

Director's Office of Criminal Justice Services

# UNDERSTANDING THE ENEMY

## AN INFORMATIONAL OVERVIEW OF SUBSTANCE ABUSE

Percent of male felony arrestees testing positive for cocaine  
October-December, 1988



120770

SOURCE: Bureau of the Census, Bureau of the Census, Bureau of the Census

Governor's Office of Criminal Justice Services

**UNDERSTANDING THE ENEMY:  
AN INFORMATIONAL OVERVIEW  
OF SUBSTANCE ABUSE IN OHIO**

November, 1989

120770

U.S. Department of Justice  
National Institute of Justice

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RICHARD F. CELESTE  
GOVERNOR

STATE OF OHIO  
**OFFICE OF THE GOVERNOR**  
COLUMBUS 43215

Dear Friend:

Drug abuse is fast becoming the dominant issue of our time. It threatens our young people, our educational system, our criminal justice system, our families, our homes and our neighborhoods.

This is an enemy of fatal attractions. It offers a 10-year-old boy more money as a "lookout" for a drug buy than his parents can make at an honest job. It offers teenagers a job with a high salary, no experience necessary. To the businessperson it offers the sudden rush of power and excitement. And to the homemaker, retiree and the hospital patient, it offers relief under the guise of "temporary" dependence.

Underlying all these attractions is the terrible fallacy that the cost of the "high" is no more than the cost of the drug.

Understanding the Enemy: An Informational Overview of Substance Abuse in Ohio takes a no-nonsense look at the false promises of drug and alcohol abuse and their impact on society, and on the criminal justice system. It also analyzes the attitudes and opinions of Ohioans and reflects the research of state and national experts.

Ohioans are gravely concerned about the problem of drug and alcohol abuse, and are pessimistic about solving it in the next generation.

But anxiety and pessimism thrive in environments where information is lacking. That is why we believe that reports such as this--one of the first of its kind in the nation--will serve as a solid foundation for sound drug and alcohol policies from now into the next century.

Drug and alcohol abuse is a problem of staggering proportions. We can no longer afford to let learning end with the morning's headline, or allow ourselves to be lulled with "quick-fix" suggestions. There are none. Education is our best hope.

Understanding the Enemy: An Informational Overview of Substance Abuse in Ohio offers the most current information and best insight we have on the real nature of drug abuse. Our task, as responsible citizens, is to put it to use.

Sincerely,

Richard F. Celeste  
Governor



Office of the Attorney General  
Washington, D. C. 20530

TO THE CITIZENS OF OHIO:

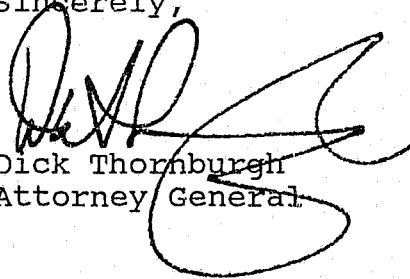
I commend the State of Ohio and the Governor's Office of Criminal Justice Services for publishing this document detailing the drug abuse situation in the State of Ohio. This report should help all Ohioans understand the complex issue of drug abuse and the related costs we all must bear.

The modern plague of drugs preys upon young people, devastates families and communities, and threatens the well-being of all nations. Drug abuse disables millions and threatens to enslave millions more. It is the great equalizer, making no distinction between rich or poor and without consideration of sex, race, language, culture, or even age.

The toll that drugs exact on our society extends far beyond the individual user. In a very real sense, we all become victims. Our health and safety are at stake when others use drugs. We become victims of the crimes that addicts commit to sustain their habits. Community values crumble, institutions weaken, and our governments must divert significant resources and attention to the problems of crime and corruption that invariably accompany drug production, trafficking, and abuse.

Ridding this country of what President Bush has so appropriately called the "scourge of drugs" is a job for each of us. In the final analysis, it involves a recognition that continued tolerance of drug abuse is a threat to our nation. Because the war on drugs will be won ultimately on the battlefield of values rather than through increased law enforcement efforts, we must reaffirm our commitment to a drug-free lifestyle. Understanding the threat that drug abuse poses to our society, through publications such as this, is the first step on our journey toward a drug-free America.

Sincerely,

  
Dick Thornburgh  
Attorney General



Dear Fellow Ohioans:

The war on drugs, like any war, cannot be won without accurate and timely intelligence information. Where is the enemy? What is his strength? How is he supplied? In what way is he most vulnerable to defeat?

Understanding the Enemy: An Informational Overview of Substance Abuse in Ohio is an attempt to answer these questions relative to Ohio's fight against drug abuse. For the first time in this State the latest and best information is being included in a single, comprehensive report on the problem which many people cite as public enemy #1. The first four chapters, which give context to the large volume of information, describe drug and alcohol abuse from the perspective of citizen attitudes, overall use, costs, and the drug-crime link. Chapter 5 is a series of articles by people whose positions give them unique insights into specific substance abuse issues. Their respective discussions of "crack," alcohol, juvenile drug gangs, the drug impact on children, complications for law enforcement, America's history of drug abuse, treatment programs which work, and legalization provide good beginning points for making use of our growing knowledge about substance abuse. President Bush's drug czar, William Bennett, has submitted an article outlining his policy of consequences and confrontation.

No one should confuse information for action. This report is not a strategy for fighting the war on drugs. But such strategies are useless--even harmful--unless they are built on the broad foundation of knowledge and understanding. This Nation's greatest victories, whether in space or in human relationships, have always seen the commitment to learn precede the commitment to act.

We hope Understanding the Enemy: An Informational Overview of Substance Abuse in Ohio will be the first step toward both commitments as Ohio comes to grips with alcohol and other drug abuse.

Sincerely,

David G. Schroot  
Director  
Governor's Office of Criminal  
Justice Services

## Ohio Citizen Attitudes and Personal Experiences

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Jeffrey J. Knowles  
Governor's Office of  
Criminal Justice Services

This chapter takes a broad look at Ohio's citizens relative to the issues of drug and alcohol abuse. It examines not only attitudes and opinions but also citizens' knowledge about the problem and their personal encounters with it, and answers such questions as:

Relative to young people, how do Ohioans rate drug and alcohol use compared to other typical youth problems? Are high school seniors becoming more concerned about the harmful effects of drugs?

What, if any, are the differences in severity Ohioans perceive among different drug crimes? Are those differences related to personal experiences? Do citizens believe the war on drugs is being won or lost?

What strategies should be pursued in combatting drug abuse? Is legalization a good option? Would citizens be agreeable to a tax increase to support their preferred anti-drug abuse strategies?

How much do Ohioans know about the age of drug abusers? the make-up and addictive power of "crack"? the use of alcohol among high schoolers? Are knowledge gaps more noticeable among certain citizen subgroups?

What kinds of drugs have Ohioans used? how recently? How many people know other people who abuse alcohol? abuse drugs? sell drugs?

## Ohio's citizens are extremely concerned about drug abuse.\*

### Adults see drug use as the most serious problem troubling today's youth

Youth problem	% of Ohioans rating problem "very serious"
Drug use	82%
Crime	71
Alcohol use	65
Illiteracy	49
Unemployment	34

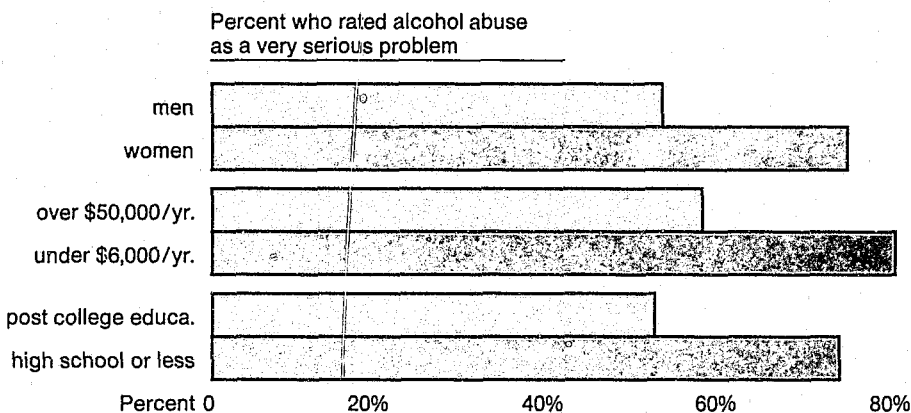
These findings, contained in a late 1988 statewide survey of Ohio residents, offer little that is new or surprising. The problem of drug abuse has consistently topped the list of societal problems discussed in citizen surveys throughout the nation during the past few years. Two other jurisdictions, Arizona and the District of Columbia, which conducted similar surveys of their residents, but which reflect different population profiles, found remarkably similar concerns about drug abuse. In Arizona, for example, 86% of the respondents cited drug abuse as a very serious problem troubling their young people.

### Most Ohioans see drug abuse as the most serious threat to ever face the younger generation

Four out of five respondents agreed with this judgment, generally rejecting alternate suggestions that drug abuse is "just a form of rebellion" or no worse than other youth problems such as teen pregnancy or school-related problems.

Notable were the responses of black residents, 55% of whom "strongly agreed" with the "greatest threat" statement. In contrast, 38% of the whites selected the "strongly agree" response, with a larger percentage favoring the milder "agree" response.

### Youth alcohol abuse is viewed more seriously by women and lower socio-economic groups



Source: GOCJS, November, 1988.

### Ohioans are pessimistic about winning the war on drugs

20-25 years from now drug abuse will be ...	Percent of Ohioans	Population subgroup	Percent who believe drugs will be out of control in 20-25 years
...completely eliminated	3%	white	14%
...not as serious	21	black	31
...about the same	24		
...more serious	33	graduate school education	9
...out of control	16	high school or less	20

Once again, there tended to be notable differences of opinion based on race, education, sex and income. Nearly one-third of the black respondents stated the belief that the drug problem "will be out of control and will seriously threaten our way of life" in the next generation.

male	12
female	19
over \$50,000/year	12
under \$9,000/year	25

Earlier research by this office (GOCJS) has documented the fact that blacks suffer disproportionately from Ohio's crime problem. Since there is a strong link between drug abuse and crime (see Chapter 4), it is possible that black respondents' concerns are a logical reflection of this linkage.

\*To minimize confusion, the terms, "drug abuse" and "alcohol abuse" are used separately in this report. However, this is done in recognition of an existing distinction rather than as a statement of the position of the Governor's Office of Criminal Justice Services (GOCJS). The alcohol abuse data included herein demonstrate that it represents a significant part of the problem of substance abuse.



**How do Ohioans rate the seriousness of certain drug crimes?**

	Percent of Ohioans rating this scenario as			
	very serious	somewhat serious	not very serious	not at all serious
Two people fly a planeload of cocaine into the U.S. as part of a drug dealing operation run from a South American country	96	3	1	-
A person operates a secret drug lab making and selling illegal drugs	94	5	1	-
Two police narcotics officers decide to keep and sell some illegal drugs seized during a raid	94	5	1	-
A married couple gives a party at which cocaine is made available to all of the guests	85	12	3	-
Parents allow their 15-year-old to host a beer party for some friends in their home	67	27	4	2
A farmer receives payment for allowing someone to grow marijuana in a cornfield	60	30	8	1
A person gives six tablets from a Valium prescription to a friend who is suffering from anxiety while on vacation	52	34	12	2
Two 16-year-olds share a marijuana cigarette	42	46	11	1

**The number of high school seniors who believe that some drugs pose a "great risk" of harm has increased in recent years**

Risk of harm for...	Percent of seniors citing "great risk"						
	1975	1977	1979	1981	1983	1985	1987
...regularly smoking marijuana	43%	36%	42%	58%	63%	70%	74%
...regularly using cocaine	73%	68%	70%	71%	74%	79%	88%

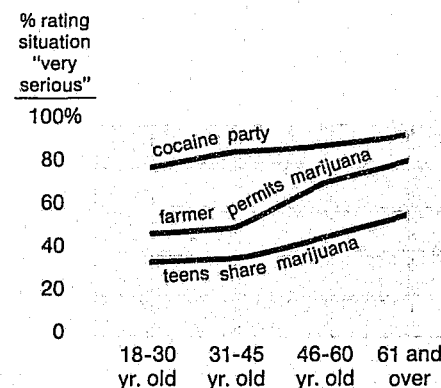
Source: National Institute on Drug Abuse Survey of High School Seniors, 1987.

**Tolerance for certain kinds of drug abuse depends on personal characteristics and lifestyle**

The drug abuse scenarios presented to the Ohio survey respondents indicate that the problem of drug abuse is not an indivisible whole, as it sometimes appears in speech or print, but a complex set of situations which triggers varying value judgments among citizens. There is, for example, much less citizen tolerance for professional cocaine smugglers than there is for teenagers sharing a marijuana cigarette. Similarly, citizen disapproval descended more heavily on corrupted narcotics (police) officers than on a corrupted farmer.

But personal characteristics are the best predictors of attitude differences. Increased age, in particular, usually dictates generally higher levels of perceived seriousness.

Sometimes personal experiences outweigh personal characteristics in forming attitudes. Two of the scenarios which the oldest age group did not rate significantly higher were the loan of Valium to an anxiety-ridden friend and parental allowance for a 15-year old to host a beer party for friends. Since a different section of the survey established that senior citizens have had about as much experience with tranquilizers as any other age group, it is not surprising that they demonstrated somewhat greater toleration for misuse of those drugs. The teenage drinking party drew equal seriousness ratings from senior citizens and the 31-60 year-olds, the latter more likely to have teenagers of their own.



Source: GOCJS, November, 1988.

## A Franklin County profile offers insights from an urban perspective

### Franklin County residents tend to reflect somewhat higher drug abuse concerns than do Ohioans as a whole

A separate survey cohort of 381 Franklin County residents favored the same sequence of options for dealing with student drug dealers (#1 call police, #2 expulsion, #3 counselling, #4 parental discipline only) as did the 800 residents in the statewide survey. The Franklin County respondents also made the same choices for the true-false questions, and virtually the same ratings for the drug crime scenarios, with 94% or above "very serious" ratings applied to international smugglers (94%), clandestine drug lab operators (95%), and corrupted narcotics officers (97%).

However, the Franklin County responses indicate higher levels of concern and more stringent attitudes than those found statewide. The "let the police and courts handle it" option for the student drug dealer question drew a 44% "strongly agree" response in Franklin County, but only 27% statewide. "Strongly agree" responses for student expulsion were also higher by a 35% to 25% margin.

Furthermore, several of the drug crime scenarios drew "very serious" responses which were 10%-20% higher than those in state survey cohort.

Percent of respondents who rated scenario as "very serious" in...

	Franklin County	Ohio
A farmer receives payment for allowing someone to grow marijuana in a cornfield	76%	60%
A person gives six tablets from a Valium prescription to a friend who is suffering from anxiety while on vacation	62	52
Parents allow their 15 year-old to host a beer party for some friends in their home	78	67
Two 16 year olds share a marijuana cigarette	58	42
A married couple gives a party at which cocaine is made available to all of the guests	92	85

### Does the media overreport the drug abuse issue?

Four-out-of-five Franklin County residents believe the local media either provide balanced coverage of the drug abuse problem (48%) or do not give it proper attention (34%), leaving only 16% who believe the media overreport the issue. Given the extensive news coverage of 200 crack house raids in Columbus during the past year, this public attitude finding is a testimony to citizen sensitivity about the issue.

### How do Franklin County residents view their drug problem compared to those in Cuyahoga and Hamilton Counties?

Sixty-nine percent of the Franklin County respondents believed that their local drug abuse problem was "about the same" as that found in Hamilton County, with 56% citing the same opinion for Cuyahoga County. The respondents who believed drug abuse was worse elsewhere were more likely to cite Cuyahoga (29%) than Hamilton County (10%).

### Should the death penalty be mandatory for people who commit murder while engaged in illegal drug dealing?

Franklin County respondents answered "yes" to this question by more than a two-to-one margin (63%-28%), with 9% unwilling to respond, even though this opinion is, *per se*, beyond the limits of current Ohio law.

### There appears to be much support for drug testing in the workplace

Overwhelmingly (82%), Franklin County residents favored random, on-the-job drug tests for people such as bus drivers, doctors, and police officers, whose work performance directly affects public health or safety. More surprising was the even larger affirmative response (85%) to the prospect of respondents submitting to random drug testing in their own workplaces.

### The family is seen as the most important institution for dealing with the problem of drug abuse

Among seven societal institutions listed as candidates for playing "the most important role in dealing with drug abuse", the Franklin County respondents gave the following ranking, from most important to least important:

- #1: families
- #2: government
- #3: law enforcement
- #4: businesses
- #5: churches
- #6: news media
- #7: labor unions

## How well do attitudes translate into policy options?

### Citizens appear uncertain about how to handle the drug abuse problem

The high level of citizen concern about drug abuse does not readily translate into suggested solutions for the problem. The 1988 Ohio survey repeatedly uncovered attitudes which were ambivalent, or at least inconsistent. Conflicting pieces of information, the enormity of the problem, and the many ways in which this issue touches almost every family in Ohio are taking their toll on Ohioans' perspectives.

### Public opinion is divided over whether to treat drug abusers as criminals or sick people

People who use illegal drugs should be:	Percent of Ohioans
arrested and prosecuted	47%
treated medically	45
left alone	5

Current or past cocaine users tended to be much more supportive of the "treat medically" (50%) and "leave alone" (23%) options.

When the question was raised from the individual to the societal level, public attitudes moved again, this time showing a preference for "education/prevention" and interdiction of the drug flow into the country.

### The best way to combat drug abuse in general is through:

	Percent of Ohioans
treatment and rehabilitation	17%
arrest and prosecution	13
education and prevention	33
stopping the drug flow	36

Citizens in the District of Columbia and Arizona also tended to bypass the treatment/rehabilitation and arrest/prosecution options but were not so evenly divided on the remaining choices, with District residents favoring interdiction over education/prevention (39%-26%) while Arizonans preferred education/prevention (42%-26%).

Among Ohio's sub-populations, senior citizens (60%) and blacks (52%) were especially supportive of stopping the drug flow. Higher income (39%) and better-educated (43%) residents showed slightly stronger preferences for education and prevention.

### There is little public tolerance for drug abuse in schools

Four-out-of-five people believe that students caught selling drugs in school should be turned over to the police. Just under two-thirds agreed with expulsion or school counselling in lieu of expulsion as appropriate responses by school officials, but less than one-in-five was willing to see the matter simply turned over to the parents. Once again, however, the response illustrates some public indecisiveness since two of the options to which a majority agreed (expulsion, 63% and in school counseling, 62%) are essentially contradictory in nature (a pattern repeated in the Arizona survey).

### Most citizens are agreeable to a tax increase to better fund the fight against drug abuse

Sixty-eight percent of Ohioans would be willing to assume a tax increase of at least \$50.00 per year in order to

support anti-drug efforts. The finding is significant in light of earlier studies which demonstrated extreme citizen reluctance to back up their public safety ideas (e.g., prison construction) with increased tax dollars. Fifteen percent stated that they would be willing to pay increases of \$300 per year or more.

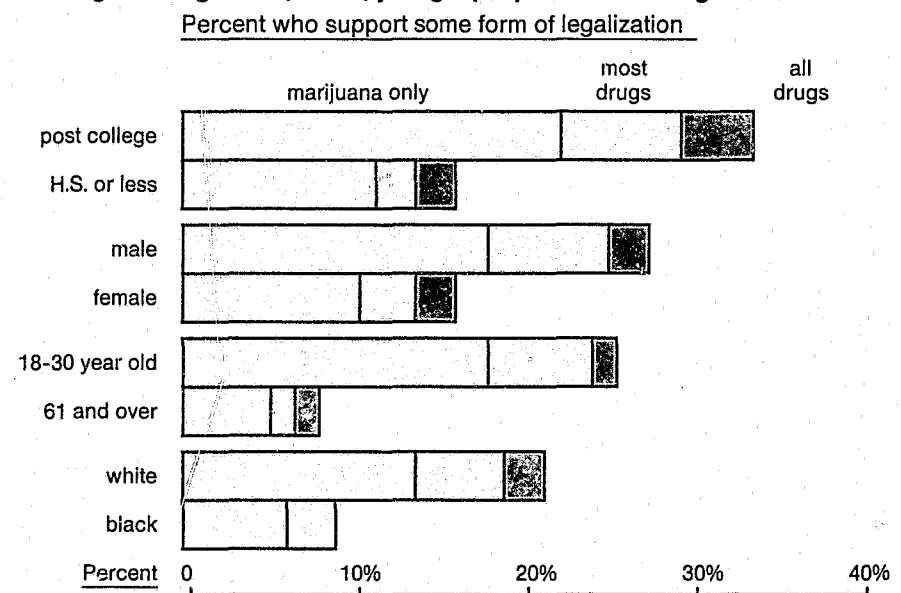
### There is little support for legalization of illicit drugs

By a four-to-one margin Ohioans disapproved of legalization as an option for dealing with the drug problem.

The support for legalizing marijuana has remained virtually unchanged since a similar question was asked in a survey by GOCJS eight years ago.

In order to better address drug abuse:	Percent who agree
all drugs should be legalized	2%
most drugs should be legalized	5
only marijuana should be legalized	13
no illicit drugs should be legalized	78

### Support for some form of legalization, though a minority in all groups except users, is stronger among whites, males, younger people and the college-educated



Source: GOCJS, November, 1988.

## The drug abuse issue touches the lives of most Ohioans

### A significant number of Ohioans have used licit and illicit drugs

The survey respondents discussed a wide variety of personal experiences with drugs, some entirely legitimate, some not. The "ever-used marijuana" group alone reflects the involvement of more than two million Ohio citizens. It was not the primary objective of the survey to gain an accurate census of drug users in the State, but the telephone methodology used probably means that even these figures are on the low side of the true numbers.

	Percent of Ohioans who have ever used:
pain medications	60%
tranquilizers	17
barbiturates/sedatives	15
amphetamines	11
antidepressants	8
marijuana	25
cocaine/crack	7
heroin	1

As indicated earlier, "ever-users" of a particular drug are less likely to see it as a significant part of the drug abuse problem.

### Most people know at least one individual who regularly abuses alcohol

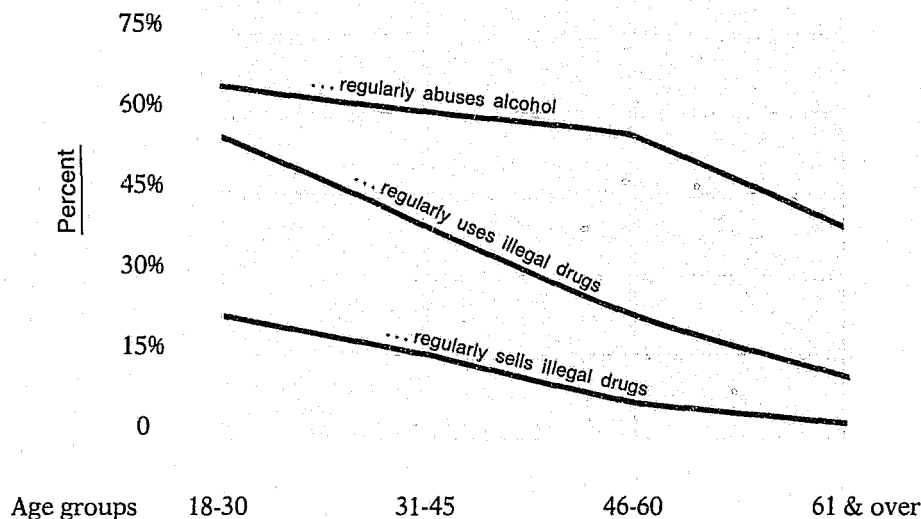
This figure (56%) alone, over half-again as high as the response to a similar question about individuals who regularly use illegal drugs, hints that alcohol is still the number-one substance of abuse.

### One Ohioan in seven knows of at least one individual who regularly sells illegal drugs

Given that many of these testimonies might not qualify as court evidence (e.g., hearsay), the figure is still remarkable. If such knowledge were translated into actual arrests it would multiply Ohio's drug sale/manufacturing arrests by a factor in the hundreds. Not unexpectedly, personal drug use had a direct influence on the way people answered this question.

### Age is directly related to contact with people abusing drugs or alcohol

Percent of Ohioans who know someone who...



Source: GOCJS, November, 1988.

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## Basic Sources

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We wish to acknowledge the work of Mr. Peter Haynes, Executive Director of the Arizona Criminal Justice Commission, and Mr. Stephen Rickman, Director of the Statistical Analysis Center of the District of Columbia Office of Criminal Justice Plans and Analysis, for their helpful critiques of this chapter.

Robert G. Swisher  
Governor's Office of  
Criminal Justice Services

This chapter examines patterns of substance abuse in Ohio and nationally, and answers questions such as:

What types of substances are most frequently abused?

Where do the illegal drugs come from?

Does substance abuse vary by age? By race? By gender?

Do patterns of use vary with different types of substances?

What are the current trends in substance abuse?

## Drug and alcohol use involve a large portion of the population

### Marijuana heads the list of America's most frequently used illegal drugs

Percent of users in U.S. household population, age 12 and older: 1985

Substance	1985		1988	
	Lifetime <sup>a</sup>	Past month <sup>b</sup>	Lifetime <sup>a</sup>	Past month <sup>b</sup>
Marijuana and hashish	32%	9%	33%	6%
Cocaine	12	3	11	2
Inhalants	7	1	6	1
Hallucinogens	7	1	7	-
PCP	3	*	NA	NA
Heroin	1	*	1	*
Nonmedical use of any:				
Psychotherapeutics	16	3		
Stimulants	9	1	7	1
Sedatives	6	1	4	-
Tranquilizers	8	1	5	1
Analgesics	7	1	5	1
Cigarettes	76	32	75	29
Alcohol	86	59	85	53

\*less than 0.5%

(a) Percent of respondents indicating they had tried the substances at some time in their lives. Subsequent tables will use this terminology.

