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"THE CONNECTION BETWEEN DRUG USE AND URBAN CRIME"

AN ADDRESS

BY

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BEFORE

THE HERITAGE FOUNDATION'S CONFERENCE

THE TWO FACES OF THE DRUG PROBLEM

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Let me start by thanking Ed Meese for introducing me so kindly. And thanks to Jeff Eisenach and the Heritage Foundation for the invitation to join this distinguished group of presenters.

The topic I have been asked to address is "The Connection Between Drug Use and Urban Crime." In addition, I've been asked to discuss the apparently conflicting data and trends that have been reported on drug use by so-called hard-core users and by casual users.

This second half of my assignment won't take long. But it is going to take us along the edges of areas assigned to other speakers and panelists. I hope they will forgive me this trespass.

Finally, I'd like to suggest some ways in which we can begin doing something with -- and for -- the people whose drug use makes the rest of society fear them the most. Those are the people involved in urban crime, of course.

Let me quickly sketch out some background. One reason we have the drug problem that we do today is that our society defined the problem incorrectly in the '60s and '70s. There was a lot of ambivalence back then.

Was drug use indeed a crime? Or was it merely love children expressing their free spirit, at the dawning of the Age of Aquarius?

For many people, it was just friends dealing with friends, sharing a couple of joints together. For some, it was seen primarily as a health problem. Even among the people who viewed it as a crime, many saw it as one without victims.

The professionals told us that drug use among criminals was no more extensive than among the rest of us.

In 1974, Dr. Peter Bourne, who later became President Carter's drug policy advisor, called cocaine -- quote -- "the most benign of illicit drugs currently in widespread use" -- unquote. He questioned why the Drug Enforcement Administration was trying to interdict cocaine shipments.

Sixteen years later, we have evidence all around that cocaine use is not benign. It has long-term and lasting consequences, particularly in the areas of criminal conduct.

The crack epidemic. International cartels. Pervasive street markets. The destruction of lives of family members, as well as those of the individuals directly involved. All these ills have been spawned because we misunderstood the drug problem.

Part of it was that we lacked good data, not only about drug use and its effects, but about the linkage between drug use and crime. As with many social issues, the kind of data we can get determines how we define the problem. And how we define the problem, typically, determines how we go about trying to solve it.

The first real data on drug use came in 1972, when the National Institute on Drug Abuse started its Household Survey, from which it was able to extrapolate weekly drug use in the population, aged 12 and older.

In 1979, NIDA's annual High School Senior Survey began giving us data. About 16,000 high school students fill out its drug use questionnaires every two or three years.

Both the Household and High School Senior surveys, however, tend to exclude many of the people most likely to be part of the criminal element. These are high school dropouts, or prisoners, or people living temporarily in institutions or on the street. More importantly, these surveys tell us about drug use, not drug consequences.

One of our objectives at the National Institute of Justice is to identify relationships between drugs and crime. Our conclusion is that drugs -- even if they were legalized -- have serious implications for public safety. Drugs don't cause crime in the sense that users immediately run about creating havoc. They accelerate existing criminal tendencies.

One NIJ study showed that criminals are four to six times more active when they're on drugs than when they're not. A study of California prison inmates showed that those who were addicted to heroin when on the street committed 15 times as many robberies, 20 times as many burglaries, and 10 times as many street thefts as non-users. A study of crack-using teenagers in

Miami showed that they averaged 205 street thefts and 37 major felonies per year. Two other studies showed extremely high drug use among arrestees in Washington, D.C. and New York City.

Some social scientists will remain unconvinced, arguing that correlation doesn't prove causation. In other words, the frequent appearance of drugs and crimes together can't tell us which came first. This is true statistically but it shouldn't get in the way of common sense. I almost always find frogs and ponds together, for instance, but I have no trouble figuring out which came first.

Moreover, not all studies have been strictly correlational. Studies of the California Civil Addict Program (CAP), for example, found that participants increased their criminal activity when addicted and decreased their criminal activity when they decreased their drug use. That, ladies and gentlemen, is causation -- not of crime but of the acceleration of criminal tendencies.

