victimized by not getting the drugs to which they feel they are entitled. These violent actors, feeling cheated, retaliate; either getting drugs and/or money back or achieving revenge.

Previous research, especially studies employing a symbolic interactionist perspective, has focused on the process of violence. These studies have emphasized the notions of "retaliation" and "face-saving" (See, for example, Felson and Steadman, 1983; Felson, 1982; Luckenbill, 1977; Athens, 1980) As the above accounts clearly indicate, the system of drug use and distribution creates a structure of situations conducive to retaliatory violence. Actually, the range of potentially violent situations thus created is really quite broad.

The current AIDS scare, for example, has led to an increasing amount of violence because of intravenous drug users' fear of contracting this fatal disease from contaminated "works." This violence has appeared at both distribution and consumption levels. With regard to distribution, some sellers of needles and syringes claim that the used works that they are trying to sell are actually new and unused. In some cases where the ruse was

discovered by purchasers, violence has ensued.

At the consumption level, the AIDS epidemic has caused a strain in the social etiquette of the drug world. Users are prone to share "works" for a variety of reasons, including economics, convenience, and fear of arrest. However, fear of AIDS has pressured at least some users to be very selective about the people with whom they will share. This has led to ruffled feelings, verbal disputes, fights, stabbings, and homicides. Violence has erupted when persons have used another's works without permission. The following incident took place in a shelter for homeless males on New York City's lower east side.

A guy wanted to borrow my works. I told him he had to rent them. He slammed the door in my face. I loaned my works to another guy, a friend. I told him not to let the first guy use my works. The other guy overheard and got an attitude. He wouldn't get out of my face. So I got my scissors. I went for his stomach, but he blocked it and got stabbed in the arm ... I always carry something. This was a half-scissors. He took off after I stabbed him. He came up later and apologized. He said he was drunk. I told him that was no excuse. (DRIVE)

Much of the heroin in New York City is being distinctively packaged and sold under "brand names" (Goldstein et al, 1984). These labeling practices are frequently abused and this abuse has led to violence. Among the more common abuses are the following. Dealers mark an inferior quality heroin with a currently popular brand name. Users purchase the good heroin, use it, and then repackage the bag with milk sugar for resale. The popular brand is purchased, the bag is "tapped," and further diluted for resale. Such behaviors have led to threats, assaults, and/o homicides.

A common form of norm violation in the drug trade is known

as "messing up the money." This involves a subordinate returning less money to his superior than is expected. For example, a street dealer is given a consignment of drugs to sell and is expected to return to his supplier, manager or lieutenant,⁷ with a specific amount of money. However, for any of a variety of reasons, he returns with too little money or fails to return at all.

When a street dealer fails to return sufficient money, his superior has several options. If only a small amount of money is involved, and the street dealer has few prior transgressions and a convincing justification for the current shortage, his superior is likely to give him another consignment and allow him to make up the shortage from his share of the new consignment. Other options include firing the street dealer, having him beaten up, or having him killed.

Fear of becoming a victim of systemic violence has led to the perpetration of economic-compulsive violence. Street dealers who have "messed up the money" may be terrified of what their superiors will do to them. Persons in this situation have committed robberies as a quick way to obtain the money that they owed.

Violence may arise when drug use constitutes a norm violation within another underworld system. For example, a pimp stated that he would never allow a "junkie broad" to work for him. One of his reasons was that an addicted woman might be easily turned into an informant by the police. When asked what he would do if one of his women did start to use narcotics, he

replied that if she didn't know too much about his activities he would just fire her. However, if she did know too much, he would kill her (Goldstein, 1979: 107).

The social ecology of copping areas is generally well suited for the perpetration of robbery violence. Major copping areas are frequently located in poor ghetto neighborhoods, such as Harlem in New York City. In these neighborhoods, drug users and dealers are frequent targets for robberies because they are known to be carrying something of value and because they are unlikely to report their victimization. Dealers are sometimes forced to police their own blocks so that customers may come and go in safety. A DRIVE subject reported the following incident.

Once I went to cop THREE STAR [note: a heroin "brand"] and they weren't out there. Two guys came up to me, one had a knife, and said, 'Up with the money.' I pulled my knife and said, 'Come take it from me.' The guy without the knife said, 'He's a punk. He won't use it.' So he came at me. When I stabbed him in the stomach, they both ran.

A number of important issues pertaining to systemic violence remain unresolved. There is no doubt that participation in the drug business increases the probability for participation in violent events, both as victim and as perpetrator. What is not so clear is the extent to which the drug business itself makes people violent or whether violence-prone individuals may self-select themselves for violent roles in the drug business. Adler suggests the latter point of view based upon her ethnographic research among traffickers in California.

... dealers and smugglers as a group were overwhelmingly large in size. Before meeting a new drug trafficker I could expect that, at minimum, he would be six foot two and weigh 180 pounds. The reason for this also lay in self-selection for although violence was rare in Southwest County, it was fairly common in the drug world more generally. Regardless

of whether an individual ever had to resort to violence it lay behind all business relationships as a lurking threat. ... people who felt unsure of their ability to be aggressive or to physically defend themselves were less likely to venture into drug trafficking. This was also part of the reason why the dealing and smuggling ranks were more heavily populated by men than by women (1985: 95).

Victims of systemic violence are usually those involved in drug use or trafficking. Occasionally, noninvolved individuals become innocent victims. For example, a recent homicide in New York City took place in a neighborhood social club. Two representatives of a local drug dealer were trying to force the owner of the social club to allow their "product" to be sold in the club. The owner refused. Guns were drawn, shots were fired, and a young boy who swept up in the club was killed (DRCA-H). Several cases have been reported where whole families of drug dealers, including wives and young children, have perished in narcotics gang wars. However, the vast majority of victims of systemic violence are those who use drugs, who sell drugs, or are otherwise engaged in some aspect of the drug business.

Victims of systemic violence are very difficult to identify in official records because they frequently lie to the police about the circumstances of their victimization. Not a single research subject whom I have interviewed who was the victim of systemic violence, and who was forced to give an account of his or her victimization to the police, admitted that he or she had been assaulted because of owing a drug supplier money or selling somebody phony or adulterated drugs. All such victims simply claimed to have been robbed.

DRUGS AND VIOLENCE AMONG WOMEN

The available evidence concerning the relationship between

drugs and violence among women is even scantier than that which existed for the men. Datesman has pointed out that the public seems to view male crime as dangerous and injurious to the social order, while female crime is commonly seen as victimless, most harmful to the offender and having minimal impact on the social order.

Traditional social scientists have tended to concentrate their research in those areas that have been officially recognized as social problems. A practical reason for this focus is that research funds tend to be more readily available when a problem area has been officially identified. The failure to become a major social problem has meant that monies to study female drug use and crime have been limited, which in turn has been at least partly responsible for the lack of interest in these topics. When research monies have been allocated to study female drug use, they have most often been to examine the effects of female drug use on sexual behavior, pregnancy and children (1981: 86).

However, rates of both female violent crime and female drug use have been increasing in recent years and this has resulted in new research projects focusing on female issues. Empirical studies that indicate relationships between drugs and violent crime among women tend not to elaborate on the substantive nature of the relationships. Cloninger and Guze (1970) studied 66 convicted female felons and discovered that 44 percent were acutely intoxicated (alcohol, drugs, or both) at the time of arrest. Martin et al (1978) followed up this sample and found drug dependence to be the most powerful predictor of recidivism. Interestingly, alcoholism had only a minor effect in this regard.

Chambers and Inciardi (1971) found that one-third of a sample of female addicts had committed armed robberies and

muggings. Studying a sample of English female addicts, D'Orban (1970) found that 9 percent of their convictions prior to addiction had been for violent crimes while 13 percent of their convictions after addiction were for violent crimes. Gossop (1978) stated that violent offenses were infrequent among his sample of English female drug treatment patients because only 11 percent had been convicted for any crime of violence.

Currently ongoing research hypothesizes that a greater proportion of drug-related violent events perpetrated by women are of the psychopharmacological variety.⁸ This is mainly because women are less likely than men to commit economic-compulsive or systemic acts. With regard to the former, women generally find alternatives to violent crime to support costly drug use. Such alternatives include prostitution, shoplifting, forgery, and drug selling. In addition, bartering sexual favors for drugs is not uncommon.

Women are also less likely than men to engage in systemic violence. Women seldom work as "enforcers" or "soldiers" for drug dealers. An exception was recently found to prove this rule. A woman whose boyfriend was a heroin and cocaine dealer enforced normative compliance when business issues involved other women. For example, if the couple were owed money and the debtor was to receive a beating, it would be inflicted on a female by the female; on a male by the male. This particular woman also engaged in the much more common practice on the streets of carrying her boyfriend's gun (DRIVE). This was because women are perceived as less likely to be searched in case of an encounter with the police.

Preliminary findings from the DRIVE and FEMDRIVE studies are that a great proportion of drug-related violence involving women takes place in the home. This violence involves women as both victims and perpetrators. Drug-related violence frequently arises from disputes between spouses or lovers about access to money with which to buy drugs. A recent homicide ended a long-standing argument between a husband and wife over how much money he was spending on cocaine (DRCA-H).

Females appear less likely than men to engage in retaliation or face-saving violence after being cheated on a drug purchase or having drugs stolen from them. Most women just chalk such events up to experience. A female heroin user responded as follows when asked if she would do anything if she were cheated.

Me personally, no. Being a female, no. Being a white female, no, especially up there. But I know people who will. Crazy guys with a gun will go back. ... The only thing I have done is if I've bought stuff that for me was not good enough; I'll bag it into dimes and sell it and then I'd go back after the good stuff. I would never go back and kill anybody over it. But I know people who have. Sure. (Goldstein et al, 1984:563)

Strauss reported a similar finding with regard to marital violence. He suggested that women "... tolerate a great deal more victimization by their husbands before engaging in severe assaults" (1980: 689). However, in both the areas of drug-related violence and conjugal violence, further research is clearly needed to differentiate adequately the social psychological processes that motivate men and women to engage or not to engage in retaliative violence.

CONCLUSIONS

Clearly, drugs and violent crime are related. Further, they

are related in different ways. The tripartite conceptual framework suggests three models of that relationship: psychopharmacological, economic-compulsive, and systemic. Different drugs differentially promote violence depending upon which model is operant. Barbitutates, amphetamines and alcohol are most often associated with psychopharmacological violence. Heroin and cocaine are most often associated with economic compulsive violence. Any illicit drug may be associated with systemic violence.

Legislative or programmatic responses to drug-related violence must be aware of the type of violence that constitutes the social problem. Rehabilitative staff in drug treatment programs or correctional institutions must be made fully aware of the nature and scope of the violence that permeates the drug scene and the effects that this violence has on the lives of drug users. Legislators, criminal justice policy-makers, and the general public must be made aware of the sorts of drug-related violence that are commonplace, and who are the likely targets. For example, citizens' fears and police responses should be quite different during a wave of economic-compulsive violence as opposed to a systemic "war" between rival bands of traffickers.

It should be noted that times change, and relationships between specific substances and types of violence are not immutable. Alcohol is an interesting case in point. During the prohibition years, there was a great deal of violence surrounding the illicit liquor trade. Images of Al Capone, Elliot Ness, the Saint Valentine's Day massacre, entered into American folklore.

But the repeal of prohibition virtually eliminated alcohol-related systemic violence. The current availability and widespread use of alcohol have made it a major contributor to psychopharmacological violence. Ultimately, society must decide in the political process the sort of violence that it is willing to tolerate. The study of alcohol's transition may have important implications for the current debate over how to handle marijuana, cocaine, and other substances. The Untouchables may instruct Miami Vice.

In traditional criminological jargon, the phrase "dark figure of crime" has been used to refer to unreported and unrecorded crime. In recent years this phrase has somehow seemed more applicable to drug-related crime. Victims of drug-related assaults, such as those who are punished for owing drug suppliers money, inflate our crime rates by never revealing the true motivations behind their assault. Ordinary citizens suffer robberies, muggings, and the like without ever knowing for sure whether drugs had anything to do with it. This is surely another "dark figure of crime."

Drug positivity may indicate psychopharmacological, economic-compulsive, or systemic violence. Or drug use may be concurrent with, but unrelated to, specific violent episodes. It is important that we move beyond simple correlations between drug use and violence, and achieve a real understanding of how drugs contribute to the process of violence.

The need for better data to elaborate on drugs/violent crime relationships is clear and pressing. A national criminal justice data base should be routinely and systematically documenting the

drug relatedness of violent crime. If none of the existing data systems, such as UCR or NCS are willing or able to do this, then a new system should be established. Such data are needed to guide public policies towards the most effective prevention and control of drug related violent crime.

NOTES

1. "Addiction" is itself a rather vague and controversial concept which includes notions like "physical dependency," "psychological habituation," and "craving," all of which are difficult to operationalize and measure in a reliable fashion. See, for example, Johnson et al, 1979.
2. The author is currently the Principal Investigator in three studies designed to generate such theory and data. Two of the studies are funded by the National Institute on Drug Abuse. They are Drug Related Involvement in Violent Episodes (DRIVE) and Female Drug Related Involvement in Violent Episodes (FEMDRIVE). Both are ethnographic projects operating on the lower east side of New York City. Another study, Drug Related Crime Analyses - Homicide (DRCA - H) is funded by the National Institute of Justice. This project involves working with police agencies to determine the drug-relatedness of all homicides in New York State in 1984. Data analysis is currently ongoing on the DRIVE project; data collection is ongoing on both FEMDRIVE and DRCA-H. While no findings can be presented at this time, anecdotal material is presented throughout the chapter and is attributed to the appropriate project. Additional anecdotal material is presented from two other studies, Goldstein (1979) and Johnson et al (1985), which did not have violence as a primary focus.
3. See, for example, Tinklenberg, 1973; Virkunen, 1974; Glaser, 1974; Gerson and Preston, 1979; Ellinswood, 1971; Smith, 1972; Asnis and Smith, 1978; d'Orban, 1976; Feldman et al, 1979.
4. See, for example, Kolb, 1925; Dai, 1937; Finestone, 1967; Inciardi and Chambers, 1972; Kozel et al, 1972; Greenberg and Adler, 1974; Schatzman, 1975; Kramer, 1976.
5. This same confusion exists with regard to alcohol. See, for example Mednick, 1982: 59.
6. See, for example, Smith, 1972; Fitzpatrick, 1974; Glaser, 1974; Zahn, 1975; McBride, 1981.
7. The structure of drug dealing operations generally includes a job that combines the roles of a foreman and a middle manager. This person stands between the "connection," and the street pushers. Role functions include recruitment and supervision of street pushers, distribution of drugs to pushers and collection of money from pushers. It is one of the idiosyncrasies of the New York City drug business that in Harlem this person is invariably called a lieutenant and on the lower east side this person is called a manager.
8. The FEMDRIVE project is testing this hypothesis, among other

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**EXPLORING THE
DRUGS/CRIME CONNECTION**

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Author's Note: Portions of this paper were drawn James A. Inciardi, The War on Drugs: Heroin, Cocaine, Crime, and Public Policy (Palo Alto: Mayfield Publishing Company, 1986), and are reprinted by permission of the publisher. This research was supported by HHS Grant # 2-RO1-DAO-1827 from the National Institute on Drug Abuse.

The drug revolution of the 1960s had a number of startling effects. The use of drugs seemed to leap from the marginal zones of society to the very center of mainstream community life. No longer were "drugs" limited to the inner cities and half-worlds of the jazz scene and underground bohemia. Rather, they had become suddenly and dramatically apparent among members of the adolescent middle class and young adult populations of both urban and rural America. Moreover, a new catalogue of psychotropic agents, developed during the latter part of the 1950s, were enthusiastically introduced and effectively promoted. The result was the exposure of the national consciousness to an impressive array of chemical temptations which could offer fresh inspiration and simple and immediate relief from anxiety, fear, tension, frustration, boredom, and depression. By the close of the decade, commentators on the era were maintaining that ours was "the addicted society," that through drugs millions had become "seekers" of "instant enlightenment," and that drug-taking and drug-seeking would persist as continuing facts of American social life.¹

While the journalists and social critics provided editorial remarks on the general nature of the new chemical age, researchers and clinicians turned to more pressing issues. They admitted that the extent of their knowledge in the drug field was inversely related to the magnitude of the problem, and they posed a series of difficult questions: Who are the drug users? What is the nature and extent of their use? Why are they using drugs and what are the short and long-term effects of their behavior on themselves and society? Can the

behavior be changed? There was an almost immediate reaction to these queries. Federal agencies, universities, and private foundations allocated hundreds of millions of dollars in funding for research, treatment, and prevention, and a massive effort to combat the "drug problem" was launched.

In the years hence, what has been learned about drug-taking in America? Was the whole effort worthwhile? Has drug use lessened? Has it had a negative impact on society? Can substance abuse be prevented, or at least curtailed in some populations? The answers to a number of these are obvious. No, drug use has not decreased. If anything, more people are using drugs today than ever before. And yes, the effects of drug use on society are numerous, in terms of crime, health problems, lost productivity, family disruptions, and general economic costs. Yet on a more positive note, the advancement of knowledge in the drug field has been considerable, particularly in the areas of clinical, bio-medical, epidemiological, and psychosocial research.

Yet curiously, despite the massive funding for research, despite all that has been learned about drug use, one of the more enduring questions about illegal drug use seems to be unresolved. The question, actually, focuses on a series of inquiries, all relating to the connection between illegal drug use and criminal behavior.

"Dope Fiend" Mythology and the "Enslavement Theory" of Addiction

As an outgrowth of a series of moral enterprises that began during the latter part of the nineteenth century and have continued into the 1930s, two related perspectives on drug use and crime seem to

dominate the literature. "Dope fiend" mythology, a concept first used by Alfred Lindesmith almost five decades ago,² suggests that drug users are sex-crazed maniacs, degenerate street criminals, and members of the "living dead." In this view, drugs ravage the human body and destroy morality; users are sexually violent, criminally aggressive, and weak and ineffective members of society; addiction is contagious since users have a mania for perpetuating the social anathama of drug-taking; and finally, once addicted, the user enters into a lifetime of slavery to drugs.

Less melodramatic and in an explanatory direction, enslavement theory suggests that essentially law-abiding individuals become criminals as the result of drug use. That is, the high price of drugs in the illegal marketplace forces users to commit crimes to support their habits. Thus, criminality is the result of enslavement to drugs and the drug black market.³

While "dope fiend" mythology is based largely on hysteria and misinformation, enslavement theory is not without some logic. During the latter part of the nineteenth century and the early years of the twentieth, the use of narcotics was fairly widespread. Moreover, morphine and heroin were readily available through legal channels.⁴ Then, in 1914, narcotics use became a legally created evil when the Harrison Act had the effect of making the possession, sale, and distribution of opiates a crime.⁵ Since that time, the possession of heroin has remained a crime and most narcotics users seem to have criminal records.

Drugs, Crime, and the Riddle of the Sphinx

The Sphinx was a monster of Greek mythology that had the face of a woman, the body of a lion, and the wings of a bird. For years she perched on Mount Phicium, near the ancient city of Thebes, posing a riddle to all passersby. "What goes on four feet," she would ask, "on two feet, and three, but the more feet it goes on the weaker it be?" Those who could not answer her riddle were promptly devoured--which were all, save one. Oedipus answered her directly. "It is man," he stated. "for he crawls as an infant, walks upright as an adult, and totters with a staff in old age." Upon hearing this, the Sphinx slew herself. Oedipus was made King of Thebes, and went on to other adventures.

In the drug field, for as long as commentators were sensationalizing crimes allegedly the maniacal handiwork of "dope fiends," researchers argued a corresponding riddle. Is criminal behavior antecedent to addiction; or, does criminality emerge subsequent to addiction? More specifically, is crime the result of or a response to a special set of life circumstances brought about by the addiction to narcotic drugs? Or conversely, is addiction per se a deviant tendency characteristic of individuals already prone to offense behavior? Moreover, and assuming that criminality may indeed be a pre-addiction phenomenon, does the onset of chronic narcotics use bring about a change in the nature, intensity, and frequency of deviant and criminal acts? Does criminal involvement tend to increase or decrease subsequent to addiction? And there were related questions. What kinds of criminal offenses do heroin addicts and other drug users engage in? Do they tend toward violent acts of aggression? Or are

their crimes strictly profit-oriented and geared towards the violation of the sanctity of private property? Or is it both?

The notion that addicts represented a destructive force confronting the people of America and ought to be the objects of vigorous police activity was a posture that later became known as the criminal model of drug abuse. By contrast, the medical model of addiction held that addiction was a chronic and relapsing disease, and that the addict should be dealt with as any patient suffering from some physiological or medical disorder.

From the 1920s through the close of the 1960s, hundreds of studies of the relationship between crime and addiction were conducted.⁶ Some analyses would appear to support the medical model of addiction, others would affirm the criminal model. Given these repeated contradictions, something had to be wrong. And indeed there was. The theories, hypotheses, conclusions, and other findings generated by almost the entire spectrum of research were actually of little value, for there were awesome biases and deficiencies in the very nature of their designs. Data-gathering enterprises on criminal activity had usually restricted themselves to drug users' arrest histories, and there can be little argument as to the inadequacy of official criminal statistics as measures of the incidence and prevalence of offense behavior. Those studies that did go beyond arrest figures to probe self-reported criminal activity were invariably limited to either incarcerated heroin users or addicts in treatment settings. The few efforts that did manage to locate active heroin users in the street community typically examined the samples'

drug-taking behaviors to the exclusion of their drug-seeking behaviors. Given the many methodological difficulties, it was impossible to draw many reliable conclusions about the nature of drug-related crime--about its magnitude, shape, scope, or direction. It was not until the 1970s and '80s that more sophisticated studies of drug use were finally undertaken.

Investigating the Drugs/Crime Connection

In an effort to generate a better understanding of the relationship between drug use and crime, since 1977 a series of studies have been conducted by the author in New York and Miami under the support of the National Institute of Drug Abuse.⁷ Both heroin and non-narcotic drug using criminal offenders were interviewed. Although a number of the research subjects were contacted in treatment and detention settings, the overwhelming majority of interviews were conducted with active drug users "at risk" in the street community.

The peculiar life style, illegal drug-taking and drug-seeking activities, and mobility characteristics of active drug users precluded any examination of this group through standard survey methodology. As such, samples based on restricted quotas were rejected in favor of those derived through the use of a sociometrically oriented model.

