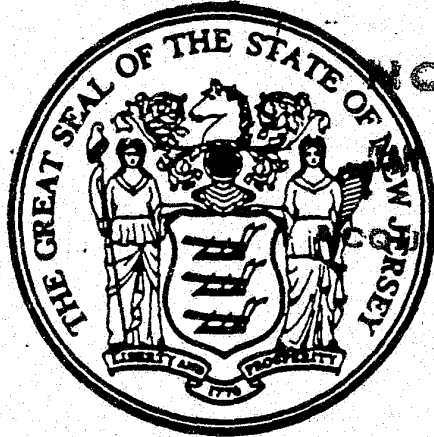


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Blueprint For a Drug-Free New Jersey



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Thomas H. Kean
Governor

October, 1986

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**U.S. Department of Justice
National Institute of Justice**

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I. A MESSAGE FROM THE GOVERNOR

Drug abuse is a major problem facing America today. Some say it is our greatest problem. Certainly it is the greatest threat to our young people.

From the outset we must realize there is no easy solution for this problem. If we are determined to make New Jersey drug-free, it will take years of perseverance. And it will involve taking new directions in education, treatment, community action and law enforcement.

But we have no alternative. Illegal drugs are destroying thousands of young lives and threatening our basic institutions. We must use every constitutional means and the full power of government to eliminate the use of illegal drugs.

Until now our efforts to stop the flow of drugs have failed. Despite more arrests and greater drug confiscations, the level of drugs coming into this country has increased. We have been stymied by sophisticated criminals who have insulated themselves in complicated drug networks. And the riches of the drug trade continue to insure a steady supply of pushers and street hustlers.

Our efforts at prevention and treatment have also been inadequate. We have failed to impress on our young people that a life of drugs is a wasted life. And we have not provided enough bed space to care for the thousands of people who find themselves addicted to drugs.

In recent months, a new drug, the highly addictive "crack," has galvanized this country to strike back at drugs. In Washington, President Reagan has launched a major policy initiative to fight drug abuse. At home, community and parent groups have taken to the streets to rally against the drugs they see taking over their neighborhoods.

These actions are commendable. They are strong signs that government and the general public are speaking with one voice against drug abuse. But our energy will be wasted if we do not mount a long-term program on all fronts.

Over the last ten months, my staff along with the Attorney General's Statewide Narcotics Task Force have been developing just such a program. This program draws heavily from the work of the Commission to Deter Criminal Activity and the New Jersey Drug Abuse Advisory Council which have both put much effort into developing drug abuse policies for our state. In fact, the Commission to Deter Criminal Activity has focused on the issue of substance abuse by our youth for the past several months and just last week completed a series of public hearings on the subject.

The program I am presenting here calls for a broad-based attack on the supply side - the distribution of drugs through our state, and the demand side - the use of drugs by our citizens.

Our supply side program calls for a complete reorganization of the criminal laws governing the sale and distribution of controlled dangerous substances. It features stiff new measures

STATE OF NEW JERSEY
OFFICE OF THE GOVERNOR



Thank you for your interest in New
Jersey.

Enclosed is the information you have
requested.

Thomas H. Kean
Governor



to punish those who sell drugs to school children, especially on school grounds, or who use children to distribute drugs. And it calls for new measures to pursue upper echelon drug merchants and take away their profits.

I firmly believe, however, that efforts to reduce the supply of drugs will be wasted if we do not reduce the demand for them. The best way to accomplish this is to make sure every child in New Jersey public schools receives drug abuse education. The classroom, not the courtroom, will be the ultimate battleground in the war on drugs.

Increased funding for drug abuse treatment centers is also required so New Jersey residents no longer have to leave the state to get treatment.

Along with this report I am creating a special Cabinet Working Group to implement a unified strategy against drugs statewide. The members shall include the Commissioners of Health, Education, Higher Education, Human Services and Corrections with the Attorney General as chairman. They shall examine the initiatives contained here and report back to me within three months with a plan for implementing them. In addition, they shall work with the Legislature and with the courts in developing and implementing this drug abuse program.

I am also calling for the creation of an Alliance for a Drug Free New Jersey headed by business, law enforcement, religious, education and community leaders to establish a statewide attack on this insidious problem. This program calls for a revolutionary concept in community organization. Our goal

is to create an alliance of New Jersey's 567 cities and towns to cut off drug abuse at the roots.

Success in the fight against drugs will require a long-term commitment from all of us. Our anger over drug abuse must be tempered by patience and perseverance. I firmly believe that the seeds we plant now will bear fruit over the next generation as long as we nurture them.

I pledge that I will do all in my power to combat drug abuse in New Jersey. I ask that all New Jerseyans make a similar pledge for the good of our state and the lives of our children.

II. THE NEED FOR COMPREHENSIVE REFORM

A. The Nature and Extent of the Problem

New Jersey's strategic location in the Northeast Corridor exposes it to some unique drug-related problems. Our highways serve as a principal conduit for the transport of illegal drugs. To drug traffickers New Jersey is known not as the Garden State, but as the "Corridor" State, a passageway for drug traffic from the South to the Northeast.

