TREATMENT AND REHABILITATION SERVICES FOR SUBSTANCE ABUSING CRIMINAL OFFENDERS

HEARING

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

ONE HUNDRED SECOND CONGRESS

FIRST SESSION

OCTOBER 28, 1991

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HEARING ON THE TREATMENT AND REHABILITATION SERVICES FOR SUBSTANCE ABUSING CRIMINAL OFFENDERS

MONDAY, OCTOBER 28, 1991

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
Washington, DC.

The committee met, pursuant to notice, at 9:40 a.m. in the U.S. Court of International Trade, One Federal Plaza, New York, NY, Hon. Frank J. Guarini presiding.

Members present: Representatives Charles B. Rangel, chairman, Frank J. Guarini, Benjamin A. Gilman, Donald M. Payne, and Nita M. Lowey.

Staff present: Edward H. Jurith, staff director; Peter J. Coniglio, minority staff director; Jennifer A. Brophy, professional staff; Mary Frances Valentino, staff assistant; and James Alexander, press secretary.

OPENING STATEMENT OF HON. FRANK J. GUARINI

Mr. GUARINI. We will begin the hearing of the Select Committee on Narcotics Abuse and Control. The hearing will cover the subject matter of intervening with substance abuse for criminal offenders.

And I see the first panel has already taken their seats. I would like to announce who they are, and we will be joined by a number of Congressmen. Probably Monday morning traffic tied them up coming from New Jersey. It's a lot easier coming from midtown Manhattan, I assume.

We have Mr. Ron Williams, who is the executive director of Serendipity House and he's acccompanied by a client, Mr. David. Mr. David Kerr, president of Integrity House of Newark, NJ, my home State, and he's accompanied by Mr. Scott and Ms. Morrissey. Father Peter Young, director of Altamount House in Albany, NY. Mr. Matthew Cassidy, associate executive director of the Treatment Alternative to Street Crime in New York.

I want to welcome all of you here. I will proceed for the record with an opening statement to define the parameters of the hearing that we have here today, and then we will begin with Mr. Ron Williams.

So I welcome all of you here. Mr. Rangel, who will be joining us within the hour, is on a most important mission. I understand it involves the International Trade Building that is going to be built up in Harlem and that's a very historical occasion.

I welcome all of our distinguished guests who have come and agreed to testify on intervening with substance abuse of criminal offenders. We know that drug treatment programs do work. The public hasn't received that message strong enough yet.

We know that with proper treatment and community care three out of four prisoners will reenter their community as a productive drug-free member of society.

We also know for every dollar we spend on drug treatment we will get back $12 in future incarceration costs. That means instead of paying $100,000 to build a cell and $60 a day at least to house an inmate, a State can simply convert existing prison beds to treatment beds and in the process save millions of taxpayers' dollars, while dramatically improving the quality of life in our communities and entitle us to have safer streets and better communities.

We know that since 1980, the prison population has doubled, and continues to increase, making the United States the country with the highest number of incarcerated people in the world.

We know that 75 percent of the inmates have a history of drug abuse and that number is continuing to rise, yet officials are not investing Federal funds or taxpayer revenues on this type of program. There are very few programs that will return $12 for $1.

Instead, we continue to see legislation to increase drug sentences and to increase funding for law enforcement. We have to build more prisons, but we never seem to have enough. At the same time we are incarcerating more and more drug offenders.

The criminal justice system is not an adequate deterrent to drug offenders. We release drug addicted criminals back into our communities, people who have spent their time in prison learning how to become better criminals, not how to become better citizens, and that's unfortunate.

All this is especially disturbing since we know that without treatment, which is the case for nearly 90 percent of drug abusing inmates, 9 out of 10 will end up back in prison within 3 years of their release, and that's a frightful rate.

The taxpayers must pay the bill, which on an average costs $30,000 a year for incarceration. More than likely, these same people will end up in jail.

Meanwhile, States continue to float more bonds to build more jails for drug offenders. The costs continue to increase, and we're trapped by an endless cycle.

We have a way to stop this revolving door by providing comprehensive drug treatment in our Nation's prisons and jails, and following up an aftercare release which should be the subject matter of our hearing, as well as trying to find other parameters and benefit from the experience of being in the trenches and fighting this drug abuse problem.

Last May this committee held hearings in Washington concerning legislation, which had the support of members of this committee, to create comprehensive drug treatment programs for individuals under criminal justice supervision.

At the hearing we heard about the success rate and cost effectiveness of the drug prison treatment program. It was an impressive hearing that received a considerable amount of attention in

Washington. Witnesses stressed at the hearing how important it is to provide adequate care.

Now, prison-based programs can help individuals by changing attitudes and behavior patterns. I know we're going to hear about that very shortly. It is necessary to follow up on this treatment with community-based aftercare to help with the transition to life outside of prison walls. This reinforces a change in lifestyle and prevents them from slipping back into old habits and old lifestyles of drugs and crime.

Today we'll hear from drug treatment experts from programs that have successfully worked to rehabilitate drug-addicted criminals. Ron Williams from Serendipity House aftercare programs with inmates who have gone through the Stay'n Out prison drug treatment program.

David Kerr from Integrity, a drug treatment and aftercare program for former criminals. Father Peter Young from the Altamount House in Albany, an expert in the field of treating substance abusers with 20 years of experience that he brings to the table.

We will also hear from Matt Cassidy, the national director of TASC Program which has been quite successful in providing alternatives to incarceration.

We will also hear directly from former inmates who will tell us how they have left prison clean and are staying clean, and our hats go off to these people.

We will also be fortunate to have Richard Girgenti, the drug czar of New York and John Holl and Jack Farrell, the drug czar of New Jersey. New Jersey and New York are two of the more progressive States in terms of dealing with this particular issue. And I hope we can glean from their testimony and make a record of what we can use in other States as a model throughout the Nation.

With that as an introduction for the sake of the record, we'll call on Mr. Ron Williams, the executive director of Serendipity House in New York.

Mr. Williams, we're very pleased to have you here. And if you have remarks to put into the record, we will make them part of the record, and we'll appreciate it if you can give us the benefit of your experience.

Mr. Williams.

STATEMENTS OF RONALD WILLIAMS, EXECUTIVE DIRECTOR, SERENDIPITY HOUSE, NEW YORK; JOHN DAVID, CLIENT OF SERENDIPITY HOUSE; DAVID KERR, PRESIDENT, INTEGRITY HOUSE, NEWARK, NJ; HEATHER MORRISSEY, CLIENT OF INTEGRITY HOUSE; JOHN SCOTT, CLIENT OF INTEGRITY HOUSE; FATHER PETER YOUNG, ALTAMOUNT HOUSE, ALBANY, NY; AND MATTHEW CASSIDY, ASSOCIATE EXECUTIVE DIRECTOR, TASC, NEW YORK

Mr. WILLIAMS. Thank you. Good morning. What I had in mind of saying this morning, I don't think that it could be said any better than it has been said already.

I'm a firm believer that as a practitioner in this field, things that are often said might be seen as self-serving and that testimony of

the truth of this issue has to be heard from those individuals that participated in the programs and who are living examples of these programs.

But toward that end I have with me Mr. John David, who is a prime example of the interest and treatment effort and also the post-release effort. I also have with me three other individuals out of our facility.

I would like to keep my comments very short and offer the opportunity for Mr. David and also the other residents to share their experiences with you.

[The statement of Mr. Williams follows:]

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Stay'n Out
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TESTIMONY BEFORE THE SELECT COMMITTEE ON NARCOTICS ABUSE AND DRUG CONTROL BY
RONALD WILLIAMS, EXECUTIVE DIRECTOR
10/28/91 - PAGE #1

In order to effectively address today's topic of "Treatment and Rehabilitation Services for Substance Abusing Criminal Offenders", with emphasis on post release aftercare, I must optimistically assume that we are all in agreement, concerning the need for pre-release treatment in prison for these inmates.

New York Therapeutic Communities, Inc. (NYTC., Inc.) provides in prison and post release treatment to inmates and parolees of the New York State Correctional System. All participants have histories of substance abuse.

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The in prison program (Stay'n Out) provides pre-release therapeutic intervention that averages nine to twelve months duration. The programs are housed at the Arthur Kill Correctional Facility in Staten Island (males) and the Bayview Correctional Facility in Manhattan (females).

Upon successful completion of the in prison phase, the Stay'n Out resident can be paroled (at their normal parole date) to the post release treatment facility "Serendipity". Serendipity is a fifty bed facility, located in the borough of Brooklyn.

Stay'n Out is funded by New York State Department of Correctional Services (DOCS) and Serendipity is funded by New York State Division of Substance Abuse Services (DSAS).

Serendipity is designed to address the issues germane to the ex-offender/substance abuser paroled to the community. The average length of stay is six to twelve months, one to six months for participants with reasonable vocational and social skills, one to twelve months for participants in need of vocational rehabilitation and additional input.

All participants are obliged to complete a one year ambulatory/maintenance program upon completion of the residential phase. Ambulatory consist of one evening of counseling per week for the first 90 days, one evening every other week for the following 90 days, ending in once a month or as needed.

All participants of Serendipity are on the case load of two New York State Parole Officers that are assigned to that facility and who operate as a part of the treatment team.

Upon completion, residents are also assisted in the location of suitable housing and are encouraged to live jointly (buddy system) in-order to defray cost and to provide mutual support.

The in prison program Stay'n Out and the post release Serendipity is viewed by NYTC, Inc. as one continuous program.

On that note, let us review the theory upon which successful therapeutic community treatment is based. In brief the three (3) major areas addressed are:

(1) Attitude
(2) Behavior
(3) Lifestyle

As concerns, the first two (2) (Attitude and Behavior) Dr. George De Leon[1] describes these as the 3 C's

A. Compliance -- Adherence to the rules and regulations of a therapeutic community as means of avoiding negative consequences such as; disciplinary sanctions or discharge from the community.

B. Conformity -- Adherence to the expectations and the norms of the community to avoid loss of status or termination.

C. Commitment -- Adherence to a personal resolve to change.

As evidenced by the success rate of the Stay'n Out program and the growing acceptance of the therapeutic community treatment model within the correction systems of numerous states, this concept has proven it's benefit to the inmate and also to facility administration in the areas of successful treatment and improved facility management. However, the final ingredient and in many ways the most important, is the issue of "Lifestyle". This ingredient can not be successfully addressed while the individual is still incarcerated. It can only be addressed while the individual is at liberty in the community, whether this be in

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[1] De Leon, G. (1988) Pressure in Therapeutic Communities. In Compulsore Treatment of Drug Abuse: Research and Clinical Practice. NDRI Research Monograph #86 pp. 160-175.

an aftercare facility, or a highly structured ambulatory aftercare program.

This controlled aftercare effort must address many issues. The least of which is the average inmate being released after two (2) or twenty-two (22) years incarcerated with the state allotment of $40.00 and a suit, no marketable skills, no housing and returning to the same negative social network and environment from whence they came. The understanding is that they <u>will</u> return to the environment because being a social animal, man has enormous needs to be in social settings that are familiar and where they find acceptance, even if they understand intellectually, the threat inherent from that environment and social network. This then, is the task of the post release treatment effort, whether it be residential (which for the average ex-inmate/substance abuser is the preferred method) or ambulatory, which can also be effective for many. The objectives are:

A. Re-adjustment to larger community living.

B. Re-socialization (new social network of peers and role models, that support and teach the how too's of positive social and community interaction).

C. Vocational rehabilitation/education to address the ongoing problem of the lack of entry level skills in a competitive job arena.

D. Assistance in acquiring suitable housing that is affordable and in keeping with the development of self esteem.

E. Ongoing relapse prevention in the form of supportive peer group activity, membership and active participation in NA/AA and like organizations, availability of assistance in long term problem areas, for example; employment maintenance, family re-integration and the various forms of emotional stress that may threaten continued sobriety.

An additional area that we think important to ongoing wellness and self esteem development of the participant, is that of "public service". The average ex-offender/substance abuser exposed to treatment, tends to harbor underlying feelings of guilt, often related to those crimes committed which went undiscovered. These feelings of remorse can be satisfied through positive interaction with their loved ones and society in general.

This desire for "reform" can be addressed through volunteer services, which tends to provide self esteem and moral upliftment. Active voluntary involvement in anti-drug, anti-crime and civic organizations in general, plays a large role in the recovery process and provides needed assistance and manpower to these efforts.

In short, the returning ex-offender/substance abuser with proper control and guidance, can become a productive addition to society rather than the ongoing threat that they presently pose, and when we look at the cost in real dollars, and in quality of life, we must then agree that expenditures towards this end, are extremely cost effective.

STATEMENT OF MR. DAVID

Mr. DAVID. Good morning. I'd like to share my problems affiliated with substance abuse dating back to around 20 years.

When I finally was remanded, incarcerated, and I reached out to Kill Correctional Facility, I entered into and completed the Stay'n Out Program which wasn't an easy thing to do at all. It was the first time that I think I stopped in my tracks and I took a good introspective look and I considered myself to be an individual, Catholic school background. But on the other side of that, all the education in the world didn't seem to stop me from using narcotics.

After completion of said program, we did not have a post-release facility at that time, but we certainly had an administrative office that offered me all of the support that I definitely needed.

My comments I would like to say is that when you live a lifestyle of 20 years of using narcotics and all of a sudden you go away to the penitentiary and you find yourself coming home and you no longer wish to return to that prior lifestyle, that could make you the loneliest individual in New York City.

And without support systems, family is wonderful and they've supported, but they didn't know what I had gone through; they had no idea of what my lifestyle had been like for the last 20 years.

So coming home, released out of the penitentiary, that left me kind of lonely. You find yourself not returning to the same old activities and lifestyle that you had been involved in for the last 20 years. And if you don't have something, someone, somebody to walk you through the next steps, socialization sometimes, I used to take a look at it and say, oh—I socialize. Well, but look at who I've been socializing with for the last 20 years.

I think socialization is nothing to take lightly. If you're not going to return to your past lifestyle, then you're going to have to develop a whole new socialization for yourself. It takes time. It's painful sometimes because we have a lot of battle scars. Sometimes they're physical in the form of tracks up and down your arm. Signs that you don't have to open your mouth, people can look at you and tell what you've been doing for the last few years.

And you can get past the physical and then you have to take a look at the emotional and psychological effects of doing what you did, the guilt.

Right now I know my neighborhood like I've never known it before in my entire life. I used to ravish my neighborhood. I used to stand in front of programs and I'd sell somebody in a program some narcotics if I could. It was about money.

Right now I know my neighborhood politically, educationally, do work with senior citizens, do work with children, children from a baseball game to a cultural event. And lo and behold, unlike myself, I had an opportunity to come back to work in the program and I'm now employed in the post-release facility in Brooklyn where I did all of my wrongs, and that makes me feel like a million bucks.

I am now trying to in my way put back into the community instead of just taking everything it had to offer me. I'm trying to be an advocate of what's positive, what can happen, what will happen

in that community. And I'll stop right there and say thank you very much.

Mr. GUARINI. Well thank you very much, Mr. David. There are questions that could be asked immediately. We will refrain from that until we hear from everybody on the panel and then, of course, we'll have a free, open discussion.

So I'll call on Mr. Kerr, Mr. David Kerr, as president of Integrity House who has with him Mr. Scott and Ms. Morrissey.

Mr. Kerr.

STATEMENT OF MR. KERR

Mr. KERR. Congressman Guarini, Congressman Payne.

I appreciate the opportunity to speak on probably the No. 1, most important hearing that I've presented in many years, because the No. 1 problem in this country, the drug addiction, the No. 1 problem I think in our country is the people don't understand that warehousing in jails is perpetuated and the horror of that lack of understanding that it's perpetuated at a tremendous cost to the taxpayers.