(b) Percent of respondents indicating they had tried the substances during the past month. Subsequent tables will use this terminology and the narrative will refer to "current users" for this group.

Source: *National Household Survey on Drug Abuse: Main Findings 1985*, National Institute on Drug Abuse, U.S. Department of Health and Human Services, 1988, and *NIDA Capsules*, September, 1989.

Americans use and abuse a tremendous variety of substances, both licit and illicit. Some of these substances stimulate, others depress; some cause hallucinations, some only mild euphoria; some are home-made products, some are manufactured by large corporations involved in legitimate business. All of these substances are notable for their sometimes severe consequences for individual lives and society's well-being. The National Institute on Drug Abuse (NIDA) 1985 survey of the American household population found that the level of "current use" varies from substance to substance, ranging from less than 1 percent (heroin, PCP, sedatives, and hallucinogens) to nearly 60% for alcohol. Greater still is the number of Americans who have ever tried these substances, ranging from one percent (heroin) to 86% (alcohol). NIDA also notes that use of these substances might be higher among the non-household American population.

### It is estimated that many thousands of Ohioans are "current users" of illicit drugs

Estimated numbers of current drug users for the year 1985<sup>a</sup>

Age category	Marijuana and hashish	Cocaine	Hallucinogens
12-17	128,855	17,558	9,875
18-25	329,376	109,559	17,792
26-34	309,574	122,605	6,423
35 and over	131,377	37,105	0 <sup>b</sup>

(a) Based on estimates of Ohio's 1985 population developed by the Ohio of Development, the estimated number of users comprise percentages of the Ohio population virtually identical to those found in NIDA's 1985 U.S. household survey.

(b) The estimated numbers of current users are based on a sample of respondents. If none of the sample in a particular age category answered that they were current users, then a "0" was projected as the statewide estimate for that group.

Source: "Ohio State Plan For The Prevention And Treatment Of Alcohol And Other Drug Problems For Fiscal Years 1988, 1989, And Beyond", Ohio Department of Health, 1988.

## Alcohol use remains at high levels

### Ohio's trends in alcohol consumption have largely followed national patterns but at levels below national averages

The Ohio pattern of alcohol consumption has been one of diminished use of distilled spirits, increased consumption of wine, and roughly stable levels for malt beverages (beer, etc.). This reflects national trends. However, Ohio's overall per capita consumption of alcohol has been at slightly lower levels than national averages. Despite

the increased consumption of wine, Ohio has historically been, and remains, below national norms. Ohio's consumption of distilled spirits has been below the U.S. average since 1958. Ohio's per capita malt beverage use was higher than the national average from 1951 to 1972, but since 1973 has generally been below that average.

### Ohio per capita consumption (in gallons) of alcoholic beverages

Year	Distilled spirits (whiskey, gin, rum, etc.)		Wine		Malt beverage (beer, malt liquor)	
	Ohio	U.S.	Ohio	U.S.	Ohio	U.S.
1951	1.30	1.26	0.71	0.83	21.4	16.8
1956	1.32	1.28	0.69	0.90	18.9	15.7
1961	1.12	1.34	0.70	0.94	17.3	15.0
1966	1.35	1.58	0.66	0.98	18.1	16.4
1971	1.32	1.82	0.99	1.48	19.5	19.0
1976	1.37	1.96	1.09	1.73	21.1	21.5
1981	1.30	1.96	1.34	2.20	23.6	24.6
1986	1.17	1.63	1.56	2.42	23.4	24.0

Source: *Ohio State Plan For the Prevention and Treatment of Alcohol And Other Drug Problems For Fiscal Years, 1988, 1989, And Beyond*, Ohio Department of Health, 1988.

### There is a strong association between use of alcohol and tobacco and the use of illicit drugs for all age groups, but especially among the young

The NIDA household survey found that almost one-half of the 12-17 year-olds who had smoked cigarettes in the past month had also used marijuana in the past month. This compares with only six percent of the same age group who had not smoked cigarettes but who had used marijuana. Similarly, almost one in three of the 12-17 year-olds who had used alcohol in the past month had also used cocaine as opposed to only three percent who had not used alcohol but had used cocaine in the past month.

In all other age categories, those who smoked cigarettes and those who drank alcohol were more likely to have used illicit drugs than those who did not. But nowhere were the differences as great as those found for 12-17 year-olds. These associations do not, in themselves, prove a causal relationship. However, alcohol and tobacco use by juveniles are strong predictors of subsequent drug use, serving as "gateway drugs" to more powerful substances.



## High school drug use patterns reveal some cause for optimism

### Drug use among high school seniors has levelled off or, for some substances, declined since 1980

Percent of U.S. high school seniors reporting they have ever used selected substances, classes of...

Substance	'75	'76	'77	'78	'79	'80	'81	'82	'83	'84	'85	'86	'87
Marijuana/hashish	47%	53%	56%	59%	60%	60%	60%	69%	57%	55%	54%	51%	50%
Inhalants <sup>a</sup>	NA	NA	NA	NA	19	18	17	18	19	19	18	20	17
Amyl & butyl nitrites	NA	NA	NA	NA	11	11	10	10	8	8	8	9	5
Hallucinogens <sup>b</sup>	NA	NA	NA	NA	19	16	16	15	15	13	12	10	10
LSD	11	11	10	10	10	9	10	10	9	8	8	7	8
PCP	NA	NA	NA	NA	13	10	8	6	6	5	5	5	3
Cocaine	9	10	11	13	15	16	17	16	16	16	17	17	15
Heroin	2	2	2	2	1	1	1	1	1	1	1	1	1
Other opiates	9	10	10	10	10	10	10	10	9	10	10	9	9
Stimulants	NA	NA	NA	NA	NA	NA	NA	28	27	28	26	23	22
Sedatives	18	18	17	16	15	15	16	15	14	13	12	10	9
Barbiturates	17	16	16	14	12	11	11	10	10	10	9	8	7
Methaqualone	8	8	9	8	8	10	11	11	10	8	7	5	4
Tranquilizers	17	17	18	17	16	15	15	14	13	12	12	11	11
Alcohol	90	92	93	93	93	93	93	93	93	93	92	91	92
Cigarettes	74	75	76	75	74	71	71	70	71	70	69	68	67

(a) Inhalants - adjusted for underreporting of amyl and butyl nitrites.

(b) Hallucinogens - adjusted for underreporting of PCP.

NA = data not available

Source: *National Trends in Drug Use and Related Factors Among American High School Students and Young Adults, 1975-1986*, National Institute on Drug Abuse, 1987, and The University of Michigan, News and Information Services Release, 1988.

Surveys of high school seniors since 1975 generally show use of various substances to have stabilized or, in a few cases, to have declined. These trends are true for both the "ever used" and "daily use" categories among the seniors. However, for some drugs, especially alcohol and marijuana, the trends have stabilized at relatively high rates of usage. Furthermore, this survey does not include those who have dropped out of school and who, it is generally

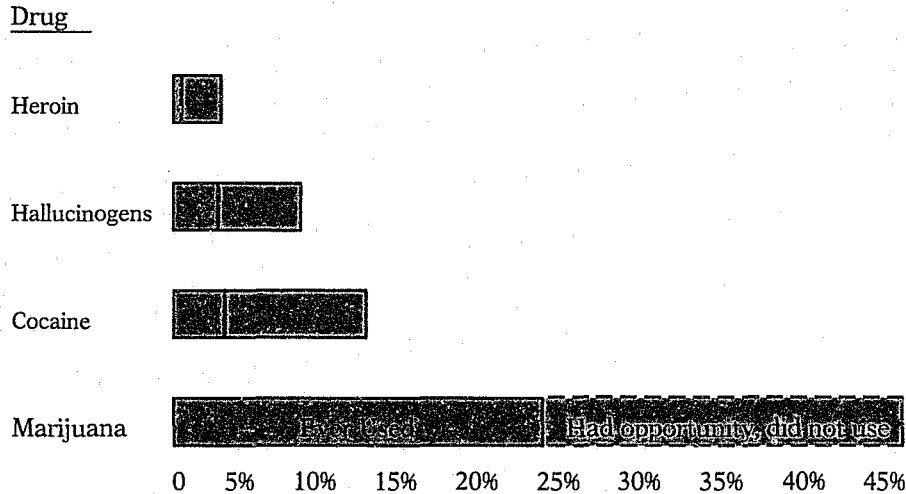
assumed by health professionals, probably are more inclined to use/abuse illegal drugs.

The major exception to the pattern of stabilization or decline during the 1980's has been cocaine, including its derivative crack. The percent of seniors who have ever tried cocaine almost doubled between 1975 and 1986 while those using it daily quadrupled during those years from 0.1% to 0.4%. The most recent national data, on the other hand, indicate that

cocaine use may have stabilized or declined in the last year or two among high school seniors. However, cocaine use may still be escalating in specific communities.

Moreover, personal attitudes seem to be changing. The proportion of high school seniors who disapproved of the use of drugs increased for every illicit drug in 1987. The percent who disapproved of even trying cocaine increased from 80% to 87% between 1986 and 1987.

**A minority of 12 to 17 year-olds who report having had the opportunity to use illicit drugs have actually used them\***



\*Having had the opportunity to use the respective drugs was self-defined by respondents of the NIDA survey. Remaining percentages of 12 to 17 year-olds reported no opportunities to use respective drugs.

Source: *National Household Survey on Drug Abuse: Main Findings, 1985*, National Institute on Drug Abuse, U.S. Department of Health and Human Services, 1988.

**A survey of some Ohio school age youth reveals substance use similar to the national survey findings**

In September and October, 1988, the Drug-Free Schools Consortium and the Franklin County Educational Council surveyed all 61,257 middle and high school students in the county's 16 public school districts and 39 private schools. The major findings include:

- Alcohol and tobacco are the first drugs young people report using.
- Alcohol is the drug of choice for Franklin county youth—50% of juniors and seniors say they drink it at least once a month.
- Adolescents are more likely than adults to drink in order to get drunk.
- 18% of seniors and 15% of juniors smoke marijuana at least once a month.
- 95% of sophomores, juniors, and seniors have never used cocaine/crack.

**One-quarter to one-half million American high school males have used or are using anabolic steroids**

The use of anabolic steroids has received increased attention the last few years, most notably in connection with the 1988 Summer Olympic Games. The *Juvenile Justice Digest* reports that the effects of these drugs on teenagers has not been studied, but among adults these drugs may produce abnormal sperm, decreased testical size and sex drive, as well as possibly contributing to high cholesterol levels, and kidney and liver problems, including cancer.

The first nationwide survey on the use of anabolic steroids found that 6.6% of 12th grade males participating in the study had used anabolic steroids. Applying this percent to the national high school male population suggests 250,000 to 500,000 males are taking these drugs. Nearly half (47%) took the drugs to improve athletic performance, primarily for the sports of football and wrestling. An additional 27% took the drugs primarily for appearance (greater muscle mass). About 44% reported they were taking more than one steroid at a time, often both orally and through injections.

## Much of the drug abuse problem involves legal drugs

### Ohioans have historically used and abused an unusually large amount of prescription drugs

From 1979 to 1984 Ohio ranked very high nationally in the amount of prescription drugs consumed. This was particularly true for amphetamines and methamphetamines. The 1985 statutory prohibition of the use of Schedule II amphetamines for dieting purposes resulted in an 82% decline in the amount of Schedule II stimulants (phenmetrazine, amphetamine, and methamphetamine) distributed in the state from 1983 to 1987. However, the non-medical use of Schedule III and Schedule IV stimulants has, according to the Ohio State Board of Pharmacy, increased. Indeed, of pharmaceutical drugs for which records are kept, 90% of those diverted in Ohio are Schedule III or IV drugs. Half of these are amphetamines.

Pharmaceutical drugs get diverted from legitimate use in a variety of ways. One way is through unscrupulous physicians and pharmacists who write prescriptions for or sell these drugs for non-medical use. A second way is through forged prescriptions by drug dealers, users, or by hospital or physician office staff. Data from the Ohio Board of Nursing indicates that for Ohio nurses charged with diverting drugs the overwhelming majority were doing so for personal use. A third means is simply theft of the drugs. Fourth, illegitimate labs manufacture some of these drugs. Finally, some of the general public will get similar prescriptions from two or more physicians without informing them of their colleagues' prescriptions.

Drug	Grams per 100,000 population <sup>a</sup>		Ohio's per capita drug consumption rank in U.S.					
	Ohio	U.S.	1984	1983	1982	1981	1980	1979
Amobarbital	151	105	7	7	7	7	9	10
Amphetamine	176	70	2	4	3	2	2	2
Codeine	8612	8123	16	17	19	15	18	14
Fentanyl	0.4	0.38	13	13	16	17	19	23
Levorphanol	3.0	2.6	16	NA	NA	NA	NA	NA
Methamphetamine	142	33	2	3	4	4	4	4
Methylphenidate	341	254	8	8	5	2	1	2
Methaqualone	81	41	6	7	5	4	6	3
Mixed alkaloids of opium	3.4	1.5	7	7	9	7	9	6
Opium powdered	30	17	10	2	3	3	3	4
Phenmetrazine	387	237	8	7	5	3	4	6
Secobarbital	735	485	5	5	7	2	6	6
Averages	--	--	8	7	8	6	7	7

(a) 1/1/84 to 6/30/84, for all but phenmetrazine which is for 1/1/84 to 9/30/84.

Source: "PADS [Prescription Abuse Data Synthesis] Project Technical Report to the Policy Group", November 21, 1985.

## America's drug problem is composed of use trends specific to particular drugs

### Differences in supply and demand cause the street prices of drugs to vary widely among Ohio municipalities\*

	<u>Cincinnati</u>	<u>Cleveland</u>	<u>Beavercreek</u>	<u>Middletown</u>	<u>Columbus</u>	<u>Oregon</u>
Marijuana	\$120/oz.	\$90 - 100	\$100 - 140	\$120	\$40 - 60	\$65 - 75
Cocaine	\$100/gram	\$80 - 100	\$90 - 110	\$100 - 120	\$100	
Percodan	\$8/pill	\$10 - 12	N/A	\$3.50 - 8	\$3 - 5	\$4 - 6
Demerol	\$25.00/pill	\$12	N/A	\$4 - 5	\$3 - 5	N/A
Dilaudid	\$45 - 65 (4 MG. pill)	\$45	\$35 - 60	\$20 - 60	\$40	\$60 - 70
Preludin	\$7.50/pill	\$7 - 10	N/A	\$3 - 6	\$8 - 15	\$8 - 10
LSD	\$3/hit	\$2.75	\$3.50	\$3.50 - 5	\$3	\$2 - 3
Talwin	\$7/pill	\$7 - 8	N/A	\$3.50 - 6	\$3	N/A
Crack	\$25 (¼ gram)	\$50	\$25	\$25 - 50	\$25	\$25

\*drug street prices as of February 10, 1988.

Source: Ohio State Board of Pharmacy

### The unlimited possibilities for development of new drugs of abuse require a demand-side approach to the program

The Institute for Social Research, University of Michigan, in its 1987 survey of drug use by high school seniors, observed:

"America's drug epidemic is, in fact, composed of many drug-specific epidemics, and these have not all risen and fallen in unison. During the early 1970's the use of most illicit drugs was rising among America's young people. But by the mid-seventies, some--like non-medical use of tranquilizers and barbiturates--began what was to be a long and gradual decline in use. Others reached their peak levels in subsequent years and then began to decline as well, including: marijuana in 1978; PCP in 1979; LSD in 1980; and amphetamines in 1982.

But it was not until 1987 when the latest and perhaps most troublesome drug--cocaine--gave evidence of beginning to turn downward...

After increasing sharply in popularity among young adults and adolescents in the latter half of the seventies, cocaine use remained relatively stable in these age groups for the next seven years<sup>a</sup> (1979-86); and this was despite expanded efforts at all levels of government to cut off the supply of the drug... The increase in availability and drop in price during the period surely helped sustain the epidemic; and they certainly helped to demonstrate that supply control efforts alone are not enough to control a drug epidemic. Demand must be reduced or the lure of great profits simply continues to attract new suppliers."

The University of Michigan researchers have enunciated what seems to be the two major conclusions to be derived from the available data:

- America's drug epidemic is composed of many drug-specific epidemics; and
- Supply control efforts alone are not enough to control the epidemics; demand must be cut.

To this can be added that the drug specific epidemics have "moved" among different geographic, racial, and age groups at different times.

### The use and abuse of substances are implicated in the deaths of thousands of Americans annually

The most recent U.S. Surgeon General's report indicates that tobacco is involved in the deaths of as many as 390,000 Americans a year. Alcohol is involved in the deaths of another 100,000, and illicit and non-medical drugs in the deaths of as many as 10,000. Furthermore, the Governor's Executive Order 86-25, which established the Governor's Task Force On Prescription Drug Abuse, states that "...the abuse of prescription drugs results in more injury and death to Ohioans than the abuse of illicit drugs, and is involved in almost 60% of drug-related emergency room visits and 70% of all drug-related deaths." The Task Force, in its May, 1988 Final Report, made a number of recommendations aimed at reducing the diversion of prescription drugs by health professionals.

## Personal characteristics greatly influence America's drug abuse profile

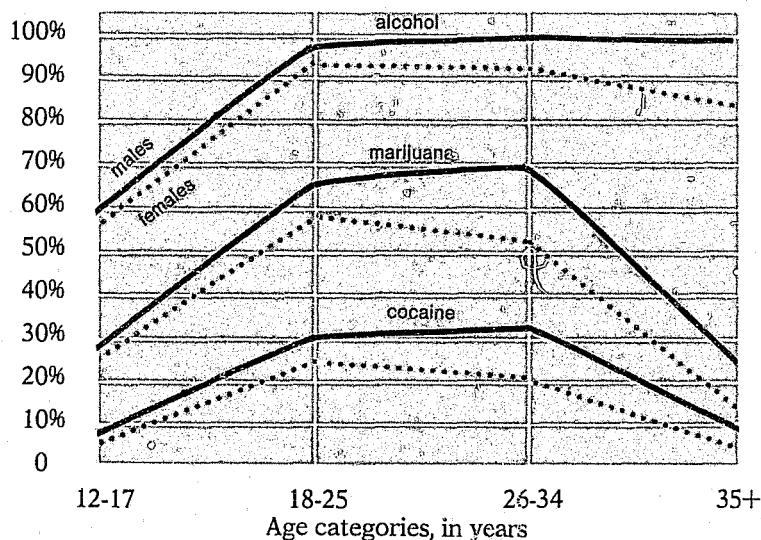
### Males are more likely than females to be users of most illegal substances

	Marijuana lifetime	Marijuana past month	Cocaine lifetime	Cocaine past month	Hallucinogens lifetime	Hallucinogens past month
Gender						
Male	38%	12%	15%	4%	9%	1%
Female	27	7	8	2	5	•
Race/ Ethnicity						
White	34%	9%	12%	3%	8%	1%
Black	33	13	10	3	2	•
Hispanic	24	7	7	2	3	•

\*0.5% or less

Source: *National Household Survey on Drug Abuse: Main Findings 1985*, National Institute on Drug Abuse, U.S. Department of Health and Human Services, 1988.

### Percent of U.S. household population who have ever tried selected substances



Source: *National Household Survey on Drug Abuse: Main Findings, 1985*, National Institute on Drug Abuse, U.S. Department of Health and Human Services, 1988.

The National Institute on Drug Abuse, in its 1985 survey of the U.S. household population, found a number of personal characteristics associated with specific substances; these include:

- Males (12.3%) are nearly twice as likely as females (6.8%) to be current users of marijuana.
- Among those surveyed, whites aged 18-25 years and 26-34 years are the most likely of all groups to have tried marijuana (64.7% and 62.7% respectively).
- On the other hand, blacks in every age category except 12-17 years are more likely to be current users of marijuana than whites (blacks 13.1% overall and whites 9.1% overall).
- Males are more likely than females to report both having tried cocaine (15.3% of males, 8.2% females) and to be current users (3.9% of males, 2.0% of females).
- Among teens, Hispanics are more likely to have tried cocaine and to be current users.
- Among those respondents 18 to 34 years of age, whites are more likely to have stated that they have tried cocaine or are current users.
- For those 35 years and older, blacks are more likely to state that they have tried cocaine or are current users.

**While patterns of substance use and abuse vary somewhat by the type of drug and geographic area, younger adults tend to comprise the most disproportionate shares of users and abusers**

For all 11 substances listed in the NIDA 1985 household survey, the highest use was noted among the 18-25 and 26-34 year old categories. This is true both in terms of having ever tried the respective substances and in terms of using them within the past month, what might be defined as "current users".

The pattern is one of greater use of the respective substances by those in the late twenties or early thirties,

except for marijuana and cocaine, which peak a bit earlier in the age profile. There is a fall-off in use by older individuals, generally those born prior to 1950. The rate of fall off varies from slight (tobacco, alcohol, some prescription drugs) to very dramatic (hallucinogens, marijuana, cocaine). The general rise of the drug specific epidemics during the 1970's occurred primarily among those entering their teens and twenties during that decade.

The DEA reports that the use of heroin in the U.S. has levelled off and is largely restricted to an aging group of addicts. Another difference reflecting age concerns cocaine: NIDA reports that 46% of the 12 to 17 year-old users have administered the drug through "freebasing" versus 20% for the other age categories, while use of injection is more common among users in the oldest age group.

Percent of age category in U.S. household population reporting use:

	12-17	18-25	26-34	35+	Total
Marijuana, lifetime	24%	60%	58%	16%	32%
Marijuana, past month	12	22	17	2	9
Cocaine, lifetime	5	25	24	4	12
Cocaine, past month	2	8	6	*	3
Heroin, lifetime	*	1	3	*	1
Hallucinogens, lifetime	3	11	17	2	7
Hallucinogens, past month	1	2	2	*	1
Stimulants, lifetime <sup>a</sup>	6	17	18	4	9
Stimulants, past month <sup>a</sup>	2	4	2	*	1
Sedatives, lifetime <sup>a</sup>	4	11	12	3	6
Sedatives, past month <sup>a</sup>	1	2	1	*	1
Tranquilizers, lifetime <sup>a</sup>	5	12	14	5	8
Tranquilizers, past month <sup>a</sup>	1	2	2	1	1
Analgesics, lifetime <sup>a</sup>	6	11	13	3	7
Analgesics, past month <sup>a</sup>	2	2	2	*	1
Psychotherapeutics, lifetime <sup>a</sup>	12	26	27	9	16
Psychotherapeutics, past month <sup>a</sup>	3	6	5	2	3
Alcohol, lifetime	56	93	93	88	86
Alcohol, past month	31	71	70	57	59
Tobacco, lifetime	45	76	81	80	76
Tobacco, past month	15	37	40	30	32

\*0.5% or less

(a) Use of these substances refers to their nonmedical use. Subsequent references to their use should be taken to be in this context.

Source: *National Household Survey on Drug Abuse: Main Findings 1985*, National Institute on Drug Abuse, U.S. Department of Health and Human Services, 1988.

**Whites are more likely than others to have tried most substances at some time in their lives**

Percent of U.S. household population who have ever used selected substances

Substance	Whites	Blacks	Hispanics
Marijuana	34%	33%	24%
Cocaine	12	10	7
Hallucinogens	8	2	3
Alcohol	89	75	73

Source: *National Household Survey on Drug Abuse: Main Findings 1985*, National Institute on Drug Abuse, U.S. Department of Health and Human Services, 1988.

- Whites are more than twice as likely as blacks and Hispanics to report both having tried hallucinogens at sometime in their lives and to be current users.
- Among the peak users (26 to 34 year olds), those with some college or college graduates are most likely to have used hallucinogens (21.9% and 20.2%, respectively).
- Yet, for those 18 to 25 years of age, those with less than a high school education are most likely to have tried hallucinogens (18.0% vs. 11.7% for those with some college and 7.0% for college graduates).
- Males surveyed were found to be more likely than females both to have had nonmedical use stimulants and sedatives in their lifetime and to be current users of these substances.
- Females are nearly as likely as males to have tried, and as likely as males to be current nonmedical users of, analgesics and tranquilizers.
- Whites are about twice as likely as blacks or Hispanics both to have tried and to be current nonmedical users of stimulants and tranquilizers.
- On the other hand, whites are also less likely than either group to report being current users of analgesics.
- The most striking aspect of cigarette usage is how younger females (25 years and younger) reflect smoking patterns more like those of males than those of older women.
- Whites are more likely than blacks or Hispanics to report having tried cigarettes at some time in their lives for every age group; however, while whites 25 years of age and younger are more likely than blacks or Hispanics to state that they are current users, whites 35 years of age and older are less likely to be current users than either group.
- For all age categories, for both lifetime and current use, males and whites are more likely to state that they use alcohol than their counterparts.
- Not only are whites more likely than blacks or Hispanics to report use of alcohol, but the relative disparity between whites and the others increases among the younger age categories.
- Those who have ever used heroin are primarily from the 26 to 34 year-old category, with males just over three times more likely than females to have tried it.

**Persons seeking drug abuse treatment in Ohio tend to be male, white and between 25 and 44 years old**

Drug abuse client characteristics, by percent, on October 30, 1987

Factor	Ohio	U.S.
Male	65%	66%
Female	31	32
Unknown	4	2
White	70	54
Black	24	24
Hispanic	1	15
Other	*	2
Unknown	4	5
Under 18 years old	16	15
18-20 years old	8	7
21-24 years old	13	13
25-34 years old	31	33
35-44 years old	20	21
45-54 years old	5	6
55-64 years old	2	2
65 and over	1	*
unknown	5	4

\* 0.5% or less

Source: "National Drug and Alcoholism Treatment Unit Survey (NDATUS) 1987 Final Report," D.H.H.S. Publication No. (ADM) 89-1626, National Institute on Drug Abuse, Rockville, Maryland, 1989.

