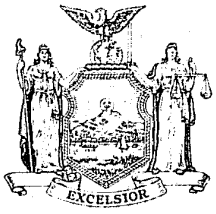
1989

STATE OF NEW YORK
ANTI-DRUG ABUSE STRATEGY REPORT



THE GOVERNOR'S STATEWIDE ANTI-DRUG ABUSE COUNCIL

MARIO M. CUOMO
Governor

STAN LUNDINE
Lieutenant Governor, Chairperson

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November 27, 1989

Governor Mario M. Cuomo
Executive Chamber
State Capitol
Albany, New York

Dear Governor Cuomo:

We are pleased to transmit the strategy report of the Statewide Anti-Drug Abuse Council. This report comes at a crucial moment. Because today, we are under siege. Drugs have ripped through our society, producing unprecedented levels of fear and destruction.

This is not a problem confronting New York alone. Yet, the federal government does not convey a sense of urgency and commitment to solving the drug problem. New York has shown its willingness to do its share. We already allocate five times as much as the federal government for drug programs in this State. This is a time when reality must match rhetoric at all levels of government.

Given the lack of purpose at the national level, the question is, how should we respond to the crisis at hand?

This report offers a strategy for action. It reflects the collective thinking and efforts of every agency involved in New York's campaign to fight drug and alcohol abuse.

As members of the Anti-Drug Abuse Council, we are particularly pleased by the collaborative spirit that evolved as a result of our working together to forge these recommendations. Although we came together with different perspectives, we were joined by our common goal of removing this State from the clutches of substance abuse.

Our report seeks to achieve a balance between efforts on the supply side and demand side of the drug equation. We recognize that drug prevention, treatment, and law enforcement efforts are each integral and complementary components of an effective anti-drug strategy. We also recognize that government cannot succeed on its own. Every citizen -- parents, teachers, students, religious, business, civic, and community leaders -- must join this effort.

We know the drug problem did not appear overnight. And we know it will not disappear in an instant. But with sustained, strong leadership and the commitment of the entire family of New York, we are confident we can move toward a society free from the ravages of substance abuse.

Respectfully submitted,

Stan Lundine
Lieutenant Governor

David Axelrod, M.D.
Commissioner, Department of Health

Julio A. Martinez
Director, Division of Substance Abuse Services

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Thomas Sobol
Commissioner, State Education Department

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Executive Summary

Drug and alcohol abuse is a pervasive problem in New York. More than 2 million residents of all ages have used drugs in the past six months. There are 1.3 million adult alcoholics. Approximately 400,000 secondary school students use alcohol heavily and the majority of these students regularly use other drugs.

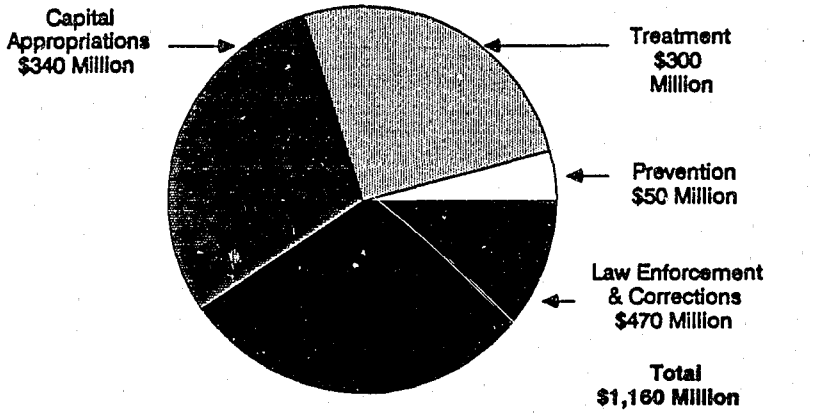
The last few years have been marked by rapid growth in cocaine use, the emergence of crack, and a pattern of poly-drug use involving a variety of legal and illegal substances as well as alcohol.

The impact of drug and alcohol abuse can be seen in statistics showing record numbers of murders and increases in other violent crimes; in deaths, injuries, hospitalizations, AIDS and other threats to public health; in the rising incidence of child and spouse abuse; in workplace accidents attributable to impaired employees.

There has been a substantial increase in the costs – public and private – of preventing and treating alcohol and drug abuse. The law enforcement costs are staggering. And our citizens are questioning the ability of government to ensure law and order.

New York State has responded to the crisis with a broad array of programs. These include school and community-based prevention efforts and health programs providing outreach, education and essential care in hard-hit neighborhoods. The criminal justice system has increased its capacity to investigate, arrest, prosecute and punish drug traffickers and violent criminals through a series of programs and legislative initiatives.

New York State Anti-Drug Abuse Funding:1989*



*Includes funding for both drug and alcohol abuse programs

Source: New York State Division of the Budget

New York has developed the largest organized alcohol and drug treatment system in the nation. Nearly 50,000 people are served in publicly funded drug treatment programs on a given day. Privately funded programs serve an additional 10,000 drug users at any one time. Alcoholism treatment services are provided to 45,000 persons daily through State certified and funded programs.

This year the State of New York will provide over $1 billion to combat drug and alcohol abuse.

KEY ISSUES AND PRIORITIES FOR NEW YORK STATE

While there has been much recent discussion of supply and demand issues, particularly in respect to illegal drug trafficking and abuse, we must recognize that most of the control of the supply side of the equation is out of the reach of states and localities; it is a federal responsibility. Moreover, if the federal government is serious about its war against drugs, it must substantially increase financial support to the state and local governments on the front lines.

The Anti-Drug Abuse Council believes that the most fruitful way of organizing a statewide strategy for combatting alcohol and drug abuse is to focus on three areas: prevention, criminal justice, and treatment. These are areas in which the State has direct responsibilities and capabilities; and in which the State has sponsored, or can sponsor, strong partnerships with local governments and local service providers.

Most important, prevention, criminal justice, and treatment are areas in which individuals and communities can organize effectively for action. It is an explicit goal of this report and its strategies to encourage and enable New Yorkers to involve themselves at every level in combatting alcohol and drug abuse. In the end, nothing else will work because no government can undertake the huge commitments and actions necessary without citizen support, participation, and leadership.

There are a multitude of complex and difficult issues which are dealt with in this report. For example:

- How can the State help its communities turn into active drug fighters?
- What are the best approaches to preventing the initiation of drug and alcohol abuse?
- What can we do to reduce the criminal activity of drug offenders?
- How do we overcome the many obstacles in reaching our goal of treatment on demand?
- Can we take the profit out of the drug business?
- How should we respond to the growing spread of AIDS among intravenous drug users?

The report attempts to resolve these and many other key issues in an effort to formulate a comprehensive anti-drug strategy.

PREVENTION

Many experts now describe prevention and early intervention as crucial to any long-range solution for the problems of alcohol and drug abuse and dependence. Prevention and early intervention are cost-effective and life saving approaches to other health-related problems. Effective prevention efforts require increased resources; and must coordinate services and elicit the support of individuals, educational institutions, businesses, labor organizations, non-profit and community groups, and government agencies at every level.

Consistent with the overall goal of making the prevention of drug and alcohol abuse a universal responsibility, we must utilize our schools to promote drug and alcohol-free lifestyles; enlist the active participation of parents to prevent drug and alcohol abuse; establish drug-free workplaces, including the drug-testing of certain employees; and encourage media participation. Most critical is the need to mobilize entire communities and help them work productively with police and service providers.

CRIMINAL JUSTICE

In criminal justice, the first priority must be the preservation of law and order, to take back the streets from violent, predatory street criminals and opportunistic drug traffickers who have little regard for the value of human life or the well-being of our communities. Additional resources to arrest, prosecute and punish drug users and traffickers will be required to meet this goal. Greater cooperation and pooling of the resources among law enforcement agencies are also essential.

The capacity to divest drug traffickers of the profits of their illegal transactions must be enhanced through the improvement of New York's assets forfeiture laws. The resulting revenues can then be used to support law enforcement, treatment, and restitution for victims.

Drug testing of probationers and parolees must be a component of the criminal justice strategy. It is an important tool for monitoring the progress of an offender's community-based treatment and for ensuring public safety.

All drug users, from the hardcore addict to the recreational or casual user, should be held accountable for their actions. An array of appropriate sanctions should be integral components of New York's drug control strategy. Sanctions can include community service sentences, revocation of drivers licenses, and meaningful fines.

The relationship between drug and alcohol abuse and crime is well-documented. Since effective treatment has been found to reduce criminal activity, the provision of a full continuum of care for chemically dependent offenders is essential. It is especially critical that efforts be focused on early intervention with troubled youth before they adopt lifestyles involving crime and drug abuse.

TREATMENT

We must move aggressively toward the goal of effective treatment for every person who needs it. New York's drug and alcohol abuse treatment systems must become more responsive to the needs of users who abuse a variety of legal and illegal drugs, including alcohol, and who have a vast array of health and social service needs. We must expand the capacity of all treatment services; correct identified deficiencies in the treatment system; and integrate drug and alcohol abuse treatment with general health care services. The identification of State and federal properties on which to locate major treatment campuses is crucial to the rapid expansion of treatment capacity.

It is essential to establish a central intake and assessment capacity for routing individuals to appropriate drug treatment. We must commit to helping special populations most at risk, such as pregnant women, women with children, women of child-bearing age, adolescents, the homeless, and criminal justice system clients.

We must serve far better those who are unable to pay for care. It is critical that we develop innovative strategies to overcome community opposition to the siting of treatment facilities. And we must develop mechanisms to assure that we will have an adequately trained and fairly compensated treatment workforce of sufficient size.

In all of our prevention, criminal justice and treatment efforts, we must coordinate all of our resources and services.

ACCOUNTABILITY THROUGH RESEARCH AND EVALUATION

The public has a right and duty to demand accountability from its systems of government and to know that taxpayer resources are well-spent. Therefore, the State must routinely engage in oversight and evaluation of existing programs and in research exploring promising new strategies. We must build on and replicate our successful efforts; and eliminate programs that fail to serve the needs of their clients and communities.

SUMMARY OF MAJOR RECOMMENDATIONS

I. Prevention

The Community

- Continue and fund the four Community Demonstration Projects begun in 1989 for at least the next two years as models for community mobilization and as centerpieces of the Statewide anti-drug strategy.
- Fund requests from additional grassroots neighborhood anti-drug abuse campaigns on a competitive basis.
- Support community organizational efforts against drug trafficking and drug and alcohol abuse in public housing projects.
- Expand and support New York's network of community-based alcohol and substance abuse service providers to ensure the required comprehensiveness and intensity of services.

Alternatives for Youth

- Provide increased opportunities for youth in recreational and other group activities.

Partnerships with Law Enforcement

- Utilize law enforcement officers to train community leaders in: the early identification of community problems which give rise to criminal activity, the appropriate responses to those problems, and techniques in developing community partnerships.

Schools

- Expand the State Education Department's Drug Education Curriculum and Inservice Training Network to assist local school districts in establishing comprehensive alcohol and substance abuse prevention and health promotion programs.
- Accelerate the expansion of the Community Schools program.
- Expand the Liberty Partnerships Program, which provides support services to students enrolled in public and non-public schools who are identified as having a high risk of dropping out of school.
- Require all campuses of the City and State University systems, and encourage all other campuses, to have on-site alcohol and drug abuse prevention programs and referral services in conjunction with campus-based health services.
- Expand the Division of Substance Abuse Services' network of school-based prevention service providers.

Families and Homes

- Enhance and provide funding support for efforts promoting family life education.

The Workplace

- Emphasize employee assistance programs that address drug and alcohol abuse problems as part of New York's drug-free workplace program.
- Develop a promotional campaign to encourage private industry to continue and intensify drug and alcohol abuse prevention, treatment and rehabilitation efforts.
- Require random drug testing and pre-employment testing for certain State job titles sensitive to criteria provided by the courts. A State management commitee should review State positions for possible increased drug testing which entail security, law enforcement and public safety duties.

The Media

- Encourage producers of local news programs on television and radio to devote a certain amount of air time to reporting positive individual and community responses to drug and alcohol abuse.
- Encourage television, radio and print media to donate more prime time and more visible space to public service announcements.

II. Criminal and Juvenile Justice System

Law Enforcement and Prosecution

- Require the State Drug Enforcement Task Force to develop an overall plan for expanded action by State, federal and local agencies, to disrupt the flow of drugs in New York State.
- Improve intergovernmental coordination to identify, apprehend, and deport illegal aliens involved in drug trafficking.
- Expand State Police efforts to suppress drug trafficking.
- Create new regional Drug Enforcement Task Forces to combat major drug distribution networks.
- Utilize the Statewide Organized Crime Task Force to concentrate on the investigation and pursuit of complex and multijurisdictional drug cases involving middle and upper-level traffickers.

- Increase court-related resources so district attorneys can make the threat of trial and conviction meaningful, public defenders can offer capable representation, and judges can have manageable caseloads.
- Enhance criminal penalties for drug sales to minors and the use of a minor in a drug offense.
- Prohibit the unlicensed possession of assault weapons.
- Authorize the sentence of life without parole for those who commit murder during a drug transaction.
- Increase use of specialized street-level enforcement operations to respond to local drug trafficking and related criminal activity.
- Expand career criminal programs that focus efforts on repeat drug offenders who perpetrate predatory street crime as well as those who participate in the trade solely or primarily for profit.

Community Supervision

- Implement mandatory drug testing policies and procedures statewide for chemically dependent probationers and parolees.

Taking the Profit Out of the Drug Business

- Reclaim illegal drug proceeds by strengthening New York's assets forfeiture statutes.
- Create a State Strike Force on Crime Proceeds to coordinate investigations and prosecutions of individuals and financial institutions engaged in money laundering.
- Impose restitution orders against drug dealers for the costs of providing treatment to their victims.

User Sanctions

- Create a realistic deterrent to drug use by targeting casual users for sanctions such as community service sentences and meaningful fines.
- Amend State law to authorize suspension or postponement of driving privileges of all persons convicted or juveniles adjudicated of any drug or underage alcohol offense.

Impaired Drivers

- Implement mandatory alcoholism screening and evaluation of all convicted drinking drivers.

Juvenile Justice

- Strengthen the juvenile justice system to realize its mission of serving the best interests of the child and to address the need for community protection.
- Develop a screening mechanism to identify alcohol and drug abuse among juveniles at probation intake; and to direct appropriate adjustment referrals and inform the court of a child's treatment, detention, and placement needs.
- Make greater utilization of intermittent sentences for non-drug dependent juvenile delinquents who are adjudicated on drug use or simple possession offenses. Sanctions should include community service activities during the week and residential placement in a drug education program on weekends.

III. Treatment

Capacity Expansion and System Reform

- Increase the State's residential drug and alcohol treatment capacity by 10,000 beds in the next two years and a total of at least 15,000 beds in the next five years. Locate at least 2,000 of these beds on treatment campuses situated on State or federal property.
- Increase outpatient drug treatment capacity by adding 10,000 slots in the next two years.

- Increase outpatient alcohol treatment capacity by 30 percent over the next two years to accommodate 10,000 additional clients per month.
- Establish a central intake capacity and mechanisms to provide gateways for the systematic placement of clients in drug treatment. The centers would comprise a feeder network into new treatment centers and existing programs.
- Develop ten to twenty new model Community Drug Assessment and Treatment Systems programs statewide, structured to provide a range of drug and alcohol abuse treatments and primary health care.
- Immediately strengthen and prudently expand the State's methadone program by establishing a quality assurance system and new program standards and by utilizing existing and new providers to create additional capacity.
- Greatly expand the role of hospitals and make them an integral part of the larger comprehensive drug and alcohol treatment system.
- Provide increased access to treatment for pregnant women, women with children, and families.
- Install treatment services in non-traditional settings such as shelters, prenatal clinics and foster care institutions.
- Provide specialized support services such as child care or homemaker services to facilitate entry into, and retention in, treatment programs.
- Develop outpatient programs for chemically dependent youth.
- Enhance the management of chemically dependent offenders by developing specialized alternatives to incarceration and greater access to the entire range of treatment services.
- Expand alcohol and drug treatment programs within State and local correctional facilities and juvenile facilities.

Workforce Issues

- Increase the State's supply of drug and alcohol professionals by developing a program at selected community colleges to grant associate degrees in addiction counseling; and by establishing a training institute.

Research

- Establish a drug and alcohol research fund, to be guided by an Anti-Drug Abuse Council committee, to support worthwhile research and evaluation proposals from State agencies and other organizations.

Siting Strategies

- Pursue various siting strategies to overcome community opposition to treatment facilities, including full utilization of federal, State and local government property; comprehensive education and public relations efforts; assurance of more positive site control by outright State purchase of sites or capital grants for site acquisition by providers; and co-location of drug and alcohol treatment facilities within existing and new facilities, e.g., hospitals, Division For Youth facilities, public housing complexes, and probation and parole offices.

Introduction

New York is faced with an epidemic of drug and alcohol abuse that threatens the well-being of our State. Drug and alcohol abuse, exacerbated by the emergence of crack and the increase of multiple addictions, has become a more severe and more complex problem than ever before. Drug and alcohol abuse is far from "victimless." It drains the State and nation of our most important and irreplaceable resource — our people.

Drugs come in many forms from hundreds of sources and are available throughout the State — in large metropolitan areas, rural villages, small cities, and suburbs. The supply of drugs generates and feeds the tremendous demand from infrequent, regular and heavy users. Drug trafficking, drug acquisition, and the ingestion of drugs and alcohol contribute to crime, illness, senseless injury, death, and a host of social problems.

The tragedies of drug abuse are innumerable: infants born to cocaine-addicted mothers; whole neighborhoods caught in the crossfire between gangs fighting for lucrative turf; senior citizens beaten and robbed by drug-dependent offenders; innocent travelers killed by drunken drivers; children prostituted by their parents for the price of a crack high; "hidden addicts" who siphon off family resources for drugs and transfer their loyalty to drug dealers; intravenous drug users who contract AIDS and spread it to their families.

The headlines may be about crack, heroin, or marijuana, but the story is about alcohol as much as any illicit drug. Alcoholism is part and parcel of our drug problem. Alcohol abuse generates enormous costs in economic and human terms. Alcohol takes its toll as a major contributor to birth defects, car and workplace accidents, and economic loss.

Because of its accessibility, its socially accepted status, and its low cost, alcohol often acts as a "gateway drug" and a stepping stone to illegal drugs. In addition, addicts today are most likely to abuse alcohol in conjunction with other drugs. Alcohol abuse has a tremendous negative impact on our society.

Over the last decade, New York State has launched a variety of programs and has committed massive resources to combat the supply of, and demand for, drugs, and the abuse of alcohol. But now we need to intensify our efforts even more.

Government must act as a catalyst for the leadership required to develop a winning strategy; and must remove the many institutional barriers to success in the battle against drugs. The emergence and consolidation of a powerful drug economy and drug society in our streets and communities has led to the ceding of control by government and, more important, by our political democracy, over whole neighborhoods. Generations of children are growing up — and dying — in communities where the democratic rule of law simply does not exist.

Government must mobilize, but this is not a problem that government alone can solve. Spending more money to provide more services is necessary but insufficient. Everyone — parents, teachers, students, religious, business, civic, and community leaders — must join the effort.

Together, we need to answer some fundamental questions. For example, how best can governments and local communities work together to site and develop needed substance and alcohol abuse treatment programs? What is the best way to approach casual drug use? Which types of primary prevention efforts should we expand at the State level? At the local level? How should school systems, law enforcement officials, and families work together to create a positive school environment that is intolerant of drug dealing and use? How do we respond effectively to the alarming spread of AIDS among intravenous drug users? How do we integrate primary health care with alcohol and substance abuse treatment systems?

Any discussion of these questions must recognize the broader, environmental context in which alcohol and other drug abuse occurs. The strong correlation between increased drug use and the disintegration of our social fabric cannot be ignored. We must have the will, particularly the political will, to end the inexorable cycle of poverty, limited education and opportunity, lack of self-esteem, crime and incarcera-

tion. We must strengthen the values and expand the opportunities that offer alternatives to the destructive forces of the addictive society in which we live.

Next year is the third year of New York's Decade of the Child, a vision for a better future for our children. The campaign aims to expand and improve health care, provide greater access to education, and create new housing and employment opportunities throughout New York State.

In its first two years, the Decade of the Child has been highly successful. We expanded Medicaid eligibility, increased the basic public assistance grant, and inaugurated the Liberty Scholarship program, a unique initiative that encourages young people to stay in school by guaranteeing them the opportunity to go to college. These efforts have been substantially augmented by a strong social agenda, significant expansions in the criminal justice sector, and a continued commitment to educational opportunity.

Until we dramatically reduce the level of drug and alcohol abuse, however, nothing we do will ever be complete. Our schools will never be citadels of learning, our economy will never reach its potential, and our neighborhoods will never be safe. We cannot, as some have suggested, give up hope. New York must tackle not only the simplest problems, but also the toughest challenges.

There is a large, underserved population within our social service and criminal justice networks that deserves our immediate attention. In addition to these individuals, our system should serve the most unreachable: the homeless, the hidden alcoholics or addicts, the mentally ill. Just as New York State will not abandon any segment of the population, we will not neglect any of our communities. The needs of cities, suburbs, and rural areas must all be met. Success will occur only when we move forward together, everywhere.

THE ANTI-DRUG ABUSE COUNCIL

The Anti-Drug Abuse Council (ADAC) was created in January, 1989 by Governor Mario Cuomo, to review the State's current activities and to forge new anti-drug abuse strategies for both the short and long-term. Chaired by Lieutenant Governor Stan Lundine, ADAC has wide-ranging authority over planning, programs and budgets. The Council assures accountability and the prudent use of public resources.

The members of ADAC are Dr. David Axelrod, Commissioner of the Department of Health; Julio Martinez, Director of the Division of Substance Abuse Services; John Poklemba, Director of Criminal Justice; Marguerite Saunders, Director of the Division of Alcoholism and Alcohol Abuse; and Thomas Sobol, Commissioner of the State Education Department.

Over the past 10 months, the Lieutenant Governor and ADAC members have observed drug dealing in the streets, arrests, and courtroom backlogs. They spoke with a diverse group of individuals in an effort to understand the vexing problems of alcohol and drug abuse. Local elected officials suggested how best to address the myriad consequences of drug dealing and drug violence. Comprehensive discussions with the law enforcement community — from officers on the street, to prosecutors, to court and corrections personnel — contributed critical material to this report. Drug abusers and their families talked openly and intelligently about their needs. Substance abuse treatment providers and public health officials shared their concerns and frustrations with their inability to meet the overwhelming need for services.

ADAC sponsored an interdisciplinary conference where more than 800 professionals from around the nation voiced their concerns and recommendations. The Lieutenant Governor received more than 150 responses to his letter requesting advice from individuals, organizations, and government officials from across the State and nation. Their insights and recommendations were invaluable contributions to this report.

GUIDING PRINCIPLES

In the assessment, deliberation and enunciation of their recommendations, ADAC members were guided by a series of principles which form the philosophical basis for the State anti-drug and alcohol abuse strategy. It is first of all clear that New York State must focus its energy, commitment and resources on a comprehensive strategy to confront the problem of drug and alcohol abuse.

- All individuals who need alcohol and drug treatment should have access to these services. Alcohol and drug abuse treatments must encompass the person's needs for health care and other needs like housing and job training and placement.
- All the people of New York State have a right to protection from the crime and violence which accompany drug and alcohol abuse. Punishment for those who violate our laws should be swift and certain.
- Prevention efforts must include all levels of society and every community — individuals, families, neighborhoods, government and law enforcement, business, labor, religious groups, schools, and civic organizations.
- Children are our most vulnerable and susceptible population. We must focus our prevention efforts on them but we must also educate our adult population who serve as role models and provide direction for our youth.
- Success in reducing drug and alcohol abuse will be achieved only when society becomes intolerant of such behavior.
- All illegal drug users, ranging from occasional users to addicts, should be held accountable for their actions. Appropriate sanctions should be applied to deter drug use.
- A long-term commitment to coordinated research is required to develop and test new prevention, treatment and law enforcement approaches, to evaluate present approaches, and to ensure accountability.

With these principles in mind, we have proposed a strategy that will achieve our short and long-term goals. Our strategy is comprehensive in scope, yet focused on appropriate short-term targets. In many areas, we must simply do more. But in other instances, we must improve our delivery of existing services.

In a very fundamental way, all of us must change the way we think and act.

THE REPORT

This report begins with a detailed discussion of the scope and impact of drug and alcohol abuse in New York, including a description of current usage patterns, trends, and the enormous economic and human costs of drug abuse. Recent State and local initiatives are summarized and are followed by an enumeration of key issues and priorities. Finally, we present our recommendations — a strategy for combatting the current crisis of drug and alcohol abuse in New York State.

THE SCOPE AND IMPACT OF DRUG AND ALCOHOL ABUSE IN NEW YORK STATE

THE SCOPE OF DRUG AND ALCOHOL ABUSE

Recent studies confirm what is clearly evident to many New Yorkers -- drug and alcohol abuse is a crisis facing our State.

Nearly 5 million New Yorkers over the age of 12 have used drugs non-medically at some time in their lives. These drugs include a variety of substances such as marijuana; cocaine in all its forms, including crack; inhalants; PCP or angel dust; LSD and other hallucinogens; heroin and other illicit narcotics; and psychoactive prescription drugs including tranquilizers, sedatives, stimulants, analgesics and cough medicine with codeine.

Over 2 million New Yorkers have used drugs within the past six months.[1]

There are 850,000 regular drug users in New York, including those, for example, who use cocaine at least four days a month, or marijuana at least ten days a month.

Included among the regular users are approximately 500,000 heavy drug users, including 250,000 narcotic abusers, predominately heroin addicts, and individuals who use cocaine at least eight times a month, among others.[2]

There are an estimated 1.3 million adults (age 18 and older) in our State suffering from the disease of alcoholism.[3]

Although three out of four adult New Yorkers drink, more than half of the alcohol is consumed by just seven percent of adults. Fifteen percent of adults account for nearly three-fourths of alcohol consumption.[4]

Important findings with respect to youth show that: Thirty percent of regular drug users are under the age of 18 and 80 percent are under age 35.

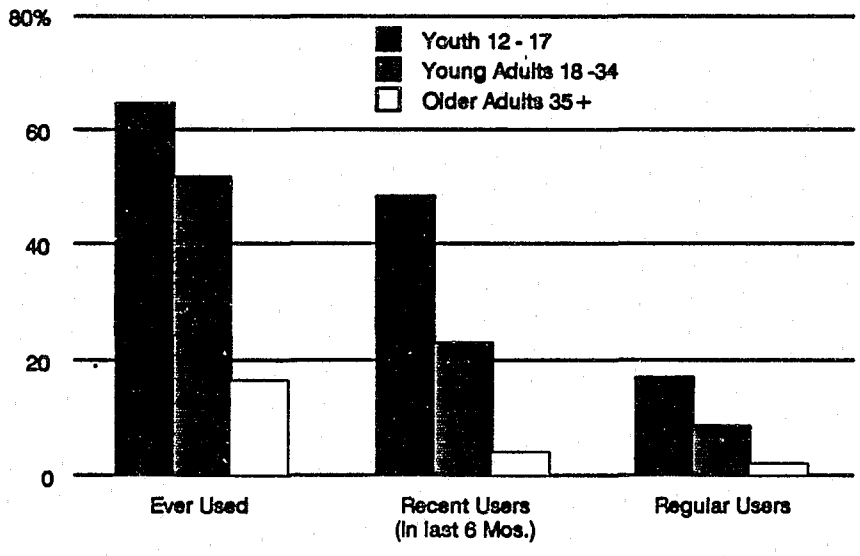
Alcohol is the first mood altering drug used by most persons, typically beginning at about age 13.[5]

Approximately 400,000 secondary school students are heavy users of alcohol and the majority of these students combine heavy alcohol use with regular use of other drugs.[6]

The younger people are when they start drinking, the more likely they are to be heavier drinkers throughout their lives.[7]

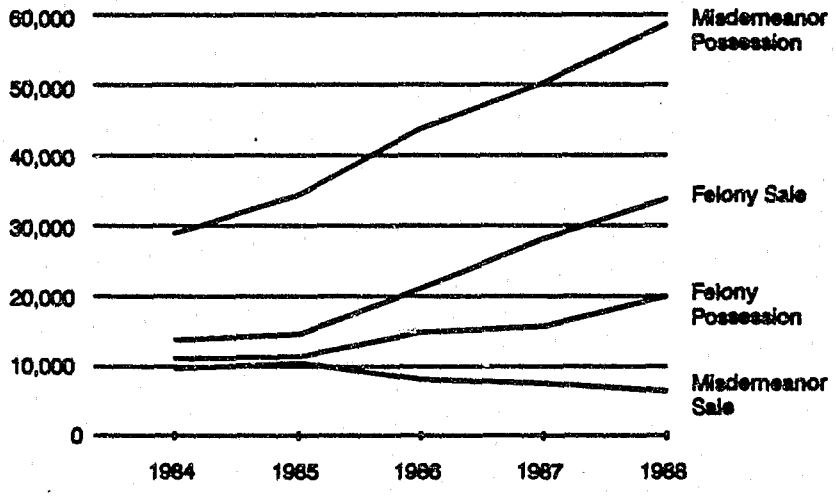
Drug Use by Age Group

New York State, 1989



Source: New York State Division of Substance Abuse Services

New York State Drug Arrests



Source: New York State Division of Criminal Justice Services

TRENDS IN THE DRUG AND ALCOHOL PROBLEM

Several trends have emerged in New York over the past five years. These include a rapid growth in cocaine use; the appearance of crack and the meteoric rise in its popularity; a slight rise in heroin use; a decline in the misuse of psychoactive prescription drugs; and a prevailing pattern of poly-drug abuse, involving the mixed use of various legal and illegal drugs, including alcohol.

Cocaine has been used by more than 1.4 million adult New Yorkers and more than 250,000 youth 12-17 years old. It is estimated that the number of regular users who primarily abuse cocaine increased by 70 percent between 1983 and 1988. If the current growth in the use of cocaine continues unchecked, another 15-20 percent increase is projected by 1993.

The phenomenon of multiple substance use is particularly troublesome. Cocaine users, for example, frequently use heroin, alcohol, marijuana, and/or other substances to treat or self-medicate the symptoms of overstimulation caused by the cocaine itself. It is estimated that 70 percent of narcotic abusers also use cocaine heavily.

Alcohol is second only to AIDS as the leading cause of death among persons enrolled in methadone programs. Fifty percent of the alcoholics enrolled in 26 outpatient treatment programs in New York City during 1988 had a coexisting psychoactive substance abuse/dependence diagnosis.[8]

These patterns of multiple drug and alcohol use greatly increase the difficulty of rehabilitation and argue strongly for the greater integration of drug and alcohol treatment services.

