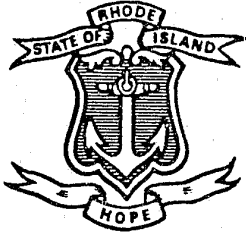


STATE OF RHODE ISLAND



# EXECUTIVE SUMMARY

Governor Edward D. DiPrete's

# SUBSTANCE ABUSE STUDY

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*prepared by:*

THE GOVERNOR'S JUSTICE COMMISSION

May, 1990

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GOVERNOR EDWARD D. DiPRETE'S

# **SUBSTANCE ABUSE STUDY**

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130099

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# Executive Summary

## CHAPTER 1

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### Introduction/Methodology

**T**his chapter explains the purpose of the study, its evolution, its linkage with the Statewide Substance Abuse Plan produced by the Governor's Office of Drug Programs, and the Governor's Justice Commission's (GJC) approach to the research. The goal of the study is to provide a thorough and complete information base on the status of substance abuse initiatives in order to enable key state policymakers and the public at large to clarify their roles in what has been dubbed the "War on Drugs."

There are five objectives to the study:

- To bring together, for the first time, comprehensive data on the health, educational, and criminal justice implications of substance abuse in Rhode Island in a detailed profile of the dimensions of the problem and its impact on society. By drawing on recent research and policy reports from the education, public health, treatment, and enforcement communities, complemented by new data collected specifically for this study, this report provides insight into the extent and impact of alcohol and drug abuse in this state.
- To identify current initiatives, services, and programs in the fields of education, prevention, treatment, and enforcement relating to substance abuse in the State of Rhode Island, and to describe these initiatives in terms of the type of service they provide, the characteristics of the targeted populations, the source and level of the funding they expend, and the key federal and state legislation and programs under which they operate.
- To develop computerized databases on substance abuse program characteristics (based on information provided through a survey of

- On October 3, 1989, Governor DiPrete outlined a series of new initiatives for a proposed Omnibus Drug Package, to be introduced during the 1990 legislative session, and appointed Robert E. Rice to the newly created position of Governor's Drug Program Director, as well as three full-time staff members on assignment from the Department of Health, the Department of Mental Health, Retardation and Hospitals and the State Police. Mr. Rice was charged with developing a statewide substance abuse plan and with working with the GJC on the substance abuse study and its companion conference, Governor's DiPrete's Substance Abuse Conference.

**The research approach and methodologies are as follows:**

- The Governor's Justice Commission approached the issue of alcohol and drug abuse in three ways. First, a data profile was assembled to characterize the dimensions of the substance abuse problem in Rhode Island. Statistics on the public health, treatment, criminal, and social cost aspects of the problem were derived from numerous state and federal reports, as well as from data generated by the GJC, in all areas of substance abuse reduction.
- Second, two surveys were completed in order to inventory and describe programs, funding, and legislation: a mail-back survey collected data on program characteristics and funding from all state substance abuse programs; the other, an in-house research effort, focussed on legislation.
- Third, a participatory research component was developed to elicit information from a broad spectrum of substance abuse professionals (through the statewide conference) and from key policy and program experts (through structured interviews).

## CHAPTER 2

### Dimension of the Problem

**T**his Chapter illustrates that the dimension of the substance abuse problem in Rhode Island and, indeed, nationally is one of increasing magnitude and complexity. The state's policy and program planners are presented with data which help them to understand its diverse consequences before developing new action strategies. Chapter 2 highlights the problem as one which cuts across all socioeconomic groups, claiming hundreds, if not thousands, of innocent victims.

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The problem of substance abuse is shown to be a dynamic one, in a constant state of change, further challenging the ability of policymakers to respond. Statistics were compiled by the GJC from the wealth of data collected by federal and state agencies, as well as from numerous private institutions involved in substance abuse research. Highlights from this Chapter are presented under six subheadings as follows:

- The Global/Regional Substance Abuse Environment.
- Clinical Indicators Which Quantify the Level of Abuse Within the State's Population.
- Research Summaries Which Address the Increasing Occurrence of Substance Abuse Among the State's Youth.
- Statistical Summaries Which Describe the Problem in the Context of Law Enforcement.
- An Overview of Emerging Research Connecting Illicit Drug Use and AIDS.
- An Overview of the Human and Social Costs of Substance Abuse.

### **The Global/Regional Substance Abuse Environment**

The problem of drugs is one which crosses national and regional boundaries in a complex geographic pattern of supply and demand. Rhode Island is but one destination for illicit drugs. It is, however, a state whose regional significance to the transshipment network has grown in recent years.

- Rhode Island has been characterized as an important link in the international drug supply and distribution network. According to information provided by Rhode Island's U.S. Attorney, the Drug Enforcement Agency (DEA), and the FBI, Rhode Island is a primary distribution point for cocaine and heroin, with direct distribution links to Colombian cartels. The FBI estimates that there are approximately 20 separate groups of well-organized Colombian cocaine distribution networks in the state, with a typical group distributing between 15 and 80 kilograms of pure cocaine per month.
- It has been theorized that Rhode Island's prominence as a distribution center is due in part to its proximity to Boston and New York, as well as the significant length of its coastline. Convenient and accessible transportation routes such as Interstate Route 95, Amtrak, airlines and the numerous port facilities are believed to be factors which contribute to Rhode Island's status as a drug distribution and economic center.