The continuing battle against drugs is a costly one. It is estimated that the drug problem costs New Jerseyans \$1.5 billion each year. These costs are not limited to the price of incarcerating convicted drug pushers or of providing treatment programs for drug addicts, but also include higher medical insurance premiums, worker compensation expenses, and decreased employee productivity due to absenteeism, slow-downs, mistakes, and sick leave.

Drug abuse presently affects every aspect of our society. Rich and poor, white and black, urban, suburban and rural -- no one is immune from drug abuse. Perhaps the most disturbing aspect of the drug problem is its pervasiveness among our school-aged children. A 1983 survey completed by the New Jersey Departments of Law and Public Safety and Education entitled Drug and Alcohol Abuse Among New Jersey High School Students highlights the problem of drug use in our secondary schools.

Overall, 57 percent of high school students questioned said they had used marijuana, 34 percent had used amphetamines, 18

percent had used cocaine, 15 percent had used hallucinogens, 12 percent had used barbiturates and 10 percent had used tranquilizers. (See Chart 1 in Appendix.) Three out of ten students said they had used illicit drugs within the last month, and two-thirds said they had used alcohol during that time.

What is even more disturbing is that the survey also found that before reaching the tenth grade, 41 percent of the students questioned had already used marijuana; 20 percent had used amphetamines, and 7.5 percent had used cocaine. (See Chart 2.)

Students said that controlled dangerous substances were surprisingly easy to obtain. Nearly 90 percent indicated that it would be "easy" or "very easy" to obtain marijuana, 68 percent responded similarly with respect to amphetamines, and approximately 50 percent said it would be "easy" or "very easy" to get hashish, tranquilizers, barbiturates, cocaine and hallucinogens. More than one-quarter indicated that it would be "easy" or "very easy" to obtain heroin. (See Chart 3.)

In 1985, New Jersey law enforcement officers made 39,922 drug-related arrests. Approximately 79 percent (31,431) of these arrests were for possession and use of drugs, while the remaining 21 percent (8,491) were for the sale and manufacture of drugs. Arrests for all marijuana and hashish offenses remained relatively constant while the arrests for offenses involving cocaine and related narcotic drugs increased, from approximately 6,000 in 1981 to over 11,000 in 1985. Fifty-seven percent of those arrests for drug violations were between the ages of 16 and 24. (See Chart 4.)

During the first five months of 1986, the State Police Narcotics Bureau seized over 1,000 pounds of cocaine, valued at over \$25,500,000. In 1984, 700 pounds of cocaine were seized; in 1985, approximately 640 pounds were seized. Seizures of methamphetamine by the Narcotics Bureau also doubled during the first five months of 1986 compared to all of 1985 and tripled compared to all of 1984. (See Chart 5.)

Approximately 50 percent of all crimes prosecuted in New Jersey are drug-related. One-third of all convicted offenders were under the influence of drugs when they committed their crimes. These statistics rebut the myth, still harbored by some, that drug offenses are "victimless" crimes. The drug problem is, in fact, the root cause of an untold number of violent street crimes, including murders, rapes, robberies, burglaries and thefts.

In addition, the danger posed by illegal drugs has dramatically risen with the increased use of highly potent and addictive substances such as cocaine and its easily affordable derivative - "crack". For example, from 1983 to 1984, cocaine related deaths increased 77% and emergency room visits 51%. "Crack" is more likely to cause lung damage, brain seizures and heart attack than nasal cocaine use.

Despite enhanced law enforcement and the increased availability of more dangerous drugs, drug dealing and use continues to flourish. The reason is obvious. Widespread demand for controlled substances means that distributors can reap enormous profits. Complex and resilient drug trafficking

networks have evolved which by their nature are difficult to investigate and disrupt. The most culpable, upper-echelon distributors and financiers remain well insulated within the organized networks. New Jersey's laws and enforcement practices must therefore be reformed to ensure a credible threat of detection and prompt, stern punishment for these drug network leaders.

B. The Need For A Rational Strategy

Any proposed solution to the drug problem which focuses on only a single facet of it is doomed to failure. The state must adopt a comprehensive approach which involves education, health care services, law enforcement, community groups, and state and local business organizations.

A rational, long-term strategy for dealing with the demand and supply sides of the drug problem must include:

1. The creation of an Alliance for a Drug Free New Jersey made up of every community in the state to combine their efforts in the fight against drug abuse.
2. The development of long term prevention, intervention and treatment strategies aimed at educating the public about the dangers of drug abuse, identifying substance abusers at the earliest possible point and providing comprehensive treatment for them.
3. The reform of our drug laws to reduce sentencing discretion, to impose maximum penalties and fines on drug distributors and users and to create new offenses which target the leaders of illicit drug distribution networks.

The costs of implementing these new and aggressive programs will be substantial. But New Jersey cannot afford to be complacent. In the long run, it will be far more dangerous -

and far more costly - not to educate and protect the next generation from the ravages of drug abuse.

III. REDUCING THE DEMAND FOR DRUGS

Illegal drugs can only be controlled by reducing the demand for them. While efforts to reduce the supply of illicit drugs available in New Jersey are important, in the final analysis these efforts will be frustrated as long as large numbers of people want them.