THE IMPACT OF DRUG AND ALCOHOL ABUSE

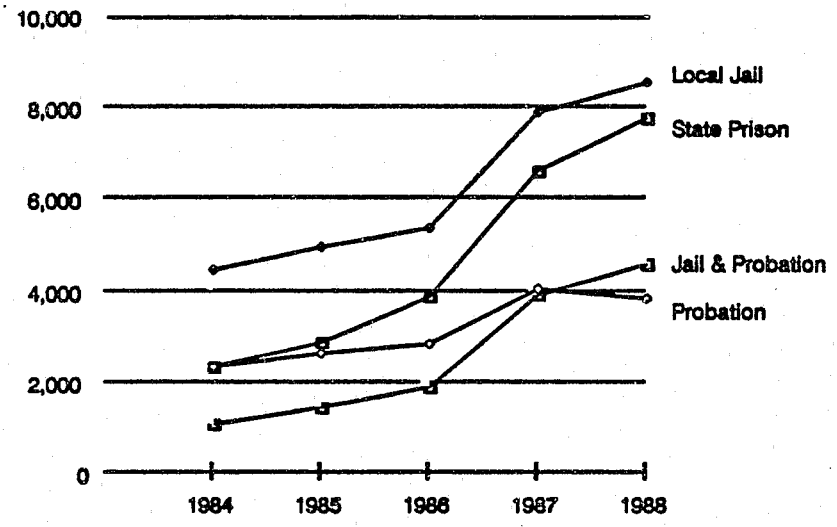
The breadth of our drug and alcohol problem cannot be adequately portrayed by statistics. The numbers, as chilling as they may be, do not convey the extent of misery and suffering. Nevertheless, they are our best vehicle, short of an anecdotal compendium of individual, family and community experiences, for educating the public about the devastating impacts of drug and alcohol abuse and their attendant problems.

Crime and Delinquency

Crime consistently ranks high on the list of public concerns. A considerable body of evidence has accumulated during recent years to show the close relationship between drug and alcohol use and crime.[9]

Available information indicates that the level of reported use of illegal drugs by criminal offenders is increasing and far exceeds that reported by the general population.[10] The high incidence of drug use among arrestees, parolees and probationers in New York City has been documented through urinalysis. For example, nearly 80 percent of a sample of arrestees tested positive for illegal drugs in 1988.[11] Recent research suggests that more than half of New York

Sentencing Trends for Comvictions Resulting from Felony Drug Arrests in New York State



Source: New York State Division of Criminal Justice Services

City's homicides are drug or alcohol-related; three-quarters of these involve disputes related to the business of the drug trade. Crack is most often implicated in these homicides.[12]

The crack explosion has occurred simultaneously with a statewide increase in the robbery rate, which moved upward in 1988 and 1989 after declining earlier in the decade.

Criminal justice professionals are acutely aware that alcohol is the primary violence-producing substance throughout the country and is a common factor in major crimes. Nearly half of jail inmates nationwide were under the influence of alcohol at the time of their offense.[13] The previously cited New York City homicide study indicated that more than two-thirds of the homicides that were related to ingestion, rather than trafficking, involved alcohol as the primary or only substance.[14]

Aggravated assaults, particularly street-level assaults, have risen significantly in recent years.[15] There have also been increases in cases of child abuse and domestic violence. These occurrences reflect to some extent the violence associated with the sale and distribution of drugs as well as the violent behavior associated with the consumption of drugs and alcohol.

The Strain on the Criminal Justice System

The criminal justice system has been stretched to its limits by the increasing number of arrests, prosecutions and incarcerations for drug sale and possession offenses. From 1983 to 1988, annual arrest totals for felony drug offenses climbed 168 percent in New York City, 213 percent in the suburban New York City region, and 143 percent upstate. There are close to 15,000 drug offenders in our State prison system, an increase of over 600 percent since the end of 1980. These offenders have accounted for 45 percent of the total system growth since 1980 and 75 percent of the growth since 1986.

When we include the State's annual prison operating budget, which exceeds $1 billion, and the enormous cost of capital construction, at $100,000 per cell, the fiscal impact of enforcing our drug laws and dealing with other drug and alcohol-related criminality is staggering. Similar strains have been imposed on local correctional systems.

Current demands are not likely to subside in the near-term. Felony drug arrests, indictments, and prison sentences are running far ahead of 1988's record volumes. The inmate population in State prisons now exceeds 50,000. Stepped up street-level enforcement by groups such as the Tactical Narcotics Teams in New York City, and recent initiatives such as the legislation lowering the weight threshold for felony-level cocaine possession, are expected to help drive the demand for prison space to more than 58,000 by April, 1991. These and other initiatives will create similar burdens for other components of the criminal justice system.

Alcohol and Drug-Impaired Driving

Last year, there were 735 people killed and 17,500 persons injured in New York in alcohol-related crashes. The rate of recidivism for drunk driving offenders is estimated to be 20 to 30 percent; these repeat offenders present extreme risks to the public.[16]

Drug impaired drivers are a less publicized but serious problem. The Division of Substance Abuse Services estimates that twenty to forty percent of traffic fatalities involve drugs, usually in combination with alcohol.

THE IMPACT ON PUBLIC HEALTH AND THE HEALTH SYSTEM

AIDS Cases Among Intravenous Drug Users

There were 24,084 AIDS cases reported in New York as of July 31, 1989. Intravenous drug use has been a major risk factor in the spread of AIDS and is wholly or partially responsible for as high as 47 percent of the State's known cases as of that date.[17] It is estimated that the cumulative incidence of AIDS among intravenous drug users will exceed 47,000 by the end of 1994.[18]

The AIDS crisis is seriously taxing our health care system. Statewide, there were nearly 18,000 hospital discharges and over 350,000 hospital days attributable to AIDS in 1988. AIDS discharges are nearly one percent of total hospital discharges and almost two percent of total hospital days. The costs of treating substance abusers with AIDS are enormous. The average annual cost of health care and drug treatment for Medicaid-eligible methadone maintenance treatment clients with AIDS was $18,000 in 1987.[19]

The Alcohol-AIDS Connection

Alcohol may increase the likelihood of HIV infection and the progression of the disease due to the adverse effects alcohol has on the immune system. Alcohol use results in behaviors that heighten the likelihood of exposure to AIDS infection. Alcohol breaks down inhibitions, increases the likelihood of intravenous drug use, and decreases the likelihood that individuals will practice safe sex. Moreover, chronic alcohol use causes liver damage; and AZT, one of the few drugs available for treating AIDS, is contraindicated for those suffering extensive liver damage.

Hospitalization Rates and Costs

Nearly 159,000 New Yorkers required hospitalization as a result of drug and alcohol abuse in 1988, for a total of over 1.7 million days.[20] The estimated costs of acute inpatient care for this population approximate $1 billion.[21] Substance abuse discharges are about six percent of total hospital discharges and eight percent of total hospital days.

Mortality

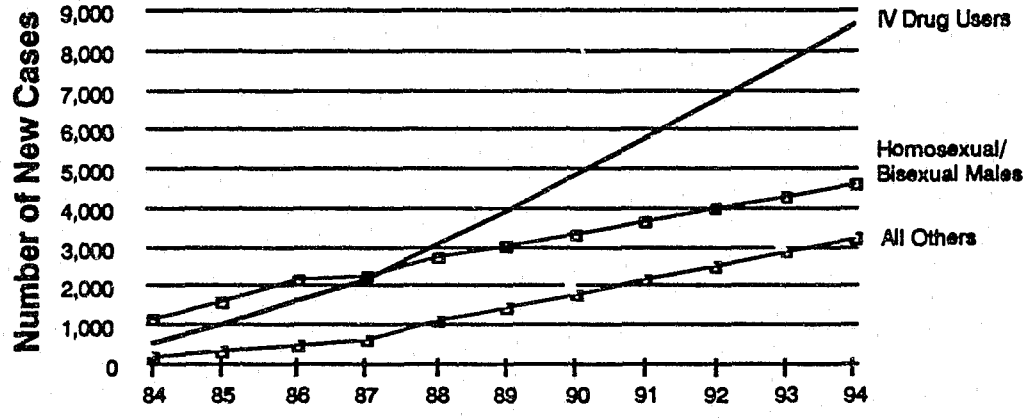
Drug abuse-related mortality is difficult to identify. The 945 reported deaths linked to drugs in 1987 fail to identify many of the homicides, suicides and accidental deaths related to drugs, and represent a significant undercount. In any event, the death toll is being fueled by the precipitous increase in deaths attributable to intravenous narcotic injection. There were 1,100 such deaths alone in 1988, versus 781 such deaths in 1987.[22]

Data on alcohol-related deaths are more reliable. In 1985, an estimated 6,686 deaths in New York State were alcohol-related. Injuries associated with alcohol accounted for more than 65 percent of the loss.

The Effects on Pregnancy

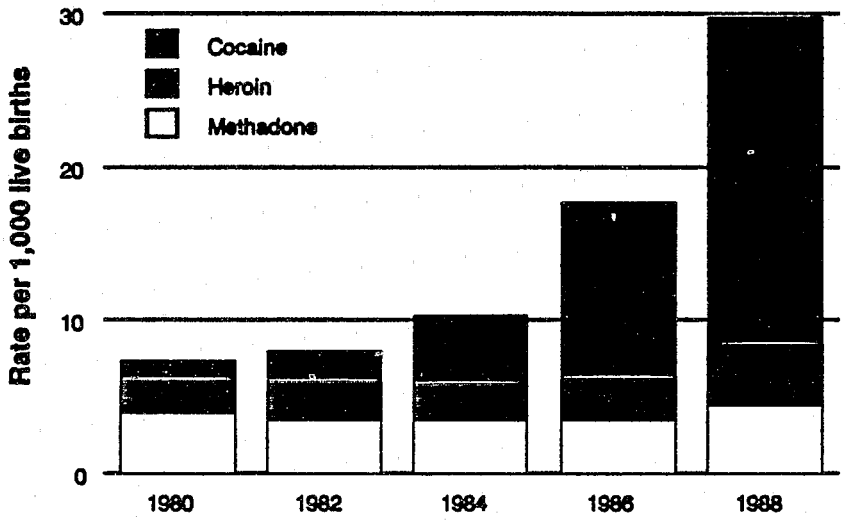
Drug abuse has particularly devastating results when that abuse occurs during pregnancy, or when HIV, the virus that causes AIDS, is transmitted from an infected mother

Projected AIDS Cases in New York State



Source: New York State Department of Health

Maternal Drug Use During Pregnancy In New York City



Source: New York City Department of Health

to her baby. Children born to drug abusing mothers can suffer permanent handicapping conditions, including damage to the brain and other internal organs, if they survive the pregnancy.

It is difficult to estimate the full extent of drug use during pregnancy in New York State, due to widely acknowledged underreporting. The most reliable data, compiled by the New York City Department of Health, indicate that the incidence of cocaine use among pregnant women in New York City has risen dramatically in recent years, as depicted above.

Babies born to mothers who consume alcohol during pregnancy are at risk of being born with Fetal Alcohol Effect (an estimated 5,000 cases annually in New York State) or Fetal Alcohol Syndrome (an estimated 500 cases annually). Fetal Alcohol Syndrome includes mental retardation, curvature of the spine and other abnormalities in the fetus.[23]

The haunting spectre of children born to die is one of the tragedies of the AIDS crisis. Of the 525 pediatric AIDS cases that had been reported in New York State as of July 31, 1989, 75 percent were due to mothers identified as intravenous drug users or reported as having had sex with an intravenous drug user. Current data suggest that 700 to 800 HIV-infected infants are born annually, and are at risk of developing AIDS.

Child Abuse

A number of factors that contribute to child abuse and neglect have been identified in abusive parents, e.g., alcohol and other drug abuse, a history of family violence and high levels of family stress. According to INTERFACE, a private research and advocacy group, the number of alleged child abuse cases in New York City involving a baby exhibiting withdrawal symptoms or a parent suspected of drug abuse increased from 2,627 in 1986 to a projected 10,026 in 1989.

Public Safety and Economic Impacts

Well-publicized incidents such as the allegedly alcohol-related Exxon Valdez tanker accident resulting in extensive environmental damage earlier this year, and a 1987 Maryland train accident in which an engineer and conductor smoked marijuana shortly before a crash resulting in 16 deaths, emphatically illustrate the dangers of impaired workplace performance.

The Division of Alcoholism and Alcohol Abuse estimates that alcohol and drug-related problems cost the public and private sectors of New York $13 billion each year in human services expenses, crime, and lost productivity.

NEW YORK'S RESPONSE: RECENT INITIATIVES TO COMBAT DRUG AND ALCOHOL ABUSE

New York's response to the challenge of combatting drug and alcohol abuse does not begin with this report. Before identifying the key issues and priorities that must direct our future agenda, it is necessary first to describe the breadth of New York's current commitment.

Prevention Efforts

School-Based Programs

Statewide school-based prevention programs are aimed at providing accurate alcohol and drug information to school personnel, students, parents and communities; and providing opportunities for students to learn and practice decision-making, communication, stress management, and risk reduction skills and behaviors.

All schools must now instruct students about alcohol, tobacco and other drugs.[24] The State Education Department, (SED) working with the Division of Alcoholism and Alcohol Abuse, (DAAA) has updated and revised an alcohol instructional guide for students in kindergarten through grade 12, which will be piloted in schools in the 1989-90 school year and implemented in the 1990-91 school year.

The State Education Department is working with the Division of Substance Abuse Services (DSAS) to update the drug instructional guide for similar implementation within the school system. They are also working with the Department of Health to implement the mandate for AIDS instruction for all students, which includes information emphasizing the increased risk of AIDS that is associated with alcohol and drug use.

A bill enacted in 1989 requires school districts to use State-developed instructional materials or locally developed materials which have been approved by the Commissioner of Education.[25]

In addition to school-based instruction, ongoing assistance and training are provided to school district personnel and communities by SED's Bureau of School Health Education and Services, six regional drug education centers and six regional AIDS education centers.

To assist schools in forming policies on alcohol and substance abuse, policy guidelines have been developed through a collaborative effort of SED, DAAA, and DSAS, and will soon be forwarded to all school districts.

In addition to instruction in health education, there are other significant prevention efforts in the State school system:

- The provision of $30 million for a statewide network of 172 school-based prevention programs, coordinated in each county by local designated agencies, and in New York City by the Board of Education.
- School and law enforcement partnerships include LEARN (Law Enforcement Awareness Resource Network), which utilizes State Police instructors and focuses on positive actions which students can take to resist the temptation to use illicit drugs; and DARE (Drug Awareness Resistance Education), in which police personnel throughout the State provide instruction to elementary school students to enhance self-esteem and decision-making skills. A similar program, SPECDA (Special Program to Educate and Control Drug Abuse) has been implemented in New York City.
- The AIDS Institute provides information, instructional materials and guest speakers for technical assistance on HIV prevention to school district personnel and communities.
- Technical assistance and instruction is provided to school district personnel and communities on the prevention of alcoholism and alcohol abuse. Programs are offered for high-risk youth.
- The Governor's Youth Drug Prevention Campaign has funded efforts to involve youth in educational activities geared to recognizing talents and potential as a way to diminish alcohol and drug use.
- The Youth-at-Risk and Community Partnership Grant Program provides grants to schools to develop preventive strategies for at-risk populations. These programs provide models for coordination of school and community efforts.
- The Attendance Improvement and Dropout Prevention Program provides assistance to students who demonstrate a high risk of truancy and academic failure.

Community-Based Programs

Community prevention efforts are designed to provide accurate information and opportunities for community members to participate in activities which encourage positive health behaviors, such as:

- The School as Community Sites Program makes prevention efforts available beyond the classroom, providing for expansion of services such as day care, meal programs, health services and parent services for extended hours, seven days a week.
- Over $10 million is provided for a network of 159 community-based prevention programs that offer a variety of coordinated services. These programs work with the school-based prevention network.
- CAPDA (Citizens Alliance to Prevent Drug Abuse) sponsors a mini-grant program for networking efforts, shared training, technical assistance projects, and local public awareness events.
- COPE (Communities Organized for Prevention Efforts) is a three-phase project of community development, training, and program implementation designed to aid communities in developing a coordinated substance abuse approach.
- DAAA has developed a network of county-based Councils on Alcoholism which provide general community-based intervention and education programs; campus-based alcohol programming through seven regional college consortia; and the Safe Summer Program, which promotes the development of local, alcohol-free summer activities.
- The Governor's Initiative on Adolescent Pregnancy is an interagency effort establishing a comprehensive and coordinated approach for preventing initial and repeated adolescent pregnancy, as well as developing an effective service system for pregnant adolescents.

Community Demonstration Projects

In 1989, the Anti-Drug Abuse Council began four community demonstration projects in New York State to mobilize communities to respond to the scourge of drug abuse. These projects are in the City of Newburgh, Community Board District 6 in the Bronx, Community Board District 13 in Queens, and Community Board District 14 in Brooklyn.

These demonstrations are intended to bring together local leaders and concerned citizens to prevent drug and alcohol abuse, improve and expand treatment capacities, and promote community safety. The heart of this approach is citizen involvement, intergovernmental coordination and the infusion and targeting of resources to get the job done. At the same time, the initiative reflects an understanding that drug and alcohol abuse is inextricably tied to deficits in education, job opportunities, affordable and permanent housing, and adequate health care.

These projects serve as laboratories for programs that are shaped by cooperation, shared responsibility, and community empowerment. Each neighborhood has much to teach us about how government agencies can work together with each other and with community leaders on the front lines. Community demonstration projects provide the natural setting for creativity and reform to meet this challenge.

Criminal Justice Initiatives

In fiscal year 1989-90, New York State appropriated nearly $500 million to State criminal justice agencies directly for drug-related enforcement and corrections efforts.

The past several years have been marked by numerous intergovernmental cooperative efforts including enhanced support for the Drug Enforcement Task Force in New York City, and creation of regional drug enforcement operations in Central New York and the Capital District. Expansion to other regions is planned. The State has assisted New York City in establishing Tactical Narcotics Teams. The State Police participates in narcotics interdiction with the U.S. Customs Service. In addition, the State Police and the Organized Crime Task Force have been key partners in many of the recent, well-publicized prosecutions of organized crime.

The State Police has established a special Narcotics Enforcement Unit directed at the statewide suppression of organized drug trafficking through aggressive investigations, arrests, and seizures of drugs and the illicit assets of drug distribution. There are over 300 investigators dedicated exclusively to narcotics enforcement.

State aid to prosecutors has increased by 34 percent since 1983-84. An estimated $34 million in State funds will be provided to New York's district attorneys this year. In 1986, twenty-three new court parts were established in New York City and Long Island to deal with the increased workload resulting from drug-related crimes.

New York State has been particularly attuned to the need to complement its extensive enforcement efforts with a corresponding commitment to correctional programming as a means of breaking the cycle of drug and alcohol abuse and crime in our society. The recently

enacted Omnibus Crime Control Law represents the most comprehensive change to correction law in this State's history and contains a chemical dependency component that is the first of its kind in the nation.

The new law provides support for drug and alcohol abuse treatment services at each stage of the correctional process, from local corrections and probation to State prisons and post-release in the community. Over $150 million has been appropriated to cover State operating costs and local assistance funding authorized by the legislation.

The law specifically provides for the establishment of 2,250 general confinement beds in the State prison system by 1991 and an additional 1,950 spaces for alcohol and drug abuse treatment.[26] It broadens inmate participation in the Shock Incarceration Program, established by the Legislature in 1987. This program is designed to deter young, non-violent offenders, mostly those sentenced to prison for drug offenses, from committing future crimes by fostering self-respect through a six-month regime of structured physical activity, education, therapy, counseling, self-evaluation, and conflict resolution programs.

The Division of Parole and local probation departments administer a variety of drug and alcohol abuse treatment services, employ various intensive supervision models and conduct urinalysis to ensure offender compliance with the prescribed conditions of their sentence. One notable cooperative effort is the Division of Parole's Special Offender Unit, which works closely with New York City's Tactical Narcotics Teams against parolees engaged in drug trafficking and organized crime.

The Division for Youth administers a multifaceted residential treatment approach to address the needs of adolescent alcohol and drug abusers.

Significant Criminal Justice Legislation

Significant legislative enactments have enhanced the ability of the State's criminal justice system to respond to the drug problem.

Although narcotics trafficking has become a key activity of organized criminal enterprises, it is often difficult to associate the leaders of these enterprises directly with a specific instance of trafficking. The Organized Crime Control Act, enacted in 1986,[27] has ameliorated this problem by permitting law enforcement authorities to charge and prove patterns of criminal activity and their connection to ongoing enterprises, legitimate or illegal, that are controlled or operated by organized crime.

Other recent legislative initiatives include a money laundering statute; an assets forfeiture law; the establishment of a witness protection program; increased penalties for crack possession and for drug sales on or near school property; increased fines for drug sale or possession, ranging up to $100,000; and a law criminalizing the manufacture of drug paraphernalia.[28]

Drug Abuse Treatment

New York State has developed the largest organized system of care in the nation for drug abusers, with nearly 50,000 people in publicly funded drug treatment programs at any one time. There are more than 85,000 admissions to these programs annually.

Drug abuse treatment services are provided through a network of community-based programs operated by local governments and not-for-profit corporations. The Division of Substance Abuse Services funds and regulates this network of programs. This year New York will provide $230 million in State funding for drug treatment services.

Methadone maintenance programs for opiate-addicted patients serve approximately 30,500 patients. Drug-free outpatient programs serve 12,500 patients and drug-free residential programs serve 5,000 patients. Aside from those treated in the publicly funded system, there are more than 10,000 persons currently enrolled in privately funded treatment programs licensed and monitored by DSAS.

Special Programs For Special Needs

The multiple problems of the homeless, the spread of AIDS and the advent of new substances such as crack have made major demands on service providers.

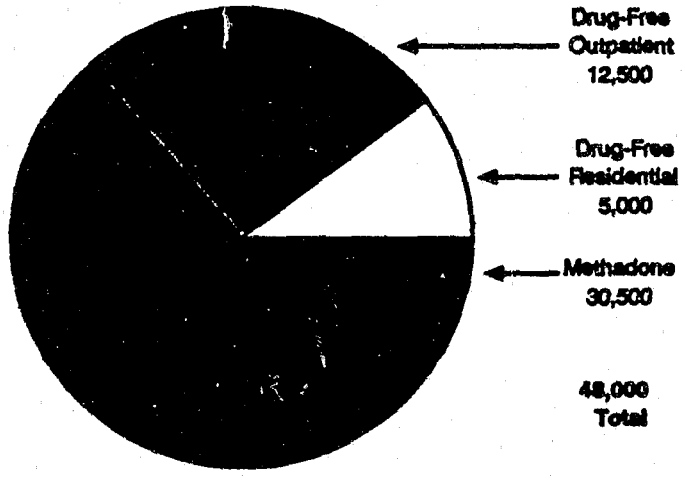
Individuals entering substance abuse treatment are often beset by other problems, including HIV infection and other health problems, homelessness, mental illness, criminal behavior, family crises, poverty, and lack of educational and vocational training. Accordingly, traditional forms of service delivery have been modified to meet the diverse needs of clients.

Among the special programs are a variety of AIDS initiatives such as counseling, testing and partner notification services, and the assignment of HIV coordinators to specific methadone treatment programs to provide education and training to clients and staff.

Services for the homeless include a mobile unit stationed at locations known to be high impact areas for homelessness and substance abuse, and outreach programs for individuals in the New York City shelter system.

Other programs have been developed for children of substance abusers, mentally ill chemical abusers, criminal justice system clients, veterans, and impaired professionals.

New York State Drug Treatment Profile:1989



Source: New York State Division of Substance Abuse Services

Alcohol Abuse Treatment

There are 469 alcoholism treatment programs in New York State certified by the Division of Alcoholism and Alcohol Abuse. These programs provide services to approximately 90,000 individuals through 160,000 admissions per year. Nearly 45,000 persons are served on a given day. The State directly operates 13 inpatient alcoholism treatment centers which handle 5,000 admissions per year.

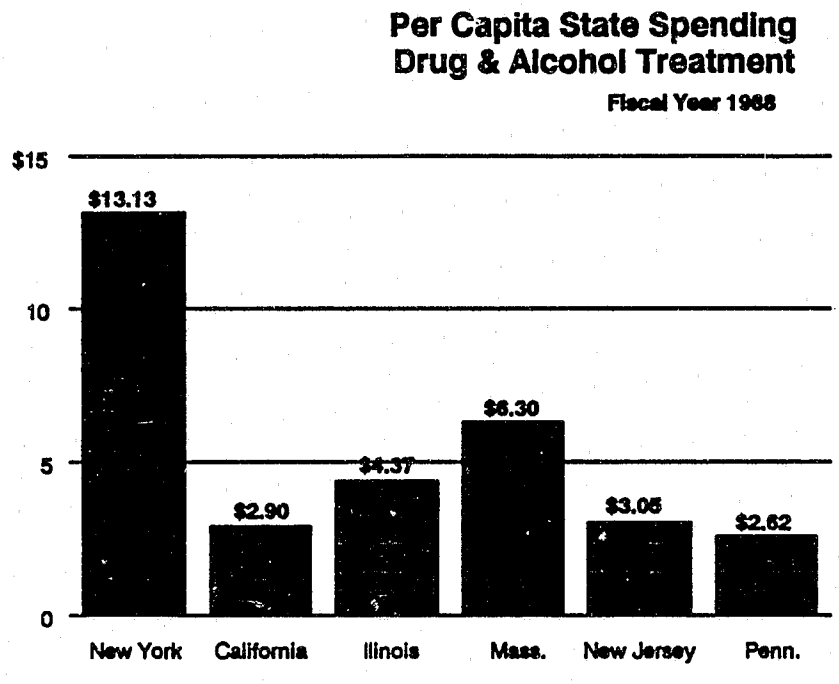
The system is financed through a combination of State, local and federal funding, as well as revenues from third-party payers and self-pay. This year, the State share of funding for alcoholism treatment programs is $52.7 million and the federal share is $13.7 million. An additional $20.5 million in local fund-

Drug & Alcohol Treatment Admissions & State Spending Levels

Fiscal Year 1988

	Drug Treatment Admissions	Alcohol Treatment Admissions	State Drug & Alcohol Agency Funds
New York State	85,915	158,372	$234,706,000
California	64,408	108,000	81,300,000
Florida	18,142	60,551	34,091,580
Illinois	26,532	50,644	50,624,900
Massachusetts	27,812	71,327	37,027,000
Michigan	19,334	37,078	29,380,278
New Jersey	14,215	28,226	23,483,667
Pennsylvania	32,571	35,203	31,441,249

Source: National Association of State Alcohol & Drug Abuse Directors



Source: National Association of State Alcohol & Drug Abuse Directors

ing and nearly $60 million in other revenue, primarily third-party reimbursement, provides the remainder.

The system is comprised of a series of treatment program models providing services of varying intensities for the needs of alcoholic persons throughout the course of recovery. These models provide emergency care for physical withdrawal from alcohol; outpatient treatment for those persons able to abstain outside a structured inpatient environment; intensive short-term (28-day) inpatient treatment; and longer-term community residential models for persons lacking adequate social supports and requiring continuing community-based support.

Clients typically enter the treatment system through an emergency care or outpatient program where an evaluation is made to determine the appropriate level of care. The determination seeks the least restrictive program that will still meet the client's needs. This determination takes into account characteristics of the client, such as an ability to abstain, pregnancy, or the presence/absence of social supports, and then attempts to match the client with an appropriate intensity of service.

A number of special alcoholism programs have begun over the last few years for single parents, methadone maintenance patients who abuse alcohol, criminal justice clients, persons with psychiatric disorders, Native Americans, Hispanics, and women.

Through its AIDS Training Unit, the Division of Alcoholism and Alcohol Abuse provides training on AIDS to alcoholism staff throughout the State. The Division has also created positions for 15 alcoholism/AIDS coordinators who are located in the alcoholism clinics of some of the designated AIDS care facilities and in AIDS Institute-funded, regional community service programs.

Task Force On Integrated Projects

A particularly important innovation is the Task Force on Integrated Projects, which was created in 1987 to further the development of pilot programs in communities across the State to provide prevention and treatment services to at-risk youth and chemically dependent adults with concurrent psychiatric disorders. Represented on the Task Force are the Division of Alcoholism and Alcohol Abuse, the Division of Substance Abuse Services, the State Education Department and the Office of Mental Health.

AIDS Five Year Interagency Plan

The State's AIDS Five Year Interagency Plan was released in February, 1989. The plan contains a number of significant recommendations addressing substance abuse and treatment, including street outreach programs in upstate communities; implementation of HIV counseling/testing and partner notification in hospital-based methadone maintenance and drug-free treatment programs; the addition of 5,500 treatment slots by 1990-91; the implementation of drug treatment in non-traditional settings such as community health centers or homeless shelters; the establishment of new

treatment programs for special populations such as female intravenous drug users and their children; and the development of a model support service plan for substance abuse treatment programs, including support groups for HIV positive persons and family members, nutritional services and a peer "buddy" support system.

Health System Initiatives

Shortages of trained health care workers have plagued the health care system in general and substance abuse treatment programs in particular. The Department of Health is working to reduce worker shortages through programs such as the State Health Service Corps which provides scholarships to health professionals for training. Recipients then pay back that scholarship through service in an area where shortages exist. Another program provides health facility reimbursement incentives that enable DOH-licensed facilities to provide training, upgrading and day care in order to attract and retain a qualified workforce.

The Department of Health is also directly involved in efforts to limit the diversion of licit substances used in various public health initiatives. For example, the Department is conducting joint investigations with the U.S. Drug Enforcement Administration of selected methadone maintenance treatment programs where there has been evidence of diversion of methadone into the illicit market.

Outreach and education are used by the Department of Health to help reduce the demand for drugs and alcohol. Outreach is provided through the Department's Healthy Neighborhoods Program where trained outreach workers enter blighted neighborhoods, clearing them of garbage and vermin while also providing information about preventive and primary health care services.

This includes referral to methadone maintenance treatment programs and outreach to crack abusers who are referred to a State sponsored treatment provider.

The Community Health Workers program goes to these and other similarly afflicted neighborhoods to find hard-to-reach pregnant women, many of them substance abusers, and secures adequate treatment and care for them.

Adolescent suicide prevention, community health education activities, and AIDS education and counseling, testing and partner notification programs are all designed to reduce substance abuse and attendant health problems.

Several programs provide nutritional supplements to pregnant or nursing women and children to prevent low birth weight and malnutrition. Similarly, prenatal care, parenting education, acute perinatal and infant assessment and health services are provided to further reduce health problems and assist parents in caring for their children. Over $265 million is provided for these maternal and family health services alone.

The Pre and Post-Natal Parent Education Hospital Program, coordinated by the Council on Children and Families, seeks to ensure that at-risk women are made aware of the array of health and social support services at the time of delivery.

State Workplace Initiatives

Employee Assistance Programs

New York State, through the Governor's Office of Employee Relations, has developed an Employee Assistance Program network to encourage its 200,000 employees to remain productive by avoiding problems when possible and involving themselves in solutions when necessary.

Employee Assistance Programs are provided as employee benefits at no extra cost to the employee. They are staffed by professionals who help troubled employees deal with a range of problems such as alcohol and drug abuse, marital and family problems, and financial difficulties. Confidential counseling and referral services are provided to employees and their families. Employee Assistance Programs represent an increasing understanding by public and private employers of the impact that unresolved personal problems of workers can have on organizational performance.