A major tool in advancing our knowledge about the drug scene is urine testing.

We had funded some earlier research in Washington. It suggested that trends in urine tests of arrestees had predicted the heroin epidemic in the city in the late '70s. They did so a year to a year-and-a-half sooner than other community indicators of drug use.

Unfortunately, no one had known to check the urine tests for that purpose.

The policy question was obvious: If we could do broader urine testing of arrestees, would the results give us a leading indicator of drug usage nationally, or at least city by city?

We decided to find out. That was the beginning of DUF, or the Drug Use Forecasting program, which NIJ began implementing in 1987.

DUF involves obtaining anonymous and voluntary interviews and urine specimens from a sample of the people arrested in 22 large cities. These arrestee samples and interviews are obtained at each city's central booking facility on a quarterly basis.

We want to make sure that a range of offenses are represented. Therefore, people arrested for drug offenses are intentionally undersampled. This means that DUF estimates of drug use represent the minimum you could expect to find in the total arrestee population, which includes many more people charged with drug offenses.

Do you know what we found out from DUF? We found out drug use among arrestees is much higher than the professionals -- the police, the medical people, the corrections people -- had believed. That's important, because much of our policy, our education, our enforcement has been based on what these professional experts believed.

We also found out that the experts underestimated by more than half -- 23 percent versus an actual 56 percent -- the people arrested who had used drugs 24 to 36 hours prior to their arrest. That was early on. In the most recent DUF data, 56 percent was the lowest for any city. The highest figure by city was 84 percent for men . . . and 88 percent for women. Drug use among offenders is ten times greater than use among Household Survey respondents.

DUF also provided insights into the most commonly used drugs in each city. We had thought there was a national drug problem. We found out -- at least among the criminal element -- that it varies from city to city, from region to region.

It varies dramatically. The prevalent drug in New York City was and is cocaine. The drug of choice in Washington, D. C. is not -- contrary to what you might think -- "power," the drug that feeds the ego. Initially, the drug found most frequently through urinalysis in Washington choice was PCP; more recently, it has been cocaine. Cocaine use in the Washington area dropped nearly 12 percentage points in the last four months of 1989, but it's dropped nowhere else. Perhaps the Rayful Edmond conviction is having an effect on cocaine use in the Nation's capital.

DUF shows us other variations in drug use. On the West Coast, amphetamines have been showing up in as many as a third -- or even more -- of arrestees. In other cities, amphetamines show

up barely, or not at all.

Another thing the DUF research has shown is that you can't find out who's using drugs just by asking them. In the DUF cities, we find two to three times more drug use by the urine tests than we do by the arrestees' self-reports in the anonymous interviews.

The differences might be even greater if the urine tests could measure the prior 30 days instead of the previous two to three days.

If self-reporting by arrestees is suspect, what about self-reporting by household members and high school seniors? Dr. Eric Wish, a Visiting Fellow at NIJ, has just completed an analysis. He suggests there are easily more than twice as many frequent users of cocaine in this country as show up in the self-reporting of NIDA's Household Survey or the High School Senior Survey. That is, more than half of the frequent cocaine users in the country are contained in the criminal population.

That the most recent data from the Household and Senior surveys show cocaine use declining in this country has been widely reported. If we apply what we've found out about self-reporting in the DUF research, this decline may not be as great as it appears. What we may be seeing is casual users becoming less and less willing to admit their cocaine use. If that is indeed the case, we need to continue attacking drug use by the casual user. It's appropriate. It's working. It's

curbing drug use, even if at a lower rate than the data suggest. We need to keep it working with casual users, even as we try to reduce drug use among criminal offenders.

Clearly, we do need to try to cut drug use among the criminal element. Remember what NIJ's pre-DUF research found -- that drug users commit four to six times more crimes when they're using drugs, than when they're not. But how might we cut this drug use among criminals? Let me offer some suggestions.