In the field sites, over the years the author developed and maintained extensive contacts within the networks of subcultural drug use. These represented "starting points" for interviewing. During and after each interview, at a time when the rapport between interviewer and respondent was deemed to be at its highest level, each respondent was requested to identify other current users with whom he or she was

acquainted. These persons, in turn, were located and interviewed, and the process was repeated until the social network surrounding each respondent was exhausted. This method restricted the pool of users interviewed to those who were currently active in the subcultural knit in the street community who were "at risk." In addition, it eliminates former users as well as those who were only peripheral to the mainstream of the subcultural half world.

In all, more than 3,000 active drug users were interviewed in face to face situations from 1977 through 1985. For the sake of exploring the drugs crime connection, several cohorts of street drug users are examined here, ranging from hard core heroin users, to non-opiate using drug offenders, and heroin and cocaine using prostitutes.

Heroin, Cocaine, and the Miami Street Scene

Of the more than 3,000 persons interviewed, one cohort included 573 Miami narcotics users contacted during 1978 through 1981. Although a few were recent admissions to local drug treatment programs or the county stockade, the overwhelming majority--476 or 83%--were active in the street community at the time of interview. All were current users of narcotics. That is, they had used heroin or illegal methadone on one or more occasions during the 90-day period prior to interview. Furthermore, and not unlike other populations of street drug users, most were males (68%), the median age was 26.9 years, and 52% were white while 36% were black and 12% were Hispanic.

Without question, these narcotics users had long histories of multiple drug use with identifiable patterns of onset and progression. Using median age as an indicator, they had begun their careers in

substance abuse with alcohol at an age of 13.7 years, followed by their first other drug experimentation about a year later. Marijuana use began at a median age of 15 years, followed by the use of sedatives at 17.1 years, heroin at 18.9 years, and cocaine at 19.4 years. Any differences between the men and women in the cohort were only minor.

All of these narcotics users were heavily involved with drugs, concurrently using an average of five different substances. As indicated in Table 1, all had used narcotics during the 90-day period prior to interview, and in excess of 90% were using narcotics either daily or several times a week. In addition, most were current users of sedatives, cocaine, alcohol, and marijuana.

Early involvement in criminal activity was characteristic of the great majority of the narcotics users interviewed. Virtually all reported having committed crimes at some time in their lives, with the median age of the first criminal act just short of 15 years. As suggested by Table 2, a property offense--burglary, shoplifting, vehicle theft, or some other larceny--was usually the first crime committed.

The number of crimes committed by these narcotics users was extensive. As illustrated in Table 3, the 573 users reportedly committed 215,105 offenses during the 12-month period prior to interview--an average of 375 crimes per subject during the course of a year. At first glance, this figure--more than 215,000 criminal offenses--would appear astronomical, thus requiring careful analysis. For example, of the total offenses, some 38%--over 82,000--involved drug sales, and an additional 22% included other "victimless crimes"

such as prostitution, procuring, gambling, and alcohol violations. As such, more than 60% of the total offenses involved crimes against the public health, order, and safety. This, however, should not be interpreted as a minimizing of their criminal patterns. On the contrary. As the data indicate, the same 573 narcotics users were also responsible for almost 6,000 robberies and assaults, almost 6,700 burglaries, almost 900 stolen vehicles, more than 25,000 instances of shoplifting, and more than 46,000 other events of larceny and fraud.

The data in Table 3 address a number of other significant issues as well. First, there was great diversity in the range of their criminal events: 38% were robbers; 21% were assaulters; 53% were burglars; 19% stole automobiles; 38% were forgers; 24% engaged in confidence games; 53% dealt in stolen goods; 22% were prostitutes; 84% were drug sellers; and almost all were thieves. Second, the incidence of arrest among these narcotics users was extremely low. Of the 215,105 offenses, only 609 resulted in an arrest. Stated differently, only three-tenths of one percent of the crimes resulted in arrest-- that is, one arrest for every 353 crimes committed. More specifically, consider the following ratios of crimes committed to ensuing arrests:

robberies and assaults	75:1
forgery and counterfeiting	127:1
burglary and other theft	219:1
drug sales	959:1
confidence games	3,162:1

Furthermore, these narcotics users reported 17 crimes of arson, 240 incidents of extortion, and 795 cases of loan-sharking. None of these resulted in arrest. This would certainly suggest that narcotics users, at least those studied in Miami but likely most

others, are highly successful criminals that systems of urban law enforcement are unable to control.

Many readers may wonder how it is possible for burglars and other street criminals to commit so many offenses without being caught. In fact, some law enforcement officers and police researchers have maintained that lawbreakers just don't have the time and expertise to commit the extraordinary number of offenses reported in these data. One researcher commented recently:

There is no criminal in the world who can commit 300 to 500 burglaries a year. I don't care what they told you. In all my years of studying the police and talking to police I've never heard of a burglar that committed more than 50 burglaries a year.

Similarly, a Miami police officer remarked:

Three hundred burglaries a year? I've never run across one . . . that kind of burglar ain't been born yet.

Given these comments, one must remember that the burglars and other street offenders described in these data are not coming to the attention of the police. Moreover, the only indicators that law enforcement officers have available for assessing an individual's criminal activity is the "rap" sheet, which reflects only arrests. And as for a drug user's ability to commit burglaries on a daily basis, a Miami thief commented in 1984:

With careful planning and selection, I can do 2 to 3 burglaries every morning and then get rid of the stuff in the afternoons. Just pick a quiet

neighborhood where there is lots of cover, wait 'till the cars are out of the driveway, dress so you blend in with the neighborhood, don't hang around too long and don't be greedy. If you can get in quickly and get just one good item and split, half the time the people don't even realize their house has been hit.

In addition to the 573 narcotics users, another 429 were interviewed whose current drug use did not include narcotics. In many ways they were similar to the narcotics users in terms of their patterns of onset and progression into drug use and crime. Some had experimented with heroin and other narcotics early in their careers, and a few had even used narcotics regularly for short periods. Primarily, however, their drug use focused on alcohol, sedatives, marijuana, and/or cocaine. Both their drug-using and criminal careers had begun at about age 15.

As indicated in Table 4, like the users of narcotics, these individuals were heavily involved in crime. The 429 non-narcotic drug users reported the commission of some 137,076 criminal offenses during the 12-month period prior to interview--an average of 320 crimes per respondent. Also, as was the case among the narcotics-using criminals, there were proportionately few crimes that resulted in arrest--some one-half of one percent of the total.

Comparing the two groups in other ways, however, there seem to be some significant differences. The non-narcotics users did indeed commit fewer crimes on a per capita basis. Moreover, almost two-thirds of their offenses were focused on shoplifting, prostitution, and drug sales, with the balance scattered in very small proportions throughout

all of the remaining crime categories. Contrasting the two groups empirically:

	<u>Narcotic</u>	<u>Non-Narcotic</u>
Mean Offenses per User	375	320
Mean Violent Crimes per User (robberies/assaults)	10.4	5.1
Violent Crimes (% of total)	2.8	1.5
Property Crimes (% of total)	36.0	39.0
Drug Sales (% of total)	38.3	28.0
% who were robbers	37.7	29.4
% who were assaulters	20.9	28.2
% who were drug sellers	83.9	30.5
% who were burglars	52.7	40.6
% who were shoplifters	62.1	33.6

Thus, it would appear that in general, the narcotics-using group were more criminally involved. They committed more crimes, engaged in a greater diversity of offenses, and significantly larger proportions committed the more serious crimes of robbery and burglary.

Women, Drugs, and Street Crime

During 1983 through 1985, the research focused exclusively on women, and a total of 980 face-to-face interviews were conducted. This analysis targets a subsample of 397 women who were currently using drugs and had engaged in prostitution during the six-month period prior to interview. Of these, some 78% (n=311) had histories of current or past opiate use (heroin, illegal methadone, Dilaudid, and/or other narcotics), while the remaining 22% (n=86) were non-opiate users.⁹

Both the opiate and non-opiate users reflected early onset patterns of drug use, but the two groups differed somewhat in their progression into drugs. The opiate users initiated drug use with

alcohol at a median age of 13.7 years, followed almost immediately by marijuana and/or organic solvents and inhalants. Experimentation with heroin began at a median age of 17.3 years, with regular use occurring just over a year later. The opiate users' involvement with tranquilizers, sedatives, narcotics other than heroin, cocaine, "speed" (amphetamines and amphetamine-like stimulants), and hallucinogens all generally began after the onset of heroin use. By contrast, the non-opiate users initiated their drug use slightly later, but their patterns of experimentation and regular use of a wide variety of substances was more rapid. As such, the regular use of alcohol, marijuana, sedatives, stimulants, and cocaine occurred earlier among the non-opiate users. In general, however, the opiate users reflected the greater drug involvement of the two groups. The opiate users, for example, experimented with a median of 8.3 different drugs and regularly used a median of 5.4. By contrast, the non-opiate users experimented with a median of 4.9 different drugs and regularly used a median of 3.4.

In terms of current drug use (use during the 60-day period prior to interview), the opiate users were heavily involved with alcohol, marijuana, heroin, and cocaine. The majority of these individuals not only used these drugs, but did so on a daily or almost daily basis. Among the non-opiate users, by contrast, the heaviest involvement occurred with respect to marijuana, followed by cocaine, and alcohol.

The sequential patterns of initiation into drugs and crime within this sample of prostitutes suggest some interesting implications for the "enslavement theory of addiction." Initially, data in Table 5 tend to support the idea. For example, the opiate

using group began heroin use at a median age of 17.3 years, regular heroin use at 18.6 years, prostitution at 19.2 years, and regular prostitution at 19.5 years. And more specifically, the data indicate that of these 311 prostitutes, only 17.4% were involved in prostitution prior to heroin use. Moreover, only 3.5% had engaged in prostitution prior to the onset of their drug-using careers. As such, the data indeed suggest that drug use, and heroin use in particular, may indeed have something to do with pursuing prostitution as a means of supporting a narcotics habit.

Among the non-opiate users, both experimental and regular drug use also came before prostitution. Within this group, as Table 6 indicates, first drug use (other than alcohol) came at a median age of 14.6 years, followed by regular drug use (15.2 years), and prostitution (17.3 years). Again, drug use preceded prostitution for the vast majority of the subsample.

How then, can it still be argued that drug use, and particularly narcotics use, has little, if anything, to do with a career in prostitution? After all, the sequential patterns seem to be quite clear. The answer is that raw data from structured interviews fail to tell the whole story. A series of open-ended interviews were also conducted with many of these respondents in 1983 and 1985 which served to temper any conclusions that might be drawn from the data alone.

At the outset, as the median ages in Table 5 indicate, the opiate users had initiated their criminal careers a full year prior to any experimentation with narcotics. Moreover, they were committing crime on a regular basis prior to their regular use of heroin. As such, the opiate-using prostitutes were meshed within their criminal

careers well before the beginning of heavy narcotics use. This suggests that, rather than a simple cause and effect connection between narcotics and prostitution, individuals prone to heavy drug use on a regular basis are also prone to criminal activity on a regular basis.

There are additional points that the data suggest and which subsequent interviews tended to support. In contrast to the contention of enslavement theory--that the onset of prostitution is a function of the high cost of heroin on the drug black market--it would appear, at least within this population, that the regular use of heroin may have actually delayed the introduction to prostitution careers. Referring back to Table 5, the non-opiate users began prostitution earlier than the opiate users. For example, once again using median ages of onset:

	<u>Opiate Users</u>	<u>Non-opiate Users</u>
First prostitution	19.2	17.8
First "regular" prostitution	19.5	17.8

Extensive questioning in 1983 combined with follow-up interviews conducted in early 1985 suggested some curious and interesting implications. Perhaps the key variable to understanding the drugs/heroin/crime/prostitution connection is drug selling. Among the opiate users, 71.5% had been involved in drug dealing at one time or another. Yet more importantly, 69.1% had sold drugs on a regular basis, with the onset of this activity at a median age of 17.9 years--a time prior to the onset of regular heroin use. The majority of those questioned about their involvement in drug sales stated that the decision to pursue dealing over prostitution was a fully conscious one--a decision made on purely economic grounds. Experimentation with

heroin and association with the heroin subculture brought them into contact with the narcotics distribution network. And although street-level selling is not a particularly profitable endeavor for the user-dealer, it is recognized by most to be among the least visible and troublesome mechanisms for obtaining drugs. Moreover, it is a business that is easy to set up while being relatively risk-free. Comments by a number of the informants supported this perspective. A 27-year old prostitute from Miami's Liberty City section who had been using heroin since age 18 indicated:

I did a lot of sleeping around, sometimes even for money, but I never considered myself a hooker and turning tricks was just not for me. To bring in money or pass the time it is just too much time, work, dirt, and hassle Stealing is easy, but it too has its risks. Dealing drugs or copping for someone else was always the best way to do things. For every \$200 worth of garbage (heroin) I'd sell I'd end up with 10 nickel bags (\$50 worth of heroin) and some small change for myself.

Similarly, a 21-year old heroin using prostitute from New York commented:

If I had it to do all over again and was smart I'd stick with selling drugs instead of my ass. It's easier and cleaner

Although most of the prostitutes interviewed viewed drug selling as the economic course of least resistance, most eventually shifted to prostitution as their main source of earnings. And the reasons were numerous. Some lost their source of supply when their "connection" was arrested, moved to another part of the city, or was killed by another dealer or user. Others were caught skimming, were beaten severely for their indiscretion, and were refused any further involvement in the drug trade. A few were stuck with "bad" drugs or were suspected to be police informants, and thus lost their clientele. The major reason, however, was associated with the transitory nature of the heroin market. It is not uncommon, particularly in Miami, for heroin supplies to "dry up" for short periods of time, due to either increased police activity or general interruptions in drug supply networks. The consequences were numerous. One prostitute reflected:

All of a sudden there's nothin' out there on the streets--nothin' to sell or buy either. How can you make a living on the street dealin' if there's nothin' anywhere to deal.

Of 27 opiate-using prostitutes with whom these contingencies were discussed, for 23 their shifting from drug selling to prostitution as a primary source of income occurred at a time when heroin supplies in Miami were low. It would appear, then, that the onset of careers in prostitution were most directly linked to the dynamics of the heroin marketplace. As heroin supplies disappeared, selling became impossible. Substitute narcotics were available, but

expensive. Moreover, being separated from the usual narcotics distribution networks, their availability for street sales were limited to just a few entrepreneurs. As such, many of the opiate-using women found themselves shifting to prostitution and various forms of theft to secure the economic base necessary to support themselves.

Invariably, however, most of the opiate-users interviewed continued in prostitution even after the heroin shortages disappeared. The reason? As one long-term heroin user/prostitute put it:

In the long and the short there's much more money. You don't really like it, but it gets you what you want. Dealing on the street brought me, oh, let's say, maybe enough drugs to keep me going plus another twenty-thirty dollars a day--on a good day . . . Now sometimes I can make \$50-75 in an hour's time. Sometimes there are tips, too. Sometimes if the john isn't careful I can slip a few extra bucks from his wallet. While he's busy pokin' you with his prong you're reachin' for his pants to bag his money.

The greater financial rewards of prostitution over other forms of criminality is readily attested to in the structured interview data. As illustrated in Table 6, the 311 opiate-using prostitutes had engaged in a total of 186,857 criminal offenses during the six-month period prior to interview. While all had engaged in prostitution, significant proportions had also been involved in drug

dealing, confidence games, robbery, and various forms of theft. When questioned as to the top money-making offense, prostitution was indicated by 72.3%. For example:

drug sales/trafficking	13.5%
prostitution	72.3%
procuring	0.3%
prostitute theft from johns	2.3%
shoplifting	3.5%
burglary	1.3%
other property crimes	4.8%
robbery	1.6%
no data	0.3%

Some final points remain, and those are the differences in drug use and criminal behavior between the opiate-using and non-opiate using prostitutes. It would be rather tenuous to suggest that the non-opiate users were driven into prostitution through enslavement to drugs. Their major drugs of abuse were marijuana and cocaine; 62.8% were daily users of marijuana and 43.0% were daily users of cocaine.

And although cocaine is considered to be an "expensive" drug having the potential for causing someone to resort to crime to maintain its regular use, this is less the case in Miami due to its pivotal position in the cocaine trafficking and refining networks. The street price of cocaine reportedly ranged from \$50 to \$120 a gram in early 1985, depending on purity and potency.⁹ In Miami during March

of 1985 however, cocaine could be had for as little as \$25 per gram in some locations. But more importantly, it must be remembered that prostitution on a regular basis for this group came before the regular use of cocaine. That is, for the non-opiate users, regular prostitution came at a median age of 17.8 years, while the regular use of cocaine began at a median age of 18.3 years. The only drugs of any significance that were regularly used prior to prostitution were marijuana and alcohol--neither of which are comparatively expensive. More than likely, the reasons for their entry into careers in prostitution were as varied as the personalities and goals of the women involved--including the numerous ecological, psychological, sociological, and utilitarian explanations that have been offered in the prostitution literature.¹⁰

A second point differentiating the opiate users from the non-opiate users is their relative levels of criminality. As is already apparent in Table 6, the opiate using prostitutes were heavily involved in crime. During the six-month period prior to interview, these 311 women had reportedly engaged in 186,857 criminal offenses--a mean of 601 per respondent. And although 34.4% of these involved the so-called "victimless crimes" of prostitution, procuring, and drug law violations, these opiate users had also participated in 22,870 property crimes (prostitute theft, pickpocketing, confidence games, shoplifting, checks/credit cards, burglary, vehicle theft, theft from vehicle, sneak theft, and other theft), 5,072 stolen goods offenses, and 581 robberies and assaults--a mean of 92 per subject.

By contrast, and as illustrated in Table 7, the non-opiate users were involved in a mean of 336 offenses during the same period

of time. Some 86.8% of these were related to prostitution and drug sales, while the mean number of property crimes, stolen goods offenses, robberies, and assaults came to 43 per subject. As such, the opiate users were not only more criminally involved, but they were considerably more violent as well.

Heroin Use and Crime in New York City

Studies of different populations of drug users in a variety of other locations, although structured in alternative ways, tended to support the findings of the Miami research. A number of striking comparisons, for example, appear in the findings of a recent study in New York City.¹¹ The research team, headed by Bruce D. Johnson of the New York State Division of Substance Abuse Services, gathered data from 201 heroin users who were recruited directly from their Central and East Harlem neighborhoods. In all, the subjects provided a total of 11,417 person-days of self-reported data during 1980 through 1982 on their day-to-day drug taking and drug seeking activities.

The general social and drug use characteristics of the New York heroin users were quite similar those of the Miami narcotics users. Table 8, furthermore, suggests that in terms of annual criminal activity, the two groups were also quite similar. The data in Table 8 draw upon those major crime categories for which information were collected on both populations. The table suggests that while the New York subjects were more heavily involved in drug sales than were the Miami subjects, in most other crime categories the differences were only slight. Furthermore, and excluding drug sales, each New York case was responsible for an average of 177 crimes during the course of a year, with a corresponding figure of 209 for each Miami case.

Narcotics Use and "Crime-Days"

In a series of analyses of the criminal patterns of narcotics users in Baltimore, conducted principally by David N. Nurco and John C. Ball of the University of Maryland, the general characteristics and onset patterns of crime and drug use discovered were also not unlike those reflected in the Miami data.¹² The Nurco-Ball study was based on known male narcotics users arrested or identified by Baltimore police, and the primary units of analysis included:

- Crime-Day--a 24-hour period during which one or more crimes were committed by a given individual. As such, each day of the year was either a "crime-day" or a "noncrime-day."

- Years at Risk--the number of years an individual was "on the street," or not incarcerated, calculated on a cumulative basis by subtracting jail, prison, and hospital time from the years since onset of regular narcotics use.

- Average Crime-Days Per Year--the average number of crime-days per year at risk for a given individual, ranging from 0 to 365. Thus, an individual with 1,439 crime-days during a seven-year risk period had an average crime-days per year at risk of 213.

Thus, while the Miami studies focused on the actual number of crimes committed during the year, the Baltimore studies focused on the average number of crime days per year at risk. Although these different measures are not necessarily comparable, the data on which they are based draw essentially the same conclusions.

As indicated in Table 9, the total number of crime-days amassed by a sample of 243 Baltimore narcotics users during their years at risk was 473,738. The range within the sample was from 0 to 9,450--that is, from no crimes committed by six users to 9,450 crime-days accumulated by one user during his risk years. Table 10 illustrates these data in terms of crime-days per year at risk. What

Tables 9 and 10 collectively suggest is that the regular narcotics users studied in Baltimore were likely as criminal active as those in Miami. For example, the 573 Miami narcotics users committed an average of 375 offenses during the one-year period prior to interview (see Table 3). The Baltimore users reflected an average of 178.5 crime days per year at risk (see Table 10), and this figure is an under enumeration of the total number of crimes committed since multiple crimes during a crime-day were quite common. In addition, and as indicated in Table 11, the Baltimore cases, like those in Miami, focused principally on drug sales and theft.

Comment

Over the decades a popular explanation of the relationship between drug use and criminality has suggested that once addicted to narcotics, the otherwise law-abiding citizen is forced into a life of crime to support his or her habit because of the high price of drugs on the illicit marketplace. Referred to in this discussion as the "enslavement theory of addiction," the view holds that the economics of heroin addiction forces women into careers in prostitution and men into careers of street crime.

Although recent research has suggested that the drugs/crime connection is a complex one, and that with respect to narcotics users drug use and crime likely emerge side by side within certain deviant populations,¹³ the enslavement perspective tends to persist in some segments of both the professional and popular literature.

Without getting more deeply into the complexities of empirical data, how can these findings be initially interpreted with respect to the enduring questions about drug use and crime? Does drug use, and specifically heroin use, cause crime, or are narcotics users already criminals in the first place with drug use occurring later in their deviant careers? The answers to these questions are still not easy, but some preliminary notions can be drawn from the data.

First, it would appear that although the members of both cohorts of Miami drug users interviewed during 1978 through 1981 were already substance abusers by the time they began regular criminal activity, it cannot be said that there is an inference of causality between drug use and street crime. For the non-narcotic users, drugs and crime seemed to emerge hand-in-hand. For the narcotics users drug use did indeed occur first, but heroin use did not appear until after they were well into their criminal careers.

Second, for the populations of Miami prostitutes immersed in the street worlds of drug use and crime, enslavement theory does not seem to apply. The opiate-using prostitutes had established patterns of criminality prior to their involvement with heroin, and the non-opiate users had already moved into careers in prostitution before the onset of any "expensive" drug use.