State Employee Drug Testing

At present, the State allows for a medical review of an employee based on a reasonable suspicion that the employee is impaired or unable to perform required duties. Such a review might include testing for the presence of alcohol or drugs. Pre-employment drug testing is currently conducted for State Police recruits only. The State Police recently announced that random drug testing will be conducted for probationary troopers.

KEY ISSUES AND PRIORITIES FOR NEW YORK STATE

Our experience in combatting drug and alcohol abuse has made one thing clear: drug and alcohol prevention, law enforcement, and treatment are necessarily linked. Each of these approaches is important by itself, but their strength is realized only when they are part of a comprehensive and balanced anti-drug strategy.

Without alcohol and drug treatment in our prisons, our correctional system will be no more than a "revolving door." Unless we have the ability to enforce our laws in a swift and effective fashion, our prevention efforts will be severely compromised. Early identification and intervention will fail if we do not have adequate staff and services to provide counseling and rehabilitation.

Our success will be determined largely by our ability to strike an equilibrium between "supply-side" and "demand-side" strategies; and a realization that much of the supply side of the equation, e.g., eradication, interdiction, border control, is a direct federal responsibility and out of the hands of the states. What follows is a discussion of key issues and priorities in prevention, criminal justice, and treatment. Although these areas are discussed separately, they must be considered together as an integrated whole.

RESISTING THE TEMPTATION TO LEGALIZE DRUGS

Some scholars and politicians have argued that the drug abuse problem can be solved by legalizing drugs. Proponents suggest that legalization would reduce the violence associated with drug trafficking, eliminate the economic incentive to deal drugs, and reduce the power of organized crime. Proponents of legalization argue that money spent on drug interdiction and law enforcement could be used for prevention and treatment programs.

On the surface, the legalization argument may seem attractive. From ADAC's perspective, however, the reasons to keep drugs illegal are more convincing.

If our goal is to reduce the use and abuse of drugs, legalization clearly leads us in the wrong direction. With legalization, drugs become less expensive and more accessible.

Moreover, government has a moral obligation to protect its citizens from destructive forces. Protective laws, such as the alcohol purchase age and seat belt laws, are enacted for the general good even if there is some restriction of personal freedom. The proscription of drugs falls into this same category. The costs to families, neighborhoods, and society would not be diminished by legalization. Children of drug abusers would continue to be at risk of becoming drug abusers themselves. Drug users would remain dependent on welfare and other public support. Worst of all, the number of accidents and crimes linked to drug use would remain high and possibly increase. The support of legalization would be tantamount to a governmental abdication of its responsibility to the people.

Nor can crime control costs of legalization be overlooked. Despite the arguments of proponents, there is no strong evidence that legalization would substantially reduce crime. The black market drug economy could continue to flourish. It is likely that drug use would still be stigmatized after legalization and many users would seek out the black market to avoid detection.

Legalization proponents seldom answer basic questions about their proposed policy. Would all drugs be legalized, including crack? How would they be distributed? Could they be advertised? Who would be permitted to buy the drugs?

Negative consequences for the public health are the most serious arguments against legalization. The probability of reduced price and increased accessibility of drugs would spur an increased demand for drugs. A policy that would automatically encourage greater demand for drugs runs directly counter to the nation's overall goal of reducing this demand.

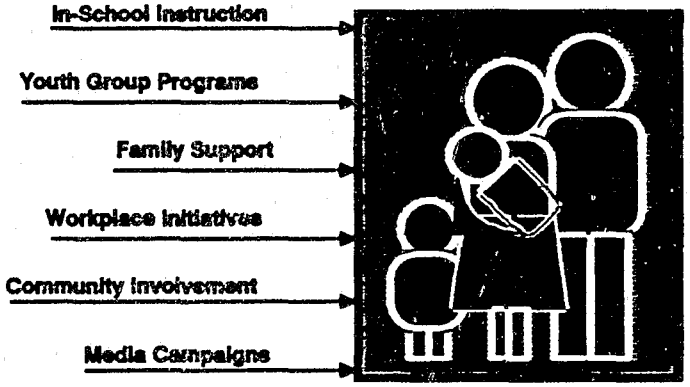
Any increase in the demand for illicit drugs would be very dangerous. A growing number of addicts — adults and children — would be at greater risk of illness and injury, and in greater jeopardy of contracting AIDS. Substances like cocaine and heroin are highly addictive and sometimes lethal. New York State cannot condone a policy with such potentially devastating consequences.

The fight against drugs is not over. This report presents innovative ideas and strategies. We must explore these avenues with hope and confidence.

MAKING ALCOHOL AND DRUG ABUSE PREVENTION A UNIVERSAL RESPONSIBILITY

Many experts now believe that prevention and early intervention are crucial elements in any long-range solution to the problems of alcohol and drug abuse and

A Comprehensive Prevention Strategy To Combat Substance Abuse



dependence. Prevention and early intervention have proven to be cost-effective and lifesaving approaches to other health-related problems.

Historically, however, alcohol and drug abuse prevention and intervention efforts have not received the same degree of attention and support as treatment and law enforcement efforts to combat alcohol and drug abuse. Early program development efforts generally stressed the establishment of treatment services to meet the large immediate need of persons in crisis due to alcohol and/or drug addiction. This emphasis contributed to a relative underdevelopment of prevention and intervention efforts, and to the general perception that these services were not as valuable as treatment or criminal justice approaches. As a result, prevention and intervention have been less well-defined and more fragmented, with inadequate funding.

A frequent criticism of prevention and intervention programming has been that we don't know what works. There is growing evidence, however, of what is effective. The American Psychological Association Task Force on Promotion, Prevention, and Intervention Alternatives has outlined the features that effective prevention programs share:

- They are targeted.
- They are designed to effect long-term change.
- They strengthen the natural support systems of family, school, workplace and community.
- They can document their success in meeting stated goals and objectives.

Another expert has identified several strategies for comprehensive and effective prevention programs:

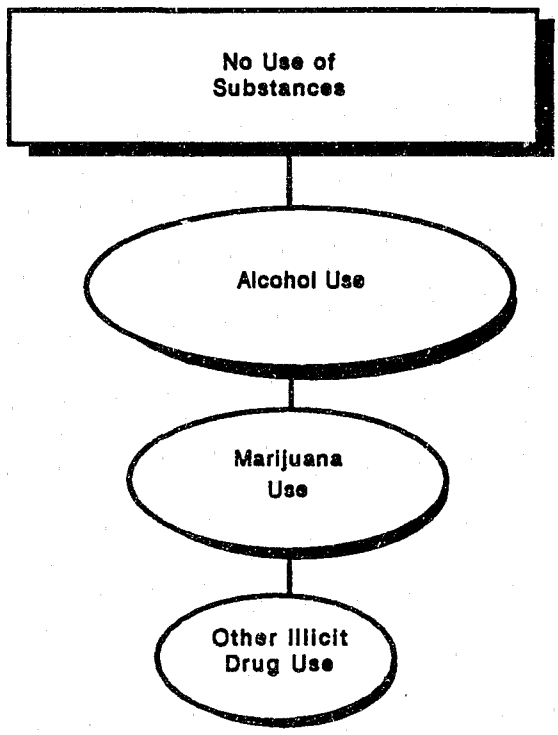
- The provision of accurate alcohol and other drug information.
- The promotion of health-enhancing life skills, such as communication, problem solving, decision making based on low-risk choices, critical thinking, general assertiveness, stress reduction, and consumer awareness.
- Supporting positive alternatives to activities that have traditionally focused on alcohol use.
- Training impactors, such as parents, teachers, police, health care professionals, clergy, and employers.
- Changing social policies and community norms.[29]

Other studies have identified the enhancing of self-confidence, self-control, and emotional awareness; the need for sensitivity to cultural and ethnic issues; the identification of those at highest risk; and the need for intervention in effective prevention programs.

A growing body of research points to a definite relationship between alcohol and drug abuse. Scientific evidence demonstrates that alcohol is a gateway to the use of other drugs.[30] Research also indicates that the younger one starts drinking alcohol, the more likely one is to be a heavier drinker in later life.[31] And early onset of substance abuse is the best predictor of subsequent drug use, including cocaine. Thus, an important strategy in preventing drug abuse is to delay the onset of alcohol use among youth for as long as possible.

Based on the experiences of past and present prevention and intervention efforts in New York State, a critical component of effective programming is the

Model of the Progression of Substance Use



Source: New York State Division of Alcoholism and Alcohol Abuse

development of awareness and program linkages to address the alcohol and drug connections to an entire array of health, social, economic, education, and law enforcement problems. These problems, such as teen pregnancy, school and college dropouts, AIDS, child abuse, and suicide are often interwoven with alcohol and drug abuse. Key elements of this component are dissemination of consistent information and messages and cross-training of individuals in other systems.

Public Awareness

New York State has initiated, promoted, and developed in one place or another all the components of an effective alcohol and drug abuse prevention and intervention effort. To date, however, the State has not organized a unified and coordinated effort addressing alcohol and drug use in schools, homes, communities, and workplaces by enlisting the support of individuals, educational institutions, businesses, labor organizations, community groups, and government agencies at every level.

A public awareness campaign must contain strategies that target specific subgroups in specific settings, e.g., pregnant women and women of childbearing age; drop-outs; youth; and, where appropriate, should allow for cultural differences to increase the impact of prevention programs.

Consistent with current research findings, each targeted setting should address the following components:

- Alcohol and drug abuse education.
- Early identification and intervention with high-risk individuals, i.e., children of alcoholics and children of substance abusers, alcohol abusers, and drug users.
- The development and promotion of appropriate alternative activities.
- Networking with programs and services from other health and human service sectors and with other targeted settings.
- Accompanying organizational policies to reinforce healthy lifestyles and alcohol and drug-free alternatives.

Encouraging Schools to Promote Drug and Alcohol-Free Lifestyles

The problem of alcohol and other substance use in our elementary and secondary schools and colleges and universities reflects the chemical-using behavior of the larger community. Because this behavior is

tolerated and encouraged throughout much of society, efforts to prevent alcohol and other substance use by youth must include the schools, perhaps the major social institution that influences young people. Schools can become a powerful force for change in the community and can catalyze prevention and intervention efforts.

All elementary and secondary schools have basic responsibilities for alcohol and drug abuse prevention programs. Those responsibilities include:

- Providing all students with a sequential pre-K-12 alcohol and drug education program.
- Ensuring that the educational program is conducted by teachers with adequate preparation and who provide healthy role models for their students.
- Coordinating school education and service programs, including instruction, counseling, and referral to treatment.
- Involving parents, students, community agency professionals, and community leaders, along with school staff in planning programs and reviewing or participating in other aspects of the school program.
- Developing for general distribution, and with the participation of students and staff, written policies and procedures for handling all drug-related situations which may occur on school property. These policies should emphasize referral to programs that demonstrate a desire to help and rehabilitate students and faculty with drug-related problems; and should emphasize due process for students or staff charged with violations of school policies or laws.

It is imperative that the school, the home, and the community cooperate in establishing consistent and supportive policies, leadership, and messages that guide young people rather than confuse or alienate them.

Unfortunately, in spite of our best efforts to keep drugs out of the academic setting, they continue to be readily available. A recent Gallup poll found that about 40 percent of the nation's teenagers reported drug dealing is fairly widespread at their schools. Drug education efforts undertaken with school-age children are seriously hampered if they are delivered in a setting where drug use proliferates. Programs to rid schools of drugs and keep them drug-free are an essential component of a school intervention strategy. Law enforcement should be involved as a full partner in this process.

Colleges and universities have responsibilities to implement alcohol and drug prevention and intervention programs that continue the efforts of elementary and secondary schools.

Enlisting the Active Participation of Parents

Parents are the primary educators of their children and have a powerful influence on the behavior of their children. Unfortunately, many are not taught how to be effective parents. Parents are responsible for promoting the development of positive self-esteem, decision-making, problem solving, communication, and stress management skills in their children. Children who are taught these skills are less likely to use or abuse alcohol and drugs.

Schools are in a unique position to educate people in effective parenting. Male participation in parenting education should be encouraged.

Parenting programs, parent-child communication seminars, neighborhood seminars, parent training in alcohol and other drug abuse prevention, and parent support groups are some of the possible methods schools and community organizations can pursue to assist parents in bringing up children.

Fighting Drugs at the Community Level

The Anti-Drug Abuse Council understands clearly that the fight against drug trafficking and substance abuse will not be won by government; it will be won by people in their own communities.

ADAC initiated four anti-drug community demonstration projects to fight substance abuse at the community level. The continuation, funding, and evaluation of these projects is important in order to determine which strategies work and why, what they cost, and which ones can replicated elsewhere.

Equally important is the provision of State and local support for other grassroots, anti-drug campaigns in other parts of the State. These groups need technical assistance, training, information sharing, etc.

A community-based network of alcoholism and substance abuse programs presently provides a wide range of primary prevention and intervention services throughout the State. It should be substantially expanded to ensure that the required levels and comprehensiveness of services are reached.

Our youth need alternatives to life on the street. These alternatives can be provided in a variety of settings, including recreational activities, group work programs, and various after-school activities provided in community schools, in settlement houses, and other settings.

The State should promote efforts that link police officers in new ways to the communities they serve.

Initiatives, such as the New York City Police Department's Community Patrol Officer Program (CPOP), which train and assign police to recruit and aid citizens, service organizations, and businesses to help in solving local crime problems, should be enhanced.

Many New York State communities already work productively with the police and various service providers. One positive benefit has been a reduction in treatment facility siting problems in some communities.

Establishing a Drug-Free Workplace

The workplace must be a key component of an alcohol and drug abuse prevention strategy. The workplace represents an excellent opportunity for the early identification of individuals with alcohol or drug abuse problems and the provision of appropriate treatment services. Such an arrangement is beneficial to the employee and saves employer costs. It also benefits the public, who suffer the consequences of alcohol and drug-related accidents.

The comprehensive employee assistance program (EAP) is effective in addressing alcohol and drug abuse in the workplace. EAPs provide confidential assistance to employees experiencing problems within or outside the workplace. Where alcohol or drug abuse is the underlying problem, early identification, timely referral, follow-up, and family education are provided. EAPs also provide general alcohol and drug awareness to all employees.

EAP programs have been established for the State of New York's workforce and should be encouraged and promoted by the State for the private sector workforce. Respondents to the 1986 New York State household survey conducted by DSAS and DAAA were asked if they had an EAP at their workplace. Almost 75 percent of the respondents said that they were not aware of one.[32] New York State can assume a leadership role by maintaining a model program for the State workforce, including EAP services, as well as accompanying drug testing policies; by continuing to provide funding for small work organizations and businesses to establish EAP consortiums; and by developing a promotional campaign to educate the private sector about the value of EAPs.

Employee Drug Testing

Drug testing is currently permitted in limited circumstances for the State workforce. The State has an obligation to examine expanded drug testing for those occupying or applying for selected job titles in which impaired performance could reasonably be expected to adversely impact the safety or security of the workforce or the general public.

Encouraging the Media in Drug and Alcohol Prevention Efforts

Media can be a friend or foe in prevention efforts. A foe because media sometimes portrays values which a healthy society may not want to encourage, such as:

- Alcohol is the reward for a "rough day."
- There is a drug to be taken for virtually any stress or pain.
- Alcohol is necessary at all social events.
- Problems can be solved by drugs.
- Problems can be solved by violence.

Children and adults who spend hours in front of a TV set often accept these messages as the norm. Newspapers and magazines that glamorize prominent people who use alcohol or drugs, or who behave violently, perpetuate an image that destructive behavior is "normal" or "acceptable".

On the other hand, media can assist in prevention by communicating values of respect, responsibility, and compassion. The media can make positive behaviors attractive; can play down unacceptable behaviors; can devote equal time to alcohol and drug education as well as drug and alcohol advertisements. The media can also instruct by providing information about how to read ads carefully and recognize hidden or dangerous messages. Media efforts which consistently and intelligently provide such information should be publicly acknowledged, rewarded, and encouraged.

STOPPING THE SPREAD OF AIDS AMONG INTRAVENOUS DRUG USERS

The role of intravenous drug use in the transmission of the AIDS virus has been documented.[33] The magnitude of the AIDS problem demands that we fully mobilize our education, prevention, treatment, public health, social service and criminal justice systems as well as other resources.

The State's AIDS Five Year Interagency Plan is a comprehensive approach for dealing with the crisis. Implementation of the plan must remain a priority.

ACCOUNTABILITY THROUGH RESEARCH AND EVALUATION

The public has a right to demand accountability from government and to know that taxpayer resources are well spent. Government can monitor its own

activities and promote effectiveness by engaging in the routine oversight and evaluation of existing prevention, law enforcement, and treatment programs, and in research efforts exploring promising new strategies.

The State supports and funds research involving various aspects of alcohol and drug abuse. The Division of Alcoholism and Alcohol Abuse's Research Institute on Alcoholism in Buffalo, and the Division of Substance Abuse Services' Ethnography, Epidemiology and Evaluation Research Units pave the way for more effective treatment and prevention. Epidemiological and health care related research are conducted under the auspices of the Department of Health. State criminal justice agencies,the State Education Department and other agencies also participate in various research and evaluation projects.

In the area of drug and alcohol abuse, there is clearly a need to evaluate our numerous prevention and treatment approaches to determine what works best for different clients, and to engage in research aimed at discovering new approaches, including the possibility that non-pharmacological treatment, such as acupuncture, can be effective. The need to explore cocaine treatment approaches is especially important, as is research into effective treatment for the concurrent abuse of alcohol and cocaine.

THE PRESERVATION OF LAW AND ORDER

One facet of the current drug problem that distinguishes it from previous epidemics and has galvanized public attention is the widespread concern about the escalating level of drug-related crime and violence.[34]

Record growth in murders and increases in other predatory street crimes such as robbery and theft are significantly related to trafficking and use of illicit drugs, with the emergence of crack as a central factor in the perpetuation of this violence. Drug-related killings of law enforcement officers and innocent citizens have shocked and outraged us. With the rule of drug gangs over their business domains reaching the most brutal levels, fear of crime has dramatically altered the way many ordinary citizens go about their daily lives.

Yet for all the public concern about drugs as a cause of crime, statistics show that a significant part of violent or predatory crime is related to alcohol ingestion, sometimes in combination with drugs, often by itself. Alcohol is a legal drug. The prevention and treatment of alcohol abuse will do much to reduce the level of violence in our homes and communities.

Government has a fundamental obligation – a moral imperative – to protect its citizens from destructive forces. Consistent with this mandate, the priority commitment for law enforcement is to take back the streets from violent, predatory street criminals and opportunistic drug traffickers who have little regard for the value of human life or well-being. A firm law enforcement presence is necessary to prevent the destabilization of neighborhoods, the breakdown of law and order and the loss of confidence in government. Public faith also hinges on the perception that justice for those who violate our laws is swift and certain.

Substantial additional resources are needed to arrest, prosecute and punish drug users and traffickers. Improved justice system productivity and accountability are also required if we are to realize the fullest results from the intelligent investment of resources.

In addition to the critical need for resources, there are other issues and obstacles that must be overcome by our law enforcement community if we are to successfully reduce and interdict the supply of drugs, combat drug-related crime as well as drug offenses, and deter drug usage.

Difficulties of jurisdiction are a traditional problem for law enforcement agencies involved in anti-drug operations. In the case of drug law enforcement, priority must be given to a statewide policy of cooperative efforts in intelligence-gathering, information-sharing, asset seizure, and citizen involvement. Furthermore, multijurisdictional, anti-drug task forces must not be seen as add-ons to the responsibilities of a few, already overburdened, law enforcement officers, but as local parts of a statewide effort to enforce drug laws. The effectiveness of such interagency approaches depends most directly upon visionary police management and effective training.

Interjurisdictional and interagency cooperation is also fundamental to combatting the increasing problem of illegal aliens entering the criminal justice system. Over the last few years, the number and proportion of arrestees processed and inmates incarcerated who are foreign-born illegal aliens has increased at an alarming rate. A disproportionate percentage of these individuals are convicted of serious crimes related to drugs. While this problem is largely a federal responsibility, the Immigration and Naturalization Service cannot bring deportation action unless undocumented aliens involved in illegal activities are identified to them.

If we are to successfully interrupt the flow of illegal drugs into the country and stem the tide of drug-related violence in our communities, early identification of aliens eligible for deportation must become a priority in our overall anti-drug abuse strategy. To reach the goal, non-criminal justice agencies must also be willing

to identify clients who unlawfully reside in this country and further the cause of criminal enterprises.

Assets Forfeiture

Enhanced ability to bring assets forfeiture actions against drug traffickers is crucial to successful drug control. Current State law limits the ability of law enforcement agencies to vigorously pursue forfeiture cases and must be amended if assets forfeiture is to aid in the war against drugs.[35] State law must be amended to correspond to federal law authorizing seizure of real property as an instrumentality of a crime. Further, our statutes must be amended to ensure that profits from such seizures are used to support law enforcement efforts, substance abuse treatment and crime victim restitution. Other needed changes include the establishment of a rebuttable presumption that money found in close proximity to drugs constitutes the proceeds of criminal activity; the ability to issue investigative subpoenas; the establishment of a criminal forfeiture proceeding; and the requirement to report judgments and orders of forfeiture to one central agency within the State so as to measure the utilization of our statutes.

Since the enactment of Article 13-A of the Civil Practice Law and Rules, the Division of Substance Abuse Services has received a total of $2.5 million from fifteen counties throughout the state. This sum represents 50 percent of the net value of all forfeitures predicated on felony violations of the controlled substances and marijuana laws from July, 1984, through September, 1989. Thus, approximately $5 million has been forfeited under State law as a result of drug-related forfeitures. In contrast, during federal fiscal years 1986 through 1989, almost $43 million was distributed in New York State under the federal equitable sharing program. These figures show that the State has received nearly nine times more money under federal forfeiture. Clearly, New York State's assets forfeiture laws must be revised and strengthened.

Addressing the Treatment Needs of Criminal Justice System Clients

Many experts now believe that long-term demand reduction strategies offer the most potential for addressing the intractable problem of drug abuse and drug-related crime in our society. One indirect function of the criminal justice system is the identification of numerous individuals who use drugs or alcohol to such an extent that therapeutic intervention is appropriate. A threat of criminal sanction also serves to encourage users reluctant to participate in treatment programs. Although some consider it coercive, the leverage provided by the criminal justice system contributes to successful treatment outcomes. Since effective treatment has been found to reduce criminal activity, providing adequate treatment capacity to accommodate drug dependent offenders is sound social policy.[36]

The limited availability of treatment and detoxification services to meet the needs of the criminal justice population continues as a foremost concern. Our correctional efforts must provide a full continuum of care for the chemically dependent offender involved in the criminal justice system. Although the foundation for establishing these treatment capabilities in our correctional system has been provided in New York State, the present capacity for providing treatment to offenders is below existing demand for services. We must ensure that all addicted offenders have access to appropriate treatment.

The provision of adequate treatment services in the community to the chemically dependent offender is currently below need. The treatment resources of community-based health service agencies and private treatment providers are limited. There has been a general reluctance by these organizations to utilize their limited existing resources for clients of the criminal justice system. Furthermore, the problems inherent in finding communities willing to accept drug treatment facilities generally, and especially for chemically dependent offenders, have been difficult to surmount. We must overcome these obstacles if we are to break the cycle of drugs and crime.

Focusing Efforts on Troubled Youth

We must coordinate our efforts to facilitate early intervention with alcohol and drug abusing youth before they become addicted to lifestyles involving crime. Research suggests that for individuals involved in crime prior to addiction, the onset of addiction is associated with an increase in the orientation toward criminal behavior. For those not involved in pre-addiction crime, addiction status is associated with a much sharper increase in criminal behavior, though this activity is reduced significantly during non-addiction periods.[37]

Greater investment should be made in alcohol and substance abuse treatment for juvenile delinquents, if we are to prevent the human misery and crime caused by alcohol and drug abuse.

Holding Drug Users Accountable for Their Actions

Expanded application of measures already authorized, along with new initiatives, should be integral components of New York's drug control strategy. Reports from law enforcement experts point to the culpability of recreational or casual drug users as accessories to drug-related crime by perpetuating the criminal organizations that traffic in illegal drugs. Since New York State data indicate that about

60 percent of those who have recently consumed drugs are casual users, as opposed to those with regular or heavy drug usage patterns, we believe a punitive strategy will effectively deter their involvement.[38]

This population of users can be expected to respond to the threat of sanctions. Attitudinal research by Gordon Black and Associates suggests that fear of consequences, including punitive interventions as well as adverse health risks, is a potent factor in controlling drug use.[39]

Applying sanctions to casual users will lessen demand for illicit drugs and diminish the extreme profits of drug traffickers.

A major problem in applying user sanctions concerns the identification of individuals for enforcement purposes. Adults convicted of misdemeanor drug possession charges, offenders and employees who fail drug tests, and students who possess drugs in violation of school disciplinary codes, may be characterized as drug users and, thus, potentially become subject to the sanctions.

It is essential to plan and conduct a broad public awareness campaign about such sanctions. Without dissemination of such information, the deterrent value of the measures would be seriously diminished.

A TREATMENT SYSTEM MORE RESPONSIVE TO THE NEEDS OF USERS

The principal issues for treatment system efficacy are program capacity and patient outcome. System capacity is strongly influenced by the resources available, the ability to site new programs, and the ability to attract and retain qualified treatment professionals. Patient outcomes are also affected by the nature and quality of treatment. Collectively, these elements determine the ability of the system to reduce the suffering caused by addiction and to prevent the incidence of drug and alcohol abuse in the future.

New York State's present alcohol and substance abuse treatment system is a function of these important factors:

- Inadequate increases in federal funding, further confused by the nuances affecting eligibility for federal entitlement, and changing federal priorities have resulted in an unreliable funding base and difficulties in supporting program operations and adequate salary levels.
- Difficulties in siting new treatment programs have severely limited the ability to increase capacity.
- Changing substance abuse patterns and their attendant effects have required us to rethink and redesign the types of treatments needed.
- Alcohol and substance abuse in the criminal justice population have increased demands on an already burdened system.

To make our treatment system more responsive to such changes in circumstance, New York State must respond with innovation and leadership in developing a comprehensive and coordinated framework for system redesign.

Movement Toward More Comprehensive Care

New York State has developed the largest organized system of care in the nation for drug and alcohol abusers. Drug treatment services are provided to nearly 50,000 individuals in State funded programs at any one time. State supported alcoholism programs serve 45,000 individuals daily. These existing programs and services provide an excellent foundation upon which to build.

The basic configuration of drug treatment services evolved during the 1960s in response to the conditions of the times. Building on the existing knowledge base and taking advantage of developments in medical and behavioral research, three major treatment models emerged.

Methadone maintenance programs were established to stabilize heroin addicts on a long-acting synthetic opiate usually administered on a daily basis. Most methadone programs offer outpatient services, though some provide short-term inpatient treatment for patients whose lifestyle or physical condition require more intensive intervention before ambulatory treatment can be attempted.

Other chemotherapeutic interventions (using medications such as clonidine and naltrexone) have been tried, but were generally found less effective. In keeping with the medical orientation of these approaches, chemotherapy programs are often more thoroughly integrated with the general health care system than are the other drug treatment models.

Residential programs typically followed the therapeutic community model. This approach entails a progressive process of rehabilitation, stressing group and individual counseling in a highly structured setting. Treatment duration varies from 12 to 24 months depending on the needs of the client.

Outpatient programs vary considerably in terms of intensity and duration of treatment, but routinely stress group and individual counseling. Day service programs provide a more intensive approach to ambulatory rehabilitation.

The alcoholism system currently comprises four major treatment and rehabilitation components that form a continuum of services. The components are emergency care services that provide medically managed or supervised withdrawal from alcohol; outpatient treatment services that provide a range of services of varying intensities to alcoholic persons and their families; inpatient rehabilitation consisting of short-term residential treatment for persons unable to abstain from use in an outpatient setting; and community residential services for those who lack sufficient social supports to function independently in the community. Most alcoholism services are integrated with generic health care and mental health services.

This system has evolved in its conceptualization and program growth over the past 20 years. Earlier program efforts included a variety of medically oriented outpatient programs as well as nonmedical counseling programs. Much of the local outpatient programming was provided through local county mental health clinics reflecting DAAA's earlier roots in the mental hygiene system. Other program efforts such as sobering-up services emerged in response to the decriminalization of public intoxication in the mid 1970s. Inpatient detoxification rehabilitation and community residences were also developed but not in a comprehensive or systematic fashion at either the state or local level.

It has been over a decade since DAAA began conceptualizing a continuum of care that included short-term medically directed inpatient and outpatient treatment services as well as longer term community residential services and specialized services for public intoxication and alcohol emergencies. This continuum, along with other features of the treatment system, paralleled program models evolving in other parts of the country such as Hazelden, Chit Chat Farms and the Minnesota Model of Treatment.

These models were all based on abstinence as a primary treatment goal and relied heavily on group therapy and the client's continued involvement in self-help organizations. The Minnesota model was among the first to articulate a complete continuum of services which included detoxification, 28-day inpatient care, outpatient care and aftercare. The model advocated the provision of certain services, particularly inpatient rehabilitation, in specialized alcoholism facilities.

New York State was one of the first states to conceptualize community residences as a key component in the continuum of services and has led the development of outpatient clinics involving family members and significant others in treatment.

New York State's alcoholism program development was significantly enhanced in 1983 when outpatient alcoholism treatment coverage was required on all group health insurance policies. This led DAAA to promote the development of discrete alcoholism outpatient programs in every county of the State and to develop formal program models for the other components of the system.

During the past decade a number of innovative developments also occurred in drug treatment. A limited number of programs, particularly but not exclusively in the private sector, are beginning to offer a blend of alcoholism and drug services often referred to as the "chemical dependency" model. Such programs typically provide short-term residential and outpatient care.

In chemotherapy, some promise has been shown for the use of antidepressants as adjuncts to the treatment of cocaine addiction. Among methadone programs, an approach using differential comprehensive treatment has been shown to be more responsive to the unique needs of individual patients. Innovative strategies such as methadone aftercare and "medical maintenance" have been used successfully for clients who do not need counseling or other rehabilitative services.

Non-chemotherapeutic ambulatory treatment has also evolved considerably, especially with the recent creation of a medically supervised outpatient program model. Specifically designed for today's more disabled drug user, this model integrates drug abuse rehabilitation more fully into the general health care system.

Often these different models are advocated as separate and distinct approaches. But scientific data and the needs of addicts challenge such an approach. Rather, they suggest the need to recognize both the variable success of treatment and the need to mix and shift among different treatment options.[40]

Policies and programs must now be broadened to respond to the multiply-disabled, poly-drug user. The organization and composition of systems should include new and more comprehensive treatment models. It is increasingly obvious that treatment requires flexibility, diversity and an institutional structure in which comprehensive treatment is appropriately understood and guided.

Our treatment approach must move beyond discrete models to allow us to shape programs to client needs. Such services should be designed to meet the needs of addicts for health care, multiple addiction, and mental health and social problems that are not addressed, or are addressed inadequately, by existing treatment models.

Especially urgent are the substance abuser's multiple health problems, which may include AIDS, high-risk pregnancies, infections, trauma, psychiatric

illnesses, and malnutrition. Addicts require more medical care than the general population, more mental health care, more social services, and other clinical and social supports.