The primary strategies to reduce the demand for drugs are prevention, intervention, and treatment. Prevention programs are aimed at halting the demand for drugs today through increased public awareness, community activity and parental support, and in the future through primary and secondary education programs. Intervention programs are aimed at identifying drug abusers at the earliest possible point and facilitating their participation in appropriate treatment programs.

While all elements of society should receive the benefit of these strategies, the primary focus of New Jersey's demand-reduction initiatives should be the education and, when necessary, the treatment and rehabilitation of the young people of this state.

A. Prevention

The prevention of drug abuse clearly is the most effective means to accomplish a long-term reduction in the demand for drugs. In addition, prevention strategies are the most cost efficient means of addressing the problem. Obviously, only those who abuse drugs or alcohol will require other, more costly programs such as intervention, treatment, law enforcement and incarceration. While reducing the financial burden, prevention strategies also serve to reduce the social and emotional costs exacted daily from the community, parents, children, and friends of drug abusers. It must be recognized, however, that prevention strategies offer no quick-fix solutions; rather they offer a long-term solution to a complex and widespread problem.

Prevention efforts must operate on at least two levels:

(1) intense public awareness programs which inform the general population as to the physical dangers and legal consequences of drug abuse in hopes of reducing the present demand, and (2) combined drug and alcohol abuse education programs in our primary and secondary schools to help eradicate the problem in future generations.

A statewide public awareness campaign is needed to mobilize support in every community in New Jersey for changing tolerant public attitudes about drug abuse. This campaign should reach out to drug abusers through television, newspapers, radio, bus billboards and existing community groups. If we are to alter tolerant public attitudes about drug abuse, this campaign will require a long-term commitment from criminal justice agencies,

community organizations, schools, businesses and parent groups, since such marked shifts in public attitudes cannot be accomplished overnight. Each community in New Jersey, as well as state government itself, must be willing to invest its time and resources through the remainder of this century in this effort to ensure ultimate success in reducing the abuse of drugs.

To be successful, education programs in our schools must include detailed, factual information regarding the physiological, psychological, sociological and legal aspects of drug and alcohol abuse, and must provide information on how to get help for individuals and family members with substance abuse problems. These education programs also should develop decision-making and coping skills, enable students to resist peer pressure to use drugs, and promote substance free living as a desirable lifestyle.

Current legislation requires the treatment of alcohol and drug education in all publicly funded schools. Specifically, ten hours of drug abuse education per school year are presently required as part of the ongoing health curriculum for grades seven to 12. This education requirement needs to be expanded in some important ways.

First, both drug and alcohol abuse education programs must be started earlier. Studies show that drug prevention programs are most successful when they are presented to those who have not yet begun to use drugs. The 1983 high school survey results revealed that 7% of New Jersey's students used marijuana before the seventh grade. Nineteen percent used it before the ninth

grade. Consequently, substance abuse education programs must be developed and implemented in grades kindergarten through 12.

Institutions of higher education should also develop programs to address the drug and alcohol abuse problem among college students since it has been shown that substance abuse peaks after age 18.

Second, substance abuse programs should be monitored for program quality and to make sure they do more than merely present factual information. They must address the underlying causes of substance abuse and help students develop interpersonal skills which create a strong self-image capable of resisting negative peer pressure. For example, as students become better informed about the debilitating effects of substance abuse, peer influence can be used to discourage rather than encourage substance abuse and experimentation.

Teachers, child study teams, and other school personnel must be better trained in substance abuse education. Teacher certification today requires only an examination to test their knowledge of physiology and hygiene, with special reference to alcohol and drugs. With greater emphasis on the substance abuse problem in our schools, teachers must meet a more specific certification requirement. The teacher certification examination should be revised and upgraded to ensure that teachers are properly trained to deal with substance abuse by students and to better educate them about its negative effects.

Primary school teachers should also be required to receive in-service substance abuse training. In addition, all

appropriate school staff -- including superintendents, assistant superintendents, principals, assistance principals, coaches, school nurses, guidance counselors and activity advisors -- should attend regular substance abuse training and workshop programs.

Every school district should establish education and assistance programs for parents. Our children must be counseled at home as well as at school about the dangers of substance abuse and efforts should be made to get the entire family to work together to prevent it. These parent education programs should emphasize identification of substance abuse in children, family-based prevention strategies, and available school and community intervention resources.

Private schools should also be encouraged to establish new drug abuse curricula and parent programs.

An essential component of every demand-reduction program discussed here is evaluation. Reliable information is necessary to assess whether or not our education programs are successful. The Division of Criminal Justice and the Department of Education should continue to regularly conduct the study, Drug and Alcohol Use Among New Jersey High School Students, and given the evidence that younger children are abusing drugs and alcohol, they should expand it to include junior high school and elementary school students as well. Because the survey is administered periodically, it can be used to provide invaluable feedback about the strengths and weaknesses of New Jersey's substance abuse programs.