## Drug abuse involves a worldwide transportation network

### Virtually all cocaine and heroin come from outside of the U.S.

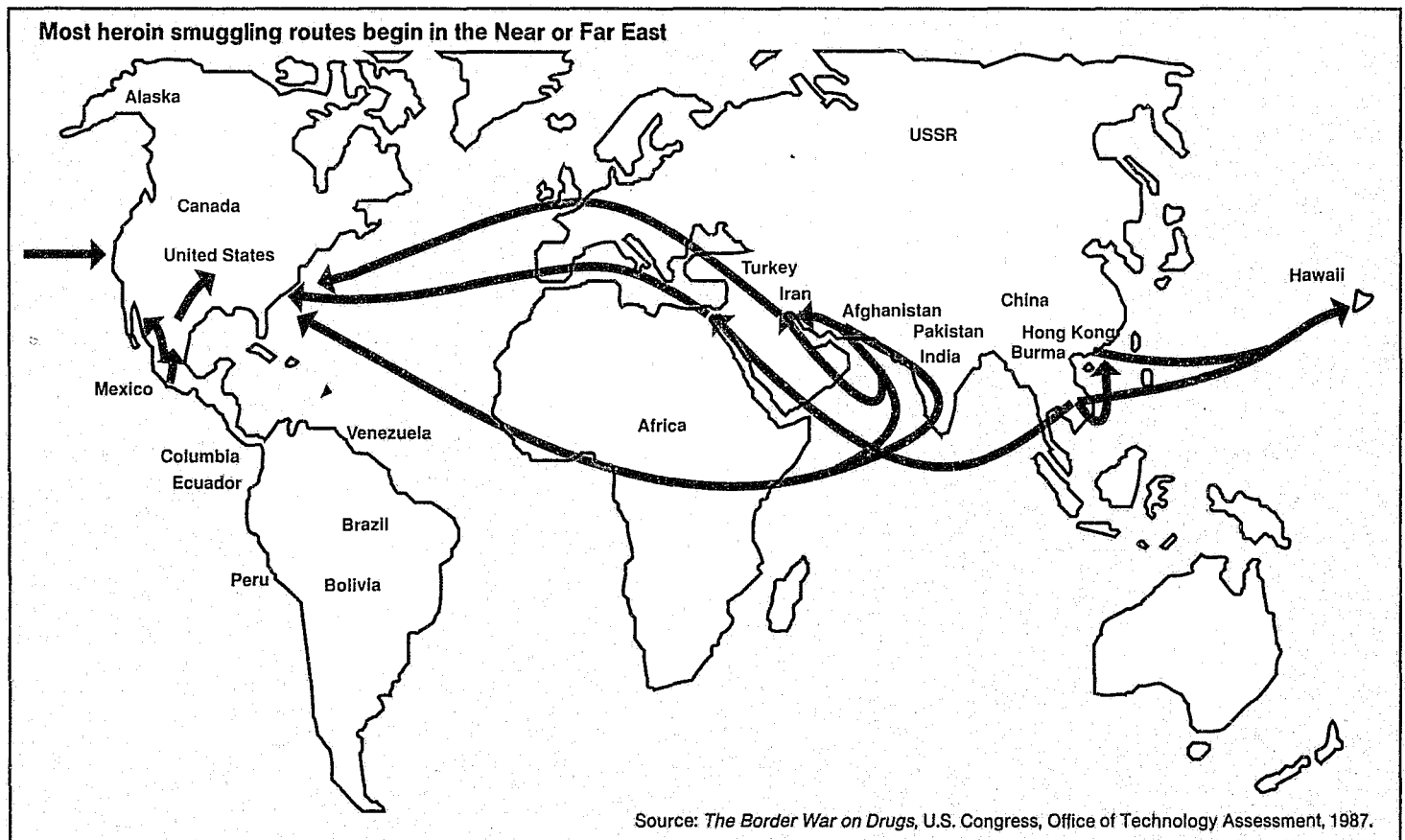
The Drug Enforcement Administration (DEA) indicates that the largest producers of cocaine, in acres cultivated, are Peru (approximately 170,000 to 175,000 acres), Bolivia (75,000 to 90,000 acres), and Columbia (35,000 to 45,000 acres). Most of this cocaine is then processed in Columbia. From there it is transported to areas along each of the three major coastlines of the U.S. In the past, most of the cocaine entering Ohio has been transported along interstate routes 75 and 77 from Florida. However, there has been a recent shift with some of the cocaine coming to Ohio entering the U.S. across the Mexican border, being transported to Los Angeles, and then eastward. Furthermore, in the past several years there has been increasing use of airlines, bus lines, common carriers, overnight package express, and express mail for the

transport of cocaine. The DEA indicates that there are literally thousands of kilograms (one kilogram equals 2.2046 pounds) of cocaine entering Ohio each year.

A special element of the cocaine problem is its cheap, potent, and highly addictive form known as "crack". A significant proportion of the crack entering Ohio comes south from Detroit along Interstate 75 and branches out along the east-west interstates. A secondary route is westward from New York, again following the interstate routes. However, the Dayton Police Department points out that a high proportion of the crack sold in Dayton arrives in the form of cocaine powder and is converted to crack within Montgomery County. Therefore, the distribution network for crack—at least in Montgomery County if not in the state as a whole—may not differ significantly from the distribution

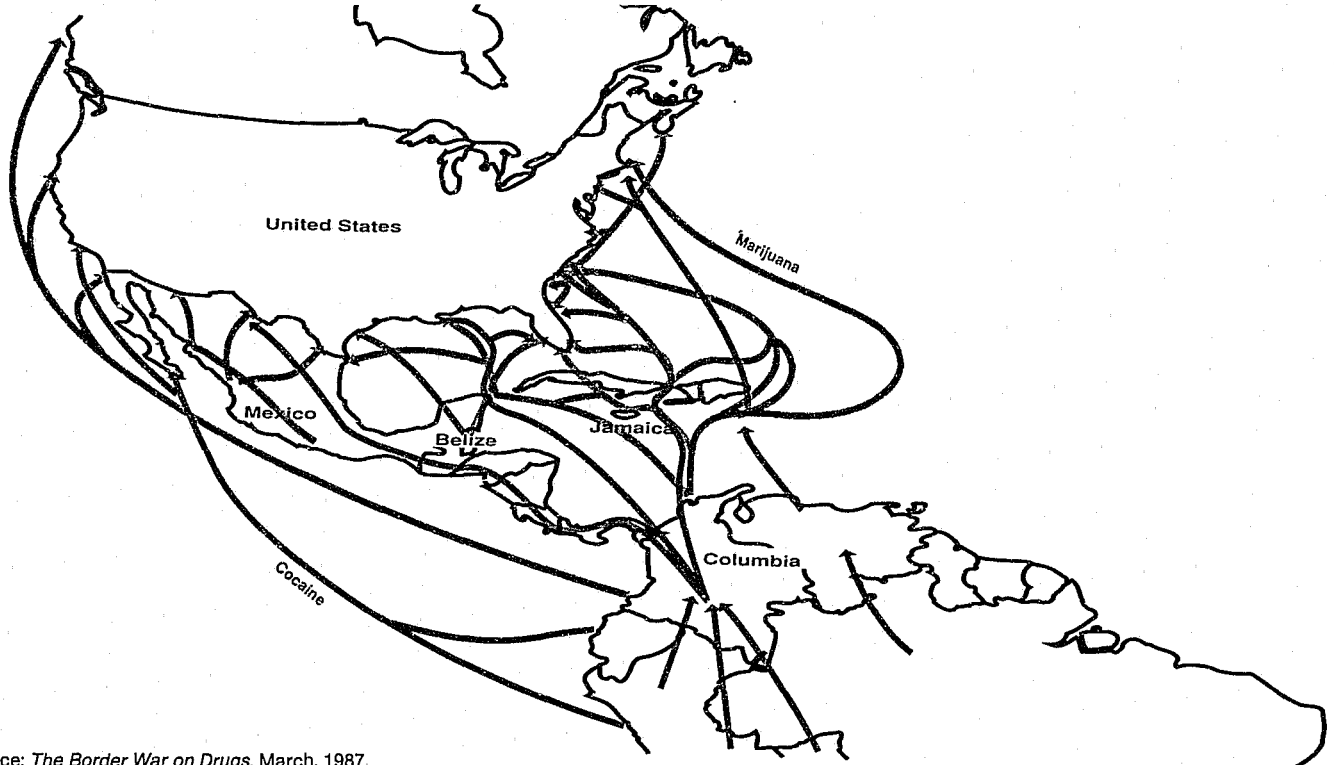
network for cocaine. The DEA has indicated crack is the number one drug problem facing Ohio due to its growth in use and severe health consequences.

Most of the heroin entering Ohio is produced in Southwest Asia, primarily Afghanistan, Iran, and Pakistan. It is then processed in Europe, and transported through New York. Southwest Asia supplies approximately 47% of the heroin entering the U.S. market. An additional 39% originates in Mexico and 14% in Southeast Asia, primarily Burma, Thailand, and Laos. A form of Mexican heroin, "black tar", appears to be taking a growing share of the U.S. market. Estimates are not available on the amount of heroin entering Ohio each year, but it is estimated that about 10 kilograms enter the Columbus area each month and a slightly larger amount enters the Cleveland area each month.



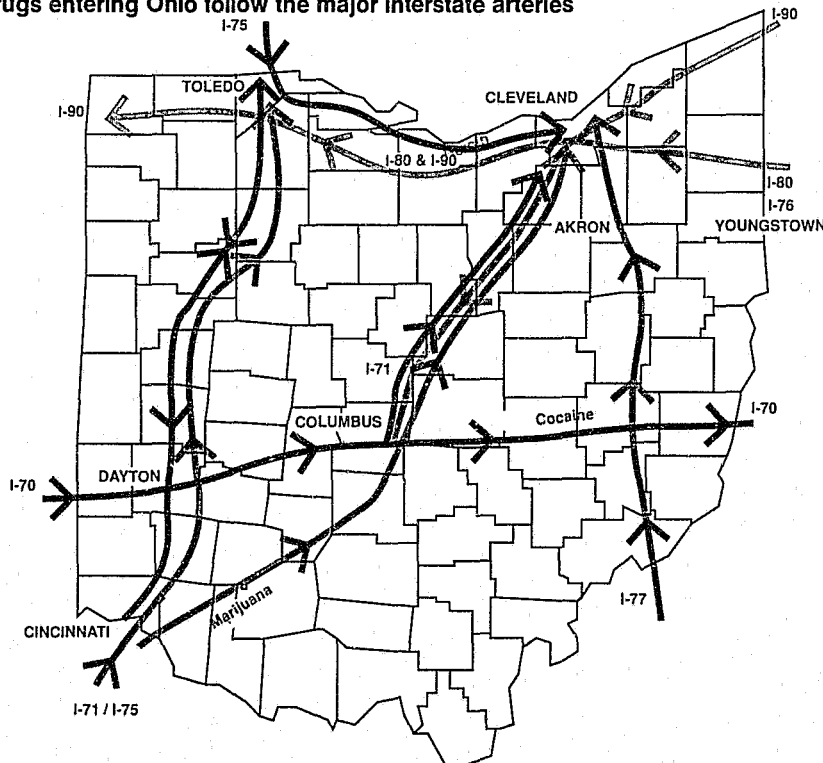


**Cocaine and marijuana are largely of South and Central American origin**



Source: *The Border War on Drugs*, March, 1987, U.S. Congress, Office of Technology Assessment.

**Drugs entering Ohio follow the major interstate arteries**



Source: Drug Enforcement Administration and Ohio Attorney General's Office.

**Although a significant amount of marijuana is grown in Ohio, most of what is consumed in the state is of foreign origin**

It is conservatively estimated that 5,000 to 6,000 pounds of marijuana are grown in Ohio annually with most of this grown in the southeastern part of the state. However, the actual amount may be considerably larger (see Chapter 4 on plant eradication statistics). This marijuana is used within the state as well as being distributed throughout the mid-western states, and is considered to be of fairly potent quality.

Yet, the DEA estimates that 80% of the marijuana consumed nationally is imported. They note that most of the marijuana imported into Ohio is grown in Mexico and transported to distribution points in Florida, Texas, Arizona, and Oklahoma. Nationally, major suppliers are Columbia and Mexico, each of which accounts for approximately one-third of the marijuana imported into the U.S., with lesser amounts coming from Jamaica and Belize.

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## The Societal Cost of Alcohol and Drug Abuse

Brian E. Simms  
Governor's Office of  
Criminal Justice  
Services

Each year, alcohol and drug abuse costs Americans an estimated \$176 billion\*. Ohio's portion of this national figure is roughly four and one-half percent or eight billion dollars.

These dollars reflect the burdens brought on by health problems and death. They also include the economic effects of substance abuse in the workplace as well as treatment, health care, and criminal justice costs.

This chapter looks at these costs and provides some answers to critical questions such as:

How is health affected by taking drugs or drinking excessive amounts of alcohol? What are the risks of substance abuse during pregnancy?

How many AIDS cases in Ohio are attributed to drug abusers sharing their needles?

How many lives are lost each year due to drunk drivers?

What are the costs of drug and alcohol abuse in the workplace? Is it expensive to test employees for substance abuse?

How much does Ohio and the nation spend on treatment and prevention of substance abuse?

How many of these dollars are allocated by the Ohio General Assembly for state-assisted programs in the substance abuse area?

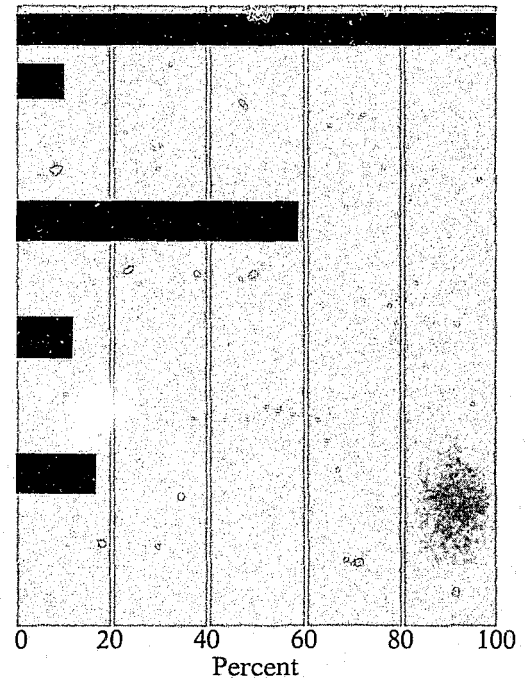
How much is spent to fight the war against illegal drugs?

The author is grateful for the invaluable contributions made by several individuals around the country who reviewed this chapter. They included: Henrick Harwood, Associate Study Director at the National Academy of Sciences; Thomas J. Plewes, Associate Commissioner for Employment and Unemployment Statistics at the U.S. Department of Labor; Dr. Miriam Rothman, Associate Professor of Business Administration at the University of San Diego; Miriam Schenkenberger, Manager of Labor Management for the Ohio Department of Development; Dr. Donn Young, Director of the Biostatistics Unit at the Comprehensive Cancer Center, The Ohio State University.

## Substance abuse has an impact on many areas of life

It is estimated that substance abuse costs Ohioans over eight billion dollars a year

	United States	Ohio's percentage of U.S. total*
Total cost to society	\$176,418,000,000	\$8,115,000,000
Health and welfare costs	21,220,000,000	976,000,000
Mortality	20,637,000,000	949,000,000
Motor vehicle accident (loss of time)	583,000,000	27,000,000
Workplace costs	104,656,000,000	4,814,000,000
Reduced productivity	98,928,000,000	4,551,000,000
Lost employment	5,728,000,000	263,000,000
Rehabilitative costs	21,316,000,000	981,000,000
Treatment/support	16,914,000,000	778,000,000
Social welfare services other	4,350,000,000	200,000,000
Criminal justice costs	29,226,000,000	1,344,000,000
Criminal activity	9,173,000,000	422,000,000
Victims of crime	1,137,000,000	52,000,000
Property loss due to DUI	2,667,000,000	123,000,000
Incarceration	5,403,000,000	249,000,000
Career criminals	10,846,000,000	499,000,000



\*Ohio figures generated by multiplying national figures by Ohio's percentage of the U.S. population

Source: Economic Costs to Society of Alcohol and Drug Abuse and Mental Illness: 1980, Research Triangle Institute, 1984

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## The costs to human life and welfare due to drug and alcohol abuse are substantial

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### Both drugs and alcohol adversely affect a person's health

Almost every part of the body is affected either directly or indirectly when drugs or alcohol are consumed. Medical research such as that conducted by Albert Munson and Michael Holsapple has shown that prolonged marijuana smoking, for example, damages lung tissue. Changes in the brain, reproductive organs, and the immune system have also been noted; however, medical studies have not clearly documented marijuana's effects in these areas. Other studies revealed that persons who consume large quantities of sedatives and alcohol run the risk of overdose which may lead to a coma state or even death. The effects of both cocaine and crack on the brain and heart make these drugs very dangerous according to several studies. Both drugs can cause an irregular heart pattern which can send the person into cardiac arrest. But what is most alarming is that these effects can occur in both the prolonged user and in the first time user. Cocaine and crack users are also susceptible to other ailments due to poor nutrition and lack of sleep brought about by these drugs.

The results of alcohol abuse are widespread. According to "The Sixth Special Report to the U.S. Congress on Alcohol and Health" by the Department of Health and Human Services, several medical studies demonstrate that alcohol is damaging to four particular systems of the body.

- **The cardiovascular system**, which includes the heart and blood circulation, is affected by large intakes of alcohol. Dr. Howard Friedan's (et al.) study conducted in 1982 found that heavy alcohol consumption increased mortality from coronary heart disease and heightened the risk of other heart-related diseases. Several medical researchers have also revealed a correlation between heavy drinking and high blood pressure. However, if taken in moderation, alcohol can reduce blood pressure and lessen the risk of coronary heart disease. In 1984, T.E. Rohan found six separate research efforts which demonstrated that alcohol can

reduce the risk of coronary heart disease in persons who drank a moderate, consistent amount of alcohol over a period of time.

- **The digestive system**, made up of the stomach, intestines, and liver, is also harmed by alcohol. Medical studies have shown that heavy alcohol use can damage the stomach's lining. Moreover, alcohol can aggravate stomach ulcers and may reduce stomach secretions which aid food digestion. A change in the tissue makeup, lower blood circulation, and alterations in intestinal motility are effects of alcohol on the small intestinal tract. Based on Dr. Charles Leiber's (et al.) study in 1982, other intestinal problems occur when individuals suffer from malnutrition caused by excessive alcohol consumption.
- **The reproductive system** in both men and women is also damaged when massive quantities of alcohol are introduced into the body. In 1985, Dr. David Van Thiel's (et al.) study showed that a reduction in the levels of male hormones is common in alcoholic men. Further, many of these men (70-80%) show signs of infertility. Similar findings in another study showed that alcoholic men suffered from testicular atrophy and showed a loss in mature sperm cells. For alcoholic women, infertility and alterations in the menstrual cycle were evident. Two particular studies revealed that women who consumed large quantities of alcohol experienced a higher level of premenstrual discomfort and entered menopause earlier.

- **The immune system** loses its ability to ward off illness when a person abuses alcohol. Several studies reveal that alcohol compromises the body's fight against ailments such as hepatitis, pneumonia, and tuberculosis. In some cases, the body's weapons against disease, such as white blood cells, are weakened by alcohol.

The prevalence of poor nutrition and cancer among individuals who abuse alcohol is also evident. Healthy dietary habits diminish once heavy, sustained alcohol consumption occurs. A study released by Dr. Charles Leiber et. al in 1984 found that food intake declines in a large percentage of alcoholic men and regular eating goes by the wayside. This brings on malnutrition and susceptibility to other diseases.

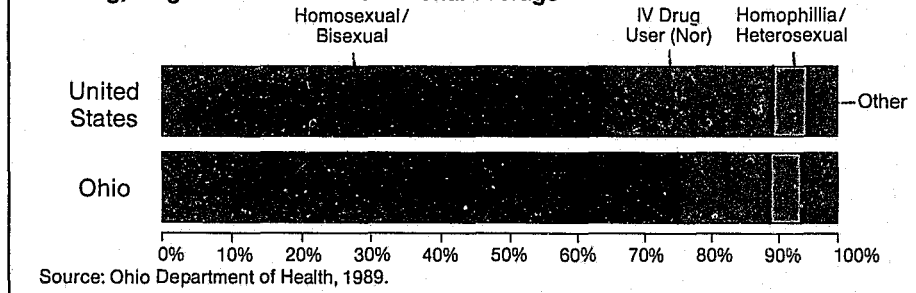
Persons who drink alcohol are at a higher risk of certain forms of cancer. In some instances this is brought on by the alcohol weakening the immune system, or by the combined effects of alcohol and other substances such as cigarettes. For example, an immune deficiency precipitated by heavy alcohol consumption may heighten an individual's chances of contracting viruses such as the Epstein-Barr virus which is thought to cause cancers of the head and neck. Apart from this, several studies have indicated that alcohol use increases the risk of cancers in many areas including the mouth, larynx, esophagus, stomach, liver, lungs, pancreas, colon, and rectum.

**Nationally, a high percentage of persons consuming drugs who use needles and have AIDS are minority males**

Ninety-one percent of the nation's AIDS cases are in males. Of the 81,418 AIDS cases recorded by the Centers for Disease Control since 1981, 58% are caucasians while blacks and Hispanics make up 26% and 15% of the cases respectively. This is somewhat different, though, when looking at intravenous (IV) drug use. Minorities make up nearly 70% of the AIDS cases related to drug users contracting the disease through needle use. Blacks represent 44% of these cases or almost double their percentage of the cases nationwide. Hispanics make up another 26% of the IV drug user cases.

In Ohio the situation is quite different. Of the 1,131 AIDS cases identified in the state since 1981, only 21% are minorities. This percentage is about the same when the cases are broken down by how the individual contracted the disease. Minorities only reflect 22% of the AIDS cases involving IV drug users. Of the 224 minority cases involving IV drug use, blacks made up the vast majority (88%).

**Fourteen percent of Ohio AIDS cases stem from drug needle sharing, a figure about half the national average**



**Mothers who abuse various drugs place their unborn babies in jeopardy**

Unborn babies do not thrive in the body of a mother who abuses drugs or alcohol. Substance abusing mothers run the risk of miscarriage. They may also cause the babies themselves to become addicts. But the problems do not stop there. Newborn babies of substance abusers sometimes are born prematurely or suffer from low birth weight. They also are susceptible to birth defects and related neurological problems.

Cocaine abusing mothers run the risk of harming their babies in several ways. In the early stage of pregnancy,

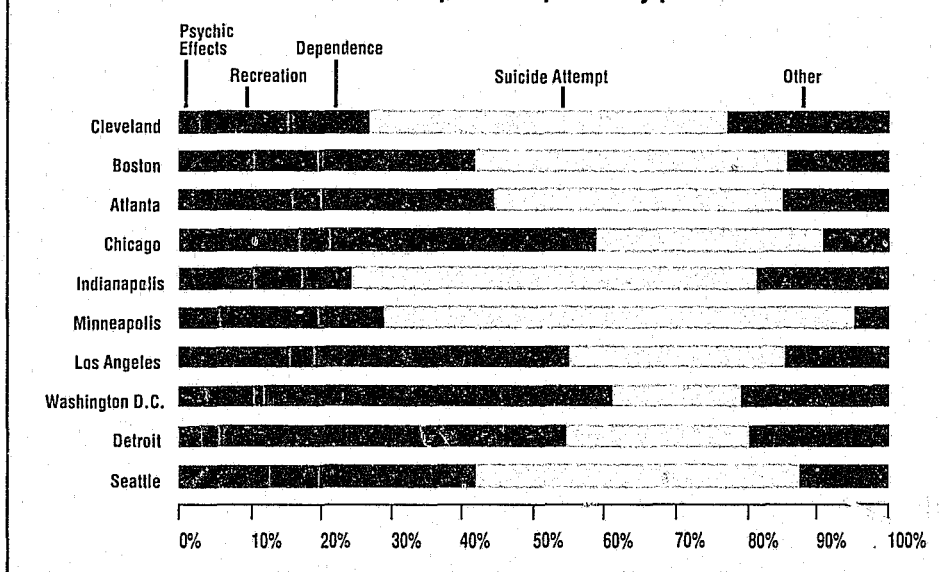
cocaine can increase the risk of miscarriage. Later on in the pregnancy, the drug heightens the risk of infant brain damage, may cause the unborn baby to suffer a stroke, or trigger premature labor. During birth, cocaine can contribute to a condition of excessive bleeding which is potentially fatal to both mother and baby. Babies born prematurely or with a low birth weight are 40 times more likely to die in the first month than babies of normal birth weight.

Babies exposed to cocaine before birth can suffer from birth defects, respiratory problems, neurological ailments, and show signs of poor motor coordination. These babies may also go through steps of withdrawal making them very irritable and fidgety. According to the March of Dimes, some doctors believe that this behavior retards normal mother-baby bonding, especially when the mother is still addicted. Other studies show a higher rate of sudden infant death syndrome (SIDS) among babies exposed to cocaine. One study revealed that babies exposed to cocaine died from SIDS at a 15% higher rate than other babies.

**Infants of mothers who drink alcohol heavily are also in danger**

Fetal Alcohol Syndrome, which was first recognized in 1973, afflicts thousands of babies each year. National figures show that about one out of every 750 babies suffers from the affliction each year. This translates into 5,000 cases annually. It is one of the most common causes of birth defects that produce mental retardation. Babies born with it typically have low birth weights and suffer from malformed organs, in particular, the heart. As they get older, the babies lack coordination and generally exhibit behavioral problems.