Third, and beyond this, the data suggest some additional perspectives on the relationship between heroin use and street crime among women. Rather than initiating careers in prostitution, heroin use may actually serve to delay the onset of this criminal life style. The tendency of many of the women opiate users in the Miami sample was to become meshed within the subculture of drug selling prior to initial heroin use. Once involved with heroin and other narcotics on a

regular basis, they remained as primarily drug sellers because of its relative ease and safety as an economic pursuit. Prostitution began only after some disruption in their drug-dealing pursuits, typically the inavailability of heroin. Yet after careers in prostitution had become firmly established, the opiate users tended to remain in them because of the greater economic rewards that prostitution offered.

Fourth, it has been suggested that narcotics drive crime.¹⁴ When comparing narcotics and non-opiate using street criminals, narcotics users were involved in street crime with greater frequency, intensity, diversity, and severity than the non-narcotic users. Similar research elsewhere has demonstrated that within criminal populations, narcotics use tends to intensify criminal behavior. Prior studies in Miami with both male and female drug users of various types demonstrated that among heroin users, criminal behavior was more widespread, frequent, and persistent in scope.¹⁵ Similarly, narcotics users in Baltimore were found to be involved in crime in much the same way as the Miami users. Moreover, they were more criminally involved during periods when they were addicted, with a significant decline in criminality when not addicted.¹⁶ All of this would suggest that while the use of heroin and other narcotics may not initiate criminal careers, it tends to intensify and perpetuate them. In this sense, narcotics use freezes its users into patterns of criminality that are more acute, dynamic, violent, unremitting, and enduring than those of non-opiate users.

Fifth, it has been argued widely in recent years that it is a small number of habitual "career criminals" that are responsible for a relatively great proportion of the crime in the United States.¹⁷ The data here would tend to argue against that position. It has also been

estimated in recent years that there are no less than 500,000 heroin addicts in the nation. What proportion of these are "on the street" at any given time is not known, but unquestionably the number is substantial. The heroin users in this study, and the hundreds of thousands of others elsewhere in Miami, New York, Chicago, and other cities represent a rather substantial cohort of habitual offenders. As was apparent in Table 3 presented earlier, there were 216 heroin users who were responsible for over 5,000 robberies during a one-year period, and 302 users who committed almost 7,000 burglaries during the same period of time. A number of the sampled cases were among both the robbery and burglary groups. The data from both the Baltimore and New York studies tend to confirm the Miami findings in this behalf. As such, given these high rates of crime commission, it would be logical to infer that a great number of heroin users are career offenders.

Sixth, it must be cautioned that although there are a considerable number of habitual felons among drug-using groups in the street community, and particularly among cohorts of heroin users, a blanket policy of incarceration would be premature. Research in New York had documented that there are many different kinds of heroin users, and perhaps an even greater variety of non-heroin types. At one end of the spectrum are highly predatory and dangerous armed robbers, while at the other are innocuous low-level street drug dealers. There are also some whose only crime is the illegal possession of drugs.¹⁸

Seventh, and finally, it can be readily concluded that drug-related crime is out of control, with law enforcement and the administration of justice incapable of managing it. With less than one percent of the crimes committed resulting in arrest in every Miami

population studied here, it would appear that the efficient control of drug-related crime is well beyond the scope of contemporary policing.

As a Miami police officer reflected:

I'm sure the police can do better, much better. But to bring it under complete control would be impossible. The citizen would simply not tolerate what would have to be done. If we increased the force a hundred-fold, and put a cop on every corner, in every doorway, on every roof, and in every house, then Miami could be crime-free. But then it would be like Soviet Russia.

Table 1: Current Drug Use and Cumulative Frequency of Use Among 573 Narcotics Users, Miami, Florida, 1978-1981

Current Drug Use	Male, % (n=387)	Female, % (n=186)	Totals, % (n=573)
Heroin/illegal methadone			
Daily	69.5	67.7	68.9
Several times a week or more	92.8	95.7	93.7
Weekly or more	96.4	98.4	97.0
Any use in last 90 days	100.0	100.0	100.0
Other sedatives			
Several times a week or more	42.6	52.7	45.9
Every two weeks or more	64.1	72.0	66.7
Any use in last 90 days	70.3	74.2	71.6
Cocaine			
Weekly or more	43.9	47.8	54.2
Any use in last 90 days	61.8	61.8	61.8
Amphetamines			
Several times a week or more	8.5	11.8	9.6
Every two weeks or more	15.8	18.8	16.8
Any use in last 90 days	21.2	22.0	21.5
Hallucinogens/solvents-inhalants			
Weekly or more	3.4	4.8	3.8
Any use in last 90 days	11.1	12.9	11.7
Marijuana			
Daily	42.1	39.8	41.4
Several times a week or more	76.0	65.1	72.4
Weekly or more	84.5	76.3	81.8
Any use in last 90 days	88.1	79.0	85.2
Alcohol			
Several times a week or more	52.7	44.6	50.1
Every twoweeks or more	71.6	66.1	69.8
Any use in last 90 days	78.0	75.8	77.3

Table 2: Criminal Histories of 573 Heroin Users,
Miami, Florida, 1978-1981

Criminal Characteristics	Male, % (n=387)	Female, % (n=186)	Totals, % (n=573)
Ever committed offense	99.7	98.9	99.5
Age of first crime (median)	14.4	15.3	14.7
First crime committed			
Robbery	6.2	3.2	5.2
Assault	7.0	5.4	6.5
Burglary	27.1	6.5	20.4
Vehicle theft	7.0	1.1	5.1
Shoplifting	18.3	37.6	24.6
Other theft/larceny	16.0	10.2	14.1
Prostitution	0.0	12.9	4.2
Drug sales	3.6	2.7	3.3
Other/no data	14.5	19.4	16.1
No crime	0.3	1.1	0.5
Have arrest history	94.3	88.7	92.5
Age at first arrest (median)	16.6	17.3	16.8
Total arrests (median)	4.4	4.9	4.5
Ever incarcerated	80.9	71.5	77.8

Table 3: Criminal Activity During the One-Year Period Prior to Interview of 573 Narcotics Users, Miami, Florida, 1978-1981

CRIME TYPE	Total Number of Crimes Committed	Type as % of Total Offenses	Type as % of Sample Involved	Type as % of Offenses Resulting in Arrest
Robbery	5,300	2.5	37.7	0.8 (n=44)
Assault	636	0.3	20.9	5.5 (n=35)
Alcohol offenses	296	0.1	6.6	7.1 (n=21)
Drug sales	82,449	38.3	83.9	0.1 (n=86)
Prostitution	26,045	12.1	22.2	0.3 (n=89)
Procuring	7,107	3.3	24.1	<0.1 (n=3)
Shoplifting	25,045	11.6	62.1	0.4 (n=104)
Stolen goods offense	17,240	8.0	53.4	0.1 (n=22)
Burglary	6,669	3.1	52.7	0.8 (n=52)
Theft from vehicle	3,708	1.7	28.1	0.4 (n=15)
Prostitute theft	4,093	1.9	15.9	<0.1 (n=4)
Checks, credit cards	7,504	3.5	37.5	0.8 (n=59)
Motor vehicle theft	841	0.4	19.4	0.8 (n=7)
Pickpocketing	2,445	1.1	4.5	<0.1 (n=2)
Confidence games	3,162	1.5	23.9	<0.1 (n=1)
Arson	17	<0.1	1.7	0.0 (n=0)
Vandalism	322	0.1	7.2	0.9 (n=3)
Fraud	1,165	0.5	10.5	0.5 (n=6)
Extortion	240	0.1	7.5	0.0 (n=0)
Other theft	6,668	3.1	31.1	0.6 (n=39)
Loan-sharking	795	0.4	7.0	0.0 (n=0)
Gambling	12,939	6.0	36.1	<0.1 (n=4)
All Other	419	0.2	2.3	3.1 (n=13)
TOTALS	215,105	100.0	---	0.3 (n=609)

Mean number of offenses per respondent: 375

Table 4: Criminal Activity During the One-Year Period Prior to Interview Among 429 Nonnarcotic Drug Users, Miami, Florida 1978-1981

CRIME TYPE	Total Number of Crimes Committed	Type as % of Total Offenses	Type as % of Sample Involved	Type as % of Offenses Resulting in Arrest
Robbery	1,698	1.2	29.4	2.7 (n=46)
Assault	407	0.3	28.2	22.1 (n=90)
Alcohol offenses	1,319	1.0	7.5	3.4 (n=45)
Drug sales	38,378	28.0	30.5	0.2 (n=66)
Prostitution	24,966	18.2	10.5	0.2 (n=49)
Procuring	4,363	3.2	5.8	0.1 (n=5)
Shoplifting	21,247	15.5	33.6	0.3 (n=66)
Stolen goods offense	11,960	8.7	25.9	0.2 (n=23)
Burglary	3,944	2.9	40.6	4.7 (n=185)
Theft from vehicle	2,536	1.9	11.9	0.4 (n=11)
Prostitute theft	2,245	1.6	6.1	0.1 (n=3)
Checks, credit cards	1,936	1.4	15.2	1.5 (n=30)
Motor vehicle theft	618	0.5	16.3	4.4 (n=27)
Pickpocketing	2,354	1.7	6.3	0.1 (n=3)
Confidence games	2,103	1.5	9.8	0.2 (n=4)
Arson	391	0.3	2.6	0.5 (n=2)
Vandalism	259	0.2	5.3	0.0 (n=0)
Fraud	1,409	1.0	7.5	0.3 (n=4)
Extortion	50	<0.1	4.4	0.0 (n=0)
Loan-sharking	1,506	1.1	4.4	<0.1 (n=1)
Gambling	8,819	6.4	17.5	0.1 (n=10)
All other	20	<0.1	1.6	75.0 (n=15)
TOTALS	137,076	100.0	---	0.5 (n=708)

Mean number of offenses per respondent: 320

Table 5: The Drugs-Crime Sequence at Selected Median Ages of 397 Drug-Using Prostitutes, New York and Miami, 1983-1985

Sequence-Related Indicator	Opiate Users (n=311)	Nonopiate Users (n=86)
Age at first		
Alcohol	13.7	14.1
Other drug	14.5	14.6
Heroin	17.3	18.4
Any opiate	17.2	N/A
Prostitution	19.2	17.8
Any crime	16.1	15.9
Age at start of regular use*		
Alcohol	16.7	16.0
Other drug	15.8	15.2
Heroin	18.6	N/A
Any opiate	18.6	N/A
Prostitution	19.5	17.8
Any crime	18.0	16.5
Sequence: prostitution and use of drugs other than alcohol		
Prostitution first	3.5%	7.0%
Same age	3.5%	10.5%
Drugs first	91.6%	82.6%
Missing data	1.3%	0.0%
Sequence: prostitution and opiate use		
Prostitution first	17.4%	N/A
Same Age	15.1%	N/A
Opiates first	65.6%	N/A
Missing data	1.9%	N/A

* "Regular" means three or more times a week except for robbery, which is considered "regular" at the occurrence of the tenth offense.

Table 6: Criminal Activity During the Past Six Months of 311
Opiate-Using Prostitutes, New York and Miami, 1983-1985

CRIME TYPE	Total Number of Crimes Committed	Type as % of Total Offenses	Type as % of Sample Involved	Type as % of Offenses Resulting in Arrest
Robbery	87	<0.1	11.6	9.2 (n=8)
Assault w/other crime	330	0.2	13.2	0.3 (n=1)
Other assault	164	0.1	7.1	1.8 (n=3)
Drug trafficking	951	0.5	6.4	0.2 (n=2)
Drug street sales	41,987	22.5	32.8	0.1 (n=6)
Prostitution	113,238	60.6	100.0	0.1 (n=105)
Procuring	1,449	0.8	14.1	0.1 (n=1)
Prostitute theft	7,109	3.8	46.9	0.0 (n=0)
Shoplifting	8,760	4.7	51.8	0.3 (n=27)
Stolen goods offenses	5,072	2.7	27.3	0.3 (n=16)
Burglary	680	0.4	15.1	1.0 (n=7)
Theft from vehicle	181	0.1	7.7	0.0 (n=0)
Forged prescriptions	637	0.3	10.9	0.0 (n=0)
Checks, credit cards	1,212	0.6	19.3	0.3 (n=3)
Motor vehicle theft	125	0.1	7.1	1.6 (n=2)
Pickpocketing				
Confidence games	3,189	1.7	15.8	0.0 (n=0)
Sneak theft	280	0.1	5.1	0.0 (n=0)
Loan sharking	38	<0.1	1.0	0.0 (n=0)
Extortion	34	<0.1	1.3	0.0 (n=0)
Arson-vandalism	0	N/A	N/A	N/A
Other theft	10	<0.1	1.6	0.0 (n=0)
TOTALS	186,587	100.0	---	0.1 (n=186)

Mean number of offenses per respondent: 600

Table 7: Criminal Activity During the Past Six Months of 86 Non-opiate-Using Prostitutes, New York and Miami, 1983-1985

CRIME TYPE	Total Number of Crimes Committed	Type as % of Total Offenses	Type as % of Sample Involved	Type as % of Offenses Resulting in Arrest
Robbery	17	0.1	7.0	17.6 (n=3)
Assault w/other crime	8	<0.1	5.8	25.0 (n=2)
Other assault	8	<0.1	5.8	37.5 (n=3)
Drug trafficking	142	0.5	3.5	0.7 (n=1)
Drug street sales	2,094	7.2	18.6	0.1 (n=2)
Prostitution	22,260	77.1	100.0	0.3 (n=69)
Procuring	578	2.0	15.1	0.2 (n=1)
Prostitute theft	1,527	5.3	36.0	0.1 (n=2)
Shoplifting	912	3.2	29.1	0.3 (n=3)
Stolen goods offenses	469	1.6	10.5	0.0 (n=0)
Burglary	186	0.6	4.7	1.1 (n=2)
Theft from vehicle	4	<0.1	3.5	0.0 (n=0)
Forged prescriptions	71	0.2	1.3	0.0 (n=0)
Checks, credit cards	186	0.6	3.5	0.5 (n=1)
Motor vehicle theft	8	<0.1	8.1	25.0 (n=2)
Pickpocketing	0	N/A	N/A	N/A
Confidence games	398	1.4	12.8	0.0 (n=0)
Sneak theft	1	<0.1	1.2	0.0 (n=0)
Loan sharking	0	N/A	N/A	N/A
Extortion	4	<0.1	2.3	0.0 (n=0)
Arson-vandalism	11	<0.1	4.7	0.0 (n=0)
Other theft	2	<0.1	2.3	0.0 (n=0)
TOTALS	28,886	100.0	---	0.3 (n=91)

Mean number of offenses per respondent: 336

Table 8: Criminal Involvement of 201 New York Heroin Users
and 573 Miami Narcotics Users

Type of Crime	Average Number of Crimes Per Year/Per Subject New York	Miami
<u>Robbery</u>	<u>6</u>	<u>9</u>
<u>Property Crime</u>	<u>128</u>	<u>138</u>
Burglary	18	12
Shoplifting	56	44
Other Larcenies	16	63
Forgery	2	13
Con Games	33	6
<u>Prostitution/Pimping</u>	<u>29</u>	<u>58</u>
<u>Other</u>	<u>9</u>	<u>4</u>
<u>Drug Sales</u>	<u>364</u>	<u>144</u>
<u>TOTAL</u>	<u>536</u>	<u>353</u>

Sources: Adapted from Bruce D. Johnson, Paul J. Goldstein, Edward Preble, James Schmeidler, Douglas S. Lipton, Barry Spunt, and Thomas Miller, Taking Care of Business: The Economics of Crime by Heroin Abusers (Lexington, Mass.: Lexington Books, 1985), p. 77; and, James A. Inciardi, The War on Drugs: Heroin, Cocaine, Crime, and Public Policy (Palo Alto: Mayfield, 1986), p. 127.

Table 9: Total Crime-Days Amassed by 243 Baltimore Narcotics Users During Years at Risk

Crime-Days	Number of Users	Percentage of Users
No Crime-Days	6	2.5
1-99	20	8.2
100-499	31	12.8
500-999	31	12.8
1000-1999	54	22.2
2000-2999	46	18.9
3000-3999	27	11.1
4000-4999	12	4.9
5000-5999	10	4.1
6000-9450	6	2.5
Total	243	100.0

Total crime-days since since onset of regular narcotics use: 473,738
 Total crime-days per user: 1,998.9

Source: John C. Ball, Lawrence Rosen, John A. Flueck, and David N. Nurco, "The Criminality of Heroin Addicts: When Addicted and When Off Opiates," in James A. Inciardi (ed.), The Drugs-Crime Connection (Beverly Hills: Sage, 1980), p. 49.

Table 10: Crime-Days Per Year at Risk of 243 Baltimore Narcotics Users

Crime-Days Per Year at Risk	Number of Users	Percentage of Users
No Crime-Days	6	2.5
Less than 1 per year	11	4.5
1-49	35	14.4
50-99	26	10.7
100-149	31	12.8
150-199	32	13.2
200-249	25	10.3
250-299	26	10.7
300-349	28	11.5
350-365	23	9.5
Total	243	100.0

Mean crime-days per year at risk: 178.5

Source: John C. Ball, Lawrence Rosen, John A. Flueck, and David N. Nurco, "The Criminality of Heroin Addicts: When Addicted and When Off Opiates," in James A. Inciardi (ed.), The Drugs-Crime Connection (Beverly Hills: Sage, 1980), p. 51.

Table 11: Crime-Days Per Year at Risk by Crime Pattern Among
243 Baltimore Narcotics Users

Crime Pattern	Number of Users	Crime-Days Per Year at Risk
Daily theft	41	330.3
Daily drug sales	13	328.0
daily other crimes	7	319.4
Weekly theft	58	189.6
Weekly drug sales	18	181.1
Weekly other crimes	7	201.9
Infrequent theft	57	72.4
Infrequent drug sales	14	102.4
Infrequent other crimes	22	46.8
No crime	6	--
Total	243	178.5

Source: John C. Ball, Lawrence Rosen, John A. Flueck, and David N. Nurco, "The Criminality of Heroin Addicts: When Addicted and When Off Opiates," in James A. Inciardi (ed.), The Drugs-Crime Connection (Beverly Hills: Sage, 1980), p. 52.

NOTES

1. See, Richard H. Blum and Associates, Students and Drugs (San Francisco: Jossey-Bass, 1970); Leslie H. Farber, "Ours is the Addicted Society," The New York Times Magazine, December 11, 1966, p. 43; Joel Fort, The Pleasure Seekers: The Drug Crisis, Youth, and Society (New York: Grove Press, 1969); A. Geller and M. Boas, The Drug Beat (New York: McGraw-Hill, 1969); Helen H. Nowlis, Drugs on the College Campus (New York: Doubleday-Anchor, 1969); J. L. Simmons and B. Winograd, It's Happening: A Portrait of the Youth Scene Today (Santa Barbara: Marc-Laured, 1966). A number of these articles are reprinted in John H. McGrath and Frank R. Scarpitti (eds.), Youth and Drugs: Perspectives on a Social Problem (Glenview, Ill.: Scott, Foresman, 1970). For an interesting sociological perspective on the drug revolution, see, James R. Beniger, Trafficking in Drug Users: Professional Exchange Networks in the Control of Deviance (Cambridge: Cambridge University Press, 1983).

2. Alfred R. Lindesmith, "Dope Fiend Mythology," Journal of Criminal Law and Criminology, 31 (1940), pp. 199-208.

3. David W. Maurer and Victor H. Vogel, Narcotics and Narcotic Addiction (Springfield, Ill.: Charles C. Thomas, 1967), pp. 286-287 (emphases added).

4. See, Charles E. Terry and Mildred Pellens, The Opium Problem (New York: Bureau of Social Hygiene, 1928).

5. David F. Musto, The American Disease: Origins of Narcotic Control (New Haven: Yale University Press, 1973).

6. For bibliographies and analyses of the literature on drug use and crime, see, Harold Finestone, "Narcotics and Criminality," Law and Contemporary Problems, 22 (Winter 1957), pp. 72-85; Florence Kavalier, Donald C. Krug, Cili Amsel, and Rosemary Robbins, "A Commentary and Annotated Bibliography on the Relationship between Narcotics Addiction and Criminality," Municipal Reference Library Notes, 42 (1963), pp. 45-63; Jared R. Tinklenberg, "Drugs and Crime," in National Commission on Marihuana and Drug Abuse, Drug Use in America: Problem in Perspective, Appendix, Vol. I (Washington, D.C.: U.S. Government Printing Office, 1973), pp. 242-267; Gregory A. Austin and Dan J. Lettieri, Drugs and Crime: The Relationship of Drug Use and Concomitant Criminal Behavior (Rockville, Maryland: National Institute on Drug Abuse, 1976); Research Triangle Institute, Drug Use and Crime: Report of the Panel on Drug Use and Criminal Behavior (Springfield,

Va.: National Technical Information Service, 1976); Stephanie W. Greenberg and Freda Adler, "Crime and Addiction: An Empirical Analysis of the Literature, 1920-1973," Contemporary Drug Problems, 3 (1974), pp. 221-270; Robert P. Gandossy, Jay R. Williams, Jo Cohen, and Henrick J. Harwood, Drugs and Crime: A Survey and Analysis of the Literature (Washington, D.C.: United States Department of Justice, National Institute of Justice, 1980).

7. This research was supported by Grant # 1-RO 1 DAO 1827 from the National Institute on Drug Abuse.

8. More specifically, the opiate users included those women who, during their last 60 days on the street, had used heroin one or more times, illegal methadone one or more times, other opiates 20 or more times, and/or had a previous history of regular heroin use. The non-opiate users included those women who, during their last 60 days on the street, had used no heroin or illegal methadone, had used other opiates for no more than 5 days, and had never used heroin or methadone regularly.

9. U.S. News & World Report, February 25, 1985, p. 17.

10. For an extensive bibliography on prostitution, see, Paul J. Goldstein, Prostitution and Drugs (Lexington, Mass.: Lexington Books, 1979), pp. 155-169.

11. Bruce D. Johnson, Paul J. Goldstein, Edward Preble, James Schmeidler, Douglas S. Lipton, Barry Spunt, and Thomas Miller, Taking Care of Business: The Economics of Crime by Heroin Abusers (Lexington, Mass.: Lexington Books, 1985).

12. John C. Ball, Lawrence Rosen, John A. Flueck, and David N. Nurco, "The Criminality of Heroin Addicts: When Addicted and When Off Opiates." in James A. Inciardi (ed.), The Drugs-Crime Connection (Beverly Hills: Sage, 1980), pp. 39-65.