A few minutes ago, I said that we -- our society -- had made a mistake in how we defined the drug problem back in the '60s and '70s. Even those who saw drug use as crime saw it as a victimless one.

We made a second mistake back then in setting our goals -- in deciding how to deal with the problem. If enough drug users simply got treatment, we decided, that would take care of it. Given the shortage of jail space, the criminal justice system settled for putting convicted drug users on probation and referring them to treatment.

There was some follow-up to see if they went into treatment. But little effort went into seeing if they stayed in treatment, if they were staying clean, if treatment was having any effect.

Part of the problem was a lack of good tools. The early urine tests weren't all that sensitive, and were expensive. There was heavy reliance on detecting use through clinical signs, and self-reports. DUF has shown us how inaccurate

self-reporting is -- even anonymous self-reporting -- by clients of the criminal justice system.

So the treatment agencies couldn't identify very well whether people were continuing to use drugs. Even when they could, moreover, they often bent over backwards NOT to act on infractions.

The criminal justice system, as a result, had no way of knowing if referring drug users to treatment was having the desired effects.

There also was a widespread view then that drug testing was heresy. In 1977, Robert DuPont, then-Director of NIDA and who is on this program tomorrow, wrote a paper on the trip-wire concept. He said that we know a lot about heroin; we know it's causing crime. Therefore, he said, we should set up urine testing for probationers and parolees, with a positive test acting as a trip-wire. When they tripped on that wire, we would know that we needed to do more with them.

DuPont was denounced . . . and worse . . . for what he said.

The testing at that time, of course, wasn't as sophisticated and quick as it is now. And now the problem is cocaine. Testing now costs $12 or less a test, it takes about a minute, and it's highly reliable. Today, we're almost routinely using drug testing with people who are employed, or who are seeking employment.

Just as employers are insisting on drug-free employees, society has the authority to insist that anyone who's under supervision by the criminal justice system be drug-free. That means anyone who has been convicted of a crime, who is on probation or parole, or who has been arrested and is asking to be released on bail.

There's going to be a debate at the end of this program tomorrow about treatment versus criminal justice as a solution. I'm not going to take part, but I don't think it's "either-or."

I think we make a mistake by saying either treatment or criminal justice. Criminal justice alone can't handle it; treatment alone can't handle it. But when fused together, they are complementary; some experts call it "enforced" or "coercive" treatment.

Despite the experiences of the '70s, we now know we also can use a combination of testing and the criminal justice system as a tool to keep criminals off drugs.

This doesn't mean that we won't continue to need really stiff penalties for some offenders or that we don't need to expand -- and be willing to use -- our prison capacity.

But research is now emerging that shows that penalties don't have to be draconian for all offenders -- for many, they just need to be of a level that forces the offender to "get the message."

Research shows that having a swift and certain penalty is normally more important than its severity.

Let me tell you how it would work, with pretrial release (as is done in Washington, D. C.), as well as with post-trial sentencing.

The judge gives the arrestee or defendant a choice: "You can either go to jail, or I will put you on probation if you promise not to use drugs and to come in for testing once a week."

They don't necessarily have to go into a formal treatment program. Research shows that even habitual drug users frequently and routinely withdraw from drugs for periods of some time, without medical assistance. Several projects currently underway are trying to identify which drug-involved offenders will benefit from testing alone and which may also need drug treatment.

But the only way you can assure the drug user's cooperation is by testing. If you don't test, they'll lie to you, they'll cajole you, they'll do anything they can to continue to use drugs. The point is to **make them more accountable** for their actions.

If it turns out they are still using drugs, the judge can tighten the screws, order them in for testing four times a week. Many users get the message right away. If they still keep using drugs, the judge can order them to sit for eight hours in the holding tank. More get the message then.

And if they still continue to use drugs, it's into jail for contempt of court -- which doesn't require a trial -- for three to five days. That's the maximum penalty they get. But they can keep going back in for three to five days.