**Of the persons mentioning that they used a drug(s) prior to admittance to an emergency room, over two-thirds sought medical treatment due to a failed suicide attempt or a dependency problem**



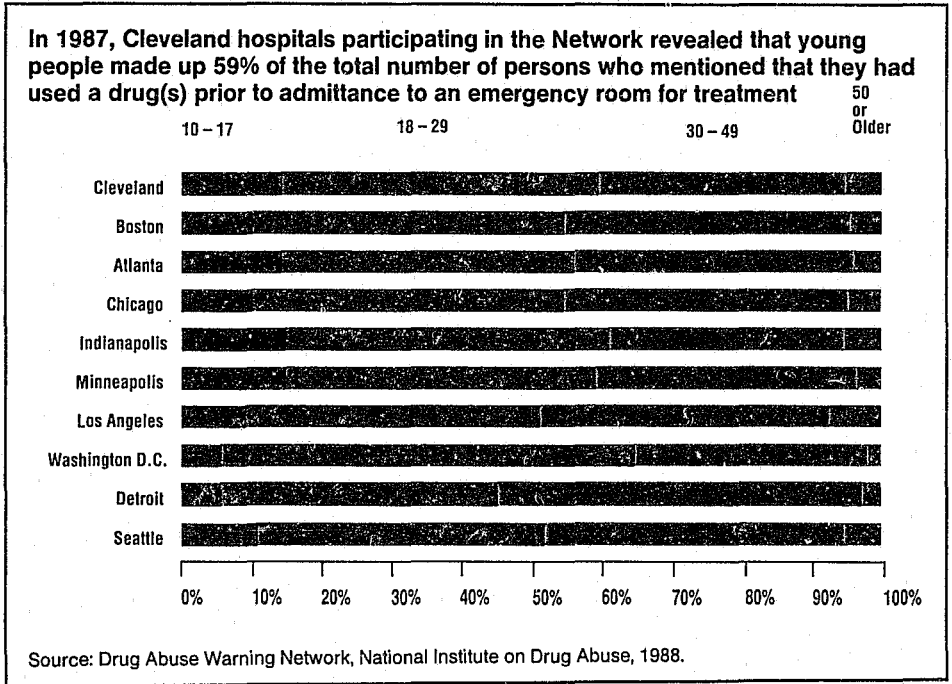
**Alcohol, cocaine, and heroin were mentioned most often in drug-related deaths reported to the Drug Abuse Warning Network in 1987**

Of the 4,678 drug-related deaths reported in 1987 to the Network by participating medical examiners in the 16 different cities, alcohol, sometimes in combination with another drug, was most frequently (37%) cited as the substance involved in the death. Cocaine and heroin/morphine were the second and third most frequently mentioned drugs according to the participating medical examiners. They were cited in 36% and 34% of the deaths respectively. These drugs were followed by codeine which was mentioned in 13% of the substance-related deaths.

**Thousands of Ohioans are killed or injured each year by drunk drivers**

Since 1980, 310,950 alcohol-related automobile accidents have occurred in Ohio. The 1987 total was 795 deaths, which reflects a two percent decrease over 1986. In 78% of the total 1987 accidents, persons either sustained injuries or died. Furthermore, the State Highway Patrol estimates that these accidents produced an economic loss in excess of two billion dollars.

According to Ohio State Highway Patrol information on 1987 drunk driving accidents, inebriated drivers generally were between the ages of 18 and 35. In addition, most were male (79%). Drunk motorists within this age range killed 81% of the 795 persons who died in alcohol-related accidents in 1987. Moreover, they were responsible for 78% of the injuries that occurred.



## Alcohol and drug abuse plague the workplace

### Substance abuse costs American businesses and corporations an estimated \$104 billion each year

The overall cost to the public and private sector due to substance abuse in the workplace is staggering. Numerous studies evidence this fact. According to a recently released survey of corporate executives and government officials at the federal, state, and local levels, cocaine and crack use is rising rapidly. This situation has only worsened an already serious problem involving abuse of other drugs and alcohol. These officials estimated the problem's total cost at around \$100 billion.

Dr. Robert G. Wiencek, General Director of Occupational Safety and Health at the General Motors Corporation, estimated in a recent New York Times article that substance abuse problems among the 472,000 auto manufacturer's employees and their dependents had cost the corporation over \$600 million in time off and in employee assistance programming during 1988. Small companies are not exempt from the sting of substance abuse costs. "At least seven Fortune 1000 companies calculated their loss due to alcohol and drug abuse at more than \$50 million each year, according to information gathered by Mercer Meidenger Hansen of New York City." Several executives believe the problem is getting worse. Employers estimate that six to 15% of their employees have an alcohol or drug problem.

### Specific costs to employers are both tangible and intangible

Substance abuse hurts public and private sector establishments in many different areas. In some instances, employers can estimate these costs, but in other areas the task is more difficult.

- **Productivity loss on the job** means less work and lower quality workmanship. The Research Triangle Institute estimated the productivity loss at \$98 billion in 1983 or 56% of the total cost to society due to substance abuse.

Overall, the institute generated this figure on estimated loss figures relating to employers, household income, and taxable income. In Ohio, experts estimate that businesses and corporations across the state lose approximately \$4.6 billion in productivity.

- **Absenteeism, loss of employment, and turnover** also hurt employers. All too often, persons with substance abuse problems cannot maintain themselves in the work environment on a regular basis. Time off due to related substance abuse ailments, sickness, and a lack of motivation is commonplace. One study found that persons with substance abuse problems are absent from their job two and one-half times more (on average) than workers who do not abuse alcohol or drugs. A study conducted by the U.S. Postal Service found that individuals who tested positive on pre-employment drug tests but were subsequently hired were absent 40% more often than applicants who tested negative. Other studies show that employees with substance abuse problems are away from their jobs 16 times more often than employees without such impairments.

Absentee figures only represent employees that maintain themselves in the workplace at some level. Many more individuals cannot cope in this environment and thus represent a total loss of employment. In 1983, Ohio's employment loss figure was estimated at \$263 million. This compares to the six billion dollars lost nationwide in 1983.

Certain drugs like cocaine and crack have exacerbated this problem. According to J. Michael Walsh, Director of Work Place Initiatives at the National Institute on Drug Abuse, it takes an alcoholic 10 to 15 years to become dysfunctional, but people who use crack or cocaine reach a disabled state much faster—as quick as 6 to 8 months. Substance abusers are fired from their jobs due to an inability to perform at adequate levels. The U.S. Postal Service study

revealed that employees who tested positive on drug tests were fired at a 40% higher rate than employees who tested negative.

- **Injury and death due to accidents** relating to substance abuse can occur. Elizabeth Dole, former Secretary of Transportation, stated before the Senate Surface Transportation Subcommittee in 1984 that the railroad industry experienced 45 serious accidents related to substance abuse between the years of 1975 and 1983. From 1975 to 1985, railway accidents have killed 37 people, injured 80 people, and destroyed approximately \$34 million in property.
- **Increased health care costs** born by employers and employees are problematic. One Massachusetts company placed claims for substance abuse at 18% of the total amount of medical benefits paid in a year. Under closer scrutiny, the company found that alcohol and drug-related claims actually accounted for 28% of the total claims paid. Ultimately, these costs to employers are offset by increased costs of the goods and services that are passed along to the general public.
- **Reduced morale** brought on by substance abuse in the workplace can affect job performance and lessen teamwork among employees. This low morale is not limited to the substance abusers themselves. It also can affect non-abusing employees and managers as well.
- **Poor corporate image and inferior products** are other potential consequences of chronic substance abuse problems. Employees who miss appointments, fail to return messages, and fail to meet deadlines damage their employer's reputation and prestige. In addition, businesses and corporations which put out inferior products ultimately lose their position in the market.

### Employee drug testing is seen as one solution to the problem

Both public and private sector screening of employees for drug use has grown dramatically since 1983.



Several federal government agencies carry out some type of drug testing program. Many are involved in national security or justice-related matters. But, agencies involved in less sensitive areas, like the U.S. Postal Service, have testing programs as well.

By far the most extensive employee drug testing programs exist in the armed forces. All branches conduct regular testing of military personnel. Between 1983 and 1985, these programs resulted in 51,000 discharges and 92,000 disciplinary actions. In one year, the Navy processed 1.8 million drug tests that looked for the use of marijuana, cocaine, barbiturates, amphetamines, and other drugs.

According to a U.S. Department of Labor study conducted in 1988, industries relating to mining (including oil and gas extraction), communication and public utilities, and transportation are the most likely to have testing programs. In the case of the communication and public utilities industries, this was partly due to federal regulations requiring testing in certain situations. To date, only the Federal Railroad Administration has published standards that cover the specifics of a drug screening program. According to a recent Nuclear Regulatory Commission report, 90% of the nuclear power plants have drug screening programs, and the balance are considering them.

In 1982, approximately five percent of the Fortune 500 companies conducted drug testing according to Dr. Miriam Rothman, Associate Professor of Business Administration at the University of San Diego. This figure increased to 30% in 1984. Whether or not a private business has a drug testing program often depends on its size. The U.S. Labor Department study found that workplaces with over 5,000 employees were most likely to have a drug testing program. Apart from federally-regulated industries, manufacturing businesses were most likely to test their employees.

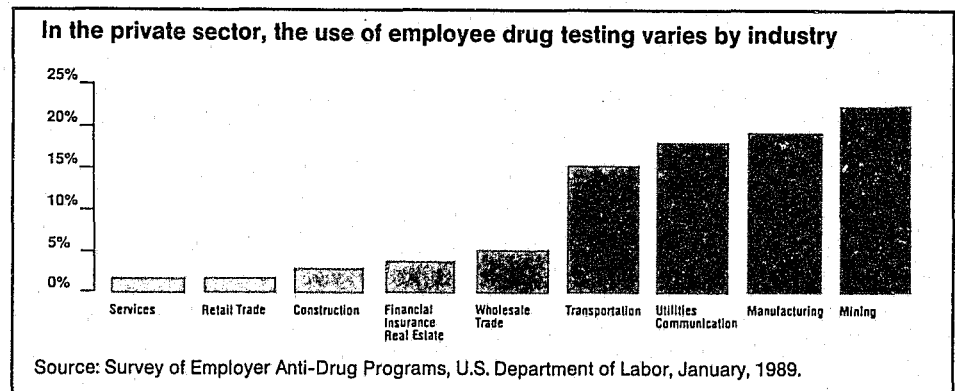
The Labor Department study also found that businesses related to construction and service delivery (e.g., restaurants) seldom implement drug testing programs. The high turnover rate in these industries makes employee testing a costly proposition.

### How do drug screening programs work?

Drug testing programs can take many forms. But in general, one of three arrangements is used: (1) testing of job applicants or employees on probationary status, (2) testing of existing employees, and (3) testing of both job applicants and existing employees. Based on these arrangements, testing programs function either on a random or probable cause basis. Random programs operate with an element of surprise. Employers test employees at irregular time intervals without prior reason. Programs working under the probable cause basis only test employees who management believes are using some type of drug. According to J. Michael Walsh at the National Institute on Drug Abuse, testing employees for substance abuse generally takes place after one of several situations occurs. "For example, an employee who is suspected by a supervisor of using alcohol or drugs, who is accident

prone, or who exhibits unusual behavior may be asked to submit to a drug test."

Some companies have moved toward random testing of employees as conducted in the military; yet considerations of probable cause have slowed its use in the private sector. The U.S. Postal Service tests all job applicants before they are hired. In a 1989 study, the Postal Service revealed that eight percent of the 4,375 new employees had tested positive on a pre-employment drug test. In the U.S. Labor Department study, 63.5% of the 145,000 non-farm establishments with drug testing programs actually tested current employees. Other businesses operate two-pronged programs wherein both job applicants and employees are tested. The Labor Department found that several of the establishments carried out tests on both populations.



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### What does it cost to implement a drug testing program?

Implementing a drug screening program is a costly endeavor. Most companies with testing programs use a method which involves the testing of urine for traces of drugs. These programs are generally operated by laboratories specializing in these procedures. For the screening test itself, companies may spend anywhere from \$10 to \$15 per test. Several factors can affect the screening cost including the number of screenings carried out, the turnaround time for results, amount of documentation needed for each test, and whether the laboratory charges to confirm positive results by individual drug types.

Many companies carry out the testing process in a three-step fashion. Initially, employees are screened by using an inexpensive method of testing for drugs. Should the screening test yield a positive result or show drug traces, it must be verified. Verifying initial results usually occurs by subjecting the person to a more accurate technique of drug detection. Confirmatory tests cost more than those used in the screening process, upward of \$100 per test. Finally, companies may retest persons who initially tested positive more than once to ensure abstinence later on.

Based on this process, an employer who annually tests 500 employees at a per test cost of \$15 will pay \$7,500 initially. But if five percent of these tests turn up positive, the company may spend as much as \$2,250 to verify these initial result (\$90 per test). To ensure abstinence later on, the employer would probably test these 25 employees at least one more time at the lower test cost(\$375). In all, the employer would spend \$10,125 for a year-long program which included 500 tests. From 1983 to 1985, the United States armed services spent over \$525 million on their urine testing program.

But these are not the only costs that an employer takes on when implementing a drug testing program in the workplace according to Dr. Miriam Rothman. Additional costs not

associated with the tests themselves are also present. For example, there is a loss of productivity that occurs when someone is subjected to a drug test. The process itself takes the person away from his or her job. Moreover, there is additional down time when the person returns to work, time taken up by fellow workers asking questions. The process may also instill brooding, anger, or worry on the part of the person who is tested, thus taking more time away from the job.

Employers also absorb several start-up costs relating to the program's implementation. For one, management must take time to prepare policies related to the program and attorneys must review them for potential problems. Once the program is operating, other costs may crop up due to dismissal or grievance proceedings. Businesses without legal staffs or attorneys on retainer can pay as much as \$100 an hour for representation during litigation. All of this diverts specific managers from their regular duties.

Finally, a drug screening program may weaken labor-management relations. This is especially true if the program operates on a random testing basis as is the case in the military services. Under this type of a program, some individuals may feel they are viewed as guilty until they prove their innocence.

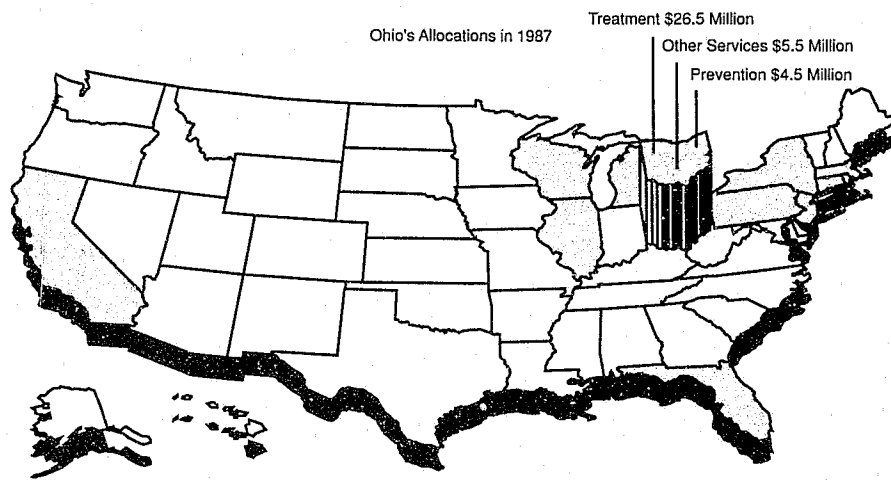
## Helping substance abusers is an expensive endeavor

### An estimated \$17 billion is spent annually on the treatment and support of drug and alcohol abusers

Each year, federal, state, local, and private dollars are allocated in the billions to help people fight their dependence on alcohol and drugs. These dollars are spent on several treatment services that include inpatient and outpatient rehabilitation, detoxification, counseling services, and support groups. Moreover, these dollars also represent a multitude of public awareness programs that take the form of public service announce-

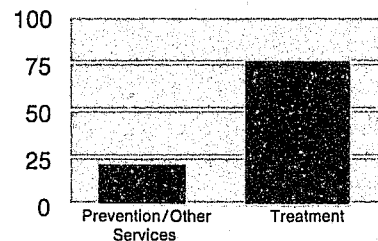
ments on television and radio or in the print media, brochures, and community workshops and presentations. Of the \$17 billion identified in the treatment and support area, the Research Triangle Institute estimates that \$5.6 billion actually go towards rehabilitating abusers of alcohol and drugs. The balance is spent on prevention, support, and the treatment of ailments that are promoted by excessive alcohol and drug consumption.

### Twelve state legislatures, including Ohio's, allocated over \$100 million total in their state budgets for alcohol and drug abuse services during the years of 1985 through 1987



Source: State Alcohol and Drug Abuse Profile, National Institute on Drug Abuse (FY 1985, 1986, 1987).

### Across the nation, over 75% of all state expenditures for state-supported alcohol and drug abuse services goes towards treatment programs



Source: State Alcohol and Drug Abuse Profile, National Institute on Drug Abuse, 1987.

### Ohio is one of three states to create a cabinet level Department of Alcohol and Drug Addiction Services

This agency, which would centralize and streamline the State's substance abuse planning efforts, was created on October 10, 1989, with the Enactment of House Bill 317. The Department's mission is to develop and administer a comprehensive statewide plan emphasizing abstinence, prevention and treatment. Local programs will be provided through county boards of Alcohol, Drug Addiction and Mental Health Services. The Department will operate with an estimated annual budget of \$50 million for each of the next two years.

**Studies reveal that substance abusers and their families use health care benefits more often than other families**

Several health care providers and insurance companies have found that families with a member who suffers from a drug or alcohol problem use health-related services more often and at a higher cost than other families. A report detailing a program that covered the Philadelphia Council of the AFL-CIO, Blue Cross of Greater Philadelphia noted that "the average hospital stay for alcohol and drug patients was three times longer than subscribers who were admitted for nonsubstance abuse ailments. Families with a substance abuser also used other medical services at a higher level." Further, family members who lived with a substance abuser were more likely to use mental health services and hospitalization as compared to persons living in families without a substance abuser. In 1981, another health insurance provider, Blue Cross/Blue Shield of Minnesota, found that expenditures for substance abuse and mental health services

increased drastically when compared to other health-related claims. Claims for such services rose nearly 115% over a five-year period. Aetna Life Insurance's study of the Federal Employee Health Benefit Program showed similar results. "On average, families with an alcoholic used health care services and incurred costs at a rate about twice that of similar families with no alcoholic member. Families with an alcoholic member made \$210 worth of claims per month (on average) whereas other families only claimed \$107 per month. The study also found a gradual rise in total health care claims for families with alcoholics during the three years prior to the person receiving treatment. Total monthly costs increased from about \$150 per month two years prior to treatment to an average cost of more than \$450 per month during the six months prior to receiving treatment."

**Inpatient treatment for persons with a substance abuse problem costs anywhere from \$254 to \$440 a day**

Substance	Average per day cost	Average total cost
Cocaine	\$440	\$11,430
Amphetamines	\$436	\$10,892
Marijuana	\$391	\$10,561
Barbiturates	\$417	\$10,436
Opiates	\$343	\$ 9,248
Alcohol	\$254	\$ 6,861

Information reflects what patients would pay when admitted into an inpatient program offering rehabilitative treatment for a specific substance while covered by Blue Cross of Greater Philadelphia during 1986.

Source: Community Data Report 1987, Blue Cross of Greater Philadelphia, 1987.

**Between 1980 and 1986, inpatient health care charges increased 279% for Philadelphia Blue Cross Subscribers**

	1980	1981	1982	1983	1984	1985	1986
Substance abuse admissions per 1,000 subscribers*	1.3	1.5	1.5	1.4	1.4	1.6	2.1
Total charges	\$3,800,000	\$5,500,000	\$6,800,000	\$6,300,000	\$7,100,000	\$9,900,000	\$14,400,000

\*Information reflects persons admitted for inpatient substance abuse treatment for every 1,000 subscribers covered by Blue Cross of Greater Philadelphia during the years indicated.

Source: Community Data Report 1987, Blue Cross of Greater Philadelphia, 1987.

# Drug crime fighting costs affect the criminal justice system at every level of government

## The federal government allocates millions of dollars each year to fight the war against illicit drugs

At the federal level, the Drug Enforcement Administration (DEA) spearheads the nation's law enforcement efforts to suppress the spread of illegal drugs. Particular responsibilities include the investigation of illegal drugs entering the country and assisting other countries in their efforts to control illicit drugs. Currently the DEA assists over 40 different countries by destroying drug laboratories and airstrips and assisting investigations that tie into American drug operations. Although they target all types of illegal narcotics, they primarily focus resources on cocaine, heroin, and marijuana. In 1985, the DEA had 24,036 drug agents, but their ranks have increased to 28,082 agents, a 17% increase. The DEA's budget has climbed from \$353 million in 1985 to over \$535 million in 1989.

The U.S. Coast Guard also is deeply involved in the war on drugs. Since 1985, the Coast Guard has allocated almost \$4 billion toward the illegal drug effort. Most of these dollars are spent on seizing drugs before they reach the destination where they are

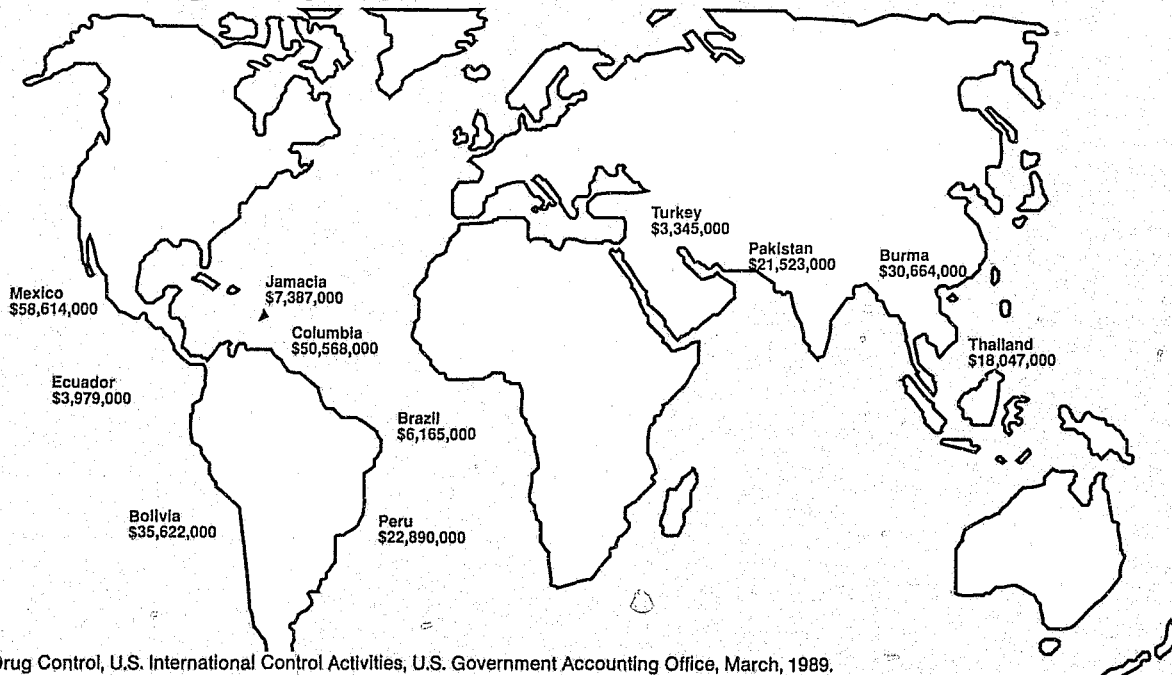
distributed for sale. The Coast Guard's activities are heavily concentrated in the Florida coastal areas, a main entry point for drugs entering the country from Latin America. Since 1981, the Coast Guard's efforts in stopping the spread of illegal drugs has made up 17% of their overall budget. In 1988, the Coast Guard set aside \$633 million or 20% of its entire budget for drug fighting activities.

The Federal Bureau of Investigation (FBI) is another major actor in the federal government's fight against the spread of illegal drugs in the United States and abroad. In 1984, the FBI implemented the Drug Enforcement Task Force which acts as the Bureau's link in cooperative efforts with other federal agencies that are also addressing the illegal drug problem. In 1984, the Bureau took another step toward fighting the flow of illegal narcotics by establishing a drug section within the Bureau. Agents assigned to this section carry out the Bureau's narcotic elimination activities which are not tied in with another agency. Since its inception,

the section has established the national drug strategy which targets large drug traffickers operating in the U.S. and abroad. From 1984 to 1988, the Bureau allocated almost \$365 million for these two operations.

Since 1981, the U.S. military has assisted federal law enforcement officials in the campaign against illegal drugs. Under pressure from the United States Congress, the Department of Defense has reluctantly joined these efforts by policing the airways in areas when federal law enforcers are unable to do so. The military's involvement has gone from a limited effort in 1981 to a \$389 million effort by the Department of Defense for anti-drug activities in 1989. Yet, this is apparently not enough. According to a study carried out by the Joint Chiefs of Staff, it would take over \$14 billion to seal U.S. borders by air surveillance and an additional \$6 billion to operate the program annually.

Since 1984, the Drug Enforcement Administration has spent over \$368 million to help other countries fight the illegal drug problem



Source: Drug Control, U.S. International Control Activities, U.S. Government Accounting Office, March, 1989.

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**In Ohio, state and local law enforcement agencies work together in the fight against drugs**

The Attorney General's Bureau of Criminal Identification and Investigation is the State's primary agency responsible for reducing illegal drug activities. In 1987, the Bureau's budget was approximately six million dollars with over 60% of the dollars going towards narcotics-related operations. In all, the Bureau's narcotics agents made over 200 drug seizures during 1987 with an estimated street value of \$5.4 million. In most of these situations, the Bureau worked cooperatively with local law enforcement agencies. In addition, the Bureau in 1987 tested 15,165 drug samples at a cost of \$1,760,000.

At the local level, it is difficult to estimate law enforcement expenditures. Several county sheriffs and police departments place their narcotics operations in special divisions. Other agencies spread these activities over several divisions such as vice squads, gang-related task forces, and organized crime units. But overall, many large metropolitan police departments spend hundreds of thousands of dollars on drug-related operations. For example, the Columbus Police Department has 47 officers assigned solely to drug operations. These officers represented approximately four percent of the 1,364 officers in the Department in 1988. The Department's total budget for this division was nearly \$2.4 million in 1988. Over the past six years, the Department's narcotics division has confiscated over \$3.4 million in illegal drugs and assets.