13. James A. Inciardi, The War on Drugs: Heroin, Cocaine, Crime, and Public Policy (Palo Alto: Mayfield, 1986), pp. 160-162.

14. David N. Nurco, John C. Ball, John W. Shaffer, and Thomas Hanlon, "The Criminality of Narcotic Addicts." The Journal of Nervous and Mental Disease, 173 (1985), pp. 94-102.

15. See, James A. Inciardi, "Heroin Use and Street Crime," Crime and Delinquency, 25 (July 1979), pp. 335-346; Susan K. Datasman and James A. Inciardi, "Female Heroin Use, Criminality, and Prostitution," Contemporary Drug Problems, 8 (1979), pp. 455-473; James A. Inciardi, "Women, Heroin, and Property Crime," in Susan K. Datasman and Frank R. Scarpitti, (eds.), Women, Crime, and Justice (New York: Oxford, 1980), pp. 214-222; James A. Inciardi, "The Impact of Drug Use on Street Crime," Paper Presented at the 33rd Annual Meeting of the American Society of Criminology, Washington, D.C., November 11-14, 1981; Anne E. Pottieger and James A. Inciardi, "Aging on the Street: Drug Use and Crime Among Older Men," Journal of Psychoactive Drugs, 13 (April-June 1981), pp. 199-211; Charles E. Faupel, "Drugs and Crime: An Elaboration of an Old Controversy," Paper Presented at the 33rd Annual Meeting of the American Society of Criminology, Washington, D.C., November 11-14, 1981; Susan K. Datasman, "Women, Crime, and Drugs," in James A. Inciardi, (ed.), The Drugs-Crime Connection, (Beverly Hills: Sage, 1981), pp. 85-105; Carl D. Chambers, Sara W. Dean, and Michael Pletcher, "Criminal Involvements of Minority Group Addicts," in ibid., pp. 125-154; Anne E. Pottieger, "Sample Bias in Drugs/Crime Research: An Empirical Study," in ibid., pp. 207-238; James A. Inciardi, Anne E. Pottieger, and Charles E. Faupel, "Black Women, Heroin and Crime: Some Empirical Notes," Journal of Drug Issues, 12 (Summer 1982), pp. 241-250; James A. Inciardi, "The Production and Detection of Fraud in Street Studies of Crime and Drugs," Journal of Drug Issues, 12 (Summer 1982), pp. 235-291; James A. Inciardi and Anne E. Pottieger, "Drug Use and Crime Among Two Cohorts of Women Narcotics Users: An Empirical Assessment," Journal of Drug Issues, 16 (Winter 1986), pp. 91-106.

16. John C. Ball, Lawrence Rosen, John A. Flueck, and David W. Nurco, op. cit.; John C. Ball, John W. Shaffer, and David W. Nurco, "The Day-to-Day Criminality of Heroin Addicts in Baltimore--A study in the Continuity of Offense Rates," Drug and Alcohol Dependence, 12 (1983), pp. 119-142.

17. See, for example, U.S. News & World Report, August 19 1985, p. 27.

18. See, Bruce D. Johnson, Paul J. Goldstein, Edward Preble, James Schmeidler, Douglas S. Lipton, Barry Spunt, and Thomas Miller, op. cit.; Also, Paul J. Goldstein, "Getting Over: Economic Alternatives to Predatory Crime Among Street Heroin Users," in James A. Inciardi, The Drugs-Crime Connection, pp. 67-84.

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Report to Workshop on Drugs and Crime, National Research Council

DRUGS AND VIOLENT CRIME

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Preparation of this chapter was supported in part by grants DA-03182 and DA-04017, National Institute on Drug Abuse; and 85 IJ-CX-0052, National Institute of Justice. Additional support was provided by the New York State Division of Substance Abuse Services and Narcotic and Drug Research, Inc. Points of view or opinions in this chapter do not necessarily represent the official position or policies of the U.S. government, the New York State Division of Substance Abuse Services, or Narcotic and Drug Research, Inc.

November, 1986

DRUGS AND VIOLENT CRIME

The nature and scope of the relationship between drugs and violent crime is a matter of great concern in American society at the present time. The existing literature sheds some light on the subject, but mainly points to the need for further research. This paper reviews some of what we think we know about the causal role played by drugs in the occurrence of violence, places that knowledge within a conceptual framework, and focuses attention on those areas that require additional inquiry.

DEFINING "DRUGS" AND "VIOLENCE"

"Drugs" and "violence" are rather vague concepts. Both are general terms that include a wide range of quite disparate phenomena. For this reason, it is customary for experts in both fields to begin any presentation by defining their terms.

With regard to drugs, a wide variety of substances will be examined; substances that have different, and sometimes opposite, psychopharmacological effects. For example, some are central nervous system (CNS) stimulants and some are CNS depressants. Some drugs are generally considered to be addictive while others are not.¹

However, the pharmacological aspects of drugs are only one dimension of the drugs/violence nexus. It is also necessary to examine the relative costs of drugs, how they are obtained, how they are ingested, and the social contexts and organization of both use and distribution. Each of these areas impacts on violence.

Alcohol always poses a special problem to drug researchers. Should it be included as a drug or not? The Federal government,

New York State, and many other jurisdictions, have created separate agencies to deal with drugs and alcohol. However, research findings frequently report that a certain proportion of victims or perpetrators of violence was inebriated on alcohol, drugs, or both. Many persons use drugs in combination with alcohol and it is difficult for researchers and law enforcement officers to separate the effects of one from the other. Some discussion of alcohol will inevitably, and not inappropriately, surface in this paper.

Violence is not difficult to define. As Megargee (1982) noted, most of us know exactly what it means; the problem is that our definitions may not agree with anybody else's. There simply is no universally accepted definition of violence. However, most definitions of violence include causing or threatening to cause physical harm to others (thereby excluding suicide). This will constitute a definitional "bottom line" for exploring the drugs/violence nexus. Analyses of official criminal statistics define violence in terms of legal categories, such as homicide, assault, forcible rape, and robbery. Such analyses will be identified and surveyed in this paper.

POOR QUALITY OF AVAILABLE DATA

The social sciences are only now beginning to generate the theory and data that will enable the relationship between drugs and violent crime to be perceived more clearly. Anglin has concluded "... that the relationship between drug use and violence can best be viewed as a probabilistic and relativistic function in which the violent outcome is dependent on the

interaction of a host of biological, sociocultural and psychological factors, only a few of which have been elucidated in the research literature" (Anglin, 1984: 469). Some reasons for the current relative lack of data and theorizing in this most important area are listed below.

1. There has been a substantial increase in the total volume of illicit drugs used and sold in the United States over the past three decades, especially with regard to some specific substances such as cocaine. This has resulted in substantial increases in the volume of drug-related violence. However, there was an inevitable time lag before academic social scientists and government agencies labeled the increase in drug use as important, designed studies to estimate its magnitude, and began to do research aimed at documenting attendant phenomena, such as violence. Specialists in violence who received their training prior to a general recognition of the impact of drugs on violence may continue to ignore drug use and trafficking as relevant variables in their studies.

2. Related to point 1 above, much of our current knowledge about the drugs/violence nexus has emerged from research funded by the National Institute on Drug Abuse (NIDA) and the National Institute of Justice (NIJ). The research programs at NIDA and NIJ expanded in response to the growing awareness of how serious the drug problem was becoming. The flow of Federal dollars into drug research has dispelled many of the myths and faulty assumptions about drugs and their impact on violence in American society. For a fuller discussion of these Federal efforts see Clayton (1981) and McBride (1981).

3. In addition to the problem of myth is the problem of backlash to myth. The first half of the twentieth century witnessed some absolutely incredible myth-making about drugs. The film Reefer Madness has become a symbol of the lurid and inaccurate manner in which drugs and their effects were portrayed. Other stories presented to a sensation-loving public by popular media included that of a fifteen year old boy who was driven to insanity and suicide by smoking cigarettes; the 1923 headline that "Marihuana Makes Fiends of Boys in 30 Days;" and the 1913 headline that "Drug Crazy Negroes Fire at Every One in Sight in Mississippi Town" (Silver, 1979).

Anti-drug crusaders such as Harry Anslinger, U.S. Commissioner of Narcotics for more than 30 years, went far to one extreme in portraying drug users as "fiends." In reaction, those who wished to align themselves with wisdom and reasoned analysis of data tended to stress the nonviolent behavior that was characteristic of most drug users most of the time. This discouraged scientific inquiry into the actual violence that was characteristic of some drug users and traffickers some of the time. It should be noted that the violence characteristic of some drug users and traffickers some of the time may constitute a substantial proportion of a society's total violence.

4. Because of its widespread use, alcohol tends to dominate most discussions of violence and substance use. Many young scientists have been discouraged by experts in the field from pursuing inquiries into relationships between drugs and various sorts of violence. They are told that the major substance abuse

problem in these regards is surely alcohol and there is little reason to do research on other drug-related violence. While some have persevered, there is no way of knowing how many potentially important studies of drugs and violence were nipped in the bud by this attitude.

5. Collins (1982) argues that within the context of long criminal careers, violent crimes tend to be statistical rarities. Property crimes are committed at much higher rates. The relative rarity of violent crime makes research on the drugs/violence nexus difficult. Numbers of incidents are often not adequate to conduct analyses that control for variables known to be related to violence.

6. Last, and certainly not least, is the fact that important national level data on the drugs/violence nexus are just not being collected. Researchers trained in the most sophisticated techniques of data analysis can hardly make a contribution if the necessary data do not exist. Official statistics collected in the criminal justice and health care systems do not link acts of criminal violence and resultant injuries or death to antecedent drug activity of victims or perpetrators. Broad recording categories make it virtually impossible to determine whether the offender or victim was a drug user or distributor, or whether the pharmacological status of either victim or offender was related to the specific violent event.

Uniform Crime Reports (UCR), collected by the Federal Bureau of Investigation is the most visible source of crime data in the country. UCR contains aggregated statistics of crimes known to the police. However, the drug relatedness of violent events is

simply not a focus of inquiry. It is not possible to use the UCR data base to link specific violent acts to antecedent drug activities of either victim or perpetrator.

The major alternative criminological data source is the National Crime Survey (NCS). This annual report issued by the Bureau of Justice Statistics (BJS) is based on data obtained from a stratified multistage cluster sample. The basic sampling unit is the household. Respondents within households are asked for all instances of victimization in the past year. Projections are then made to the nation as a whole.

As was the case with UCR, the NCS is not useful for elaborating on the drugs/violence nexus. Street drug users frequently are not part of a household, i.e., they may sleep in abandoned buildings, in subways, on park benches. Thus, a population that is posited to be at especially high risk for drug related violence is likely to be underrepresented in this data. Another problem with the NCS is that victims may not know the motivation of offenders for committing acts of violence, or be able to judge accurately the pharmacological state of offenders. These latter problems have not really been problems because the NCS never asked victims anything about the pharmacological state of offenders...However, according to reliable sources, one or two rather simplistic questions of this nature are planned for the 1986 survey.

Little relevant data is produced in the health care system either. Hospitals record presenting complications. Emergency room data will show that a bullet wound, a fractured skull, a broken

arm, or whatever, were treated. There is no indication as to whether the event producing the injury was drug related or whether victim or perpetrator had engaged in antecedent drug activities.

Medical examiner data have limited utility for elaborating on the drugs/violence nexus. Such data only provide information on the status of homicide victims. Homicide is a relatively rare form of violence. The vast majority of violent events, including those that are drug related, never come to the attention of medical examiners. Further, evidence of the drug relatedness of homicides frequently is not contained in the victim; for example, when only the perpetrator had ingested drugs. Finally, a NIDA funded study claimed that there were "structural barriers" associated with trying to use medical examiner statistics to depict the relationship between drugs and homicide (Gottschalk et al, 1979).

So, for all of the above reasons, there is a serious lack of data and theory necessary for full elaboration of the drugs/violence nexus. There is clearly a need for such theory and data.² It should be stressed, also, that the drugs/violence nexus is certainly not the only dimension of violence where there is a need for more and better data.

In the study of drug-related violence, one must rely chiefly on local studies for data since the problem is not specified in the major national data bases. Most local studies support the contention that there is a strong relationship between drugs and violence. Zahn and Bencivengo (1974) reported that in Philadelphia, in 1972, homicide was the leading cause of death

among drug users, higher even than deaths due to adverse effects of drugs, and accounted for approximately 31 percent of the homicides in Philadelphia. Monforte and Spitz (1975), after studying autopsy and police reports in Michigan, suggested that drug use and distribution may be more strongly related to homicide than to property crime. Preble (1980) conducted an ethnographic study of heroin addicts in East Harlem between 1965 and 1967. About fifteen years later, in 1979 and 1980, he followed up the seventy eight participants and obtained detailed information about what had happened to them. He found that 28 had died. Eleven, 40% of the deaths, were the victims of homicide. Stephens and Ellis (1975) argued that criminal patterns of heroin users were shifting in the direction of greater amounts of violence. McBride (1981) found the same increasing trend of violent behavior among Miami narcotic users. Ball et al (1983), studying heroin addicts in Baltimore, found the number of days containing violent crime perpetrations to be 18 times higher during initial addiction periods as compared to initial days off opiates. Felson and Steadman (1983) studied 159 homicide and assault incidents leading to incarceration in New York State. Homicide victims were significantly more likely than assault victims to have used alcohol or drugs.

The New York City Police Department (1983) classified about 24 percent of known homicides in 1981 as drug related. The 34th Precinct, which serves the Washington Heights section of Manhattan, had more homicides than any other precinct in New York in 1983. It recorded 85 homicides, 70 percent of which were

allegedly drug-related. (Randazzo & Gentile, 1983: 11) A Miami police official was quoted on television as saying that one-third of the homicides in Miami in 1984 were cocaine related.

Even though the relationship between drugs and violence has been so consistently documented in both the popular press and in social scientific research, it is only recently that attempts have been made to assess this problem on a national level. One such effort estimated that 10 percent of the homicides and assaults nationwide are the result of drug use. However, the authors include the caveat that their estimate should be viewed as a conservative approximation "in the face of inadequate empirical data to support an estimate derived in a systematic fashion" (Harwood et al, 1984: 22). Another recent report estimated that in the United States, in 1980, over 2,000 homicides were drug related and, assuming an average life span of 65 years, resulted in the loss of about 70,000 years of life. This report further estimated that in 1980 over 460,000 assaults were drug related, and that in about 140,000 of these assaults the victims sustained physical injury leading to about 50,000 days of hospitalization (Goldstein and Hunt, 1984). Gropper, summing up research funded to date by the National Institute of Justice, stated the following:

... narcotics abusers engage in violence more often than earlier studies would lead us to believe. Recent studies have shown that heroin-using offenders are just as likely as their non-drug-using or non-heroin-using counterparts to commit violent crimes (such as homicide, sexual assault, and arson) - and even more likely to commit robbery and weapons offenses (1984: 4).

TRIPARTITE CONCEPTUAL FRAMEWORK

In an earlier article (Goldstein, 1985) it was suggested

that drugs and violence were related in three different ways: psychopharmacologically, economic-compulsively, and systemically. This conceptualization is intended to provide a structure within which data may be most fruitfully analyzed. A full elaboration of the three models follows below.

Psychopharmacological Violence

The psychopharmacological model suggests that some individuals, as a result of short or long term ingestion of specific substances, may become excitable, irrational, and may exhibit violent behavior. The most relevant substances in this regard are probably alcohol, stimulants, barbiturates and PCP. A lengthy literature exists examining the relationship between these substances and violence.³

Barbiturates appear most likely, on a per ingestion basis, to lead to violence. Fortunately, the number of drug users who report barbiturate abuse is relatively small. In three separate studies of incarcerated delinquents, a barbiturate (secobarbital) was identified as the single substance most likely to enhance assaultiveness (Tinklenberg et al, 1974, 1976 , and 1981). Collins (1982) studied self reports of aggravated assaults and robberies by nearly 8,000 drug treatment program new admissions in ten cities..for the year prior to entering treatment. He found that the highest proportions of persons committing one or more aggravated assaults or robberies were those who identified their primary drug problem as barbiturate use. Barbiturates, followed by alcohol and amphetamines, were most strongly correlated with assault. Barbiturates, followed by heroin, were

most clearly correlated with robbery.

Early reports which sought to employ a psychopharmacological model to attribute violent behavior to the use of opiates and marijuana have now been largely discredited.⁴ However, the irritability associated with the withdrawal syndrome from opiates may indeed lead to violence. Mednick notes that workers in drug treatment programs are familiar with irritable, hostile, and sometimes aggressive clients in withdrawal (1982:62).

Heroin using prostitutes often linked robbing and/or assaulting clients with the withdrawal experience (Goldstein, 1979). These women reported that they preferred to talk a "trick" out of his money, but if they were feeling "sick," i.e., experiencing withdrawal symptoms, that they would be too irritable to engage in gentle conning. In such cases they might attack the client, take his money, purchase sufficient heroin to "get straight," and then go back out on the street. In a more relaxed physical and mental state, these women claimed that they could then behave like prostitutes rather than robbers.

A somewhat similar process has been reported with regard to cocaine. Users characterize being high on cocaine as a positive and "mellow" experience. However, the cocaine "crash," i.e., coming down from the high, has been described as a period of anxiety and depression in which external stimuli may be reacted to in a violent fashion. A cocaine user interviewed on the DRIVE project reported beating his infant stepson to death because he would not stop crying during such a "crash."

A study of institutionalized delinquent boys revealed that about 43 percent took a drug within twenty-four hours of

committing an offense against a person.

Many of these boys stated that they took the drugs to give themselves courage to commit an act of violence. Sometimes an act of violence against a person was not intended since the boys initially wanted to steal goods or money to support a drug habit. Each of the 25 subjects who took drugs prior to an act of violence considered the dose taken to be significant and to have contributed substantially to their commission of the crime. In fact, they speculated that the crimes would not have occurred if they had not taken the drugs in question. About 17% of the total person offenses committed by all subjects were preceded by significant drug taking within 24 h[ours] of the offense. (Simonds and Kashani, 1980: 308)

The drug scores most significantly correlated with the number of offenses against persons were barbiturates, PCP, cocaine, and, to a somewhat lesser extent, valium and amphetamines. In this research, alcohol use had only a small, nonsignificant correlation with number of person offenses.

Drug use may also have a reverse psychopharmacological effect and ameliorate violent tendencies. In such cases, persons who are prone to acting violently may engage in self-medication in order to control their violent impulses. The drugs serving this function are typically heroin, tranquilizers and, contrary to Anslinger's "facts," marijuana.

Psychopharmacological violence may involve drug use by either offender or victim. In other words, drug use may contribute to a person behaving violently, or it may alter a person's behavior in such a manner as to bring about that person's violent victimization. Previous research indicates relatively high frequencies of alcohol consumption in rape (Amir, 1971; Rada, 1975) and homicide victims (Shupe, 1954; Wolfgang, 1958). Public intoxication may invite a robbery or mugging.

Sparks (1981) suggests that alcohol and/or drug use may be one of the reasons why a small minority of respondents on victimization surveys report multiple victimizations. One study found that in rapes where only the victim was intoxicated, that she was significantly more likely to be physically injured (Johnson et al, 1973).

Many intoxicated victims are reluctant to report their victimization. They do not wish to talk to the police while drunk or "stoned." Further, since they are frequently confused about details of the event and, perhaps, unable to even remember what their assailant looked like, they argue that reporting the event would be futile. Thus, even if police agencies were sensitive to recording cases of victim precipitated psychopharmacological violence, such events would probably be seriously under-reported.

An important issue that remains unresolved with regard to psychopharmacological violence concerns our ability to distinguish between what is a direct effect of drug use, and what may be a "self fulfilling prophecy" and/or a "technique of neutralization."⁵ Certain drugs acquire a reputation for stimulating aggressiveness. Barbiturates, for example, are referred to as "gorilla pills" by users. Though the reputation of a drug may be deserved, in some cases users may act out violently simply because they have learned that the drug has that effect.

Certain substances may be used in a psychopharmacologically functional manner. In this regard, drugs are ingested purposively because the user is familiar with specific effects and perceives them as positive for the perpetration of criminal acts. Examples of such functional drug use include tranquilizer and marijuana

use to control nervousness, barbiturate and alcohol use to give courage.

In a similar fashion, users may be motivated to ingest the substance because of its reputation. They may wish to engage in a violent act, feel deterred by scruples, and ingest the substance in order to be freed from personal responsibility for the act. This entitles them to claim that "the drug drove me to do it !" This process may also surface as a legal stratagem. Clever lawyers may capitalize on a drug's reputation for provoking aggressiveness by claiming that their client is not responsible for criminal actions because of antecedent drug use.

Economic Compulsive Violence

The economically compulsive model suggests that some drug users engage in economically oriented violent crime, e.g., robbery, in order to support costly drug use. Heroin and cocaine, because they are expensive drugs typified by compulsive patterns of use, are the most relevant substances in this category. Economically compulsive actors are not primarily motivated by impulses to act out violently. Rather, their primary motivation is to obtain money to purchase drugs. Violence generally results from some factor in the social context in which the economic crime is perpetrated. Such factors include the perpetrator's own nervousness, the victim's reaction, weaponry (or the lack of it) carried by either offender or victim, the intercession of bystanders, and so on.

Research indicates that most heroin users avoid violent acquisitive crime if viable nonviolent alternatives exist (Preble

and Casey, 1969; Swezey, 1973; Cushman, 1974; Gould, 1974; Goldstein and Duchaine, 1980; Goldstein, 1981; Johnson et al (1985). This is because violent crime is more dangerous, embodies a greater threat of prison if one is apprehended, and because perpetrators may lack a basic orientation toward violent behavior.

While research does indicate that most of the crimes committed by most of the drug users are of the nonviolent variety, e.g., shoplifting, prostitution, drug selling, there are little data that indicate what proportion of violent economic crimes are committed for drug related reasons. No national criminal justice data bases contain systematically and routinely collected information on the drug-related motivations or drug use patterns of offenders as they relate to specific crimes.

However, a variety of studies do indicate a significant proportion of robberies are committed by persons who use drugs. "Robbery" is a broad term that may include quite diverse events, e.g., street muggings, bank robberies, juvenile lunch money "shakedowns." Robbery is defined by Uniform Crime Reports as "the taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear." It is unfortunate for a discussion of violence that the literature says little about what actually happens in particular cases of robbery. There is a lack of data on such issues as whether heroin-related robberies differ from other robberies in terms of the frequency and severity with which physical force may have been applied.