The elements of a comprehensive continuum of care include continued reliance on multiple drug and alcohol treatment approaches offered in both outpatient and residential settings by a variety of sponsors such as hospitals and public and private providers. Other key elements include an ability to respond to drug and alcohol emergencies and case management from entry through discharge. Recognizing that addiction is a chronic relapsing condition, the treatment system must also provide relapse prevention, aftercare and referral to self-help organizations, such as Alcoholics Anonymous and Narcotics Anonymous.

Such a continuum should be introduced on a smaller experimental scale to evaluate its efficacy and relationships with existing treatment approaches, and with alcohol, drug, health and human services providers. Consequently, we recommend the establishment of pilot programs, called Community Drug Assessment and Treatment Systems (C-DATS), later in this report. Simultaneously, the existing system should evolve toward a more comprehensive continuum of care.

Moving Toward Treatment On Demand

The ultimate goal of our plans to address the needs of the treatment system is the attainment of a configuration of services that provides treatment for all who need it. The discussion of the need must begin with four questions. First, how many individuals are abusing illicit drugs and/or alcohol? Second, how many of those are disabled to the extent of requiring treatment? Third, how many of these would actually present for treatment if adequate capacity were available? And fourth, what is the capacity of the existing system of services?

It is currently estimated that over 850,000 New Yorkers use drugs regularly. Over half of these persons are heavy drug users, many of whom use drugs almost daily. Further, there are an estimated 1.3 million adult alcoholics. Clearly, however, even if the treatment system's capacity could be increased without limit, not all of these drug and alcohol abusers would present for treatment at the same time. Just how many would present — not to mention when and where they would present — is problematic.

While the answers to these questions remain elusive, several factors are clearly involved:

- Individuals who abuse drugs or alcohol regularly would be more likely to be in need of rehabilitation than those who use only infrequently;
- Heavy abusers would be more likely than regular abusers to need treatment;
- Denial is an integral part of drug and alcohol abuse; many persons who need treatment will not seek out services;
- Even among those who truly need it, not all will present for treatment at the same time;
- Since chemical dependence is, by its very nature, a chronic relapsing condition, many of those who utilize the treatment system will do so on more than one occasion.

This list of assumptions might easily be extended. In spite of the uncertainties involved in predicting how many would present for treatment, it is clear that the existing treatment capacity must be augmented substantially. Within the drug treatment system, there are approximately 50,000 treatment spaces funded in whole or in part by the State. These are augmented by more than 10,000 spaces in non-funded proprietary programs. State supported alcoholism treatment programs accommodate approximately 45,000 individuals at any one time.

To these figures, of course, must be added the existing capacity of rehabilitation efforts in the criminal justice system, in psychiatric facilities, and in general hospitals. Since the nature and extent of treatment varies in each case, however, and since all of these systems are in some degree or another of transition, it is difficult to summarize the net effect of this capacity. Regardless of the exact figure, it is clearly far less than the number of drug and alcohol abusers who might be expected to present for treatment if it were available.

As noted above, however, current needs assessment techniques are too imprecise to allow for a close matching of need to service. Evidence shows, though, that the need is not only for more drug treatment services, but for different kinds than those that now exist. Centralized intake, detoxification, short-term residential treatment, and aftercare are all examples of drug service models that are inadequate to present need. In the alcoholism treatment system, severe shortages exist for community residences and alcohol crisis centers.

As if the sheer size of the problem were not enough, the path to the attainment of treatment on demand is strewn with obstacles. The identification, selection and siting of program facilities is often thwarted by community opposition. Even when suitable sites can be identified, the lengthy lead time required to acquire, construct, or renovate properties imposes severe limits on the speed with which we can expand the system's capacity.

Another obstacle to expansion is the shortage of clinical staff. With salaries among the lowest in the health and human service industry, with work sites often located in difficult communities, and with job conditions that all-too-often engender burnout, it is very difficult to attract and retain qualified clinicians.

Finally, no discussion of service need can omit the serious consideration of quality assurance. Simply adding capacity to that which already exists will not address the very pressing need to enhance the quality of such services. As discussed elsewhere in this report, issues such as staff retention and training, and related qualitative issues, have a direct and substantial impact on treatment outcomes. Merely expanding program capacity, without enhancing its quality, will do little to help us face the present crisis.

Realizing a successful treatment strategy will require that we address the systemic issues of siting, staffing, and quality assurance. A three-pronged approach is recommended to resolve siting problems, including (1) the establishment of campuses to meet the immediate demands for treatment; (2) the creation of community incentives to encourage local acceptance of treatment facilities; and (3) co-location of treatment programs with other health and human services providers.

Current and long-term improvements in the retention and recruitment of a high quality workforce will occur through salary enhancements, training, and the development of college curricula for individuals entering the drug and alcohol field. Improvements in the quality and efficacy of drug and alcohol treatment will entail research in program effectiveness, promulgation of enhanced program standards, as well as staffing and facility improvements.

Special Populations, Special Needs

In recent years, a number of groups have been identified for specific attention to ensure that they receive or have the opportunity to receive needed alcoholism and drug treatment services. These groups have been identified for a variety of reasons including specific barriers leading to treatment access, unusually high prevalence rates, dire consequences resulting from non-treatment, or historic lack of treatment alternatives. Proposed modifications to the system must acknowledge past problems in providing services to these groups and attempt to develop strategies which will overcome these problems.

Within the drug and alcoholism treatment systems, women have been historically underserved. It is estimated, for example, that approximately one-third of those in need of alcoholism treatment are women. An added concern for this group are those women who are pregnant or of child-bearing age. Each year nearly 500 babies are born developmentally disabled due to Fetal Alcohol Syndrome and another 5,000 babies are born with the less severe syndrome of Fetal Alcohol Effect. For these women and/or their offspring, a lifetime of problems can be the result of untreated alcoholism or alcohol abuse. Very frequently, alcoholic women also engage in sexual and needle-sharing behaviors which put them at risk for HIV infection. This problem has become more critical as the prevalence of poly-substance abuse involving alcohol and crack has risen among women.

The greatest barrier to the provision of services to children and youth is the lack of available and accessible programming and services. This situation is related to the underdevelopment of the service delivery system and limited financing.

Since the system as a whole is inadequate, there has been limited opportunity to tailor programming to meet the needs of age-specific groups, children of alcoholic or drug abusing parents, and children and adolescents with developmental and drug or alcohol-related problems. Because of limited resources, localities have been unable to address the need for a continuum of care for youth. Many programs are unable to provide even basic education about the consequences of the abuse of alcohol and other drugs.

Another barrier is the difficulty encountered by young people who want to obtain services without the knowledge or assistance of their parents. Consequently, our youth may not receive needed services. Since youth who abuse alcohol and/or drugs may potentially suffer a lifetime of related problems, it is imperative to develop treatment designed to meet their needs.

As documented elsewhere in this report, alcohol and substance abuse have an extremely high prevalence within the criminal justice population. This group has been traditionally underserved within the drug and alcohol treatment system because of the relatively large size of this population in need. It is clear that a substantial expansion of treatment capacity is needed for the offender population.

At a time when treatment demand outpaces treatment supply, we can no longer be certain that those most in need of treatment or those with the most compelling reasons for treatment can access it. Therefore, to protect populations that are particularly vulnerable, that are sicker than others, that are more in need of immediate assistance, we must define those groups to receive priority treatment.

Unfortunately, until we reach our goal of treatment on demand, we will be faced with the dilemma of too many needs and too few services. This discussion of priority populations should not be taken to imply that

admission priorities can be dictated from afar. Clinical decisions must be based only on the nature of the case at hand. Our priorities are, rather, for system expansion and special program development. As capacity increases, it is our intention that special attention be given to these underserved, high-risk and vulnerable populations while we continue to meet the needs of the general population.

Given the existing conditions, the most deserving of immediate attention are pregnant women, postpartum women with children, women of child-bearing age, adolescents, the homeless, and the criminal justice populations. HIV seropositive individuals should also receive priority attention because of the potential for further transmission of HIV infection and our increasing knowledge about medical treatments.

The Gateways to Treatment

Drug abuse treatment services received by a client are too often determined by where he or she happens to present for treatment. There is no systematic control of available treatment slots that relates treatment to the individual needs of clients.

To maximize use of the system and to ensure priority admission and better matching of clients to programs, the gateways into treatment must be managed and controlled. The establishment of centralized intake and screening and placement units is a key recommendation of this report.

In the alcoholism system, the gateways to care are defined by distinct intervention services such as Employee Assistance Programs in the workplace, intervention programs in hospitals and health care settings, and student assistance programs in schools. All alcoholism treatment programs are required to develop plans that assess client need and make referrals to appropriate levels of intensity.[41] Alcohol crisis centers, hospital detoxification programs, and alcoholism outpatient clinics serve as the primary entry points to the alcoholism services delivery system.

What Kind of Treatment Is Needed?

Research studies have shown dramatic results from treatment as measured by reductions in the frequency of drug and alcohol use, criminal behavior, and by increases in employment and similar indicators of outcome. In many cases, these positive findings still hold several years after the completion of treatment.

Treatment and rehabilitation outcome measures should focus not only on alcohol and drug use behavior but on the individual's vocational, social, physical, and emotional functioning as well. The extent to which these different areas are important depends on the particular presenting problems including the level of chronicity and the severity of the consequences of alcohol and drug use. Research shows that a large amount of the variance in treatment outcome is accounted for by pre-treatment client characteristics such as motivation, social stability, degree of progression, and by post-treatment factors such as stresses in the individual's environment.

Recent research has yielded important findings about factors associated with maintaining gains achieved during treatment. While making changes in treatment is very important, it is equally crucial for clients to maintain and build upon those treatment gains after treatment. In this regard, there has been a strong emphasis placed on aftercare involvement following treatment. Research has shown that longer periods of aftercare involvement are associated with lower rates of readmission for inpatient treatment.[42]

Other indications that treatment works are evident in cost-benefit studies. A number of projects have demonstrated that the benefits associated with alcoholism treatment at least balance and frequently offset the cost.[43] Other researchers have found marked reductions in health care utilization rates following alcoholism treatment.[44] A 1985 study indicated that total health care costs declined significantly following treatment; the authors projected that the average cost of alcoholism treatment would be offset by these reductions in subsequent health care costs within 2-3 years following treatment.[45] Finally, a cost benefit analysis of a rehabilitation program sponsored by the U.S. Navy showed that the program was overwhelmingly cost beneficial when compared to the costs associated with replacing enlisted personnel who have a substance abuse problem.[46]

The Treatment Outcome Prospective Study (TOPS) was a research effort supported by the National Institute on Drug Abuse during the years 1979 through 1981. Over 10,000 individuals admitted to treatment in ten cities across the country were followed during treatment and after discharge. Three to five years after treatment, fewer than 20 percent of clients in any modality were regular users of any drug except marijuana. Comparing the cost of treatment to the costs associated with crime, health care, etc., TOPS demonstrated that the treatment costs were almost entirely recouped during the treatment period, and that significant economic benefits resulted in all modalities studied.

Treatment does produce positive outcomes. Accordingly, we must continue to expand the availability of services and improve the quality of existing approaches.

Even so, more research is needed about which types of intervention and treatment work best for

particular categories of clients, which settings are best for specific populations, and which adjuncts to treatment are most efficacious.

Residential Treatment Options

Even with the limitations of definitive outcome research, several existing conditions argue for a significant and immediate expansion of residential treatment capacity:

Crack Users: The level and rapidity of dysfunctionality associated with chronic crack use require intensive treatment intervention. For long-term crack users, especially those who need extensive support services, (e.g., educational, vocational, health, rehabilitation), residential treatment appears to be the treatment option of first choice. A residential setting can provide a break from the environmental cues and settings that trigger relapse.

The Poly-Addicted: Devastating as it is, the abuse of crack is not alone in creating profound disability. The widespread prevalence of poly-addiction, the alarming incidence of psychiatric complications, and the high frequency of social, educational and vocational dysfunction among drug and alcohol abusers often require residential treatment, at least on a short-term basis, to help the client attain a state of readiness for rehabilitation.

Substance Abusers with AIDS and HIV Infection: The incidence of AIDS among intravenous drug users now exceeds that among homosexual/bisexual males. The fastest growing AIDS risk group is women who inject drugs or who are sexual partners of intravenous drug users. Substance abusers with AIDS and HIV infection present complex needs ranging from medical care to housing and residential support. Residential treatment plays an important role in the care of individuals who have been infected, and as a means of intervention for preventing the spread of infection.

Homelessness: The problems of intravenous drug use and HIV infection, alcoholism, crack addiction, and children of alcoholics and substance abusers are often complicated by problems of affording or maintaining adequate housing. Homelessness is both a cause and effect of substance abuse. For a homeless individual or family, residential treatment is preferred.

Community Residence Development: The ongoing inability to develop community residences for alcoholism treatment has resulted in a serious shortage. Securing appropriate sites is a primary obstacle in the development of community residences. Various issues undermine site location, including local community/neighborhood opposition, weak or non-existent legislation, and prohibitive zoning restrictions.

There is also a need to increase emergency care and residential treatment capacity to respond to the needs of priority populations including criminal justice clients, women, and clients who do not have private or public insurance coverage.

Outpatient Treatment Options

We must also strengthen and expand drug and alcohol outpatient services. First, the availability of outpatient treatment ensures a continuum of care for entry into and exit out of different models or more intensive levels of service. Second, outpatient services are an important means of meeting the needs of special populations such as the working poor, the employed, families and women with children, parolees and probationers, veterans and others.

More attention must be given to the development of intensive outpatient models, possibly linked with short-stay components in community residential settings. Other important elements of outpatient models include relapse prevention, urinalysis, and participation in self-help groups. Such models have shown some promise in cocaine treatment.

Other considerations in outpatient expansion include:

- Outpatient treatment can serve as the entry point into the system and can facilitate immediate treatment. Those patients who do well with outpatient treatment can continue to be served in that model and those who need inpatient care can be admitted.
- Outpatient treatment, particularly when located near the patient's home, is needed to provide aftercare and reintegration services for patients who are discharged from residential programs.
- Outpatient treatment is a critical need for women with children. This type of treatment can be cost effective since it does not necessitate foster care placement for children (a disincentive for women to enter residential treatment) and the trauma associated with the break-up of the family. Experience shows that women do best in treatment when the family is involved. Maintaining intact families should be a treatment goal. This can be accomplished by outpatient treatment that includes a strong child care component, parenting skills education, involvement of all appropriate family members in treatment, and support services for children.

There is also a need for a continuum of youth-oriented chemical dependency services. The current youth treatment system is heavily oriented to inpatient

services and the State needs to develop youth outpatient chemical dependency models.

Methadone Maintenance

Given in adequate doses, methadone reduces or eliminates the craving for heroin ordinarily experienced by an addict. In so doing, it allows thousands of individuals otherwise condemned to lives of illness and crime to lead productive and healthy lives.

Accounting for about two-thirds of the State's treatment capacity, methadone maintenance is currently the cornerstone of the State's drug abuse treatment system. This approach to addiction evolved at a time when heroin was the leading concern of policy makers in the field of substance abuse. Since that time, other drugs such as cocaine have approached and exceeded heroin in popularity. The abuse of multiple substances, often including cocaine and alcohol in conjunction with heroin, has become the rule.

Developments such as these have led many experts and citizens to question the wisdom of expanding the methadone maintenance system. Yet the fact remains that for individuals addicted to heroin, methadone offers a viable alternative to the disruption attendant upon opiate dependency. To curtail the availability of methadone because it does not reduce craving for cocaine or alcohol would be like limiting the availability of antibiotics because they do not cure heart disease.

With the deepening of the AIDS epidemic, the availability of methadone maintenance has become more important than ever. Studies have shown consistently and conclusively that methadone maintenance reduces intravenous drug use and exposure to the AIDS virus and leads to a concomitant reduction in the abuse of other drugs. In view of these findings, and in keeping with the importance of methadone to the control of heroin addiction generally, this report places a premium on the expansion of methadone maintenance.

But expanding the existing program would not be enough. Existing providers must be strengthened by the addition of more comprehensive health and social services to meet the many needs of their clients. For those patients who also abuse alcohol and other drugs, counseling and other rehabilitation services must be made available. And to increase the accessibility of methadone maintenance for all who need it, the modality must be configured to make it available in a wider variety of health care settings. Accordingly, the report contains a number of recommendations to improve and expand the methadone maintenance program.

Other Options

The demand and need for treatment services is so strong that we must look beyond the existing system and network of providers to increase availability of services.

The expansion of drug and alcohol treatment services and integration of health and social services will be facilitated by co-locating services at hospitals, health centers, social service agencies, etc. Similarly, as part of a comprehensive treatment model, we must improve the capability of existing treatment providers to offer and coordinate social services and primary health care.

Siting Treatment Facilities: Not In My Backyard (NIMBY)

Community opposition (NIMBY) to the siting of treatment programs presents a serious obstacle to expanding treatment. A number of programs wishing to begin or expand drug and alcohol abuse treatment services have been faced with political and legal challenges at every stage in the form of zoning compliance demands, planning requirements, building permits, State Environmental Quality Review Act (SEQRA) approvals, and Article 78 proceedings.

If we are to move toward treatment on demand, then we must develop new service models that will reward local initiatives and overcome unreasonable opposition and resistance. The need for a large and immediate expansion of the treatment system is so pressing that several approaches are required. In the short-term, a strategy that includes the use of large treatment campuses, linked with a full range of aftercare services, could provide at least 2,000 new residential treatment placement for drug and alcohol abusers.

Expansion of the settings in which drug and alcohol treatment are provided will not only expand services, but in most instances will increase the accessibility of treatment, particularly for some of our most vulnerable populations. Such settings would include hospitals, prenatal clinics, homeless shelters, foster care institutions, probation and parole offices, and housing projects.

Community-based treatment programs help maintain people in treatment because they are close to family and other community supports. More local governments should become partners in expanding community-based treatment through the use of State incentives and equitable sharing of costs.

Finally, the State should be more aggressive in siting community-based facilities, employing public education efforts, unused federal and State property, and direct State purchase of appropriate sites to be leased to community providers.

Protecting Our Human Resources

To combat alcohol and drug abuse effectively, the State must continue to support and develop one of its most important resources, the thousands of people who staff the current network of drug and alcohol prevention, intervention, and treatment programs. The work of these individuals has become more difficult in recent years with the advent of widespread cocaine and crack abuse and the increase of AIDS among the drug addicted population.

Drug and alcohol counselors work long hours for relatively low wages to help thousands of people who are stigmatized by society rather than seen as having a chronic illness from which people can and do recover. Turnover rates in counselor ranks are high. A significant number of counselors suffer from burnout, and many leave the field for another profession.

The addiction field also experiences difficulty in recruiting new staff at all levels, from prevention and treatment counselors to physicians and social workers. The dramatic increase in treatment capacity that this document recommends will require a dramatic increase in staff.

Another concern is the degree to which other personnel in the health and human services fields are trained and experienced in recognizing and treating addictions. Alcohol and drug abuse problems are connected to a host of other health and human service problems that manifest themselves in courts, hospitals, welfare centers, and schools. Management and staff who work in those settings need training to identify addiction problems and to intervene and refer clients for necessary treatment.

State Coordination of Drug and Alcohol Services

In advocating a realignment of the treatment system to make it more responsive, the Council has not recommended the merger of DAAA and DSAS at the present time. Even though we affirm the value of consolidation, as do many of the experts with whom we consulted, the timing for such a reorganization is not now appropriate.

In 1988, the Governor submitted a program bill for merger. It was not adopted by the Legislature in 1988 or 1989. In March, 1989, the Governor's Office and the two Divisions established a Consolidation Task Force of providers from the substance and alcohol fields to discuss merger-related issues and to make recommendations for drafting new legislation.

While the Statewide Anti-Drug Abuse Council strongly supports the consolidation of the agencies, given the scope and complexity of the recommendations made within this report, the Council urges that the merger of DAAA and DSAS be deferred. The administrative reorganization and restructuring needed to effect consolidation would divert attention from the primary task of expanding, strengthening and improving our treatment and prevention networks. In the meantime, ADAC will monitor the State's response to address the drug and alcohol problem to ensure a comprehensive and coordinated response by the involved agencies. The Consolidation Task Force should continue its discussion so that a consolidation proposal can be introduced and passed as soon as practicable.

Civil Commitment

Although there are many links between treatment and correctional services, participation in New York State's drug and alcohol abuse treatment system is largely voluntary. Yet drug and alcohol abuse is clearly related to crime and violence, and to public health problems such as AIDS. Recognizing this, many have begun to advocate compulsory treatment through the process of civil commitment.

Civil commitment is not a new idea. The first of the large scale civil commitment initiatives began in 1961 when the California State Legislature authorized the Civil Addict Program (CAP). In 1962, the Metcalf-Volker Act in New York State permitted certain addicts charged with criminal offenses to elect treatment instead of prison. A few years later, the passage of the Narcotic Addict Rehabilitation Act (NARA) of 1966 established a substantial federal civil commitment program. That same year, the State Legislature catapulted New York State into the forefront of civil commitment with the passage of the Narcotic Addiction Control Act of 1966.

As often happens with grand experiments, the results of these efforts were far from consistent, and the conclusions drawn from them were far from definitive. Differences in program design, changes in programs over time and, perhaps most important, variations in the way the programs were implemented, make comparison almost impossible.

National Drug Control Policy Director William Bennett points to the apparent success of the California Civil Addict Program which has been in operation since 1961. However, New York State's own experience with the operation of a large-scale criminal and civil commitment program was deemed a failure. The program was created at tremendous expense. Its demise was attributed to a number of factors, including a weak base of knowledge regarding treatment of drug addiction; inexperienced facility directors and staff; a non-therapeutic, prison-like atmosphere; lengthy waiting periods for admission; court backlogs; and limited aftercare services.[47] Ultimately, civil and criminal

certification of addicts to the care and custody of the State was terminated by law in 1980.

Yet many studies have shown that clients committed to compulsory treatment have done at least as well as, and often better than, comparable patients who were treated voluntarily. Critical factors appear to be the length of time the client is retained in treatment, the availability of aftercare, and the degree to which supervision is exercised during and after treatment.[48]

Perhaps the greatest challenge to civil commitment has been the advent of alternative programs that accomplished many of the same results using mechanisms and agencies already in place. A leading example of this approach is the federal Treatment Alternatives to Street Crime (TASC) program. Created in 1972 by the Drug Abuse Office and Treatment Act, this program offered criminal offenders pretrial "diversion" to treatment. In New York State, similar efforts date back to 1956 when the State Division of Parole established a Narcotic Offender Unit. Other projects have involved the New York City Probation and Correction agencies. The reality is too many who seek treatment voluntarily are turned away or placed on waiting lists.

In view of this situation, and New York's previous experience with civil commitment, the Council does not believe that it is necessary or desirable to return to a system of civil commitment at this time.

Many individuals have expressed concern over the anguish of parents who are unable to cope with children who abuse or are dependent upon drugs and/or alcohol. Why, they ask, must we wait for such children to become involved in delinquent or criminal behavior before interceding on their behalf?

Recognizing this concern, the Council recommends that consideration be given to the modification of statutes and procedures governing the treatment of minors. We are mindful of the difficulties encountered in previous experiments with civil commitment, and urge careful deliberation of the implications of such a course of action. But the present situation demands that no effort be spared in the struggle to protect our youth.

STRENGTHENING THE STATE AND FEDERAL PARTNERSHIP

Governor Cuomo, communicating the State's concerns to National Drug Control Policy Director William Bennett in June, 1989, urged the development of a new federal-State partnership for drug control. The renewal of federal leadership remains an urgent priority.

No single government entity can deal effectively with the enormity of the drug problem. The federal government has provided some fiscal and program assistance, but New York and its municipalities, like other states and municipalities, have borne the primary responsibility for anti-drug programs.

New York State's commitment is clearly shown by the substantial existing agenda described in this report. The Division of the Budget estimates that the State alone will provide over $1 billion dollars for anti-drug efforts this year. This does not include local funds or other revenues which partially finance State-supported treatment, education and prevention services. It does not include the cost of the State Police, other than those costs dedicated exclusively to narcotics enforcement. It does not include the tremendous costs of local police and corrections. None of the staggering health care and social services expenditures directly or indirectly attributable to drug abuse are included in the $1 billion.

In stark contrast, federal aid to New York State for drug programs will amount to less than $200 million this year.

It is not enough help.

Drugs are such an enormous threat to the foundation of this country that all available resources are required. Governmental cooperation, particularly a federal-State partnership, is the essential key to our long-term success against drugs.

The single most effective step the federal government could take would be to provide immediate and substantial additional funding for drug treatment centers. This would help New York reach the goal of treatment on demand for every addict who desires treatment -- at a price he or she can afford. And the federal government should assist states in identifying and securing sites and facilities for treatment services, particularly unused military bases and other federal property.

The federal government has obligations and functions clearly beyond the purview of the states. These include undeniable responsibilities in areas such as international diplomacy, eradication, immigration policy, interdiction, firearms regulation, currency regulations and research. These federal jobs should be done better. The states can help. For example, the New York National Guard is working with the Customs Service and other federal agencies to interdict the illegal shipment of drugs.

A strong case can be made for expanding direct federal participation in drug law enforcement, through the assignment of additional personnel to New York State, such as drug enforcement and immigration agents, customs inspectors, and prosecutors.

Greater federal support is also essential for community efforts to encourage, nurture, and strengthen families, particularly distressed or fragmented families. Nothing would help more than strongly expanded federal funding for housing, education, and health care.

We have already described specialized prevention programs for women, children of substance abusers, the homeless, mentally ill chemical abusers, and individuals in the criminal justice system. Increased federal assistance would enable us to expand some of our most successful and most needed initiatives.

The federal Department of Veterans Affairs should expand and fully fund its health care, drug and alcohol treatment, and mental health programs for veterans, including the thousands of homeless veterans living in New York.

Fighting drug abuse is clearly a community responsibility, but government must catalyze and help. New York's four community demonstration projects represent the State's commitment to this philosophy. Similarly, the Robert Wood Johnson Foundation is providing financial support for selected community efforts nationwide. The federal government could fund similar demonstration projects.

Despite a substantial State commitment, the New York State alcoholism treatment system suffers from insufficient capacity to meet the known needs of those demanding service. Increased federal support is essential. Alcoholism and alcohol abuse are the cause of as many public health, crime and social problems as illegal drugs.

There is an undeniable nexus between alcohol abuse and use of other substances. Therefore, it makes little sense to develop programs to treat addictions without equipping the programs to deal with the problem of concurrent alcohol and drug abuse. Federal agencies should work with the State to research and develop programs for drug and alcohol abusers.

Only a full federal-State partnership can succeed in the huge efforts required for effective prevention, law enforcement and treatment.

WHERE DO WE GO FROM HERE?

The priorities suggested above, and the recommendations that follow, propose the strategies which the members of ADAC believe will move us toward a society free of alcohol and drug abuse, free of drug-related crime, and free from the ravages – the anguish, illness, and death – that accompany the epidemic that befalls us.

What was once considered just one of many serious social problems has become the single most ominous threat to our well-being.

In recent years, citizens and government have made concerted efforts to combat drug abuse, but clearly much more needs to be done.

Where should we begin?

We should begin by heeding the message conveyed at the 1988 Governor's Law Enforcement Forum. Top law enforcement officials made the point that they could continue to arrest, prosecute, convict, and incarcerate thousands upon thousands of drug offenders. But, they said, such a strategy by itself would never succeed. Strong law enforcement, they said, had to be coupled with efforts to reduce the demand for drugs by treating addicted individuals and by enhancing efforts to educate the public about the dangers of substance abuse.

Balancing strong law enforcement with expanded drug treatment and effective drug prevention activities requires more than dedicating additional resources. There are several substantial obstacles that deserve our immediate attention.

Siting is the most significant barrier to expanded treatment capacity. In part, this is a problem of infrastructure and zoning laws. More significant, however, is the problem of community opposition. In many cases, individuals who are uneducated about the positive contributions of residential treatment centers voice strong fears and work to prevent treatment facilities from opening in their communities.

In an effort to reach the goal of adding 15,000 desperately needed beds to the drug and alcohol treatment system over the next five years, this report calls for the establishment of at least two treatment campuses on government-owned land. These large facilities would provide a mechanism through which community opposition or other siting obstacles could be avoided or diminished. In addition, this report presents strategies to facilitate the siting of community-based residential and outpatient facilities, the preferred setting for effective treatment.

Another major obstacle to treatment expansion is the lack of a trained workforce. Turnover is high, pay is low, and recruitment is difficult. Establishment of a State Training Institute and associate degree programs in addiction counseling at selected community colleges is necessary for recruitment and retention.

A third obstacle to expansion is illustrated by the perception created by the identification of problems in the methadone treatment system. Methadone is crucial in helping to reduce the transmittal of AIDS and in treating the increasing numbers of heroin addicts.

Immediate systemwide changes are necessary in response to identified deficiencies in the State's methadone program in order to restore confidence in this much needed component of our treatment system.

Treatment systems must be enlarged and reorganized to include new and more comprehensive treatment for the myriad needs of addicts for health care, multiple addiction, mental health and social problems. This report outlines the development of a number of Community Drug Assessment and Treatment Systems structured to provide a range of substance and alcohol abuse treatments, primary health care, and supportive services to address the needs of poly-drug abusers. The Council believes these should be supported on a demonstration basis.

Substance abuse will not abate until the people are sufficiently informed, alarmed, organized and empowered to enable vast numbers of them to become active drug fighters. This report strongly urges a community-based approach to fighting substance abuse. Funding grassroots anti-drug efforts, providing positive alternative to drugs for youth, and establishing more community schools is vital.

The State should assist school districts in developing and implementing comprehensive alcohol and drug-free school climates, including the funding of school-based prevention and education programs consistent with current research on what works.

A drug-free workplace is a key to the improvement of productivity in the public and private sectors, and benefits employees, employers and the general public who suffer the consequences of alcohol and drug-related accidents. The State should serve as a model employer by providing universal access to its Employee Assistance Programs and by expanding drug testing for certain job titles, with appropriate procedures to protect individual rights.

We should move quickly to get the anti-drug message out on all fronts and we should encourage the media to increase responsible awareness of, and to mobilize action against, alcohol and drug abuse.

Finally, we can help reduce the perpetuation of drug abuse by utilizing appropriate criminal and civil sanctions, including existing sanctions, to deter casual users from continuing their illegal behavior and potential new users from experimenting. An educational public awareness campaign is required to help deter illicit drug use.

New York's law enforcement community is widely acknowledged to be doing an effective job of arresting, convicting and incarcerating drug offenders.

There is a strong need to continue efforts to promote coordinated actions by law enforcement, such as State and regional drug enforcement task forces. Accountability for drug traffickers should be extended by strengthening and broadening the State's assets forfeiture laws, increasing penalties for those who sell drugs to a minor, or who use a minor in a drug offense, and by using the law that authorizes the eviction of tenants who repeatedly engage in drug-related activities.