## **Indicators Which Quantify the Level of Abuse Within the State's Population**

The level of alcohol and drug abuse in Rhode Island has only recently been adequately quantified. Its dimensions are shown to be widespread. Two key studies were reviewed by the Study Team for data on the extent of substance abuse: the Substance Abuse Treatment in Rhode Island: Population Needs and Program Development, a study by Brown University and the Drug Abuse Treatment and Intervention Plan for Rhode Island, a study by Harvard University.

- In the Brown Study, over 70,000 Rhode Islanders were classified as alcohol abusers. This represents more than 10% of the adult population, 21 years and older.
- It was found that nearly 27% of adult males 25 to 29 years of age were alcohol abusers, and of the total male alcohol abuser population, more than 38% were less than 30 years old.
- The Harvard University survey indicated that 10.4% of the respondents 12 years and older had used at least one drug illicitly during the 12 month period prior to the survey. When the sample was extrapolated to the state's total household population, it was estimated that as many as 82,000 residents had used illicit drugs.
- Of the total number who were identified as having used illicit drugs at least once, 8,430 were estimated to be "pathological users," (potential abusers), who used drugs daily for at two weeks in a row.
- The Harvard Study found that the most commonly used and abused drug was marijuana. Approximately 8.5% of the sample population admitted using marijuana at least once during the year. By applying this percentage to the total population, it was estimated that 67,746 of the state's residents were marijuana users. It was also estimated that 10,269 persons used marijuana extensively enough to qualify as abusers, with another 7,664 estimated to be potential abusers.
- Cocaine was found by the Harvard Study to be the second most commonly used and abused drug. The survey results estimated that 24,370 of the state's household population used cocaine at least once in the previous year. It was further estimated that 6,131 of the state's household population met the criteria as either abusers or potential abusers. The study also found that 46% of current cocaine abusers also abused marijuana during the previous year.

## **Research Which Addresses Youth Substance Abuse**

Alcohol and drug abuse among Rhode Island's youth emerges as a serious



problem. A recent study by the Rhode Island Department of Health entitled, Adolescent Substance Abuse Statewide Findings, 1988 clearly highlights the extent of substance abuse among children and young adults.

- Of all respondents, in the R.I. Department of Health study of school children in grades 7 - 12, 31% reported getting drunk at least once during the past month; 49% of respondents who were seniors reported getting drunk at least once.
- 37% of the respondents reported having ridden with a driver who was under the influence of alcohol.
- Probably the most startling statistic is that 17% of the respondents reported using alcohol with other drugs, with 30% of high school seniors reporting mixing drugs and alcohol.
- 39% of students in all grades and 59% of seniors reported having used illegal drugs at least once.
- 16% of students in all grades and 26% of seniors reported having used marijuana during the month prior to the survey.

### **Substance Abuse in the Context of Law Enforcement**

The following statistics show that substance abuse and crime rates have increased in tandem. The problems of alcohol and drugs affect the capacity of the police, the courts and the prison system to adequately ensure the public's safety.

- During the previous several years, Rhode Island has experienced a dramatic increase in crime and arrests that are directly or indirectly related to substance abuse. By 1988, the number of annual drug arrests in Rhode Island (4,036) had risen by over 76% from the number recorded in 1980 (2,291).
- There appears to be a strong correspondence between the trend in both violent crimes and drug arrests from 1984 to 1988. This supports the position of most law enforcement officials, that the increase in violent crime is directly related to the substance abuse problem.
- Alcohol abuse can also be translated into law enforcement trends. The Governor's Justice Commission's Driving While Intoxicated Report (July 1988) reported that there were 2,427 arrests of individuals who were found to be driving while under the influence of alcohol (DWI) in 1987. This accounted for nearly 6% of all arrests in Rhode Island for that year and represented an increase of over 195% from 1970 DWI arrests. In 1987, all drug and alcohol offenses accounted for over 18% of all arrests.

- The increase in drug-related arrests has had a major impact on the entire criminal justice system. This is exhibited by a 74% increase from 1987 to 1988 in the number of cases going through the court system, and by the severe overcrowding at the ACI. The inmate population at the ACI has increased 267% in the last 10 years.

### **The Relationship Between Illicit Drug Use and AIDS**

Drug abuse and the spread of AIDS are closely linked. AIDS is spread by intravenous drug users sharing needles when one or more of the users already has contracted the disease. The cumulative impact on the spread of the disease has reached alarming proportions.

- A national study by the Center for Disease Control estimates that between 6,000 and 8,000 people in Rhode Island are HIV infected. An AIDS epidemic among intravenous drug users (IVDUs) is becoming a highly probably future scenario for health care providers in the state.
- Recent statistics collected from various drug treatment centers around Rhode Island indicate that an alarming proportion of IVDUs test HIV-positive. The 1988 Harvard Study reported that the proportion of IV drug users who were infected ranged from 10.5% to 12.3%.
- The current concern is that the infection rate among IVDUs is on the increase. Given current trends, R.I. Project Aids estimates that between 50% to 60% of IVDUs in Rhode Island are currently HIV infected.

### **An Overview of the Human and Social Costs of Substance Abuse**

The human and social costs of substance abuse are somewhat deceptive in that they are frequently overlooked when a direct causal relationship is not obvious. The following statistics illustrate some of these costs.

- The Harvard Study has estimated that the IVDU population, if infected to saturation levels with the AIDS virus, could eventually cost the state over \$180 million in medical costs over the next ten years. Not represented in this number are the indirect impacts of the epidemic, such as the general disruption of the health care system caused by the overloading of its treatment capacity.
- Alcohol abuse is another area that has only recently been exposed for its tragic and profound impacts and costs. In recent years more than 50,000 persons have died annually in auto accidents nationwide. Alcohol has been, and continues to be, a major factor in more than half of them. The National Highway Traffic Safety Administration estimates that as many as 250,000 people were killed nationwide in alcohol-related auto accidents over the last ten years.