Initiatives:

- A comprehensive media campaign should be developed to reach drug abusers. The creation of a credible theme threaded through all forms of communication is essential.
- Drug and alcohol education should be mandated at every grade level from K through 12.
- Curriculum guidelines should require that drug and alcohol curricula go beyond an "information only" approach and include:
 - (1) Detailed, factual information regarding the physiological, psychological, sociological and legal aspects of substance abuse, and regarding current treatment methods;
 - (2) Decision making and coping skills;
 - (3) Development of activities and values which are consistent with a healthy lifestyle.
- Model drug and alcohol education curricula which have been shown to be effective should be made available. At least partial support for the purchase of recommended material by school districts should be offered through a grant program.
- A system to monitor mandatory drug and alcohol education requirements should be established to evaluate the quality and effectiveness of programs adopted by school districts.
- In-service substance abuse training and workshops for teachers should be expanded to meet the need for new curriculum delivery. It is anticipated that more than 4,000 teachers will need training over a three year period. Additional training and workshops should also be made available for other school personnel including superintendents, principals, coaches, school nurses and guidance counselors.
- Teacher candidates should be tested on their knowledge of substance abuse issues.
- A clearinghouse of drug and alcohol abuse information should be established to alert school district personnel to new information, research findings, curriculum resources, and program strategies.
- Higher education institutions should provide training for faculty and instruction and programs for all students in

substance abuse prevention, intervention and treatment.

- All graduate level programs leading to certification of school guidance counselors should require training in substance abuse issues.
- The Division of Criminal Justice and the Department of Education should continue to regularly conduct the study, Drug and Alcohol Use Among New Jersey High School Students, and the results of this study should be used to update drug and alcohol curricula. This study should also be expanded to include younger children.
- Local boards of education should offer substance abuse education and outreach programs to parents in every public school district. These programs should emphasize family-based substance abuse prevention, identifying substance abuse in children and available school and community intervention resources.
- Current state statutes which separately mandate alcohol education and drug education should be clarified by incorporation into a single statutory scheme.

B. Intervention

Prevention efforts alone cannot cure the drug abuse problem. Many adolescents will experiment with drugs in spite of comprehensive prevention programs. While some of those who experiment will never use drugs again, others will become regular users and still others will become drug dependent.

If efforts to reduce the demand for drugs through prevention programs fail in some cases, other demand reduction strategies, such as intervention, treatment and rehabilitation programs must be employed. To increase the likelihood of success, intervention must occur as early in the individual's drug use as possible.

Other than the student's immediate family, school personnel are the most likely to identify adolescent substance abusers in

need of some type of intervention. Behavior indicative of substance abuse, such as absenteeism, a reduction in academic performance and disruptive activities in the classroom, are obvious to teachers, coaches and other school staff who have prolonged contact with the student.

If schools are to assume a primary intervention role, however, school staff must be knowledgeable about the indicators of substance abuse and familiar with intervention techniques. Teachers must receive not only basic drug and alcohol information, but also must be trained to assist in early identification of students who show signs of substance abuse, and be made familiar with intervention programs and strategies. While it is imperative for institutions of higher education to prepare their teacher/education students and their counseling students with the necessary skills for the adequate provision of student intervention services, school districts, too, must supplement this training through regular workshops.

In addition, counselors, teachers, school nurses and other personnel must feel free to intervene without fear of law suits when they have a good faith belief that a student is using drugs or alcohol. Procedures for intervention and disciplinary action against substance abusers should be established by every community in the state and disseminated to each student and the student's family at the beginning of each school year.

In addition, if school members faculty assume the responsibility for the early detection of substance abuse by students, school districts must ensure that the identified students are referred

to adequate treatment and aftercare programs.

Schools cannot successfully intervene without the aid and support of the community and of parents. Parents and other community members must be alerted to, and be on watch for, the early warning signals of adolescent substance abuse. Parents must actively support the schools' efforts to intervene as early as possible in a student's substance abuse, and as indicated previously, they should be trained to identify signs of substance abuse problems in their children.

Schools and parents, however, cannot assume sole responsibility for providing substance abuse treatment and intervention services to this state's adolescent population. It has been shown that adolescent drug and alcohol abuse correlates highly with juvenile crime and that those adolescents most likely to be involved in juvenile crime are least likely to remain in school. Consequently, those adolescents whose substance abuse may well be more acute than their school-attending peers are the least likely to benefit from increased school intervention efforts.

The criminal justice community must, therefore, fill this void by ensuring that those adolescents who abuse substances and become involved in our juvenile justice system are afforded intervention and treatment services. Family court judges are in a position to ensure proper treatment for all juveniles adjudicated delinquent whose histories indicate drug or alcohol abuse. However, adequate treatment facilities to which these

juveniles can be referred must be made available if full advantage is to be taken of the courts' ability to intervene.

Initiatives:

- Current law providing educators with immunity from liability when reporting drug abuse should be expanded to include alcohol dependency or use.
- Inservice substance abuse intervention training should be provided for teachers and for principals, guidance counselors and other student advisors.
- Every school district should establish clear policies and procedures for the evaluation, referral, treatment and discipline of student substance abusers. The roles of school personnel and community agencies in identification, evaluation, and referral of student substance abusers should be specified. These policies and procedures should be disseminated to each student and student's family at the beginning of the school year.
- School district-based substance abuse coordinators should be made available to perform the following functions: a) provide regular inservice training for district staff on substance abuse issues and district programs; b) develop and administer intervention services at the elementary and secondary levels; c) provide support for drug and alcohol curriculum development and instruction; and d) assist districts in revising and implementing drug and alcohol policies and procedures. A pilot program should be established to provide grants to districts for such positions.
- Models of elementary and secondary intervention programs should be identified, and a grant program established to encourage and facilitate school district adoption of the positively evaluated programs.