The cost as you reiterated, $60 a day in some prisons, others $80 or $90 a day, and not to mention the cost to society and the draining of our health insurance system which is ready to crumble and break apart. And then it seems like our direction is still to build more prisons at, as you said, $100,000 a bed instead of opting for a very tried and tested treatment—which is a secure environment called a therapeutic community.

A therapeutic community's environment is secure because the people there believe in their program, and from within they don't want to get high. They don't want to become prey to the predators from the outside who are trying to sell them drugs as Mr. David was saying. And so those are just the general facts.

The facts that I want to give you this morning are from Integrity House, and to let you know that our residential course for treatment is under $20,000 a year, that's residential versus the $25,000–$30,000 and up that it costs just for prison.

In 4 years of prison confinement John could have gone to Harvard and gotten a degree in economics or engineering. Instead, he got a real course in crime. So that when he gets out of the Harvard of New Jersey, Rahway State Prison, or wherever, he's a good criminal.

He didn't learn about education, he didn't learn about vocation, he has no idea about how to reconcile with his family and how to feel good about himself. And so he has graduated as a more complete full-fledged drug addict to prey on society which he doesn't really want to do in the first place.

It's really a conundrum. In my opinion, I think we really have a marketing job ahead of us to teach people what the economics are and what the human is suffering.

In Integrity in 1988, we treated 694 people at a cost of under $5,000 per person. In 1991, we treated 1,377 people at a cost of under $5,000 per person.

Mr. GUARINI. What's the average length of the treatment?

Mr. KERR. The average length of stay for residential now is about 3.1 or 3.5 months. So this cost now is reflected, of course, in a residential but out-patient day treatment; we have several different modalities, and some that are less expensive than others.

Compared to the present cost, there's no comparison. We have seen some trends in drug use that are scary, like heroin use is on the increase, heroin use by inhalation is on the increase because the purity of heroin is going up. There is cocaine use as well, even though some people say there isn't.

But as far as what we provide for people that come into Integrity, there are three main ingredients that I think people need who are in prison and coming out.

First, is the appropriate education, training, and ultimate employment that has to be there. Second, is the repair of family ties and subsequent reintegration into the family. And third, is developing and maintaining a positive social network of friends and activities.

These three areas could and should be started in increasing therapeutic community programs or without the aftercare followup programs that are on the streets or that need to be developed.

These two individuals that I have brought really had no hope of getting their lives together. Because what you learn in a prison, therapeutic community is very, very positive. But if you go out, as Mr. David said, you're very lonely and you need someone there to talk to, you need some family, you need some friends. And that's one of the big things that I think is missing out there. And the aftercare and halfway houses that are out there have long waiting lists. Our waiting list is over 300 people right now.

So, I would say as we're on the move as a pioneer in the business of therapeutic community prison and aftercare treatment, I would say what Ronnie said is the people who can really give the message are the people who have been through it.

And I'd like to introduce first Heather and then John to briefly tell their story.

[The statement of Mr. Kerr follows:]

INTEGRITY, INC.

TESTIMONY

BEFORE THE: SELECT COMMITTEE ON NARCOTIC ABUSE AND CONTROL

BY: DAVID H. KERR, President, Integrity, Inc.

DATE: October 28, 1991

Integrity House has been in operation since 1968. During this time we have treated thousands of addicts and most of these individuals were referred from the criminal justice system. The following is comparative data on cost and reported drug use patterns over the last four fiscal years.

Cost Effectiveness Information

For fiscal year 1988 we treated 694 members. Our budget at that time was approximately $3 million showing a cost of $4,322 per member. Last fiscal year, 1991, we treated 1,377 members and our budget was nearly $6 million showing a cost of $4,357 per member. Due to increased efficiency, we have managed to keep costs down in spite of inflation. At a 5% inflationary cost per year, we should have spent $5,099 per client last fiscal year. The fiscal 1991 budget would then be over $7 million as compared to what we spent, $6 million.

Drug Use Data

1. Reported cocaine use stays the same. It actually showed the largest drop last year to 43%, but this is probably not statistically significant.

2. Reported heroin use shows a gradual but steady increase, from 25.5% in 1988 to 29.8% in 1991.

3. Reported alcohol use shows a significant increase from 2.2% in 1988 to 8.1% in 1991.

4. The age of alcohol users shows a drop from an average of 34.8 in 1988 to 30.6 in 1991.

5. The age of heroin users stays the same with an average of 34.3 for the three years from 1988 through 1990. In FY'91 however, it drops dramatically to 31.8.

6. The age of cocaine/crack users stays the same with an average of 29.5 for the three years from 1988 through 1990. In FY'91 however, it increases to 33.7.

Route of Administration Data

1. Reported "inhaling" cocaine/crack users as well as IV cocaine/crack users went down while smoking cocaine users went up from 41.7% to 55.9%.

2. Reported "inhaling" heroin users went up dramatically from 14.7% in 1988 to 49.9% in 1991.

3. Reported IV heroin use went down from 83.6% in 1988 to 47.2% in 1991.

4. Reported marijuana use stays about the same for the last four years.

This data was submitted at our recent annual Trustees meeting. As you can see, the cost information, less than $5,000 per year per client, is favorable

considering the social cost of drug addiction. However this cost includes treatment and prevention and intervention services as well as residential services to all clients. (Our residential cost is now $50.00 per day or $18,250 per year.) Integrity is a comprehensive residential outpatient and day treatment rehabilitation program, located in the City of Newark in Essex County, N.J. and in Secaucus in Hudson County, N.J.

The outcome studies done on our program have shown us to be highly effective with those individuals who remain for the duration of the treatment and even with those individuals who remain for a minimum of six months. (An eight year study completed by the New Jersey College of Medicine and Dentistry and Rutgers University.) Our retention last year and this year has been significantly higher for those former addicts referred from the criminal justice system. (Our average residential treatment time for clients is 4.5 months but for those referred directly from prison or on inmate status, it is nearly six months.)

We have found individuals referred from the criminal justice system tend to take longer to accept the ideals and values practiced by our Therapeutic Community. The concepts reflecting these values are as follows:

1. Understanding and promoting self-help and mutual help.
2. Understanding and practicing positive role modeling.
3. Understanding of social learning versus didactic learning.
4. Understanding and promoting the concept of "no we-they dichotomy."
5. Understanding and promoting upward mobility and the privilege system.
6. Understanding and practicing the concept of "act as if."
7. Understanding the relationship between belonging and individuality.
8. Understanding the need for a belief system within the community.

9. Ability to maintain accurate records.

10. Understanding and facilitating group process.

The inmate is by nature distrustful of our environment and looks at our program as a means to reduce his or her jail sentence. On the other hand, this same inmate has more reason and is more ready to accept the Therapeutic Community values because of his age (older) and because of his extensive drug experience. Eventually with the help of threats of return to jail and the positive coercion and seduction of the Therapeutic Community environment, the inmate makes a decision to stay and complete treatment.

Our community based program has a strong re-entry and aftercare component which is vitally needed. This component gives the inmate/resident a realistic perspective on how to make it in the real world. There are three major ingredients:

1. Appropriate education, training and employment.

2. Repair of family ties and subsequent reintegration.

3. Developing and maintaining a positive social network of friends and activities.

Work on these three concepts begins in the first phase (residential phase) of the Therapeutic Community and is followed by the half-way house phase and the outpatient or aftercare phase.

It is a tragedy that millions and millions of tax payer dollars goes to warehouse criminals at a cost in excess of Harvard University. Instead of a degree from Harvard however, they need to be awarded a degree in improved criminal abilities.

A TC self-help treatment process must begin with the inmates and must be done by the inmates, facilitated by staff members. Some of these staff members must be recovering addicts. A Prison TC must evolve carefully and slowly and must eventually be looked at by inmates as a privilege; a way to get your life together.

More prison related TC's must be established. Equally important however is the establishment of a half-way house and follow-up and aftercare. Without this, the ideals discussed and promoted in the prison

TC evaporate. With life pressures on a newly released client and a practiced negative lifestyle, even positive expectant former inmates will have difficulty remaining clean and sober. One of the biggest forms of support that an inmate can receive is free - NA and AA.

The economics of the dollars recommended is clear. One addict inmate avoiding crime year after year and paying taxes, is now giving thousands back to society and is keeping the high cost prison bed open for those individuals who are beyond rehabilitation and who are a chronic menace to society.

STATEMENT OF MS. MORRISSEY

Ms. MORRISSEY. Hello. I'm Heather and I'm an addict and alcoholic. I am 25 years old and this is my second time at Integrity House.

I want to start off by saying that I come from a dysfunctional family. Both my parents are drug addicts and alcoholics. By the time I was 15 years old my addiction was full blown and I was shooting heroin and cocaine every day.

By the time I was 18 years old I went to Clinton, a correctional facility for women. I was sent there for 4 years, at which time I was given an opportunity to go into the mutual agreement program which is a program they have for inmates to go to therapeutic communities.

I was 18 years old and my family was still active, they did not live in the United States. When I got to Integrity House I was not ready at that time to really face myself. I stayed there approximately 2 months and I ended up leaving the community and going back to Clinton at which time I was incarcerated in administrative segregation for 7 months.

They released me from there to the maximum security part of prison. And the only thing I really learned during the next 12 months of my life was how to play pinochle and how to do better crimes. I was scared, I didn't know where to turn.

At that time the counselors in the prison system really didn't have anywhere for me to go, there was no aftercare, I was 19 and very frightened.

I was introduced to someone who promised me a whole lot because I was scared. And when I was released from Clinton I was 21 years old and I went to Philadelphia, and the person that I thought was going to be there for me to help me, turned out to be a pimp and this is what my life was like the last 4 years.

Something happened on January 8, 1991. I woke up and I decided I was tired, and I remembered in the back of my mind Integrity House. When I was there in 1987, I remembered people were happy and people were getting better and their lives, it seemed like their lives were coming together and they were just like me, drug addicts with nowhere to go at the time.

On that morning I went back to Integrity House. And at that time I really didn't know where I wanted to go with my life, but I didn't want to be where I was, and I was ready to face myself. And basically I think that that's the important thing; Integrity gives you back yourself. It helped me so much that I don't know where to begin as far as the program, but I feel that it's so important for these aftercare programs because I remember how I felt at being 19 years old and having nowhere to turn to and the prison system not having—the only thing that they did offer me was to stay at the YMCA shelter and that was it.

There was no aftercare for me, there was nothing. And so I went through a lot of pain and a lot of suffering over the last 4 years. And now since I've been in Integrity House over the last 10 months, and they helped me so much, not only with myself and facing who I am, but they teach us how to deal with society and function in society. Coming from a dysfunctional family and my

background I didn't really know how to live in society and deal with everyday life.

They also taught me some vocational skills, which I had none of; to do data entry, some computer programming, an opportunity to go back to college, and to really get my life together.

And I can just say that I just remembered from the time I had been there—that there was something there and that's what brought me back there today. I guess that's about all.

Mr. GUARINI. You're still at Integrity House now?

Ms. MORRISSEY. Yes, I am.

Mr. GUARINI. And you've been there for 10 months?

Ms. MORRISSEY. Yes, sir.

Mr. GUARINI. Do you expect to be released from there?

Ms. MORRISSEY. I plan to graduate from the program.

Mr. GUARINI. When will that be?

Mr. MORRISSEY. They have a graduation in June. They have three phases which you go through in the program. The first is residential. The second is like a halfway house to help you, you go to work every day, budget your money, and then you have group therapy. And the last phase is when you live on your own and you have your own apartment and you go to work, and you just come back for groups. So by the time you leave Integrity you're fully self-sufficient.

Mr. GUARINI. Thank you, Heather.

Mr. Scott.

STATEMENT OF MR. SCOTT

Mr. SCOTT. Good morning. My name is John Scott. I'm an alcoholic and drug addict. I'm 34 years old. I've been involved with the law for about 7 years. I've been an addict for about 14 years.

And basically I had, you know, doing crime—and then I ended up getting out of prison. When I got there, you know, basically I seen that they had me.

And so when I got into prison down there I had never been to a prison before like that, you know, so that day that I seen it there was really nothing there for me.

I didn't learn anything when I was out there on the streets through the years, so when I got there I thought maybe it was if you go down to prison they were supposed to rehabilitate, but I see there's nothing there for me.

So they just have you there. They send you out to work, they don't have enough jobs for everybody. There's so many people there they have you housed inside a cell they put in five or six people in the cells.

And you maybe work 2 or 3 hours and you come back inside and you play cards and drink coffee and watch TV all day. And they have to send other people out because they don't have enough jobs for everybody.

And basically with me, you know, I've been there—I stayed down for like 2 years and then they told me that I'm on parole, and they had a program called Integrity and would I like to take the program. So I said yes I would. So then I came to Integrity House.

I took it mainly just to get away from the prison. But once I got to Integrity House I seen what they had there to offer me. They had to teach me a lot of things about myself. Like she said, bring you back to yourself. So once I got there, I was stipulated there for 6 months. And then after that I said I wanted to stay because I see there was something there.

And I wanted to go where they have positive people. Because once you go back out in the street you go back to the same thing, no type of trade, the same environment where people are doing drugs and whatever. I wanted to go where I could learn something and stay away from people that's doing drugs, because it's positive thinking there and people are doing positive things and they're teaching me how to deal with a lot of things that I could never deal with on my own, because I had run to drugs because I had problems, I wasn't thinking about doing something else. I would just take the easy way out.

Integrity House did a lot for me. And I just feel that other people that's down in prison and go home and don't have a chance to do this because they won't be introduced to Integrity House. And I wish that there had been places like this here because we need them.

That's basically all I have to say. Thank you.

Mr. GUARINI. Are you in Integrity House right now?

Mr. SCOTT. Yes, I am.

Mr. GUARINI. When do you graduate?

Mr. SCOTT. I'm going to complete the program and graduate pretty soon. Next December I should be going to the second phase.

Mr. GUARINI. Are you being taught any trade?

Mr. SCOTT. Yes, sir. When I get over to the second phase I'm planning on going for air conditioning and refrigeration.

Mr. GUARINI. How long have you been in prison?

Mr. SCOTT. Well I was in prison for 2 years.

Mr. GUARINI. Did they teach you anything in prison as a trade?

Mr. SCOTT. No trades down there at all.

Mr. GUARINI. You were just warehoused.

Mr. SCOTT. Warehoused. Because they got so many people coming in, like I said, they have you in tents until they ship other people out and move you into the prison.

Mr. GUARINI. Thank you for your story, Mr. Scott.

Father Peter Young, Father, you're the director of Altamount House. Thank you for coming down from Albany.

STATEMENT OF FATHER YOUNG

Father YOUNG. Thank you very much, Congressman.

We're sort of a little bit foggy yet coming down here without our second cup of coffee; we may say a few incoherent things. But we're delighted to be a part of this and to hear the good things that have been said by our previous speakers and to know their good work.

We've been doing it now for a little under 34 years, working in the field and taking in—for 34 years. I was 18 years as the chaplain in the county prison and then in the last 14 years in the State

prison. So with all those years' experience we try to see the need and then try to find a way to help it happen.

One of the things that I saw at that time I tried to say needed to be changed was the old law in New York State, 24040, which said that alcoholism wasn't a disease, it was a crime. I felt it was a disease and organized the State constituency to change the law to make it a treatment instead of just an incarceration event. So rehabilitation rather than incarceration was the theme.

With that we had a chance to establish 20 hospitals around the State, we've been able to establish 20 different sobering up stations around the State, and then hundreds of different halfway houses and other programs.