A report issued by the American Bar Association stated that "to a large extent, the problem of urban crime is the problem of heroin addiction." (1972:8) This report estimated that between one-third and one-half of the robberies committed in major urban areas are committed by heroin addicts. A 1978 report on bank robbery issued by the General Accounting Office estimated that at least 42% of the 237 bank robbers that were surveyed were drug users.

Voss and Stephens (1973) studied a sample of 990 patients committed to the Federal drug treatment facility in Lexington, Kentucky. They found that only 2 percent reported committing armed robbery prior to beginning drug use. However, 18 percent reported committing armed robberies after having begun using drugs.

Petersilia et al (1978) studied forty-nine incarcerated, male armed robbers in California. These men reported committing a total of 855 robberies. Over one-half of the sample reported regular use of drugs, alcohol, or both; 60 percent said they were under the influence of drugs or alcohol while committing their crimes. The desire for money to buy drugs was the single most frequently cited reason for committing crimes.

Wish et al (1980) analyzed 17,745 arrests in Washington, D.C., in which a urine specimen was obtained from the arrestee. Twenty-two percent of the male robbery arrestees (N=2,209) and 29 percent of the female robbery arrestees (N=149) had drug-positive test results, mainly for opiates. In only four other offense categories was there a higher proportion of drug-positivity among

arrestees. These included bail violation, larceny, drug offenses, and weapons offenses.

Inciardi (1980) compares heroin users to other drug users in Miami and reveals that the two groups had similar robbery rates and similar proportions doing robberies. Chaiken and Chaiken (1982) show that among inmates in Texas, California, and Michigan entering prisons and jails, the robbery rate is generally higher among daily heroin users than among less frequent users or nonusers.

Johnson et al (1985) studied the economic behavior of 201 active street opiate users in Harlem. Subjects provided at least 33 consecutive days of data in a storefront ethnographic field station. A total of 183 robberies were reported. During the study period, 72 percent of the respondents committed no robberies; 23 percent committed robberies on an occasional and irregular basis. Ten subjects, 5 percent of the sample, were classified as high rate robbers. They committed 45 percent of all reported robberies, averaging one robbery every 6.6 days. High-rate robbers were more likely to use heroin, and to use a larger amount per day, than low-rate robbers or non-robbers.

An additional caveat should be offered with regard to the brief literature review presented above. Not all studies are able to claim that robberies were, in fact, motivated by the compulsion to obtain money to purchase drugs. In some cases the perpetrator may have been under the influence of drugs, such as barbiturates, and the robbery may have had more of a psychopharmacological motivation than an economic compulsive one. In other cases robbers may celebrate a successful score by

"partying" with drugs, such as cocaine. This need not imply that the robbery was committed for the sole purpose of purchasing cocaine.

There have been many stories in the popular media in recent years about professional athletes who are also drug users. These stories never suggest that persons become athletes because of drug use. Rather, it is usually suggested that the large sums of money paid to professional athletes, lots of free time, unstable home lives, a physically and mentally stressful occupation, all combine as motivations to use drugs. Robbers may use drugs for much the same reasons. In other words, the mere fact that robbers are also drug users does not necessarily imply an economic compulsive motivation for committing robberies.

Victims of economic compulsive violence, like those of psychopharmacological violence, can be anybody. Previous research (Goldstein and Johnson, 1983; Johnson et al, 1985) indicates that the most common victims of this form of drug related violence are people residing in the same neighborhoods as the offender. Frequently the victims are engaged in illicit activities themselves. Other drug users, strangers coming into the neighborhood to buy drugs, numbers runners, and prostitutes are common targets of economic compulsive violence.

Systemic Violence

In the systemic model, violence is intrinsic to involvement with any illicit substance. Systemic violence refers to the traditionally aggressive patterns of interaction within the system of drug distribution and use. Systemic violence includes

disputes over territory between rival drug dealers; assaults and homicides committed within dealing hierarchies as a means of enforcing normative codes; robberies of drug dealers and the usually violent retaliation by the dealer or his/her bosses; elimination of informers; disputes over drugs and/or drug paraphernalia; punishment for selling adulterated or phony drugs; punishment for failing to pay one's debts; robbery violence related to the social ecology of copping areas.

Various sources have stressed the importance of what I have termed the systemic model in explaining drugs/violence relationships.⁶ Zahn pointed out the importance of systemic violence in her study of homicide in twentieth century United States. She showed that homicide rates peaked in the 1920s and early 1930s, declined and levelled off thereafter, began to rise in 1965, and peaked again in 1974. This analysis led to the following conclusion.

In terms of research directions this historical review would suggest that closer attention be paid to the connection between markets for illegal goods and the overall rate of homicide violence. It seems possible, if not likely, that establishing and maintaining a market for illegal goods (booze in the 1920s and early 1930s; heroin and cocaine in the late 1960s and early 1970s) may involve controlling and/or reducing the competition, solving disputes between alternate suppliers or eliminating dissatisfied customers. ... The use of guns in illegal markets may also be triggered by the constant fear of being caught either by a rival or by the police. Such fear may increase the perceived need for protection, i.e., a gun, thus may increase the arming of these populations and a resulting increased likelihood of use. For the overall society this may mean a higher homicide rate (Zahn, 1980: 128)

Zahn's analysis is contradicted by that of Klebba. Klebba (1981) argues that while gang wars for control of the illicit liquor

market accounts for some of the rise in homicide rates, t :
white men, who were most frequently involved in the gang wa
continued to have a much lower rate than men of other rac .
Further research is needed to clarify this issue.

There are two rather distinct dimensions of systemic violence: one related to the system of distribution and one related to the system of use. Drug distribution refers to cultivation and/or manufacture, processing, packaging, smuggling, and both the wholesale and retail trade. Violence may occur at any level of this system. For example, Adler described marijuana growing in California as a " time-consuming and dangerous business."

Harvest seasons required the most vigilance⁵, as the incidence of rip-offs was high. All growers, especially those with outdoor fields, had to guard their near ready crops both day and night until the process of cutting, preparing, packaging, and distributing was completed. And unlike dealing, where violence was less common, a successful cultivation business required carrying and occasionally using shotguns, hand guns, and rifles (1985: 55).

Lewis et al commented that the illicit heroin market in London is not as violent as that in New York. However, the authors add that this may be changing.

There were indications early on in our research that some freelance 'entrepreneurs of violence' (or thugs) were attempting to penetrate the distribution system at wholesale level in order to exert monopoly advantage from customers and monopsonistic advantage from importer/distributors unfamiliar with its structure (1985: 288).

Within the system of distribution, it is possible to differentiate between macrosystem violence and microsystem violence. A good example of macrosystem violence was reported in a recent Wall Street Journal article on the cocaine business. Discussing Florida's "cocaine wars," the article states that "...

the U.S. demand for cocaine and the Miami-area drug-related homicide rate grew at about the same frenzied pace, with Miami's drug murders peaking in 1981 at 101."

Everyone who fought in or witnessed the war seems to have a different explanation of its causes. ... What is clear is that certain Colombian organizations emerged from the war in command of the wholesale level. ... In business school terms, those Colombian organizations, by installing their own middlemen in Miami, "forward integrated" to capture an additional level of profit. (Ricks, 1986: 16)

An example of microsystem distributional violence is provided by a subject from the forementioned DRIVE study.

I copped twenty dollars of heroin from this girl. I left and checked the first bag. It was baby powder. I checked the second bag. It was baby powder also. I got my knife, went back, and put it to her throat and took sixteen dollars off her. That's all she had. I don't know what happened to my twenty. She had the sixteen in her bra. We were in a vacant lot and I could have been seen by the cops. That's the only reason I didn't cut her up.

Microsystem violent events occur within the system of drug use as well as that of drug distribution. The system of drug use refers to the norms and values that have emerged to structure interactions around drugs and drug paraphernalia. Violence associated with disputes over drugs have long been endemic in the drug world. Friends come to blows because one refuses to give the other a "taste." A husband beats his wife because she raided his "stash." The following accounts of violent events arising from drug use were obtained on the DRIVE project (see footnote 2 for a description of the DRIVE and FEMDRIVE research projects).

Friends were giving me watershots. So I gave them rat poison. It was my money buying the stuff. I didn't like that. I got fed up with it. They were nodding and I wasn't even getting straight. When I gave them the rat poison, they all went to the hospital. None died, but they wished they had.

A transvestite heroin user reported the following event involving another transvestite.

A friend stole my wake up. So I put lye in her face. We did 20 bags together. I had 10 bags left. She did those and also took my money. I waited for her to come home and threw the lye in her face. She had first degree burns, peeled skin, blinded in one eye. She deserved it. What I have, I give. But people shouldn't take more. When she sees me now, she walks the other way. I like that.

Microsystem, or interpersonal, events tend to appear quite similar, regardless of whether they involve use or distribution. Violent actors tend to perceive themselves to be victimized by not getting the drugs to which they feel they are entitled. These violent actors, feeling cheated, retaliate; either getting drugs and/or money back or achieving revenge.

Previous research, especially studies employing a symbolic interactionist perspective, has focused on the process of violence. These studies have emphasized the notions of "retaliation" and "face-saving" (See, for example, Felson and Steadman, 1983; Felson, 1982; Luckenbill, 1977; Athens, 1980) As the above accounts clearly indicate, the system of drug use and distribution creates a structure of situations conducive to retaliatory violence. Actually, the range of potentially violent situations thus created is really quite broad.

The current AIDS scare, for example, has led to an increasing amount of violence because of intravenous drug users' fear of contracting this fatal disease from contaminated "works." This violence has appeared at both distribution and consumption levels. With regard to distribution, some sellers of needles and syringes claim that the used works that they are trying to sell are actually new and unused. In some cases where the ruse was

discovered by purchasers, violence has ensued.

At the consumption level, the AIDS epidemic has caused a strain in the social etiquette of the drug world. Users are prone to share "works" for a variety of reasons, including economics, convenience, and fear of arrest. However, fear of AIDS has pressured at least some users to be very selective about the people with whom they will share. This has led to ruffled feelings, verbal disputes, fights, stabbings, and homicides. Violence has erupted when persons have used another's works without permission. The following incident took place in a shelter for homeless males on New York City's lower east side.

A guy wanted to borrow my works. I told him he had to rent them. He slammed the door in my face. I loaned my works to another guy, a friend. I told him not to let the first guy use my works. The other guy overheard and got an attitude. He wouldn't get out of my face. So I got my scissors. I went for his stomach, but he blocked it and got stabbed in the arm ... I always carry something. This was a half-scissors. He took off after I stabbed him. He came up later and apologized. He said he was drunk. I told him that was no excuse. (DRIVE)

Much of the heroin in New York City is being distinctively packaged and sold under "brand names" (Goldstein et al, 1984). These labeling practices are frequently abused and this abuse has led to violence. Among the more common abuses are the following. Dealers mark an inferior quality heroin with a currently popular brand name. Users purchase the good heroin, use it, and then repackage the bag with milk sugar for resale. The popular brand is purchased, the bag is "tapped," and further diluted for resale. Such behaviors have led to threats, assaults, and/or homicides.

A common form of norm violation in the drug trade is know

as "messing up the money." This involves a subordinate returning less money to his superior than is expected. For example, a street dealer is given a consignment of drugs to sell and is expected to return to his supplier, manager or lieutenant,⁷ with a specific amount of money. However, for any of a variety of reasons, he returns with too little money or fails to return at all.

When a street dealer fails to return sufficient money, his superior has several options. If only a small amount of money is involved, and the street dealer has few prior transgressions and a convincing justification for the current shortage, his superior is likely to give him another consignment and allow him to make up the shortage from his share of the new consignment. Other options include firing the street dealer, having him beaten up, or having him killed.

Fear of becoming a victim of systemic violence has led to the perpetration of economic-compulsive violence. Street dealers who have "messed up the money" may be terrified of what their superiors will do to them. Persons in this situation have committed robberies as a quick way to obtain the money that they owed.

Violence may arise when drug use constitutes a norm violation within another underworld system. For example, a pimp stated that he would never allow a "junkie broad" to work for him. One of his reasons was that an addicted woman might be easily turned into an informant by the police. When asked what he would do if one of his women did start to use narcotics, he

replied that if she didn't know too much about his activities he would just fire her. However, if she did know too much, he would kill her (Goldstein, 1979: 107).

The social ecology of copping areas is generally well suited for the perpetration of robbery violence. Major copping areas are frequently located in poor ghetto neighborhoods, such as Harlem in New York City. In these neighborhoods, drug users and dealers are frequent targets for robberies because they are known to be carrying something of value and because they are unlikely to report their victimization. Dealers are sometimes forced to police their own blocks so that customers may come and go in safety. A DRIVE subject reported the following incident.

Once I went to cop THREE STAR [note: a heroin "brand"] and they weren't out there. Two guys came up to me, one had a knife, and said, 'Up with the money.' I pulled my knife and said, 'Come take it from me.' The guy without the knife said, 'He's a punk. He won't use it.' So he came at me. When I stabbed him in the stomach, they both ran.

A number of important issues pertaining to systemic violence remain unresolved. There is no doubt that participation in the drug business increases the probability for participation in violent events, both as victim and as perpetrator. What is not so clear is the extent to which the drug business itself makes people violent or whether violence-prone individuals may self-select themselves for violent roles in the drug business. Adler suggests the latter point of view based upon her ethnographic research among traffickers in California.

... dealers and smugglers as a group were overwhelmingly large in size. Before meeting a new drug trafficker I could expect that, at minimum, he would be six foot two and weigh 180 pounds. The reason for this also lay in self-selection, for although violence was rare in Southwest County, it was fairly common in the drug world more generally. Regardless

of whether an individual ever had to resort to violence it lay behind all business relationships as a lurking threat. ... people who felt unsure of their ability to be aggressive or to physically defend themselves were less likely to venture into drug trafficking. This was also part of the reason why the dealing and smuggling ranks were more heavily populated by men than by women (1985: 95).

Victims of systemic violence are usually those involved in drug use or trafficking. Occasionally, noninvolved individuals become innocent victims. For example, a recent homicide in New York City took place in a neighborhood social club. Two representatives of a local drug dealer were trying to force the owner of the social club to allow their "product" to be sold in the club. The owner refused. Guns were drawn, shots were fired, and a young boy who swept up in the club was killed (DRCA-H). Several cases have been reported where whole families of drug dealers, including wives and young children, have perished in narcotics gang wars. However, the vast majority of victims of systemic violence are those who use drugs, who sell drugs, or are otherwise engaged in some aspect of the drug business.

Victims of systemic violence are very difficult to identify in official records because they frequently lie to the police about the circumstances of their victimization. Not a single research subject whom I have interviewed who was the victim of systemic violence, and who was forced to give an account of his or her victimization to the police, admitted that he or she had been assaulted because of owing a drug supplier money or selling somebody phony or adulterated drugs. All such victims simply claimed to have been robbed.

DRUGS AND VIOLENCE AMONG WOMEN

The available evidence concerning the relationship between

drugs and violence among women is even scantier than that which existed for the men. Datesman has pointed out that the public seems to view male crime as dangerous and injurious to the social order, while female crime is commonly seen as victimless, most harmful to the offender and having minimal impact on the social order.

Traditional social scientists have tended to concentrate their research in those areas that have been officially recognized as social problems. A practical reason for this focus is that research funds tend to be more readily available when a problem area has been officially identified. The failure to become a major social problem has meant that monies to study female drug use and crime have been limited, which in turn has been at least partly responsible for the lack of interest in these topics. When research monies have been allocated to study female drug use, they have most often been to examine the effects of female drug use on sexual behavior, pregnancy and children (1981: 86).

However, rates of both female violent crime and female drug use have been increasing in recent years and this has resulted in new research projects focusing on female issues. Empirical studies that indicate relationships between drugs and violent crime among women tend not to elaborate on the substantive nature of the relationships. Cloninger and Guze (1970) studied 66 convicted female felons and discovered that 44 percent were acutely intoxicated (alcohol, drugs, or both) at the time of arrest. Martin et al (1978) followed up this sample and found drug dependence to be the most powerful predictor of recidivism. Interestingly, alcoholism had only a minor effect in this regard.

Chambers and Inciardi (1971) found that one-third of a sample of female addicts had committed armed robberies and

muggings. Studying a sample of English female addicts, D'Orban (1970) found that 9 percent of their convictions prior to addiction had been for violent crimes while 13 percent of their convictions after addiction were for violent crimes. Gossop (1978) stated that violent offenses were infrequent among his sample of English female drug treatment patients because only 11 percent had been convicted for any crime of violence.

Currently ongoing research hypothesizes that a greater proportion of drug-related violent events perpetrated by women are of the psychopharmacological variety.⁸ This is mainly because women are less likely than men to commit economic-compulsive or systemic acts. With regard to the former, women generally find alternatives to violent crime to support costly drug use. Such alternatives include prostitution, shoplifting, forgery, and drug selling. In addition, bartering sexual favors for drugs is not uncommon.

Women are also less likely than men to engage in systemic violence. Women seldom work as "enforcers" or "soldiers" for drug dealers. An exception was recently found to prove this rule. A woman whose boyfriend was a heroin and cocaine dealer enforced normative compliance when business issues involved other women. For example, if the couple were owed money and the debtor was to receive a beating, it would be inflicted on a female by the female; on a male by the male. This particular woman also engaged in the much more common practice on the streets of carrying her boyfriend's gun (DRIVE). This was because women are perceived as less likely to be searched in case of an encounter with the police.

Preliminary findings from the DRIVE and FEMDRIVE studies are that a great proportion of drug-related violence involving women takes place in the home. This violence involves women as both victims and perpetrators. Drug-related violence frequently arises from disputes between spouses or lovers about access to money with which to buy drugs. A recent homicide ended a long-standing argument between a husband and wife over how much money he was spending on cocaine (DRCA-H).

Females appear less likely than men to engage in retaliation or face-saving violence after being cheated on a drug purchase or having drugs stolen from them. Most women just chalk such events up to experience. A female heroin user responded as follows when asked if she would do anything if she were cheated.

Me personally, no. Being a female, no. Being a white female, no, especially up there. But I know people who will. Crazy guys with a gun will go back. ... The only thing I have done is if I've bought stuff that for me was not good enough; I'll bag it into dimes and sell it and then I'd go back after the good stuff. I would never go back and kill anybody over it. But I know people who have. Sure. (Goldstein et al, 1984:563)

Strauss reported a similar finding with regard to marital violence. He suggested that women "... tolerate a great deal more victimization by their husbands before engaging in severe assaults" (1980: 689). However, in both the areas of drug-related violence and conjugal violence, further research is clearly needed to differentiate adequately the social psychological processes that motivate men and women to engage or not to engage in retaliative violence.

CONCLUSIONS

Clearly, drugs and violent crime are related. Further, they

are related in different ways. The tripartite conceptual framework suggests three models of that relationship: psychopharmacological, economic-compulsive, and systemic. Different drugs differentially promote violence depending upon which model is operant. Barbitutates, amphetamines and alcohol are most often associated with psychopharmacological violence. Heroin and cocaine are most often associated with economic compulsive violence. Any illicit drug may be associated with systemic violence.

Legislative or programmatic responses to drug-related violence must be aware of the type of violence that constitutes the social problem. Rehabilitative staff in drug treatment programs or correctional institutions must be made fully aware of the nature and scope of the violence that permeates the drug scene and the effects that this violence has on the lives of drug users. Legislators, criminal justice policy-makers, and the general public must be made aware of the sorts of drug-related violence that are commonplace, and who are the likely targets. For example, citizens' fears and police responses should be quite different during a wave of economic-compulsive violence as opposed to a systemic "war" between rival bands of traffickers.

It should be noted that times change, and relationships between specific substances and types of violence are not immutable. Alcohol is an interesting case in point. During the prohibition years, there was a great deal of violence surrounding the illicit liquor trade. Images of Al Capone, Elliot Ness, the Saint Valentine's Day massacre, entered into American folklore.

But the repeal of prohibition virtually eliminated alcohol-related systemic violence. The current availability and widespread use of alcohol have made it a major contributor to psychopharmacological violence. Ultimately, society must decide in the political process the sort of violence that it is willing to tolerate. The study of alcohol's transition may have important implications for the current debate over how to handle marijuana, cocaine, and other substances. The Untouchables may instruct Miami Vice.

In traditional criminological jargon, the phrase "dark figure of crime" has been used to refer to unreported and unrecorded crime. In recent years this phrase has somehow seemed more applicable to drug-related crime. Victims of drug-related assaults, such as those who are punished for owing drug suppliers money, inflate our crime rates by never revealing the true motivations behind their assault. Ordinary citizens suffer robberies, muggings, and the like without ever knowing for sure whether drugs had anything to do with it. This is surely another "dark figure of crime."

Drug positivity may indicate psychopharmacological, economic-compulsive, or systemic violence. Or drug use may be concurrent with, but unrelated to, specific violent episodes. It is important that we move beyond simple correlations between drug use and violence, and achieve a real understanding of how drugs contribute to the process of violence.

The need for better data to elaborate on drugs/violent crime relationships is clear and pressing. A national criminal justice data base should be routinely and systematically documenting the

drug relatedness of violent crime. If none of the existing data systems, such as UCR or NCS are willing or able to do this, then a new system should be established. Such data are needed to guide public policies towards the most effective prevention and control of drug related violent crime.