- The Brown Study provided estimates of the health care costs associated with alcohol abuse. That report cited a 1977 survey of 100 health care providers, 96% of whom identified alcoholism as a major health problem. The report went on to compare the state's annual health care outlays to the proportion of alcohol related expenditures at the national level. If this proportion were to hold true at the state level then it is estimated that 15% or \$150 million in health expenditures at the state level are directly connected with alcohol related medical problems.
- Probably the most insidious effects of substance abuse are those that are beginning to be diagnosed in infants born to mothers who were substance users or abusers during pregnancy. Fetal Alcohol Syndrome (FAS), for example, has been found to produce some defects that are virtually undetectable until the child reaches school age. It is at that point where a wide range of learning and education disabilities are diagnosed and the child may require special education programs. Less severely affected children may never be diagnosed but could very well continue through life as academic and employment underachievers.
- A recent study on maternal drug use, conducted by the Rhode Island Department of Health, the Rhode Island Medical Society, and the Rhode Island Chapter of the American College of Obstetrics and Gynecology indicated that 2.6% of the women studied had gone into labor with cocaine in their bodies.

## CHAPTER 3

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### Program, Funding and Legislative Analyses

**C**hapter 3 presents the GJC's analysis of two comprehensive surveys on the range and extent of the public sector's response to the substance abuse problem, in terms of both programmatic and legislative initiatives. The first survey sought information from state agencies in all fields of substance abuse programming; prevention, education, treatment and enforcement. Agencies provided data to describe their principal funding sources, funding levels and the characteristics of the programs which they operate and for which they contract through subgrants. The second survey was an in-house review of legislation concerning substance abuse passed by the federal and Rhode Island governments during the past five years.

The program and legislative survey information from Chapter 3 is presented in two sections: 1. Program Funding, and 2. Review of Federal and State

Legislation and Executive Orders, 1985-1989. The following highlights represent the key findings from each of the two areas of research discussed in Chapter 3.

### Program Funding

- The principal support for substance abuse programs are federal and state funds. In fiscal year 1990, the combined federal and state funding for substance abuse programs is over \$28.8 million. The state is presently providing the majority of the financial support with nearly 64% of the funding. Recent funding trends illustrate the continued growth in substance abuse programming, which has increased by 106% since fiscal year 1987.
- The vast majority of all funding that is targeted at substance abuse can be traced to six primary sources; these are:

Federal Sources	State Sources
Drug Free Schools Act	Health Education, Alcohol and Substance Abuse Act (Ferry)
ADMS Block Grant	The R.I. Substance Abuse Prevention Act (Bramley)
Drug Control Grant Program	General Appropriations

The following summaries describe the basic purpose and scope of the major funding sources.

### Federal

- **Drug Free Schools and Communities Act** - The purpose of the Drug-Free Schools and Communities program is to bring the nation closer to the goal of a drug free generation and drug free society. The Act provides federal funding for states and local agency programs. This funding is divided into two components, the local educational component and the Governor's Discretionary Fund, which is 30% of the total state allocation. In fiscal year 1990, the act will provide over \$2,236,000 in funding for the state.
- **ADMS Block Grants** - The Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) administers Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grants. These grants are focused at both state and local initiatives as follows: (1) grants to states for prevention, treatment, and rehabilitation programs and activities that deal with alcohol and drug abuse; and (2) grants to community mental health service centers for the provision of mental health services. The grant program was originally created as part of the

Omnibus Drug Abuse Legislation of 1981 and has since been expanded by the Anti-Drug Abuse Act of 1988. For fiscal year 1990, the level of funding provided to the state through ADMS block grants is \$7,220,000, of which \$4,875,000 is for substance abuse programs.

- **Drug Control and System Improvement Block Grant Program** - The Drug Control and System Improvement Formula Grant program is authorized by the Anti-Drug Abuse Act of 1988. The purpose of the program is to assist states and units of local government to improve the functioning of the criminal justice system and to enhance the capabilities at the state and local levels to effectively control violent crime and drug offenders and to provide treatment to drug offenders. In Rhode Island approximately 45 percent of the funding is passed on to local units of governments. In fiscal year 1990, the total amount of grants authorized to Rhode Island under this program is \$2,345,000.

In addition to the three major federal substance abuse sources there are a variety of federal discretionary funds and federal annual appropriations that support such substance abuse programs as the Communities Youth Activity Program, Comprehensive Adjudication of Drug Arrestees (CADA), and Department of Transportation Highway Safety Funds. The total funding through this source for FY 1990 is estimated at \$1,844,904.

### **State**

- **An Act Relating to Health Education, Alcohol and Substance Abuse Prevention (commonly referred as to the Ferry Bill)**, was passed into law in 1986. Its general intent was to establish annual funding for continuous health education programs dealing primarily in the areas of alcohol and substance abuse for students in grades kindergarten (K) through 12. Three state departments were charged with the administration of this fund. They are the Department of Health, the Department of Education and the Department of Mental Health, Retardation and Hospitals. Funding for the Ferry Bill, which is obtained through a tax on cigarettes is estimated to be \$2,168,301 in fiscal year 1990.
- **The Rhode Island Substance Abuse Prevention Act (commonly known as the Bramley Bill)**, provides funding to municipalities to conduct comprehensive assessments of substance abuse needs and to develop substance abuse programs. The Act which was passed into law in 1987 has provided over \$3,696,178 in funding that was raised by assessing an additional penalty of \$10.00, which was then increased to \$20.00 in 1988, for all speeding violations. In fiscal year 1990, the amount of funding available has been estimated at \$1,720,590.