Twenty years ago I started a program called ASAT, Alcohol Substance Abuse Treatment Program in the prison system. And for the last 20 years we've been trying to put that program on line.

Looking at that kind of an idea, we developed that in all of the prisons in New York State, the ASAT Program. We have 23,000 people today in treatment in that program within the department of corrections. In that system we are very happy and delighted.

We have a variety of different programs, some outpatient, some inpatient, and the kind of model that I'm after is the residential program, the one where we can communicate—cellblock, train the inmates to then take care of their house and work with their problem of recovery, and that's been going along rather well.

It was an outside kind of program, it was not by the department and it was sort of one that we snuck into the department under the crisis of having a lot of inmates not knowing what to do.

As John Scott just mentioned, you sit around all day. I went to the superintendent and I said, you know you've got all these guys that are around and that's going to cause you problems, do you have anything to keep them busy. And I began to roll out the idea of what we could do with the person who is incarcerated with very little expense. And that's been the kind of model I've been looking at all the time, trying to keep the cost down because I'm aware of the quantity of people.

The costs of treatment that you were giving us earlier today are much more than that in New York; they're higher than that in New York. We're looking at a very, very high priority of this kind of need for treatment within the prison system.

And as we look at that we look at the comprehensive thought, the idea that you don't talk about a guy being able to get treatment. We have treatment programs in the prison that consist of 3 months of intense therapy when he got through his intervention, then continuing aftercare, and then treatment that will help a person be able to coordinate their life on the way out.

That's why I'm here today with a bit of frustration because I see the frustration in them getting all dressed up, 23,000 today that are getting all dressed up with no place to go. There are no opportunities for them when they hit the streets as we've heard John and the other people—same story all the time, where do I go, what do I do, how do I get the kind of support. You go back into the battleground and you have to learn again to live with the PPT's—the persons, the places and the things—that will keep you sober and clean.

If we can provide that and find a way to give that, then we can make a dent in this kind of problem. We've attempted that with the Altamount program with that kind of an idea because we try to create a glide path for the inmate coming out of prison.

We try to create the length of first treatment, then housing and then employment. We don't put anyone out until they have their full-time job, and then it's only when they want to leave and then to become a part of the recovery, and they continue to carry on the message to others, offering them their experience, strength, and hope.

So it's a program that can go on forever. The person who was addicted continues to carry the message to others, each one to each one. They carry the message you give to others and then offer some idea of what we can do to help the kind of quantity that we're talking about.

There are a number of people behind bars that want help. My records now show well over 90 percent are making it that have come through our program; sorry to say we only handle around 350 at any one time in Albany.

We run into the traditional things that I think in many ways the Federal Government has given to us that have created road blocks. And I looked at the motto above, "Equal Justice Under Law," I don't see not getting out of prison, I see frustration and difficulty in the road barrier blocking.

And I see programs coming in with all of the criteria of the JCAH and all the other criteria that have come down and then demand of the community a certificate being processed, a certificate of need process on any halfway house that might in some day, in some way take a man coming out of prison. You can't get that in the system. You can't get that in the neighborhood. The people come up and knock on your door and you say we don't want those criminals in our neighborhood.

We're very fortunate in Albany because with our track record, without being able to see any kind of disruptions, we haven't had that kind of difficulty with our political leadership, we were able to get in. We have 18 such programs in the Albany area that house and take care of the people coming out of prison.

But it's a very difficult thing to try to use the process to help people. The process frustrates people. Anyone trying to help people gets frustrated because if you say there's money, there could be money, any of the money will be given to us from Congress is all that is given to us by way of the certificate of need process.

If you're bringing in recovering alcohol and drug users back from prison into their neighborhood and you're putting on a program, you may give us all the money in the world, we'll never be able to use it.

I always go into what you're entitled to. I go back into the entitlements, I go back into the social service entitlement, I go through the fair housing opportunity law, I go through the homeless housing program. There people can by legislation be under the court mandated and then they can get what you've got over you, "Equal Justice Under Law."

So I say it's more your problem than ours. We've got people that want to do it, we want to see people get their lives together. We

have a lot of providers out there that want to see it happen. I feel it's a lack of training, it's a lack of knowledge, it's a lack of knowing what really is needed and how it cracked the system that we're caught in.

I feel that I'm here and I'm happy to be here. I think it's good therapy for me because I feel frustrated. We've been doing it for 34 years, the same thing, and day after day it gets tougher and tougher.

At one time we didn't have any problems treating people. At one time we could put programs together. Now we can't get in. You can't knock on the door, you can't get into the system. They will stop you each and every time. So we may talk about it longer than to do something.

But when we go through the bureaucracy, the different levels of government, the different kinds of legislative people, they'll say you've got good ideas, but we can't have that in our neighborhood, our neighborhood is saturated and we can't have anything here of that kind.

So I really am here, and I'm grateful to be here. I have clients with me from our program. I'm just indebted to you for holding hearings to permit me and others in this field to know that there's frustration out there.

Mr. GUARINI. The Chair wants to recognize Nita Lowey, Congresswoman from New York who just joined us.

Father, your story is a very moving one and has to be told with a louder podium than what has been used in the past.

You say that jobs are the biggest problem. We're in a recession now.

Father YOUNG. Not a problem at all.

Mr. GUARINI. Beg your pardon?

Father YOUNG. Not a problem at all. We get plenty of jobs.

Mr. GUARINI. You have the jobs up there?

Father YOUNG. We have plenty of jobs. We make a commitment to everyone that they'll have a job.

Mr. GUARINI. So the graduates from your program in spite of the recession are able to be placed into the private sector.

Father YOUNG. Yes.

Mr. GUARINI. Do very many of them work in the mission of helping other people that you——

Father YOUNG. We have——

Mr. GUARINI [continuing]. Able to employ them within your own operation?

Father YOUNG. We train—we have the culinary school, we have hotel/motel management school, we train for the general supermarkets——

Mr. GUARINI. Labor intensive.

Father YOUNG. Labor intensive. And we try to use the fair housing programs because in that way we build, we have construction that builds housing. We rent the housing, we rent floor after floor of rental housing projects. Floor after floor we move our men in until we then fill them up and offer them the rent at $210, $215 per month. Then they can afford to take a job that will be in the $5-$7 per hour bracket, and we get them started that way.

Mr. GUARINI. But they have hope and opportunity after——

Father YOUNG. We have an agreement with the State unions, all of the unions worked with us in that field, so we have an entry to all those jobs. Employment is never a problem.

Mr. GUARINI. Thank you, Father. Let's hear from Mr. Matthew Cassidy, associate executive director of the Treatment Alternative to Street Crime here in New York.

Mr. Cassidy, welcome here.

STATEMENT OF MR. CASSIDY

Mr. CASSIDY. Good morning, Mr. Guarini, and other members of the committee.

Thank you for inviting me here today to speak with you about TASC. Along with representing EAC, Inc., and our TASC division, as president of the consortium of TASC programs, I am speaking on behalf of 170 programs in the 23 States. My remarks will address the TASC mission, post release services, special populations, some accomplishments of TASC, and our needs.

Treatment Alternatives to Street Crime, TASC, was initiated over 20 years ago by the Federal Government to examine the problems of drug abuse and criminal behavior. The TASC mission is the reduction of criminality by the drug dependent offender by improving the rehabilitative aspects of treatment and criminal justice.

TASC identifies, assesses, and refers appropriate drug- and alcohol-dependent offenders accused or convicted of nonviolent crimes to community-based substance abuse treatment as an alternative or supplement of justice system sanctions. TASC works closely with the judiciary, probation, parole, and corrections.

The offender's drug abstinence, employment, and social personal functioning are monitored. TASC reports treatment results back to the referring agency. Clients who violate conditions of their agreement with TASC are returned for traditional processing.

Through treatment referral and closely supervised community reintegration, TASC aims to end the cycle of addiction, criminality, arrest, incarceration, release, readdiction, and rearrest.

TASC provides an objective and effective bridge between two groups with differing philosophies. The justice system's legal sanctions reflect community concerns for public safety and punishment, whereas the treatment community recommends therapeutic intervention to change behavior and reduce the suffering associated with substance abuse and related problems.

In addition to offering hope to drug- and alcohol-dependent clients by encouraging them to alter their lifestyles while remaining in their own communities, TASC programs also provide important incentives to other justice and treatment participants.

TASC reduces the cost and simplifies the processing of substance abuse cases by helping in addiction-related medical situations, pretrial screening, post-trial supervision, and probation and parole case management.

The treatment community also benefits from TASC's legal focus. TASC's work is designed to motivate and prolong clients' treatment cooperation and ensure clear definition and observation of criteria for treatment dismissal or completion. Public safety is also in-

creased through the careful supervision of criminally involved clients during their treatment.

Numerous evaluation studies have reported TASC's effectiveness in reducing recidivism, improving treatment participation, and providing a cost-effective alternative to incarceration.

In the area of postrelease drug treatment services, as I previously mentioned, TASC is the bridge which connects criminal justice and treatment. The continuum care and comprehensive needs of the parolee can be expertly provided by TASC programming.

As an adjunct to parole supervision, TASC offers numerous advantages. TASC can assess and place parolees in community-based treatment effectively and faster than parole due to our unique relationship with treatment programs. Parole caseloads have increased dramatically in the last 5 or 10 years. TASC can supervise and case manage the drug offender in community-based treatment allowing the parole officer to supervise the more difficult offender released to parole for supervision. TASC reports on a regular basis to the parole officer on the progress or lack of progress of the parolee. Most TASC programs across the country work with parolees.

Colorado has a TASC system in place which solely works with corrections and parole. EAC's TASC program in the New York City metropolitan area worked with over 100 parolees in 1990.

TASC of the Capitol District in New York has a strong relationship with parole and has been contracted by the New York State Division of Parole for the past 3 years to provide screening, assessment, referral, and case management services.

The benefits of a parole and TASC venture are as follows: First, *preparole screening* as provided by TASC can provide more comprehensive background data on drug abuse and related behavior upon which to make informed release decisions.

Second, *service delivery.* TASC case managers specialize in developing and implementing aftercare plans for treatment with drug involved offenders. In addition to drug abuse treatment, TASC provides urine monitoring, client advocacy with the local human service delivery network, and followup.

Third, *clinic efficiency.* The research efforts have documented the following: The key to successful outcomes in drug treatment is length of stay in treatment. Clients coerced into treatment tend to stay in treatment longer and the TASC model has proven effective in retaining clients for treatment longer than any other method.

Fourth, *alleviating prison overcrowding.* By relying on a TASC recommendation, scarce treatment slots will be allocated to those drug users most in need of, and responsive to, treatment. TASC case management, urine testing, site visits, and case conferences are deterrents fostering program compliance.

In the area of special populations; juveniles, women, MICA—that is, the mentally ill chemically addicted—the homeless, and HIV infected clients are some of these groups. There is a growing need to bring TASC services to these populations.

TASC program staff have the expertise to work successfully with these groups. TASC programs such as those administered by the Education and Assistance Corp. have a history of providing innovative programming.

EAC's TASC programs, for instance, provide specialized preplacement counseling services for these special populations ensuring the criminal justice system a professional service delivery.

EAC TASC also provides recidivist DWI programming on Long Island where the problem of drunk driving is the worst in the State, if not the country. EAC studies show that 85 percent of successful TASC DWI clients do not recidivate again 5 years after being sentenced to TASC.

Our Brooklyn TASC program has been retaining serious offenders in treatment longer than ever before. This is being done through the use of the TASC critical elements with strong support and understanding of the judiciary and the district attorney's office.

As a field, TASC is now an authorized program of the Bureau of Justice Assistance. TASC is also a recommended program of the Office of National Drug Control Policy as stated in the 1991 national drug control strategy.

The TASC field has developed the following over the past years. In the area of monographs, the TASC program brief, the TASC implementation manual, the TASC resource manual, and urinalysis policies for TASC programs. Over 77 on-site technical assistance and training programs have been conducted for TASC programs in the States.

There have been four successful national conferences and more are planned. In the next 18 months, 25 more on-site trainings are planned, and more monographs. One dealing with the accreditation for TASC programs and the other dealing with cost estimates for establishing a TASC program.

A national TASC data base is also being developed. These initiatives have been funded and strongly supported by the Bureau of Justice Assistance.

There has been a dramatic increase in treatment funding over the past few years. There has been no direct Federal funding for TASC programs. The funding base is solely supported by State and local dollars.

The TASC field and the criminal justice system need your support in getting Federal funding specifically for TASC programming directed to the States and local communities. States are finding it more and more difficult to find the money to fund programs. We need a strong boost by the Federal Government at this time to bring more TASC programs to the criminal justice system in order to break the cycle of rearrest with the drug-involved offender.

At this committee's request the General Accounting Office is studying the TASC field and reporting to Congress. I am certain it will be a favorable report.

In closing, let me state that TASC programs have developed orthodoxy and transferability. It is permanency that we need as a field. TASC works well with every aspect of the criminal justice system. TASC saves lives and saves money.

Thank you.

[The statement of Mr. Cassidy follows:]

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TESTIMONY

October 28, 1991

Presented To: U.S. House of Representatives

Select Committee on Narcotics Abuse and Control
Charles B. Rangel, New York - Chairman

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TASC PROGRAM SUMMARY

Treatment Alternatives to Street Crime (TASC) was initiated over 20 years ago by the Federal Government to examine the problems of drug abuse and criminal behavior. The TASC mission is the reduction of criminality by the drug-dependent offender by improving the rehabilitative aspects of treatment and criminal justice.

TASC identifies, assesses, and refers appropriate drug- and alcohol-dependent offenders accused or convicted of nonviolent crimes to community-based substance abuse treatment as an alternative or supplement of justice system sanctions. TASC works closely with the Judiciary, Probation, Parole and Corrections. The local community determines those in greatest need of TASC services and establishes the program's eligibility and success-failure criteria. The offender's drug abstinence, employment and social-personal functioning are monitored. TASC reports treatment results back to the referring agency. Clients who violate conditions of their agreement with TASC are returned for traditional processing.

TASC combines legal sanctions with justice system dispositions, including deferred prosecution, community-based sentencing, diversion, pretrial intervention, probation and parole supervision. These are designed to motivate treatment cooperation by the substance abuser. Through treatment referral and

closely supervised community reintegration, TASC aims to end the cycle of addiction, criminality, arrest, incarceration, release, readdiction, and rearrest.

TASC provides an objective and effective bridge between two groups with differing philosophies: the justice system and community treatment providers. The justice system's legal sanctions reflect community concerns for public safety and punishment; whereas the treatment community recommends therapeutic intervention to change behavior and reduce the suffering associated with substance abuse and related problems. Under TASC supervision, community-based treatment is made available to drug-dependent individuals who would otherwise burden the justice system with their repeated criminality.

In addition to offering hope to drug- and alcohol-dependent clients by encouraging them to alter their lifestyles while remaining in their own communities, TASC programs also provide important incentives to other justice and treatment system participants. TASC reduces the cost and simplifies the processing of substance abuse cases by helping in addiction-related medical situations, pretrial screening, post-trial supervision and Probation and Parole Case Management.

The treatment community also benefits from TASC's legal focus. TASC's work is designed to motivate and prolong clients' treatment cooperation and ensure clear definition and observation of criteria for treatment dismissal or completion. Public safety

is also increased through the careful supervision of criminally involved clients during their treatment.

More than 170 TASC sites operate in 23 states, serving a wide variety of criminal populations. Numerous evaluation studies have reported TASC's effectiveness in reducing recidivism, improving treatment participation and providing a cost-effective alternative to incarceration.