We must continue expansion of the State's correctional system with concomitant support for substance abuse treatment services at each stage of the incarceration process. It is important to enhance intensive supervision efforts of high-risk chemically dependent probationers and parolees, with greater utilization of drug testing and greater access to community-based treatment services.

Finally, the State should provide balanced program support across all components of the criminal justice system in order to achieve the desired effects without overstressing one or another part of the system.

Despite the importance of the problem, there is not now a sufficient research base or evaluation component to guide us toward answers to drug and alcohol abuse. The State must coordinate its investment in research and evaluation so we really know what works; and neither waste taxpayer money nor miss new opportunities.

CONCLUSION

This report, including the recommendations that follow, is the Anti-Drug Abuse Council's initial effort at developing a comprehensive anti-drug strategy.

The report is not intended to lay out a financing strategy. We believe, however, that it realistically portrays the seriousness of the problem, sets forth a balanced and comprehensive strategy, and makes recommendations that, if followed, will make a positive difference in New York's efforts against drug and alcohol abuse.

The report is not a static document. We are certain that it can be improved upon by the Legislature, clients and service providers in the drug and alcohol abuse community, educators, criminal justice professionals, the media, and the public.

We also recognize that there are many crucial services provided, without governmental guidance or financial support, by proprietary programs, physicians, the clergy, other professionals, and friends and families. It is likely that more crime is prevented and more treatment rendered in those familial, neighborhood, and professional settings than any government program could ever hope to achieve. The Anti-Drug Abuse Council recognizes these efforts and sincerely hopes they will be strengthened by the recommendations presented in this report.

PREVENTION RECOMMENDATIONS

The New York State strategy for the prevention of alcohol and drug abuse is directed at four major settings: communities, schools, the support of families, and the workplace. The overall strategy will encompass several programs directed at general and targeted public awareness, general and targeted prevention and education, and early identification and intervention.

For maximum impact of alcohol and drug abuse prevention efforts, the overall strategy must be comprehensive and must target youth, adults, and other groups as appropriate, e.g., pregnant women and women of child bearing age. Government must choose priorities but cannot and should not ignore any population or community.

A comprehensive, statewide approach to prevention will include the key elements of accurate information, development of social skills, stress management techniques, positive alternatives, training, early identification and intervention with those at high risk, consistent public policies, and targeted implementation of services. Each setting and program area will use these components. These efforts should be coordinated and must be consistent in their messages. Information about strategies and resources should be widely disseminated to federal, State and local agencies, and voluntary and non-profit agencies, so that prevention efforts and messages can be made consistent.

Targeted approaches will address the specific needs of subgroups within the general population to account for cultural and other differences, and to increase the relevance of programming efforts.

THE COMMUNITY

Community strategies will focus on the interaction among home, school and workplace settings, on the role of other institutions within the community, and on channelling community energy into alcohol and drug abuse prevention efforts.

We know that when all segments of a community work together to develop clearly defined goals, when all the people are mobilized, and when resources are made available, then the prevention, treatment and law enforcement goals of diminishing the drug problem are reachable. This report recommends that the State assist the implementation of a community organization structure.

In the community, five major objectives emerge as crucial to comprehensive alcohol and drug abuse prevention:

- Educational and awareness activities.
- Mechanisms to identify those most at risk and to provide early and effective intervention.
- The provision of alternatives: providing opportunities for children and adults alike to say yes to something, to complement and strengthen their resolve to say no to alcohol and drugs.
- The promotion of networking: the active exchange of information and the linkage of service delivery systems.
- The development and implementation of clear policy statements outlining what is acceptable and what is not, and the consequences of noncompliance.

SCHOOLS

The primary focus of New York's school-based effort is the development and implementation of comprehensive programs to create alcohol and drug-free school environments that promote alcohol and drug-free lifestyles. The effort will include activities that promote healthy lifestyles for students and staff that inhibit the use of alcohol, tobacco, and other substances; development and implementation of comprehensive school policies; the provision of positive alternative activities for leisure time; the provision of early identification and intervention training for school personnel; and the coordination of the school's program with those in the community.

FAMILIES AND HOMES

No strategy for a drug and alcohol-free prevention system can succeed without full involvement of parents and family. The State strategy will emphasize the development of family life and parenting education in its school and community-based programming efforts. Parenting programs will contain specific skill building techniques to equip parents with the necessary knowledge to address alcohol and drug use by their children. The goal will be healthy lifestyles and choices in drug-free home environments. Parents will also be encouraged to participate in community efforts to promote alcohol and drug-free alternatives.

WORKPLACE

The Employee Assistance Program (EAP) is the key component in the State's prevention strategy to promote alcohol and drug-free workplaces. EAPs provide drug and alcohol awareness, as well as confidential identification, intervention, and referral assistance for persons with alcohol and drug abuse problems. These programs can also be designed to comply with the Federal Drug-Free Workplace Act of 1988. EAPs are only effective if the treatment and counseling services, either public or private, are available in the community for the referral of employees requiring such assistance.

Other highlights of this strategy include consideration of pre-employment drug screening and random drug testing for certain State job titles which are consistent with court criteria, and the promotion of EAPs in small businesses and private industry.

MEDIA

Statewide media policies will be developed to promote the overall goals of the prevention strategy. Key components are the development of a statewide media campaign to promote the State's alcohol and drug abuse prevention policy and support for warning poster legislation requiring posters that warn of the dangers of drug use and drinking during pregnancy at the point of sale of alcoholic beverages.

The State will also promote increased media coverage of successful programs in the anti-drug abuse campaign and sponsorship of events, such as essay contests and community forums.

RECOMMENDATIONS

THE COMMUNITY

Grass Roots Anti-Drug Efforts

RECOMMENDATION 1: The four anti-drug abuse Community Demonstration Projects (CDPs) now in operation should be continued as special initiatives coordinated directly by the Statewide Anti-Drug Abuse Council for at least the next two years. The projects should have their own discrete funding streams. Their effectiveness should be scientifically evaluated. The prevention and intervention techniques should be well-documented for replication.

During 1989, ADAC initiated four anti-drug abuse Community Demonstration Projects, three in New York City, and one in the Orange County community of Newburgh. These projects are intended to reduce drug-related crimes, prevent initiation into drug and alcohol abuse, and improve and expand treatment capacity. They are based on a strategy of citizen involvement, intergovernmental coordination, and the infusion and targeting of public and private resources.

The drug problem did not invade these communities overnight; nor will it be eradicated simply because the State indicates it is willing to help. To develop self-sufficient and self-perpetuating community anti-drug activities, the State must work on a continuing basis with local leadership.

It will take at least two years to make a significant difference. Success will depend largely upon the degree to which community members organize and participate in the effort.

However, it is also clear that enhancements of existing law enforcement, prevention, drug treatment, and public health efforts will require resources. It is the community's job to plan together and determine what it believes will work. It is government's responsibility to provide the resources needed to implement proven or promising community efforts.

The demonstration projects are living models to determine which strategies work and what it costs to make a real difference. Without thorough evaluation, the State will be unable to understand and learn from each of these unique experiences. Replication of each successful strategy is an obvious goal.

RECOMMENDATION 2: In addition to funding special priority needs identified by the governing structures of the four Community Demonstration Projects, requests from grassroots neighborhood anti-drug abuse campaigns in other parts of the State should be given special consideration for State funding on a competitive basis. Expanded State programs should be provided for organizations with the capacity to train leaders and provide technical assistance in specially impacted communities. The continued emphasis should be on assisting local leaders with community-based efforts.

Communities can do a great deal to fight alcohol and drug abuse simply by organizing in large numbers and fighting back.

In fact, the commitment and vigor of voluntary community action groups has already added considerably to the effectiveness of formal prevention and enforcement efforts. Through an extensive network of community action groups, and with the support of statewide organizations such as the Citizens Alliance to Prevent Drug Abuse (CAPDA), communities all across the State have been empowered to mount

effective campaigns to heighten awareness of the devastating problems of substance abuse.

Too often, these efforts have been hampered by insufficient funding for supplies, equipment, and other basic necessities. Targeted funding streams, which call upon the resources of both the public and private sectors, would help provide the necessities, train community activists, and strengthen their overall effectiveness, without fostering dependence on government funding. This approach fosters all of the objectives outlined as crucial to community-based prevention efforts and targets law enforcement and treatment issues as well.

RECOMMENDATION 3: The settlement house movement should be encouraged and supported as a mechanism to provide alternatives to substance abuse.

The settlement house movement was born in the late 19th century in response to the urban conditions of that time. Settlement house workers provided services and leadership in reforming local conditions. By all evaluations, they were quite successful. Settlement houses, and modern day forms of them based on the same goals, still exist today, e.g., Henry Street in Manhattan, Casita Maria in the Bronx, and can be better utilized to meet community needs, in two ways.

First, the wide variety of community activities and programs can offer alternative involvements for young people and adults to help meet those personal and family needs which, when left unmet, often lead to alcohol and drug use. Second, they can enhance the awareness and skills of staff and community leaders running these programs, thereby strengthening efforts to further promote the positive self-images, resistance skills, and peer supports which help young people to avoid drug and alcohol use. Resources should be identified to enhance existing settlement house programs statewide, to provide training and networking with home, school and workplace efforts.

RECOMMENDATION 4: Localities should employ enforcement measures that eliminate the use of abandoned property for drug transactions and facilitate the eviction of drug offenders from community dwellings or businesses.

The integrity of communities plagued by the consumption and distribution of illegal substances must be restored by employing measures that remove both the locations for drug trafficking and the individuals who use and distribute criminal substances. The use of abandoned property by drug offenders should be combatted through condemnation and demolition of dilapidated housing stock when appropriate, taking into account the concerns of residents and interests of historic preservation. Less drastic means involving the adoption and utilization of padlock laws to authorize the temporary closure of businesses or dwellings and the eviction of persons engaged in illegal activities should also be pursued. Along similar lines, jurisdictions must be encouraged to vigorously enforce the State's bawdy-house law, which authorizes eviction of tenants who have violated terms of leases by repeatedly engaging in illegal conduct, such as drug-related activities. For public housing in these areas, where eviction is often difficult and security insufficient to maintain drug-free environments, authorities should include a lease provision which provides for immediate eviction upon evidence of illegal sale or use of drugs.

RECOMMENDATION 5: Recognize public housing units as communities, and support community organizational efforts against drug trafficking and drug and alcohol abuse.

The problem of alcohol and drug abuse among the residents of public housing projects is well documented.[49] Residents of these projects should not have to live in fear for their safety and the safety of their children, and should live in a drug-free environment. The community mobilization approach can be as applicable to these communities as to more traditional neighborhoods. They should be given the assistance and resources to organize, develop solutions, and implement their plan. In public housing, clear policy guidelines and predictable sanctions for violations are particularly important as initial steps, given the widespread trafficking issues and need for safety to be assured. Appropriate lease revocation is an important tool. The availability in public housing communities of on-site awareness, intervention, treatment, and referral programs should be encouraged.

RECOMMENDATION 6: Municipal officials are recognized as part of community mobilization efforts and should continue to convey the message that alcohol and drug problems are a collective responsibility. They should work to convince citizens of the need for their involvement in effective community drug resistance and problem-oriented policing efforts, and model that message by taking clear and decisive actions themselves as part of the community-wide effort.

Local elected officials have an ideal "bully pulpit" from which to make it clear that the fight against alcohol and drug abuse is everyone's battle. They have access to local media outlets, are leaders by virtue of holding office, and can make "No Drugs" the expected attitude throughout their administrations. They have detailed

knowledge of their communities, and have the ears of other local leaders who make things happen. This involvement is needed for the hard decisions such as the siting of treatment programs, as well as awareness and prevention issues.

A Comprehensive Community Prevention Approach

RECOMMENDATION 7: Resources must be identified to adequately support and expand the network of community-based alcohol and substance abuse service providers who provide a wide range of primary prevention and intervention counseling services in communities throughout New York. This network of service providers should be expanded to ensure comprehensive services and the sufficient level of intensity to be effective.

While the engagement and active participation of many people is crucial to the process of prevention, we must sustain a network of service providers whose primary goal is to focus on alcohol and substance abuse prevention and who can assist other systems in their prevention efforts.

This community-based network of local Councils on Alcoholism and Community-Based Substance Abuse Prevention programs should be expanded substantially and rapidly to provide the required levels of comprehensiveness and intensity of services.

As a complement to expanding school programs, it is essential to create a network of community-based programs which engage youth in after-school programs including sports, recreation, theater groups, and academic assistance. These activities can develop positive social skills and increase resistance to alcohol and drug use.

These activities can become the link between the school and the home; and also gain access to out-of-school youth, one of the very few mechanisms to reach this population.

RECOMMENDATION 8: Training, technical assistance, resource development and research support should be enhanced. These are significant factors in the success of community mobilization efforts and the development of alcohol and drug abuse prevention components within settlement houses, community organizations, and girls and boys clubs.

The network of Councils on Alcoholism and Community-Based Substance Abuse Prevention programs has been providing this support on the basis of "as resources permit." It is not enough. Similar to the "waiting list" phenomenon in treatment, when a community is ready or when an organization is willing to address the issue, we are wasting opportunities if we are not able to provide the help and support requested. Resources should be identified to add increased training and technical assistance capabilities to the network, strategically placed in appropriate organizations throughout the State to ensure adequate and timely responsiveness to requests for help; to promote awareness that will generate additional requests; and to ensure that mistakes are not made and opportunities are not wasted because information and support were not available when it was needed.

RECOMMENDATION 9: Communities should be encouraged to make greater use of alternative institutions, such as youth courts, to clearly define community norms and ensure consequences for violation of those norms.

The strategy of using peer-based alternative institutions for resolving juvenile behavioral problems in both school and community settings has proven to be an effective method for galvanizing residents against the violence associated with juvenile delinquency.[50] These institutions alleviate court caseloads and are especially productive for first-time offenders. The merit of youth courts as a prevention measure lies in the support such community action provides for the norms and values of legitimate society. Youth become an integral part of this community effort to police itself, and are provided with direct educational and socialization experiences that influence future behavior. The approach also provides alternatives to an overburdened criminal justice system.

SCHOOLS

RECOMMENDATION 10: Resources should be made available to expand the State Education Department's Drug Education Curriculum and Inservice Training Network to assist local school districts in establishing a comprehensive alcohol and substance abuse prevention and health promotion program through: 1) training and technical assistance for teachers, school administrators, staff, parents and community member/agency representatives;

2) assistance with development and implementation of comprehensive school policies to create alcohol and drug-free school climates;

3) coordination of programs within the school and community, including the law enforcement community; and

4) the dissemination of resources and information including the reporting of emerging

substance abuse patterns to local law enforcement officials.

The curriculum for this program should be sequential, age appropriate and provide accurate information about alcohol, tobacco and other drugs. This curriculum would provide the sustained, ongoing foundation for school alcohol and drug prevention programming which will also incorporate tested prevention and intervention models to increase the intensity of pupil services.

Every K-3 student would receive the drug and alcohol curriculum which would emphasize the no-use message. In grades 4-6, while continuing the age-appropriate curriculum, special programs would target high-risk children of alcoholics (COAs) and children of substance abusers (COSAs). The message for this age group needs to be a clear, comprehensive understanding of alcohol as the gateway drug. As students move into junior and senior high school, a stronger emphasis must be placed on intervention services for youth who are beginning to experience problems with alcohol and other drugs.

Student assistance programs, similar to employee assistance programs in the workplace, should be initiated in all secondary schools across the State. These programs provide students with an appropriate level of assessment, counseling and referrals to treatment. The student assistance program known as the Westchester Model is used by many schools across the State and throughout the country. The Westchester Model is tested, readily available and suitable for all secondary schools that do not currently have such a program in place.

An integral part of school-based services should be the reintroduction of indigenous neighborhood outreach workers who would make contact with young people who have left school.

All school principals, teachers, and staff must receive training in alcohol and other drugs, including but not limited to factual information, implementation of the curriculum and the skills to identify students who are at risk for their own or family-related alcohol and other drug problems.

Low cost training could be provided by SED, DAAA and DSAS networks of local trainers who would also be available to provide local schools with ongoing technical assistance. Administrative support of school prevention and intervention programs is crucial.

A comprehensive alcohol and other drug policy should be implemented in each school district in the State. Research demonstrates that if change is to occur in a school, the school administration must provide the leadership. The explicit goal is an alcohol and drug-free environment for all students and staff. Statewide training for administrators, school board members, staff and interested parents should be offered.

The development of an alcohol and other drug policy in each school district will allow communities to tailor a policy document reflecting their unique needs and responding to their concerns. It will also provide community members an opportunity to look at present norms for alcohol and other drug use and begin changes leading to the development of new community norms and healthier lifestyles.

RECOMMENDATION 11: Law enforcement agencies should participate in school-based drug abuse prevention by offering uniformed officers to provide supplemental instruction to students.

The Drug Abuse Resistance Education (DARE) program, the State Police's Law Enforcement Awareness Resource Network (LEARN), and the School Program to Educate and Control Drug Abuse (SPECDA), a joint effort by the New York City Police Department and the Board of Education, provide unique opportunities for law enforcement and the schools to work together to reduce drug abuse. The programs focus on positive actions that young people can take to resist the temptation to use illegal drugs, improve self-esteem, and follow role models to prevent drug abuse and experimentation. Based on their success, law enforcement participation in anti-drug abuse education should be expanded statewide.[51]

RECOMMENDATION 12: Provide resources for schools and communities to form prevention partnerships through an accelerated expansion of the State Education Department's Community Schools Program. Alcohol and substance abuse prevention should be a key element of service delivery in these community schools.

Some communities do not have the resources to adequately support their schools. The schools can be a focal point for the restructuring of such communities. The Community Schools Program provides for educational experiences and serves as a center for the provision of a wide range of social services, including health care, recreation and counseling.

In today's society, the school has become the one constant in the community, not only for the young but also for parents and the older residents. If we are to reduce the risk of alcohol and other drug use, abuse and dependency in our communities, we must provide attractive alternatives to the often violent street scene. For the high-risk student, school can provide tutoring, mentoring programs, and the use of the gym and athletic equipment. Remedial classes, General

Equivalency Diploma, and English classes could be provided to those who have left school or are new immigrants. Older citizens could use the facilities for continuing education, for a safe recreation site or as participants in a youth mentoring program.

RECOMMENDATION 13: Resources should be provided to expand The Liberty Partnerships Program which provides support services to students enrolled in public and non-public schools who are identified as having a high risk of dropping out of school.

The Liberty Partnerships Program provides for peer or mentor counseling as well as continuity of services as a student progresses through secondary school.

RECOMMENDATION 14: All campuses of the State and City University systems should be required, and all other higher education campuses should be encouraged, to have on-site alcohol and drug abuse prevention, intervention and referral programs in conjunction with campus-based counseling and health services. We should promote the further development of regional consortia of all colleges to develop comprehensive alcohol and drug abuse programs. Other related programs should include:

- ***Alcohol-free living space (dormitories and apartments) should be made available for students who desire to live in an alcohol and drug-free environment.***
- ***The required preservice training programs for elementary school teachers should be enhanced to provide opportunities for skill-building and updated information regarding instruction in alcohol, tobacco and drugs.***
- ***A minimum of three credits in accurate alcohol and drug information and training in proven prevention/intervention techniques should be considered for all undergraduate students majoring in health and human services fields.***

College and university campuses are an environment for experimentation. With the recent change establishing the 21 purchase age in New York, campuses have a mixture of students who can and cannot legally purchase alcohol, making enforcement for college officials more difficult. Campuses should promote and support students' rights not to use alcohol. Students who misuse/abuse alcohol and other drugs need counseling and treatment. Colleges and universities statewide need technical assistance for developing and implementing effective comprehensive alcohol and other substance abuse prevention and intervention programs.

RECOMMENDATION 15: Expand the Division of Substance Abuse Services' network of prevention service providers.

While the engagement and active participation of many people is crucial to the process of prevention, networks of providers must be maintained whose primary goal is to focus on substance abuse prevention in the schools. The DSAS network of school-based providers conducts educational and counseling services as well as referring school students and staff to treatment.

RECOMMENDATION 16: The successful school-based prevention approaches which highlight alcohol's role as the "gateway drug" should be replicated throughout the entire State school system.

A number of school-based programs that emphasize alcohol as the gateway drug have been employed and proven successful in preventing or delaying student use of alcohol. These programs include New York City Community School District 25's middle school program, "Early Intervention Alcohol Program," and the Westchester Student Assistance Program for junior-senior high schools. Hard data gathered from these programs on such predictors as school attendance, achievement, student behavior and social participation strongly suggest that these two programs should be replicated across the State.

RECOMMENDATION 17: Financial support should be provided to schools to initiate programs targeted at students in high risk categories to prevent and delay the onset of alcohol and other drug use and abuse. The Primary Mental Health Program (PMHP) and the Youth-At-Risk and Community Partnership Program (YARCP) should be expanded.

Students in high risk categories include those who are children of alcoholics and children of substance abusers; those who have been physically or sexually abused or neglected; those who are disabled or gifted; those living in poverty; and those who have experienced the loss of a parent through death or divorce. Specific intervention with students most at risk is crucial to successful prevention.

PMHP is a program for early detection and prevention of school adjustment and learning problems. It provides supportive nurturing to primary grade students needing such attention before academic failure

or problems of inappropriate behavior dominate their school life and destroy their self-esteem.

YARCP promotes the coordination of school and community resources to provide a full array of services for youth at risk of not completing school for a variety of reasons including drug and alcohol abuse; pregnancy; parenthood; academic failure or family problems.

FAMILIES AND HOMES

RECOMMENDATION 18: Resources should be provided to the State Education Department to enhance its efforts to promote family life education including parenting education, training, support and empowerment:

- ***Schools should be encouraged to teach family life education, including preparation for being parents, within comprehensive K-12 health education programs.***
- ***SED's Parenting Education Program should be expanded to include specific alcohol and other drug education. Parents should be familiarized with the K-12 alcohol/drug curriculum and encouraged to support the messages at home.***
- ***SED's Family Life Education Program should be expanded to include family alcohol/drug education programs.***

People learn how to be parents from role models, namely their parents. When the role models are poor, a generational cycle of ineffective parenting is perpetuated. An important strategy to break this cycle is effective family life education, including parenting education.

The primary goals of SED's Parenting Education Program are: 1) to support adults in their roles as parents by developing skills related to effective parenting, expanding opportunities for parents' involvement in children's education, and assisting parents as they move toward self-sufficiency; and 2) to provide children with experiences to increase their awareness of what it means to be a parent and foster in youngsters the sense of self-worth essential to human development.

The SED Family Life Education Program includes: family life and human sexuality education for K-12 students and their parents; parenting education for K-12 students; and educational programs for pregnant and parenting students.

RECOMMENDATION 19: SED, DSAS and DAAA should work cooperatively with the Department of Social Services to promote early alcohol and drug abuse prevention programming in preschool programs, day care centers and other programs for young children. Licensing requirements for these programs should include the provision of prevention programming.

Research demonstrates that young children exposed to educational activities designed to improve self-concept and an acceptance of others and to develop communications, problem-solving and stress management skills, are less likely to use and abuse drugs.[52]

ALTERNATIVES FOR YOUTH

RECOMMENDATION 20: Youth, particularly those most at risk, should be provided with incentives and opportunities to direct their behavioral choices toward pursuits that are both law-abiding and personally meaningful. The Liberty Scholarship Fund is a national model for encouraging young people to pursue an education. It should be expanded.

Access to legitimate opportunities for personal and financial success remains limited for significant numbers of our people. For youth in problem-ridden areas who seek meaningful lives and financial security, criminal activity is often the only available means to achieve personal status and financial success. The development of legitimate opportunities in these areas should be promoted in order to provide the incentives necessary for youth to make personally and socially constructive life choices. Initiatives such as the Liberty Scholarship and Partnership Programs, and peer or mentor counseling and tutoring programs, should be expanded and widely promoted to encourage and support youth to pursue an education. Much greater private sector involvement is necessary for success in education programs. Basic literacy is a crucial goal.

Useful skills development and employment opportunities must be expanded, especially for professions and trades that present viable and financially rewarding opportunities, such as the computer sciences, building construction and maintenance, and health-related services.

RECOMMENDATION 21: Opportunities for active involvement for youth in recreational and other group activities need to be increased. The highest priority should be given to those youth most at risk.

Adolescents are first and foremost social beings. Peer influence exerts great pressure on behavior. Recent research on resilient behavior in young people underscores the importance of not only the peer group,

but also the critical need for young people to have an on-going relationship with a caring, consistent adult through programs such as the State's mentoring program and the use of local neighborhood workers.

There is abundant evidence that the primary cause of initial alcohol and drug use is social influence: most people first begin using substances because their friends do.[53] Adolescent prevention programs must be highly attuned to the social needs of youth and, in fact, built upon to reinforce anti-drug values and direct youth toward personally rewarding and socially constructive behavior. Opportunities for involvement in alcohol and drug-free activities must be available if we are to provide an answer to the question, "What do I say yes to?" Sports and cultural activities are among many options which will meet this need if they are widely available and integrated with prevention strategies.

RECOMMENDATION 22: Job Corps programs and employment training for youth should be expanded.

A job corps program, if properly organized, can provide the structure and discipline that many youth need and desire. It also can help provide the education and skills necessary to become productive adults. Many corps programs exist throughout the country, including a conservation corps program run by the U.S. Parks Department. They are all, however, relatively small. Congress is debating a number of job corps bills and sometime in the near future, there could be a national program. New York State should encourage a federal program and/or develop such a program itself.

PARTNERSHIPS WITH LAW ENFORCEMENT

RECOMMENDATION 23: Law enforcement involvement should be seen as an integral component of community organization efforts. Community leaders should be trained in the identification and analysis of problems which give rise to criminal activity, and in responses to those problems and techniques for developing community partnerships. Such training would include methods for effectively recruiting citizens, civic and service organizations, and businesses to increase their mutual understanding of crime problems, citizens' concerns, and to develop possible solutions which meet law enforcement and community needs.

Initiatives like the New York City Police Department's Community Patrol Officer Program (CPOP) are recommended for statewide use. The officers are trained to take advantage of existing community-based organizations for joint development of plans for solving drug and crime problems. The CPOP officer is also trained in organizational and mobilization skills for starting community groups where none exist. Communities with strong participation in the program become psychologically committed to safety, and empowered in measures to secure their own quality of life, backed by law enforcement. Once safety issues are addressed, issues related to prevention and treatment can be worked on.

RECOMMENDATION 24: Citizen involvement in crime control efforts, such as neighborhood patrols, court monitoring groups, victim assistance efforts, and community prevention programs, should be expanded.

Effective community crime control can be accomplished only by citizens and police working together. But individual citizens should not risk their own safety by openly confronting drug dealers, nor should they take the law into their own hands as vigilantes. Community organizing is essential. Citizens' groups are extremely useful because they are the first to recognize suspicious behavior in their neighborhoods. They are also very resourceful in developing strategies to fight drug abuse in their areas. These kinds of civilian efforts, from mediation to crime prevention to housing rehabilitation to small-business incubation, can have a direct impact on crime in their areas and can allow law enforcement and court officers' time to be used more efficiently and effectively.

RECOMMENDATION 25: Juveniles play a growing and critical role in the drug trade. Community law enforcement action against this growing phenomenon might include the expansion of police hotlines to report suspected offenders; broad-based publicity campaigns in high-crime areas to promote greater parental responsibility for the children of these communities; and access to recreational and sports activities in the community which can counter idleness among youth and facilitate their willingness to report any abuse or solicitations for criminal activity.

The entire community must be mobilized to intervene successfully in the lives of children who are victimized by adult drug offenders, and to inculcate within them the anti-drug values and other positive values of the larger community. We must provide youth with a supportive, nurturing environment that provides constructive alternatives to drug use and related criminal activities. We cannot afford to have our children see drug selling as their only viable economic opportunity and drug dealers as their principal nurturers. We need to increase opportunities for our children and see that

nurturing is provided in our homes, schools and communities.

RECOMMENDATION 26: Community mobilization efforts in public housing projects should include a law enforcement component which includes civilian as well as police leadership in the development and implementation of civilian crime prevention and anti-drug activities.

Problem-oriented policing looks at individual reports of crime as parts of larger trends. In order to reverse the trend, information about the immediate conditions surrounding the reported crimes is developed from community and officer sources. By zeroing in on the pre-disposing conditions rather than simply clearing offenses by apprehension of perpetrators, police reduce the problem of crime in the community.

Similarly, by treating housing projects as communities, a parallel effort by police and residents can do much to reduce crime problems even within particular buildings. Citizens can do much to enhance police effectiveness by providing them with information; by forming teacher/parent groups to reinforce the impact of in-school anti-drug programs; by organizing patrols; by providing escort services for vulnerable residents; by holding cleanup and sports days; and by participating in other efforts that address the causes of crime.

RECOMMENDATION 27: Communities should use a variety of tactics to address drug trafficking and related criminal activity by youth gangs. These should include not only measures of aggressive law enforcement, but also group-work programs that attempt to redirect the activities and values of gangs to positive, anti-criminal endeavors in the community. Efforts to reach out-of-school youth should be enhanced as a mechanism to prevent gang involvement.

Much of the violence committed in drug impacted areas is caused by drug trafficking and related criminal activity committed by youth gangs. Turf wars for control of the drug market are common occurrences in these areas, as are inter-gang conflicts over unsettled or disputed drug transactions. Youth must get the message, clearly and consistently, that involvement in drug-related crime is neither tolerated by society nor of lasting financial or career benefit to them as individuals.

Community leaders must recognize the purpose gangs play in socially disorganized communities. Rather than attempting to eradicate these structures, leaders should redirect them toward more constructive drug-prevention activities, using youth street workers.

THE WORKPLACE

RECOMMENDATION 28: New York State should continue to provide access to EAPs that address alcohol and drug abuse problems for all State employees.

The State should provide universal access to EAPs for its employees as part of the drug-free workplace initiative. Currently, the EAP network operates on negotiated funding. It may be necessary to invest more resources in the present structure. It is imperative that treatment services exist to which EAP coordinators can refer employees.

RECOMMENDATION 29: The State should utilize the Governor's Office of Employee Relations and its EAP system to establish and disseminate information on a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace; the State's policy of maintaining a drug-free workplace; available alcohol and drug counseling and rehabilitation; and the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace, pursuant to the Drug-Free Workplace Act.

State agencies receiving federal grant funds will soon be required to show that they regularly and periodically provide employees with information in the above areas. The State should utilize its EAP network to disseminate information about the requirements of the Drug-Free Workplace Act.

RECOMMENDATION 30: New York State government should develop a promotional campaign to encourage private industry and business to establish EAPs and other efforts to prevent alcohol and drug abuse, identify alcohol and drug abusers, and refer them for treatment.

An overall strategy for the private sector should include the dissemination of educational information on the dangers of drug and alcohol abuse, improvements in health insurance benefits to insure coverage of needed treatment, the expansion of EAPs, and drug testing in appropriate contexts. New York State should encourage the development of comprehensive workplace policies by acting as a model employer and extending technical assistance to private employers.

RECOMMENDATION 31: New York State should continue to allocate resources for the

specific purpose of assisting small businesses and non-profit organizations to establish EAPs.