- **Legislative Appropriations** - At the state level, there are a substantial number of drug abuse initiatives that are funded through legislative appropriations that support the operating budgets of various state departments. The total value of legislative appropriations in 1990 is \$2,566,010.
- In addition to the three sources that have been identified as focused state substance abuse funding, there is also a significant amount of state substance abuse funding that is channeled through annual departmental budget allocations. Examples of such funding are the Department of Health, Certificate of Need Division; the State Police Narcotics Unit; the state's Forensic Laboratories; state and local funding match for federal substance abuse grants, and the treatment and prevention programs administered through the Division of Drug Control, Department of Health. In 1990, the total amount of funds available through general departmental budgets was \$12,015,210. The total funding from all sources, both state and federal is estimated at \$28,815,606.
- When looking at the primary functions of substance abuse programs it is also important to assess the funding conditions of those functions. Of the approximately \$28.8 million in state and federal substance abuse funds that are estimated for 1990, the majority of all resources, or 50.4%, is used by programs that are primarily treatment in nature. The next largest proportion, 22.5% is devoted to enforcement activities. The remainder, of 27.1% was reported as directed toward a combination of education, intervention and prevention functions.

### **Specific Findings of the Program Survey**

Highlights of the findings of the Program Surveys include:

- Given the self reporting process, 39 programs were reported on by 10 state agencies. Of this total, 10 programs are considered primarily prevention, four intervention, six education, 12 treatment, and seven enforcement. Of these programs, there is an almost equal split between those that provide direct services and those that primarily award grants. Twenty-one programs are considered to be primarily grant making with the majority providing technical assistance as a major component. Eighteen programs are considered to provide direct services, including education, prosecution of case, or anything the agency does for itself or to assist others directly. Of the 18, three provide direct services but the services are contracted to a vendor.
- In terms of the type of drugs dealt with by each of the programs, the overwhelming majority, (27), deal with all substances (alcohol, co-

caine/crack, heroin, marijuana, hallucinogens, poly drug use), four listed alcohol as the major focus, one cocaine/crack, and seven "other," which were primarily illegal substances.

- Most programs (35) are available for both sexes, with three targeted to males, and one to females (Rite Start). The male programs are located at the R.I. Training School. (All residential facilities are considered subgrantees.) In most instances, the income of the target population was non-applicable or "all of the above," and most of the programs are considered statewide; that is funding is available to programs throughout the state.
- Eleven programs indicated there was a waiting list for services and the number of people waiting in an average month totaled 1,334. Fifteen programs are viewed as having changed substantially since its inception, seven indicated moderate change, and 13 little or no change, or non-applicable.
- On the funding side, 18 different funding sources are indicated through the surveys, totaling \$28,815,606 for fiscal year 1990. These funds break down as \$3,530,480 for prevention programs, \$2,681,117 for education programs, \$1,582,171 for intervention programs, \$14,528,101 for treatment programs, and \$6,493,737 for enforcement.

### **Review of State and Federal Legislation and Executive Orders, 1985-1989**

- Since 1985, legislators have introduced approximately 500 bills related to the issue of substance abuse and the R.I. General Assembly has passed 102 of these. Of this number, 79 became public law (10 are new bills and 69 are amendments to the General Laws of Rhode Island) and 23 were resolutions. Of these Public Laws, three were put before the voters of Rhode Island as referenda (all of which were approved). The legislation falls into of four categories: Education/Prevention (14), Treatment (20), Enforcement (52), and "Other" (16). The category "Other" includes legislation primarily concerned with regulation of sales of alcohol and substance abuse-related employment practices.
- Within the education/prevention category, five pieces of legislation provide child and adult educational programs concerning substance abuse, one creates student assistance programs in middle schools, one develops community-based task forces in all Rhode Island communities, one assists elderly with prescriptions for drugs, two relate to study commissions, three make substance abuse-related requests to state departments, and one increases funding to support the Rhode Island Substance Abuses Prevention Act.

- The treatment category consists of the following: 11 pieces of legislation address treatment programs and related issues such as insurance coverage, criteria for long term commitment of alcoholics, and minors obtaining treatment without parental consent; two pieces address the issuance coverage, criteria for long term commitment of alcoholics, and minors obtaining treatment without parental consent; two pieces address the issuance of bonds for treatment facilities; five establish study commissions; four make requests to state departments; and one increases funding for methadone maintenance.
- In the enforcement category, 10 are related to Driving Under the Influence (DWI), 32 address penalties, fines, and bail for drug dealers and users, seven deal with standardizing operations or practices related to alcohol or other drugs, two establish study commissions, and one makes a substance abuse-related request to a state department.

The remainder of this section highlights key pieces of legislation from each category:

### **Prevention/Education**

An Act Establishing Mandatory Alcohol and Substance Abuse Education Programs from Kindergarten through Grade 12, P.L. 303, G.L. 16-22-12, Primary Sponsor: Farnum, Enacted 1985.

An Act Relating to Health Education, Alcohol and Substance Abuse Prevention (commonly known as the Ferry Bill), P.L. 412, Primary Sponsor: Ferry, Enacted 1986.

An Act Relating to Substance Abuse Prevention (commonly known as the Bramley Bill), P.L. 375, G.L. 16-21-2.21 Primary Sponsor: Bramley, Enacted 1987.

An Act Relating to Education in Prevention, P.L. 464, G. L. 16-22-17, Primary Sponsor: D'Ambra, Enacted 1987.