TASC has been selected by the Bureau of Justice Assistance as a "certified" program because of its demonstrated effectiveness as an intervention program for drug-dependent offenders. In the 20 years since TASC programming was developed, many improvements have been made. Operationally, certain critical program elements have proven to be essential to the success of TASC. Experience has shown the TASC model to be highly transferable if these elements are incorporated. The critical elements are:

ORGANIZATIONAL ELEMENTS:

1) A broad base of support within the justice system with a protocol for continued and effective communication
2) A broad base of support within the treatment system with a protocol for continued and effective communication
3) An independent TASC unit with a designated Administrator
4) Policies and procedures required for staff training
5) A data collection system to be used in program management and evaluation

OPERATIONAL ELEMENTS:

6) A number of agreed upon offender eligibility criteria
7) Procedures for the identification of eligible offenders that stress early justice and treatment intervention
8) Documented procedures for assessment and referral
9) Documented policies and procedures for random urinalysis and other physical tests

10) Procedures for offender monitoring that include criteria for success/failure, required frequency of contact, schedule of reporting and notification of termination to the justice system

POST RELEASE DRUG TREATMENT SERVICES

TASC IS THE BRIDGE WHICH CONNECTS CRIMINAL JUSTICE AND TREATMENT. The Continuum of Care and the Comprehensive needs of the parolee can be expertly provided by TASC programming. As an adjunct to Parole Supervision, TASC offers numerous advantages: 1) TASC can assess and place parolees in community-based treatment effectively and faster than parole due to our unique relationship with treatment programs and 2) Parole caseloads have increased dramatically in the last 5 years. TASC can supervise and case manage the drug-offender in community based treatment allowing the parole officer to supervise the more difficult offender released to parole for supervision. TASC reports on a regular basis to the parole officer on the progress or lack of progress of the parolee. Most TASC programs across the country work with parolees:

* Colorado has a TASC system in place which solely works with Corrections and Parole;

* EAC's TASC Programs in the N.Y.C. metropolitan area worked with over 100 parolees in 1990;

* TASC of the Capitol District, New York, has a strong relationship with Parole and has been contracted by the N.Y. State Division of Parole for the past 3 years to provide screening, assessment, referral and case management services.

Placement and Case Management Services.

* Wisconsin, Michigan and Alabama just to name a few states work successfully with Corrections and Parole.

The benefits of a Parole/TASC venture:

1) Pre-Parole Screening - as provided by TASC tend to provide more comprehensive background data on drug abuse and related behavior upon which to make uniformed release decisions.

2) Service Delivery: - TASC case managers specialize in developing and implementing after care plans for drug involved offenders. In addition to drug abuse treatment TASC provides urine monitoring, client advocacy with the local human service delivery network and follow-up.

3) Clinical Efficiency: - Research efforts have documented that:
   a) the key to successful outcomes in drug treatment is length of stay in treatment
   b) clients coerced into treatment tend to stay in treatment longer
   c) the TASC model has proven effective in retaining clients in treatment longer than any other method

4) Alleviating Prison Crowding: - By relying on a TASC recommendation, scarce treatment slots will be allocated to those drug users most in need of, and responsive to, treatment. TASC case management, urine testing, site visits and case conferences are deterrents fostering program compliance.

SPECIAL POPULATIONS

TASC brings its services to special populations. Juveniles, women, MICA (Mentally Ill Chemically Addicted), the homeless and HIV infected clients are some of these groups. There is a growing need to bring TASC services to these groups.

TASC program staff have the expertise to work successfully with these groups. TASC programs such as those administered by

the Education and Assistance Corporation have a history of providing innovative programming. EAC's TASC programs, for instance, provide specialized pre-placement counseling services for these special populations insuring the criminal justice system professional service delivery. EAC TASC also provides recidivist DWI programming on Long Island where the problem of drunk driving is the worst in the State, if not the country. EAC's studies show that 85% of successful TASC DWI clients do not recidivate again 5 years after being sentenced to TASC.

Our Brooklyn TASC program has been retaining serious felony offenders in treatment longer than ever before. This is being done through the use of the TASC critical elements along with strong support and understanding of the Judiciary and the District Attorney's Office.

As a field, TASC is now an authorized program of the Bureau of Justice Assistance. TASC is also a Recommended Program of the Office of National Drug Control Policy as stated in the 1991 National Drug Control Strategy.

The TASC field has developed the following over the past 5 years:

* MONOGRAPHS
  - The TASC Program Brief
  - The TASC Implementation Manual
  - The TASC Resource Manual
  - Urinalysis Policies for TASC Programs

* Over 77 on-site Technical Assistance and Training Programs

* 4 National Conferences

* In the next 18 months, 25 more on-site trainings are planned

These initiatives have been funded by the Bureau of Justice Assistance.

There has been a dramatic increase in treatment funding over the last few years. There has been no increase or direct federal funding for TASC programs. The funding base is solely supported by State and Local dollars. The TASC Field and the Criminal Justice System need your support in getting Federal Funding - Specifically for TASC Programming directed to the States and Local Communities. States are finding it more and more difficult to find the money to fund TASC. We need a STRONG BOOST by the Federal Government to bring more TASC programs to the Criminal Justice System in order to break the cycle of rearrest with the drug involved offender. At this Committees request the General Accounting Office is studying the TASC Field and reporting to Congress. I have no doubt it will be a favorable report.

In closing, let me state that TASC Programs have developed orthodoxy and transferability. It is Permanency that we need as a Field. TASC works well with every aspect of the Criminal Justice System. TASC saves lives and TASC saves money!

Thank you.

ATTACHMENT A

BROOKLYN TASC

A N N U A L R E P O R T F O R 1990

DEMOGRAPHIC ANALYSIS

Program #: 36

05/17/91

Program #: 36

05/17/91

Total Screened 224

Entered TASC with open cases: one arrest 160
two arrests 35
three arrests 8

Present Charges		Chge 1	Chge 2	Chge 3	Chge 4	Chge 5	Chge 6
Felony:	A	1	0	0	0	0	0
	B	86	57	16	11	6	0
	C	26	10	5	6	1	1
	D	32	20	19	6	3	0
	E	14	13	8	3	0	0
Misdemeanor:	A	57	48	51	27	10	6
	B	2	1	2	2	0	0
	DWI	2	0	0			

Total present charge felony 159
Total present charge misdemeanor 59
Total present charge VOP 21

Criminal Justice Status:		
pre-plea	139	62.1%
post-plea	66	29.5%
probation	33	14.7%
parole	8	3.6%
incarcerated	141	62.9%

Clients with Legal/Court Appointed Attorneys 138 /52 84.8%

Prior Criminal History:

no prior arrest	21	9.4%
1 prior arrest	35	15.6%
2 prior arrests	34	15.2%
3 prior arrests	17	7.6%
4 prior arrests	29	12.9%
5 prior arrests	25	11.2%
6 prior arrests	6	2.7%
7 prior arrests	13	5.8%
8 prior arrests	8	3.6%
9 prior arrests	0	0.0%
10+ prior arrests	36	16.1%

rogram #: 36

05/17/91

Clients with prior incarceration		92	41.1%
Average incarceration per client		4.10	
Sex:	Male	165	73.7%
	Female	54	24.1%
Age:	16 - 19 years old	23	10.3%
	20 - 21 years old	14	6.3%
	22 - 29 years old	101	45.1%
	30 - 39 years old	73	32.6%
	40 - 49 years old	8	3.6%
	50 -59 years old	2	0.9%
	60 and over	0	0.0%
Ethnic:	White	47	21.0%
	Black	99	44.2%
	Hispanic	66	29.5%
	Other	6	2.7%
Education:	8th grade or less	9	4.0%
	9th to 11th grade	140	62.5%
	attending high school	0	0.0%
	high school graduate or GED	43	19.2%
	some college	23	10.3%
	college graduate	2	0.9%
	post graduate	0	0.0%
Employment:	full time	18	8.0%
	part time	15	6.7%
	unemployed	184	82.1%
	retired	1	0.4%

****

Total DWI Clients:	2	0.9%

The Blood Alcohol Concentration (BAC) at the time of arrest is charted below. According to the National Highway and Safety Administration, an average 150 pound male who consumes a minimum of 6 beers or 6 ounces of liquor within two hours will register a score of .10 BAC level.

BAC Scores	Client refused test	
	.05 to .09	0
	.10 to .14	0
	.15 to .19	0
	.20 to .24	1
	.25 to .29	0
	.30 & over	0
Prior DWI	1 arrest	0
	2 arrests	0

3 arrests	0	
4 arrests	0	
5+arrests	0	

Substance Abuse:

Alcohol	104	46.4%
Crack	158	70.5%
Cocaine	113	50.4%
Heroin	83	37.1%
Marijuana	118	52.7%
Other	35	15.6%
Clients with prior treatment history	100	44.6%

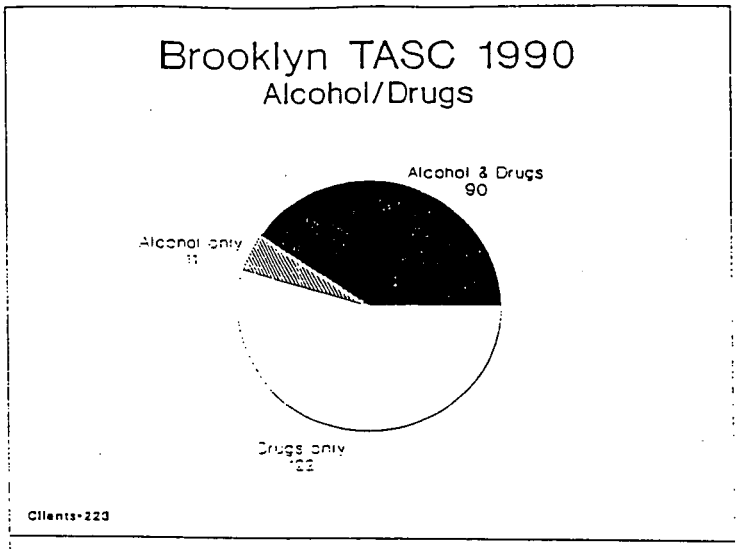
Treatment Modality:

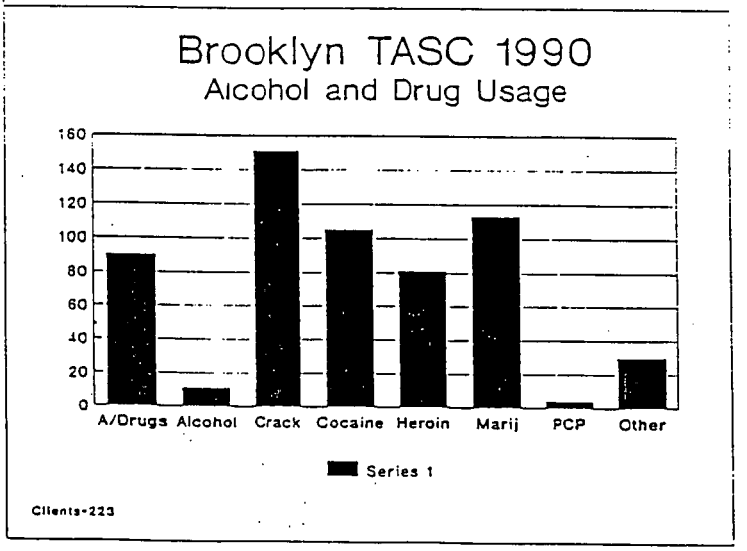
Outpatient Treatment	25	16.4%
Therapeutic Community	119	78.3%
Alcohol Rehabilitation	0	0.0%
Methadone Maintenance	3	1.3%
Intensive Day/Evening Care	1	0.7%
Temporary Housing	0	0.0%
Detox	5	3.3%
Total placed in treatment	152	67.9%
(Jail Clients)	(95)	
(DWI Clients)	(2)	
(Minority Clients)	(121)	

Income:	under $5,000	95	42.4%
	$5,000 - $9,999	1	0.4%
	$10,000 - $14,999	3	1.3%
	$15,000 - $19,999	2	0.9%
	$20,000 - $24,999	6	2.7%
	$25,000 - $49,999	2	0.9%
	$50,000 & over	0	0.0%
	unknown/none	108	48.2%

County of Residence:	Nassau	3	1.3%
	Suffolk	0	0.0%
	Richmond	0	0.0%
	Queens	9	4.0%
	Kings	195	87.1%
	Bronx	2	0.9%
	New York	2	0.9%
	New Jersey	0	0.0%
	Connecticut	0	0.0%
	Veterans	0	0.0%

ATTACHMENT B

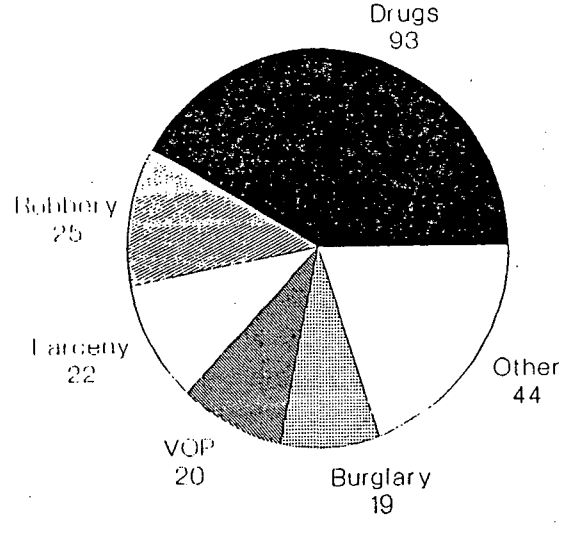




ATTACHMENT B

EAC/TASC Division 1990

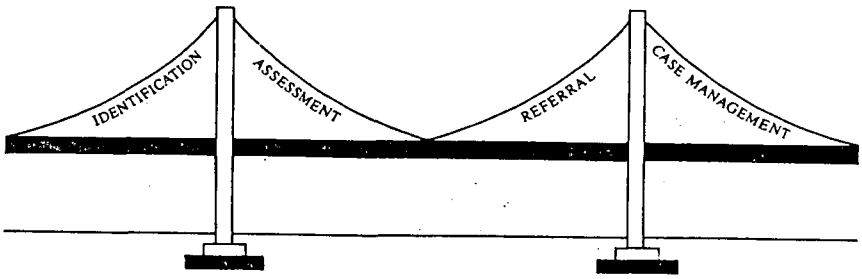
Brooklyn TASC



TOTAL 223 (Fel=154)

The TASC Bridge

ATTACHMENT C



Justice System
- legal sanctions
- community safety
- punishment

Treatment System
- therapeutic relationship
- changing individual behavior
- reducing personal suffering

The Development and Success of TASC

Chemical addiction is an illness rather than a crime, and the State may force an addict to submit to treatment and impose criminal sanctions for failure to comply with the treatment program. These were some provisions of a 1962 landmark Supreme Court decision, *Robinson vs. California.* In the context of the times, when penal coercion was disavowed as an effective rehabilitation incentive and community-based treatment for substance abuse was only slowly gaining acceptability and credibility, alternatives to routine criminal justice system processing for drug dependent offenders seemed worthy of serious consideration.

In the years following, several conceptual and strategic models were developed to implement these new understandings. By the early '70s a Presidentially-appointed *Special Study Commission on Drugs* established a definite link between drugs — particularly narcotics and crime. A small number of addicts were found to be responsible — for a large percentage of crimes, and a disproportionate share of criminal justice system resources were being absorbed by their recidivism.

Discussions on how to link treatment and the judicial process and interrupt the relationship between drugs and property crimes were held by the Law Enforcement Assistance Administration (LEAA), the White House-established Special Action Office for Drug Abuse Prevention (SAODAP), and the National Institute on Mental Health's Division of Narcotic Addiction and Drug Abuse (DNADA) — predecessor to the National Institute on Drug Abuse (NIDA).