The judge could also order them into a treatment program. Research tells us that people who are ordered into treatment and threatened with jail time if they don't cooperate stay in treatment longer than people who go into the program voluntarily.

The treatment program costs money, of course. But while they're in the program, they're not out committing crimes. In one study, the rearrest rate dropped to the same level as that of the arrestees who originally tested negative, who weren't using drugs. So there's a gain there.

Let me illustrate the potential of this type of program numerically.

Suppose we start out with one hundred drug users who are ordered to stay drug-free. Fifty-five quit using drugs. Thirty continue to use drugs, off and on. Fifteen drop out, or fall out. They don't show up for testing, or they test positive every time, or they go out and commit another crime.

So of one hundred people in the criminal justice system, you've gotten fifty-five off drugs. You've got another thirty that you're working on. And you've got fifteen that the system needs to work on and for whom the sanctions need to be increased -- and that may mean they will have to go to jail or prison.

I can draw a parallel with the issue of smoking. We've had educational efforts, warning labels, advertising bans, smoking bans on airplanes, defined smoking sections. But some smokers didn't change their habits on airplanes until there were a few arrests. That did it: A law had been enforced enough times to be symbolically compelling. And now virtually all commercial flights less than five hours in length are required to be smoke-free.

As public policy on drugs, this is sensitive enough to discriminate between the people who are most dangerous and least dangerous. By doing that, we don't break either the system or the taxpayer. But we reinforce the value that drugs are bad.

Because we could make these people feel at risk without extended incarceration in most cases, the system would no longer be forced to bluff. What's happening now is that they're all calling our bluff -- the attorneys, everybody. They're saying, "You can't put me in jail, because in order to put me in, you've got to put a bank robber, a rapist, a molester, a killer, back on the street."

* * *

Private security in this country has grown into a 52-billion-dollar-a-year industry. Rather than each of us spending to protect ourselves and our property, it might be a better investment to assure that every drug user who comes to the

attention of the criminal justice system has to become drug-free.

How about using money and other assets confiscated as part of drug seizures to purchase more drug-testing equipment? That would be one of the greatest ironies.

None of this is going to be easy. The adult offender -- the hardened drug-using criminal -- is really hard to treat. But that leads to my last point. That is the matter of juvenile testing and the important window it gives us.

One thing we've learned from DUF is that most adult drug users started their use in their early teens. DUF also is testing juvenile arrestees in four or five cities, and the District of Columbia has been testing all juvenile arrestees for two or three years.

We are seeing that the older the juveniles tested in the DUF program get, the more into drugs they get. By the time they're 16 or 17 years old, they look like the adult offenders that we test.

Although there's a lot of talk about kids in grammar school using drugs, we don't see that in the DUF information. We see people under 14 to be essentially drug-free. But as they move through the ages of 15 and 16, drug use really takes off. By the time they're 17, it's up to about 60 percent. What we find first is marijuana, and later we start to find cocaine and sometimes heroin.

But there's a window at about age 14. By applying lots of resources there, at that critical point, we may be able to keep these young people from jumping into drugs.

Most of our anti-drug programs today are in the sixth grade, at about age 10 or 11. So what we need is a reinoculation -- a booster shot -- to be sure these juvenile arrestees who have had the education about drugs get it reinforced at these danger years, at about the ninth grade.

Then perhaps our population of adult drug offenders will begin to decline.

* * *

In the meantime, the criminal justice system offers a tremendous opportunity to do something. The people our society fears the most, the people who are the most dysfunctional drug abusers, the people who are out there committing crimes . . . they're coming through the doors of the criminal justice system every day.

It has them under its control, by law. It offers a tremendous opportunity to do something -- to intervene in their lives and stop them. It can be an agent for getting them to change their behavior.

Why do we let them go?

Let's use drug testing to make sure they're complying with the terms of their probation or their pretrial release, to remain drug free. And if needed, let's use the criminal justice

system to get them into treatment, and to keep them there. Thank you. If there are questions, I'll be glad to take them now.

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