An Act Relating to Education - The R.I. Student Assistance Junior High/Middle School Act, P.L. 486, G.L. 16-21.3, Primary Sponsor: Bramley, Enacted 1989.

### **Treatment**

An Act Relating to Insurance Coverage for Treatment of Drug Abuse, P. L. 502, G.L. 27-38, Primary Sponsor: Carnevale, Enacted 1987.

An Act Relating to Treatment for Minors - Chemical Dependency, P.L. 665, G. L. 14-5, Primary Sponsor: Corkery, Enacted 1988.



An Act Relating to Drug Education and Treatment Program for Persons Convicted of Possession of a Controlled Substance, P.L. Law 198, G.L. 21-28-4.01, Primary Sponsor: Goldberg, Enacted 1989.

An Act to Provide Authority to Issue Bonds and Notes to Finance the 1988 Capital Development Program, Public Law 449, Referendum #3, Primary Sponsor: Gorham, Enacted 1988.

An Act Authorizing the State of Rhode Island to Issue General Obligation Bonds and Notes in an Amount Not to Exceed \$3,200,000 for the Purpose of Creating Three Residential Substance Abuse Treatment Facilities, Public Law 628, Referendum #8, Primary Sponsor: Revens, Enacted 1988.

### **Enforcement**

An Act Relating to Juvenile Drunk Driving, P.L. 139, G.L. 31-27-2, Primary Sponsor: Revens, Enacted 1985.

An Act Relating to Teenage Impaired Driving, P.L. 420, G.L. 31-27-2.5, Primary Sponsor: Gorham, Enacted 1986.

An Act Relating to Food and Drugs, P.L. 371, G.L. 21-28-5.04, Primary Sponsor: Fiorenzano, Enacted 1987.

An Act Relating to Criminal Offenses, P.L. 651, G.L. 21-28-4.01, Primary Sponsor: Teitz, Enacted 1988.

An Act Relating to the Uniform Controlled Substance Act, P.L. 337, G.L. 21-28-4.01.2, Primary Sponsor: Revens, Enacted 1988.

Joint Resolution to Approve and Publish and Submit to the Electors a Proposition of Amendment to the Constitution of the State (Bail), Resolution 262, Referendum Question #1, Primary Sponsor: Revens, Enacted 1988.

An Act Relating to Weapons - Possession of Firearms in Conjunction with Controlled Substances, P.L. 389, G.L. 11-47-8, Primary Sponsor: Revens, Enacted 1988.

An Act Relating to Controlled Substances - Taxation, P.L. 392, G.L. 44-49-1, Primary Sponsor: Reed, Enacted 1989.

It is important to include two additional pieces of legislation that do not fall into the three major categories previously mentioned. One piece deals with cur-tailing practices associated with happy hours. The other establishes a commis-sion to study the feasibility of establishing a state department of alcohol and substance abuse. These two legislative initiatives are:

An Act Relating to Liquor Licenses, P.L. 345, G.L. 3-7-26 Primary Sponsor: Baldelli, Enacted 1985.

Joint Resolution Creating a "Special legislative Commission to Study the Feasibility and Need for Establishing a State Department of Alcohol and Substance Abuse, R 230, Primary Sponsor: Corkery, Enacted 1989.

## **Resolutions**

Since 1985, 23 resolutions were passed by the General Assembly. Of this number, 12 relate to substance abuse committees: one extends a committee report-filing date, one adds two members to a committee, and the other 10 established new committees. Two more resolutions deal with bail and methadone maintenance. The other nine resolutions make substance abuse-related requests to various departments and organizations.

## **Executive Orders**

Governor DiPrete has signed five Executive Orders that address substance abuse since 1985. Three of these orders pertain to statewide coordination efforts, one addresses the problem of AIDS, and one deals with employment practices in relation to achieving a drug free workplace.

## **Committees and Commissions**

Since 1985, 18 committees and commissions have been established through legislation or executive orders. Of this total, only eight have met. It is important to note that more than half of these committees have never convened, therefore, no action has been taken on these important substance abuse issues.

- Chapter 3 of the Final Report provides detailed analyses of the GJC's survey of state programs and the review of legislation.

# **CHAPTER 4**

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## **Participatory Research Component**

**C**hapter 4 describes the findings of a central theme of this research effort: the participatory research component. Participatory research is central to an understanding of the status of the substance abuse problem, the policies that have worked well and those which have fared poorly, the gaps in the state's effort to reduce the problem, and the efforts and initiatives which are needed to ensure that the "War on Drugs" is won.

Participatory research is based on two premises: first, that professionals working in the field know best what is working well and what needs to be done; and, second, that the involvement of the individuals who must ultimately implement new policies should be integral to the planning process in order to make it credible.

The GJC's participatory research process developed for this study consisted of two components: the first was a series of 35 "key informant interviews" conducted with policymakers and program experts; the second was Governor DiPrete's Substance Abuse Conference held on November 13, 1989, organized to provide a broad based participatory forum for substance abuse professionals and interested members of the public.

The following sections present the highlights from Chapter 4 of the findings from both participatory research components:

### **Key Informant Interviews**

- The key informant interviews were an essential component of this study. The interviews consisted of a series of in-depth discussions with leaders in the fields of prevention, education, treatment, and enforcement from both the private and public sectors. Each interview lasted approximately 1-1/2 hours and the interviewee was assured confidentiality in his/her comments. In most instances the interviews were held with one key individual, but in some cases, the agency chose to have additional staff members present. (Three group interviews were held and 32 individual interviews.) Thirteen guide questions were developed and sent to each interviewee prior to the actual visit.