NOTES

1. "Addiction" is itself a rather vague and controversial concept which includes notions like "physical dependency," "psychological habituation," and "craving," all of which are difficult to operationalize and measure in a reliable fashion. See, for example, Johnson et al, 1979.
2. The author is currently the Principal Investigator in three studies designed to generate such theory and data. Two of the studies are funded by the National Institute on Drug Abuse. They are Drug Related Involvement in Violent Episodes (DRIVE) and Female Drug Related Involvement in Violent Episodes (FEMDRIVE). Both are ethnographic projects operating on the lower east side of New York City. Another study, Drug Related Crime Analyses - Homicide (DRCA - H) is funded by the National Institute of Justice. This project involves working with police agencies to determine the drug-relatedness of all homicides in New York State in 1984. Data analysis is currently ongoing on the DRIVE project; data collection is ongoing on both FEMDRIVE and DRCA-H. While no findings can be presented at this time, anecdotal material is presented throughout the chapter and is attributed to the appropriate project. Additional anecdotal material is presented from two other studies, Goldstein (1979) and Johnson et al (1985), which did not have violence as a primary focus.
3. See, for example, Tinklenberg, 1973; Virkunen, 1973; Glaser, 1974; Gerson and Preston, 1979; Ellinswood, 1971; Smith, 1972; Asnis and Smith, 1978; d'Orban, 1976; Feldman et al, 1979.
4. See, for example, Kolb, 1925; Dai, 1937; Finestone, 1967; Inciardi and Chambers, 1972; Kozel et al, 1972; Greenberg and Adler, 1974; Schatzman, 1975; Kramer, 1976.
5. This same confusion exists with regard to alcohol. See, for example Mednick, 1982: 59.
6. See, for example, Smith, 1972; Fitzpatrick, 1974; Glaser, 1974; Zahn, 1975; McBride, 1981.
7. The structure of drug dealing operations generally includes a job that combines the roles of a foreman and a middle manager. This person stands between the "connection," and the street pushers. Role functions include recruitment and supervision of street pushers, distribution of drugs to pushers and collection of money from pushers. It is one of the idiosyncrasies of the New York City drug business that in Harlem this person is invariably called a lieutenant and on the lower east side this person is called a manager.
8. The FEMDRIVE project is testing this hypothesis, among other

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IDENTIFICATION OF DRUG ABUSING
OFFENDERS:

A GUIDE FOR PRACTITIONERS

BY

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DRAFT REPORT

NOVEMBER 11, 1986

INTRODUCTION

In the current atmosphere of heightened concern about drug use in American society, there is a growing interest in the use of chemical tests, especially urine tests, for identifying drug users. While the public debate on drug testing has been generally limited to that of testing federal, state and local employees performing sensitive jobs, the National Institute of Justice has taken the lead in sponsoring research and discussion on the potential uses of drug testing by the criminal justice system. This paper draws heavily upon this growing body of research to present some of the issues relevant to the identification of drug abusing offenders. Because the intended audience for this paper is criminal justice practitioners who are faced with the decision of whether to identify drug abusing offenders, we have minimized the presentation of complex research findings. We will instead provide a summary of the salient issues and controversies surrounding this topic. Citations to the relevant research literature have been retained in the text, however, so that the interested reader may pursue this topic further.

This paper is divided into three sections. The first section examines why the systematic identification of drug abusing offenders might be beneficial to the criminal justice system. The second section reviews four methods that could be used to identify drug involved offenders. The final section places urine testing into the larger context of social policy and the legal and ethical issues that tend to arise when a jurisdiction attempts to introduce it.

I. Why identify the drug abusing offender?

This section reviews some of the reasons why a jurisdiction might choose to identify drug abusing offenders. Some of the potential costs and problems surrounding drug testing are presented in later sections.

To target active criminals

During the past decade, substantial information collected from diverse offender populations has converged to show that hard drug abusing offenders are especially likely to commit both drug and nondrug crimes at high rates (Wish and Johnson 1986c). Heroin addicts in Baltimore reported committing six times as many crimes during periods when they used narcotics frequently as in periods of lesser use (Ball et al. 1981; McGlothlin 1979). Violent predators, the most criminally active class of incarcerated persons, were distinguishable by their histories of juvenile drug abuse and adult high cost heroin habits (Chaiken and Chaiken 1982). Drug abuse in an offender has been a prominent item in many of the more useful criminologic scales designed to predict recidivism (Blumstein et al. 1986). In addition, recent studies of arrestees in Washington D.C. and New York City have found that persons positive by urinalysis at arrest for one or more hard drugs (usually cocaine, heroin or PCP) had a greater number of rearrests than arrestees with a negative test result (Toborg et al. 1986; Wish et al. 1986b). And perhaps most important, treatment-induced reductions in narcotics use have been found to be associated with concomitant reductions in individual crime rates (McGlothlin et al. 1977). While early research focused primarily upon the link between heroin use and crime, a number of recent studies have documented a growing role of

cocaine in street crime (Collins et al. 1985; Hunt et al. 1984; Johnson et al. 1985).

Onset of use and injection of the hard drugs such as heroin and cocaine usually occurs in the late teens or early twenties. For this reason, most research about the link between drug use and crime has been conducted with adult offenders. Illicit drug use has been linked to juvenile crime, however, although the nature of the drug use is somewhat different. Studies of the general youth population suggest that the frequent use of marijuana, pills and to some extent, cocaine, is associated with greater delinquency (Elliott and Huizinga 1984; Johnson et al. 1983). And new findings from a urine testing program of juvenile detainees in Tampa, Florida (Dembo et al. 1986ab) suggest that youths found positive for marijuana had a greater number of prior juvenile nondrug felony detentions than youths who tested negative.

The mechanisms behind the link between drug abuse and crime are complex. A number of empirical studies have documented the heterogeneity in the addict population (Stimson 1973; Nurco et al. 1981). Some addicts appear to be deeply involved in drug abuse and crime while others maintain their habits with little drug induced crime. The discussion of the the addicted criminal versus the criminal addict highlights the issue of most relevance to us (Kaplan 1983). According to Kaplan, some addicted heroin abusers commit crime directly as a result of their need for money for drugs, while for others their drug addiction merely coexists with their criminality. Drug abuse treatment would presumably be more effective for reducing crime in the addict who commits crime mainly as a result of his addiction.

We have conceptualized this distinction in terms of two models of offenders. The compulsive model provides an explanation for why heavy users of such expensive, dependence producing hard drugs as cocaine and heroin may commit many income producing crimes (e.g. robbery, larceny, burglary) . The typical offender processed by the criminal justice system has a limited education with few vocational skills. These drug abusers resort to crime because they lack the money required to sustain their drug habits. To some extent, these persons are victims of their addiction. The compulsive model does not explain, however, why the use of such inexpensive (and nondependence producing) illicit drugs as marijuana and PCP is also related to crime, (Dembo et al. 1986ab; Wish 1986a).

The second model is the deviance model. According to this model, some persons **choose** to use illicit drugs. These persons seek out illicit hard drugs and tend to engage in a variety of other deviant behaviors. According to this model, illicit drug use can be viewed as part of an unfolding process of developing deviance (Robins and Wish 1977). Many of these persons have been in trouble since childhood when they had problems in school and were arrested as juveniles. Most of the population never progresses to the chronic injection of a drug such as heroin. The persons who do, often have a long history of deviance that preceded their use of hard drugs (Robins 1979; Robins et al. 1980). For such persons, drug use is merely an indication of a deviant lifestyle.

Although we have suggested two motivational models of the association between drug abuse and crime, components of both models probably apply to any given offender. Our primary point is that by identifying those offenders who are using illicit hard drugs, one may be able to identify the segment of deviant persons who are most committed to criminal behavior. At the same time, one can attempt to differentiate those users who are primarily victims of their drug habits, who may be more responsive to

some form of drug abuse treatment.

To protect the community from crimes by persons on pretrial release, probation or parole

The pretrial period, the time between arrest and case disposition, is especially important to the criminal justice system and to the community because a decision is made soon after arrest whether to release the defendant until the next court appearance. Pretrial release agencies in each jurisdiction usually assemble information about the defendant in order to make a recommendation to the judge whether the person is a good risk to be released. Often times this information is based upon whether the defendant has sufficient community ties (a job, a stable residence) to conclude that s/he is likely to appear in court. Some pretrial release agencies enquire specifically about the defendant's drug abuse history but this information has limited use because the defendant's danger to the community is often not a legitimate criterion for the pretrial release decision.

Judges are often faulted when persons they have released pending trial are found to have committed another crime, especially a violent crime. Since persons who are found to be using a drug at arrest are more likely to have extensive prior arrest histories and a greater number of rearrests, one might suspect them to also perform poorer in the pretrial release period. Recent findings from a study of arrestees in New York City has found that persons positive by urinalysis at arrest for one or more drugs were at greater risk of pretrial rearrest than were persons who were negative for drugs (Wish et al. 1986b). Multiple drug users, persons positive primarily for heroin and cocaine consistently had the highest rates of rearrest. Preliminary analyses of their pretrial behavior also found higher rates of abscondence for drug positive arrestees.

Washington, DC is the only jurisdiction that routinely tests all arrestees for drug use by urinalysis. The test information as well as the information from a brief cellblock interview about prior drug use history are used by the judge to set the conditions of pretrial release. The judge may refer drug positive arrestees to treatment or urine monitoring as a condition of pretrial release (Carver 1986). Preliminary findings from this program indicate that pretrial crime is reduced in persons who appeared for repeated urine testing during the pretrial period (Bellassai 1986).

These findings are also applicable to persons who are released into the community at any stage of processing. Thus, we have found that persons who were positive by urinalysis for two or more drugs at arrest and who were subsequently sentenced to probation had worse probation outcomes than persons who were negative for drugs at arrest. It seems reasonable that by identifying drug abusing offenders one may be able to initiate interventions that will improve outcome while on pretrial release, parole or probation (Wish et al. 1986d).

To reduce jail or prison overcrowding

One of the unexpected by-products of the DC pretrial drug testing program is that rates of pretrial release have actually increased since the adoption of the program. Judges have noted that they are often more likely to release a suspected drug user because they now know that the D.C. Pretrial Release Agency will be monitoring their drug use (or refer them to treatment). The Municipal Court of Marion

County, Indiana is currently planning to establish a pretrial drug testing program that will enable more persons to be released from jail. Arrestees charged with specific minor offenses will be offered the chance to participate voluntarily in a pretrial drug testing program. The primary incentive for participation will be that the defendants, many of whom, would not be able to post bond, will be able to be released on their own recognizance and somewhat sooner than would normally be the case. To be released, the defendant will have to agree to appear for testing on 24 hours notice, and will have to pay \$75 to cover the costs of the tests over a six month period. The \$75 is below the amount of bail they would normally have to produce. According to the contract that they sign, the arrestee will be subject to a revocation hearing if he is found repeatedly to have dirty urines. Tentative plans are for the person to be referred to treatment after the second dirty urine, and to a revocation hearing after the third dirty urine. Assuming the success of such monitoring programs, other jurisdictions might consider establishing similar intensive supervision programs for probationers and parolees, in order to enable the release of more persons from prisons and jails (Wish et al. 1986d).

To reduce drug abuse and crime

Because drug abusing offenders account for a disproportionate share of all crime, a policy that focuses upon identifying drug abusing offenders and applying appropriate interventions has promise for producing a substantial impact on community crime and the overburdened criminal justice system. Certainly one would prefer to apply limited criminal justice resources to the most active offenders. There is growing evidence that criminal justice referral of offenders to drug abuse treatment programs, often accompanied by urine monitoring, can result in persons remaining longer in treatment and in a reduction in both drug use and crime (Anglin et al. 1984; Collins et al. 1983; Stitzer 1986). There is also the possibility that the mere act of introducing systematic methods for identifying drug abusing offenders will deter others from abusing drugs, as apparently was the case when large scale urine testing was adopted by the military. In addition, because younger offenders are less likely to inject hard drugs and to use heroin, identification of the youthful offender who is abusing such drugs as marijuana, PCP or cocaine has promise for enabling society to intervene in and prevent the progression to more extensive drug use (Dembo et al. 1986a; Wish 1986).

To address public health problems

Abusers of hard drugs, and especially persons who inject drugs, are at high risk for health problems (Goldstein and Hunt 1984). Intravenous (IV) drug users are especially at high risk for contracting AIDS by sharing dirty needles that contain blood from infected fellow addicts (Marmor et al. 1984). Prostitutes are also likely to have serious drug abuse and associated health problems. The probability of a urine positive for drugs was higher for female arrestees in New York City than for male arrestees (Wish et al. 1986b). And more than 69% of the prostitutes among the female arrestees studied in 1984 were positive for cocaine. These females frequently reported instances of childhood sexual abuse and protracted histories of emotional and health problems. Because prostitutes usually receive fines or very short sentences (often as time-served) they are usually back on the streets within hours of arrest, with no effort made to

identify and treat their drug abuse or health problems. Given that more than one half of the arrestees in Washington, DC and in New York City have been found to be positive by urinalysis for one or more drugs, it would seem that the criminal justice system offers an unusual opportunity to society for identifying persons in need of immediate health care.

To monitor community drug use trends

As illicit drugs become available in a community, the more deviant persons can be expected to be among those who first use them. In time, use spreads to the larger society. One might therefore predict that changes in the level of illicit drug use in an offender population would be a lead indicator of community drug use. A comparison of urine test results for arrestees in Washington D.C. with the traditional indicators of community drug use showed this to be the case (Wish 1982; Forst and Wish 1983). The rise in heroin use in Washington, DC between 1977 and 1980 showed up in the statistics from the arrestee urine testing program, one to 1.5 years before it appeared in local statistics on overdose deaths, hospital emergency room admissions and drug abuse treatment program admissions. The results from the current urine testing program in Washington have tracked the rising use of cocaine there in the 1980's. Results from our ongoing urinalysis research program in New York City have also documented the increase in cocaine use in the offender population in that city (Wish et al. 1986d).

The potential benefit of urine testing of offenders for tracking drug crime trends has prompted some interest by the National Institute of Justice in instituting a national drug-crime forecasting system based on urine samples obtained periodically from arrestees in large cities (Science, 1986). By operating a program of drug testing of arrestees on a regular basis, communities may derive a secondary bonus of being able to detect drug epidemics earlier, and being able to plan community responses. Furthermore, the impact of law enforcement and other interventions designed to reduce drug use and production can also be measured. A study of the feasibility of establishing urine screening in jail facilities conducted in the 1970's serendipitously uncovered the availability of propoxyphene in the area. These results alerted law enforcement agencies to the problem so that action to locate the suppliers could be taken (NIDA 1979).

II. How can one identify drug using offenders?

Offenders who chronically use (and especially inject) illicit drugs tend to be active criminals. It is important to remember, however, that while the drug-crime link is usually discussed in terms of a person's abuse of a drug, most chemical tests can only indicate that a person has used a drug. **In the criminal justice setting, drug tests should be viewed as providing a warning flag that triggers a more thorough examination of whether the person is a chronic drug abuser.**

In this section we review and compare the methods for identifying drug users that are most likely to be useful in a criminal justice setting. The methods discussed are offenders' self-reports, criminal justice records, urinalysis tests and hair analysis. We have excluded blood tests from consideration because of the general difficulty presented by drawing blood from large numbers of detainees as well as fears of transmission of AIDS. We also excluded breathalyzer tests because alcohol is a licit drug, is not in itself an

indicator of high rate criminal activity (Wish 1986e). We also excluded physical and behavioral signs of drug use and intoxication, primarily because they are already widely employed to identify the sick drug abusing offender who is experiencing withdrawal symptoms or strong drug reactions, but are of less utility for identifying other users. We do discuss hair analysis even though it is at an experimental stage and still very expensive, because it has some interesting potential advantages over the other techniques.

Criteria for comparing methods

The four techniques will be compared with regard to six characteristics. (1) Drugs detected. Some procedures are capable of detecting only a limited type of drugs. In discussing each technique, we will specify those drugs most relevant to drug abuse and crime that can be detected. We will not specify licit drugs that can be detected, when there is little reason to expect that their use is related to crime. (2) Time span covered. The length of time after ingestion that a drug can be detected is very important for estimating when the person used the drug. It is also important when one is retesting a person over time --one does not want to repeat the test so soon that the person may continue to be positive even though no new use has occurred. (3) Accuracy. The accuracy of a technique is extremely important. Especially when one's liberty is at stake, one does not want to use a technique that has a high rate of false positive errors (designating use when the person did not use the drug). Similarly, one wants to avoid a preponderance of false negative errors (failing to detect drug use). (4) Cost. When large scale adoption of identification techniques is being considered, the cost is usually of great concern. (5) Drug use vs. abuse. Finally, we will compare each method's ability to distinguish occasional drug use from chronic drug abuse.

Offenders' self-reports

There is a long tradition in social science research of being able to obtain valid self-reports about deviant behaviors, including illicit drug use. Some of our best estimates of drug use have come from studies involving personal interviews or self-administered questionnaires (Robins 1974; Elliott and Huizinga 1984; O'Donnell et al. 1976, McGlothlin et al. 1977; Johnston et al. 1977) The validity of the information obtained in these studies has usually been tested and affirmed by comparing the respondent's self-reports with information in official records or the results of a urinalysis of a specimen obtained at the conclusion of the interview (Wish and Johnson 1986; Harrell 1985). Even when we have interviewed active criminals in our secure, confidential research storefront in East Harlem, we have found considerable agreement between self-reported drug use and the urine tests (Wish et al. 1983ab). Among the most important reasons why the respondents in these studies appear willing to disclose sensitive information about themselves are that the data are collected voluntarily, for research purposes only, in a safe environment, and that the anonymity and confidentiality of the information is assured.

Unfortunately these are conditions that do not exist when attempting to identify drug using offenders detained by the criminal justice system. The evidence is convincing that persons detained in the criminal justice system will severely underreport their recent drug use, even in a voluntary, confidential research interview. The table below compares the estimates of drug use obtained in an arrestee

population from self-reports in a research interview with their urine specimens analyzed by EMIT tests (Wish et al. 1986b). It is clear that twice as many arrestees were found positive for any drug by urinalysis

TABLE 1
EVEN IN A CONFIDENTIAL RESEARCH INTERVIEW,
ARRESTEES UNDERREPORTED THE RECENT
USE OF DRUGS

	REPORTED USING DRUG 24-48 HRS. BEFORE ARREST (n=4847)	POSITIVE BY EMIT AT ARREST (n=4847)
	%	%
Cocaine	20%	42%
Opiates	14%	21%
Methadone	6%	8%
PCP	3%	12%
Any of the above:	28%	56%
2+ of above:	11%	23%

than admitted to recent use in a confidential voluntary research interview in Manhattan Central Booking. And the arrestees who refused to participate in the confidential research interview had a high likelihood of rearrest similar to what was found for arrestees who provided a urine that was positive for multiple drugs. When the pretrial release interview information was compared with their urinalysis test results, arrestees in Washington, DC. were also been found to underreport their recent use of drugs (Toborg 1986). Similar findings were obtained from a recent study of probationers assigned to the intensive supervision probation program in New York City (Wish et al. 1986d). In that study, only 24% of the probationers admitted to recent use of a drug in a research interview held in a private area in the probation department office, while 68% were positive by urinalysis.

If one cannot obtain valid self-reports of recent drug use in a voluntary confidential research interview held within the criminal justice system, it is obvious that one could not do so when the information is to become part of an official record and to be used to make important decisions regarding referral to treatment or urine monitoring.

In spite of these limitations, there are uses for self-reports for identifying drug users detained by the criminal justice system. Although self-reports would detect only a small portion of drug users, the persons who do admit to drug use are a bona fide group for further action. A study of juvenile detainees (Dembo et al. 1986b) found that youths who admitted marijuana use but were negative by urinalysis had detention records that were more similar to persons positive for marijuana than to youths who were negative by test and self-report. The authors conclude that it would be beneficial to select out for action

youths who were positive by urine test or who reported recent drug use.

Although self-report information is a poor indicator of the recent use of a drug, it probably is one of the best methods available for ascertaining drug abuse. Most other sources of information about drug use indicate only that use has occurred at least once. One must then go to the person or to a friend or family member to verify the level and seriousness of drug involvement. Persons found positive by another technique, such as urinalysis, can be confronted with the test results and given an opportunity to discuss their drug abuse problems. Probation or parole officers could employ a chemical test and then sit down with the person to verify abuse and the need for treatment.

Obtaining self-report information is relatively cost-effective, assuming that trained staff are already available to meet with offenders and counsel them regarding their drug use. Self-reports are probably the only reasonable way of obtaining historical information about drug abuse. Once a person is willing to disclose that s/he has used drugs, it is possible to get valid information about age of onset and progression of use. It is also possible to obtain information regarding a variety of drugs that are being abused on the street. Surveys have typically used pictures of pills to help persons to identify abused drugs.

In summary, self-report information can be very valuable for obtaining indepth details about drug abuse, if the offender is willing to disclose the information. It is a poor method to rely on as the primary tool for uncovering drug users detained in the criminal justice system. The most promising place for using offender self-reports in the criminal justice setting is probably in conjunction with other evidence of drug use or involvement that can be used to motivate the offender to discuss his behavior.

Criminal justice records

The criminal justice system maintains extensive files of information on offenders. The amount of information about any given person, of course, depends upon the number of times they have been arrested and the extent of processing. Thus, while all arrestees should have an arrest report containing some demographic details, only convicted persons may have a more extensive presentence investigation report (PSI) or probation or parole records. Given the discussion of offender self-reports above, and that much of the information in these records is obtained from the offender, it is not surprising to find that information about the offender's involvement in drugs is often minimal and unreliable (Goldstein 1986).

Even when an arrest report has a place to enter information about the arrestee's drug use, it typically is not completed. This is probably because the police officer often is unaware of the arrestee's involvement with drugs and because information not of immediate relevance to an officer tends not to be reliably entered into a data system. Even in Washington, D.C. which has installed the PROMIS (prosecutor's management information system) system to track case information, the arresting officers identified as drug involved only 22% of the persons who were found positive for drugs at arrest by urinalysis (Wish et al. 1981). Pre-sentence investigation reports should contain more information about the offender's background. However, in the absence of urine tests, the investigator must rely upon the defendant's admission of drug use or that from a family member. And in large cities, the time and resources available for soliciting such information is limited.

If records do not contain detailed information about drug involvement, can a person's record of arrest or convictions for a drug offense serve as an accurate indicator of drug use? The evidence indicates that persons charged with the sale or possession of controlled substances are most likely to be drug users. Almost three quarters of male arrestees in NYC (and of arrestees in Washington DC) charged with these offenses in 1984 were positive for opiates, cocaine, methadone or PCP. However, more than one half the persons charged with robbery, burglary, larceny, or murder were also positive for drugs (Wish et al. 1986). And 56% of the arrestees were positive for a drug when only 20% of the sample were charged with a drug offense. Only 10% of the 17,000 male and female arrestees drug positive by urinalysis in Washington, DC in 1973-4 were charged with a drug offense (Wish et al. 1981). Thus, while offenders with a history of drug offenses are most likely to be using drugs, it is clear that offenders charged with a variety of other offenses may be drug users. By relying solely upon a drug offense to identify the drug user, one would miss the majority of them.