Legislation passed in 1988 allocated $500,000 for this purpose; however, the need far outweighs available resources. Funding should be sufficient to produce and distribute written materials, develop and present training programs, and provide ongoing technical assistance as needed.

RECOMMENDATION 32: The present drug testing policy for State employees should continue as part of the overall State strategy against drug abuse in the workplace.

The current statewide policy of "reasonable suspicion" provides a balanced approach in the workplace. It satisfies the purpose of the appointing authorities in that it provides the mechanism for identifying, testing, and treating employees who are incapable of performing their job due to an impairment.

The policy is workplace-based. It does not violate an employee's constitutional right to privacy. Any drug testing is job related because the determination to test is based on reasonable and objective workplace observations. Consequently, even positive test results which may have been caused by casual off-the-job weekend use have a relevance and can be grounds for disciplinary action because of an objective workplace observation of impairment.

The statewide drug policy serves as a generic base against which individual agencies must determine that their specific requirements are covered. Variations from the long established State policy that may impact terms and conditions of employment should be negotiated with the appropriate employee unions.

To date, an expansion of the basic statewide policy has been negotiated with Council 82 of AFSCME and CSEA by the Governor's Office of Employee Relations for the Department of Correctional Services. It permits testing of employees if there is reasonable suspicion of drug use off the job as well as on the job.

RECOMMENDATION 33: Require random drug testing and pre-employment testing for certain State job titles consistent with the need for a drug-free workplace and sensitive to criteria provided by the courts. Form a management committee to review State positions which entail security, law enforcement and public safety duties, and which satisfy prevailing court standards.

Drug testing based on reasonable suspicion provides the employer with information about an employee after evidence of impairment is displayed. Random drug testing assumes that any drug use by an employee is a problem. The former relates directly to ability or inability to perform duties; the latter assumes that drug use will impact upon an employee's job performance or capacity. The courts have required a strong showing before an employer will be permitted to randomly test its work force.

The management committee should include the Department of Civil Service, including the Division of Classification and Compensation, the Governor's Office of Employee Relations and representatives from those agencies with positions for possible review. In the law enforcement and security areas agencies such as the Department of Correctional Services, the Division of Parole, the Division of State Police, and the Department of Environmental Conservation, should be included on the committee. For public safety-related job duties, agencies such as the Department of Health, the Department of Transportation, the Office of Mental Retardation and Developmental Disabilities and the Office of Mental Health should be represented.

State positions must be scrutinized and held to legal standards by this committee before the State considers a more intrusive drug testing policy. Moreover, any specific modifications to present State policy must be considered in the context of the dual requirements of the State's collective bargaining obligations and the imperative to establish a drug-free workplace. When the committee has identified positions requiring a more stringent form of drug testing, the respective employee organizations representing such positions must be provided opportunity for input and, where appropriate, negotiations.

With regard to applicant testing, the committee must be similarly judicious in identifying those positions for which drug screening should be required. A court, albeit a lower court, has determined that since substance abuse qualifies as a disability under the Human Rights Law, refusal to hire an applicant for "failing" a drug screening without an evaluation of the applicant's capacity to reasonably perform in the position may be unlawfully discriminatory. However, unlike the testing of current employees, the National Labor Relations Board has found no mandate to negotiate with employee organizations regarding applicant testing. (Minneapolis Star Tribune, 295 NLRB 63 (1989)).

In law enforcement and public safety, the courts have sustained, as constitutional, drug testing which is not based upon reasonable suspicion, in the following circumstances:

Law Enforcement

Testing upon application for, promotion to, or promotion within a law enforcement unit which is specifically involved in the interdiction of drugs and is

required to carry firearms. Von Raab v. Nation Treasury Employees. See also Caruso v. Ward.

The argument can be made that this criterion can apply to all law enforcement positions. This is the argument offered by the New York Police Department (NYPD) in its recent random test policy. This expansion of the testable class of employees from narcotics unit officers (Caruso v. Ward) to all members of the NYPD has been recently upheld by the courts in the case of Seelig v. Koehler involving all New York City corrections officers. The negotiability of such testing was not addressed in either decision.

Public Safety

An employee involved in public transportation or safety after a serious breach of safety rules, or all employees present upon accident or incident involving injury or damage. Skinner v. Railway Executives.

The public transportation safety criterion is problematic in that the definition can be broad. School bus drivers may be tested after any accident or incident. Railway workers may be tested upon accident or incident or breach of safety rules. Clearly, transportation of the public and its safety is the key criterion. The State must balance the employer's job related need to monitor the employee's off-duty conduct and the employee's constitutional right to privacy.

Most recently, the Metropolitan Transportation Authority and the Transit Workers Union negotiated an expansion of random drug testing for certain employees. Although federal legislation effectively required such testing, the parties negotiated procedural safeguards to protect the individual rights of the Authority's employees.

THE MEDIA

RECOMMENDATION 34: A clear and consistent message should be developed and articulated by the member agencies of the Anti-Drug Abuse Council that states what prevention is and that prevention is everyone's responsibility. This message should be incorporated into relevant State public service announcements, publications, media events, public policies, speeches by key officials, etc.

Specific approaches to communicating this message include:

- Enlisting an experienced advertising firm to develop a marketing strategy for this prevention message.
- Encouraging local communities to convey this prevention message locally.
- Supporting the passage of legislation at the State and local levels to require warning posters which display the dangers of drug and alcohol consumption during pregnancy at all points of alcohol sales.
- A continuation of the joint efforts of DSAS and DAAA to promote campaigns to warn consumers of the health dangers of alcohol and drug consumption.

Media campaigns have been successful in the past in creating awareness of specific issues concerning alcohol and other drugs (e.g., the anti-smoking campaign of the 1960s and 1970s, the current media approach taken by the Partnership for a Drug-Free America, and the New York City campaign in which warnings regarding fetal alcohol syndrome (FAS) are required to be displayed at the point of alcohol sales). Replication of these types of media efforts would be cost effective in reaching large numbers of people in an appropriate manner.

RECOMMENDATION 35: Network executives and show producers should be encouraged to become involved in drug prevention. They should be encouraged to develop story lines that not only deglamorize substance abuse but illustrate positive alternatives and positive efforts to fight substance abuse. Illustration of positive, realistic alternatives should be especially encouraged in children's programs.

Some networks and producers have already responded to efforts by the public sector and by such private groups as the Harvard University Center for Health and Communication, and the Caucus for Producers, Writers, and Directors. There remains a great need to sensitize local stations to issues relating to program content and design. It is especially important that these efforts are geared toward youth, who are more susceptible to danger from programs that improperly highlight drug or alcohol use.

RECOMMENDATION 36: Producers of local news programs on television and radio should be encouraged to devote a certain amount of air time to reporting positive individual and community responses to substance abuse (the last 3 minutes of broadcast on the first Friday of every month, for example). News programs should be encouraged to cover anti-substance abuse events in local schools and throughout the community. News features could call attention to the outstanding prevention activities of, for example, a student group and could encourage viewers to start similar efforts by providing them with resource information.

News programs play an important role not only in reporting important events in the community, but also in directing future community activities. They should be encouraged to utilize these capabilities to their fullest advantage.

RECOMMENDATION 37: Television, radio, and print media should be encouraged to donate more prime time and visible space to public service announcements (PSAs) as well as to highlighting positive anti-drug efforts and the work of outstanding individuals.

One of the most obvious contributions the media can make to fighting drug and alcohol abuse is in the form of air time or space donated to public service announcements. PSAs should not only be frequently aired at holiday time, but throughout the year and at prime viewer times. It is important to complement these PSAs with real life examples, highlighting the values of a healthy, alcohol and drug-free life.

Assisted by Gordon Black and Associates' public opinion surveys, the Partnership for a Drug-Free America has developed numerous effective radio and television advertisements on the dangers of drug abuse. These and other professionally produced commercials should be given wider exposure.

One interesting strategy used by Long Island Newsday involved providing schools with anti-drug class work. Newsday produced video tapes of Partnership for a Drug-Free America public service announcements and distributed them to all Long Island school districts. The tapes included an introduction about the educational value of the messages contained and the importance of discussing their meaning. As part of the mailing, teachers were provided with a brief outline and suggested questions to follow each message.

RECOMMENDATION 38: The media should be encouraged to increase their sponsorship of contests; for example, poster, song, or video contests where the winners receive coverage in the appropriate media.

Contests not only serve to expand the prevention effort, they serve to educate participants and get them actively involved in combatting drug and alcohol abuse. Media coverage can help to publicize such contests and will help give recognition to the hard work of all involved individuals.

CRIMINAL AND JUVENILE JUSTICE SYSTEM RECOMMENDATIONS

New York State's criminal justice community is continuing its all-fronts assault against the violence associated with drug and alcohol abuse in our society. There are numerous requirements for this battle, given the many different social problems attributed to drug and alcohol abuse — from the personal injuries and family crises caused by irresponsible alcohol consumption to the criminal use of drugs and the violence associated with their distribution.

The diversity of the problems demands a comprehensive, coherent criminal justice strategy. To extend and create successful anti-drug measures, the plan must draw on the State's considerable law enforcement experience and our knowledge of state-of-the-art tactics. It must be a strategy that calls for action by each component of the system, from law enforcement and the courts through corrections and community supervision. And it must permit flexibility, so proven tactics can be applied and modified, where necessary, to address the unique nature of New York's local drug problems.

Several fundamental guiding principles have directed the development of the drug control strategy. Primary among these is a principle of central importance to this country's system of jurisprudence: punishment must be certain and swift for those who violate the law. Government has a moral obligation to satisfy that mandate.

To make the threat of trial and conviction meaningful, the strategy includes recommendations for streamlining court processing efforts, while protecting the rights guaranteed to criminal defendants under the Constitution. Essential enhancements for all components of the justice process are called for, as well as the application of technological and procedural innovations that will expedite case processing at each stage of the system.

A second principle that underlies the strategy emphasizes the importance of systemwide cooperation and coordination within the criminal justice community to successfully combat drug-related crime and violence. Collaboration is essential to mount the large-scale, long-term suppression of major drug trafficking enterprises that typically cross jurisdictional boundaries and require a commitment of resources not possessed by single police agencies. Moreover, an effective statewide drug interdiction strategy requires a coordinated, multijurisdictional approach to planning and policy-making.

We make a number of recommendations to direct and facilitate greater cooperation among the various police agencies that operate in New York. We call on the State Drug Enforcement Task Force to develop an overall plan for expanded State, federal and local cooperation in the war on drugs. We advocate a greater role for the Division of State Police to support direct enforcement activities and the provision of critical assistance to other less-equipped police agencies in the State. To increase interjurisdictional cooperation among localities, we propose the establishment of new regional drug enforcement task forces.

All individuals involved with illegal substances must be held accountable for their unlawful behavior. This principle of accountability drives many of the recommendations for enhancing the criminal justice response to both the users and the traffickers of illegal substances.

The goal of holding casual users of drugs accountable for their behavior through the threat and application of sanctions is to deter purchase and use of illicit drugs by establishing a realistic expectation that offenders will face apprehension, punishment and, where appropriate, compulsory treatment.

These sanctions will lessen the demand for illicit drugs and diminish the extreme profits realized by drug traffickers. Among the user sanctions proposed in the strategy are: suspension or postponement of driving privileges for all persons convicted or juveniles adjudicated of drug offenses; the performance of community service as a condition of a sentence or as a stipulation for adjournment in contemplation of dismissal; greater utilization of day fines as a sentencing option for minor drug users; and the forfeiture of vehicles used by individuals to purchase drugs.

The principle of accountability is extended even further in the case of drug traffickers and sellers, with a variety of measures that exact payment from offenders and strip them of the profits of their illegal activity. Amendments to strengthen the State's assets forfeiture statutes would permit forfeiture of real property as an instrumentality of crime, establish a criminal forfeiture action for drug violations, and apply the proceeds to law enforcement, substance abuse services, and crime victim restitution.

If the State is to ultimately win the war on drugs and impact significantly on the cycle of drug use and crime in society, greater investment must be made in improving the juvenile justice system's interventions with

troubled youth. These improvements must be guided by a commitment to tailor the sanctions and treatment received by juvenile offenders to serve the needs and best interests of the child, while at the same time protecting the safety of the community.

The State's comprehensive anti-drug criminal justice strategy proposes a series of interventions for the juvenile drug offender – all of which stress the importance of determining the basis and extent of a child's substance abuse problem before treating or imposing sanctions for the juvenile's delinquent behavior. For the non drug-dependent juvenile who engages in criminal behavior solely for economic or recreational purposes, a punitive approach is advocated, including sanctions such as the suspension or postponement of driving privileges, community service, and a residential placement with drug education programming.

For the child whose drug usage is linked to a history of parental abuse or neglect, a range of family intervention services are recommended. Finally, in acknowledgement of the vulnerable status of children and the increasing use being made of juveniles to manufacture, transport, deliver, and sell drugs, the strategy includes recommendations to enhance penalties for the sale of controlled substances to a minor and the use of a minor in a controlled substance offense.

The commitment of criminal justice professionals to combat the drug plague in our communities extends to a level of dedication not required of most public servants: the personal safety and well-being of law enforcement officers are jeopardized daily. Although seriously overburdened by the increased activity required by the drug crisis, criminal justice professionals have responded remarkably well to the influx of drug-related cases entering the system.

It is essential to build on this high level of response if New York is to mount an effective law enforcement strategy against drug abuse and violence. Improved justice system productivity and accountability are required to realize the fullest results from the intelligent investment of resources. In making these investments, and to avoid unanticipated and counterproductive results, New York must recognize the interdependence of all aspects of the justice process. Systemic planning is essential for balanced program support.

STRENGTH THROUGH COORDINATION

RECOMMENDATION 1: The State Drug Enforcement Task Force should develop an overall plan for expanded action by State, federal and local agencies to disrupt the flow of drugs within New York State.

Special expertise and resources are needed to successfully investigate and prosecute sophisticated drug traffickers. Most major cases cross jurisdictional boundaries and require a sustained commitment to cooperate between authorities that is typically difficult to realize and manage. In 1986, Governor Cuomo addressed the needs of localities for enhanced resources and a coordinating enforcement mechanism with the establishment of the New York State Drug Enforcement Task Force. Focusing on a wide spectrum of operational and policy-related issues, this multijurisdictional body of federal, State, and local law enforcement officers represents a unique and effective means for enhancing our law enforcement capacity to disrupt the flow of drugs within New York State. A coordinated, multijurisdictional approach to planning and policy decision making is essential for the formulation of an effective statewide drug interdiction strategy which reinforces the link between local, State and federal efforts.

RECOMMENDATION 2: Greater coordination between law enforcement and probation should be established to provide more effective supervision of high-risk probationers in the community. There must be continued expansion of coordinated law enforcement efforts, such as the Special Offender Unit in New York City, to expedite the detection and prosecution of parole violators involved in drug trafficking.

Reintegration of offenders into the community must be highly structured and include all measures necessary to ensure public safety. Because of their chemical dependency histories, many drug offenders are considered high risks for relapse into drug involvement and the criminal activity often associated with this lifestyle. Such recidivism must be responded to quickly and forcefully by appropriate authorities to ensure community safety and to maintain the integrity of our criminal justice process. Agencies with community supervision responsibilities, such as Probation and Parole, must establish coordinating mechanisms with law enforcement to ensure that these ends of public safety and order are met.

RECOMMENDATION 3: The State, federal and local governments must coordinate systematic improvements for identification, apprehension, and deportation of illegal aliens involved in drug trafficking.

Costs currently borne by State and local governments in pursuit of due process for criminal, illegal aliens are significantly increased upon the incarceration of these persons. Frequent gang-oriented behavior, involvement in drug trafficking, abuse of

legitimate visitor status and other privileges and propensity for violence make the presence of undocumented aliens in our society, and their incarceration in our prisons, a tremendous drain on communities and resources. All governmental agencies must facilitate the identification of these individuals so that federal authorities can execute timely deportations.

RECOMMENDATION 4: The State must strengthen the cooperative use of records and procedures to reduce the diversion of legitimately manufactured precursor chemicals and controlled substances into avenues of illegal manufacture, trafficking, and use.

Records of the manufacture, purchase, transportation, and delivery of significant amounts of precursor chemicals, and tablet/capsule-making machines, combined with computerization, careful monitoring, and training of law enforcement for informed interdiction will make tracking more reliable where it is now haphazard at best. Legislation is needed regulating the manufacture and distribution of precursor chemicals, with felony-level penalties for willful violation. Implementation of a tracking and interdiction system will reduce the drug and chemical diversion business and increase the likelihood that clandestine laboratories will be discovered and destroyed by law enforcement.

MUTUAL SUPPORT OF STATEWIDE DRUG ENFORCEMENT EFFORTS

RECOMMENDATION 5: The role of the State Police in the suppression of drug trafficking throughout the State must be strengthened. This effort should include continued State Police involvement in direct enforcement activities, such as aggressive investigation, arrests, confiscation, and assets forfeiture initiatives against major manufacturers and traffickers, combined with coordination of the State's intelligence gathering efforts and the provision of support, equipment, and training to other law enforcement agencies in the State.

A lead enforcement agency is critical to implement an effective statewide law enforcement strategy against drug abuse, not just for the role such an agency plays in initiating and conducting major investigations and interdiction efforts, but also for the coordination and support provided to other, less-equipped police agencies. The overall plan developed by the State Drug Enforcement Task Force should address this need for direction and support, and should formalize the position of the State Police as lead agency for the State's drug enforcement efforts.

In doing so, the plan should promote the sharing of criminal intelligence by encouraging greater police use of the Statewide Narcotics Indexing Program (SNIP), a centrally managed index of information about individuals involved in narcotics-related offenses. This program enables police organizations to coordinate their investigative efforts with other agencies, which promotes the efficient deployment of police resources and ensures the safety of officers engaged in interjurisdictional investigations.

RECOMMENDATION 6: The State should provide technical assistance and training to county sheriffs and local police departments in drug law enforcement techniques, including the seizure and forfeiture of criminals' assets, highway interdiction, canine detection, eradication operations involving aerial surveillance, and clandestine laboratory investigations.

The State can augment training standards and efforts to increase the effectiveness of drug canine teams, aircraft, drug-lab investigations, highway drug interdiction specialists, and the like; and to deploy such resources where they are needed. Since law enforcement agencies are primarily responsible for the identification and seizure of assets, training them for an aggressive acquisition program will promote greater use of forfeiture sanctions. Interagency cooperation for loaned use of skilled officers and special equipment would enhance all forms of interdiction efforts - complementing the enhancements brought by cooperative intelligence and investigative work.

RECOMMENDATION 7: Adequate staffing, instrument automation, and procedural wherewithal must be provided for the forensic laboratories in the State to handle the increase in laboratory evidence submissions of suspected drugs.

The five State and nine regional forensic laboratories have been swamped by demands to conduct suspected substances tests in criminal cases. Sometimes these suspected substances amount to thousands of small packets of material. Under current law, every packet must be tested in order to present it as evidence. New laboratory equipment, which would test hundreds of substances at once, is available, but only on a limited basis to those labs that can afford it.

While the acquisition of such equipment should be a priority for the State forensic labs, consideration also should be given to amending the law to allow the results of random testing of similar suspect substances

to be acceptable in court as evidence of the content of all units of the substance confiscated. Adding to this problem of volume is the fact that overburdened laboratories often end up conducting analyses on drugs and other evidence when the case has already been adjudicated. Implementation of a system or procedure to ensure that a case is still open prior to the completion of analyses will make the system more efficient and help reduce backlogs.

Turnover, hiring freezes, and other costs have made adequate staffing levels difficult to maintain in the State's laboratories. These combined factors have hurt successful prosecution of drug cases. Relief of these conditions should be pursued through the provision of State-certified training for local law enforcement officers to conduct field tests of suspect contraband for the presence of controlled substances. The law also should be amended to allow the results of field tests to be admissible for arraignment and plea entry, which would increase both the efficiency and the effectiveness of forensic support for case disposal and justice.

RECOMMENDATION 8: The National Guard should assist law enforcement in conducting cargo inspections at ports of entry, performing surveillance and intelligence-gathering activities, and by providing support for drug enforcement operations.

In the cause of trained readiness for the defense of our State and nation, the National Guard has developed specialized skills and equipment that can significantly enhance the ability of local and regional law enforcement to interdict the flow of illegal drugs. Combining the efforts of the National Guard with law enforcement makes the most efficient use of the activities each does best. This approach effectively preserves the unique missions of both, by respecting the separation between military affairs and domestic police functions.

ATTACKING MAJOR DRUG TRAFFICKING ORGANIZATIONS

RECOMMENDATION 9: New regional drug enforcement task forces should be established where needed to increase interjurisdictional cooperation among localities.

Increased manufacture, marketing, and distribution of illegal substances has resulted in the steady expansion of New York's drug trafficking network from high-density population centers to more rural areas of the State. To counter this expansion of organized drug trafficking, a commensurate increased involvement of appropriate agencies in a joint law enforcement response is required. There are currently 20 drug task forces of diverse scope in the State, funded, coordinated, and staffed by a variable mix of federal, State, county, and municipal resources. The two regional drug enforcement task forces, operating under the oversight of the State Drug Enforcement Task Force, have proven effective in combatting major drug distribution networks, since they are not impeded operationally by the resource limitations and jurisdictional boundaries that frequently limit the scope and depth of local investigations.

RECOMMENDATION 10: The Statewide Organized Crime Task Force (OCTF) should concentrate on investigation and pursuit of complex and multijurisdictional drug cases involving middle and upper level traffickers.

Complex and multijurisdictional drug cases are difficult for most prosecutors' offices to handle because they require special expertise and time to develop, which is difficult to dedicate at the expense of other important cases. The OCTF has the special expertise to focus their efforts on these cases, thus employing resources more efficiently. To implement a statewide initiative, two additional investigative units in Buffalo and Albany, along with a new research unit to coordinate criminal intelligence information are required.

RECOMMENDATION 11: The prosecution of major drug cases in New York City should be strengthened through improved coordination between the Special Narcotics Prosecutor's Office, the five district attorneys and the New York Police Department.

New York City is one of the major points of entry for illegal drugs to this country and, as a result, has become a leading drug distribution center for the nation. The City's capacity to investigate and prosecute major trafficking and importation cases that transcend the jurisdictional boundaries of the five district attorneys' offices in New York must be expanded.

The Special Narcotics Prosecutor's Office (SNP) must realize its central role in complex citywide drug cases and jointly develop with New York's district attorneys a formal mechanism to coordinate major prosecution efforts. The original plan of operations for the SNP should be revised to address the sharing of resources for complex felony narcotics investigations equitably across the boroughs. Under this plan, the office also would serve as a citywide drug information clearinghouse by identifying linkages between ongoing investigations and prosecutions in the separate boroughs, and could provide technical assistance and special investigative services to facilitate the work of the City's district attorneys.

RECOMMENDATION 12: The State Organized Crime Control Act should be vigorously applied by devoting dedicated resources and developing necessary training to promote effective enforcement.

Although narcotics trafficking has become a key activity of organized criminal enterprises, it is often difficult to directly associate the leaders of these enterprises with a specific instance of trafficking. The Organized Crime Control Act, enacted in 1986, has ameliorated this problem by permitting law enforcement authorities to charge and prove patterns of criminal activity and their connection to ongoing enterprises, legitimate or illegal, that are controlled or operated by organized crime. Successful prosecutions of monopolistic drug trafficking organizations can effectively disrupt the flow of illicit drugs for a time into the markets they dominate.

A SYSTEM OF SWIFT AND CERTAIN JUSTICE

RECOMMENDATION 13: Increase court-related resources so district attorneys can make the threat of trial and conviction meaningful, public defenders can offer capable representation, and judges can have manageable caseloads.

The tremendous number of drug offenders coming before criminal courts has led to increasing backlogs of pending cases. It is necessary to expand the prosecutorial, defense, and judicial capacity to meet this demand. More judges and nonjudicial staff, including prosecutors, defense attorneys, and probation officers are needed to concentrate on drug cases. Drug cases could thereby be processed in a more timely manner, so that just dispositions are delivered swiftly. Increased resources will enable probation officers to prepare enhanced investigations which identify specific sentencing alternatives for drug dependent offenders.

To the greatest extent possible, a balance of program support across the components of the criminal justice system should be achieved to avoid counterproductive backlogs or bottlenecks, excessive caseloads, and overcrowded correctional facilities. Massive drug sweeps without the concerted organization of prosecutorial, court, and corrections plans to handle the anticipated numbers and types of offenders result in dismissed or seriously delayed cases, prosecutions lost, offenders released when they normally would not be, and victims' needs overridden.

RECOMMENDATION 14: Adequate court facilities must be provided through ongoing renovation and expansion to effectively process the growing volume of drug-related arrests.

It is becoming increasingly difficult to deal with the volume of drug cases presently processed through the courts in a timely and consistent fashion. This situation has impacted negatively on other components of the criminal justice system, especially law enforcement and corrections, and threatens to undermine many of the basic principles associated with the administration of justice in this country. Primary among these principles is the goal of swift and certain justice. If this goal is to be achieved by our justice system, court processing capacity must be increased in the State, and particularly in New York City, to enable additional judges to be assigned. However, to improve our court processing capacity in the State, we must not only acquire new space for court facilities, but also renovate existing structures statewide that are in various stages of disrepair. Such renovation is critical to ensure both the continued use of these structures and their maintenance at a level that promotes respect for the law and its administration.

RECOMMENDATION 15: Additional special narcotics courts ("N" parts) should be established which hear cases beyond the normal hours of the workday.

The Special Narcotics Court Program is a component of the combined State and City effort to stem the flow of narcotics and expedite the processing of drug cases in New York City. Instead of felony cases routinely going before grand juries after a defendant's criminal court arraignment, they are sent to Special Narcotics Court Parts ("N" Parts) for processing. These "N" Parts utilize special time and expense-saving procedures to receive pleas from and indict drug defendants. To reduce the judicial backlog of drug cases in courts throughout the State, the "N" part concept should be expanded and applied as needed following an analysis of applicability to different jurisdictions. Where necessary, the court hours of these parts should be extended beyond normal workday hours to further minimize the backlog of drug cases in the State's justice system.

RECOMMENDATION 16: Technological advances should be introduced to accelerate the arrest to arraignment process, with assistance provided in using video hook-ups and other devices that expedite pretrial processing.

With today's modern technology, there is no excuse for wasting valuable police officer time at "booking," as

they wait hours for an arrest to be processed. We should use all feasible technology to speed pretrial processing, particularly in jurisdictions where video hook-ups and other technology could be used to draw complaints, review charges, and set preliminary bail recommendations without transporting officers or victims. Pilot technological programs have been operating in New York City to reduce processing time to arraignment and identify areas for additional improvement. Information gained from this experience should be used for replicating these projects in other jurisdictions.

NEW TOOLS FOR CRIME CONTROL

RECOMMENDATION 17: Legislation should be enacted which prohibits the unlicensed possession of assault weapons.

There has been a dramatic rise in the use by drug traffickers of automatic and semiautomatic weapons with high rates of fire and a large capacity of ammunition. Commonly referred to as assault weapons, they must be regulated in order to prevent drug traffickers from acquiring them, while preserving the rights of those who use them for legitimate purposes.

RECOMMENDATION 18: Specific Penal Law offenses should be created with enhanced penalties for the sale of controlled substances to a minor and the use of a minor in a controlled substance offense.

Minors are highly impressionable, and criminal behavior associated with drugs at an early age may well produce lifelong criminal behavior patterns. The creation of a distinct offense for the criminal sale of a controlled substance to a minor will put dealers on notice that the sale of drugs to children, wherever it occurs, will be punished more severely than if the sale were to an adult. Subjecting these dealers to the risk of increased punishment also should deter drug distribution to minors.

A person eighteen years of age or older who employs a person under the age of eighteen to deliver, manufacture, sell or transport a controlled substance may be charged with criminal solicitation, criminal facilitation, conspiracy, endangering the welfare of a child or unlawfully dealing with a child.

Presently, however, there is no specific felony offense proscribing the use of a minor in a controlled substance offense. The need for such distinct offenses is apparent given the increasing use made of minors to manufacture, transport, deliver, and sell drugs. For many young people, involvement in the drug trade as couriers or dealers results in quick, easy dollars. There is also much incentive, from the dealer's perspective, for using minors in the illegal drug business. With a person under eighteen handling drug transactions, the dealer is often able to insulate himself from prosecution, knowing that the courts are typically lenient with young, first-time offenders. The adult traffickers reap the profits, and the juveniles bear the risks caused by the systemic violence of the drug trade. Subjecting dealers to the risk of increased punishment should deter their use of minors in the distribution of controlled substances.

RECOMMENDATION 19: The law must be amended to eliminate the requirement that the sale of a controlled substance on or near school grounds be to a person less than nineteen years of age.

For section 220.44 of the Penal Law to apply, it is required that the sale of a controlled substance on or near school grounds must be to a person less than nineteen years of age. This age stipulation for buyers has hampered efforts to make arrests under this section of the law due to law enforcement agencies' inability to utilize undercover agents to make controlled substance purchases. Further, arrests based solely on an officer's observation of a sale are difficult to make because drug sellers carefully conceal their dealings, and because parents are reluctant to permit their children to testify against these dealers. The 19 year-old age requirement in the law for buyers of controlled substances in or near school grounds must be eliminated to support effective drug enforcement activities in the school setting.

RECOMMENDATION 20: The definition of murder in the first degree should be expanded to include murders committed during drug transactions, and life imprisonment without parole should be an authorized sentence for persons convicted of this crime.

Many murders are directly connected with drug trafficking and an increasing number of innocent citizens are being victimized by drug-related street violence. Homicides which occur during the course of or in immediate flight from a drug sale should be included within the scope of the felony murder statute. The certainty of life in prison without the hope of freedom through parole of conditional release is a penalty of immeasurable magnitude. It is also a penalty that provides our criminal justice system with a workable and lasting means for the protection of society from its most violent criminals.

RESTORING AND PROTECTING THE INTEGRITY OF OUR COMMUNITIES

RECOMMENDATION 21: Police agencies throughout the State should develop and utilize specialized operations, such as focused street-level enforcement, that are responsive to the nature and patterns of drug trafficking and related criminal activity in their jurisdictions.

In many areas of the State, a concentrated law enforcement response is necessary to reclaim neighborhoods and combat the many social problems associated with drug trafficking. The deployment of specialized units of undercover officers equipped with extensive training and resources can greatly increase the costs of buying and selling drugs on the streets. The Tactical Narcotics Team (TNT) concept utilized by the New York City Police Department represents a street-level enforcement effort that has proven to be highly effective and well-suited for densely populated urban settings. By ridding New York City's sidewalks of blatant drug trafficking and by closing local crack dens and shooting galleries, these units attack the most visible and frightening manifestations of crime. This disruption of street-level drug markets makes it more difficult for users to obtain illegal drugs, thus discouraging consumption.

This approach to street-level enforcement should be adapted to the local conditions of other jurisdictions. A Community Narcotics Enforcement Unit should be established within the Division of State Police to attack street-level drug problems through regionalized teams of narcotics enforcement personnel strategically deployed across the State to assist local law enforcement agencies.