C. Treatment

Intervention efforts are meaningful only if successful treatment follows. Presently there is a gross deficiency in the

number of treatment facilities available in New Jersey to drug abusers.

According to the New Jersey Department of Health, there are currently less than 700 beds available for long-term treatment for both adults and adolescents in New Jersey, while another 4,000 people with drug abuse problems cannot obtain the treatment they need.

Virtually no residential facilities exist in New Jersey for the treatment of adolescent drug abusers. Some adult facilities accept adolescents, but their programs are inadequate for the youthful drug abuser. While there are a few private hospitals in New Jersey with special programs for adolescents, these programs are extremely expensive. As a result, 1200 to 1500 of our young people presently look out-of-state every year for appropriate treatment facilities. We can expect this number to grow as school and community-based intervention efforts identify more young people who need help.

The status of out-patient treatment is just as bleak. Federal cutbacks have reduced the availability of out-patient services by forcing many of the non-profit, out-patient treatment facilities to close.

The current dearth of residential and out-patient treatment facilities in New Jersey cannot be allowed to continue; no adolescent should be denied necessary drug abuse treatment because such treatment is unavailable or unaffordable.

Additional money made available by the federal government for drug programs should be targeted for treatment efforts. However, we must also identify other potential revenue sources for the additional treatment facilities New Jersey requires. One possibility which should be evaluated is the requirement that all group and individual hospital and medical insurance policies written by companies licensed in New Jersey include benefits for the treatment of drug abuse to the same extent as is currently provided for the treatment of alcoholism. Of the 7,500 individuals in treatment each day in this state, about 26% have some form of medical insurance. However, their policies do not cover treatment for drug abuse services. Mandating insurance coverage for this treatment would free up funds that are presently expended to treat those with insurance coverage for use in treating drug abusers without coverage.

This proposal holds out the hope of dramatically increasing both residential and out-patient treatment facilities quickly, but given the potential cost of this coverage, this option should be thoroughly explored before it is adopted.

Steps must also be taken to ensure adequate aftercare services for those returning from residential treatment. At present, aftercare facilities are almost nonexistent in this state. All other intervention and treatment efforts will be wasted if the youthful drug abuser is thrown back into the environment that spawned the problem without the benefit of follow-up services or counseling. The family and community to which the youthful drug abuser returns must be prepared to

extend support, understanding and control in order to facilitate the adolescent's recovery.

Initiatives:

- The desirability and cost of mandating that health insurance coverage include benefits for the treatment of drug abuse should be thoroughly evaluated.
- A plan should be developed to provide treatment and aftercare for all drug abusers, including adolescents, who require residential or out-patient care in New Jersey through a public and private partnership. The plan should identify the following:
 - Scope and nature of additional treatment and rehabilitation programs which are required.
 - Staffing requirements and the appropriate qualifications of staff.
 - The costs associated with providing these services.
- A residential drug abuse program should be established for adolescents which is tailored to their specific needs.
- School procedures for students found to be using drugs or alcohol should include provisions for mandatory assessment and, when necessary, appropriate treatment by substance abuse professionals.
- Coordination between school substance abuse counselors and juvenile justice and treatment programs should be enhanced.
- County coordination councils should be created for drug and alcohol abuse treatment and rehabilitation services in cooperation with county human services advisory councils and youth services commissions.
- Standards for and licensing of drug abuse treatment and rehabilitation facilities should be reviewed by appropriate state agencies to develop innovative approaches and to ensure cost effectiveness.

IV. SUPPLY-REDUCTION STRATEGIES

While the primary solution to the drug problem is to be found in demand reduction, law enforcement must vigorously seek to control the supply of illegal drugs. Without continued pressure by our state and local law enforcement community, the drug epidemic will have consumed us long before demand strategies have taken root. Supply-reduction strategies must send a message which complements that of prevention - that is, that drug trafficking and drug use are dangerous and will not be tolerated.

Drug laws must be reformed to provide harsh penalties, including substantial mandatory prison terms, for the most dangerous and repeat drug offenders such as large-scale distributors and manufacturers, and for those who sell drugs to children or use children in the sale of drugs to others. At the same time, our drug laws, and the enforcement of those laws, also must speak to the most casual user of illegal drugs. The law must clearly relate the message that the use of illegal drugs is not acceptable, and that those who choose to use them will pay a high price.

The drug problem is pervasive and diverse. Drug offenders run the gamut from organized crime figures to small-time pushers and users. Drug trafficking cuts across geographic and economic boundaries; drug distribution networks have become more and more complex. To successfully battle the drug problem, law enforcement on all levels -- federal, state, county and local -- must pool its resources against this common enemy.

A. Drug Law Reform

Criminal offenses currently defined in Title 24 should be transferred into the New Jersey Code of Criminal Justice (Title 2C). This will guarantee rational, consistent and predictable sentencing for drug offenders.