Harwood's study showed what law enforcement costs Americans. Based on data supplied by the federal government, the study showed that police spend approximately \$1,700 per arrest. According to the report entitled, "Toward a Drug-Free America: A Nationwide Blueprint for State and Local Drug Control Strategies", state and local law enforcement make over 90% of the drug-related arrests nationwide.

**Drug trafficking proceeds reflect millions of dollars in unreported taxable income**

Income from illegal activities is taxable as is income derived from legal endeavors. The dollars earned by drug traffickers and their associates through their illegal activities represents a large loss of taxable revenue each year. A study conducted by Abt Associates Inc. estimated that nearly \$6.3 billion in unreported income was generated by the illegal sale of heroin, marijuana, and cocaine in 1973.

By 1979, this figure had nearly tripled. Income generated from cocaine sales alone jumped from \$2.3 billion in 1973 to almost \$10 billion in 1979. Abt Associates estimated that the 1979 cocaine total had increased to \$22 billion in 1982. Since this time, these figures have probably increased considerably.

**Confining adult and juvenile drug offenders costs Ohioans millions of dollars each year**

In 1988, 1,989 adult offenders were committed to the Ohio Department of Rehabilitation and Correction for drug offenses. Their offenses ranged from drug trafficking to possession of illegal drugs. On average, the state spends \$14,138 per inmate to house these inmates each year. Based on this figure, Ohio taxpayers spend \$28 million to house new drug inmates each year.

The Department of Youth Services, during the same year, held 178 youth who had committed drug-related offenses. The total confinement cost for these juvenile offenders is approximately \$29,000 per youth, per year, which reflects a total annual figure of \$5.1 million. In addition to the costs of holding these offenders, the Department also expends funds for drug and alcohol treatment. For example, two institutions operate specialized programs that offer an array of services to youth with substance abuse problems. The programs cost approximately \$11,899 per juvenile.

## Author's Note

\*This total cost figure is based on a report prepared by Henrick Harwood et. al at the Research Triangle Institute. All the figures relating to a specific cost area which are found in this chapter reflect cost estimates generated with the best available information at the time when they were produced by the given researcher. At no time are they absolutes, nor do they represent gains which the United States would realize if certain costs attributed to alcohol and drug abuse were eliminated. They simply give the reader a bench mark which helps illustrate the magnitude of the alcohol and drug abuse problem.

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## The Drug-Crime Link

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"The Drug-Crime Link" reviews statistical evidence which speaks to the possible connection between substance abuse and crime, and further reflects the enormous criminal justice resources devoted to drug-related offenses and offenders. While this chapter does not, for the most part, discuss substance abuse as a cause of crime, it does highlight a larger number of associations between the two by addressing questions such as:

What does the national research say about the drug-crime connection? How many people are arrested for drug and alcohol crimes in Ohio each year? What is the drug-fighting role of Ohio's Bureau of Criminal Identification and Investigation? What is the impact of drug offenders on Ohio's prison system?

What are the drug use patterns among Ohio's felony arrestee and jail/prison populations? What percent of all felony arrestees test positive for cocaine use? marijuana use? To what extent do Ohio prisoners cite drug and alcohol abuse as reasons for their criminal activity? How do the drinking habits of prisoners compare with those of the general population? What about the link between youth offenders and drug/alcohol abuse?

To what extent do people in Ohio sometimes contribute to their own crime victimization through drug or alcohol abuse? How many violent crime victims are under the influence of drugs or alcohol at the time they are attacked? How many homicide victims are legally drunk at the time of their murder?

How active are juvenile drug gangs in Ohio? Where did they come from? What is their impact on Ohio's crime problem?

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## How firm is the connection between drugs and crime?

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### Drugs and alcohol affect crime and justice in several ways

There are at least four ways in which the broad issue of substance abuse affects the arenas of crime and criminal justice, all of which will be discussed in this chapter:

- *Criminal violations of drug and alcohol laws* constitute a large part of Ohio's crime problem and a challenge to the limited resources of the criminal justice system. Lawmakers are burdened by the ever-changing array of problems presented by this issue, struggling to maintain laws which adequately address both the bewildering stream of new synthetic drugs and the many roles played within the illicit drug business (possession, use, manufacture, sale, transportation, plant growth, profit laundering, transaction "lookout," possession of drug paraphernalia, etc.).
- *Crimes committed under the influence of drugs*, particularly felonies, appear to be a much bigger part of the total crime picture than was thought to be true prior to the mid-1980s. City jail urinalyses of incoming arrestees, including May, 1989 results from Cuyahoga County, indicate the presence of at least one drug in over two-thirds of felony arrestees.
- *Crimes committed to support a drug habit* are more difficult to measure. However, interviews with prisoners indicate that drugs are a prime motivator for a significant number of property crimes.
- *Victims under the influence of drugs or alcohol* are involved in a large number of violent crimes. This part of the crime-justice scenario is usually overlooked, but strongly hints at a "backdoor" role played by substance abuse in the commission of assaults and homicides.

### A growing body of research is affirming the drug-crime link

"What causes crime?" is a question which can never draw an absolute answer because of the number of social factors involved and the enormity of the issue. During the past few years, however, numerous research efforts have identified several important relationships between crime and drugs. While no one would argue that crime would disappear if there were no drugs or alcohol, there is now solid evidence that the crime problem is made much worse by the drug factor.

- *A Rand Corporation study (1982)* of 2,190 jail and prison inmates found that drug use was significantly related to most crimes analyzed, and that frequent drug use (excluding marijuana) among juveniles was strongly associated with the crimes of robbery, assault, and burglary in later adulthood.
- *The Federal Bureau of Justice Statistics (1986)* survey of state prison inmates reported that 35% said they were "under the influence of a drug" or "very drunk" at the time they committed the offense for which they were imprisoned.
- *A National Institute of Justice study* of District of Columbia arrestees concluded that "drug abusers released before trial were more than twice as likely as non-users to be arrested again before trial."

- *Separate National Institute of Justice studies*, based on urinalysis in local jails, have documented the presence of drugs in a high percentage of felony arrestees. In Manhattan, 80% of the 400 arrestees processed tested positive for cocaine alone, double the percentage from four years earlier.
- *The Bureau of Justice Statistics' "Report to the Nation on Crime and Justice" (Second Edition)* cites several studies which tie the level of addicts' criminal activity directly to drug use levels (Ball, Shaffer and Nurco; Anglin and Speckart). Another study found that daily heroin users accounted for 209 non-drug crimes (felonies not related to drug trafficking) per year, far more than are committed by less frequent users of that drug (Johnson, et al.).

## Drug crimes monopolize a significant portion of the resources devoted to criminal justice in Ohio

### Almost one-third of all Ohio criminal arrests involve violations of drug or alcohol laws

Ohio arrests	1983	1984	1985	1987*
Drug arrests	15,421	15,928	15,916	16,055
-Sale/manufacture	3,156	3,406	2,896	3,313
-Possession	10,842	11,367	12,049	11,292
-Other (type not noted)	1,423	1,155	971	1,450
Alcohol arrests	84,701	85,247	84,463	82,709
Driving under the influence of alcohol	40,839	43,897	41,568	39,261
Liquor law violations	12,169	12,795	14,026	16,191
Drunkenness	31,693	28,555	28,869	27,257
Total drug/alcohol arrests	100,122	101,175	100,379	98,764
Total Ohio arrests	333,825	330,641	334,806	354,069
Drug/alcohol arrests as a percent of total	30%	31%	30%	28%

\*1986 data were not available.

Source: FBI Uniform Crime Report tables for Ohio, 1983-87.

### Unlike most crimes, drug offenses frequently require investigative help from state and federal agencies

The Ohio Attorney General's Bureau of Criminal Identification and Investigation (BCI&I) responds to local law enforcement requests for aid with criminal investigations. While these investigations can relate to many kinds of criminal activity (e.g., gambling, white collar crime, prostitution), the vast majority are undercover narcotics investigations which take advantage of the Bureau's capability to bring in outside agents who will not be recognized by local drug dealers. In 1987, 534 of BCI&I's 573 criminal investigations, 93%, were narcotics related. The BCI&I investigations included more than 700 undercover drug buys. Four out of every five of these purchases involved either marijuana (42%) or cocaine (40%). BCI&I's four regional crime labs also reflected the heavy demands of drug activity, in general, and the Bureau's involvement with marijuana and cocaine cases, in particular. While the crime labs perform a wide range of analytical functions, such as polygraph, photography, ballistics, handwriting, and physical evidence, a plurality of the 1987 cases (7,226 out of 15,165) related to drugs, with most of these involving marijuana (2,366) and cocaine (1,877).

### Ohio's marijuana production is drawing increased attention from the Bureau of Criminal Identification and Investigation

	Year					
	1982	1983	1984	1985	1986	1987
BCI&I marijuana eradication activities						
Plants seized	8,000	6,684	21,111	42,215	45,290	74,665
Value (millions)	\$8	\$6.6	\$21	\$42	\$45	\$74.6
Greenhouses raided	0	0	3	11	14	11
Weapons seized	2	10	7	43	25	8
Arrests	0	18	27	85	87	164
Plots eradicated	30	190	318	513	666	998
Counties participating	4	18	40	70	69	83

Source: "1987 Annual Report," Ohio Bureau of Criminal Identification and Investigation.

**Ohio's courts are meting out tougher punishments for the most serious drug traffickers**

Most serious offense*	Felony level**	Average minimum sentence (years) for incoming Ohio prisoners***					
		1983	1984	1985	1986	1987	1988
Trafficking in drugs	1	6.0 yrs	5.1 yrs	5.1 yrs	6.7 yrs	6.3 yrs	7.4 yrs
	2	3.5	3.5	3.7	3.6	3.6	3.6
	3	1.9	1.9	1.9	2.0	1.9	3.4
	4	1.2	1.2	1.1	1.2	1.4	3.0
Drug abuse	3	-	2.2	2.2	2.4	2.3	2.9
	4	1.3	1.3	1.3	1.3	1.2	3.3
Illegal processing of drug documents	3	2.6	2.3	2.2	2.0	2.0	-
	4	1.8	1.3	2.0	1.2	1.6	-

\*Only offense categories with 25 cases or more are displayed here. However, these account for approximately 90% of all drug offenses resulting in prison terms in Ohio.

\*\*Felony level severity proceeds from 1 (most severe) through 4 (least severe).

\*\*\*This figure reflects the average minimum sentence per case, not per crime, thus inviting other explanations such as concurrent and consecutive sentencing patterns. However, because the offenses used here were the most serious from every case (the most serious offense dictates the criminal justice system response in the majority of major cases), and because there is no reason to suspect major changes in prosecution or judicial practices since 1983—other than to effect longer drug sentences—this data can be interpreted as a general toughening of the system's response to drug traffickers.

Source: Ohio Department of Rehabilitation and Correction tables, 1989.

**Increasingly, the criminal justice system is putting emphasis on drug cases**

A 1986 Bureau of Justice Statistics study of 12,285 federal criminal defendants charged with drug law violations found that these persons were less likely to make bond, more likely to be convicted, and more likely to be sentenced to incarceration (and for longer periods of time) than were non-drug offenders. Between 1980 and 1986 the number of federal drug convictions as a percent of all convictions grew by 56%.

**In Ohio, state prison intake data show an upward trend in the number of drug commitments as a percent of the entire intake population**

Drug offenders as a % of Ohio's new prison commitments	
1985	12.4%
1986	14.6%
1987	14.5%
1988	20.3%

Source: Ohio Department of Rehabilitation and Correction, February, 1989.

**Even after incarceration, the state prison system continues to deal with the drug abuse problem**

Prison treatment programs: July 1, 1987 - June 30, 1988	Number of meetings	Number* of inmates participating
Alcoholics Anonymous	808	51,985
Narcotics Anonymous	729	44,118
Al-Anon meetings	125	890
12-Step program	1,871	28,135
Big Book meetings	465	14,303
Group therapy	1,214	16,338
Smoking cessation program	19	269
Aftercare, relapse prevention, stress, management etc.	4,347	62,826
Substance abuse education	2,478	42,091
Co-dependency and adult children of alcoholics counseling	116	1,709
Individual interviews/counseling	20,397	20,397

\*Includes repeat counts of inmates who attended more than one meeting in a series, or more than one type of treatment.

Source: Ohio Department of Rehabilitation and Correction, February, 1989.

**Organized crime is a major contributor to Ohio's drug abuse problem**

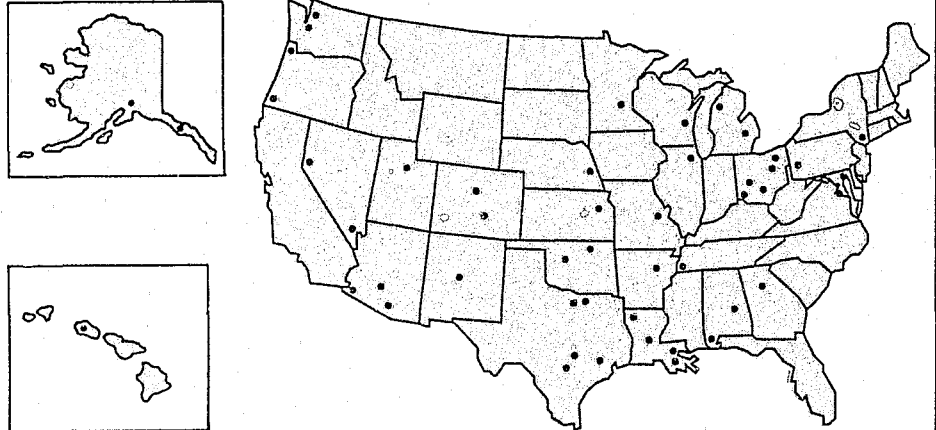
The Governor's Organized Crime Consulting Committee concluded in 1986 that "trafficking in illicit drugs is the major source of income for organized criminal groups in Ohio and nationwide." For that same year the President's Commission on Organized Crime estimated that the net income from organized crime activity to be somewhere between \$26.8 billion and \$67.7 billion.

The consulting committee continued, "As the scope of these (drug) activities implies drug trafficking requires the collaboration of a large number of specialized individuals. Drug-related criminal networks have financiers, bankers, lawyers, logistics experts, exporters, importers, wholesalers and retailers. The organizations attempt to compartmentalize these various specialties to the greatest extent possible. In addition to promoting efficiency, compartmentalization protects the organization because few members are aware of all of the others involved."

However, the drug trade is so enormous and lucrative that it can affect the stability of traditional organized crime activity. The profits are large enough to support many new organized crime groups, including juvenile gangs and organizations based outside the U.S. (e.g., Southeast Asia, Mexico, Columbia, and the Middle East).

Law enforcement officials in Ohio are using two important tools to fight the organized crime drug trade. One is the regional task force, composed of groups of cooperating law enforcement agencies which combine to fight the drug trade in a particular area. GOCJS is currently funding 20 such task forces in Ohio. A second weapon is the State's RICO (Racketeer Influenced and Corrupt Organization) law which, combined with similar type laws, greatly aids law enforcement in the investigation and prosecution of organized crime, especially in that it allows for seizure and forfeiture of assets acquired illegally or via illegally obtained resources.

The influence of Los Angeles juvenile gangs, at least four of which exceed \$1 million a week in cocaine traffic, is migrating to small and mid-sized cities in several states, including Ohio



Note: Dots indicate presence of former L.A. gang members confirmed by D.E.A.

Explanation Note: The "migration" depicted here is not something directed by the central L.A. gangs (i.e., "CRIPS" and "BLOODS"), but rather results from gang members individually looking for profitable drug territories outside of the dangerously competitive L.A. market. These former L.A. gang members bring with them the sophistication and knowledge—but not the hierarchy—of the L.A. drug gangs.

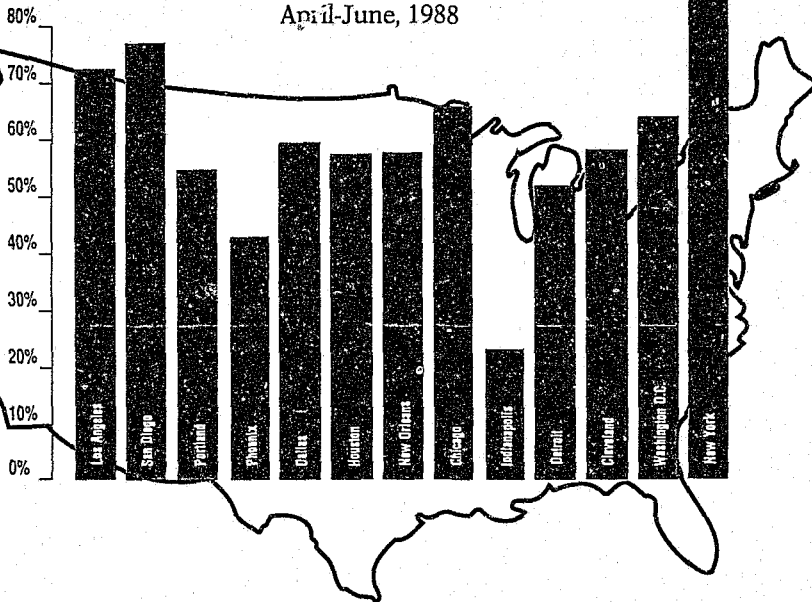
Source: (Los Angeles Police Department map) "Juvenile Justice Bulletin," September, 1988.

## Drugs and alcohol use are closely related to criminal behavior

Felony arrestees in major U.S. cities usually test positive for at least one drug, with cocaine proving to be the drug most frequently detected

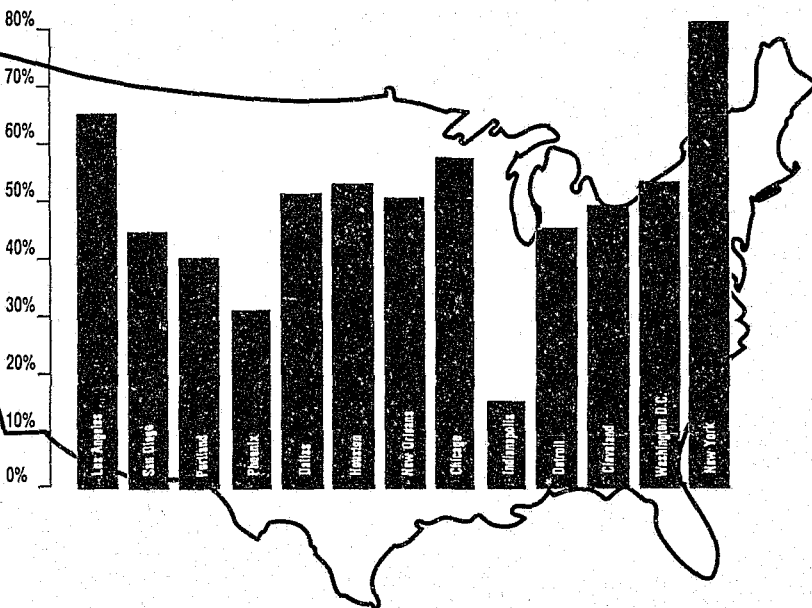
Felony arrestees testing positive for any drug, excluding marijuana

April-June, 1988



Felony arrestees testing positive for cocaine

April-June, 1988



Source: Cleveland Drug Use Forecasting Project, National Institute of Justice, November, 1988.

### A high percentage of felony arrestees test positive for drugs

In 1984 the National Institute of Justice began a pilot drug urinalysis project which has subsequently alerted the nation to a much stronger link between criminality and drug use than was previously believed. Analyzing the six-month results from 6,406 male arrestees processed through the central booking facility in Manhattan, researchers found that 56% tested positive for opiates, cocaine, PCP or methadone. A follow-up study in 1986, by which time the crack problem was reaching epidemic proportions, yielded an 85% positive result, with cocaine presence, alone, soaring from 42% to 83%. Among 16-20 year-olds cocaine positives jumped from 28% to 71%.

Because the testing involved all types of felonies—drug offenses were, in fact, deliberately underrepresented so as not to distort the results—and because the voluntary program succeeded in drawing the participation of 85% of all arrestees in the sample, the results provided firm physical evidence of the long-assumed link between criminal activity and drug abuse. Subsequent urinalysis in a dozen major cities across America, given local variations in the use of particular drugs, have supported the dramatic New York finding that drug use is connected with most felony arrestees.

**Urinalysis of Cleveland's felony arrestees confirms the drug-crime link, usually for cocaine and marijuana**

Cleveland's entry into the National Institute of Justice's arrestee drug testing program in November, 1988, provides Ohio's first opportunity to analyze physical evidence of the drug-crime link on a regular basis. A total of 212 felony arrestees, or 80%

of those approached (11% refused, 4% could not provide a sample, 5% provided an unusable sample) voluntarily provided a urine sample for the EMIT (Enzyme Multiplied Immunoassay Test) test used by the Cleveland project.

Generally, the results of the testing in Cleveland confirmed the high usage levels noted earlier and elsewhere, and were similar to results produced in nearby Chicago and Detroit.

Demographic differences among the Cleveland drug using arrestees tended to be few, and even these must be viewed in light of the still small sample numbers in this new project. Given those qualifications, the Cleveland researchers found that:

- Whites (28%) were less likely to test positive for cocaine than were blacks (59%) or Hispanics (58%).
- The 21-35 year old age group (76%) was more likely to test positive for any drug than were those in the 15-20 (55%) and over 35 (58%) age groups.
- Better educated arrestees were more likely to test positive (e.g., 8th grade or less = 54%, high school or one year of college = 74%).

Drug	Percent of Cleveland arrestees testing positive*		
	Nov., 1988	Feb., 1989	June, 1989
Cocaine	52%	56%	56%
Marijuana	26	22	22
Valium	5	4	4
Opiates	4	4	3
PCP	4	3	4
Amphetamines	4	2	0
Barbiturates	2	3	2
Methadone	1	0	1
Darvon	1	0	0
Methaqualone	0	0	0
Any drug	68	66	67
Any drug excluding marijuana	58	60	NA

\*some arrestees tested positive for more than one drug

Source: Cleveland Drug Use Forecasting Project, November, 1988; February, 1989; and June, 1989.

**Nationwide, cocaine spearheaded a 40% increase between 1974 and 1986 in the percent of state prisoners claiming they were under the influence of drugs when they committed their crimes**

Type of drug	Percent of all inmates who were under the influence of a drug at the time of the offense		
	1974	1979	1986
Any drug	25.3%	32.3%	35.4%
Major drug			
Cocaine	1.0%	4.6%	10.7%
Heroin	16.2	8.7	7.0
PCP	--	2.3	2.2
LSD	--	2.0	1.6
Methadone	1.7	.7	.8
Other drug			
Marijuana or hashish	10.3%	17.6%	18.6%
Amphetamines	5.3	5.2	4.2
Barbiturates	5.5	5.7	3.3
Methaqualone	--	--	1.6
Other drugs	3.0	1.6	3.9

Notes: Individual drugs may not add to total under "any drug" because an inmate may have been under the influence of more than one drug.

Indicates that the drug was not asked about in that year.

Data does not include alcohol.

Source: "Drug Use and Crime," BJS, July, 1988.

**Drugs and alcohol provide the motive in a significant number of Ohio property crimes**

Ohio State University researchers who interviewed 589 property crime offenders entering Ohio's state prison system in 1988 found that 36% blamed drugs and/or alcohol for their crimes. Other reasons mentioned leave open

the possibility that substance abuse may have also played a lesser role in a larger number of cases. As a motive, 20% of the prisoners cited "to get money for drugs or alcohol," the second largest number in the listing.

**Ohio prisoners' reasons for committing property crimes**

	Number	% of total
To get money for my own expenses	123	21%
To get money for drugs or alcohol	115	20
Under the influence of drugs or alcohol	92	16
To get money for family support	88	15
For the challenge	35	6
Because of other people's influence on me	28	5
For the "kicks," "thrills," or attention	16	3
For hostility or revenge	12	2
To get money for a woman (or women)*	7	1
Other reasons	28	5
Don't know why	13	2
None	4	1
No Answer	28	5

Note: Percentage column totals to more than 100% due to rounding.

\*For female respondents, this item read: "To get money for a man (or men)."

Source: *The Figgie Report Part VI: The Business of Crime: The Criminal Perspective*. Simon Dinitz and C. Ronald Huff, Figgie International, Inc., 1988.

**Ohio's serious juvenile offenders also demonstrate a marked tendency toward substance abuse**

A 1985 testing of 1,612 youth incarcerated in the Ohio Department of Youth Services' institutions found that two-thirds were considered to be at critical stages of substance use dependency. These same levels were reflected two years later in a BJS survey of serious youthful offenders institutionalized in 26 states.

**Youth in long-term, state operated juvenile institutions, year end 1987**

Type of drug	Ever used drugs	Used regularly*	Under influence at time of offense
Any drug	83%	63%	39%
Marijuana/hashish	81	59	30
Cocaine	46	22	13
Amphetamines	36	16	6
LSD	29	12	6
Barbiturates	27	9	3
PCP	23	9	5
Quaaludes	15	3	1
Heroin	13	5	3

Note: Percents do not add to total because of multiple drug use.

\*Used once a week or more for at least a month.

Source: "Survey of Youth in Custody, 1987," BJS, 1988.

**There is a significant need for treatment among Ohio's criminal offenders**

The OSU-Figgie study found that Ohio property offenders rated substance abuse programs of major importance in preventing crime. Of 48 crime prevention measures suggested to the 589 prisoners, ranging from more police officers to tougher sentences, three of the top 11 choices related to substance abuse treatment programs. A similar need was also noted during the Cleveland drug testing program in which more than a third of the arrestees reported the need for drug or alcohol treatment, but only 4% were in treatment.