**The 13 questions generally fall into the following four categories:**

- What is the "War on Drugs" and What Will it Take to Overcome this Substance Abuse Problem in Rhode Island?
- Program Characteristics of Successful and Unsuccessful Programs?
- What does Substance Abuse Coordination Mean and How Can it be Accomplished?
- What are the Service Gaps and How Can they Best be Filled?

### **What is the "War on Drugs" and What Will it Take to Overcome This Substance Abuse Problem in Rhode Island?**

- Some respondents felt that characterizing anti-drug and alcohol abuse efforts as a "drug war" is appropriate terminology because it

adequately describes what is occurring and because "war" is a powerful word that implies bringing in whatever resources are necessary to win. However, most persons interviewed did not approve of the slogan.

- To overcome the substance abuse problem in Rhode Island, it must be realized that it is everyone's problem requiring effective community involvement and commitment at all levels. Many of those interviewed pointed to the Substance Abuse Prevention Act (Bramley Bill) as having the greatest potential of recent initiatives to rally community support throughout the state. A critical aspect of success in overcoming the problem is having realistic expectations about outcomes. Policymakers, as well as the general public, must realize that the substance abuse problem will never be totally solved, but has to be brought to a realistic level, which may take several years. Setting unrealistic goals becomes a barrier to success. Further, a clear consensus of those interviewed is that the substance abuse issue must transcend partisan and interagency politics.

### **Characteristics of Successful and Unsuccessful Substance Abuse Programs**

- A very clear consensus of what characteristics are attributed to successful and unsuccessful programs emerged in all interviews, regardless of program area. The respondents indicated that effective programs are those that exhibit the following characteristics:
  - have a clear focused service delivery philosophy with realistic goals and pursue results over time
  - carefully research and plan programs
  - use well-paid, high quality staff
  - hold clients accountable for their behavior
  - are sensitive to the needs of diverse groups
  - have a healthy organizational climate
  - continually reassess themselves and are willing to make appropriate changes
  - have appropriate and consistent funding sources
  - deliver on what they promise
  - are innovative and resourceful
  - utilize a holistic approach in the delivery of services including parental and/or family involvement

- if the program is a treatment program, be it inpatient or outpatient, it must be very treatment intensive.

### **What Does Substance Abuse Coordination Mean and How Can it be Accomplished?**

- The overriding consensus on the issue of coordination is that coordination must be focused on vesting authority and accountability with one individual or organization, which has clout with the executive and legislative branches of government. Such an individual or organization needs to stimulate all interested parties to transcend "turf" issues and become involved in developing and implementing integrated goals and strategies for the common good, including funding decisions and changes regarding issues of potential program duplication.
- It was also suggested that a unifying policy articulating the state's concern, and the roles and responsibilities of various departments and agencies, be developed.
- With the appointment of Bob Rice and the reactivation of the Governor's Interagency Task Force on Drugs, the professionals in the substance abuse field believe that more coordination and collaboration have begun. In fact, expectations of the role and outcomes under this new director are extremely high. While there was not a question relating to the establishment of a separate drug department, those interviewed usually mentioned the issue. The commentary about establishing a substance abuse department was split, with many waiting to see whether the drug policy director will fill the void for central coordination.

### **What Are the Service Gaps and How Can They Best be Filled?**

- A number of gaps and program needs have become apparent during the interviews. (Many are similar to concerns raised in the "Overcoming the Problem" section.) Many of the gaps are specific to the program areas of prevention, education, treatment and enforcement; but several cut across all areas and were obvious to a majority of those interviewed.
- One of the major issues that emerged was the need for siting for prisons and treatment facilities. Regardless of how much money may be allocated, the situation will not change unless facilities can be sited.
- Adequacy and funding continuity in each of the program areas is necessary. The need for programs dealing with high risk populations and for special populations, (women with children, pregnant women, adolescents, non-English speaking people, and persons with handi-

caps) were mentioned by most of those interviewed as a major gap in services.

### **Governor DiPrete's Substance Abuse Conference**

Governor DiPrete's Substance Abuse Conference was held on Monday, November 13, 1989, at the Holiday Inn at the Crossings in Warwick. The conference had five principal goals:

- To provide a wide audience for the substance abuse coordination effort in the state;
- To heighten awareness among substance abuse agencies about existing policies and programs;
- To identify substance abuse control needs currently unmet by the system;
- To review obstacles to improved coordination; and
- To acquire information which would serve as a basis for the development of coordination strategies.

This full-day conference hosted by Governor DiPrete, was organized by the Governor's Justice Commission and the Governor's Policy Office, with organizational and staffing support from the University of Rhode Island's Urban Field Center. A wide range of professionals (430 attendees) involved in the four key areas of substance abuse programming, prevention, education, treatment, and enforcement, attended this conference and discussed the following issues:

### **Substance Abuse Programs: What Has Been Successful and What Has Not?**

- Attendees at the Governor's Conference identified issues of community support, clear philosophy, strong leadership, highly motivated staff, and emphasis on evaluation and follow-up as key to successful programs. They also mentioned characteristics such as basing programs on research, having direct youth involvement, involving families, and being consistently well-funded over time.
- Reasons offered for unsuccessful programs included: 1) inadequate and one-time only funding; 2) lack of coordination with other service providers; 3) lack of program accountability and measurement of outcomes; 4) high staff turnover resulting from low pay and insufficient training; and 5) lack of attention to underlying causes of substance abuse.