Swift and certain punishment is the cornerstone of any rational sentencing scheme. Historically, vast sentencing discretion has fostered unjustified differences in the way similarly situated defendants are treated. This, in turn, leads to a lack of certainty and predictability in sentencing.

Accordingly, definite limits must be placed on judicial sentencing discretion, while at the same time providing prosecutors with the flexibility and leverage necessary to ferret out the most dangerous offenders. Precise guidance must be provided to the courts as to the severity of each particular drug crime as measured not only by the nature of the specific drug involved, but also by the actor's role in the distribution network. To accomplish this, two new offenses are proposed:

- Leader of Narcotics Trafficking Network. Patterned after New Jersey's current racketeering laws, this offense is designed to facilitate the investigation and prosecution of upper-echelon drug distributors. This offense will allow law enforcement to go beyond the low level and easily replaced "mules" who transport the drugs and who, therefore, are often caught in possession of enormous quantities of drugs.
- Maintaining or Operating a Controlled Dangerous Substances Laboratory. This offense is designed to provide stern punishment for persons involved in the illegal manufacture of drugs, which has become an indispensable part of the drug distribution network in this state.

Offenses also are proposed which would increase punishment for the distribution of drugs to children, particularly on or near school property, and the employment or use of juveniles in a drug distribution scheme. These offenses would be:

- . Distribution or Possession of Drugs with Intent to Distribute On or Near School Property or Buses. Designed to create a safe, drug-free zone in and around our schools, this offense should provide for additional punishment over and above the punishment prescribed for the ordinary drug distribution offense.
- . Employing A Juvenile in a Drug Distribution Scheme. This offense is designed to provide stern punishment for any adult who employs or uses a juvenile in furtherance of a drug distribution scheme. Punishment for this offense is also in addition to any other drug related offense.

B. Mandatory Penalties and Fines

Mandatory cash penalties for all drug offenses, including distribution and use, should be created. These penalties should range from \$500 to \$3,000 depending on the degree of the offense.

These mandatory penalties for the possession or use of drugs are twice as great as those imposed upon first time drunk drivers. The money from these drug penalties will be placed in a revolving fund administered by the Department of Law and Public Safety and should be used to support education, rehabilitation and public awareness programs to reduce the demand for drugs. It is projected that mandatory penalty provisions will result in the imposition of approximately \$6 million in penalties per year, although some of these penalties may not be collectable.

In addition to these mandatory penalties, there also should be greatly enhanced discretionary fines. Courts should be able to impose fines of up to \$500,000 or five times the street value of the drug, whichever is greater, upon persons convicted of the most serious drug offenses. In cases involving large seizures, these fines could potentially reach millions of dollars. Even in cases involving marijuana (25 grams or more), the courts should be able to impose fines of up to \$15,000.

In addition to fines, penalties and incarceration, a process should be established so that the names of those arrested for drug offenses are publicized. Like mandatory penalties, this publicity is designed to send the message that no drug offense, not even the most minor possessory offense, will be tolerated.

C. Statewide Narcotics Task Force

The Statewide Narcotics Task Force which was recently created by the Attorney General will coordinate law enforcement efforts on every level -- federal, state, county and local -- against drug trafficking and use.

Investigations and prosecutions of drug crimes -- as with other crimes -- are most often conducted on the county and local levels. Inter-county and local cooperation, however, has occurred on a limited scale with limited resources. Most drug cases transcend county lines, forcing counties to devote large amounts of their limited resources to cases beyond their borders. As a result, other developing drug cases must be forestalled pending the result of inter-county investigations.

Task Force resources will be dedicated to these inter-county cases to enable the counties to concentrate their efforts on local cases. The Task Force will construct a communications network between counties, enabling them to share intelligence data, and to cooperate on drug investigations. To enhance this coordination, each county should assign an investigator as a liaison between the county prosecutor's office and the Task Force.

Any successful, coordinated law enforcement effort must make full use of modern technology. One of the Task Force's most important tools will be a computerized data bank. This system will quickly direct investigators to those governmental agencies with relevant information regarding a given individual or organization. The availability of information about individual offenders and trends in drug distribution will facilitate intelligent and informed prosecutorial and investigative decisions.

Seizing and forfeiting the profits associated with drug trafficking is another primary goal of the Task Force. The Task Force attorneys, detectives and investigators will identify the assets gained by those involved in drug distribution and will institute appropriate forfeiture proceedings in order to obtain any property used in the commission of drug crimes, as well as the proceeds of drug crimes. The Task Force anticipates initiating forfeiture actions against \$2 million to \$5 million in property in its first year alone, money that will be dedicated to supporting drug-related law enforcement efforts.

Law enforcement must remain flexible and responsive to an ever-changing drug environment. The Task Force, under the direction of the Attorney General, will undertake an ongoing review of our drug laws, sentencing practices, court procedures, and law enforcement strategies in order to prepare the law enforcement community to wage the battle against illegal drugs into the next century.

D. Effect on Prisons

These proposed drug abuse enforcement initiatives are expected to generate a need for approximately 600 net additional bedspaces in our prison system over the next five years. This increase would come at a time when we are already experiencing a serious overcrowding problem in state institutions and county jails. At present, approximately 1,500 adult prisoners are being housed in county jails waiting to be placed in state correctional institutions.