If the information were valid and routinely recorded, criminal justice records could be a valuable source of information about an offender's drug involvement. Although, the records might not contain information about current use, they could over time serve as a source of information regarding patterns of prior abuse and treatment. Because only serious consequences of drug abuse would probably trigger a notation in records, information would probably focus on drugs like PCP and LSD which may cause visible bizarre behavior, or injectable drugs like heroin or cocaine that may result in physical signs of abuse or treatment entry. Because much of the data reporting apparatus is already in place throughout the criminal justice system, the cost of refining and including detailed drug information in criminal justice records may not be substantial.

Urinalysis tests

In recent years urinalysis tests have received considerable attention as a source of information about an offender's drug use (Wish 1982; Forst and Wish 1983). It should be noted, however, that researchers have been using the tests for the past 15 years as a means to validate information obtained in interviews about recent drug use. And drug abuse treatment programs have often monitored patients' drug use by urinalysis (McGlothlin et al. 1977). Urine tests were employed successfully by the Department of Defense to screen army personnel before they left Vietnam for the States in the 1970's, and in recent years to combat a growing drug use problem. Furthermore, in the initial years of the federally sponsored TASC (treatment alternatives to street crimes) program, urinalysis was used to identify drug using offenders for diversion into treatment programs. Urine tests have been used by the U.S. Department of Probation and by local probation departments to screen suspected drug users. Mass screening of offender populations for drugs has been used only in Washington, DC, however, where all arrestees detained in the Superior Court lock-up prior to court appearance have been tested, since 1971.

There are a number of possible urinalysis techniques and a common error made by persons who are assessing the validity of drug testing is to fail to consider the type of test used. Until recently, most urine testing of offenders in the criminal justice system and in treatment programs was conducted using a thin layer chromatography (TLC) general screen. This technique, which looks especially economical because it

can detect a variety of drugs, is in fact a very subjective process. After processing the specimen and placing drops of a solution on a plate, the technician must wait for a chemical reaction to occur that results in spots developing on the plate. The location of the spot is then interpreted as the presence of a specific drug. Although there are TLC tests designed to detect individual drugs that are considered highly accurate, the general screen appears to be less sensitive for the detection of the most common street drugs (Wish et al. 1983b; Magura et al. , 1987).

Primarily because of their low cost and ease of use, the most commonly used urine tests today are the EMIT (enzyme multiplied immune test) tests. These tests involve a chemical reaction of the specimen with an antibody designed to react to a specific drug. The chemical reaction causes a change in the specimen's transmission of light. This change in transmissibility is detected by a machine that provides a quantitative reading that is compared with the reading from a standard solution containing a known concentration of the drug. If the reading from the specimen is higher than that of the standard, the specimen is positive for that drug. Because the determination of a positive is based on specific numbers, the level of subjectivity required by the EMIT test is less than that required by TLC. TLC looks more economical because for approximately \$2.00 one can screen for as many as 20 different types of drugs. EMIT tests are specific to one drug, and cost between \$1.00 and \$5.00 for each drug tested. (These are high volume, reduced costs charged to researchers by the New York State Division of Substance Abuse Testing Laboratory.)

Below is a comparison of the results from 4847 specimens obtained from arrestees in New York City and tested by TLC and the comparable EMIT technique, by the New York State Testing Laboratory:

TABLE 2

DRUGS DETECTED IN URINE SPECIMENS FROM
MALE ARRESTEES, BY TYPE OF TEST
(n=4847 Specimens)

<u>Drug Detected</u>	<u>TLC</u>	<u>EMIT</u>
Cocaine	14%	42%
Opiates (morphine)	9%	21%
PCP	NA	12%
Methadone	4%	8%

It is clear that the TLC test underdetects the common street drugs by almost two-thirds. Many laboratories have used a two-test approach to identifying drugs. They would first screen for drugs using TLC and then confirm any positive result by an EMIT test. Such a procedure would clearly result in many drug users escaping detection. As a result of the findings above, agencies are sensitive to this issue and EMIT tests are being substituted for TLC tests across the country. (Both the Washington DC arrestee testing program

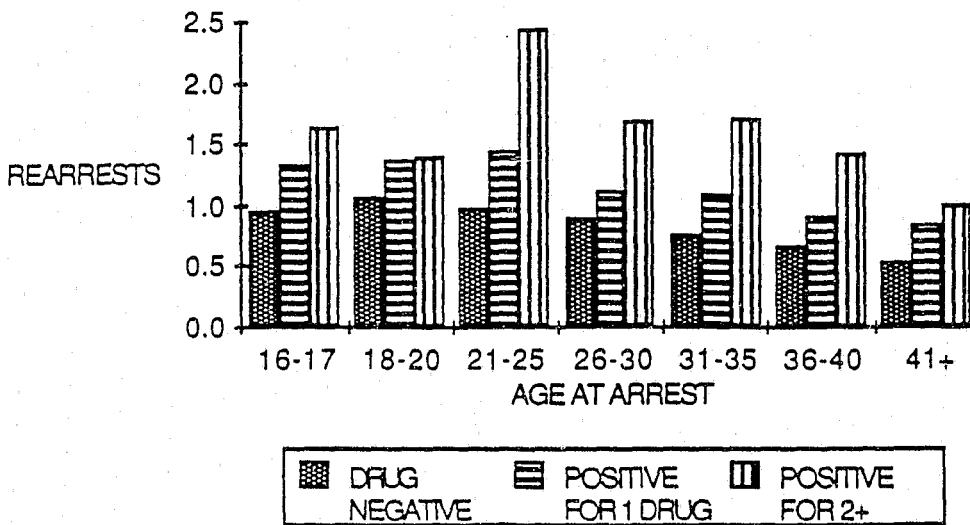
and the federal probation testing program now use EMIT tests.)

The growing popularity of the EMIT tests has made them especially susceptible to public attack and criticism. The primary criticism raised is that the EMIT tests are inaccurate and have too high a rate of false positive errors (Morgan 1984). Much of the debate surrounds the possibility that some common licit drugs can cross-react with the test's reagents to produce a positive result. Furthermore, the EMIT test for opiates, will detect heroin (morphine) as well as prescribed drugs such as codeine. There has also been some controversy whether an EMIT test for marijuana can detect the substance in someone who has merely inhaled the smoke from other persons (passive inhalation). This particular problem has been circumvented by setting the test threshold so high that passive inhalation should not produce a positive. The manufacturer of the tests says that the EMIT results are approximately 98% accurate and that errors are biased towards false negatives. To many persons, this is too large a degree of error, when a person's employment or liberty hangs in the balance. Because of these potential problems, many laboratories whose findings have dire consequences for a person will confirm the positive test result by retesting the same specimen with other techniques. Specimens are often split with one batch retained for a specific period, in case the result is challenged.

Even though urine tests do contain some degree of error, the evidence is strong that the tests have a high degree of validity and the EMIT tests are becoming more accepted by the judiciary (see section below on court tests of the reliability of urine tests). Furthermore, the construct validity of urine tests, the evidence that the relationships found with the tests are consistent with the current knowledge about drug use, is impressive. Studies of arrestees and probationers in New York City and Washington, D.C. have found hypothesized relationships between detected drug use and age, prior arrest history, type of arrest charge and recidivism (Wish and Johnson 1986; Wish et al. 1986b; Toborg 1986). And a positive test for marijuana was related to greater lifetime use of marijuana and a greater number of juvenile detentions in juveniles in Tampa (Dembo et al. 1986b). In fact, we first discovered the lesser sensitivity of the TLC test because the analyses of specimens from unapprehended offenders being interviewed in a research storefront in East Harlem did not confirm the heavy drug use that these persons were reporting! Only after the EMIT tests were used was the claimed drug use verified by the urine tests (Wish et al. 1983b).

Perhaps of primary significance is the finding from studies in Washington, D.C. and New York that not only the presence of a drug, but the **number** of drugs detected was related to criminal behavior. The figure below shows that for all age groups, arrestees positive for two or more drugs (usually cocaine and opiates) had the greatest number of rearrests. Furthermore, 60% of the rearrests for multiple drug users were for offenses other than the sale or possession of drugs.

MEAN NUMBER OF REARRESTS, BY
URINE TEST AND AGE



Measures rearrests in an 11-17 month period after the index arrest. These findings do not control for time at risk on the street. Differences would be expected to be more extreme, however, because drug users were somewhat more likely to be remanded after arraignment than were nonusers.

There are other urinalysis techniques for detecting drugs, including radioimmunoassay, gas chromatography and mass spectrometry. These techniques tend to be too costly and time consuming to be used as the initial test in large scale testing programs. They do have a place for use as confirmation tests, however.

The level of accuracy required for the use of urinalysis tests in the criminal justice setting to make decisions about persons evokes considerable debate. Of most concern is the possibility that a person will be erroneously labeled a drug user (false positive error). Although false positive test results are possible they tend to be very rare, primarily because the tests are designed to set high thresholds that minimize false positive errors, even at the expense of more false negative errors. When testing offender populations, the risk of a false positive is even smaller, given the high prevalence of drug use in the criminal population...The courts have tended to apply a higher burden of proof when testing innocent persons near the time of arrest than convicted persons at the time of probation or parole. Much of the controversy therefore depends upon the stage in processing that urine testing is to be introduced.

A recent study from the Center for Disease Control (CDC) has been cited for its report of substantial errors in the results from the 13 labs that were surveyed (Hansen 1985). In a blind experiment, the CDC sent a group of blank urine specimens as well as specimens containing known quantities of drugs to the labs for analysis (the specific urinalysis tests used by the labs were not specified). The study found that while some labs failed to detect specific drugs contained in the specimens, few instances occurred where a lab reported a drug in one of the blank specimens. In fact, the average accuracy of the analyses of the blank specimens was 99% and there were so few false positive results that the analyses of this issue were limited.

Our experience using urine tests also indicates that the problem of false negatives is much larger than that of false positive errors. In contrast to controlled laboratory experiments, when one tests for illicit drugs in offenders one cannot control for so many of the factors that influence the concentration of the drug in the urine. The quantity of the drug taken, its purity, and its time since ingestion, are unknown. It is therefore somewhat amazing when a test does detect a drug! Our studies show that even when a person admits to taking a drug during the prior one or two days covered by the test, it is found in only 70% to 80% of the cases. Many drug users will, thus, escape detection by urinalysis.

The problem of false positive test errors, although small, can be resolved by retesting the specimen with the same or an alternative method, or by conducting repeated tests of a person over time. If an initial positive test result were viewed as a warning flag requiring repeated testing at unannounced random intervals, it would be possible to reduce the level of false positive to a miniscule level. For example, if the rate of error for a test were the 2% claimed by the manufacturer and the errors were unsystematic, the probability of an erroneous result occurring on the original test and a retest would be $(.02)^2$ or 4 in 10,000. The chance of having false positive test results for two drugs found in one specimen is equally unlikely, thus making our findings regarding the higher criminality of detected multiple drug users more significant. It may be that the issue of false positive test results can be minimized by focusing on persons found positive for two or more drugs, who tend to be the most active offenders, anyway.

Perhaps the largest threat to the validity of urine tests lies in the quality of the procedures followed in obtaining the urine specimen and in processing the specimen. Numerous anecdotes exist of the extremes that persons will go to, to escape detection from a urine test. In studying Vietnam veterans, we learned of a person who tried to circumvent the tests upon departure by approaching a man at the airport as he was deplaning and offering to trade some opium for a "clean" urine. See also Kaplan's report of some of the methods used to avoid the test (cited in Kaplan 1983, p. 211). A second problem is the quality control procedures of the laboratory itself (Hansen 1985). Sloppy recording procedures and failure to maintain the chain of custody of the specimen can result in disastrous errors. Unfortunately, no standards have been established for laboratory procedures. The best guard against faulty laboratory procedures is to periodically include in the specimens sent to a laboratory several specimens containing known amounts of the drugs tested for (and some containing no drugs) so that the accuracy can be monitored.

The cost of the EMIT test is relatively low. A jurisdiction could periodically test for a range of drugs to determine the most commonly abused substances in the area. The routine testing could then be limited to those two or three drugs of most concern. The time span for which an EMIT test is sensitive varies by drug. For cocaine and the opiates it is usually up to 72 hours. For PCP and marijuana, it can be as long as a month. Care must be taken when retesting persons over time so that the second test does not again pick up the initial use. Below is a list of the more common drugs detected by EMIT tests and the time span covered:

<u>Drug Detected</u>	<u>Approximate time span</u>
Opiates	24-72 hrs.
Cocaine (benzoylecognine)	24-72 hrs.
Methadone	24-72 hrs.
Phencyclidine (PCP)	10-15 days
Cannabinoid (THC-marijuana)	15 days
Benzodiazepine (Valium)	15 days
Amphetamines	24-48 hrs.

The urine tests clearly can only indicate drug use. Not all persons positive on one test are chronic users of the drug. Our study of arrestees in New York City have indicated, however, that 84% of the persons positive at an index arrest were positive again at a subsequent arrest, although not necessarily with the same drug. It is unknown what proportion of offenders who are found positive are seriously involved with drugs. For this reason, a positive urine test should be used with other information (self-reports, criminal justice records, or repeated urine testings) to determine whether the offender chronically abuses drugs.

Hair analysis

Radioimmunoassay of hair, RIAH, is an experimental procedure with unusual potential for drug detection. As hair is formed in the scalp, the cells are nourished by the blood, and drugs present in the blood are encoded in the cells at the root level. One can extract the drugs from the hair and analyze them by radioimmunoassay. Researchers have found that the level of the drug taken is correlated with the amount deposited in the hair cells. Perhaps of most importance is that one can obtain a historical record of the level of drug use of the person. While hair at the scalp level contains evidence of current use, hair further from the root contains evidence of use months ago when it was formed. Thus, by analyzing sections of hair (especially in persons with long hair!), one can discern a trend in drug use over time (Thanepohn 1986; Witherspoon and Trapani 19). Procedures are available for detecting the most commonly abused drugs.

One possible advantages of RIAH is that one cannot easily fake the test. For example, one cannot suspend use before a scheduled test to avoid detection. Once the drug is encoded in the hair, it remains there for months. And the technique of obtaining hair is non-invasive and less objectionable to some persons than that of obtaining urine. The analysis can provide evidence of the level and trend of use over time. In addition, if the test is inconclusive or a retest is required, one can more easily (than urine) obtain a similar sample for analysis. The largest drawbacks to the test include the fact that it requires radioactive materials and the types of precautions usually needed in handling such substances, the cost (roughly \$30 per drug tested), the turnaround time of approximately 24 hours, and the unavailability of standardized and accepted extraction techniques. In addition, there is some possibility that the content of the hair can be influenced by environmental contaminants (Puschel et al. 1983). Although we are aware of no test of this possibility, it seems plausible that a person's hair could absorb a drug from the air simply by being in

the presence of other persons who are smoking the substance (similar to the passive inhalation problem of urine tests for marijuana).

The National Institute of Justice is currently funding a research project on the validity of RIAH in the probation population, conducted by Werner Baumgartner, the leading developer and proponent of the technique. Even if this research confirms the utility of RIAH, the long turnaround time for the analysis and the cost, may prohibit the adoption of the method for large scale screening of offenders. In addition, it will take considerable time for the courts and the scientific community to acknowledge the validity of the new technique. If the technique is eventually accepted and the analysis time remains long, the technique will most likely be less useful than other techniques for testing arrestees pretrial, where the judge typically requires the results quickly at the time of arraignment. Perhaps the most valuable use for RIAH with offenders, will be for the confirmation of the results of other tests and for the verification of changes in the person's pattern of use.

Summary

Table 3 summarizes our discussion of the primary characteristics of the four techniques for identifying drug users. Our conclusion is that in a criminal justice setting, urine tests are the most feasible method now available for screening large numbers of offenders for drug use. The primary limitation of self-report and record information is that these sources will underdetect drug use. However, this is not to say that evidence of drug use from records or self-reports is totally invalid. Self-report and record information can be effectively used to verify and extend information about seriousness of use in persons with a positive urine test result. Urine tests can also be used to monitor drug use in persons released to the community during the pretrial and postsentence periods. The newer RIAH methods offer great promise for delineating patterns of drug use over time, if the method is valid, can be standardized, and gains acceptance from the scientific and judicial communities.

TABLE 3

COMPARISON OF FOUR TECHNIQUES FOR IDENTIFYING DRUG USING OFFENDERS

CHARACTERISTICS	SELF-REPORTS	OFFICIAL CJS RECORDS	URINE TESTS	RADIOIMMUNOASSAY OF HAIR (RIAH)
TYPES OF DRUGS DETECTED:	All drugs.	Limited to drugs causing attention by bizarre behavior/sale/treatment.	All commonly abused drugs.	All commonly abused drugs.
ACCURACY/ VALIDITY:	Poor in criminal justice settings; good, in neutral settings or if person wants to talk.	Poor; often missing from records and consists of anecdotes.	Depends on test; EMIT better than TLC.	Too soon to tell; early reports suggest it is more sensitive than urinalysis.
COST:	Depends on whether new staff are needed to conduct interviews.	Low, if maintained by existing staff in available data systems.	EMIT: \$1 - \$5/drug TLC: \$2 for a multidrug screen.	At least \$30 for each drug.
PERIOD OF USE DETECTED:	Current and lifetime.	Depending on record detail, could include recent and lifetime.	Varies by drug; Heroin/cocaine last 24-72 hrs. PCP, marijuana, up to 1 month.	Months.
DIFFERENTIATE USER FROM ABUSER?	Yes	Yes, if details have been recorded.	Only by repeated testings.	Can provide record of chronic use over times.
COMMENTS:	Poor technique for mass screening for drug use. Is best method for diagnosing abuse, once use is known.	Records on drug involvement are too incomplete to be useful. Large potential value exists if recording is improved.	Best technique for mass screening. Can only indicate one-time use. Confirmation by retest or other data sources needed to verify abuse.	Experimental techniques; turn around time of 24 hours lessens feasibility for pre-trial use when results are needed quickly. May prove to be an excellent means to confirm other indicators of drug use and to track individual patterns.

III. POLICY ISSUES RELATED TO URINE TESTING

As we noted above, urine testing appears to be the most feasible and cost effective method available for screening large numbers of offenders for drug use. Only one jurisdiction, Washington, DC, routinely tests all arrestees for drug use by urinalysis. Indianapolis is currently establishing a pretrial drug testing program and other programs will undoubtedly be initiated, in view of the funding that has been provided to the Bureau of Justice Assistance (BJA) to replicate Washington's successful program (Carver 1986). We are aware of no systematic urine testing program at the postsentence stage, although there are probation and parole departments that encourage testing of persons suspected of drug use, or that rely upon treatment programs to monitor persons whom they have referred.

Practitioners wishing to initiate a urine testing program within the criminal justice system will need to consider carefully the statutory and political climate in their jurisdiction. Urine testing of public employees has become a controversial subject. Primarily because of the limited use of urine testing (until recently) by the criminal justice system, there has been less publicity and discussion of the issues that relate to testing persons detained by the criminal justice system. It is clear from the experiences of the Washington program and the developing program in Indianapolis, however, that many of the issues and criticisms raised about drug testing in the workplace will be raised when testing offenders. In this section, we review briefly some of the more significant legal and practical issues that the interested practitioner will need consider in deciding how to initiate a urine testing program.

Legal concerns

Fourth Amendment: Illegal Search and Seizure. In congressional testimony regarding President Reagan's Executive Order 12564 requiring each Executive Agency to establish drug testing for employees in sensitive positions, Allen Adler (1986), from the American Civil Liberties Union, raised concerns about the possibility that a mandatory urine testing of employees violated constitutional protections from illegal search and seizures. According to Adler, "federal and state courts that have recently considered mandatory drug testing requirements imposed by government authority have held them to be unreasonable and therefore unconstitutional if they were not based on a standard of individualized suspicion (sic)." It is argued that the invasion of privacy costs are too great to justify the testing of persons at random, in the absence of a clear indication that drug use will be found.

Adler notes some instances when mandatory urine testing has been sustained by the courts when there were unique institutional requirements. For example, tests for jockeys have been upheld in the context of regulation of and reduction of the criminal influence in the racetrack industry (Shoemaker v. Handel, 1986), for prison inmates for security needs (Storms v. Coughlin, 1984) and in the military (Committee for G.I. Rights v. Callaway 1975).

The legality of mandatory testing of offenders will probably depend upon the stage at which testing is introduced. Some persons believe that it is improper to require tests of persons at the pretrial stage when they are presumed to be innocent. Others argue that because an arrest results from probable

cause that the person has committed a crime, and arrestees have reduced Fourth Amendment rights, it is legal to require testing of arrestees. The pretrial testing program in Washington, DC has been operating since 1971 without a challenge of its constitutionality. Furthermore, judges in Washington have embraced the program because they maintain that it provides them with information needed to make a pretrial release decision (Carver 1986). Some judges claim they are even more likely to release a defendant into the community because they know that the person's drug problem is being addressed by the Pretrial Services Agency's testing and treatment referral program.

Given the evidence that illicit drug use is prevalent in almost two thirds of the offender population in Washington, DC and in New York City, and the link between drug use and pretrial crime and abscondence, the courts may eventually uphold the legitimacy of mandatory urine screening at the pretrial stage. The legality of urine testing will probably depend upon each program's aims and procedures. For example, the program in Indianapolis will provide the arrestee with sufficient incentives for participating (quicker release and in some cases, release when the person would normally have been unable to arrange for bail), so that the program can be voluntary.

The issue of the legality of mandatory testing changes somewhat for probationers and parolees. Probation officers often have the right to require urine tests in order to enforce the conditions of probation requiring abstention from illicit drug use. Similar rights may also apply to parole officers.

Fourteenth Amendment: Due Process Rights-Reliability of urine tests. Perhaps the most litigation has been conducted over the accuracy of urine tests and whether punitive actions taken against a person on the basis of a single unconfirmed urine test is a violation of the Fourteenth Amendment's guarantees of due process. Because of its extensive use, most of this discussion has concerned the accuracy of the EMIT tests. Part of the controversy is a result of the Syva Corporation's instructions regarding the advisability of confirming a positive EMIT test by an alternative testing method when a person's job or liberty is at stake. Problems of cross reactivity will be reduced if an alternative technique that does not depend upon a similar chemical reaction is used.

The validity of urine test results is often measured in court by what is known as the Frye test. This ruling states that a test is valid if it has received general scientific acceptance (*Frye v. United States*, 293 F. 1013). Thus, most cases include a procession of expert witnesses who present the proper procedures to follow for performing the tests and discuss whether the test has gained general scientific acceptance. The institution that has employed the test must also demonstrate an unbroken chain of custody for the specimen, that includes an explicit description of the procedures for collecting, storing, testing and recording of the test results. The court decisions tend to differ by jurisdiction and institutional setting and a number of key cases are still awaiting determination.