Earlier research has documented consistently higher substance use levels among criminals than among the general population. For example, survey data from the National Institute on Drug Abuse indicates that about one-in-three 18-35 year-old American males has ever used cocaine, yet the Cleveland arrestees reflected a figure twice as high.

The federal Bureau of Justice Statistics (BJS) found similar disparities between the general U.S. population and America's prison population regarding "heavy consumption" of alcohol.

**Percent who daily consumed:**

	No alcohol	0-.99 oz.	1 oz. or more
<b>Males</b>			
U.S. total	25%	60%	14%
Prisoners	17	36	47
<b>Females</b>			
U.S. total	40	56	4
Prisoners	34	44	22

Note: One ounce of ethanol (pure alcohol) is equivalent to two cans of beer. Thirty-six percent of the inmates admitted to averaging four or more ounces of ethanol a day for the year prior to their arrest.

Source: "Prisoners and Alcohol," BJS, January, 1983.



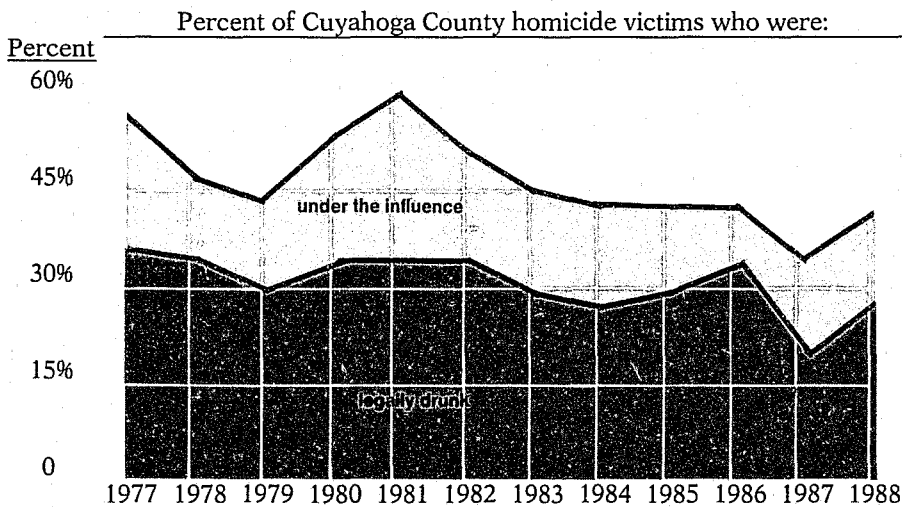
## Victims of violent crime are frequently under the influence of drugs or alcohol

### Substance abuse impairs judgment and increases injury risk

Most research to date has concentrated on the impact of drugs and alcohol on criminal behavior. Little has been said about the extent to which the use of these substances by victims may have contributed to the chemistry of violent crimes. However, a study by the Governor's Office of Criminal Justice Services found that an estimated one-third to one-half of the violent crime victims in an urban county sample of 188 cases in 1985 had used alcohol or drugs just prior to being attacked.

The research further suggests the link between this substance use and impaired judgment on the part of the victim. For example, those "under the influence" were twice as likely (30%-15%) as non-drink/drug victims to be victimized in crimes involving firearms. Not surprisingly, victims under the influence of drugs or alcohol were also much more likely to suffer serious injury or death (71%-44%).

**In Cuyahoga County, typically one-fifth to one-third of all murder victims are drunk at the time of their deaths**



Note: "under the influence" = .01 - .09 blood-alcohol level  
"legally drunk" = .10 and above blood-alcohol level

Source: *Coroner's Statistical Report, County of Cuyahoga, State of Ohio*, (series) 1977-1988, Cuyahoga County Coroner's Office, Cleveland.

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## Critical Issues Relating to Substance Abuse

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This chapter provides a forum for  
discussing several critical issues  
relative to substance abuse. The  
authors are persons whose jobs or  
research endeavors have given them  
special insights into the topic areas.

## The Lessons of History: A Century of American Drug Use Problems

by

Richard C. Stephens

*Richard C. Stephens is Professor of Sociology in the Department of Sociology, Cleveland State University, Cleveland, Ohio. He is the author of a book and numerous articles on psychoactive drug use and is currently conducting research on AIDS and intravenous drug use.*

The United States has undergone tremendous social, cultural and economic changes over the past century or so. It has evolved from being a largely rural and agriculturally dominated society to its current complex, industrialized, multi-ethnic and urban centered form. Not surprisingly, its attitudes towards the use of mind-altering or psychoactive drugs have also undergone profound change. Yet at the same time, at least some things as regards drugs have not changed that much. Having a sense of that history can teach us important lessons on what we as Americans can do about our "drug problem" today. Because of limited space, this essay can focus on only a few of these important historical lessons.

### **Lesson 1: All drugs are not equal**

The way in which we view different drugs is influenced by a whole host of cultural and moral values. While we as Americans are deeply committed to the principle that we should not be enslaved to any substance, we do not equally apply this rule to all mind-altering substances. For instance, we condemn the use of cocaine and heroin and write our most harsh laws for those who illegally sell and/or use these substances. We do so because we believe these substances are addictive and cause grievous bodily and emotional harm to their users. Yet at the same time, we more or less freely allow and even subsidize with Federal monies the use of two substances that may be equally as harmful. It is abundantly clear that both tobacco and alcohol are either directly or indirectly responsible for more disease, death and human

suffering than any other psychoactive substance. The reasons for such a state of affairs are deeply imbedded in our national history and psyche. Yet, any thoughtful person must consider the full implications of this history when attempting to deal with today's drug problems. We must totally understand the physical and emotional effects of each of these drugs. We must realize that the effects of cocaine, for instance, are dramatically different than those of heroin. And we must base our prescriptions for what is to be done both on a clear understanding of the drugs and an even clearer definition of the values upon which we will base our decisions.

### **Lesson 2: Today's drug use problem may not be worse than yesterday's**

It is clear that America's drug use problems have not just come about in the last decade or so. In fact, some historians believe that drug problems in the past may have equalled or exceeded today's problems. For instance, there is some evidence that colonial Americans drank more alcohol, on the average, than do our modern citizens. It is also believed that narcotics were used by both more and a greater variety of Americans at the turn of the century than today. Some experts believe that we go through cycles of high drug use followed by periods of low use.

Indeed, despite what the mass media tell us, we may be seeing the beginning of a decline in use. Continuing federal surveys of both American households and high school seniors indicate that use of some categories of drugs such as marijuana has dramatically declined while use of others has not increased. The hopeful message of these studies is that we may not be in the middle of another drug epidemic.

### **Lesson 3: We must look at the unintended consequences of drug control attempts**

Federal control of drug use is relatively new. Few realize that narcotics use was not illegal at the federal level until the passage of the Harrison Act in 1914. Since that time a number of other drug laws have been enacted which in general have made the penalties for drug use ever greater.

Anti-drug legislation was written by public officials who sincerely wanted to cope with America's drug problems. Yet these laws have not been that effective and may have created as many problems as they solved. Most of these problems stem from the unintended consequences of the laws. Some experts believe that anti-narcotics laws, while probably reducing use in some populations, may have contributed to the spread of its use in others. For instance, narcotics use was relatively unknown to black populations prior to the 1950's yet today is a scourge in America's ghettos. Similarly, the use of hypodermic needles, a major source of death and disease among drug users, may have become more popular because injection provided a greater high from a smaller quantity of drugs. Harsher laws made such drugs increasingly more expensive. And, of course, as these illegal drugs became more expensive, users had to commit more crime to pay for them. Recent research studies are now documenting the frightening level of association between drug use and other forms of crime.

### **Lesson 4: We will be confronted by new challenges in the area of drug use**

The United States has been confronted by a number of technological and other changes as regards drug use. In the past, we have seen the development of new drugs like heroin, and, more recently, many of the psychedelics, barbiturates and stimulants. We have seen the development of new technologies such as the hypodermic needle and "freebasing." We have had to cope with these in the past. Probably the most important threat with which we will have to cope in the future is the problem of AIDS. It is clear that intravenous drug users constitute the second largest risk group in the country today and may soon be the highest at risk. Such users also represent one of the major avenues of the disease into the general heterosexual population. Thus, just as America has had to cope with new drug related situations in the past, so it must do now with this most important threat.

## Lesson 5: We must be vigilant to protect America's basic civil liberties

Our last point must be writ large on the whole canvas of American history. We as a nation are committed to the historical necessity for the Bill of Rights. We pride ourselves on the uniqueness of our Constitution in assuring all citizens its protection. Well-meaning individuals may inadvertently begin to erode our rights as part of their strategies to cope with America's drug problem. Some have proposed that law enforcement officials not be required to have search warrants in suspected drug cases. Others have proposed that many citizens be required to take mandatory urine tests in order to determine if they are drug users. Both of these proposals and others like them could lead to conditions which, in the final analysis, are much more dangerous and destructive to the fabric of American society than drug use could ever conceivably be.

Our national experience with psychoactive drugs is a complex one. However, while we as a nation must be concerned, we need not panic. Most Americans, if they use drugs at all, do so very moderately and at levels that do not constitute a threat to themselves or others. Both historically and in the present, it appears that America has developed a pragmatic mix of both firm laws and humane treatment programs for those who choose to "abuse" these substances. If our history has taught us anything, it is that we must continue to develop solutions that are both "level headed" and respectful of the traditions that have made us the great democracy we are.

### The Alcohol Piece in the Crime-Drug Puzzle

by

Harvey A. Siegal

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### Is there a connection between crime and alcohol?

Two things we are not short of in Ohio are criminals and drinkers. Whether we do better or worse than other states is, at best, an academic question. What we do know, however, is that most people do drink, at least occasionally, and, that there is a striking connection between crime and alcohol.

Now, having stated the obvious let us proceed. Most who drink do not commit crimes. Conversely, it's unclear whether most who commit crimes also drink. What becomes really confusing is trying to make sense of the alcohol-and-crime connection. Some maintain it is simple: alcohol—that is drinking—causes crime. Indeed, almost a century ago, Lombroso, the Italian criminologist, considered by many to be father of that discipline wrote...

Alcohol, then, is a cause of crime, first because many commit crime in order to obtain drinks, further, because men sometimes seek in drink the courage necessary to commit crime, or an excuse for their misdeeds; again, because it is by the aid of drink that young men are drawn into crime; and because the drink shop is the place for meeting of accomplices, where they not only plan their crimes but also squander their gains...

It is commonly believed that because alcoholic consumption can relax inhibitions, impair judgment, or exacerbate tendencies such as aggressiveness or even rage, the propensity to act in a deviant or criminal manner is increased. In a complementary sense, because alcohol consumption impairs both judgment and motor skills, those under its influence are more likely to become the victims of criminal—especially violent—acts.

Using these complementary perspectives, we will: first, examine what is known about the alcohol-crime connection, then focus on understanding more about what it means.

**The alcohol-crime connection constitutes the single largest piece in the substance abuse-crime picture**

Consider the following statistics

obtained from the *Survey of State Correctional Facilities, 1979*:

- Almost a third of all inmates of State prisons in 1979 said they had drunk very heavily just before they committed the offense for which they had been convicted.
- Focusing on Uniform Crime Reports "index crimes", two-fifths—40%—of the property offenders—had been very heavy drinkers in the year before they went to prison; 35% of the offenders charged with violent offenses reported being "very heavy drinkers" during the preceding year.

Now, looking at a statistical estimation of specifically alcohol-related offenses, the Uniform Crime Reports suggest that in 1986:

- 1,793,300 arrests were made for Driving Under the Influence
- 933,900 arrests were made for Public Intoxication and similar offenses.
- 600,200 arrests were made for violation of Liquor Laws.
- An additional 718,100 arrests were made for Disorderly Conduct and Vagrancy; many, if not most, of these actions likely involved persons who were intoxicated.

Law enforcement agencies in Ohio indicate that alcohol abuse is very strongly associated with many offenses. Anecdotally, agency executives report that for easily 50% of those incarcerated in any of their jail facilities, at any time, alcohol abuse will have had some involvement with their index offense.

### What do these numbers mean?

While the connection between alcohol abuse and crime is inescapable, understanding its mechanism is a good deal more elusive. This is specially the case in the most serious, or "index" crimes. With the exception of domestic violence, the scientific literature provides contradictory findings about whether alcohol abuse actually *causes* crimes—especially violent ones—to occur. It would be much more realistic to attribute to alcohol abuse a contributory role. Essentially this means that it would be difficult, if not actually impossible, to establish that the offense would not have occurred had the perpetrator not been under the influence.

Focusing on alcohol-specific offenses such as drunk driving and public intoxication, we find the same kind of confusion about causality. Clearly, one needs to be (or should be) intoxicated to be guilty of *drunk* driving or public *intoxication*. However, for those persons not suffering from alcoholism—i.e. who are not dependent upon this drug—the fact that they happen to be both under-the-influence and operating a motor vehicle, or out in public, may be a matter of happenstance. In other words, here too, it would be difficult to establish that their abusive drinking *caused* them to commit the crime. Thus, since alcohol can impair judgment, its role is more appropriately described as *contributory*.

The situation changes radically when the variable of addiction-to-alcohol is introduced. Here the offense occurs because the individual is, in effect, no longer in control of his consumption. Indeed, more than fifteen years ago the Supreme Court held that in (some) cases of public intoxication, where the disease of alcoholism could be established, drunkenness was in fact symptomatic of the individual's illness and that imposing punishment constituted a violation of rights.

In our own research on recidivism among drunk driving offenders in Southwestern Ohio, we came to a similar conclusion. Our study found that persons suffering from the disease of alcoholism were almost three hundred times more likely to recidivate than persons who were not.

#### **Treatment is a critically important first step**

Perhaps the saddest commentary on the drugs/alcohol-and-crime picture is what is being done with the offenders. Recidivism rates are so tremendously high that it appears that incarceration does little more than remove them for, at best, short periods of time. Only a minority of drug or alcohol offenders report ever obtaining any form of treatment for their illness. In fact, we really do not even know much about the epidemiology of alcoholism and/or chemical dependency among this problematic population.

What is needed? First, more needs to be known about the epidemiology and

nature of alcohol and drug abuse problems among offenders. We need to be able to realistically distinguish between those who manifest a consistent pattern of anti-social behavior—which may involve the abuse of alcohol and drugs—and those who are frankly dependent upon them. While alcohol and/or drug treatment is not a panacea, for those who are chemically dependent this problem needs to be addressed before other changes can be made. We need to know more about how to treat this population; especially how to coordinate services that offenders receive while incarcerated, with supportive, follow-up services after their release.

Mostly, however, we need to realize that many of the same social conditions that seem to foster crime also support substance abuse. Identifying and treating those who are chemically dependent will address a piece of the larger picture. Until we determine to confront the root causes of the social problems that produce larger numbers of people who have little commitment to society, we will remain at risk.

## **Crack: A Many-Faced Killer**

by

Jack Ford

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Crack Cocaine! What a grim, resolute killer of young lives, of older neighborhoods, and of the quality of life in many of our cities. Crack, pre-freebased cocaine, gives an immediate, intensive euphoric jolt to users. It has reached epidemic proportions in many cities and is having an exponential impact in expanding other social ills which plague our urban environment. The U.S. Department of Education Reports indicate that over one million Americans have tried crack. Many of these are 18 to 35 years old, the key

age at which people enter the adult job market and make other key life choices; yet, drug use is placing at risk their ability to be productive. This, in turn, lessens the industrial competitiveness of America.

Crack is particularly dangerous because of the subtle process by which our young are lured into rampant addiction. At first glance, crack/cocaine is inexpensive (\$4.00 or \$5.00 a hit) and ranks as one of the cheapest highs available. The user likes this easy way to use cocaine by smoking an attractive water pipe rather than "snorting" up the nose or by using a set of needle "works". Some heroin addicts have transferred their allegiance to crack because of the fear of contracting AIDS from needles. The cheap price leads to greater market distribution and younger, first-time users. The user experiences intense ups and downs. A great sense of euphoria is followed by a "crash" into depression. The crack hangover can be devastating in its severity and its immediacy. It is such a hard hit that the user wants to climb out of the crash by using the drug again. The cycle reinforces itself in progressive stages of ever more moderate highs but deeper lows. Beyond the devastation wrought on the user and his family, there are clear signs that crack is becoming a driving force of other social problems.

#### **Drug violence breeds a fear that greatly reduces housing for the poor and already ill-housed**

Recent reports have chronicled the continuing crack invasion of our public housing projects. Scores of vacant units lie empty while the homeless scurry for shelter elsewhere because of the rampant fear brought about by the violence which accompanies a mature crack market. Vandalized units are boarded up, before or after house stripping, in an attempt to save the units for future use. It is not unusual to find one unit out of five actually occupied in certain projects. The boarded up units are constant targets for dealers seeking to make a "slot house." This net loss of available housing units for occupancy is in part attributable to the free fire zone many of the housing projects have become in the 1980's. So the

trafficker, who either lures or tricks the single parent into using her unit to sell drugs, also brings fear to the other nonusing tenants and literally destroys any quality of life at these sites. This is a vicious cycle that falls mainly on the heads of the poor, single parents, mostly minority citizens who can ill afford this added burden in an already complex mosaic of social problems.

There are also many non-project neighborhoods reeling from a similar invasion of crack dealers. Again, these are poor, with female-led and heavily minority households. Here, children are used as runners, as well as being the targets for quick sale. The high profits from drug dealing naturally engender turf fights and the resultant violence. Parents seek to move out or refuse to move in, even those who are without decent shelter.

#### **The connection between crime and drugs is well established**

The case management crisis in our criminal courts is directly tied to the crack explosion. Drugs are implicated in seventy to eighty percent of all property crimes and are increasingly responsible for personal assaults. Unmistakably, drugs, increasingly crack cocaine, is driving our crime statistics.

There is a direct correlation between the amount and growth of crack trafficking and gun running in our cities. The high profits, turf fights and devaluation of life lead to the purchase and distribution of increasingly exotic weapons in our neighborhoods. The increase of murders, particularly among young black males, should not be shocking but, rather, recognized as a natural by-product of the invasion of crack dealers and users.

#### **Nowhere is youth potential more noticeably compromised than in the connection between drug dealing and educational motivation**

Ten years ago the school systems and parents were fighting to stem the drop-out rate of youngsters, particularly inner-city youths. A host of special programs were established to lower the number of kids who quit school and thereby sacrifice the preparation needed to fully compete

for adequate jobs. Now, the advent of crack and the other drugs for sale has raised the task of drop-out prevention to almost Herculean proportions. At the age of thirteen youngsters can make \$300.00 to \$400.00 a week as runners or "mules" in the dope trade. They know that the profits are big and immediate. These young folks often receive tacit approval from their parents who may be users or little more than children themselves. These youngsters see older siblings or neighborhood adults who finished high school but cannot get, or more important, maintain a decent job. But the drug trade allows these youth to pay cash for \$90.00 sneakers, \$150.00 leisure outfits, watches, chains, even luxury cars, with no questions asked by anyone. And they can buy it NOW! That is a very powerful motivator against which traditional stay-in-school approaches will have difficulty competing in the 1990's.

#### **Crack use triggers many serious health care problems**

A final impact of the crack onslaught is the health care spiral. Crack dealing and use is heavily centered in the older, minority neighborhoods. It is there that positive health practices and access to health care is desperately needed. Cocaine is devastating to the users' health in a variety of ways:

- inflammation of the trachea and chronic bronchitis
- irregular heart contraction and rapid heart rate
- increased blood pressure
- failure of circulation
- heart attack

Those already familiar with the normal health problems of inner-city residents will recognize immediately that crack use only exacerbates tendencies which already exist, but go untreated for a variety of reasons.

An increasing and very poignant problem is that of the so-called crack babies, infants who are born to crack-addicted mothers. These infants can suffer from poor coordination, low birth weight, and development problems, or succumb to Sudden Infant Death Syndrome. Obviously, the developmental problems presage educational difficulties for the years ahead. In turn, educational difficulties

hint at dependencies for the rest of life.

## **Gangs, Organized Crime, and Drug-Related Violence in Ohio**

by

**C. Ronald Huff**

*C. Ronald Huff is Director of the Program for the Study of Crime and Delinquency and Professor of Public Policy and Management at The Ohio State University. His own research and numerous interviews and conferences with local, state and federal experts have given him an excellent understanding of juvenile criminal activity in Ohio, especially relating to gang violence.*

The growing problem in Ohio and throughout the nation has been accompanied by new organizational arrangements for the distribution and sale of drugs. Some of these organizational types existed previously but have undergone modifications as they adapted to the lucrative drug markets, especially in large and medium-sized cities. It is no longer accurate to say that drugs are controlled by traditionally-recognized organized crime factions, for two major reasons: (1) law enforcement and prosecutorial success in arresting, convicting, and incarcerating prominent leaders of organized crime families in Ohio and other states and seizing their illegally-obtained assets, and (2) the development of alternative networks for drug distribution and sales.

These newly-evolving groups, often referenced by the media as "drug gangs" or "drug rings," actually range from highly-organized crime cartels whose "business portfolios" include a heavy emphasis on drugs to youth gangs whose members are primarily users of drugs but who may also be involved in street-level drug dealing.

**Ohio gang members, as well as members of out-of-state gangs and Jamaican "posses," have been increasingly involved in drug trafficking**

A two-year study of gangs in Ohio found that nearly all members of

gangs used drugs and some were dealing drugs as well. However, the relationship between gang membership and violence was quite variable, and three distinct types of gangs were found to exist in Ohio: (1) informal, "hedonistic" gangs whose focal concerns are "getting high" and "having a good time"; (2) "instrumentally"-oriented gangs who are more economically-motivated and who commit a higher volume of property crime; and (3) "predatory" gangs who commit a higher proportion of violent crimes and crimes of opportunity (robberies and street muggings).<sup>1</sup>

These findings in Ohio are quite similar to the results of two recent independent studies involving gangs in four other cities.<sup>2</sup> These studies demonstrated that (1) there is among gangs great diversity with respect to their use of violence and (2) gang-related violence has different origins and different social meaning across these groups.

Both the Ohio study and the other two studies also concluded that the resurgence of gangs is closely tied to differential legitimate and illegitimate opportunity structures and the social isolation, deterioration, and fragmentation of the urban neighborhoods where gangs originate.

Although gangs became more common in Ohio during 1986 - 1988, none of the gangs identified in the study was a highly-organized drug distribution network.<sup>3</sup> During the past year, however, gang members' involvement in drug trafficking has increased and some Ohio cities have been confronted by an influx of "crack" cocaine dealers from Detroit, Los Angeles, and even Jamaica. This migration has occurred in large cities such as Cleveland, but also has been confirmed in smaller cities such as Canton, Hamilton, and Lorain.<sup>4</sup> In Cleveland, the police department has formed a task force on Caribbean crime to target groups such as the Jamaican posses.<sup>5</sup> Also, there are days when as many as ten percent of the juveniles confined in Cuyahoga County's detention center are residents of Detroit.<sup>6</sup>

### **The major reason for the in-migration of drug traffickers from other cities is intense competition in those cities and increased profit potential in Ohio**

"Crack" cocaine is in such great supply in some U.S. cities that it sells on the streets for as little as \$5-\$10 per "rock." In most Ohio cities, however, that price may be as high as \$20-\$25. "Crack" distributors who move in from other states may challenge existing local drug networks through the adoption of certain "sales" strategies commonly used in business. For example, a newly arrived distributor may engage in a practice known as "double down," whereby he offers local street dealers twice as much "crack" for their money as they currently receive from existing distributors. Because these out-of-state distributors pay far less for their supply, they can undercut an existing local drug network and still make more profit than they can make in their home cities, which are "buyers' markets" due to the intense competition among sellers. Other tactics have included the intimidation of poor women, whose apartments have been turned into "crack houses" in return for cash, in exchange for drugs, or simply through the threat of violence.

### **"Crack houses" have begun to proliferate in some Ohio cities, posing serious problems for neighborhoods and law enforcement agencies**

"Crack houses" (also known as "rock houses" in California) are associated with significant levels of violence, primarily due to drug deals that "go bad." Typically, the occupants of these crack houses are well-armed, primarily to protect themselves from having their drugs or their cash "ripped off." These same weapons may, however, be used against law enforcement officers assigned to raid these houses. Police in Columbus have raided more than 200 crack houses in the past year, and it is estimated that Cleveland has more than 500 such places. They are extremely destabilizing in neighborhoods, but may actually be "protected" by some members of the neighborhood through bribery and/or intimidation. This includes paying juveniles to serve as "lookouts" for

crack houses. Since crack houses tend to be located in poor neighborhoods where many residents perceive little legitimate economic opportunity, the payments offered to neighbors (as well as threats of violence) may make them reluctant informants and witnesses for police investigations, while those youths who are lured by the promise of drug money may become increasingly unwilling to accept legitimate job opportunities and increasingly attracted to the criminal subculture that supports the operation of crack houses.

### **Competition among drug sellers for control of "turf" and for greater profits are associated with dramatic increases in violence**

Just as "drive-by" shootings have characterized gang competition,<sup>7</sup> they have also accompanied conflicts between drug dealers. These shootings, which have been widely reported in cities throughout the nation, are directed at specific targets involved in drug competition or drug deals, but quite often injure or kill innocent citizens who happen to be in the area. Because of the highly addictive nature of "crack" cocaine and the profits made from its sale, communities can rather suddenly evolve from no "crack" problem at all to an emergency situation involving a surge in addiction and related health problems (including birth defects among the children of "crack" or cocaine hydrochloride users),<sup>8</sup> drive-by shootings, increasingly sophisticated weapons,<sup>9</sup> and rapidly destabilizing neighborhoods.