Since January of this year the number of adult admissions to the corrections system has exceeded releases at a rate of 145 per month. Even assuming a conservative projected growth rate of 120 inmates per month, the bedspace deficit in the system will reach approximately 2,750 by the end of 1987 and 4,400 by the end of 1989. These projections do not take into account the effect of pending legislation to expand the use of mandatory minimum terms, to lengthen terms for certain offenses and to modify our parole system. Neither do they reflect the expected increases from enhanced drug-related law enforcement initiatives.

A number of alternatives must be thoroughly explored for solving the prison overcrowding problem and for housing drug offenders. Among these options are:

- more traditional prisons
- decommissioned Navy ships
- excess hospital rooms
- unused state institutional space
- community-based residential treatment centers
- intensively supervised residential centers

In addition, the expansion of existing programs and the initiation of new programs which provide alternatives to incarceration must be considered. These alternative programs include:

- supervised pretrial release
- intensive probation supervision
- supervised group community service
- intensive parole surveillance and supervision

The Attorney General, the Commissioner of Corrections and the Governor's Chief of Policy and Planning will review these and other feasible policy alternatives and report their recommendations within 90 days.

In order to make informed recommendations, these Cabinet members must have the most accurate projections possible concerning expected admissions to and releases from the prison system for the rest of this decade. To provide those projections, the Governor's Office of Policy and Planning has convened a task force drawn from the appropriate executive departments and the legislatively established Criminal Disposition Commission to refine the numbers available now and to provide more information on possible options.

We cannot insist upon the strict enforcement of new drug laws without providing the means by which violators can be punished and rehabilitated. Accordingly, no new drug laws should be enacted until solutions for the existing overcrowding problem in correctional institutions are found.

Initiatives:

. New Jersey's drug laws should be modernized and revised by:

- (1) Providing mandatory cash penalties to be imposed on all drug offenders, with the amount varying from \$500 to \$3,000 in accordance with the seriousness of the offense.
- (2) Permitting courts to impose discretionary fines of up to \$500,000 or five times the street value of the drug involved.
- (3) Incorporating drug offenses into the New Jersey Code of Criminal Justice (Title 2C) where they will be governed by the general principles of liability and sentencing which apply to most other criminal activities.
- (4) Providing for mandatory extended terms, and periods of parole ineligibility, for certain of the most dangerous or repeat drug distributors.
- (5) Creating a new offense, Leader of Narcotics Trafficking Network, patterned after New Jersey's current racketeering laws, designed to facilitate the investigation and prosecution of upper-echelon drug distributors;
- (6) Creating a new offense, Maintaining or Operating a Controlled Dangerous Substances Laboratory, designed to provide stern punishment for persons involved in the illegal manufacture of drugs;
- (7) Creating a new offense, Distribution or Possession with Intent to Distribute On or Near School Property or Buses, designed to create a safe, drug-free zone in and around our schools.
- (8) Creating an offense, Employing a Juvenile in the Drug Distribution Scheme, designed to provide stern punishment for any adult who employs or uses a juvenile in furtherance of a drug distribution scheme.
- (9) Incorporating so-called "designer drugs" into the definition of controlled dangerous substances to close a loophole in current law and ensure that our drug laws will keep pace with advances in pharmacological technologies.

- . The names of those arrested for all drug offenses should be publicized in their communities.
- . The Statewide Narcotics Task Force will coordinate law enforcement efforts against illegal drug trafficking throughout the state. This effort is designed to:
 - (1) Maximize law enforcement resources and avoid duplication of effort.
 - (2) Target the most culpable, upper-echelon drug dealers for investigation, apprehension and prosecution.
- . A Statewide Information Data Bank will be developed by the Statewide Narcotics Task Force to which state, county and local law enforcement sources will contribute data and information.
- . The profits derived from the trafficking of illegal drugs will be pursued through forfeiture of vehicles, real estate, businesses and any other assets which are supported by or developed from the proceeds of illegal drug transactions.
- . A research and evaluation mechanism will be created as part of the Narcotics Task Force to undertake an ongoing review of drug legislation, recommend alternatives to incarceration, and study sentencing practices and court procedures.
- . The Attorney General, the Commissioner of Corrections and the Chief of the Governor's Office of Policy and Planning will review the prison overcrowding problems and will offer solutions within 90 days.

V. GOVERNOR'S ALLIANCE FOR A DRUG FREE NEW JERSEY

Government cannot succeed in the effort to eradicate illicit drug use without the participation and cooperation of local community and parent organizations. In the final analysis, it is the community, and the families of which it is comprised, which must provide an environment that promotes, encourages, and rewards drug-free lifestyles.

Accordingly, an Alliance of every one of the 567 communities in New Jersey must be created to fight drug abuse. This Alliance will be a mechanism for both implementing policies to reduce the demand for drugs on the local level, and for ensuring that money generated through the imposition of new penalties on drug offenders will be channeled to community-based organizations involved in education and public awareness activities. Communities will be asked to take a stand against drug abuse by joining the Alliance and adopting a comprehensive public awareness and education program. In order to qualify for membership in the Alliance, a community must:

- Organize and coordinate the efforts of school, police, business groups and other community organizations to fight drug abuse.
- Adopt a K through 12 drug abuse education program in the schools which has been deemed to be comprehensive and effective.
- Adopt clear procedures for the intervention, treatment and discipline of students abusing alcohol and drugs.
- Provide a comprehensive drug abuse education and outreach program for parents.