RECOMMENDATION 22: There should be greater development of career criminal programs which focus enhanced prosecution efforts on repeat drug offenders who perpetrate predatory street crimes, as well as those who participate in the trade solely for profit.

As law enforcement efforts against drug-related crime increase, it is essential that our commitment to enhance prosecutorial resources continue. Programs that target offenders whose crimes exact significant personal and social costs on society should be expanded. The violent offender and street criminal must be expeditiously removed from our communities, and drug-related gang activity must be suppressed. We should encourage, in particular, aggressive prosecution of offenders who have made it their career or practice to manufacture or sell illegal substances, as demonstrated by their repeated collisions with the criminal justice system. Such offenders have shown themselves to be uninterested in rehabilitative efforts, and have made themselves significant to the flow of drugs in, and thus destruction of, a community. Prompt dispatch of these offenders to prison must be a priority.

RECOMMENDATION 23: There must be statewide implementation of mandatory drug testing policies and procedures for chemically dependent probationers and parolees.

Since the first priority of the criminal justice system is public protection, every effort must be made to minimize the likelihood of offender recidivism. For individuals with substance abuse histories, the resumption of criminal activity may be initiated as a result of continued drug involvement.

Therefore, it is essential that we monitor these offenders closely to prevent their lapsing into drug usage. In addition, many drug dependent individuals initially require the supervised, coercive approach to treatment presented by urinalysis to remain drug-free.

A sample study of the results of urinalysis for parolees suspected of drug use showed that 70 percent of them tested positive, demonstrating the need for more effective intervention.[54] Data regarding drug problems among the probationer population provide a similar picture. For instance, the New York City Department of Probation estimates that 65 percent of its active supervision caseload is comprised of drug abusers, totaling 37,500 people.

The Division of Probation and Correctional Alternatives and the Division of Parole must extend drug testing efforts statewide to include all chemically dependent offenders under community supervision. Uniform policies and procedures for testing must be developed, with all appropriate staff training and support provided. Graduated schedules of sanctions should be specified, and networks for service referrals should be identified or developed.

TAKING THE PROFIT OUT OF THE BUSINESS OF DRUGS

RECOMMENDATION 24: New York State's assets forfeiture statutes should be strengthened and broadened in application by permitting forfeiture of real property as an instrumentality of crime, by establishing a criminal forfeiture action for drug violations, and by ensuring that the proceeds of such forfeiture actions are used to support law enforcement efforts, substance abuse services and crime victim restitution.

In addition to incarceration, an effective method for deterring drug traffickers is through the forfeiture of the proceeds, substituted proceeds and instrumentalities of drug trafficking. Forfeiture takes the profit out of crime and effectively disrupts the flow of capital needed to finance drug trafficking.

Current State law, however, has certain deficiencies. Law enforcement officials report that, in contrast to federal law, the inability to seize real property as an instrumentality of crime has been a major limitation. In addition, the current distribution scheme returns a very small percentage of the proceeds for law enforcement purposes reducing the incentive to use State law. Prosecutors' efforts have also been hindered by the lack of a mechanism to collect information about the subject of a forfeiture action and because it is complex and difficult to use a separate civil proceeding as required under State law. State law must be amended to provide law enforcement with the tools it needs to combat illegal drug activity.

RECOMMENDATION 25: A State Strike Force on Crime Proceeds should be created as the vehicle for coordinating investigations and prosecutions of financial institutions and individuals suspected of engaging in money laundering activities.

In the past, certain legal loopholes and the complexity of investigation have made it difficult or impossible to counter the movement and hiding of mass amounts of drug revenue funds among banks, brokerage houses, and legitimate retail business. The State's new money laundering law, which criminalizes the conversion of the proceeds of crime into other financial instruments, has addressed these impediments and must be fully utilized by authorities to significantly impact major drug trafficking operations.[55]

To promote the enforcement of this statute, and address related violations of the Banking and Tax laws, the State should create a Strike Force on Crime Proceeds, under the oversight of the State Drug Enforcement Task Force. Its purpose would be to develop and prosecute criminal cases using traditional law enforcement techniques, as well as analyses of currency transaction reports required by the U.S. Treasury Department of all financial institutions in the State.

This Strike Force should be comprised of representatives from the Special Investigation Division of the State Banking Department, the Revenue Opportunity Division of the State Department of Taxation and Finance, and the Criminal Prosection Bureau of the Attorney General's Office. Cooperative relationships would be established with federal government agencies having primary responsibility in this area. The Strike Force should employ State Assets Forfeiture laws to capture the identifiable proceeds of criminal activities.

If required, the State agencies on the Strike Force should augment their staffs to ensure the States' ability to tax the profits of the illegal drug trade.

RECOMMENDATION 26: An implementation strategy for enforcing both the recently enacted legislation proscribing the manufacture of drug-related paraphernalia and the existing laws authorizing civil penalties for the sale of such paraphernalia must be developed and acted upon.

Passage of the anti-manufacture law complements the General Business Law restrictions against knowing sale or purchase, and makes a comprehensive statewide assault on trafficking in drug paraphernalia possible. The term "drug paraphernalia" includes kits for growing or manufacturing controlled substances, chemical agents for diluting or intensifying their potency; scales for weighing controlled substances; and hypodermic needles, smoking pipes, and other vehicles used to introduce controlled substances into the body. Most of these articles and agents have no use to the general public other than for illicit drug-making, selling and consumption. Law enforcement agencies should step up efforts to prevent their sale to the public.

RECOMMENDATION 27: An excise tax should be levied on the sale of illegal drugs by requiring the use of tax stamps, whereby drug dealers caught with illegal substances without tax stamps affixed would be subject to penalties including stiff fines and/or imprisonment for tax evasion.

The application of innovative measures outside of traditional penal law offenses to strip drug dealers of the tremendous wealth generated from their illicit activity must be pursued. One such tactic is the use of an excise tax scheme, similar to that employed for the sale of cigarettes, whereby dealers who acquire or possess marijuana and controlled substances must purchase and affix sufficient quantities of tax stamps to illicit substances prior to their sale.

The measure should consist of a wide array of enforcement provisions to ensure proper collection of the tax and to penalize expected noncompliance from dealers and users. Refusal to pay the tax would result in the imposition of sanctions available to the State for crimes against revenue. These include civil penalties, the issuance of jeopardy tax assessments, increased fines, imprisonment, and the seizure of real and personal property that comprises the fruits and instrumentalities of criminal enterprises.

This innovative and constructive use of the Tax Law, versions of which have been employed and legally sustained in orther states, will cut into the huge profits generated by the drug trade and help remove the economic benefits and glamour currently enjoyed by many in the illicit drug industry.

RECOMMENDATION 28: The State Department of Taxation and Finance should, upon referrals from prosecutors, conduct investigative audits of drug and organized crime-involved offenders for tax prosecution purposes.

Ever since the conviction of Al Capone, this avenue for successful prosecution of racketeers has received wide attention and employment. It continues to be successful today: the breadth of tax authority, the near-certainty of punishment, and its solidly upheld application in similar cases make it an effective tool for prosecutors.

RECOMMENDATION 29: Restitution orders should be imposed against drug dealers for the costs of providing treatment to their victims.

The Supreme Court, Kings County, recently addressed the question of whether Section 60.27 of the Penal Law, requiring the making of restitution, is applicable to drug dealers, since in those cases a specific victim is not readily identifiable (People v. Lopez, 139 Misc. 2d 448, 528 N.Y.S. 2d 748, [N.Y. Sup. Ct., Kings Co., 1988]). Relying on federal precedent, the Court in this case held that restitution did, in fact, apply, and directed the defendant, a major drug distributor, to pay over $2 million in restitution to be used to fund drug rehabilitation programs. In making this ruling, the Court noted that it was beyond debate that drug dealers create victims, both among the users of their sales and the citizens who are victimized by offenders to feed addictive habits. The precedent of this case should be applied by other courts in the State to exact appropriate punishment and revenue from drug dealers for the damaging social consequences of their acts.

USER SANCTIONS

RECOMMENDATION 30: Chemically dependent, first-time offenders charged with drug possession offenses should be diverted into programs involving compulsory treatment and an offender fee.

If a defendant agrees to participate in a diversion program for first-time offenders, the case would be adjourned in contemplation of dismissal. The drug charges would ultimately be dismissed if the individual successfully completes a treatment program and remains drug-free. Noncompliance with program terms would result in reinstitution of criminal prosecution on the original charges. The fee would be based on the offender's ability to pay. Treatment would be tailored to the individual's needs, ranging from an education program on the dangers of substance abuse to intensive counseling or participation in a therapeutic community.

First-time offenders have long been considered the candidates most likely to be rehabilitated if given a second chance under court supervision. Compulsory treatment can effectively meet the needs of an abusing first offender, while providing a mechanism to monitor his or her progress.

RECOMMENDATION 31: Drug users should be ordered to perform community service as a condition of their sentences or as a stipulation for adjourning the charges in contemplation of dismissal.

The criminal justice system can hold drug users accountable for their acts by imposing meaningful punishment in the form of unpaid labor. Community service affords the offender an opportunity to avoid jail by making reparation for the violation of community norms. Community service is preferred as a sanction that can be applied equitably to persons of all social classes. The principle of proportionality must be observed so that participation in community service is commensurate with the severity of the offense. The State currently funds over 30 local community service sentencing programs. Expanded use of community service to accommodate additional drug offenders will require the development of appropriate placements including public works and beautification projects.

RECOMMENDATION 32: The courts should make greater utilization of day fines as a sentencing option for minor drug users.

Under the day fine system, successfully utilized in Europe and being tested in Staten Island, the amount of fine imposed is based on the severity of the crime and the offender's ability to pay. Expanded use of day fines can enable the courts to use monetary penalties in lieu of short jail terms. This sanction could increase the percentage of fine monies collected since the amount is set more closely to the offender's ability to pay, as well as provide the courts with an alternative sentencing option.

RECOMMENDATION 33: State law should be amended to authorize suspension or postponement of driving privileges of all

persons convicted or juveniles adjudicated of any drug or underage alcohol offense.

The loss of a driver's license or postponement of the driving privilege are penalties that could deter the continued use of illegal drugs. Since driver's licenses are extremely important to the target population, this sanction could reduce use, as well as impact on the number of vehicle accidents related to drug use. This sentencing option, which would be imposed at the discretion of the court, could apply to any drug offense regardless of whether an automobile was involved in the commission of the crime.

For adult offenders, periods could range from a 1-3 year suspension, depending on the prior conviction history of the offender. Underage offenders could become ineligible to apply for a driver's license until age 21, which in the case of a 16 year-old, would represent a maximum five-year postponement period for the driving privilege. The law also should include a provision relating to the allowance of conditional driving privileges to and from employment, school or a treatment program, with harsh sanctions specified for a finding of any violation of these privileges.

The legislation should mandate that offenders successfully complete specified drug education and treatment programs prior to relicensing or, in the case of juveniles, termination of their ineligibility status for the driving privilege.

RECOMMENDATION 34: Vehicles used by individuals when purchasing or selling drugs should be seized and forfeited.

Article 13-A of the Civil Practice Law and Rules authorizes the seizure and forfeiture of vehicles which are used directly and materially in the commission of a felony drug crime. In addition, Public Health Law Section 3388 authorizes the seizure and forfeiture of vehicles which have been used to transport, carry, convey, conceal or possess felony amounts of controlled substances. These statutes should be strictly enforced thereby subjecting drug offenders to financial loss and inconvenience for their illegal behavior.

RECOMMENDATION 35: Greater use should be made of intermittent and split jail sentences to punish minor drug offenders while reserving continuous jail time for inmates who pose the greatest risk to society.

Intermittent jail sentences provide a period of incarceration, as well as the opportunity for minor drug offenders to be employed, attend school, or participate in a treatment program. A split sentence, combining jail and probation, provides post-release supervision of offenders upon completion of short jail terms. Conditions of supervision can include drug testing of probationers suspected of drug use and mandatory treatment where appropriate. Probation departments, through increasing use of specialized drug offender caseloads, have the capacity to service additional offenders receiving split sentences. Due to jail overcrowding, additional space will be needed to house drug offenders sentenced under this option. The courts can expand intermittent and split sentencing only if space can be provided. The State and counties should identify available space that is suitable for those minor offenders who receive such alternative sentencing options.

FOCUSING ON THE ALCOHOL AND DRUG-IMPAIRED DRIVER

RECOMMENDATION 36: State supported coordination of highway safety programs should be expanded to increase training efforts for police, prosecutors, defense attorneys and judges.

Drug Recognition Expert (DRE), Impaired Driver Recognition (IDR), and similar training programs prepare officers to detect alcohol and drug-abusing drivers, and test them for illegal levels of alcohol or controlled substances as evidence supporting DWI or related charges. This training – so far provided on a pilot basis – has increased officers' ability to articulate the specific nature of the impairments they witness in the behavior of the accused, augmenting greatly the information gained from blood and urine tests. One result of this training has been an increase in the number and case strength of arrests by these officers.

A parallel effort to inform prosecutors, public defenders, and judges of the utility of this knowledge and skill will help gain court establishment of IDR and DRE efforts, and dispose of cases more quickly. An arresting officer becomes a solid witness for a prosecutor trained to use what both have learned from DRE and IDR; so far, prosecutors have been reluctant to take full advantage of what it offers because of their unfamiliarity with its reliability and acceptance.

RECOMMENDATION 37: State and local law enforcement agencies should enhance and maintain enforcement of laws against operating motor vehicles, boats, and the like while under the influence of alcohol or illegal substances.

Using the authority of the law, their training for enforcing it, and the deterrence of announced tactics, law enforcement agencies can reduce drunk driving and related offenses in their jurisdictions. Proactive enforcement measures such as saturation patrols and

sobriety checkpoints, together with pullovers based on impaired-driver type training, can have a positive impact on the incidence of drunk driving.

RECOMMENDATION 38: Mandatory alcoholism screening and evaluation of all convicted drinking drivers should be implemented.

Despite a number of successful efforts directed at drinking and driving over the past decade, the less-than-successful impact these efforts have had on the problem drinker is a major concern. DWI offenders are classified as problem drinkers as a result of high blood alcohol concentrations or a pattern of repeated drunk driving convictions.

The rate of recidivism for drunk driving offenses in New York State is estimated to be 20 to 30 percent. National estimates suggest that approximately 75 percent of individuals arrested in connection with DWIs have drinking problems. These figures lead to the observation that a specific sub-population (problem drinkers) are dramatically over-involved in the drinking driving problem.

Mandatory screening of all DWI/DWAI offenders could have a beneficial impact by ensuring that all first-time offenders are screened and offered appropriate intervention and treatment, where necessary, before they become repeat offenders.

INTERVENTIONS WITH TROUBLED YOUTH

RECOMMENDATION 39: The juvenile justice system must be strengthened to realize its mission of serving the best interests of the child, as well as the need for protection by the community.

The Family Court has often been characterized as the stepchild of the court system, receiving neither the scrutiny nor the resources necessary to constructively intervene in the lives of children and families in crisis. This characterization has become more potent and widely shared in recent years, as the problems confronted by the juvenile justice system multiply and become more complex.

A May, 1989, review by the Committee on Juvenile Justice and Child Welfare of the New York State Bar Association found that the resources and facilities of the State and New York City Family Court system were overwhelmed and in such dire conditions that the mission of the Court was seriously undermined. Over the past five years, Family Courts throughout the State have experienced an explosion in the numbers of petitions filed, with the complexity of cases also increasing. Judicial and non-judicial personnel resources are inadequate to handle this influx of cases, as are court facilities which are crowded and in serious disrepair in many areas of the State.

Since the crack epidemic shows no signs of letting up, it is expected that this flow of cases into the Family Court will continue. We must provide the Court with the resources necessary to respond promptly and effectively to persons in acute family crisis situations. Parents with incorrigible children must reluctantly rely on Family Court intervention to help their loved ones overcome a debilitating drug dependency. Access to human services and the availability of treatment alternatives must be improved. At issue is the future of a generation and the integrity of our juvenile justice system.

RECOMMENDATION 40: A screening mechanism must be developed to determine the existence of alcohol and drug abuse among juveniles at probation intake and, subsequently, where appropriate, to monitor the behavior of youth with known drug problems.

In order to make appropriate decisions about juveniles who are charged with drug-related offenses, it is essential to determine the nature of a youth's involvement with drugs – whether it involves personal use, dependency, or economic gain. While the self-report method is unreliable, urinalysis provides the objective evidence needed to guide informed decisions.

Juveniles identified as having an alcohol or drug abuse problem should be subjected to urinalysis prior to adjudication. The results of these tests should be used in conjunction with other screening instruments to direct appropriate adjustment referrals and inform the court of a child's treatment, detention, and placement needs. Furthermore, youths with known drug problems who are in the community either as a result of an adjustment action or probation disposition should undergo drug testing, with those who test positive returned to court for processing.

An overall treatment strategy that includes essential educational and support services must accompany such testing in order to overcome adolescent peer pressure. Resumption of drug use must be responded to consistently by imposing graduated penalties for successive infractions.

RECOMMENDATION 41: Probation departments and prosecutor's offices should develop stringent diversion and plea bargaining guidelines that direct the handling of non-drug dependent juveniles involved with drug-related offenses.

A punitive orientation toward adolescent drug offenders who engage in criminal behavior for economic

or recreational purposes is by no means antithetical to the rehabilitative philosophy of the Family Court. For many of these offenders, the discipline provided through the justice process and a restrictive placement is essential to promote greater personal maturity and self-development. Furthermore, if we expect juvenile delinquents to act non-criminally and more responsibly about their lives we must begin by stressing the choices they have made about their behavior and hold them accountable. It also must be recognized that the primary purpose of our justice system is public protection – juveniles who have engaged in criminal behavior that has resulted in violence or the threat of violence to society must be removed from the community to ensure public safety.

RECOMMENDATION 42: Greater utilization should be made of intermittent sentences for non-drug dependent juvenile delinquents who are adjudicated on drug use or simple possession offenses. These sanctions should involve the youth in community service activities during the week, and a residential placement that includes drug education programming on weekends.

Juveniles who are non-drug dependent should be held accountable for their offenses against the community. Where secure placements are not indicated for treatment or public protection purposes, recourse should be made to sanctions that provide the youth with an opportunity to pay back his or her debt to society and that reinforce values of self-discipline and responsibility. Involvement in community service activities will enable a youth to make restitution to the community, and restrictive placement in an incarcerative camp-like setting will achieve the self-development objective. The provision of drug education services is an additional and essential component of this sanction to minimize future criminal involvement by youth.

TREATMENT RECOMMENDATIONS

Treatment is key to New York State's drug abuse strategy. Reducing demand requires the widest availability of a variety of treatment modalities for all who need it. Today's alcohol and drug abuse treatment system provides the essential core of services and a foundation for many of the recommendations in this section. But more is needed. The most pressing needs stem from changing patterns in drug abuse – especially increased poly-drug abuse – and the emergence of serious and often life threatening health problems associated with drug abuse such as AIDS, and the crushing physical, mental health and social needs of the drug using population.

The recommendations contained herein are guided by these needs and are based on five keys for shaping the system:

1) Community integration: Drug and alcohol treatments must be valued and viewed as essential community services.

2) Integrated treatment systems: Multiple treatment models are required to meet the drug and alcohol abuse treatment and health and human services needs of the population.

3) Expansion of all available models that are effectively treating drug and alcohol abuse: The chronic nature of drug and alcohol abuse and the responsiveness of different people at different times to different treatment approaches require a sufficient supply of all types of treatments; that is, emergency, inpatient, outpatient, including methadone treatment, and residential.

4) Expansion of the role of health care providers: The health care system must continue to expand its provision of drug and alcohol treatment services and assure the availability of primary health care services for substance abusers. Since adolescents and women with children are frequently in contact with the health care system, they can benefit greatly when alcohol and drug treatment are available in these settings.

5) Expanded accountability and evaluation: Significant expansion of the drug and alcohol treatment system will require State, local and program accountability to ensure that individuals are appropriately referred, treated and successfully integrated into the community. Furthermore, investment of resources in existing or new programs must be based upon their demonstrated effectiveness with various populations.

With these principles as a framework, ADAC's goals are to achieve a comprehensive and flexible drug and alcohol treatment system for New York State which includes the following: a continuum of treatment alternatives, from methadone maintenance to residential long-term stay programs, based on clients' differing and changing needs; co-location of treatment models to respond to poly-drug abusers; treatment flexibility to respond to alcohol and drug abuse patterns and to readily adopt new successful treatments; a strong rehabilitation component; centralized intake and gatekeeping; intensive case management; relapse prevention, referral to self-help organizations, and linkages to health and human services.

Achieving these treatment system goals in a reasonable time requires the expansion of existing treatment modalities in both current and non-traditional settings and the encouragement of innovation in program development. The recommendations set out below include proposals to establish new outpatient facilities as well as to expand and develop the methadone treatment network.

Our recommendations also respond to the serious lack of residential treatment beds for drug and alcohol abusers. We call for an increase of 15,000 residential beds in a variety of settings within five years.

Outpatient or ambulatory program capacity should also be expanded by opening up new sites in or near a variety of settings where identified priority populations are likely to reside, and by sending counselors to clients who cannot or will not utilize conventional treatment settings. These programs are relatively easy and quick to organize and locate, and existing providers can add staff to provide off-site services. The recommendations therefore include provisions for using alternative sites more effectively, such as health care facilities, schools, Division for Youth sites, shelters for the homeless and criminal justice settings, for drug and alcohol treatment.

Furthermore, the criminal justice system has important roles to play by appropriately identifying and referring individuals for treatment and ensuring compliance with institutional rules by parolees, probationers and the incarcerated population. A full continuum of care for chemically dependent offenders must be established in New York State to protect the public from drug-related crime by reducing the demand for drugs and averting recidivism among the State's criminal population. Alternative correctional placements must also be developed to afford individuals the opportunity for effective intervention and to ensure secure

correctional capacity is reserved for those offenders presenting the greatest threat to society.

Greater efforts must be made throughout the corrections system to address the chemical dependency and social adjustment needs of Hispanic offenders, veterans, women and the disabled. Commitment to public safety must be the overriding responsibility of correctional interventions directed at the chemically dependent offender.

In addition to the priority we accord criminal justice system clients, there are particularly vulnerable or underserved populations whom alcohol and drug abuse has struck with particular force. Among these groups are pregnant women; women of child bearing age and women with young children; adolescents; and children of alcoholic and substance abusing parents.

The expansion of capacity will also require innovative strategies to site programs, addressing community opposition and providing meaningful incentives to local governments and service providers to move aggressively to expand services.

Quality service delivery also depends upon the availability of an adequately staffed, well-trained and fairly compensated workforce. Among other recommendations, a State training institute for drug and alcohol treatment professionals is supported.

Finally, planning and cooperation among all levels of government are the elements that tie all initiatives together and enable the delivery of comprehensive and effective services.

The following recommendations reflect these priority concerns. The integration of the planning and evaluation of drug treatment and drug abuse into State and local government is the goal of several recommendations.

In addition, several recommendations address concomitant obligations of federal, State and local government to ensure adequate and equitable financing of drug and alcohol treatment programs, thereby increasing access to programs for those in need.

RECOMMENDATION 1: The State should increase its capacity to treat drug and alcohol abusers in residential settings by 10,000 beds over the next two years and at least 15,000 beds over the next five years.

Major features of the expansion plan should include:

- Implementation of the following previously funded initiatives over the next two years will increase capacity by 5,350 beds:

-1,950 prison-based drug and alcohol treatment beds authorized by the 1989 Omnibus Crime Control Law.

-1,750 drug treatment beds funded through federal waiting list reduction monies.

-1,000 drug treatment beds located in *in rem* buildings donated to the State by New York City.

-400 drug treatment beds currently authorized in the Division of Substance Abuse Services budget.

-250 community-based residential alcohol treatment beds currently authorized in the Division of Alcoholism and Alcohol Abuse budget.

- An additional 4,650 newly funded beds should be made available over the next two years:

-The State should acquire or construct at least two treatment campuses designed to serve a cumulative total of 2,000 or more clients, with 500 of these beds reserved for alcoholism patients. State and federal properties should be considered for location of campuses. Treatment services on these campuses should be linked with a full range of aftercare, relapse prevention, community-based residential and outpatient treatment services, supportive housing, and referral to self-help groups.

-Capacity for 2,650 clients should be created in community-based treatment facilities, with 850 of these beds dedicated to alcoholism patients. For example, existing and new providers, such as those affiliated with religious and service organizations, and units of local government would provide a needed expansion of the present community-based network.

- 5,000 additional drug and alcohol treatment beds should become fully operational by 1995, through the identification of additional federal and State properties on which to site major facilities and a continued commitment by State and local officials to establish community-based facilities.

As discussed more fully in the body of the report, there is a pressing need to expand the system's existing residential capacity. The intensely disabling effects of cocaine addiction, the widespread prevalence of poly-addiction and psychiatric complications, the alarming incidence of AIDS and HIV infection among intravenous drug users, and the problem of drug and alcohol abuse among the homeless all argue strongly for the immediate expansion of residential treatment services.

The recommendation outlined above is designed to take advantage of existing expansion plans. At the same time, it intensifies those plans by calling for major additions to projects already contemplated. Key features include the integration of treatment services in the

criminal justice system and the utilization of resources made available by local and federal government.

One innovative element of the plan calls for the creation of treatment campuses. Rather than large monolithic facilities, this strategy envisions a community of smaller treatment providers linked together by core services. An accompanying centralized intake mechanism would ensure optimum matching of clients to needed services. Moreover, a campus-based training facility could assist in meeting the pressing need for qualified clinical staff. Aftercare for clients passing through the campuses would be provided by the parent service provider agencies in the clients' home communities.

RECOMMENDATION 2: Outpatient drug treatment capacity should be expanded by 10,000 slots over the next two years. This expansion should include funding for 7,800 new slots in addition to the implementation of 2,200 slots currently authorized through previous State and federal funding. These totals do not include provision for methadone expansion, discussed separately.

Ambulatory treatment is a key element in the continuum of substance abuse services. Depending upon individual need, it may serve as a preliminary access point to more intensive residential care or as the foundation of aftercare and return to the community. For many – particularly those who are employed – it is the setting of choice.

A recent innovation in drug treatment is the establishment of a new model of intensive medically supervised ambulatory care. This recommendation calls for the expansion of this medically supervised model as well as the growth of more traditional day service programming.

RECOMMENDATION 3: Outpatient alcoholism treatment capacity should be increased by 30 percent over the next two years, to accommodate 10,000 additional individuals per month.

Current alcoholism outpatient capacity is clearly inadequate to address the total projected need for these services, specific needs of special populations, and the emerging trend of poly-addiction. As discussed earlier in this document, certain populations have historically had difficulty in accessing alcoholism services. To address this lack of service, we must develop discrete outpatient programs and services designed to meet the specific needs of women, youth, criminal justice clients, the homeless, veterans, and the poly-addicted. Furthermore, according to DAAA's needs assessment, only 37 percent of projected outpatient need is currently being met. Approximately 27,000 patients per year have to wait for outpatient services with 5,000 waiting over 30 days.

RECOMMENDATION 4: Central intake units should be established to provide a gateway to drug treatment resources and promote a systematic placement of clients directly related to a diagnosis and assessment performed at intake.

Such intake units would be located in urban centers, with hotlines to serve rural areas. These centers would comprise a "feeder" network into new treatment centers and existing programs. Staff would conduct outreach and process referrals from the criminal justice system, hospitals and the wide range of the human services system.

RECOMMENDATION 5: Support development of ten to twenty Community Drug Assessment and Treatment Systems (C-DATS) statewide, which are structured to provide a range of substance and alcohol abuse treatments, primary health care, and direct linkage to related health and human services to address the needs of poly-drug abusers. Development should be supported through a targeted request-for-assistance.

- C-DATS would provide and/or coordinate the following:

-A continuum of treatment models such as methadone maintenance and methadone-to-abstinence; outpatient alcohol and drug-free, acupuncture, desipramine, and behavioral therapies for cocaine, crack, and opiate abusers; substance and alcohol abuse detoxification; and a limited number of short-term residential beds.

-Fiscal and administrative treatment flexibility to respond to changing drug abuse patterns and to adopt promising and successful treatments.

-A strong, goal-oriented educational, vocational, and rehabilitational program for all program participants. The private sector should be involved in these skill development activities to foster community support for job programming and to provide employment opportunities.

-On-site family planning, prenatal care, and child care for programs primarily serving women.

-Family counseling and vocational and educational counseling programs for programs serving youth and adolescents.

-All C-DATS patients would receive a thorough assessment and diagnosis of their need for health, social services, mental health, and alcohol and drug treatments.

-Case management services to identify, link, and assist clients in need of public assistance, including housing, food stamps, and WIC.

C-DATS will foster the development of new community-based, comprehensive, drug treatment pilot programs to meet better the needs of poly-drug abusers and to serve as a catalyst for important changes in the present system of drug treatment in New York State.

RECOMMENDATION 6: Expand existing methadone treatment capacity by the elimination of administrative impediments and the provision of additional funding where warranted by innovative approaches to the expansion of the existing sites.

The urgent need to reduce demand requires swift action to bring addicts into the treatment system. Researchers project that as many as 50 percent of intravenous drug users are HIV positive and that AIDS-related deaths among this population will increase to 4,787 in 1991 and 7,586 in 1994. As of May 31, 1989, 75 percent of the 500 reported pediatric AIDS cases were due to mothers who have had sex with, or were themselves, intravenous drug users. Without immediate intervention to stop the spread of HIV, more deaths can be expected.

Fighting opiate addiction in the midst of the AIDS epidemic can best occur through providing additional resources to existing providers who are already licensed to provide treatment services, who hold waiting lists of individuals awaiting treatment and who have a knowledge of the addict population. Such an expansion should occur within the context of other system changes recommended in this section.

RECOMMENDATION 7: All avenues should be explored to expand methadone maintenance treatment, with the objective of making methadone treatment available and accessible to any heroin addict who presents for and needs this treatment. These avenues should include the use of additional hospitals and community health centers, as well as traditional drug abuse program providers.

Heroin addiction should be viewed as a disease — for many if not most, a chronic disease which may be lifelong. In sufficient doses, methadone eliminates the craving for heroin. The benefits of methadone treatment include a marked reduction in heroin use, reduced criminality and the restoration of many individuals to normal and productive lives. It should be noted well that about 40 percent or all Methadone Maintenance Treatment participants, or 14,000 people, are employed.

Operational concerns about methadone should be separated from its clinical effectiveness. Long-term methadone treatment has allowed thousands of individuals to become and remain productive members of society. Recent articles in journals like the Journal of the American Medical Association and reports by the General Accounting Office stress the efficacy of methadone in reducing opiate addiction.[56]

The General Accounting Office reports that poly-drug abuse is virtually universal at entry into methadone treatment. The GAO states that 95-98 percent of all patients in treatment for six months or more in New York State discontinued heroin use. The GAO report also indicates that within six months of entry into treatment, 60-90 percent of methadone patients in the surveyed New York program showed no evidence of cocaine or crack use.

For many, despite the multiple treatment needs of heroin addicts, methadone treatment will remain the most effective treatment modality available. Furthermore, the immediate expansion of existing methadone treatment programs has multiple benefits such as serving as an entry point into the system, providing transition into and out of other treatments, and as an interim first level intervention while awaiting placement into the residential community.