### **Both police arrest data and public opinion polls underscore the importance of the drug problem**

Data from police departments and DEA task forces in Ohio cities clearly reveal the growing magnitude of the drug problem. For example, consider the following trend in arrests for drug offenses in Cleveland:<sup>10</sup>

1986:	1,730
1987:	2,087
1988:	3,467
1989:	6,000 (projected)



Similarly, persons charged with narcotics offenses in Columbus more than doubled in the same two year-period:<sup>11</sup>

1986: 495  
1987: 603  
1988: 1,116

A closer examination of data from Ohio police departments reveals that these departments typically did not even list "crack" as a separate line item in their annual reports until 1988, thus underscoring once more how quickly the problem can develop. In Columbus, for example, "crack" offenses went from none recorded in 1987 to 221 in 1988, while cocaine offenses increased nearly 600 percent over the past three years:<sup>12</sup>

1985: 94  
1986: 187  
1987: 379  
1988: 638

The trend is similar in other Ohio cities, although not all have been equally hard-hit at this point. Proximity to Detroit may help explain some of the difference in drug arrests and gang involvement. In Cincinnati, for example, the "crack" problem began to appear later and does not appear to be as extensive thus far as is the case in Ohio cities (and cities such as Ft. Wayne, Indiana) located closer to Detroit. The Cincinnati Police Department's narcotics unit reports having made 20 arrests for "crack" offenses during the first two months of 1989 (compared with only six arrests for all of 1988).<sup>13</sup> The Drug Enforcement Administration (DEA) Task Force for the greater Cincinnati area observes that "crack sightings" ("crack" analyzed via the Hamilton County Crime Lab) in the area increased from 31 in 1987 to 79 in 1988 (44 of those in Butler County alone), and in 1989 they are occurring at a rate that should easily surpass the 1988 total.<sup>14</sup>

While these data from law enforcement agencies indicate the rapid escalation of the "crack" problem, public opinion polls underscore citizens' concerns and fears. In 1988, for the third consecutive year, the Gallup Poll of the Public's attitudes toward Public Schools revealed that drug abuse is perceived as the leading

problem in local schools throughout the nation.<sup>15</sup> Indeed, that fear seems well-justified in light of the following data concerning the cocaine problem alone:<sup>16</sup>

	U.S. cocaine-related	
	Deaths	Illnesses
1984:	470	7,155
1986:	930	13,247
1988:	1,582	39,657

The national surge in deaths, injuries, illnesses and birth defects related to the use of "crack" cocaine and cocaine 120 hydrochloride underscores the dual threat posed by these drugs: the damage they inflict on users and the violence associated with conflict over distribution, sales, and profits. The differential levels of drug-related violence associated with organized crime, Jamaican posses, and various types of gangs is an important issue that should be the subject of continuing monitoring and analysis.

## Children of the Drug War

by

Susan J. Wallace

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### Crack impairs the early stages of life

The first detailed studies of babies exposed to cocaine and crack before birth suggest that this widely-used drug is causing an epidemic of damaged infants, some of whom may be impaired for life because their mothers used cocaine even briefly during pregnancy.

The new research has found a wide spectrum of ill effects that can result from fetal exposure to cocaine. These include retarded growth in the womb and subtle neurological abnormalities.

In cities across the nation, increasingly disturbing reports are turning up on cocaine addiction being passed on by mothers to their newborns. Often these are premature babies with cocaine withdrawal symptoms superimposed on the already considerable problems of prematurity. Some New York City physicians grimly estimate that significant numbers of these cocaine infants in hospitals serving poor neighborhoods could also have AIDS.

At Bronx-Lebanon Hospital Center in New York City, mirroring the experience of some other inner-city hospitals, the number of babies born to drug abusers has grown dramatically from 75 in 1982 to more than 260 in 1987. In 1982, approximately a third of the drug-abusing mothers were cocaine addicts. In 1987, the rate soared to 90 percent.

On one day in the spring of 1988, nine of the 17 babies born at Bronx-Lebanon's intensive care unit were born to cocaine addicts.

Reports from Washington D.C. indicate similar alarming trends. From January through November of 1988, 142 drug-addicted babies were born at Greater Southeast Community Hospital, compared with 16 in 1983, 18 in 1984, 19 in 1985, and 55 in 1986. At D.C. General Hospital, there were 195 births of babies whose mothers admitted to drug abuse. They accounted for 11 percent of births at the hospital last year, up from 3.2 percent in 1982, 5 percent in each of the following two years, and 8 percent in 1985 and 1986.

In a study announced in January of this year, of 1,226 pregnant inner-city women in Boston City Hospital, one in five expectant mothers were found to have used cocaine. A study of 36 hospitals made public last summer by the National Association for Perinatal Addiction Research and Education showed that at least 11 percent of women had used illegal drugs during pregnancy.

The long-term effect of cocaine on infants is only beginning to be understood. A team of UCLA physicians followed the case of a boy who tested positive for cocaine and PCP at birth. At ten months, this baby continued to have tremors, attention problems, and irregular sleeping and

eating patterns. He experienced several episodes of total body shaking a day.

The long-range effects of drugs on children such as this boy have yet to be studied. Researchers nationwide are gearing-up to track infants born to drug-abusing mothers.

#### **Cost of crack epidemic closes health clinic**

In Oakland, California, the only health clinic providing routine health care to the bulk of the city's poor closed February 2nd of this year, a victim of insufficient state reimbursement for medical cost. The clinic, operated by Maxicare Health Plans, Inc., served nearly 9,000 Oakland recipients of Medi-Cal, California's medical insurance program for the poor. Cocaine use by expectant women, especially crack, caused a rash of premature births and drug-addicted babies that drove Maxicare's costs over the edge. The clinic announced a loss of more than \$1.5 million in 1988 on its contract with Medi-Cal.

The closing leaves patients on public assistance without ready access to doctors just as the surge in the use of crack has brought a dramatic increase in problem pregnancies and an exceptional number of premature babies addicted to cocaine.

A similar crisis is faced around the nation by inner-city community hospitals and clinics that have closed or are on the brink of failure as Medicaid reimbursement rates have fallen well below the cost of treatment.

Those at immediate risk due to the closings are the children and the unborn of poor women living in the communities served by the clinics. Like similar patient populations in other urban centers, the poverty-stricken black mothers of Oakland often fail to receive health care during their pregnancy. The result is an infant mortality rate double that of non-blacks and a low birth weight rate for infants that is the worst in California.

#### **Drug crisis fuels the need for foster care**

A study conducted by the Metropolitan Washington Council of Governments released last fall

describes an emerging crisis for communities coping with increased drug abuse.

Although the study centered on Washington D.C. and its surrounding suburbs, the results are illustrative of what is occurring in communities nationwide.

The drug epidemic flooding the Washington area has created a startling increase in the number of children needing foster care as more children are abused, neglected, or abandoned by parents involved in drugs.

Requests for foster care increased 71 percent from 1985 to 1987 in the suburbs surrounding the District of Columbia. The District, which has the most severe drug problem in the region, continues to have the greatest demand for foster care.

According to the study, there are 3,701 children in foster homes in the region, about 2,200 of whom are in the District. Sources quoted in the report indicate that about 80 percent of children requiring foster care last year came from homes where there was some kind of drug involvement.

The report showed that the number of infants needing foster care increased by 105 percent over the last three years. For adolescents, the increase was 120 percent.

The increase in drug abuse has also spawned a marked increase in related problems such as battering, neglect, and children who test positive for the AIDS virus. Social service officials who participated in the study said they expect the number of foster children infected with AIDS to increase by 30 percent during the 12 months following the study.

#### **Current trends hint at a bleak future**

The future of our communities lies to a large degree in the well-being of the children who grow up in them. But the foregoing discussion paints a discouraging picture of what we may expect for the future.

As crack continues to spread from the cities to suburbs and small towns across the country, more young people will become involved in using and dealing drugs and the attending

violence that appears to go hand-in-hand with the crack business. The courts and associated agencies will be flooded with unprecedented case-loads. Likewise, crack use is having a profound effect on health care facilities, especially those providing care to the poor, social service providers charged with caring for abandoned and abused children, and community leaders who are faced with planning for a generation of children who were born addicted to cocaine. No one knows what problems these tiny victims may encounter as they develop.

## **The Drug Problem and Its Effect on Local Law Enforcement: Part I**

by

**Dwight Joseph**

*Dwight Joseph has been Chief of Police for the 1,633 person Columbus Division of Police for six years and has been with the Division for twenty-seven years. Chief Joseph is a graduate of the National Executive Institute, and is a member of the Major City Chiefs, the National Executive Institute, the International Association of Chiefs of Police, and twelve other affiliations.*

Drug abuse is the number one problem facing not only law enforcement but society as well. The dramatic rise in crime can be directly related to drugs. The drug problem is dynamic; when one element of the drug problem is identified and effectively attacked the equilibrium shifts and another problem appears and replaces it. The only way to totally defeat the drug problem is to develop a generation of people who are not involved in drugs.

Because of the complexity of the problem, the war on drugs has to be fought on a number of fronts. More research and new policing techniques must be designated. Education and treatment for both adults and children must be actively pursued. To that end, there needs to be action taken on both the supply and demand sides of the drug war.

### **The drug problem in Columbus presents special challenges for local law enforcement**

Located in central Ohio in the midst of the midwest, Columbus is unique in a number of ways. Because of its central location, fourteen (14) different source cities have been identified as supplying drugs to Columbus. There is lag time between when new drugs are developed and popularized in other U.S. cities and when they make their way to Columbus. There are seven (7) main types of drugs that are sold in Columbus. In the order of their severity of abuse, they are: cocaine, crack (cocaine base), diversion drugs (pharmaceuticals), marijuana, heroin, methaqualone/sopor, and L.S.D.

The variety of the drugs of choice is reflected in the city's diversity. Columbus has a high-tech community, white and blue collar neighborhoods, a large student population, an inner-city, and suburbs in surrounding areas. The city of Columbus is enjoying a period of economic growth with an infusion of new jobs and money. Many drug dealers are also attracted to Columbus because they can command higher prices for their drugs. Because of all of these characteristics, drug enforcement has to be focused and specialized to be effective.

### **Specialization is critical to supply side enforcement**

Traditional law enforcement has attacked the supply side of the drug problem with varying degrees of success. However, when more expertise is brought to bear on situations the results are more successful. Policing has also changed its operative style from being reactive to proactive. When the two techniques are forged, a concentrated and effective effort is the result. The Columbus Division of Police has used this approach in a variety of ways to combat drugs.

### **The Columbus Crack Task Force has made a substantial impact on the quantity and quality of drugs seized and the number of criminals arrested and prosecuted**

Crack is the number one problem in Columbus because of the devastating effect it has on its users and because of the crime that it generates in feeding the addicts' habits. Officers

with the Narcotics Bureau have, through training and street experience, developed a keen understanding of the crack situation in Columbus and how best to combat it.

Undercover narcotics officers gather local information and combine that with the supervisor's intelligence exchanges from inter- and intra-state law enforcement agencies. Anonymous tips from the "Crack Hotline" telephone and feedback from community and civic leaders are also used. S.W.A.T. assault and containment units are deployed when raiding crack houses to ensure maximum safety for both officers and criminals.

### **The Street Crime Attack Team (S.C.A.T.), a temporary unit, was created to execute a specific job in fighting neighborhood crime**

Certain parts of the city were slowly being taken over by drug dealers who had moved their activities onto the streets and sidewalks. No one bureau within the Division was organized to handle the variety of problems that the drug trafficking created. As a result representatives from the Youth Violence/Crime Section, Narcotics, Organized Crime, Vice, and Patrol Bureaus pooled their abilities, knowledge, and resources and have successfully conducted several street sweeps.

### **The Franklin County Narcotics Task Force ensures area-wide cooperation**

This Task Force is a collective of local law enforcement agencies that was developed to coordinate policing efforts that crossed logistical and jurisdictional boundaries. The Columbus Division of Police has a positive working relationship with nineteen (19) county, state, and federal law enforcement agencies in fighting the war on drugs.

### **Demand side efforts are also critical**

It is important to look ahead and recognize that today's investment in specialized units fighting the drug problem will pay back dividends in the future. To be effective a balanced approach is necessary. There has to be more done on the demand side of drugs.

The Columbus Division of Police is investing in the future by assigning police officers to specialized non-

traditional assignments. Five officers are permanently assigned to the Police Rock Band "Hot Pursuit". They perform at some civic functions but primarily at elementary and middle schools telling and showing their young audiences that it is possible to have fun without drugs.

Ten officers have just started presenting the Drug Abuse Resistance Education (D.A.R.E.) program. As part of the regular elementary school curriculum the officers will teach children how to say no to drugs, how to develop self-esteem, and how to minimize peer pressure. As the city of Columbus grows so, will the Division of Police's sworn personnel. However, the emphasis for new or larger operating units within the Division will be directed in the areas of crime prevention and education.

### **The cost of drugs is often hidden**

The war on drugs is taking its toll in a number of different ways. In 1988 drug-related homicides in Columbus doubled from six (6) to twelve (12). Last year, the number of bank robberies increased from thirty-seven (37) to ninety-eighty (98) and most of the apprehended robbers stated that they had a drug habit that forced them to commit crimes.

But there are hidden costs that are not so obvious. Merchandise in stores is marked up to cover the cost of shoplifting. Insurance premiums for housing and automobiles are up because of the rise in burglaries and thefts. In Columbus a task force recently recommended that all police officers have the option of upgrading their sidearms to a semiautomatic weapon so they will not be outgunned when patrolling the streets. The cost of the new sidearms with accessories will be \$750,000.00, ultimately to be borne by citizen taxpayers.

### **Law enforcement, alone, cannot solve the drug problem**

Drug dealers are constantly changing the composition of illegal drugs and methods of distribution. We have won a few battles in the war against drugs but this is a long term commitment that requires a constant vigil. Just stemming the supply of drugs on a case by case basis is not the answer. New approaches offer a chance to break the cycle of drug use in

America. This is not just a police problem, it is everybody's problem.

Until there is a national awareness of the severity of the drug problem, we will continue to witness crimes being committed and people being victimized. There is a need to get more groups involved at the local, state, and federal levels. There is a need to get more individuals involved. There is a need to have a whole generation of people who will be and want to stay drug free. Ultimately, it is going to be the average citizen and his or her participation and concern that will make the difference in the war against drugs.

## The Drug Problem And Its Effect On Local Law Enforcement: Part 2

by

Ted Jones

*Ted Jones is a twenty-three veteran of law enforcement with the Athens, Ohio Police Department, including fifteen years as Chief of Police. He is currently the Director of Security for the Ohio University Police Department.*

### There is no single solution to the drug problem

Over the years there have been a number of programs from the state, federal, and local level designed to reduce the drug problem.

Unfortunately the majority of these programs have been reactive and have focused upon only one aspect of the drug problem such as enforcement, this oftentimes at the expense of programs designed to address other aspects of the drug problem. Effective reduction of the drug problem will only occur with a comprehensive, proactive approach that deals with all aspects of the drug problem. This approach must include interdiction programs, aggressive prosecution of both the supplier and user, strict sentencing to include forfeiture of assets, drug education of our youth, parents and teachers, and finally drug rehabilitation.

### Drugs are the source for much criminal activity

In society there are professionals who deal with specific problems on a daily basis and oftentimes acquire an insight that is critical to problem resolution. Such is the case of law enforcement and the problem of drugs. For the past several years law enforcement has recognized that little impact will be made upon other crimes such as burglary, robbery and theft unless we make an impact upon drugs. However, as we concentrated additional resources on drug enforcement we were criticized for a lack of resources assigned to deal with other crimes. It seemed to take a study at the federal level to determine what law enforcement has known for years.

### The seizure and forfeiture of illegal drug-related resources is an important weapon in the fight against drugs

The deterrent to profit motive crimes such as drug dealing has always been strict sentencing. We now have an even greater tool in the form of asset forfeiture. There is also a statute that is greatly underused, mandatory fines. Both of these allow for enhancement of law enforcement's investigative effort without having to use budget dollars acquired from taxes. Not only is this a relief upon limited fiscal resources, it is something of poetic justice that assets and mandatory fines from convicted criminals are used to investigate and arrest other criminals, train law enforcement officers, and establish education programs for our schools and communities.

### There is a need for cooperation

Only in the last several years has genuine cooperation among federal, state, and local law enforcement re-emerged. We had been involved in turf jealousy and self perpetuation. The cooperation that currently exists, including joint task force operations and sharing of information, must not just continue, it must be expanded. For example, the restrictions currently prohibiting the Internal Revenue Service from sharing criminal information with investigatory agencies must be modified. In all fairness to our profession, the lack of cooperation and sharing of resources

was not just the fault of law enforcement. There has always been and continues to be a political aspect that is little recognized but has inhibited our effectiveness (i.e. overly restrictive polices, philosophical differences in problem resolution, failure to pass necessary laws and ordinances and using law enforcement for personal or political gain).

Until we as a "system" adopt a broad based approach to the drug problem and incorporate strategies designed to affect all aspects of the problem, little will be accomplished. Individual goals and motives must be subverted to the broader goal and motive. The limited resources available must be identified and utilized in a mutual sharing that maximizes their effectiveness. Local communities must identify localized problems and the resources to deal with those problems, perhaps the most effective resource being their local law enforcement agency.

## Another Option: A Public Health Strategy

by

Kurt L. Schmoke

*Kurt L. Schmoke was inaugurated Mayor of Baltimore, Maryland, on December 8, 1987. He received his law degree from Harvard after study at Yale (B.A.) and Oxford (Rhodes Scholar). Before becoming mayor he served as Assistant U.S. Attorney, and State's Attorney for Baltimore City. The following are excerpted portions, used by permission, of his 1988 testimony before the U.S. House of Representatives Select Committee on Narcotics Abuse and Control.*

...It is sometimes said that the United States has no drug policy. That is both true and untrue. We do have a drug policy, and it can be stated with almost child-like simplicity. Our policy is zero use of all illicit drugs all the time. Among Schedule I drugs, few distinctions are made as to physical harm or psychological effects. It's a policy that is both unambiguous and unimaginative. It is also unattainable. And in that sense, zero use, or zero tolerance

as it is sometimes called, is not a policy at all—it is a fantasy.

There is, however, an alternative to a drug policy based primarily on law enforcement, and it is an alternative that has worked before. The repeal of alcohol Prohibition helped rather than hurt this country, and a measured and carefully implemented program of drug decriminalization would do the same.

The case for decriminalization is overwhelming. But that is not to say that it is without risk. Providing legal access to currently illicit substances carries with it the chance—although by no means the certainty—that the number of people using and abusing drugs will increase. But addiction, for all of its attendant medical, social and moral problems is but one evil associated with drugs. Moreover, the criminalization of narcotics, cocaine and marijuana has not solved the problem of their use....

...While some may disagree, I believe the unwelcome honor of the worst drug-related evil goes to crime and the disintegration and demoralization of our cities—an evil that only the decriminalization of drugs has any chance of solving.

Except for libertarians—which I am not—advocates of decriminalization do not base their position on a belief that people have an inherent right to use drugs. On the contrary, advocates of decriminalization simply view it as preferable to our present policy.

Decriminalization is a means to a much desired end: getting the criminal justice system out of the business of trying to control the health problem of drug abuse and putting that responsibility where it belongs—in the hands of our public health system. This is by no means a new idea...

...Given the nature of addiction—whether to narcotics or cocaine—and the very large number of Americans using drugs (The National Institute on Drug Abuse estimates that one in six working Americans has a substance abuse problem<sup>1</sup>), laws restricting their possession and sale have had predictable consequences—most of them bad. What follows is a summary of just some of those consequences.

- **Crimes committed by addicts**

Addicts commit crimes in order to pay for their drug habits. According to the Justice Department, 90% of those who voluntarily seek treatment are turned away<sup>2</sup>. In other words, on any given day, nine out of every ten addicts have no legal way to satisfy their addiction. And failing to secure help, an untreated addict will commit a crime every other day to maintain his habit.

- **Overload of the Criminal Justice System**

...If the last 74 years have proved nothing else, they have proved that we cannot prosecute our way out of the drug problem. There are several reasons for this, but the most basic reason is that the criminal justice system cannot—without sacrificing our civil liberties—handle the sheer volume of drug-related cases...

...Will more prisons help? Not in any significant way. We simply can't build enough of them to hold all of America's drug offenders—which number in the millions. And even if we could, the cost would far exceed what American taxpayers would be willing to pay...

...The unvarnished truth is that in our effort to prosecute and imprison our way out of the war on drugs, we have allowed the drug criminals to put us exactly where they want us: wasting enormous resources—both in money and personnel—attacking the fringes of the problem (the users and small time pushers), while the heart of the problem—the traffickers and their profits—goes unsolved...

- **Failed supply side policies**

...Not only can we not prosecute our way out of our drug morass, we cannot interdict our way out of it either. Lately there have been calls for stepped up border patrols, increased use of the military and greater pressure on foreign governments. Assuming that these measures would reduce the supply of illegal drugs, that reduction would not alleviate the chaos in our cities and might make it worse...

...As we learned during alcohol Prohibition, when the government

bans a substance that millions of people are determined to use—either out of foolishness, addiction or both—violent criminal syndicates will conspire to manufacture and sell that substance. And they will do so for one simple reason: enormous black market profits. Punishment will not deter the trade and neither will internecine conflicts (including murder) among the traffickers. Such conflicts are just a way of reducing the competition. Drugs are a multi-billion dollar business, and as long as that is the case, willing buyers will always be able to find willing sellers.

- **Victimization of children**

Perhaps the biggest victim of our drug laws are children. Many, for example, have been killed as innocent bystanders in gun battles among traffickers. Furthermore, while it's true that drug prohibition probably does keep some children from experimenting with drugs, almost any child who wants drugs can get them. Keeping drugs outlawed has not kept them out of children's hands...

- **Spread of AIDS**

...The 1980's have brought another major public health problem that is being made still worse because of our drug laws: AIDS. Contaminated intravenous drug needles are now the principal means of transmission for HIV infection. The users of drug needles infect not only those with whom they share needles, but also their sex partners and their unborn children...

- **Helping the smugglers; ignoring the addicts**

...The drug laws of the United States are self-defeating in ways both large and small. As previously stated, the most visible effect of our 74 year effort to criminalize the use of drugs has been the intolerable level of violent crime (committed by both addicts and traffickers) that has befallen our cities.

But our drug laws are self-defeating in other ways. One has to do with the art of smuggling. It is easier to smuggle small amounts of highly concentrated drugs than larger amounts of less concentrated drugs.

Consequently, as our interdiction efforts have increased, drug traffickers have turned to smuggling purer forms of their product...

● **The mixed message of tobacco and alcohol**

...The case for the decriminalization of drugs becomes even stronger when illegal drugs are looked at in the context of legal drugs...

...By every standard we apply to illicit drugs, tobacco should be a controlled substance. But it is not, and for good reason. Given that millions of people continue to smoke—many of whom would quit if they could—making cigarettes illegal would be an open invitation to a new black market. Criminal enterprises would break out all over the United States. The price of a pack of cigarettes would skyrocket. An illegal tobacco trade would completely overwhelm our criminal justice system. And the U.S. treasury would lose billions of dollars in taxes...

...Like tobacco, alcohol is also a drug that kills thousands of Americans every year. It plays a part in over half of all automobile fatalities, and is also frequently involved in suicides, non-automobile accidents, domestic disputes and crimes of violence. Millions of Americans are alcoholics, and alcohol costs the nation billions of dollars in health care and lost productivity. So why not ban alcohol? Because, as almost every American knows, we already tried that. Prohibition turned out to be one of the worst social experiments this country has ever undertaken...

...In the ongoing debate about the decriminalization of drugs, there are two lessons to be learned from Prohibition. One is that the only language the drug criminals understand is money. Therefore, the way to put them out of business is to take away their profits. That is not surrender; that is a strategy which can win what, up until now, has been a losing war against drug traffickers.

...The second lesson has to do with the way in which drugs should be made a public health responsibility.

Unlike alcohol, where we went from Prohibition to encouraging alcohol consumption—leaving the public health system to deal with the consequences—any form of decriminalization *must* be accompanied by a reallocation of resources to education, treatment and prevention programs designed to keep non-users away from drugs and current users off drugs.

**RECOMMENDATION:** *Expand the role of the public health system in the treatment and prevention of drug abuse.*

1. United States drug policies and practices should be revised to ensure that no narcotics addict need get his or her drug from the "black market".
  - a. Methadone maintenance should be expanded so that, under medical auspices, every narcotics addict who applies for treatment can receive it.
  - b. Other forms of narcotics maintenance, including cocaine and heroin maintenance, should be made available, along with methadone maintenance, under medical auspices.

It will be up to the physician to determine whether the person requesting maintenance is an addict. Drugs will not be dispensed to non-users.
  - c. End the requirement that persons be addicted for at least one year before being eligible to enter a methadone treatment program.
2. Ban all advertising of drugs, including alcohol and tobacco.
3. End government restrictions on research targeted to the potential medical uses of drugs.
4. Allow cancer patients to use Schedule I drugs for intractable pain.
5. Institute a clean needle exchange program as a way to reduce the spread of AIDS.
6. The federal government should lead a coordinated approach to adolescent drug education.
7. Develop community based programs designed to reach at-risk youths. These would include education, employment and mentor programs.

## Reducing the Demand: A Multifaceted Approach

by

Shadi W. Roman

*Shadi W. Roman is the Executive Director of the Cuyahoga County Drug Abuse Services Board, a planning, funding, monitoring and coordinating agency for all publicly funded treatment and prevention services in the County. Dr. Roman has published articles and conducted numerous research projects in the area of substance abuse and mental health.*

It has become obvious by now that there is no single solution to the serious drug abuse problem facing this nation. Although street drugs such as heroin, cocaine and marijuana get the most publicity, alcohol and illegally obtained prescription drugs contribute their fair share to the problem of substance abuse in this country. Therefore, abused drugs are introduced from outside the country, from kitchen and backyard labs, from legitimate pharmaceutical companies, and from the thousands of state operated liquor stores. The demand for these substances is great enough to make it into a multi-billion dollar industry. The demand comes from individuals experimenting with drugs, occasional users, abusers and dependent individuals.