The resulting Federal initiative, modeled after earlier experiments with diversion programs and two demonstration projects in New York City and Washington, D.C., was funded under the Drug Abuse Office and Treatment Act of 1972 and christened TASC — Treatment Alternatives to Street Crime. The first TASC project, opened in Wilmington, Delaware, in August 1972, provided pretrial diversion for opiate addicts with non-violent criminal charges who were identified in jail by urine tests and interviews. After assessment of their treatment suitability and needs, arrestees who volunteered for TASC were referred and escorted to appropriate community-based treatment and monitored for continued compliance with treatment requirements. Successful completion usually resulted in dismissed charges.

LEAA issued program guidelines for replication of the TASC model — focusing on pretrial diversion and sentencing alternatives for drug-dependent offenders — and awarded "seed" grants with the understanding that successful demonstration projects would gain local or State funding to continue the programs within a three-year period. In 1972-73, 13 TASC projects were initiated by local jurisdictions in 11 States. By 1975, 19 more such projects were under way, making a total of 29 operational sites in 24 States. Before Federal funding was withdrawn in 1982, TASC projects were developed at 130 sites in 39 States and Puerto Rico.

LEAA made a special effort to fund TASC programs in various geographic areas and jurisdictions, including large metropolitan areas, smaller cities, suburban and rural counties, regional conglomerations and statewide networks of sites. Original client participation criteria were also expanded to include polydrug and alcohol abuses, juveniles, and, in some places, domestic violence and mental health demonstrations projects. Also evolving were TASC services to the alcohol and drug related traffic offender.

All of the LEAA-funded TASC programs were required to conduct independent evaluations of their effectiveness, and more than 40 of these local assessments were completed over the ten-year period of LEAA oversight. Although a few evaluators found that some TASC programs had unduly optimistic expectations for client success or were underutilized, the majority concluded that local TASCs effectively:

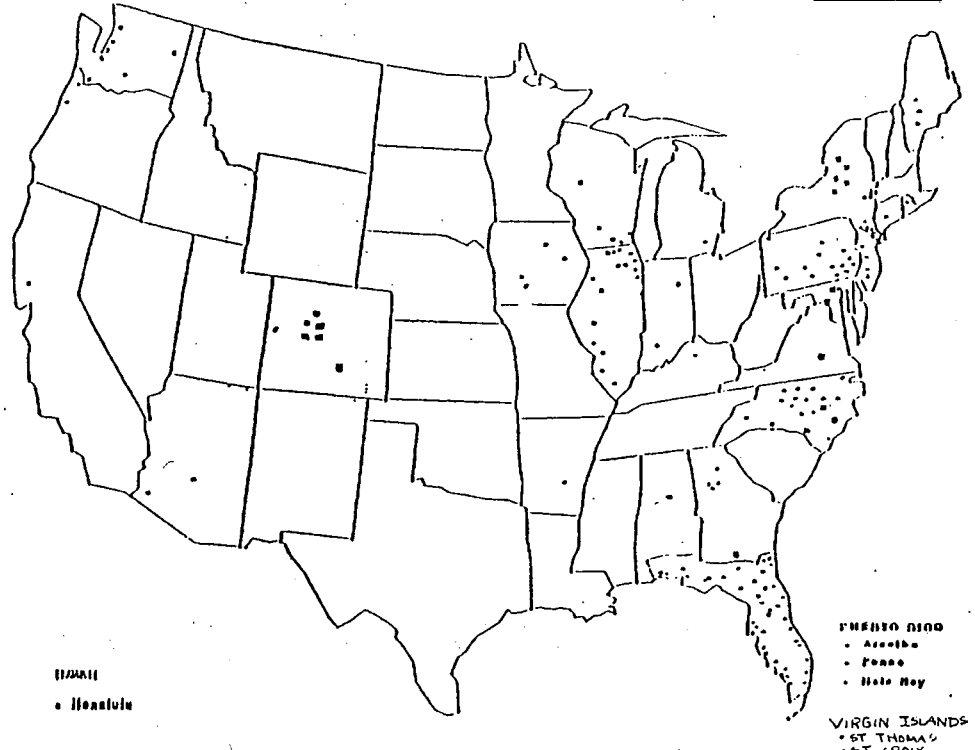
- Intervened with clients to reduce drug abuse and criminal activity;
- Linked the criminal justice and treatment systems; and
- Identified previously untreated drug dependent offenders.

During the same period, three national assessments of the TASC program focused on the success of multiple sites in meeting general TASC goals. Evaluators of five early TASC projects in 1974 (System Sciences) concluded that these sites each handled a substantial proportion of repeat offenders with long histories of addiction, initiated more than half of the identified clients (55 percent) into their first treatment experience, and reduced their criminal recidivism.

130 SITES
23 STATES

TASC AND TASC-LIKE PROGRAM SITES

ATTACHMENT J



Compiled by Illinois TASC, with information provided by the Bureau of Justice Assistance, U.S. Dept. of Justice, 1989.

Mr. GUARINI. Thank you very much, Mr. Cassidy.

I assume that from the three experiences that we have here where we have treatment that's afforded to the prisoners, there has been, according to our statistics, a very high rate of success.

Can you each tell me from the amount of people that you have that you take under your wings, how many actually, what percentage actually graduates from your program, Father, those that start your program, what percentage actually complete it?

Father YOUNG. We have about 48,000 a year.

Mr. GUARINI. And how many would go through the entire program?

Father YOUNG. Well, my frustration is that we don't have enough aftercare. We have in the program about 48,000, 23,000 every 6 months. We are hoping to increase that because of the need.

Mr. GUARINI. So you have money problems apparently. I guess the cost must be enormous.

Father YOUNG. It would not be a cost to the prison system, it could be done without difficulty by way of job protection.

Mr. GUARINI. Do you get much private money at all or is it mostly all——

Father YOUNG. We basically——

Mr. GUARINI [continuing]. Publicly——

Father YOUNG [continuing]. New York State Legislature. We did for years at 25 cents a day. For a number of years our treatment program ran for 25 cents a day, and that was, you know, way back when. Now it's about $250 per year, per person, per bed in our ASAT Program. It's going up because we're getting now a central administration and we're getting additional staff.

We're looking at men going into the vocational training program that will help underwrite the cost of training.

In our program on the outside when a man comes out, we try to go into the Federal housing projects or we try to get the homeless housing money for some kind of housing assistance. And then we try to build our own homes and housing compounds. So that way we only then pass on two-thirds of the cost of housing onto the person that we're then resocializing.

And don't say that we have treatment programs. As soon as we say we have treatment programs, then we have to go through the certificate-in-need process. So we play in that way the best game is a quiet game and we do it without any kind of public——

Mr. GUARINI. Let me ask Mr. Cassidy, what are your funding problems? Are you adequately funded by the governments or do you feel that there is a large shortfall?

Mr. CASSIDY. Mr. Guarini, in New York State last year, the last fiscal year, we took a 25-percent cut in New York State. Although the executives felt that they wanted to try and push through a community corrections bill this past year, the matter was unable to be resolved and ended up having—State's fiscal crisis, programs such as ours with a large cut. So we had to pull back some of our services rather than try and expand, which was what we were trying to do over the last few years.

Mr. GUARINI. Do you have a big waiting list?

Mr. CASSIDY. We have some waiting lists. We've been able to put through that good relationship with many treatment providers over the last 13 years in New York State. We've been able to place people. We're not experiencing the long waiting list we were a year or two ago but the waiting list is still there.

My staff is doing an excellent job as far as doing outreach community-based treatment programs and placing our clientele as quickly as possible. But there are some funding problems, when in fact programs such as TASC and other programs like this are really ready to expand and work—community-based treatment. The money just doesn't seem to be there.

Mr. GUARINI. What is your success level?

Mr. CASSIDY. In New York State—between 50 and 60 percent of the people that we place in treatment are retained in treatment between 6 and 12 months, so we consider that basically our success rate. We have about 1,200 offenders in treatment at any one time.

Mr. GUARINI. Mr. Williams and Mr. Kerr of Serendipity, you currently have had a great deal of notoriety and have been very successful in your operations.

Can you tell us some of the barriers that you have, problems that you have in getting your programs across?

Mr. KERR. Let me give you some data first. In an 8-year study by the New Jersey College of Medicine and Dentistry and 2-year study by Rutgers University, they found that those who completed the treatment were 90 percent successful based on these parameters: being drug free, having no legal involvement, and employed or attending school.

However, only 20 percent of those who come in our front door finally graduate. They also found that because of the duration of therapeutic community, a lot of individuals going through it feel that they're ready to leave before completion.

And so they studied those who at least had done 6 months of the program and dropped out. Of those individuals who stayed at least 6 months, the success rate, based on those three grounders, is 60 percent.

Also I meant to say, and I put it in my written testimony, that those individuals who are referred on coerced basis from jails, in other words, referred on, as John said, the max status mutual agreement program, who are there in our program as inmates, those individuals have a significantly higher retention rate. Our retention is maybe 3½ months on average for normal residential clients, but those referred with inmate status it's close to 6 months.

And John is a good example of someone who's saying here that after the pressure is lifted he's still going to stay with us. So I think we have a clear track record of having an impact on people from the criminal justice system.

I personally think I like the trend of Congress insisting on data collection and I appreciate the data base that TASC is collecting. We need to know more information about the people who come in, the success rate of the programs, the retention rate of the programs. These are very careful questions to ask and the answers have to be carefully assessed because if you ask a person about success, some might say 99 percent. Well, that's because one person finished a 10-year program, and so the person who finishes it, you

know, is successful. And then people tend to count bodies and then they get discouraged that millions aren't graduating.

But you have to also understand that success with Heather was due in part to a short stay in our program several years ago and made an impact and she came back on her own. She's here voluntarily now based on the impact. So success is a very difficult concept.

One way you can look at it is retention rates; I think the therapeutic communities have very good retention rates with those people who are coerced. Ron is the expert, maybe he can tell you.

Mr. WILLIAMS. In all the facilities that we run we have had the luxury of a followup study by the Division of Substance Abuse in New York State that boasts a 77-percent success rate. Now if you talk about our aftercare facility and our in-prison program, I find it difficult to separate them because I view them as a continuous program and I think that you have to look at it as such. In the therapeutic community field we see treatment as having three major components that you must address: Action, behavior, lifestyle. You must address all three of these in order to have success. In an in-prison program you can effectively address the first two. That's a part of the reason that the in-prison programs are gaining recognition, not necessarily in that it's salvaging human lives, but in that it makes facility management easier. You end up with well-behaved inmates. Attitude changes and therefore behavior changes.

These are the first few stages of the process though. The issue of lifestyle is most important—you can have hundreds upon thousands of highly motivated individuals leaving prison every day. Attitudes changed, behavior changed, ready to march forth.

If the issue of lifestyle is not addressed, the whole process will not work. If an individual has to return, as you've already heard from the experts themselves, if they have to return to the same environment, same neighborhoods, same social network, you're going to have failure.

As far as I'm concerned, even though our kudos are usually about Stay'n Out, and I think it's a wonderful program; however, I also see it as a hamper program. It is something that is in the prison system and is working well there. However, you need to have that aftercare portion that will handle the issues of readjustment, resocialization, which is extremely important, vocational rehab, and also education.

The average inmate who has a history of substance abuse is not highly skilled. The majority of them are very, very intelligent, very, very bright, but they have no marketable skills. If this area is not addressed, then they will return to earning a living in the only fashion that they know.

The other thing about the treatment issue, therapeutic community, is that I consider therapeutic treatment as prevention, because the average inmate or resident who enters treatment is already drug free. To expect an individual to walk out of prison and to return to the same environment and the same friends, et cetera, without support is foolish.

Mr. GUARINI. Mr. Williams, I just have one last line of questioning before I turn over to the panel. And I want to welcome Mr. Gilman who just came in.

You seem to understand the mindset, so do the rest of you, of the individuals who are involved or are addicts and many people think in terms of law enforcement, mandatory sentences, longer sentences. Europe is much more civilized in their approach; they do a great deal more treatment instead of imprisonment.

There are alternatives to prison, aren't there? Pretrial intervention. Are we making a mistake by locking everybody up? Should we rely more on community treatment in lieu of prison and have more pretrial intervention?

Mr. WILLIAMS. I think that we are making a severe mistake by locking everybody up. I think that many individuals who are currently incarcerated should not be in prison in the first place. Incarceration in and of itself does not cure addiction.

I have been in the therapeutic community field over 30 years. In my years of working at the Phoenix House, a halfway house, one of the most successful programs that I ever saw was called the court referral project.

This took the individuals who were facing sentencing and gave them an option; either seek treatment or go to prison. The success rate of the court referral project in the Phoenix Houses that I ran was phenomenal.

These individuals stuck with it. Initially they may not really have wanted to be there. However, after seeing how it betters them and also establishing that they need a social network, things changed.

I would estimate that out of 100 individuals that I have—that we succeeded with about 88. And I think——

Mr. GUARINI. Let me turn the questions over to Mr. Payne. I appreciate your comments and we do have a number of Congressmen that do want to ask questions. I'm very interested in what I had asked you and perhaps we'll follow it up later.

Mr. Payne.

Mr. PAYNE. Thank you very much. I've been very impressed with all of you and what you've had to say. Just a question about people who return back to the community. You indicated what they did in the program and they go back—in most instances it's difficult for them to stay out.

What kind of support do you usually give a person who is coming out of either a treatment modality or incarceration if they come to you and say we need some help? What are the kinds of things that you attempt to do with them in counseling to build their self-esteem, to try to have them strong enough? What are some of the types of things that tend to work?

Mr. WILLIAMS. For the aftercare facility that we run there are two types of residents. The average length of stay there is 1 year; however, that is divided up between these two categories.

Now, the first category is 1 to 6 months approximately. These are individuals coming out of prison that have marketable skills, they have fairly normal backgrounds, families who are not dysfunctional to a large degree, and that we feel are reconstituted; jump starters we call them.

We, first of all, have to look at our State system and have in mind that we are talking about people who have been 2 years in-

carcerated and at times 20 years incarcerated; there's a major difference between the two, and you have everything in between.

We also have to look at the fact that in 1991, whether you are incarcerated 2 years or 22 years, you are still released with $40 and a suit. That's a major problem right there.

It's extremely hard finding counseling here. And these are issues that we must address for the people coming out.

Even in the residential facility itself, we have the group settings, we have the AA meetings, we have the NA meetings, we resocialize the individuals; we handle things there that the normal person sees as no big thing. However, the inmate or the ex-inmate sees it as heavy duty trauma.

You want to see a panic? OK. Ask the girl who opened up a savings account at Chem Bank and she panicked. They have never done that in their life before, they do not know how to navigate that system at all. All of these are things that must be taught.

The individuals that come down to treatment inside the prison are in the formative years or just learning how to be sociable. So all of these things are things that you have to walk them through. You have to redevelop that so that they have no urge or desire to return to the early social systems.

About 75 percent of the persons coming out of prison have histories of substance abuse. It takes the average person about a year to develop intact social skills.

So we have the group settings, one-on-one social settings, evening groups, how to work. It isn't a matter of finding a job oftentimes, it is a matter of keeping the job. If you don't have the skills of how to work, you will lose that job.

The last thing an ex-inmate with a history of substance abuse needs is to be a failure. The egos are still very, very fragile. They are starting to learn how to do things, however, they are also easily frustrated.

So to have immediate failure, it is very, very wise to also have a safety net, so as that individual comes back home every evening, he or she can talk about the stress, what went wrong, how to fix it, how to face that next day. That's what that time is all about, how to make their legs a little stronger under them so that they can successfully walk away.