### **Substance Abuse Coordination: What Does This Mean and How Can It Best Be Accomplished?**

- Conference participants characterized coordination as centralized leadership, candid communication, transcendence of "turf protection" for the common good, reduction of wasted resources, representation in decision-making by all relevant parties, and awareness of the interconnection of policies and programs of different organizations.
- It was suggested that coordination in the fight against drug and alcohol abuse could be improved through allocation of specific roles to all players, centralization of authority, development of common goals and strategies, sponsoring of more statewide information sharing conferences, and convening of a drug summit by the Governor and leaders of the legislative and judicial branches of state government.
- Major obstacles to enhanced coordination were said to be insufficient funding, competition between service providers including competing philosophies, lack of protocol about what to coordinate and how to coordinate it, and lack of definition of roles and responsibilities of state departments and agencies.

### **Substance Abuse Service Gaps: What Are They and How Can They Best Be Filled?**

- Conference attendees believed that prevention still suffers from inadequate community involvement, and suggested that a volunteer community organizing base should be developed at the grass roots level. Religion was one community element specifically characterized as being insufficiently involved.
- It was also felt that school prevention/education would be more effective if it began in kindergarten, if teachers were better trained, and if appropriate curricula were properly implemented. Other prevention strategies said to merit emphasis were building life skills, family outreach, building self-esteem, positive reinforcement of drug-free youth, public education, and positive role modeling.
- High risk youth such as those from substance abusing families were mentioned as one group in need of more attention, and it was also suggested that prevention efforts should be targeted at eliminating language and cultural barriers.
- Perceived problems in the treatment system included unacceptably long waiting lists, local opposition to new programs, few openings for emergency referrals, and inadequate funding. Women (particularly pregnant women and women with children), adolescents (particularly 12-14 year olds), and offenders were thought to be particularly underserved by current treatment programs.

- Gaps in treatment strategies were described as: insufficient family involvement, lack of sponsors for support groups, and lack of follow-up and after care. Concerns were expressed that there are vastly different standards of care for insured and uninsured persons in treatment, that referral sources are not aware of all available services, and that the business community is still prone to fire substance abusers rather than refer them to treatment.
- It was stated that salaries for treatment workers should be increased, that low staff morale and "burnout" should be addressed, and that more bilingual treatment professionals are needed.
- Among criminal justice problems identified by conference participants was insufficient funding for new facilities, personnel, and programs at a time when the system (police, prosecution, defense, courts, corrections) is being overwhelmed by increasing number of drug offenders. Local opposition to prisons has also hampered construction that would partially alleviate this strain.
- Treatment alternatives to incarceration may have to be given more emphasis, and drug offenders should be required to repay victims and perform community service.

## CHAPTER 5

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### Issues Analysis and Recommendations

**T**he Substance Abuse Study investigated the history and current status of Rhode Island's substance abuse programs. The goal of the study was to document existing conditions of programs in terms of funding, scope and function. The study collected secondary data from recent substance abuse research as well as primary data obtained directly from state agencies. Substance abuse providers were given the opportunity to express their concerns for current and future programming and organization.

The purpose of Chapter 5 is to combine the issues which have emerged from the secondary data sources, with the comments and suggestions that have been collected from individuals involved in substance abuse programming. The participatory and secondary data analysis produced a variety of concerns pertaining to the effectiveness of Rhode Islands substance abuse programs and the complex of state, federal, local and private agencies that administer those programs. These concerns have been condensed into a set of 11 primary issue areas that must be addressed by future substance abuse policies.



These 11 issue areas were developed during concurrent research efforts undertaken by the Governor's Justice Commission (as reflected in this Final Report) and by the Governor's Drug Program Office (as reflected in the Statewide Substance Abuse Plan). The Governor established the Drug Program Office in October, 1989 to coordinate all the state's efforts in drug and alcohol abuse. The Drug Program Director, Mr. Bob Rice, is responsible for articulating and coordinating the policy initiatives with which the state will intervene to reduce the problem by working with both the public and private sectors, and to develop a clear statement of goals, along with the necessary action steps to ensure that these goals are met. Each of these issue areas, along with pertinent policy recommendations, are summarized below. *These recommendations are in abbreviated form and scope.*

## **1. Functional Relationships with Other Programs and Policies**

Substance abuse, teen pregnancy and teen suicide are influenced by common underlying societal factors. Substance abuse initiatives, however, are rarely coordinated with other social program areas. Specifically, there is insufficient interaction between substance abuse programs and other human services such as welfare, housing, mental health, and employment.

### ***Policy Recommendations:***

- The state's substance abuse plan should consider the programmatic concerns of other human service providers.
- Establish a council of major funding sources to promote more interaction among human service providers.
- The substance abuse task forces should be required to allocate a portion of their funding to the underlying causes of substance abuse.

## **2. Substance Abuse Coordination -**

The expansion of the substance abuse problem has resulted in the growth and increased complexity of programs and funding which increase the likelihood of program duplication, fragmentation and partisan political pressure.

### ***Policy Recommendations:***

- The authority and responsibility for central coordination of substance abuse programs should be vested with one individual or organization, such as the Drug Program Office.

- Special legislative grants that directly relate to substance abuse should be administered by the Division of Substance Abuse not the Department of Human Services.
- The best programs already "on the books" must be implemented to their fullest potential.

### **3. Resource Allocation -**

The substance abuse problem is expanding in terms of size and complexity raising questions concerning the allocation of limited financial resources.

#### ***Policy Recommendations:***

- State funds should be spent on successful programs based on a continuous program evaluation process.
- The state should reduce caseloads for TASC, probation and parole, social case-workers and drug prosecution officials.
- Private non-profit agencies should be able to compensate their employees at a level that is equivalent to the public sector and private for profit work place.