From a broad perspective, the first level of analysis distinguishes two major multifaceted approaches to dealing with the problem. One is to reduce the supply of drugs through stricter law enforcement, controlling the production of drugs in other countries, interception of drug supplies, etc. The second approach is to reduce the demand for drugs. Any comprehensive approach to the problem must address a variety of issues that include prevention for children who have never used drugs, early intervention for occasional users and treatment for those who have already developed a problem.

This essay will focus on the the issue of reducing demand with an attempt to outline a few principles that should guide any effort in this area. It would

be ideal to try to reduce demand and supply at the same time. However, it seems easier to put as much emphasis as we can on reducing demand since we have some knowledge about who uses drugs and why.

### **Prevention is the responsibility of the whole community**

Although the responsibility for stopping (or never starting) drug use ultimately rests with the individual, society must reinforce that responsibility in a variety of ways. Preventing substance abuse is not only the responsibility of professionals in the field, but also the responsibility of society, its social systems and institutions.

Expanding substance abuse training for professionals in the field of human services and for other professionals in the community (physicians, nurses, teachers, social workers, judges, parole and probation officers, etc.) is a strategy for prevention. Training will give professionals and service providers the skills to identify substance abuse problems and make appropriate referrals. A system to ensure that all health care, educational and social service facilities provide such training to their staffs is essential.

Parent involvement is an essential component of any successful prevention strategy. The development and support of a parents' movement should be a major focus of prevention efforts. The commitment, resources and activities of parent groups have made a tremendous contribution to the prevention of drug use. It is well documented that when parents take a unified stand against drug use, they can achieve a great deal. We must encourage parents not to wait until their children become involved in drugs before taking any action. We must work with religious organizations, civic groups and neighborhood businesses to promote the organization of parent groups that can provide the necessary education, training and awareness. Parents working together can help one another, set rules of behavior for their children, make these rules clearly known, and enforce them consistently.

### **Prevention is not just education and public awareness**

Substance abuse is a problem that affects the general well-being of individuals and, consequently, the general well-being of society. Prevention efforts must involve all social systems and must be focused on programs that promote the positive qualities of physical, spiritual, social and emotional well-being for individuals. Comprehensive prevention programs should emphasize the following:

- developing general problem solving and decision making skills;
- developing cognitive skills to deal with a range of interpersonal and media influences;
- increasing self-control and self-esteem;
- learning non-drug coping strategies for anxiety and tension reduction;
- enhancing interpersonal skills and assertiveness training.

Youth should participate in developing prevention programs. All prevention initiatives that target young people should include the participation of youth in a meaningful way in the creation, development and implementation of those programs.

Prevention programs designed to serve the ethnic minority populations should be relevant to the culture of the target populations. Effective prevention programs should reflect sensitivity to the target population's family structure and value system and to the community development and history, particularly as they relate to underlying problems of poverty, racism, societal deprivation and environmental conditions. Since peer pressure has been identified as an important factor in getting children and adolescents to start using drugs, it would be reasonable to assume that peer pressure could be used by non-users to stop the occasional user. Data indicate that half of our school students use drugs occasionally. Why don't we mobilize the other half who are non-users to impact positively on their peers who do use? Programs to utilize that concept are needed and research projects to assess the effectiveness of such programs are essential.

### **Treatment is a continuum of care that should utilize a holistic approach**

It is important to recognize that mind-altering drugs are not all the same but are, in fact, vastly different from one another in their properties and effects. Also, drug abuse is a behavior that adversely affects all aspects of the individual's life. This fact dictates a treatment approach that not only addresses such behavior but also addresses all other aspects such as health, finances, employment, interpersonal relationships, etc. Therefore, a multi-modality treatment approach is needed.

Treatment services should address the general well-being of individuals. Health care, vocational training and employment, housing, income related needs and recreational needs of the individual should be addressed. Such services need to be provided as part of the treatment regimen or accessed for the client through other service providers in the community. A case management component to complement treatment services is essential, especially in children services. Also essential to any treatment service plan is the ability to link the client to the service system and coordinate various system programs in such a manner that a successful client outcome is achieved. The goal of such a follow-up system would be to ensure continuity of services and ensure that client needs are met.

### **Motivation and availability of social support is a key to successful treatment**

Although motivation is one of the most important factors in successful treatment, most drug abusers do not start their treatment with the level of motivation needed. A major emphasis of each treatment program should be to address the issue of motivating the individual to get well in order to achieve success. Psychosocial approaches should be utilized for this aspect of the treatment intervention. Also, a great deal of emphasis should be placed on the development and maintenance of a social support system for individuals while in treatment and after completion of their treatment. The availability of such a system could help in providing the support needed to go through

treatment and prevent a relapse in the future. Such a support system should utilize both self-help and professional help approaches.

To narrow the gap between the number of people with substance abuse problems and the number of those receiving treatment, an outreach service component needs to be developed and maintained. Subsequently, the capacity of the treatment system would need to expand to accommodate the additional demand that would be created through outreach efforts.

#### In summary, what works?

It seems that the answer is all of the above. The "magic bullet" that will eliminate the problem is simply not available. It also seems that society is still looking for such a "bullet". And, in the process, none of the various approaches is given enough time or resources to prove whether or not—and for whom—it is effective. It is an extremely complex problem and it will necessitate a complete multifaceted approach that is given the time and the resources to work.

## Drugs: Consequences and Confrontation

by

William J. Bennett

*William J. Bennett was recently appointed by President Bush as Director of the Office of National Drug Control Policy. This article is the text of a May 3, 1989, speech to the Washington Hebrew Congregation in the nation's capitol.*

It is a commonplace of our conversation about America's current drug problem that the time for talk is over and the time for action has arrived. I sympathize with that spirit. It is an obligation of my job to act—and act fast.

But action in advance of ideas is ineffectual at best. And where drugs are concerned, America has acted in advance of ideas for too long. There has been action, often heroic action, on a dozen separate fronts. There have been isolated successes. But there have also been crossed purposes, incoherence, waste. The principles at issue in this crisis have gone largely unexamined. And so the ultimate solutions we so desperately need have largely eluded us.

Today I want to talk about first principles in our common battle. In particular, I'd like to address the principle of "authority." Simply put, I believe the drug crisis is a crisis of authority — in every sense of the term "authority."

What do I mean? I mean a crisis of legal and political authority: the drug user, the drug dealer and the drug trafficker alike believe that the laws forbidding their activities no longer have teeth, and they consequently feel free to violate those laws with impunity.

I mean a crisis of social authority: the family and our schools—those institutions responsible for keeping children occupied with redeeming pursuits and away from the easy, destructive temptations of immediate pleasure—are not performing as well as they should, as well as they once did.

I mean a crisis of moral authority: the idea that breaking the law is wrong, even when the lawbreaking goes undetected, has lost its power to deter. The idea that life is not a gift but an idle plaything has become all too common.

So, what is to be done to combat this crisis of authority? Two words sum up my entire approach: *consequences* and *confrontation*.

Let's talk about consequences. Those who transgress must make amends for their transgressions. That's an idea central to any conception of just government. Consequences come in many forms. In law-enforcement terms, they include policies such as the seizure of assets, stiffer prison sentences, revocation of bail rights, and the death penalty for drug kingpins.

On these points I find general agreement. And yet I also find that we lack the resources to assure that consequences always follow crime. Drug dealers generally get several bites at the criminal-justice-system apple before serving serious time. Our court dockets are too full; our jails and prisons are too full; some of our judges are less serious about drugs than are the dealers who deal them, the children who take them, and the families that are ruined by them.

We have to do more. We have to do better. We need to reconstitute authority. What those of us in Washington, in the states, in the localities can do is exert the political authority necessary to make a sustained commitment to the drug war. We must build more prisons. There must be more jails. We must have more judges to hear drug cases and more prosecutors to bring them to trial. And there must be more Federal agents to investigate and solve drug crimes and break drug networks.

Still and again, though, more and tougher action will not be enough. I think we need to reorient our process of justice where drugs are concerned, and adopt the principle that certainty of punishment is more important than severity of punishment. Those guilty of drug offenses must believe that punishment is *inevitable*. As long as they don't, the deterrent effect of incarceration will be neutralized.

This holds true, perhaps even more true, for the non-addicted user, the so called "casual user." Casual use is not just a matter of personal preference. It has costs—wide, horrible social costs. The suburban man who drives his BMW downtown to buy cocaine is killing himself—of course. But he's killing the city at the same time. And his "casual" use is best deterred not by empty threats of long, hard punishment, but by *certain* punishment. Compel him, as authorities are doing in Phoenix, to pay a steep fine and spend a weekend in jail. Seize his BMW right after he's bought some dope, and when he's convicted, take the car away from him for good. That's what they do in Philadelphia.



There is an area of criminal justice infrequently mobilized as a tool in the war on drugs: the juvenile justice system. Here too there are innovative programs. For example, in Toledo, Ohio, parents are brought before the juvenile court and made to answer for the actions of their children through civil penalties. This policy establishes the principle that parents—including live-in boyfriends and girlfriends who serve as step-parents—must bear responsibility for the behavior and activities of minors in their charge.

Here, consequences are borne not only by those minors who commit drug offenses but also by those responsible for their care and moral guidance. Minors who are non-addicted users must be taught early on that they cannot behave with impunity, and parents who have effectively turned them loose must learn why the social contract demands that they oversee and control the impulses of their children. The "certainty, not severity" doctrine is of particular merit in such situations because it sets up distinct boundaries for the behavior of our young. It sends a clear message to young people that drug use carries a swift and dear price.

Education programs must serve to give all Americans, but especially school children, the information they need to understand why drug use is wrong, why it is harmful to their bodies and souls, and why it is harmful to the world they live in. But education programs must also work to establish boundaries of social authority by making clear the consequences of drug use at school. Schools must have explicit policies discouraging drug use and drug dealing. Penalties must be imposed, and they must be appropriate, ranging from detention to suspension to outright expulsion. No one likes to expel a child from school. But the needs of a young dealer are as nothing compared to the needs of the school population on which he preys. Retaining a young dealer in school may suggest to law-abiding students that his crime is in some sense excusable, and that is a failure of basic moral education.

There are other methods as well. It has been suggested that a drug user's right to a driver's license be suspended or revoked following proper due-process findings. One virtue of this approach lies in the warning it delivers to those who do not use but might be tempted to. In much of the country, driver's licenses are an elemental freedom young people are terrified of losing.

So I'm talking about the reconstitution of legal and social authority through the imposition of appropriate consequences for drug dealing and drug use. These activities are impermissible. We are obliged to say so. And we are obliged to act accordingly. In all such cases, consequences must be established and demonstrated through the vehicle of confrontation.

How do we reduce the demand for drugs? We must take the same aggressive posture we mean to take on the supply side, and that is to confront the problem when and wherever it arises—head on. One of the key issues in the drug war is prevention—how do we keep people from starting to use drugs? One approach to prevention is through intervention—not government intervention, but intervention family by family, neighborhood by neighborhood, church by church, school by school. Taking an aggressive line toward drugs—forbidding their use altogether and using real authority to back up this absolute proscription—is the key to all prevention strategies.

The principle of intervention through confrontation has other applications, as well—most notably as a method of treatment. We don't know as much as we'd like to about how to treat drug use, and sadly, many of our profoundly good-spirited efforts at treatment have failed to pan out. But what we do know is this: Successful programs almost always force the addict to confront and internalize the fact of his addiction.

And the confrontation does not necessarily stop there. Take the case of a parent who has become addicted to cocaine. His family is suffering the consequences of his addiction: the rapid shifts of mood; the outbursts of violent rage; the tacit encouragement

extended to husband, wife, or children to engage in similarly escapist dysfunction and despair. What is the answer to this problem? Confrontation. Ultimatum. The user must be made aware that his family no longer tolerates the addiction. He must know that, unless he enters treatment and gets himself clean, there will be dire consequences for *him*. And here the nexus between consequences and confrontation emerges—consequences can only be impressed upon the consciousness when confrontational tactics are used to impress them.

There is a great deal of talk about the rehabilitation of drug offenders, but in many cases rehabilitation is the wrong term to use. Rehabilitation implies a pre-existing state of normality, a set of learned behaviors the addict can return to once his addiction has been overcome. But in too many cases, in too many places, no such normality exists. And then what is really needed is *habilitation*—aid, assistance, and instruction for youngsters who have been left without the most elementary lessons of morals and manners; the construction of a viable community for them to live in. Such habilitation by its very nature must proceed confrontationally. It requires demolishing bad habits and implanting good ones in their stead. In the case of 15-year-old offenders who have grown up essentially without parents, some therapists have found it necessary to serve as substitute parents, complete with a tuck-in and bedtime story at night.

Community habilitation requires giving people a stake in their neighborhoods so that efforts they make to improve their blasted and wasted environs can meet with success. Indeed, confrontation by community is the key to any long-range effort at reducing drug use.

We have seen astonishing grass-roots efforts nationwide, efforts whose purpose is to salvage communities and the people who comprise them. In some cases, these efforts have been forged in blood—the blood of children whose mothers have created organizations like SO SAD (Save Our Sons and Daughters) in Detroit and MOMS

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(Mothers on the Move Spiritually) in Washington, D.C. Their emphasis is on moral reconstruction, on arming the citizens of drug-infested neighborhoods with the strength to fight drug use and isolate their children from its temptations and ravages. And I say here in this house of God that the same sort of confrontation is required from our spiritual leaders, the clergy, who can give their communities the most powerful reasons for saying no to drugs—reasons rooted in the deepest strains of the human soul.

There are those who say the problems of the inner city and the affluent suburb are so varied that anti-drug efforts with similar approaches cannot work. There are those who say that the cultural differences between affluent and poor, between black and white, between Hispanic and Anglo are so profound that each "culture" must come up with its own approach. I say that's wrong.

It is obviously the case that someone who speaks Spanish as a first language will be more receptive to a message in Spanish. But the necessary message for rich and poor, black and white and Hispanic and Indian alike, is the same: Drug use is intolerable, use and the potential for use will be confronted on all fronts, and those who use and those who sell will face certain consequences.

In the final analysis, the distinction often drawn between the "supply reduction" and "demand reduction" sides of the drug equation is a false one. Many things to be done on the "supply" side have remarkable ramifications on the "demand" side. As James Q. Wilson points out in his forthcoming book, *Drugs and Crime*, we do not advocate law-enforcement measures merely to apprehend and punish the guilty, though both are worthy goals.

Rather, we do so because we believe the message effective law enforcement sends will have a real impact on those who use drugs. For the so-called casual user, bringing home the potential cost of present drug use is a true deterrent to future use. And for the addicted user, who may resort to a life of crime to support his habit, the potential for certain punishment may finally lead to an acceptance of personal responsibility and a motivation to enter treatment.

Of course, to flip the argument around, successful activities on the "demand" side will reverberate from the inner city to the marijuana fields in California and the coca fields in South America. By reducing the profits gained from drug sales, demand-side activities will at last give supply-reduction initiatives—like crop substitution, by which coca farmers are encouraged to adopt other commodities for cultivation—a real and lasting chance to work.

What must link all our efforts, from supply to demand, at all levels, is an ethic of personal responsibility. Those who transgress must account for their transgression; those who spurn or resist transgression must be supported and praised. Who are our heroes in this fight? Is it those who have used and quit drugs? Quitting is great—no doubt about it. But in truth, the real heroes in our war on drugs are those who never use them, those who do all they can to keep their kids off drugs, and those who give their kids the strength to resist temptation and pressure—wherever it comes from, whatever guise it takes.

In the end, that will require the spiritual authority emanating from you here today. Drugs obliterate morals, values, character, our relations with each other and our relation to God. And so it is for all of us, and especially for you who are called to teach the word of God and the moral lessons of our common heritage, to guide our children out from the valley and into the light.

## Footnotes

### “Gangs, Organized Crime, and Drug-Related Violence in Ohio”

1. C. Ronald Huff, “Youth Gangs and Public Policy,” *Crime and Delinquency*, Vol. 35, Number 4, October, 1989.
2. John M. Hagedorn, *People and Folks: Gangs, Crime, and the Underclass in a Rustbelt City* (Chicago: Lake View Press, 1988); Jeffrey Fagan, “The Social Organization of Drug Use and Drug Dealing among Urban Gangs” (final report, Grants 85-MU-AX-C001 and 87-JN-CX-0012, U.S. Department of Justice), July 1988.
3. Huff, *op. cit.*
4. This information was obtained through interviews with criminal justice and juvenile justice agencies in these cities and has also been the subject of newspaper articles in Cleveland, Canton, and Lorain.
5. Jamaican posses are highly organized and sophisticated gangs who originated as street gangs in Jamaica in the late 1970s. Many posse members migrated (illegally) to New York and Miami due to poverty and the small narcotics market in Jamaica. Since immigrating to the United States, Jamaican posses have been extensively involved in the trafficking of drugs and weapons and have been implicated in many crimes involving extreme violence. It is estimated that these posses may control as much as 40% - 50% of the “crack” in the United States (Source: Bureau of Alcohol, Tobacco, and Firearms and Drug Enforcement Administration).
6. Information based on interviews with juvenile court staff in Cleveland.
7. Huff, *op. cit.*; Cheryl L. Maxson, Margaret A. Gordon, and Malcolm W. Klein, “Differences between Gang and Nongang Homicides,” *Criminology* 23(2):209-222, 1985.
8. In some urban hospitals, birth defects attributable to cocaine

and/or “crack” use are occurring in 5% - 10% of all births. Some health maintenance organizations (HMOs) reportedly have been bankrupted by the costs of “cocaine babies” and others are carefully monitoring this problem (Source: Kathryn E. Johnson, President and CEO, The Healthcare Forum, San Francisco).

9. Semiautomatic weapons and the violence associated with their use have attracted intense public policy debate in Ohio recently. Several Ohio cities have banned these weapons or are currently considering a ban on them. In addition, public opinion polls in Ohio and the nation indicate that two-thirds to three-fourths of the population support such a ban. Source: Sgt. Marty Flask, Cleveland Police Department, Narcotics Bureau.
11. Source: Sgt. James Dempsey, Columbus Division of Police, Narcotics Bureau.
12. *Ibid.*
13. Source: Sgt. Larry Panno, Cincinnati Police Department, Central Vice Control Section.
14. Source: Sgt. Keith Groppe, DEA Task Force.
15. *Justice Research*, National Criminal Justice Association, November/ December 1988, p. 1.
16. Source: National Institute on Drug Abuse survey data, as cited in *Newsweek*, April 10, 1989, p. 21.

### “Another Option: A Public Health Response”

1. National Institute on Drug Abuse, cited in *Washington Spectator*, Vol 14, No. 14 (August 1, 1988).
2. Testimony of Linda Lewis of the Alcohol, Drug Abuse and Mental Health Administration before the House of Representatives Select Committee on Narcotics Abuse and Control (May, 1988).

## Research Publications of the Governor's Office of Criminal Justice Services

September 1988

**Violent Crime Victimization in a Large Ohio County.** This study analyzes 181 victims of violent crime in a large Ohio county with a close look at such "controllable" factors as victim chemical state, relationship to offender, precipitating arguments, time of day, and place.

September 1987

**The State of Crime and Criminal Justice in Ohio Report.** A complete overview of crime and criminal justice in this State, beginning with citizen attitudes and extending through the commission, investigation, prosecution, and adjudication of criminal acts.

February 1987

**Ohio Citizen Attitudes Concerning Crime and Criminal Justice.** This fifth report in the series begun in 1979 focuses primarily on Ohioans' attitudes toward juvenile crime and juvenile justice in the State. Other issues addressed included fear of crime, citizen knowledge of crime and criminal justice, child abuse, juvenile gangs, and homeless people.

May 1986

**Law Enforcement Management Survey Report.** This study profiles the management practices of one hundred Ohio law enforcement agencies relative to personnel standards, salaries, fringe benefits, unique jurisdictional characteristics, manpower allocation, management of missing children cases and (for sheriffs) jail maintenance.

October 1984

**Selected Issues in Adult Probation: The Officers and Their Work.** The first of two publications stemming from the Selected Issues in Adult Probation project, this report provides a look at the 241 federal, state, county and municipal probation officers who responded to the survey. Highlights include the officers educational attainment plus aspects of the presentence investigation function.

October 1984

**An Overview of Criminal Justice In Ohio: Offender Based Transactional Statistics.** A major field study which manually tracked 2,500 major felony offenders through sixty-one criminal courts in Ohio, generating up to fifty-two pieces of criminal justice system data for each case.

April 1984

**Ohio Citizen Attitudes Concerning Crime and Criminal Justice.** The fourth edition of this survey concentrates on attitudes and opinions regarding Ohio's prisons. It also repeats and expands upon questions from earlier studies relating to fear of crime, level of crime, sentencing, crime prevention and juvenile justice.

March 1983

**Use of Force In Patrol Work.** An analysis of the use of force by Ohio law enforcers during the performance of routine patrol work. Examined are personal defense tactics as well as non-lethal and lethal force.

March 1983

**The Ohio Statistical Analysis Center: A User's Profile.** This administrative report highlights SAC's setting and function in Ohio government, the federal SAC network, and the field of criminal justice. It profiles SAC's structure, research priorities, information users, and similarities to other state and territorial SAC's.

March 1983

**OCJS Research Requests and Responses: An Analyses.** An analysis of 346 research data requests received and responded to by SAC in 1982, as well as the nearly 1,000 requests received to date, by type and source of request.

Spring 1983

The following series of eight reports are modular summaries, each about 40 pages in length, profiling the results from each of the jurisdiction levels (based on populations) represented in 1981-82 Ohio Law Enforcement Task Analysis Survey. These reports

highlight the frequency of task performance, equipment usage, physical activities, as well as other facets of the peace officer's job. Also included are supervisors' assessments of importance and learning difficulty.

**Law Enforcement In Ohio Cities Serving Over 100,000 People: A Task Analysis.**

**Law Enforcement In Ohio Cities Serving 25,000-100,000 People: A Task Analysis.**

**Law Enforcement In Ohio Cities Serving 10,000-25,000 People: A Task Analysis.**

**Law Enforcement In Ohio Municipalities Serving 2,500-10,000 People: A Task Analysis.**

**Law Enforcement In Ohio Municipalities Serving Under 2,500 People: A Task Analysis.**

**Law Enforcement In Ohio Counties Serving Over 250,000 People: A Task Analysis.**

**Law Enforcement In Ohio Counties Serving 100,000-250,000 People: A Task Analysis.**

**Law Enforcement In Ohio Counties Serving Under 100,000 People: A Task Analysis.**

November 1982

**Survey of Ohio Citizen Attitudes Concerning Crime and Criminal Justice.** The third annual report of this series, this study focusing on attitudes toward law enforcement officers, public crime-fear levels, handgun ownership, and the informational resources which mold public opinion in this area.

October 1982

**Peace Officers Task Analysis: The Ohio Report.** A two-and-one-half year study involving a survey of 3,155 Ohio peace officers in some 400 law enforcement agencies concerning the types of investigation, equipment, informational resources, tasks and physical activities associated with law enforcement in Ohio.

*May 1982*

**OCJS Research Requests and Responses: An Analysis.** An analysis of 308 research data requests received and responded to by SAC in 1981, as well as the 625 total requests received to date, by type and source of request.

*April 1982*

**Fact and Fiction Concerning Crime and Criminal Justice in Ohio.** (1979-1982 data). A look at twenty-five popularly-believed myths about crime and criminal justice in the State, accompanied by appropriate factual data.

*July 1981*

**Ohio Citizen Attitudes: Concerning Crime and Criminal Justice (Report #2, 1980 data).** The second in a series of reports concerning Ohioans' attitudes and opinions about contemporary issues affecting law enforcement, courts, corrections, juvenile justice, crime prevention, and criminal law.

*June 1981*

**A Stability Profile of Ohio Law Enforcement Trainees: 1974-1979 (1981 records).** A brief analysis of some 125 Ohio Law Enforcement Officers who completed mandated training between 1974 and 1979. The randomly selected group was analyzed in terms of turnover, advancement, and moves to other law enforcement agencies.

*May 1981*

**A Directory of Ohio Criminal Justice Agencies (1981 data).** An inventory of several thousand criminal justice (and related) agencies in Ohio, by type and county.

*April 1981*

**Property Crime Victimization: The Ohio Experience (1978 data).** A profile of property crime in Ohio highlighting the characteristics of victims, offenders, and the crimes themselves; based on results of the annual National Crime Survey victimization studies in Ohio.

*March 1981*

**Profiles in Ohio Law Enforcement: Technical Assistance, Budgets, and Benefits (1979 data).** The second report emanating from the 1979 SAC survey of 82 sheriffs' departments and 182 police departments in Ohio; discusses technical assistance needs and capabilities among these agencies, as well as budgets and fringe benefits.

*December 1980*

**The Need for Criminal Justice Research: OCJS Requests and Responses (1978-1980).** An analysis of some 300 research requests received and responded to by the OCJS SAC Unit between 1978 and 1980, by type, request source, and time of response.

*September 1980*

**State of the States Report: Statistical Analysis Centers (Emphasis Ohio) (1980 data).** An analysis of the criminal justice statistical analysis centers located in virtually every state and several territories.

*September 1980*

**Survey of Ohio Prosecuting Attorneys: Report (1979 data).** An operational overview of 46 county prosecutors' offices.

*September 1980*

**In Support of Criminal Justice: Money and Manpower (1977 data).** Analysis of employment and expenditures within Ohio's criminal justice system, by type of component (police, courts, corrections), and type of jurisdiction (county, city, township and state).

*June 1980*

**Concerning Crime and Criminal Justice: Attitudes among Ohio's Sheriffs and Chiefs of Police (1979 data).** Opinions and attitudes of 82 Ohio sheriffs and 182 chiefs of police analyzed by jurisdictional size.

*May 1980*

**Ohio Citizen Attitudes: A Survey of Public Opinion on Crime and Criminal Justice (1979 data).** An analysis of public opinion and attitudes on a wide range of issues concerning law enforcement, courts, corrections, juvenile justice, crime prevention, and other areas of crime and criminal justice.