- Provide a comprehensive substance abuse community awareness program.

Each community in the state which pledges to meet these criteria should be eligible for state assistance for their local programs. All or part of the permanent fund created in the Department of Law and Public Safety from monies collected through mandatory penalties imposed on drug offenders should be made available for grants for the activities of the Alliance.

In conjunction with the creation of the Alliance, representatives from business, community organizations, the clergy, and government should be assembled to mobilize corporations and private citizens in support of a statewide public awareness campaign against drug and alcohol abuse. This campaign should make use of all forms of media to educate people about the dangers of drug abuse, and should include a speaker's bureau featuring celebrities and former addicts who will speak on these issues at community events and in the schools.

VI. CABINET WORKING GROUP ON DRUG ABUSE

Only through a cooperative and coordinated effort by state and local agencies can we effectively mount a statewide-effort to combat drug abuse. Accordingly, a Cabinet Working Group on Drug Abuse will be created by executive order to implement the policies outlined in this plan and make further recommendations concerning the state's drug abuse program. The Working Group will be chaired by the Attorney General and will be composed of the Commissioners of Health, Education, Higher Education, Corrections and Human Services.

The Cabinet Working Group will coordinate the activities of all governmental agencies with regard to the state's drug abuse policies, and will work with the Legislature and with its committees on these issues. New legislation will be needed in order to implement many of the proposals included in this plan, while several others are included in whole or in part within initiatives already introduced in the Legislature.

The Working Group will also cooperate with the courts to implement portions of the plan which are related to the judicial system.

An additional responsibility of the Working Group will be to serve as the liaison between state government and the Alliance for a Drug Free New Jersey in order to coordinate the drug abuse prevention activities of state agencies with those of the Alliance.

In carrying out its responsibilities, the Working Group will seek input from the New Jersey Drug Abuse Advisory Council and the Commission to Deter Criminal Activity, which are both developing additional programs to fight drug abuse.

Serving as staff to the Cabinet Working Group will be the Statewide Narcotics Task Force which, in this role, shall be empowered to call upon the professional services, and technical and operational personnel, of all other departments and agencies of state government.

APPENDIX

Lifetime Prevalence of Twelve Substances

NJ High School Students 1983

Substance	Percent
Alcohol	91.8
Marijuana	56.6
Amphetamines	33.6
Cocaine	17.8
Hallucinogens	14.6
Barbiturates	12.4
Tranquilizers	10.9
Heroin	2.4
Glue	13.4
Cough Medicine	4.5
Methadone	3.9
Aerosol	4.0

Grade First Used Substance

NJ High School Students 1983 (Percent)

Substance	Grade			Total Before 10th	Ever Used
	Before 7th	7th-8th	9th		
Alcohol	34.3	30.6	17.0	<u>81.9</u>	91.8
Marijuana	6.6	18.6	15.9	<u>41.1</u>	56.6
Amphetamines	1.9	7.3	10.9	<u>20.1</u>	33.6
Cocaine	1.0	2.1	4.4	<u>7.5</u>	17.8
Hallucinogens	1.0	2.9	4.8	<u>8.7</u>	14.6
Barbiturates	0.9	3.4	3.5	<u>7.8</u>	12.4
Tranquilizers	1.0	3.0	2.9	<u>6.9</u>	10.9
Heroin	0.6	0.4	0.9	<u>1.9</u>	2.4

Perceived Availability of Nine Substances

**Substance Would Be "Easy" or "Very Easy" to Obtain.
NJ High School Students 1983**

Substance	Percent
Alcohol	92.1
Marijuana	87.6
Amphetamines	68.2
Hashish	47.3
Tranquilizers	52.8
Barbiturates	53.2
Cocaine	49.7
Hallucinogens	46.6
Heroin	28.0

CHART 4

ED DRUG ARRESTS	1981	1982	1983	1984	1985
r Cocaine and erivatives	5.993	7.637	7.731	10.236	11.307
a and Hashish	24.399	22.756	22.603	25.451	24,407

UNIFORM CRIME REPORTS
STATE OF NEW JERSEY 1985

CHART 5

DIVISION OF STATE POLICE
DRUG CONFISCATION AND VALUE

January - December
1984

January - December
1985

January - May
1986

	Weight (lbs.)	Retail Value	Weight (lbs.)	Retail Value	Weight (lbs.)	Retail Value
-	700.2	\$17,505,600	639.2	\$15,990,000	1,020.8	\$25,521,000
amphetamines	13.2	158,400	24.2	290,000	46.0	468,200
marijuana	9,189.0	4,594,500	4,844.0	2,523,000	1,009.4	480,059
	<u>INVESTIGATIONS</u>	<u>ARRESTS</u>	<u>INVESTIGATIONS</u>	<u>ARRESTS</u>	<u>INVESTIGATIONS</u>	<u>ARRESTS</u>
	356	464	438	537	355	456