### **4. Clear Goals and Objectives -**

In order for substance abuse programming to be successful, it must be based on a set of clearly defined objectives. A strong commitment to clearly defined goals must be supported by the highest levels of state government.

#### ***Policy Recommendations:***

- The Statewide Substance Abuse Plan must clearly describe the state's commitment and concern about drugs and the roles and responsibilities of those agencies and departments involved in the substance abuse effort.
- Individual providers and program administrators should be required to develop goals that are consistent with those of the state.
- The state must set goals that are achievable and based on realistic expectations.

### **5. Treatment -**

Those individuals who are at the greatest risk of substance abuse are also

the least capable of finding and obtaining appropriate treatment. Efforts must be made to ensure adequate treatment services for all population groups.

***Policy Recommendations:***

- Facility siting must become a high priority and should supersede local regulations which could prevent the establishment of much needed and accessible treatment facilities.
- There is a need for facilities that treat the entire family.
- Residential treatment facilities for adolescent males and females need to be expanded.
- There is a need to develop prevention and treatment programs for pregnant woman.
- The state should provide more funding and allow greater referral flexibility in the treatment of multiple and related substance abuse illnesses.
- The state must better define the concept of "treatment on demand" and make a commitment to live up to this definition.
- Those providing health insurance coverage for substance abuse treatment should be required to accept all modalities, ages and treatment options.
- The Statewide Substance Abuse Plan should include an implementation plan based on the recommendations of the Brown and Harvard Studies.

**6. Education -**

The health education system and its institutions are seen as crucial to the prevention of substance through prevention and education programs.

***Policy Recommendations:***

- The time allocated for substance abuse education must be increased.
- Health education certification must be differentiated from physical education certification.
- Substance abuse education should be initiated as early as prekindergarten.

- The mandated curriculum should include values education.
- The state should require pre-service and in-service teacher training in substance abuse.

## **7. Prevention -**

Prevention is seen as the key to a long term substance abuse solution. Greater efforts should be made to define the role of prevention and its relationship to other substance abuse programs and policies.

### ***Policy Recommendations:***

- The state must develop an overall substance abuse prevention plan, which should include the link between substance abuse and other issues such as teen pregnancy, juvenile delinquency and dropouts.
- Prevention programs must address the issues of extended victims of substance abuse.
- Funding sources need to recognize "follow-up" and "tracking" as essential and legitimate components of prevention programs.
- More programs need to be developed for high risk youth.
- A major public education campaign should be developed to create a social environment that is disapproving of substance abuse.

## **8. Enforcement -**

The criminal justice system is an important line of defense in the expanding epidemic of substance abuse. However, there is a perception that the criminal justice system is overburdened resulting in a decline in its effectiveness.

### ***Policy Recommendations:***

- The state should institute clearer and more uniform sentencing policies.
- The case loads of probation counselors should be reduced and the capacity of the probation system must be increased.
- The state must expand prison space and develop alternative sentencing programs.
- The capacity of the court system must be increased.

- The state should develop a centralized drug disposal center.
- The property forfeiture system should be revised to ensure the maximum benefit to drug enforcement.
- The state should consider reforming its criminal justice system using the federal system as a model.
- There must be stricter enforcement of DWI laws and a reduction of the legal blood alcohol threshold should be considered.

## **9. Administrative, Financial and Information Systems -**

Substance abuse programming is characterized by inconsistent methods of planning, budgeting and levels of data collection. This hinders efforts to plan and evaluate programs.

### ***Policy Recommendations:***

- The state should develop a data management system that is accessible by all departments.
- The data requirements of individual departments and agencies must be coordinated and must meet minimum information standards.
- The state needs to move quickly to implement a crime-related Incident Based Reporting (IBR) system to replace the existing UCR system.
- A central department should be assigned the responsibility of developing and maintaining a program data base.
- The internal accounting practices of all departments must be more standardized.

## **10. Capacity Building, Evaluation and Research -**

The state must emphasize the evaluation, research and capacity building of substance abuse programs to ensure their improvement or elimination if ineffective.

### ***Policy Recommendations:***

- Third-party evaluations of prevention, treatment, and enforcement programs should be required on a regular basis.
- A capacity building, evaluation, and research center should be established at one of the state's colleges or universities.

- The state must improve data collection about drug usage and drug crimes to aid in assessing program needs and effectiveness.

## **11. Quality Assurance and Accountability -**

Given the seriousness of substance abuse and the drastic consequences suffered by its victims, it is imperative that the state's substance abuse program providers adhere to the highest professional and organizational standards.

### ***Policy Recommendations:***

- All state agencies that provide funds to substance abuse programs must evaluate and monitor the quality of those programs in terms of their organizational and programmatic effectiveness.
- The state should study the feasibility of a certification process for individuals and organizations involved in substance abuse prevention.
- The state should establish an award/recognition program to honor state employees, service providers and community volunteers for outstanding work in the area of substance abuse.

The Governor's Justice Commission (GJC) is aware that the recommendations contained in this report and in the Governor's Statewide Substance Abuse Plan have implications for all levels of state and local government as well as private companies and individuals. An implicit goal of the research for this report was to promote coordination among the various state agencies involved in the "War on Drugs." The GJC, therefore, offers the preceding recommendations in the hope that they will provide meaningful input into future updates of the Statewide Substance Abuse Plan. In addition it is hoped that these recommendations will serve as a focus for joint efforts by state agencies toward enhanced information-sharing, program development, funding strategies and policy development.