The methadone program presents an opportunity, and an incentive, to provide this population with needed substance abuse and alcohol treatment and essential health and human services. To do so requires that the methadone maintenance program be integrated as a vital component of a comprehensive alcohol and substance abuse treatment system. Moreover, the methadone program presents significant opportunities to reduce the excessive morbidity and mortality among intravenous drug users and their children.

RECOMMENDATION 8: Immediate system-wide changes are required in New York State's methadone program to respond to regulatory, fiscal and program deficiencies which have been identified. The State agencies that share these program responsibilities should address the following issues:

- Establish a quality assurance system based on measurable performance standards which are applicable to all methadone providers and enforceable. Standards should address the prevention of the diversion of methadone; mechanisms governing the administration of "take-home" methadone; developing patient criteria for entry, continued treatment, and exit from the system; and treatment protocols including client participation and utilization

review. Physically safe and attractive facilities should be the norm.

- Establish a financing and reimbursement system which provides fiscal incentives or is fiscally neutral to methadone providers who deliver high quality services and achieve patient population milestones, and which protect the public assistance benefits of program participants as they achieve their treatment goals and become gainfully employed.
- Establish enhanced program standards for all methadone programs and new system standards which require all programs to become more fully integrated with a larger, comprehensive substance and alcohol abuse treatment system.

As noted above, methadone maintenance has been shown to be an effective treatment model. However, increased prevalence of poly-drug abuse and the increasing recognition of the problem of multiple disability for the poly-addicted addict, and the alarming incidence of AIDS and HIV infection among intravenous drug users, have placed great strains on the methadone maintenance treatment systems.

The above recommendations are designed to respond to these new circumstances. New standards for the methadone program should include:

- Staff-to-client or caseload standards based on methadone patient characteristics (i.e., extent of poly-drug abuse, percent employed, age-grouping of population served, etc.)
- Appropriate professional staff qualifications and credentialing, provider and staff incentives for staff participation in training and educational programs, and provider incentives for achieving staff retention objectives.

System standards must include for example:

- Mandatory patient assessments including the identification of other substance and alcohol abuse service needs, primary and acute health care, social services, and vocational rehabilitation.
- Mandatory case management including referrals and follow-up.
- Mandatory relapse prevention programs.
- Mandatory HIV education and counseling programs.
- Mandatory day care programs for single parents with children.
- First priority placement for methadone program participation when referral is indicated to other substance and alcohol abuse treatments.

RECOMMENDATION 9: All hospitals in New York State should have roles and responsibilities in the identification, care and treatment of substance and alcohol abusers and become an integral part of a larger comprehensive treatment system. Following consultation with the industry, the State Department of Health should define explicitly in regulations the roles and responsibilities of hospitals. Further, the case payment system should be reviewed to determine its reimbursement sensitivity to alcohol and substance abusers with high need for alcohol and substance abuse treatment and high medical care needs.

Although many hospitals in New York State provide treatment and care for alcohol and substance abusers, the responsibilities of hospitals for drug treatment need explicit regulatory definition. For example, DAAA's Hospital Intervention Services Program is an excellent example of a successful approach for identifying alcoholics and alcohol abusers who are admitted to hospitals for treatment of non alcohol-specific medical problems and subsequently referring them to appropriate alcoholism treatments. Programs like this should serve as models for expanding the roles and responsibilities of hospitals in finding and treating drug and alcohol addicted persons through first level interventions such as thorough assessments, referral and linkages to treatment.

Also, the review of hospital capital plant plans for renovation and expansion through the certificate of need process should consider the need for developing or expanding alcohol and drug abuse treatment programming.

SERVING HIGH RISK AND SPECIAL NEED POPULATIONS

RECOMMENDATION 10: The Division of Alcoholism and Alcohol Abuse, the Division of Substance Abuse Services, the Department of Health and the Department of Social Services should all play a role in developing innovative services for pregnant women, women with young children and families that are impacted by drug and alcohol abuse.

Examples of service expansion and enhancement are:

- Programming in prenatal clinics and neonatal intensive care units emphasizing the danger of alcohol and cocaine abuse, and treating mothers affected by these addictions.

- Providing intensive case management services in conjunction with outpatient treatment programs.
- Linking outpatient services to women and children on Aid to Families with Dependent Children, families who are active child abuse/prevention clients served by child protective services, and women and children receiving services in domestic violence shelters and programs.
- Expanding specialized support services, such as in-home homemaker services and day care programs, to help women with children and pregnant women gain timely admission into detoxification and residential and outpatient treatment programs.
- Establishing outpatient treatment services for chemically dependent homeless families in specially designated shelters.
- Expanding intensive reintegration services, such as the Rehousing Assistance Program or the Homeless Prevention Program, for homeless families or individuals reentering the community from shelters or residential treatment programs.
- Expanding in-home services designed to reduce placement of children of substance abusers in foster care.
- Developing outpatient treatment programs in foster care institutions licensed by the Department of Social Services.
- Developing small, home-like residential alcohol and substance abuse treatment programs on a demonstration basis to serve pregnant women and women with young children.
- Developing outpatient treatment services in housing authority projects.

The overall goal of our new initiatives should be to encourage drug and alcohol abusers to enter and stay in treatment by providing adequate capacity, making the services more accessible, and taking care of the numerous daily needs that foster a stable family existence.

Additional services need to be provided to both drug and alcohol abusing women and their families. Aside from the damage that chemically dependent women may inflict upon themselves and their unborn children, the ramifications of underservice to women are accentuated when consideration is given to a woman's role as mother and caregiver.

Many families have a number of additional service needs (e.g., housing, welfare and food stamp benefits, landlord-tenant difficulties) which must be addressed in conjunction with alcohol and drug abuse treatment. When these needs are unmet, those who are willing to enter drug treatment become overwhelmed and drop out. Consequently, there should be great emphasis on ensuring that each woman seeking treatment is also provided intensive case management services. By linking in-home homemaker services and specialized day care programs with treatment programs, women would be more likely to enter treatment.

The State's foster care caseload continues to climb, now serving almost 50,000 children, many from families with histories of alcohol and substance abuse. Working with alcohol and drug abusing parents will help to reduce foster care placement.

Further, women and children who are the significant others of alcoholics and drug addicts, and who are the victims of domestic violence, are very often in need of protective and therapeutic services.

Recent studies estimate that perhaps as many as half of the 5,800 families housed each night across the State in shelters contain one or more family members with alcohol and drug abuse problems. Therefore, there is a critical need to make treatment accessible to these families and to facilitate their reintegration into our communities.

In many cases, the above stated priorities can be addressed through expansion of existing programs. For example, the Mother/Child program, a joint Department of Social Services and Division of Substance Abuse Services initiative which enables women to enter residential treatment and provide care for their children, could be expanded beyond the two demonstration projects initially funded in the 1987-88 budget.

RECOMMENDATION 11: Specific treatment programs should be tailored and targeted to meet the needs of other high-risk and susceptible populations such as veterans and the homeless.

More services are needed for veterans. For example, one study found waiting lists of four weeks and longer for veterans seeking admission to inpatient treatment in a federal Veterans Administration hospital in New York State.[57] Further, cuts in federal funding for veteran health care programs have made access to outpatient drug and alcohol programs more difficult for veterans.

Outreach and liaison should be established between the VA Vet Centers and local outpatient programs, with the goal of treating alcohol and drug abusers and those with Post Traumatic Stress Disorder (PTSD). In addition, residential treatment centers should be jointly developed with Veterans Administration hospitals or in the vicinity of homeless veterans

residence programs such as the Borden Avenue Residence in Queens.

Regarding the needs of veterans for drug treatment services, the New York Congressional delegation should be asked to work with Congress and the U.S. Department of Veterans Affairs to ensure that the twelve VA hospitals in New York State are fully budgeted to carry out their responsibilities to veterans, especially the care and treatment of veterans with AIDS, mental illness, alcoholism and substance abuse. Experience shows that veterans are highly responsive to treatment and rehabilitation.

Many veterans are "hidden clients" in existing programs funded and administered by various State and local providers, e.g., Office of Mental Health facilities or local drug and alcohol providers. They are often not identified as veterans and consequently are often inappropriately diagnosed and treated, particularly veterans with combat experience. All State and local providers should identify veterans at intake, obtain a military history, and take steps to diagnose and treat veterans appropriately.

Many of the homeless population are single adults with alcohol and substance abuse problems who have no attachments to a stable family unit, homelife, or employment. Social networks are generally absent for this population. Innovative treatment models should be developed for homeless single adults, including on-site services and providing caseworkers at shelters and expanding mobile outreach capacities. This would assist homeless people in obtaining entitlements and their reentry into the mainstream community.

RECOMMENDATION 12: Outpatient programs for chemically dependent youth should be developed by DSAS and DAAA.

The Council on Children and Families, working with the Division of Substance Abuse Services (DSAS), the Division of Alcoholism and Alcohol Abuse (DAAA), the Division for Youth (DFY), the Office of Mental Health (OMH), and the Department of Social Services (DSS), conducted a study of the need for chemical dependency services for children in residential care.

A major finding of the study was the lack of sufficient chemical dependency programs in the community aimed at serving children and youth. Those children who are being served are often in adult oriented services ill-prepared to meet the needs of young abusers. The consequence is that abusing youth living in the community and referred to treatment by the courts, schools, religious institutions and other community based organizations, or who are being discharged back to the community by residential programs, are unable to obtain necessary and appropriate treatment services.

These programs should recognize the special needs of youth by providing treatment, peer group, recreational and social activities aimed at adolescent attitudes and values. A combined regimen of alcohol and drug abuse treatment should be available. Programs should be jointly licensed and funded by DSAS and DAAA and receive 100 percent net deficit funding for both alcoholism and drug abuse treatment services.

In addition to siting these programs in the community and at agencies serving youth, we should consider establishing high school level programs which provide comprehensive alcohol and drug outpatient treatment services. Such treatment would occur in conjunction with the students' educational needs. Options for locating these programs could include the BOCES system, or as components of health services provided in larger high schools.

CRIMINAL AND JUVENILE JUSTICE SYSTEM CLIENTS

RECOMMENDATION 13: The management of chemically dependent offenders must be enhanced through the development of specialized alternatives to incarceration programs, including new approaches to traditional probation supervision. In addition, there must be greater access to generic services including medical detoxification, residential programs and community-based alcohol and substance abuse treatment.

One function of the criminal justice system is to identify individuals who are appropriate candidates for therapeutic intervention because they abuse drugs or alcohol. The threat of the criminal sanction serves as an inducement to encourage reluctant users to participate in treatment programs. While somewhat coercive, this approach is nonetheless valuable since the leverage provided by the criminal justice system has been shown to contribute to successful treatment outcomes.[58]

A variety of specialized programs must be further developed to meet the needs of chemically dependent criminal justice clients. When necessary, these programs should combine elements of treatment with a surveillance component that includes intensive supervision, random drug testing, curfews and home visits. Breathalyzers and urinalysis are tools that must be applied more frequently in managing the problem of substance abuse among probationers and parolees.

At present, the linkages between the criminal justice system and substance abuse services are not sufficiently developed. There is a need for additional programs such as Treatment Alternatives to Street

Crime (TASC) which identify substance abusing offenders and arrange for community-based treatment. To facilitate the identification of available treatment and the referral of clients to appropriate services, a computerized information system should be developed and pilot tested. Existing efforts such as the ACCESS program, which utilizes trained counselors to provide immediate evaluations and referrals for chemically-dependent parolees, should also be expanded.

Day treatment centers should be established which provide necessary services and structure to the daily lives of probationers and parolees who are at risk of violating the conditions of their release. The State should also set up substance abuse clinics for offenders under community supervision, using techniques such as acupuncture in conjunction with comprehensive support services to manage drug abusing clients.

Offenders who are physically dependent on alcohol or illegal drugs require carefully supervised medical detoxification prior to entry into treatment programs. Provision of medical detoxification to offenders will increase the chances for successful intervention.

While outpatient services suffice to keep many offenders off drugs, residential treatment programs are especially needed for criminal justice clients. Parole Transition Facilities, which provide a residential alternative to reimprisonment for rule violators in need of treatment services, should be expanded. Currently, State-funded residential drug-free and alcohol programs only accommodate about 700 criminal justice clients at any time. The expansion of treatment capacity to include adequate space for criminal justice referrals must be a focal point of the State's strategy for addressing the drug crisis.

RECOMMENDATION 14: The availability of alcohol and drug treatment programs in local correctional facilities should be systematically reviewed to highlight gaps in services statewide. Facility-based treatment programs for local inmates with identified chemical dependencies should be expanded, where appropriate, through coordinated action among the counties and service providers.

The New York City Department of Correction's drug treatment program has been an outstanding success. It has demonstrated the effectiveness of treatment in a local jail and has been rapidly expanding. It should serve as a role model for other local jails.

The nature and extent of treatment services in the county jails of this State must be surveyed to provide jail administrators with a resource guide of statewide services for the chemically-dependent offender. Such an assessment is essential to develop and promote alcohol and substance abuse programming efforts in and between jurisdictions.

At present, it appears that few specialized correctional treatment programs exist at the local level. However, those that are operational give reason for optimism. In Suffolk County, for example, a specialized facility has been established to provide treatment to chronic DWI offenders. Early evaluations indicate significantly reduced recidivism and relapse rates for those inmates who are participants. Replication of such models must be a major focus of the local corrections agenda.

Resources vary in communities for addressing the treatment and social adjustment needs of the chemically dependent offender. County jails presently share space and other critical services and should be encouraged to do the same to develop collaborative substance abuse programming for inmates. Assistance from the private sector should be sought for these efforts, not just for skill and resource reasons, but also to promote community support for inmate habilitation.

The State can facilitate these goals by enacting legislation to authorize the establishment of regional correctional facilities which may be used jointly by the counties to house and provide treatment for chemically dependent inmates. The regional jail concept is a cost effective measure for enabling counties to pool their resources and ensure the availability of treatment for all county inmates who are chemically dependent.

RECOMMENDATION 15: Alcohol and Substance Abuse Treatment Programs must be fully implemented within State correctional facilities to ensure the availability of services to all inmates who require intervention.

The Alcohol and Substance Abuse Treatment (ASAT) program administered by the Department of Correctional Services (DOCS) will be available in all State facilities this year. Chemically dependent inmates are identified for participation in the ASAT program through screening conducted during the admissions process. A variety of programs are employed to prepare chemically dependent inmates for their return to the community and to reduce the rate of recidivism. Treatment programming is either residentially-based, where the inmate lives in a unit separated from the general population and is involved in services for a portion of each week day, or conducted on an outpatient basis, where the inmate is placed in the general population and attends regular group therapy and counseling sessions as part of overall institutional programming. The Omnibus Crime Control Law of 1989 provides for expanded treatment capacity

through the creation of an additional 1,950 alcohol and drug treatment beds in the State correctional system.

RECOMMENDATION 16: Systematic efforts must be made to expand inmate participation in the Shock Incarceration Program, and improve its effectiveness by consistently evaluating inmate performance to modify the program accordingly.

The Shock Incarceration Program is an innovative correctional placement alternative for young, non-violent offenders, most of whom are committed to prison for drug-related crimes. The program provides an intensive six-month physical training regimen, based on the military discipline model, and includes a therapeutic community approach to drug treatment. Participation in shock incarceration is voluntary and statutorily limited to non-violent inmates under age 30 who are within three years of parole eligibility. This placement option is a critical component of the State correctional system's overall substance abuse strategy. It has been carefully structured to meet the treatment needs of a select group of State inmates. By removing these offenders from the general prison population, limited bed space is available for offenders who pose the greatest risk to society.

RECOMMENDATION 17: Alcohol and substance abuse treatment services within State juvenile facilities must be enhanced to address the treatment needs of youth placed at these institutions.

Courts must exercise their authority to place chemically dependent juvenile delinquents in secure treatment facilities, when necessary, to assure effective control of client behavior and the provision of appropriate treatment services. To address the drug problem of its client population as broadly as possible, the Division for Youth (DFY) has developed and implemented a comprehensive health education and substance abuse curriculum in its facilities. This curriculum forms the basis of a standard approach to the subject of alcohol and substance abuse for all youth. However, some youth with alcohol or drug problems warrant more intensive services.

DFY recently instituted a comprehensive Client and Facility Classification System to better identify the needs of youth and determine the program interventions they require. Since more than half of the youth admitted to DFY need substance abuse services, plans call for the development of specialized treatment services at a number of facilities. Post-residential community care also must be strengthened and adapted to the needs of substance abusing youth.

RECOMMENDATION 18: When alcohol or substance abuse is a contributing factor in cases of delinquency or family violence, the courts should mandate participation in treatment.

Research has increasingly shown the close association between parental neglect or abuse and a child's likelihood of engaging in delinquent behavior. Studies also document the prevalence of alcohol or substance abuse problems among families under crisis. For cases where a family's alcohol or drug problems can be linked to a child's involvement in delinquent behavior, efforts should be made to address the child's behavioral problems by engaging the family in appropriate substance abuse treatment services. Family-focused treatment programs have proved successful in addressing the underlying dynamics of a child's delinquent behavior.[59]

The existence of alcohol and substance abuse problems among violent families is widely documented. Although estimates vary, most research implicates the abuse of drugs in the majority of reported family violence cases.[60] If the threat to other members can be minimized, the court should encourage the continuance of the family unit in these cases through court ordered involvement of the offender, as such family centered programs greatly enhance the probability of long-term success.

WORKFORCE DEVELOPMENT

RECOMMENDATION 19: A well-planned, trained, salaried, and structured workforce should be developed with standardized credentialing. A State training institute should be established with emphasis on recruitment of minorities, to sustain and cultivate the currently overburdened field of addiction counseling services. Additionally, a Drug and Alcohol Treatment Workforce Plan should be required as part of DSAS and DAAA comprehensive State plans.

DSAS and DAAA, as well as the larger health and human service system, have reported problems in treatment staff retention and recruitment. Problems noted include low salaries, poor fringe benefits, undesirable working environments, the lack of promotional opportunities, the absence of career ladders, few opportunities for training and continued education, and shortages of credentialed staff, especially in rural areas. Insufficient State aid to localities to support program operations, coupled with the need of State agencies to devote as many resources as possible to direct client and facility costs, contribute to low salary levels at voluntary providers.

One of the most effective ways to rapidly increase the supply of drug and alcohol professionals is to create an on-site training institute. This institute should develop agreements with universities, colleges, and major treatment providers that would create educational and on-the-job training modules for new employees and for those wishing to upgrade their skills. The institute would be a visible and effective way to expand the size and skills of the workforce. One of the treatment campuses proposed in this report represents a possible location for this institute and has the advantage of providing trainees with practical experience.

RECOMMENDATION 20: In order to recruit new candidates into the addiction field, the State should develop a program which establishes, at selected community colleges statewide, associate degree level programs in addiction counseling.

The State should draw on the available resources of the community college system to develop and fund courses of study which would include the following elements to make such study viable and attractive:

- Guaranteed stipend to pay tuition and provide a small amount for out-of-pocket expenses.
- The curriculum would consist of core studies as well as addiction-specific courses combined with a dedicated number of hours per week placement in a treatment program.
- Graduation from this program would result in sufficient knowledge and experience to allow candidates to take the appropriate credentialing exam.
- Upon graduation, candidates would be employed at a field placement site, receiving a salary appropriate for the position.
- Candidates would be required to sign a contract committing them to two years of employment at the field placement in satisfaction of the tuition and stipend provided.

With its higher salaries and comprehensive fringe benefits, vacancies and new job openings in State government are often filled by drug treatment professionals who move from the voluntary sector. While short-term solutions, notably salary increases and improved fringe benefit packages, can help to retain qualified professionals, long-term problems will become increasingly more difficult to solve. These include, for example, fierce competition for a declining number of available people, negative views about entering the health and human services profession, and a large elderly population with greater health and human services needs. DSAS and DAAA service sites have additional problems in recruiting and retaining personnel because the populations are viewed as noncompliant, troublesome patients who are difficult to serve.

The development of associate degree level programs to educate and train alcohol and drug treatment professionals will assist greatly in achieving a high quality workforce and in realizing the development of a comprehensive system designed to meet the treatment needs of alcohol and drug abusers. Associate degree level professionals will become front-line counseling and treatment professionals. Consequently, these positions demand a well-structured educational program grounded in addiction theory, and offering opportunities for clerkships and internships.

RECOMMENDATION 21: DAAA and DSAS should develop a targeted inservice training program for direct health care providers who serve pregnant women, women with young children and women of child bearing age. A similar statewide training program should be established for parole and probation officers, social service providers, housing program coordinators and housing managers, which would provide them with the skills necessary to identify and assess alcohol and substance abuse among their clients and make appropriate referrals.

Any strategy to increase services must recognize that many individuals who use or abuse drugs will not necessarily, or voluntarily, identify themselves as abusers and request treatment services. Nor will they be able to benefit fully from other State services unless they have their alcohol and substance abuse problems addressed. It is, therefore, necessary to consider strategies for using the staffs and resources of these health and human services agencies to identify alcohol and substance abusers, make referrals and, where appropriate, provide treatment services. This is particularly true of the health system providers who already have many of the skills necessary to identify, treat and refer but require sufficient training using the most current knowledge and techniques available.

RECOMMENDATION 22: New York State should require its public and independent sector schools of medicine and nursing to educate and train physicians and allied health professionals in the treatment of alcohol and substance abuse, poly-drug abuse and intravenous drug use and AIDS. In addition, alcohol and substance abuse treatment providers certified by DSAS and DAAA should be designated as eligible sites under the State Health Service Corps program.

Meeting the current and future clinical treatment needs of substance and alcohol abusers will require well-educated and trained physicians and other health professionals. New York State is the only state in the nation which provides capitation aid to independent sector schools of medicine. Consequently, this State has an opportunity to shape the workforce directly in ways which benefit and achieve the desired results of the statewide drug strategy.

SYSTEMS PLANNING, RESEARCH AND SITING

RECOMMENDATION 23: The existing Anti-Drug Abuse Council structure should be preserved and enhanced by adding other agencies such as the Office of Mental Health, the Department of Social Services, and the Division of Veterans' Affairs in order to increase coordination of alcoholism and drug abuse services throughout the State. Additionally, ADAC should establish an implementation and evaluation committee to monitor the progress made in achieving its recommendations and to evaluate all program components and system changes described in this report.

Five State agencies - the Division of Alcoholism and Alcohol Abuse, the Division of Substance Abuse Services, the Department of Health, the State Education Department, and the Division of Criminal Justice Services are currently represented on the Council. The addiction problem and attendant social problems are so varied and great that they transcend the programmatic responsibilities and resource capacities of these agencies. By continuing to bring to bear the combined forces of all the agencies affected by and charged with dealing with the problem, the State will have a fighting chance to combat it.

ADAC will perform a key role in the implementation of the strategy report and in the design and development of evaluation plans for all of its program components. Program evaluation should focus on client outcomes and quality of care, using quantitative and qualitative criteria as needed. Program evaluation should be a prerequisite to the receipt of State funding and sustained funding tied to effective programs. Similarly, proposed system (i.e., management and administration) changes would be judged on achieving stated end results.

RECOMMENDATION 24: Current health systems planning efforts, including those conducted by local health authorities and by the State's eight Health Systems Agencies, should include drug and alcohol services planning efforts.

Currently, local health departments are not required to assess and plan for the needs of drug and alcohol abusers. Expanding their roles and responsibilities in this area by amending Article 6 of the public health law to require that local health authorities incorporate a public health component in their local needs assessments and programs would tap a vast network of public health educators, counselors and direct care providers. Furthermore, the Health Systems Agencies which are funded by the State to plan and implement multi-county regional health systems development should actively work to develop the alcohol and substance abuse system. Their long history in organizing and working with local leadership and health and human services providers can help gain local support for needed drug and alcohol system changes.

RECOMMENDATION 25: New York State should invest in a sustained drug and alcohol research program utilizing existing State agency resources and devoting new resources in a coordinated fashion. A dedicated fund should be established and the ADAC member agencies should determine research priorities, evaluate and fund proposals from State agencies and other organizations, and monitor the progress of the research agenda. An ADAC Research Committee should be established to develop and guide the research agenda to ensure that needed research is supported, and should strongly encourage existing State supported research to be directed toward drug and alcohol abuse and related problems.

Many research priorities have already been identified. For example, additional epidemiological investigations of substance abuse and alcohol abuse should be conducted. Such studies should focus upon patterns of combinational drug use, combined drug and alcohol use, and the use of drugs in inner city areas. Rapid changes in the types, amounts and availability of drugs require ongoing investigation to allow health and human service providers to respond quickly to the consequences of drug abuse and addictions. Thus, surveys of the general population and of school-age children, conducted jointly by DSAS and DAAA, should be performed annually rather than once every five years.

There is also a need to pursue basic research intended to identify both viable pharmacological adjuncts to the treatment of cocaine addiction as well as a "blocking agent" capable of inhibiting cocaine use in a manner analogous to that achieved by methadone for heroin use. There should also be controlled clinical

trials of various treatment modalities for drug and alcohol use that will provide us with information on the effectiveness of alternative treatment strategies and allow us to determine "what works best for whom."

In addition, more intensive research efforts should focus on the factors associated with relapse and relapse prevention, and on which prevention techniques work best.

Although it is anticipated that a portion of the research will be contracted out to organizations such as the New York Psychiatric Institute, existing State resources such as the newly constructed alcohol clinical research center in Buffalo should also be used.

RECOMMENDATION 26: Current and recommended alcohol and substance abuse treatment efforts should be evaluated and the evaluation findings should be used to direct resource allocation decisions for program expansion, deletion or modification.

Information necessary to allow the broad-based and routinized assessment of program performance on a statewide basis is essential. Developing "systems of evaluation" should lead to the establishment of performance standards, which could serve in turn as invaluable guides to funding and review processes.

RECOMMENDATION 27: More aggressive measures should be taken to obtain sites on which to base treatment facilities. Such measures should include a comprehensive education and public relations effort geared at clearing the way for development of needed community-based treatment programs. These efforts should be coupled with the provision of incentives to communities such as enhanced developmental funding, utilization of community businesses wherever possible in facility construction and acquisition projects, and the revision of zoning legislation.

Difficulties in siting alcohol and substance abuse treatment programs have contributed to an inadequate supply of services to meet the demand for treatment. However, it is essential to site treatment programs in the community and in locations nearest to where needs exist. Treatment programs that are community-based assist in maintaining people in treatment since they are near to family and other community supports and promote access to those in need by virtue of their close proximity.

Expert personnel should be deployed to carry out advance community impact work to secure the support of key local influences, such as community boards, Chambers of Commerce, realtors, church groups and the like. Materials should be developed and made available to potential program sponsors to provide "how to" guidelines for community-based treatment site development.

The siting of community based programs could be hastened through substantial increases in the amount of capital funds available to support facility establishment and renovation, providing incentives for communities which help site new programs, and by assisting communities in identifying potential sites for programming. Incentives for siting could include: guaranteeing that a certain number of service places in community-based treatment facilities would be reserved for clients from the host community; providing funding to communities that cooperate in establishing new community-based alcoholism and substance abuse treatment facilities for other community-oriented services, such as health clinics, employment training programs, or social/sports facilities, etc.; and allowing payments in lieu of taxes to communities that provide sites for the development of community-based treatment, e.g., facility payments to replace tax revenue losses.

RECOMMENDATION 28: Existing and available locations should be used for the placement of drug and alcohol treatment programs. These sites include, for example, schools (for students), probation and parole offices, public housing complexes, hospitals and Division for Youth facilities. A list of existing federal, State, and local government properties that may be suitable for use as treatment facilities should also be compiled.

Use of federal or State property relieves some of the serious zoning and siting-related problems encountered by not-for-profit providers attempting to locate in an area. In addition, State ownership of property leased to providers also ensures that the property will continue to be available for treatment programs. The State should further operate a zoning incentive program whereby municipalities of a certain size and density would accumulate "points" that could be used to advance their standing for other community development and economic development funding. For example, municipalities could amend local zoning or adopt a model zoning ordinance proposed by the State to provide for a number of potential community locations for drug and alcoholism treatment facilities, and thereby accumulate points.

STATE, FEDERAL AND LOCAL FINANCIAL PARTICIPATION

RECOMMENDATION 29: The State should develop and pursue a revenue enhancement

strategy to ensure the maximization of State, federal and local funding support for drug and alcohol abuse treatment programs.

Federal funding for drug and alcohol treatments during the past ten years has at best kept pace with inflation. Moreover, federal support has been both unstable and unreliable. For example, with the introduction of block grants in 1981, New York State lost $66 million in federal financial assistance for drug programs. Federal commitment has been strained further by limited federal financial participation in Medicaid drug abuse related services. It is critical that fiscal support for drug treatment and rehabilitation be increased to meet statewide program development goals expeditiously.

RECOMMENDATION 30: Provide Medicaid coverage for medically supervised ambulatory substance abuse treatment services.

Access to treatment should not be limited by the inability of clients to pay, or be constrained artificially by funding mechanisms. In recognition of this principle, State Law was amended in 1987 to mandate insurance coverage of medically supervised outpatient substance abuse services. Outpatient alcoholism treatment was already eligible for such coverage. Although eligible under the new statute for reimbursement by private insurance carriers, these services were not automatically deemed Medicaid-eligible. To address this disparity between private and public coverage, discussions have been initiated between the Division of Substance Abuse Services and the Department of Social Services. The goal of this dialogue is to achieve Medicaid eligibility and establish appropriate mechanisms to affect coverage. This process should be expedited and Medicaid coverage made available as soon as possible.

RECOMMENDATION 31: Steps should be taken to encourage federal authorities to designate alcoholism and substance dependence as handicapping conditions for Supplemental Security Income (SSI) eligibility. Additionally, Medicaid cost-containment initiatives should be reviewed to ensure that they do not restrict the availability of services.

The issue of Medicaid eligibility offers significant potential for enhancing the partnership between State and federal government and among the many State agencies involved in the struggle against drug abuse. Under existing federal regulations, neither alcoholism nor substance abuse is considered to be a "handicapping condition" for purposes of determining eligibility for Supplemental Security Income (SSI). As a consequence, federal participation in the Medicaid program is limited to cases in which clients are eligible through Aid to Families with Dependent Children (AFDC). Further complicating the picture is the fact that current federal regulations restrict federally participating Medicaid coverage to hospital-based "qualified providers." In effect, coverage is denied for services delivered in freestanding alcohol or substance abuse clinics, which may be more accessible, cost-effective or clinically appropriate.

At the State level, care should be taken to assure that Medicaid service limitations and similar cost-containment measures do not inadvertently limit the availability or accessibility of appropriate and necessary treatment services. In such cases, savings which accrue to Medicaid may be offset by increases in local assistance funding for those programs financed through net deficit financing. This could have the two-fold effect of limiting State resources available for service expansion and reducing local and federal participation.

Serious dialogue among the State and federal agencies responsible for the financial support of treatment should continue and intensify. All such measures should be pursued to assure that appropriate services are available and accessible to all who need them.

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APPENDIX

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