In *Smith v. State*, 250 Ga. 438, 298 S.E.2d 482 (1983) the Supreme Court of Georgia upheld the plaintiff's probation revocation that was based on one unconfirmed EMIT test for marijuana, by determining that the evidence from the EMIT test was reliable and sufficient. The court did not rule on the constitutional implications for imposing sanctions on the basis of an unconfirmed test result, however. On the other hand, the United States District Court for the District of North Dakota held that prison officials

could impose sanctions on prisoners based upon an unconfirmed EMIT test (*Jensen v. Lick*, 589 F.Supp. 35, 1984). Referring to a Centers for Disease Control (CDC) study showing that the EMIT tests were 90% to 99% accurate, the federal judge found that the accuracy of Emit test results was "tantamount to almost complete certainty." And in *Denike v. Fauver*, No. 83-2737, 1983 the United States District Court in New Jersey dismissed a case challenging the use of an EMIT test without confirmation by an alternative method, without ruling on whether the plaintiffs had been denied due process.

The Massachusetts Superior Court has ruled, however, that no EMIT test could be used as evidence in a disciplinary hearing and no disciplinary action could be taken unless the EMIT test was confirmed by an alternative method of analysis (*Kane v. Fair*, 33 Cr.L. 2492). The Rutland Superior Court in Vermont also held that a single EMIT test was not scientifically reliable. The court found that confirmation of a positive result by mass-spectroscopy was 100% reliable and optimal but that confirmation by thin layer chromatography indicated the presence of a drug beyond a reasonable doubt and was acceptable. The court held that a prisoner's loss of liberty because of an unconfirmed test result was a violation of the prisoner's minimum fundamental fairness and due process rights (*Johnson v. Walton*, No. 561-84 Rm. 1985). In *Storms v. Coughlin*, 600 F.Supp. 1214, 1984, the judge in deliberating on the reliability of an unconfirmed EMIT test, noted problems where the test result was used as the sole evidence of drug use in the absence of supporting behavioral evidence. He also was concerned by the unavailability of the specimen in question to permit the defendant to confirm the EMIT result using another method. And the Federal District Court of Kentucky recently sustained a preliminary injunction against imposing sanctions on prisoners based on an unconfirmed EMIT test (*Higgs v. Wilson*, 616 F.Supp. 226, 1985).

The courts have also ruled on the appropriateness of using a second EMIT test to confirm an initial positive result. In *Peranzo v. Coughlin*, 608 F.Supp. 1504, 1985, the district court from the Southern District of New York refused to grant injunctive relief to prisoners where EMIT results were confirmed by a second EMIT test. Concluding that 95% certainty was evidence that was beyond a reasonable doubt, the judge referred to studies that found that EMIT tests had an accuracy of 96%. And the U.S. District Court of Indiana ruled that an EMIT test result for marijuana that was confirmed by thin layer chromatography was sufficient evidence to support disciplinary action against a prisoner and that future EMIT results should be confirmed by TLC or a second EMIT test or its equivalent (*Wykoff v. Resig*, 613 F.Supp. 1504, 1985). The judge also discussed the types of procedures that should be followed in maintaining the chain of custody of the specimen:

The Indiana DOC should seal urine samples in the presence of the inmate donor, keep a written record on the location and transportation of urine samples at all times, and while the samples are still in the possession of the DOC, it should store the urine samples in locked refrigerators with very limited access. Furthermore, the minimum due process requirements defined in *Wolff v. McDonnell*, *supra*, requires that inmates receive a duplicate copy of the EMIT test results from the laboratory which conducted such test.

It is clear that the acceptability of EMIT test results with criminal justice detainees varies from court to court. Practitioners considering the establishment of urine testing will have to review the applicable case law in their state. The above rulings have concerned the use of EMIT tests to discipline convicted persons. The decisions might differ if the tests were used with pretrial detainees or if they were used

primarily to refer persons to treatment. Similarly, the decisions regarding tests for marijuana use may not apply directly to tests that detect the dependence producing drugs of heroin and cocaine. Nevertheless, practitioners should probably plan to confirm positive test results by retesting the same specimen by the same test or with an alternative testing method. In instances when the test result will be used to discipline a person, a portion of the specimen should probably be retained and stored for testing by an alternative method, if challenged. An additional strategy could be to administer a series of (unscheduled) tests to the same person over time. This procedure would reduce the possibility of an erroneous test result and could be used to establish evidence of a pattern of drug use. In a recent proceeding, a D.C. Superior Court judge ruled that a defendant could be held in contempt of court for illicit drug use (PCP) while on pretrial release because the EMIT test for PCP was reliable and the defendant was positive on 16 tests over a 60 day period (U.S. vs. Roy, Sup. Ct. D.C., No. M12098-84, 1985).

Other relevant issues

There are a number of other legal and ethical issues that occur in relation to urine testing. Among the most important is whether the testing program could result in additional harm to the offender. While no one is suggesting that urine tests be used to make a determination of guilt or for increasing the charges against an arrestee, some jurisdictions may want to use the results to influence the sentencing process. Thus, a convicted drug user could be mandated to treatment and/or be given a longer sentence. It is also conceivable that a person arrested for a minor offense could find himself in more trouble with the court by participating in a drug testing program (if he repeatedly tests positive), than he would have been for the original arrest charge. Unintended penalties could also result from a person's refusal to take a test. Some persons have argued that the level of individual prediction afforded by a urine test result is too low to be used to make decisions about a person's liberty. Others have argued that the information from the drug test should be used, but in conjunction with other information available about the person. A final important issue that must be considered is the confidentiality of test result information. Is information about drug use at arrest to be made available at the time of sentencing or parole? It is clear that a danger exists for a person to be labeled a drug user for some time after a positive test result. Specific plans for maintaining the accuracy and confidentiality of all test results must be developed.

Practical Issues

Perhaps the greatest danger in the area of urine testing of offenders is the mistaken belief that the testing in itself will solve the drug abuse problem. Urine testing, should be viewed as only the first step to be taken in addressing the drug-crime problem. Testing will uncover the magnitude of the drug problem in a jurisdiction. In the absence of well developed plans about how the information is to be used, the program will fail. Drug abuse treatment facilities in most large cities are filled to capacity and will require new resources to handle an influx of new admissions. Similarly, a program that results in more detentions would add to the problems of an overcrowded jail and prison system. The practitioner must therefore have a firmly developed strategy in place before urine testing is adopted. The worst scenario would be to introduce urine testing without having made provisions for the large number of drug users that will be

detected. Long before the tests are introduced, discussions should be held with the relevant criminal justice and treatment agencies that must deal with the repercussions of the testing. To aid practitioners we include below a list of the more important questions that should be addressed in the early stages of the development of a urine testing program:

- What are the goals of the program? Release of detainees? Detection of career criminals? Treatment for drug abusers?
- Who is to be tested? All arrestees? Probationers, parolees? Males or females?
- What are the statutory constraints on drug testing in the state and local jurisdiction?
- When in the processing will the persons be tested? Who will supervise the collection of specimens?
- What drugs will be tested for?
- What types of tests will be used and will there be confirmation of positive results? How?
- What specific actions will be taken with regard to treatment for drug abuse? Will the person be required to stay in treatment? For how long?
- Will some form of periodic urine monitoring be employed? For how long? Who will pay for it? What happens to persons with repeated dirty urines?
- What types of sanctions, if any, will be employed? After how many dirty urines? For what drugs?
- Who will have access to test results? Who will monitor their accuracy?
- What steps will be taken to ensure accurate laboratory techniques?

CONCLUSION

In the past ten years much of the country's resources have been devoted to reducing the supply of drugs from abroad. Still, the problem of drug abuse has persisted and grown in the offender population. Only recently has greater attention been given to reducing the demand for drugs through greater education and prevention efforts. In spite of this new direction, little attention is being given to dealing with the serious drug abuse problem found in offenders. With few exceptions, the criminal justice systems in the United States have tended to ignore drug use in the persons whom they process. This is understandable, given the huge numbers of offenders who are involved with illicit drugs. The problem appears staggering when one applies the statistics from the urine testing research in Washington DC and New York City to other large cities in America. And the costs of establishing drug testing programs and ancillary programs appears prohibitive. One must remember, however, that we are already paying a huge cost in terms of the many crimes committed by drug abusers, the overburdened courts and criminal justice systems, and the terrific human loss to drug abuse.

We have an unusual opportunity to intervene with a group of persons heavily involved with

dysfunctional drug use and the distribution of drugs. Cost effective methods do exist for identifying drug abusing offenders and some pioneering jurisdictions have begun to develop programs for identifying and effectively handling drug abusing offenders. The careful introduction of such methods, coupled with rigorous assessments of their impact, holds great promise for reducing drug abuse and crime in American society.

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APPENDIX A:

WORKSHOP PROGRAM

APPENDIX A

P R O G R A M

SCHOLAR/PRACTITIONER WORKSHOP ON DRUGS AND CRIME

Atlanta Hilton Hotel
Atlanta, Georgia

December 18-19, 1986

December 18, Morning Session

Moderator: *Norval Morris, Professor
University of Chicago
Law School

9:00 A.M.

Introduction and Welcome

Norval Morris

James K. Stewart
Director, National
Institute of Justice

9:30 A.M.

Plenary Session:
"Changes in American Public Policy
toward Drug Use over Time--an
Historical Perspective"

[Readings: Tabs A and B]

Speaker:
David Musto
Professor, Yale
School of Medicine

Commentators:
*Arnold Trebach,
Professor, American
University

Peter Kerr, Reporter
New York Times

10:30 A.M.

Presentation: "Overview of
Research on Drugs and Crime--What
Do We Know?"

[Reading: Tab C]

Bernard Gropper
Working Group Liaison
Representative, National
Institute of Justice

11:00 A.M.

BREAK

11:15 A.M.

Small Session A: "Local Drug Law Enforcement Strategies"

[Reading: Tab D]

Discussion Leader:

*Mark Moore, Professor
Kennedy School of Government

Resource Person:

Mark Kleiman, Professor
Kennedy School of Government

Designated Discussants:

Steve Belenko, Associate
Director, New York
Criminal Justice Agency

*Anthony Bouza, Police Chief
Minneapolis, Minnesota

Small Session B: "Crime Participation by Drug Users"

[Readings: Tabs E and F]

Discussion Leader:

Alfred Blumstein, Dean
Carnegie-Mellon University

Panelists:

*Paul Goldstein, Researcher
Narcotics and Drug Research,
Inc.

*David Nurco, Professor
University of Maryland
Medical School

12:30 Noon

LUNCH

December 18,
Afternoon Session

Moderator: Stephen Goldsmith, District
Attorney, Indianapolis, Indiana

1:30 P.M.

Small Sessions A and B: repetition of morning program.

2:45 P.M.

BREAK

3:00 P.M.

Plenary: -Synthesis of Issues and Research
Recommendations from Small Sessions A and B.

--Local Drug Law Enforcement: Mark Moore

--Crimes by Drug Users: Alfred Blumstein

3:30 P.M. Plenary Roundtable: "Advertising,
Public Relations, and Public Education
Approaches for Discouraging Drug Use"

Neil Romano, U.S. Department
of Health and Human Services

Anthony Bouza

Lawrence Wallack, Professor
University of California

5:00 P.M. ADJOURN

5:30 P.M. Reception and Cash Bar
Club/State Rooms
Atlanta Hilton Hotel

December 19. Morning Session

9:00 A.M. Small Session C: "Drug Abuse
Treatment for User-Criminals"

[Reading: Tab G]

Discussion Leader:
Norval Morris

Resource Person:
Douglas Anglin, Professor
University of California
at Los Angeles

Discussants:
George De Leon, Research
Director, Phoenix House

William Butynski, Executive
Director, National
Association of State
Alcohol and Drug Abuse
Directors

Small Session D: "Identifying Drug
Using Offenders"

[Readings: Tabs H and I]

Discussion Leader:
*John Kaplan, Professor
Stanford University
Law School

Presenter:
Eric Wish, Fellow
National Institute
of Justice

Discussant:
Jack Novik, Director,
New York Criminal Justice
Agency

10:30 A.M.

BREAK

10:45 A.M.

Small Session C: repetition of earlier program

Small Session D: repetition of earlier program

12:00 Noon

LUNCH

December 19,
Afternoon Session

Moderator: Reuben Greenberg, Police Chief
Charleston, South Carolina

1:30

Plenary: Syntheses of Issues and
Research Recommendations from Small
Sessions C and D

--Drug Abuse Treatment for User-Criminals: Norval Morris

--Identifying Drug Using Offenders: John Kaplan

2:00 P.M.

Presentations: "Research Priorities
for The Next Decade"

Speakers:

Lee Robins, Professor
Washington University
Medical School

Rudolph Nimocks, Deputy
Superintendent of Police
Chicago, Illinois

2:30 P.M.

Open Discussion: Research Priorities

3:30 P.M.

ADJOURN

*Member, Working Group on Substance Abuse and Other Criminality

APPENDIX B:

WORKSHOP PARTICIPANTS

APPENDIX B
ATTENDEE LIST

SCHOLAR/PRACTITIONER WORKSHOP ON DRUGS AND CRIME
December 18-19, 1986

Douglas Anglin, Professor, Department of Psychology, University of California
at Los Angeles

Virginia Baldau, Director, Research Applications Division, National Institute
of Justice

Steven Belenko, Associate Director for Planning and Research, New York City
Criminal Justice Agency

Mark Bencivengo, Acting Executive Director, Coordinating Office for Drug and
Alcohol Abuse Programs, Philadelphia

Alfred Blumstein, Dean, School of Urban and Public Affairs, Carnegie-Mellon
University

Stephen A. Bocian, Manager, Special Field Services, State of Maryland Division
of Parole and Probation

Anthony V. Bouza, Chief, Minneapolis Police Department*

Lloyd Bridges, Regional Vice President, Riverside Residential Center,
Indianapolis

Kathy Bruemmer, Special Assistant to the Director, National Institute of
Justice

William Butynski, Executive Director, National Association of State Alcohol and
Drug Abuse Directors

John A. Carver, Director, D.C. Pretrial Services Agency

Paul Cascarano, Assistant Director, National Institute of Justice

Jeff Caslin, Sergeant, Baltimore County Police Department

Tom Coogan, Chief Denver Police Department

Filomeno P. De La Garza, Sergeant, San Antonio Police Department

George De Leon, Director of Research and Evaluation, Phoenix House Foundation,
New York

Gaylene Dumouchel, Administrative Secretary, National Research Council

Jeffrey A. Fagan, Research Fellow, New York City Criminal Justice Agency

Frank Fleetham, Administrator Court Services, King County Department of Adult
Detention, Seattle

Calvin Galliano, Executive Assistant to Superintendent, New Orleans Police
Department

Dean Gerstein, Study Director, National Research Council

Peter S. Gilchrist, III, District Attorney, Charlotte

Stephen Goldsmith, Prosecuting Attorney, Indianapolis

Paul J. Goldstein, Principal Investigator, Narcotic and Drug Research, Inc.,
New York*

Reuben M. Greenberg, Chief, Charleston Police Department, South Carolina

Bernard Gropper, Manager, Drugs and Crime Research Program, National Institute
of Justice

Gene Guerrero, American Civil Liberties Union, Atlanta

Andy Hall, Associate, Pretrial Services Resource Center, Washington, D.C.

Carl Harbaugh, Director, Police Organizational Services, International
Association of Chiefs of Police

Bruce Johnson, Narcotic and Drug Research, Inc., New York

Robert L. Johnson, Director, Pretrial Services, Court of Common Pleas
Philadelphia

Sterling Johnson, Jr., Special Narcotics Prosecutor, New York

Robert R. Jones, Assistant Director, Washington Department of Corrections

John Kaplan, Professor of Law, Stanford University*

Joseph H.H. Kaplan, Administrative Judge, Circuit Court for Baltimore City

Peter Kerr, Reporter, New York Times

John L. Kidwell, Director, Social Services, Division of Correction, Maryland

Mark A.R. Kleiman, Kennedy School of Government, Harvard University

Carl Leukefeld, National Institute on Drug Abuse, Rockville, Maryland

Richard L. Linster, Assistant Director, National Institute of Justice

Douglas Lipton, Narcotic and Drug Research, Inc., New York

Malcolm MacDonald, President, American Probation and Parole Association

Donald J. McConnell, Executive Director, Connecticut Alcohol and Drug Abuse
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Mark Moore, Professor, Kennedy School of Government, Harvard University*

Norval Morris, Professor, School of Law, University of Chicago *

Francis M. Mullen, President, Mullen, Sanders and Associates, Niantic,
Connecticut

Tim Murray, Director, Pretrial Services, Miami

David F. Musto, Professor, School of Medicine, Yale University

Victoria C. Myers, Member of the Missouri Parole Board

Paul Myron, Sheriff, Los Angeles County

Joseph P. Newman, Major, Baltimore Police Department

Rudolph E. Nimocks, Deputy Superintendent, Chicago Police Department

Jack D. Novik, Director, New York City Criminal Justice Agency

David N. Nurco, Research Professor, Department of Psychiatry, University of
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Ardith Peters, Director, Planning and Research, Department of Public Safety,
Atlanta

John Pickett, Director, Planning and Management, National Institute of Justice

Wesley Pomeroy, Executive Director, Independent Review Panel, Miami

R. Forrest Powell, Virginia Department of Corrections

Lee N. Robins, Professor of Sociology in Psychiatry, Washington University
School of Medicine, St. Louis

Jeffrey A. Roth, Study Director, National Research Council

Don Siegelman, Attorney General-Elect, State of Alabama

Robert L. Smith, Public Safety Administrator, Tampa

John Spevacek, Program Manager, National Institute of Justice

James K. Stewart, Director, National Institute of Justice

Fred Taylor, Acting Director, Metro-Dade Police Department, Miami

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APPENDIX C:

BIOGRAPHICAL SKETCHES OF WORKING GROUP

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BIOGRAPHICAL SKETCHES OF WORKING GROUP

SCHOLAR/PRACTITIONER WORKSHOP ON DRUGS AND CRIME
December 18-19, 1986

NORVAL MORRIS (chair) is Julius Kreeger professor of law and criminology at the University of Chicago, and he previously served as dean of the Law School. His research concerns the criminal justice system. He is the author of The Future of Imprisonment (1974) and Madness and the Criminal Law (1982). He is chair of the Committee on Research on Law Enforcement and the Administration of Justice, a fellow of the American Bar Foundation, a member of the American Academy of Arts and Sciences, of the Police Board of the City of Chicago, and of the Board of Governors of the Chicago Bar Foundation. He received LL.B. and LL.M. degrees from the University of Melbourne, Australia, and a Ph.D. degree in law and criminology from the University of London.

ANTHONY V. BOUZA has been Chief of Police of the Minneapolis Police Department since February 1980. Before that he had a long career with the New York City Police Department, including command of the Bronx forces. This was followed by a senior administrative post with New York's subway police. He has taught at John Jay College and Hamline University. He holds B.B.A. and M.P.A. degrees from the Baruch School of City College. He was born in 1928 in Spain, is married and has two sons.

PAUL J. GOLDSTEIN is a Principal Investigator at Narcotic and Drug Research, Incorporated. He is the author of Prostitution and Drugs (1979) and a coauthor of Taking Care of Business: The Economics of Crime by Heroin Abusers (1985). His interests are in the area of drugs and crime, and are currently focused on the relationship between drugs and violence. He received a B.A. degree from New York University and M.A. and Ph.D. degrees in sociology from Case Western Reserve University.

JOHN KAPLAN is the Jackson Eli Reynolds professor of law at the Stanford University Law School. His fields are criminal law, evidence, and criminology. He has written on a variety of topics in the criminal justice system, including work on drug control. He is the author of Marijuana: The New Prohibition (1970), Criminal Justice (1973, with Jerome Skolnick), The Hardest Drug: heroin and Public Policy (1983), among other works. He received an A.B. degree in physics and an LL.B. degree, both from Harvard University.

MARK H. MOORE is Guggenheim professor of criminal justice policy and management at the John F. Kennedy School of Government, Harvard University. Previously he was special assistant to the administrator and chief planning officer of the Drug Enforcement Administration, U.S. Department of Justice. He was also a consultant for the National Institute on Drug Abuse and the National Institute of Justice. His research interests include crime, criminal justice policy, and management. Recently he has focused on the regulation of "dangerous and abusable commodities," notable drugs, alcohol, and firearms. He has a B.A. from Yale University and M.P.P. and Ph.D. degrees in public policy from Harvard University.

DAVID NURCO is a Research Professor at the University of Maryland School of Medicine, Department of Psychiatry. His field of interest is interdisciplinary treatment and planning for social and behavioral disorders. His research has focused on the homogeneity-heterogeneity of narcotic addicts and requirements for different modes of treatment and/or intervention to interrupt their deviant behavior. He received his B.A. from George Washington University, M.A. from the University of Connecticut, and D.S.W. from The Catholic University of America.

ARNOLD S. TREBACH is a professor at the School of Justice, The American University, Washington, D.C., and the president of the Drug Policy Foundation. He holds a Ph.D. in Politics from Princeton University and a J.D. from the New England School of Law. He has been Chief, Administration of Justice Section, U.S. Commission on Civil Rights; Administrator, national Defender Project, National Legal Aid and Defender Association; Chief Consultant on the Administration of Justice, White House Conference on Civil Rights; founder and President, University Research Corporation; cofounder and Chairman, national Committee on the Treatment of Intractable Pain. His books include The Rationing of Justice (1964), The Heroin Solution (1982), and The Great Drug Was (1987).

JEFFREY A. ROTH served as the panel's study director, is the senior staff officer of the Committee on Research on Law Enforcement and the administration of Justice. His interest is in the policy use of social research, especially in the areas of criminal careers, taxpayer compliance, and pretrial release. He is a member of the American Society of Criminology, and Law & Society Association, the American Economic Association, and the American Statistical Association. He received B.A., M.A., and Ph.D. degrees in economics from Michigan State University.

MICHAEL H. TONRY is managing editor of Crime and Justice: A Review of Research, a refereed series of commissioned essays on criminal justice research subjects sponsored by the National Institute of Justice and published twice a year by the University of Chicago Press. He was professor of law at the University of Maryland and is the author of Sentencing Reform Impacts (1987) and coauthor of The Sentencing Commission (1987), with Andrew von Hirsch and Kay Knapp. He has an A.B. in European History from the University of North Carolina and an LL.B. from Yale.