Now, Mr. David, and I also have—would you stand a minute please? Sandra, it's nice to see you. How long ago were you a resident in the program?

Ms. SANDRA. Eleven years ago.

Mr. WILLIAMS. OK, 11 years ago. What are you now doing?

Ms. SANDRA. I'm an alcoholism counselor.

Mr. WILLIAMS. Thank you very much.

Sir, when did you enter the program?

Mr. PARTICIPANT. I entered the program in 1989.

Mr. GUARINI. Try to speak up louder so the stenographer can hear you. He has to take down what's being said.

Mr. PARTICIPANT. I came to the Stay'n Out Program in 1989, and I stayed until at least April 1991. Upon my release I didn't need an aftercare program. When I came home, reality hit me, you know, bills had to be paid—I was incarcerated for 7½ years. I was given

$40 and a suit and they said stay out and don't come back, you know. I was scared to death.

From the Stay'n Out Program in Arthur Kill, I was given a chance how to get back into myself, how to maintain a job, how to go about getting a job. But when I was just pushed out into the street, all that collapsed. Within 2 days of my release I found myself knocking at the door of Serendipity aftercare program in Bedford Styvesant, Brooklyn. And then into the aftercare speaking with the counselors and releasing some of the stress that was—me being scared, I was able to settle down, stabilize myself and get back out to the work field.

Right now I'm presently a full-time student in a business school going for computers. I'm doing varied volunteer work helping individuals trying to get back what was given to me—the program.

And I'm proud to say that today I'm drug free and I'm maintaining my stability in society. I'm now a productive member. I'm no longer a walking zombie through the streets. But aftercare, I'd like to say, is not just a want for ex-addicts, this is a necessity. You cannot function without it.

I got turned down about eight or nine jobs, you know, and to be honest with you. I felt myself slipping back into old ways until I came to the aftercare. But speaking as an addict, a duly addicted addict, I'd like to say that aftercare is a valuable necessity to maintain our stability, everything we strive for within the program to maintain——

Mr. WILLIAMS. Thank you. Serendipity is designed for the returned dependent and especially with the Stay'n Out background. However, we only opened up this particular facility a year and a half ago.

Up until that point I had to utilize my sister agencies such as Phoenix House, Daytop Project Return, et cetera, for that aftercare portion of it. So I must share the 77-percent success rate with the other organizations who initially acted as my aftercare——

Mr. GUARINI. Thank you. Congresswoman Lowey.

Mrs. LOWEY. Thank you very much, Mr. Chairman. Needless to say, Mr. Williams, your testimony is very, very impressive. And in light of the shortfall in budget dollars, every time Dr. Kleber, who is the President's person on treatment, comes before us, we keep asking him to ferret out for us the programs that work and the programs that don't work. Because there are not dozens, thousands of programs around the country and we've got to find out what's working and what's not working so we can use those precious dollars more efficiently and more effectively.

Now, in looking over your testimony, you've mentioned that your success rate of graduates is 80 percent——

Mr. WILLIAMS. Seventy-seven.

Mrs. LOWEY. OK, 77. Well, from my experience, and I know Phoenix House and Daytop, I haven't had the pleasure of touring your facility, that's extraordinary.

Now, what kind of numbers of people treated are you talking about? I think someone said before you don't want 90 percent of two. What kind of numbers are you talking about of graduates?

Mr. WILLIAMS. Well, every year in New York State's prison system we turn out approximately 500 graduates. This is from the

Arthur Kill Correctional Facility in Staten Island. We house 150 male inmates in treatment and also, Bayview Correctional Facility in Manhattan where we house approximately 50 females in treatment.

This turns over an estimated one-half times per year. So——

Mrs. LOWEY. So in this 77 percent of your graduates, how many graduates have you treated successfully? Five years later——

Mr. WILLIAMS. As this research effort went by the division of substance abuse services, they did not track down every single individual that came through the program. So those particular individuals they actually tracked number about 200.

Mrs. LOWEY. So of 200 people, 77 percent of the 200 are clean 5 years, employed.

Mr. WILLIAMS. Yes.

Mrs. LOWEY. I think that's amazing. And someone said before, I believe Mr. Kerr, that we really need these statistics because if we're going to sell these programs then we've got to have some good ammunition. That's why the chairman and I, along with many of the members of the committee, called upon the Administration to make expanded treatment one of the goals of the national drug control strategy. In fact, I had an amendment attached to the crime bill to make treatment one of those goals, because unless you're going to aim high, you're not going to meet those goals. So I think your kind of statistics are very important.

I'd like you to tell me some more about how the program operates. I'm a particularly great supporter of boot camps. The Senate has a provision in its version of the crime bill that would establish 10 national boot camps on closed military bases, and I have language that I'm trying to get included in the defense appropriations conference report on this subject, and Charlie Rangel and I had an amendment passed, 2 years ago, to turn some of those closed military bases into boot-camp kinds of facilities or drug treatment facilities. But despite all of these efforts, not much has happened.

I feel, that first you have to get youngsters off drugs—or oldsters, you probably have them of all ages—get them off drugs, put them through a rigorous routine, and then teach them a skill so when they get out of the program, they're not going back to their community without the ability to earn a dollar. And it is that kind of network of services that really can make this a success.

Could you describe your program to us? How many counselors are there to the patient, to the client? Are there physical exercise routines that are part of the daily activities? Are there any kinds of training programs right in the facilities or is that all subcontracted out? Are there any skills that are actually being taught? Could you just describe the atmosphere a little more to us?

Mr. WILLIAMS. OK. The first part I'd like to mention to you is that as far as the research findings go, we have testified before Mr. Schumer and other individuals such as Dr. Lipton, who actually headed up the research. If you wish copies of the documents, I would be happy to furnish them for you.

The Stay'n Out Program in the prison system is on a modified TC as we call it, which is housed separately from the regular population. I operate four treatment units in that. After 14 years I'm

also on the verge of expansion, which I hope to have happen in the next few months.

Everything that happens on the living unit, each of which houses 35 to 37 residents, we don't call them inmates in the program, residents. Everything in the living unit itself is part of the program.

The average resident wakes up in the morning at 6:30 a.m. and they have chores that are necessary to maintain the program and the unit and its cleanliness. It's a high structure; it looks like a pyramid. Everybody coming into the program initially is on the bottom of that curve.

They're known as the service group or the house maintenance. Their responsibility is to make sure the floors are clean; that the house is immaculate.

As they take part in the program, an attitude starts changing. And it's rather important to mention something about the attitudes. It isn't only a matter of mopping the floor, it is actually part of the treatment. Everybody coming in initially is high—you know, there's a lot of macho image in prisons. So to mop floors and sweep as other people are walking around you, it's not in keeping with the macho prison attitude.

Eventually the individual learns that it isn't only a matter of mopping the floor, it is a matter of taking part in a role activity that is happening here, and that whatever job function that you might have is as important as any other job function on that unit; everything works together.

However, we know that it is your obligation to do that job to the best of your ability. And it comes back around to them in that we have a large amount of visitors coming to Stay'n Out from all over the world. I have had visitors from as far as Mainland China.

What that individual eventually learns is that when the average visitor enters our unit the first thing that they normally comment on is the cleanliness and the way the floor shines. So even though we are not at the upper level of the program, he also gives that first impression that everybody has of the program.

So even though it's a minor job it has value and importance——

Mrs. LOWEY. May I ask——

Mr. WILLIAMS [continuing]. A part of what you learn——

Mrs. LOWEY [continuing]. For a moment, Mr. Williams, and then I know there are other members that would like to ask you some questions.

It seems to me that within that 6 months to a year that prisoners are in your program, you have an ideal opportunity to work with them to develop some skills.

Now, in addition to self-respect and cleanliness and self-discipline, you have to deal with some of those prisoners who got there because they didn't know how to get out and legally earn a living wage. So during that 6 months to a year period is there any effort to provide some kind of vocational training?

One of the things I heard in visiting our prisons over and over again is that this prison teaches dependence, not independence, and therefore when they go out in the world with $40 in their pocket—go forth young man or young woman into the world—they end up coming right back.

So, is there any effort to teach computer skills, to have any kind of vocational training so that you shorten the period of adjustment by giving that person, such as the gentleman who eloquently talked to us before, some kind of a feeling of where they're going to earn their own money or a skill to earn their own money?

Mr. WILLIAMS. That is one of the biggest problems that I see in the New York State prison system. We are a service provider. We are basically a guest in the person's house. I've gone quite as far as to talk to Dr. Cleveland, Dr. Primm, Otiani, to seek funding for both rehab services in that particular prison, Arthur Kill Correctional Facility itself.

So if you want to teach people some sort of vehicle, occupational skill, there is none. There are two things that I know of in the prison system; there is a horticultural shop—I mean we can make Arthur Kill pretty as a prison but I don't think that we are going to teach viable skills to the inmate participants.

The only other thing that they have there is a motor vehicles program. I don't think the average New Yorker understands that when you call the motor vehicle department and ask about information, that you're most likely speaking to one of my Stay'n Out inmates. That does not translate though into jobs after they are released.

So the answer is we desperately need on-site, in-prison rehab that is transferrable after they leave, and it would make my job quite a bit easier——

Mrs. LOWEY. Thank you. I believe my time is up. But certainly this is an important point which perhaps we can pursue at another time. And certainly florist's assistants are in need—perhaps we can direct some of those horticultural people into that field. Thank you very much.

Mr. GUARINI. Mr. Ben Gilman.

Mr. GILMAN. Thank you, Mr. Chairman. And, Mr. Chairman, I'm pleased to be able to participate today in our special select committee hearing. I regret that we were delayed in getting down from upstate.

The rehabilitation of substance-abusing criminal offenders is certainly extremely important to all of us and I'm pleased that our committee has seen fit to arrange for this meeting here in New York City in order for us to hear the expert testimony of those before us today. Certainly the high rate of recidivism is a problem with which we've always been concerned, and over the years the committee has heard testimony indicating the close relationship between the propensity toward recidivism and the continuing substance abuse by ex-convicts.

To put it simply, if we can't rehabilitate these people into becoming drug-free individuals, how can we rehabilitate them into becoming productive, well-bodied members of our society?

This is not only about helping our population get off drugs but it's also about ridding society of otherwise career criminals by breaking the cycle of substance abuse and criminal activities.

And I'm pleased to welcome our panelists and particularly Father Young with whom we did a lot of work in the State legislature over the years. And, Father, it's good seeing you continuing your efforts. I remember then you were in alcohol abuse and now

you've extended it to drug abuse and now even into the prisons. I'm sure that your vast experience serves you well.

I'm looking for some threads to sew the ideal program for rehabilitating and putting people back into the mainstream. In listening and reading the testimony here today, it looks like basic education is certainly important, counseling is extremely important, readjustment services, vocational training, job placement, and follow-up.

Am I covering the essential elements of what we're all about? Let me start with Father Young down at this end of the table since we were concentrating up there with Mr. Williams.

Father YOUNG. We do have a common thread. The thread, of course, we're all interested in is looking at how, where, and when we can make it happen, and I feel that we all feel the same frustration. I've been thinking more because as chaplain to the New York State Senate for 34 years, I keep thinking of how can we make some major changes here and how we can begin to make changes that will really have an effect on every program, not just on one program. And, therefore, I look at entitlements.

And I keep thinking of having better entitlements, specific, identifiable items that can help entitlements and then in that way be able to help a person on that road to recovery. As we've heard before, the $40 and the polyester suit won't do it; we need more than that. And therefore, Ron has his great program, and I congratulate him.

I keep looking at the people that I have all dressed up and no place to go, because I've been the founder of the Alcohol Substance Abuse Treatment Program in the prison system, and we're caught with the horrendous number. We have about 93 percent of the population that claim that they have a need for some kind of an alcohol and substance abuse program.

And we now have a program in over 70 prisons. It never seems to end. Now what we do is we educate them, give them all of the data, give them a very, very dedicated staff. What do we do with them in the aftercare? The aftercare is really important, the persons, the places, and the things they encounter upon release again in the community. And remember, they're only in for an average of 22 months.

Mr. GILMAN. Is there any aftercare program in our State prison system?

Father YOUNG. There are a lot of aftercare programs now in comprehensive care and then comprehensive care will be then offering in coalition other linkages with other programs in the States. But it's a plumbing problem, if I could put it in that kind of a simple way. We've got an 8-inch pipe going into a 4-inch pipe going into a 2-inch pipe going into a 1-inch pipe and, therefore, we've got all this backwater that's being created.

We've got that problem, and if we can open up that problem and get away from the certificate of need process. You give money all the time through the Federal agencies to alcohol and substance abuse programs that again go and give to agencies, God bless them for that, but then the agency has got the money and then they go out into the community and the planning and the zoning boards

say, "Not in my backyard." And you've got then no opportunity to do anything to then open up the pipeline.

Mr. GILMAN. What can we do to help to open up that pipeline?

Father YOUNG. Well, I think your Fair Housing Act and the legislation that you had 3 years ago really was a great enhancement. That to me was the best. Maybe it was more than 3 years. But I've been using it for 3 years and I feel happy about that. Now I can go and I can get people in. I have——

Mr. GILMAN. You're talking about group homes now.

Father YOUNG. I'm talking about group homes, I'm talking about apartments, I'm talking wherever they try to put a barrier up and say you can't come in here, you're an addicted person, you're a criminal, you can't come in here. They don't look at the positive. They never look at the road to recovery the person has taken. We have used that again and again and again, to try to get into the system.

And now we're able to go wherever we want as long as we pay the fair wage and we qualify. If we qualify you can't stop us. So we keep going and going and going and we're going to be opening more and more——

Mr. GILMAN. Is there anything more that we can do to be of help to open up that——

Father YOUNG. I think enhance that. The enhancement of those two things would help us to get rid of the plumbing problem. We can do all we want around the front end. And we can't do anything then because our percentages of success are then curtailed, minimized, as a result of the plumbing problem that's been created.

Mr. GILMAN. The major need then is more group homes——

Father YOUNG. More group homes, more facilities, and more of that that would be accepted into the community. They come into the group and say you can't have more than five unrelated people in this house. And then you have to try to legislatively outtrump them. It's a trump game. It's all part of the game. You're out there giving one card and they're giving you another. And I think we have to play the game with them and we have to try to find a way.

We've got people that want to get better. We've got people that really seek recovery, have the desire to pull things together, and we don't have the opportunity for them to have them, and that's very frustrating for anyone whether they're in recovery or seeking recovery.

Mr. GILMAN. Thank you, Father. Let me ask the other panelists very quickly. What best can we do to help expand the kind of programs that you feel are so important?

Mr. Cassidy.

Mr. CASSIDY. One of the things that I think you can help and support is a real Federal boost in this area as far as aftercare services are concerned, as far as services for the offender population.

We are involved in the TASC Program around the country to try to deliver a comprehensive program both pretrial, posttrial, and postsentence. The most important piece of that is appropriate matching of the offender to his treatment or her treatment in a comprehensive way.

Case management services are something that have to happen along with the actual hands-on treatment and vocational and edu-

cational services. Staffing has to be there to help the individual offender through the difficult times they're going to go through and build on the little successes that they gain on a day-to-day basis and really support that effort and also remind them that, in fact, they are still accountable to the criminal justice system if they are released on parole, that that accountability is also very serious and support that.

Mr. GILMAN. Is TASC fully federally funded?

Mr. CASSIDY. TASC is not federally funded. It's funded by State and local support and some private support in 170 programs around the country. In New York State we're supported by the State and local counties.

Mr. GILMAN. What's the percentage then of State, Federal, and local?

Mr. CASSIDY. Right now?

Mr. GILMAN. Yes.

Mr. CASSIDY. I would say over 95 percent of the programming around the country is supported by State and local, there are very little direct TASC services that are coming out of the Federal budget. That's one of the reasons that I'm here today and I appreciate being given this opportunity.

Mr. GILMAN. Father Young, what percentage of your program is State, Federal, local funded?

Father YOUNG. The program within the department of corrections that I started and I was the founder of that, has these 23,000 people today in treatment, that is all State budget money. There is some Federal waiting list money being used but that's very limited.

The money then when the man gets out of prison, or the woman gets out of prison, then it will go through entitlements such as—the program, and then we go to entitlements by way of housing. And then we go to level 2 and level 1 on social services, which would be 50 percent of those levels on DSS.

Mr. GILMAN. And, Mr. Kerr, what do you feel we can do to be of help in expanding these services?

Mr. KERR. Well, I think we owe you feedback on things. For example, like the waiting list program that you approved has cut these waiting lists from 650 clients down to 300, and we were able to open up a large facility in Secaucus, and we were able to serve a lot more people because the waiting lists were down.

We set up a data base network with those dollars that we're now able to track people. So that's one thing, you should get feedback. That waiting list concept has been very positive. The negative is in having to continue it when States are strapped for funding.

Mr. GILMAN. What's the ratio of funding for your organization, State, Federal, local?

Mr. KERR. The prime funding is block grant funding, and the State does give some money in with the block grant but the prime funding is the Federal block grant dollars. And then we get some money from the correction department for halfway house beds. But without block grants we'd be out of it.

The entitlement concept is interesting. I think, for example, Medicaid for a specific defined group such as residential treatment for a certain period of time, the entitlement concept is a possible concept for funding.

There is no funding for aftercare for anything in block moneys. It is just for residential treatment, methadone treatment, outpatient treatment. But programs are not encouraged to help people after treatment. They're not encouraged to follow up with people, and they're certainly not encouraged to keep data on people.

Mr. GILMAN. How do you fund the aftercare programs?

Mr. KERR. We do it the best we can through AA and NA and our own voluntary efforts because there is zero money for that. But if you're going to look at outcome and data base, you need to have some kind of encouragement for a followup of people.

And some people do very well out there but they're like gypsies, they move from place to place. You have one address and then 2 months later it's changed and you've lost track so you don't know if they're doing well or poorly. So it's a real issue of aftercare.

And the other thing that I think should be looked at is an intensive outpatient program which is a cheaper alternative than a residential therapeutic community. Intensive outpatient care where you come in for the day and you leave at night and then you come back; you have meals there, but you leave at night. So I think that's another alternative that——

Mr. GILMAN. Thank you. Mr. Williams, would you care to indicate what more we can do to be of help to a program like yours, and what's the ratio of funding between State, local, and Federal for your program?

Mr. WILLIAMS. Well, both programs—Stay'n Out is New York State Corrections funding, and our aftercare facility is Division of Substance Abuse State funding.

Mr. GILMAN. So what percentage then of your total budget comes from the Federal government, the State government, and local government?

Mr. WILLIAMS. The State government 100 percent.

Mr. GILMAN. So 100 percent of your program is funded by the State government. Any Federal contribution at all?

Mr. WILLIAMS. No, not at this time.

Mr. GILMAN. And what more do you recommend that we can be doing to give help to you?

Mr. WILLIAMS. Well, I can only echo what Father Young stated before about housing issues. I think that we have to see a lot more of that, I certainly need that; aftercare residential, and also as Mr. Kerr said, ambulatory. That is another concept that is viable, it has worked, and you need funding for that.

One of the problems I face since I am corrections-funded primarily, if I submit a proposal to a funding source, OTI is one, that proposal has to then go through New York State Corrections in order to get them.

That oftentimes causes problems for the small programs like ours in that oftentimes I suspect that the ideas of the concept of funding, they're for concepts that came through ourselves into corrections, into funding source. Then when the funding comes back around, that it does not fully come though the original source.

For the smaller organizations there should be some sort of mechanism for the funding. And I suspect that maybe organizations like ours suffer because of that lack of direct contact.

Mr. GILMAN. Thank you, and I want to thank the panel. Thank you, Mr. Chairman.

Mr. GUARINI. Our chairman, Mr. Rangel.

OPENING STATEMENT OF HON. CHARLES B. RANGEL, CHAIRMAN

Mr. RANGEL. Thank you. Let me thank this extraordinary panel, and especially the members of the Select Narcotics Committee for breaking up their schedules, coming here from their congressional districts, to see how we can be more helpful for the job that all of you are trying to do.

The words "success rate" have troubled me ever since I've been involved in this field because somehow you can take a kid that came from a family that was less than stable. A kid gets into trouble, gets into the criminal justice system, or whatever they call it, and then comes out and drops out of school, falls prey to drugs, and gets back into jail. It seems like a vicious cycle, whereas Mrs. Lowey said no training, no apparent guidance, no church experience, no Boy Scouts, and then ends up in one of your facilities, and so she or he is drug free.

Do you go to the blackboard and score a success or do you just roll out this timebomb for him or her to face another problem and then determine how long it is going to be before they hit the bottle or some other drug.

It's abundantly clear to all of us in this Nation, and I don't know why we're not facing it, that we're going after this the wrong way. Even if you turn your pipes around, Father, the whole question has to be how can we avoid people getting caught up into this and why do we have to put them in jail if indeed they don't come out of jail better than they went into the jail.

Now, it has been pointed out that this drug addiction problem is costing us over $250 billion a year. What is happening is that the AIDS epidemic is spreading through our prison population, kids are being born on the outside, it's costing $1,500 a day to keep one of these kids in the hospital, and it will cost billions of dollars for the support system they would need.

It's upward of $60,000 a year to keep somebody in jail. We've got more people in jail in the United States per capita than any country in the entire world. And yet we're getting more police in Congressman Guarini's district, and it reaches the newspapers and everyone's happy. We've just passed a bill and the President and my Republican friends are very happy with it. We're going to kill more people in the electric chair because we've got capital punishment; they are so happy about this, they don't know what to do.

Yet, you know, the President knows that we're not going to have 1 less ounce of cocaine on our street as a result of this. The role that we're playing is so small compared to the big problem that we're facing throughout the world.

I don't know why we don't find the private sector saying we're sick and tired of having a labor market filled with rehabilitated ex-addicts and ex-cons that we ought to do something about it or why in our prison system that they shouldn't recognize that you keep a person in there 1 or 2 years, then turn them out in the street with 40 bucks and a suit.

It's just a matter of time if the person went into jail dumb, and went into treatment dumb, and comes out detoxified, they're still dumb unless somebody makes up for where the shortcoming was before they got into trouble.

Well, we don't talk about it. Nita Lowey is trying to say that not everybody who's arrested should go into a jail. Whether you call it a boot camp or whether you call it a treatment center or whether you say that this person needs help if they haven't really committed a violent crime, it's cheaper, it's creating someone for the labor force, it gets them to become income-producing, and it makes our streets and communities safer.

Now, to me you don't have to take away from being for law and order. We can't get the Administration to do anything except try to get something like the Marines, but yelling and screaming is not the answer. It's what are you going to produce as a result of it.

We've got Congressman Payne from Newark. He is bringing together the private sector, the public sector, trying to get some type of a model to show that if you invest a little bit in the front end, you don't have to pay this additional money on the outside.

We're here having this hearing today because of the evidence that Congressman Guarini has pointed out and that is that if you don't take care of the problems with some type of treatment in the prisons and after the treatment, then you're going to see that problem again and again and again; it's going to be expensive.

Ben Gilman has provided the leadership not only in trying to reduce the demand, but being on the Foreign Affairs Committee, he initiated the program of trying to get substitute crops for the cocaine growers in Peru, and that's been a dozen years ago.

I just left there a couple of weeks ago, and I can tell that his program is a tremendous success. Instead of $28 million the farmers now want $2 billion for the substitute crops. I told them if I could get the $2 billion we can make our kids drug free and they can grow all the coca leaf they want if we could get our hands on that money.

But I wish that all of you would, for the record, go beyond Mr. Gilman's question in terms of what we can do on this committee to help you with your programs. I hope you would leave for the record what you think we should be doing as a country to make it possible that we may not need your programs.

And further, I'm going to ask you to tell me what I can do as a Christian to get churches more involved, and synagogues more involved in what I'm convinced is becoming more and more of a moral question, because the politics of this thing is put in such a way that if you're not arresting and putting people in jail, you're not going to get reelected. If you're not for killing people, you are not going to get reelected.

If you try to take guns off the street, then you're soft. The whole politics is so mean-spirited that even children born screaming addicted to drugs can't get on the scope of national concern. And people are dying in the hospitals with drug-related disease. There's no outcry. We've got chaplains in every prison. I've never heard the chaplains come together and say, Jesus, what's going on in these prisons?

I'm afraid that as my Democratic colleagues find that they have to sound more like Republicans in order to get reelected, that there's not going to be any compassion for training people. If you hear and you listen to television as you see these 30-second commercials it's going to be, he's soft on crime, I want more jails. That is so immoral but it's flying now.

What you're doing all of you is the Lord's work. If you save two people here, and people in the back, and they're going to be good citizens, it's going to make America stronger, it's a blow against dictatorships and communism, it's the patriotic thing.

But yet we cannot somehow get people to see how much money we could save and how many bodies we can save and how we can strengthen this Nation. We have to find a way to do it. I hope that you write us and give us your thoughts as to how we can be more courageous legislators and make certain that we can save money and save our Nation. And once we learn how to do this, we have to go straight to Europe because they have fallen victim to what we have already felt the penalty for.

You're great people, and I thank you for keeping up the fight, and you can depend on our support politically with any problem that you have at any time. And don't get discouraged because it's all a test. Right, Father?

Let me thank Judge Nicholas Zucalis who loaned us this court to be in. He's not only an outstanding judge of the U.S. Court of International Trade, but he's one of those people that understands the problems of the street, and as a person, as a lawyer, has always shown that compassion, and we're just so proud that he's on the Federal bench and that he's hosting this committee here in his courts. Thank you so much, Judge.

Mr. PAYNE. Mr. Chairman, might I just say too that with Mr. Kerr and Integrity House we have a former colleague of the U.S. Congress who is extremely involved and very, very helpful to Integrity House, former U.S. Senator Harrison Williams. He spends a tremendous amount of time and effort volunteering there, and has talked to some of his colleagues in the Senate to attempt to have them be more sensitive.

I've attended a meeting with Senator Kennedy and Senator Moynihan, and a number of other Senators, including Senator Simon, whom former Senator Pete Williams called. So, we're glad to see you here today.

I would just like for you to let the Senator know that we really appreciate his sincere interest and the hours that he spends at Integrity House. Thank you.

Mr. RANGEL. And send the Senator my best regards. He was an outstanding Member of that body.

We thank the panel. I look forward to hearing from you. And if I have any problems with Cardinal O'Connor because of my statement, I'm depending on you, Father, to get me out of—before we call the next panel we're going to take a 10-minute break. But I want to identify for the committee members the presence of the parents of our own Jennifer Brophy, Joe and Dorothy Brophy, who are with us here today. We've got an outstanding staff member here with your daughter, Jennifer. We thank you two for making it

possible for us to have her expertise with us and for coming to the hearing today.

We'll come back at 11:55 a.m.

[Brief recess.]

Mr. RANGEL. The select committee will resume its hearing.

For our next panel we have Mr. John Holl, the assistant attorney general for the State of New Jersey; Mr. Jack Farrell, the acting assistant commissioner, Division of Alcoholism, Drug Abuse and Addiction Services, State of New Jersey; and Dr. Richard Girgenti, director, Criminal Justice Services, State of New York.

And we'll listen to Mr. Girgenti's testimony first because Congresswoman Lowey has a special interest in these programs and she has to leave us early.

STATEMENTS OF RICHARD H. GIRGENTI, DIRECTOR, CRIMINAL JUSTICE SERVICES, STATE OF NEW YORK; JOHN W. FARRELL, ACTING ASSISTANT COMMISSIONER, DIVISION OF ALCOHOLISM. DRUG ABUSE AND ADDICTION SERVICES, STATE OF NEW JERSEY; AND JOHN HOLL, ASSISTANT ATTORNEY GENERAL, STATE OF NEW JERSEY

Mr. GIRGENTI. Let me begin by saying good afternoon. I want to thank Congressman Rangel and members of the Select Committee on Narcotics Abuse and Control for inviting me to participate in these hearings.

I've been asked to keep my remarks brief, and I intend to follow those instructions. I have filed my written testimony with the committee, so I'd like to just limit my remarks to a few highlights.

Mr. RANGEL. Let me interrupt by saying that the entire statements of the three witnesses by unanimous consent will be entered into the record. You can proceed each one of you as you feel most comfortable, highlighting your testimony or expanding on it.

Mr. GIRGENTI. Thank you very much, Congressman.

Let me begin by telling you a little bit about myself and my place in the New York State criminal justice system so as to give some perspective to the things that I have to say.

I was recently appointed by Governor Cuomo as the New York State director of criminal justice and as commissioner of the division of criminal justice services. Prior to my appointment I served for 17 years as an assistant district attorney in the office of Bob Morgenthau with the Manhattan district attorney's office.

In my capacity as director of criminal justice, I'm the Governor's chief criminal justice advisor and I oversee all of the State's criminal justice agencies including the State police, the department of correctional services, the division of parole, probation and correctional alternatives, the commission on corrections, and the crime victims' board.

And as commissioner of the division of criminal justice services, I'm responsible for the New York identification of criminal history operation as well as for its funding, research, and training of policy development function.

I believe that these responsibilities, as well as my career as an assistant district attorney in Manhattan, have given me the oppor-

tunity to see a system from all ends; from crime to apprehension to adjudication to punishment and release.

And I've had the opportunity to work with and listen to many of the constituents, particularly in the community and institutional corrections field.

Let me give you a little bit of a taste for the dimensions of the probelm that we're talking about. In the past 8 years the New York State's prison population has grown by 97 percent. At the end of 1983, about 30,000 inmates were housed in 42 correctional facilities. Today there are over 57,000 inmates in 64 facilities.

People going into prison come out back into their communities. And in 1983, there were only 21,000 offenders on parole; today we have over 45,000 offenders on parole, and that doesn't count the nearly 150,000 people under probation supervision in the State or the 32,000 people in our local jails.

It's clear what's driving this phenomenal growth, and very simply it's drugs. Since 1983, annual commitments to prison from drug offenses grew an unbelievable 588 percent. Before 1984, drug commitments averaged only about 11 or 12 percent of yearly prison commitments. By 1987, almost one-third of the new commitments were for drug priors. Today about half of all commitments are for drug offenses.

But the story is even worse. It's not enough to know simply at the crime of conviction, we all know all too well that drugs are behind not only drug offenses but robberies, burglaries, murders, and every other type of crime.

Just to give you an example, in Manhattan 75 percent of the persons arrested tested positive for illicit drugs, 66 percent tested positive for cocaine use.

So what are we doing about drugs and crime? Well, New York State has recognized for several years that its criminal justice system had to be more than just simply house offenders, more than even just simply educate them or give them jobs, although all those things are absolutely and critically important.

We have to be a little bit more proactive, and we have to attack the problem from a variety of angles. On the front end, the juvenile system and the probation system have enormously important roles to play. Clearly, responding quickly to young people's addiction increases our chance of preventing them from escalating their involvement in crime.

Likewise, community corrections programs such as probation and alternatives to incarceration programs must emphasize drug treatment if we are to break the destructive cycle of drug abuse and ongoing criminal activity.

At the other end of the criminal justice system we can't give up on repeat offenders. Many felons, despite multiple periods of incarceration, have never really had the opportunity for help in confronting their addiction problems, and as a result they've continued to come back into the system never having been given a meaningful chance at drug treatment and drug rehabilitation.

We in the criminal justice community have a unique opportunity to be successful, an opportunity that other elements and other providers of treatment often lack. We have a coercive capacity and a coercive authority and we can force addicts to enter and stay in

treatment programs, something that cannot take place as easily outside of the criminal justice system.

This coercive capacity, I would submit, is extremely important because research has shown that the longer a person stays in drug treatment, the more likely that they will stay away from drugs forever.

As few as 10 to 15 percent of the addicts who enter therapeutic communities generally complete their treatment. The threat of legal punishment, however, can dramatically change this retention rate. Research has shown that addicts who are legally coerced into treatment do as well as those who voluntarily participate.

Let me talk about what I consider to be some of our more promising programs. I'm particularly encouraged about a new community-based treatment initiative that combines the resources of the State corrections department and the New York City Department of Probation.

Within the next few weeks we are going to open a day treatment program for high-risk probationers at the Edgecomb work release facility. This combined city-State program will provide a multiplicity of services along with rigorous supervision for offenders who would otherwise be incarcerated.

In addition to drug treatment, probationers will receive vocational, educational, and health care services. And we're hoping and expecting that great things will come from this community-based program.

Congressman Rangel had also mentioned earlier about another program which does not at this point receive any State funding, it's a program which has been instituted in the Kings County district attorney's office called the DTAP Program, and they're focusing primarily on repeat offenders.

And what they're doing is at the very beginning of the process, of the criminal process, at the arraignment process, they are diverting those who would otherwise be indicted and probably subsequently end up in State prison. And through the coercive capacity of the criminal justice system, these individuals are given an option, either they can proceed through the system, be indicted, presumably convicted, and ultimately sentenced to State prison or they can take another option, which is to go into a drug treatment program, a residential drug treatment program for a minimum of 18 months.

If upon the successful completion of this particular program they have managed to stay through the program, they have managed to stay out of trouble, the district attorney of Kings County will then dismiss the charges which have originally been brought against them.

Now, of course, this careful screening. Certainly no one who has a violent criminal history background will be eligible for such a program, and there is very careful screening to make sure that those individuals who are in the program have a better chance of success.

But they've had close to an 80-percent, almost 90-percent in fact, retention rate in the therapy which they provided through their community setting, compared to the 10 to 15 percent retention rate

that you find in most other types of therapeutic community settings.

So, therefore, it's an example of where we can really use the coercive capacity of the criminal justice system to keep someone in a program and presumably increase their chances to succeed.

I'd like to turn for a second, if I can, to the New York State correctional system. And I think, at least I can say to some extent, that I'm pleased to tell you that all of our facilities now offer formalized drug treatment. Seven facilities are totally, that is 100 percent devoted to providing drug treatment within a therapeutic community setting.

The first months of release into the community are difficult for all offenders, and for drug-addicted offenders the difficulties are far greater. Recognizing this, we have begun to pioneer a structured continuity of care approach to treatment which we call CASAT, which stands for comprehensive alcohol and substance abuse treatment.

CASAT is delivered in three phases, and I believe it serves as a model for which all treatment programs should follow. The first phase is 6 months in a therapeutic community in a 200-bed medium security facility. We currently have four such communities; three operated by our corrections department and a fourth under the direct supervision of Phoenix House, a private, nonprofit treatment provider based here in New York City.

Through counseling, group interaction, and living experience, participants in the therapeutic communities begin to confront their addiction and develop skills and coping behaviors.

After 6 months, inmates are moved out of the correctional facility into a work release facility or other placement within the community. This is phase 2, the community reintegration portion of CASAT.

This transitional phase allows the participant to continue in a structured treatment program while becoming reintegrated to the responsibilities of employment and community living.

Then there is phase 3, the aftercare portion of CASAT which occurs during the first months of parole supervision. Treatment plans are completely individualized based on the needs of each parolee. Throughout all three phases the emphasis is on continuity of care and developing a treatment plan responsive to each addict's needs.

We also have in New York State a parole relapse prevention program which also has several components. First, using experienced drug counselors we identify inmates in need of drug treatment. Second, we contract with private providers, some of whom you heard from earlier this morning, for treatment slots reserved solely for parolees. These range from day treatment to residential programs, from individual to group counseling programs.

Third, we combine referral and treatment with an aggressive urinalysis program. And finally, we're educating our parole staff about addiction and treatment theory. Parole officers are learning to identify behaviors that signal relapse.

Relapse prevention, I might suggest, is more than just another program; it's actually a philosophy of care for those who are in need of drug treatment. It's born of an understanding that addic-

tion is like law and periodic relapses are common and the goal is improvement rather than simply cure.

Even though this program is in its infancy, we feel that much has already been accomplished and we're looking forward to continued success.

There are many more programs that I could talk about both in and out of prison, but I promised to be brief and I think I've exceeded that promise.

In closing, I'd want to mention what I consider to be the Federal role in drug treatment. While New York is embarking on a wide variety of treatment initiatives and criminal justice, we need help.

There is much that the Federal Government could and should be doing. We need your help to learn about drug treatment and about how drug treatment works, for whom, and under what conditions. We need standards, measures, and definitions; information and tracking systems are vital to our success.

But most of all, we need the Federal Government to join with us in a fiscal partnership to share the burden of paying for services that everyone acknowledges will save us more money in the long run.

Thank you very much. And I look forward to answering any questions that you may have.

[The statement of Mr. Girgenti follows:]

TESTIMONY OF

RICHARD H. GIRGENTI

FOR THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

HEARING ON

TREATMENT AND REHABILITATION SERVICES FOR
SUBSTANCE ABUSING CRIMINAL OFFENDERS

OCTOBER 28, 1991

Last year in Manhattan, 75 percent of persons arrested tested positive for illicit drug use.[1] Sixty-six percent tested positive for cocaine use.[2] In 1990, almost 50 percent of all prison commitments in New York State stemmed from convictions on drug offenses.

The criminal justice system has a key role to play in helping individuals to overcome drug addiction. It can coerce offenders to enter and stay in treatment programs. This coercive capacity is extremely important. Research shows a positive relationship between the length of drug treatment in therapeutic communities and degree of abstinence.[3] Unfortunately, only 10 to 15 percent of people who enter therapeutic communities complete the treatment. The threat of legal punishment can greatly increase that retention rate. Furthermore, research has shown that people who are legally coerced into treatment do as well as those who voluntarily participate.[4] Thus, the ability to coerce offenders into drug treatment is an extraordinarily powerful treatment tool.

Drug treatment for offenders can be provided in the community as well as in prison. There are three primary benefits associated with community-based treatment. Community-based treatment reserves incarceration as a sanction to persuade offenders to enter and stay in drug treatment. It also provides greater access to other needed services such as treatment for HIV-positive and tuberculosis-infected offenders. Finally, community-based

treatment allows offenders to maintain closer ties with their families, whose support will be instrumental in their efforts to remain drug free.

We are encouraged about a new, cooperative community-based treatment initiative between the State Department of Correctional Services and the New York City Probation Department. Within the next few weeks, we will open a day treatment program for high risk probationers at the Edgecombe Correctional Facility in New York City.

This combined City/State program provides a multiplicity of services, along with rigorous supervision, for offenders who otherwise would have been incarcerated. In addition to drug testing and treatment, probationers will receive vocational, educational and health care services.

We are also hoping to expand community-based treatment options for offenders who repeatedly get caught up in the criminal justice system. One program model that appears to be successful is currently being operated by the Kings County District Attorney's Office. The Drug Treatment Alternative to Prison (DTAP) program is a deferred prosecution program that targets drug sale and possession defendants who are facing mandatory state incarceration as second felony offenders.

Under DTAP, drug-dependent defendants who meet the selection criteria are offered the option of entering a residential drug treatment program for a period of 18 to 24 months. Those who successfully complete the program will have their charges dismissed. Dropouts are brought back to court for prosecution by a special warrant enforcement team.

DTAP contracts with two therapeutic community programs. The programs provide individual, group and family counseling. All residents are also involved in vocational and educational training. As they progress, they acquire new responsibilities and opportunities. They must secure employment and housing before leaving the residential program. If the participants' families and prior neighborhoods impede their recovery, the programs will relocate them in new neighborhoods and link them into positive social support systems.

The preliminary results of this program suggest that the threat of prosecution greatly increases retention rates. The program began in November 1990. To date, over 80 percent of DTAP defendants have stayed in treatment. This rate of retention is promising, especially because of research indicating a positive connection between length of treatment and treatment outcome.

Our goal is to ultimately establish deferred prosecution and treatment programs throughout the State. Yet, we know that many

drug offenders will still end up in New York's prison system. And we are proud of our efforts to provide drug treatment in prison.

We have Alcohol and Substance Abuse Treatment (ASAT) programs in 57 of our 64 state correctional facilities. Thirty-one of the ASAT programs are "residential," with participants living as a separate unit within the institution. ASAT programs employ a variety of treatment modalities, ranging from counseling programs to therapeutic communities.

Our most extensive prison-based treatment program is the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program. CASAT began accepting inmates in 1990. Before its development, the most expansive program was a six to nine-month ASAT therapeutic community within prison. ASAT treatment programs such as the Stay'n Out program have been shown to be successful in reducing rearrests.[5] Nonetheless, we felt that we needed to better ensure continuous post-release treatment for our most drug-dependent offenders. The first months of release to the community are difficult for all offenders. Those with drug use histories face even greater obstacles. CASAT was designed to ease the transition of drug offenders back into the community.

The CASAT program consists of three phases. The first phase involves six months of programming in one of four therapeutic communities. The therapeutic communities are located in 200-bed

annex facilities. One of the communities is under the direction of Phoenix House, a private, non-profit treatment provider based in New York City. The Department of Correctional Services provides treatment in the other three therapeutic communities. Through counseling, group interaction and living experiences, participants in all the communities begin to develop skills and coping behaviors. After six months, they're transferred to work release centers for Phase II of the program.

Phases II and III of the CASAT program are still in their infancy. Phase II involves community reintegration through treatment and work release. Phase III is the aftercare of the offender through the first year of parole. Inmates under the care of Phoenix House continue with that program throughout Phases II and III. Community-based care for those involved in the DOCS-run communities has been more difficult to coordinate. Initially, we attempted to link inmates with private providers in the community on a case-by-case basis. We are currently placing these offenders into a single work release facility and using parole substance abuse counselors to provide treatment. We plan to contract with private providers for these services in the near future.

Many offenders released without CASAT intervention are also at risk of resuming drug use. The Relapse Prevention Program of our Division of Parole addresses the needs of all offenders at risk of drug abuse. The program has four essential components. Through

its ACCESS component, the program identifies inmates in need of drug treatment and makes referrals to community treatment programs. The second component of the program is its contractual treatment slots which are reserved for parolees in need of drug treatment.

A third component of the Relapse Prevention program is an extensive urinalysis initiative. Parolees are repeatedly tested for drug use. Those who test positive may be required to enter a treatment program under threat of revocation. They may also be more closely supervised through placement on a more intensive case load or in one of several short-term residential centers. Parole revocation is employed as a last resort option in cases in which neither closer supervision nor drug treatment proves successful.

The final program component is staff training in the area of relapse prevention. It is vital that parole officers be conversant in addiction and treatment theory. They must be able to identify characteristics and behaviors that foretell relapse. Parole officers must be equipped with the knowledge and tools needed to prevent relapse. If prevention is unsuccessful, they must be able to identify and obtain appropriate treatment for the offender. Finally, the officers must be able to work with treatment providers.

In many ways, Relapse Prevention is not a program; it is a philosophy. It is born out of an understanding that addiction is

life-long, and periodic relapses are common. The goal becomes one of improvement rather than cure. Parole officers and others working within criminal justice are not used to working with such uncertainties. Training is instrumental to their understanding of addiction and effective use of drug treatment.

The federal government has a key role to play in improving the lives of drug abusing offenders and thus securing long-term public protection. We need to move the science of drug treatment from its experimental phase to a standardization phase. This entails closer documentation of what works, for whom and under what conditions. It also implies the development of program definitions and standards. The federal government should also subsidize more treatment for the offender population. Finally, information systems need to be developed to help criminal justice practitioners to locate needed services in the community.

There are currently many different modalities of drug treatment. Pharmacological interventions beyond methadone maintenance are only beginning to be explored. Counseling and behavioral therapies are also largely untested. Self-help and individual counseling modalities have shown to result in little behavioral change.[6] Group counseling has been shown to be more effective, particularly in conjunction with life skills training.[7] Therapeutic communities appear to be the most proven means of treatment, especially for chronic drug users.[8]

In the 1970's, the criminal justice system faced a crisis of conscience. For years, we had invested in a rehabilitation model. Those on the left faulted the model for being coercive, those on the right faulted it for coddling offenders. Then a review of existing studies found little evidence of program effectiveness. This placed the nail in the coffin of rehabilitation as a primary goal of the criminal justice system.

In the 1980's, new research showed that the earlier conclusion regarding what works was far too sweeping. If we asked whether a given rehabilitation modality worked for everyone, then the answer was "no." But, if we asked whether it worked for particular sub-populations, the answer was "yes." Unfortunately, the wheels of change were already in motion. Rehabilitation became a piece of criminal justice history.

The treatment community needs to understand this lesson. There needs to be clear documentation of how treatment modalities work and whom they help. We need to be able to match the needs and drug use behaviors of individuals with treatment programs designed to address those needs and behaviors.

The geometric growth of drug abuse has demanded the quick expansion of a community treatment system. When criminal justice practitioners seek treatment slots for offenders, they face the dual problems of too few slots and unstandardized treatment. In

addition to documenting treatment effectiveness, we need to further expand treatment opportunities and standardize treatment modalities.

The Omnibus Crime Control Act of 1991 (H.R. 3371) is promising in its support of drug treatment for offenders and its emphasis on programs with reintegration components. It is important, however, that states also be funded to provide community-based treatment for non-incarcerated offenders. If we can reach drug offenders early enough in the adjudication process and offer treatment alternatives, we can increase long-term participation in drug treatment.

In addition to increased treatment availability, there also needs to be greater standardization within treatment modalities. A program which holds itself out as a day treatment program, should be required to provide a minimum set of services. The federal government should take the lead in developing standards for various drug treatment modalities.

Criminal justice practitioners also need the capacity to quickly determine the availability of a variety of services including drug treatment. The federally funded Target Cities program is piloting the development of a "reservation" network, in New York City, for drug treatment. We have similar information initiatives occurring in our social service system. These programs

and other like them need more support. They hold the key to effective utilization of available resources.

In closing, I would like to emphasize the importance of drug prevention and the vital role of the federal government in that process. Drug abuse has clearly catalyzed the destruction of individuals, families and communities throughout New York State. But, before crack use even became prevalent, many inner-city communities suffered from high unemployment, teenage pregnancies, poor health care, inadequate education, AIDS and other crippling problems. The vulnerability of these communities made them prime targets for a drug use epidemic.

In the years to come, new illicit drugs will be introduced into these communities. We cannot completely stop their introduction. Nor can we allow people to suffer as they have with the crack epidemic. The federal government must begin to play a lead role in helping our communities to become resistant to the attraction of illicit drug use.

Endnotes

1.National Institute of Justice, 1991. Drug Use Forecasting Research Update: Fourth Quarter, 1990. Washington D.C.: National Institute of Justice.

2.ibid.

3.See, e.g., DeLeon, G. 1984. The Therapeutic Community: Study of Effectiveness. Treatment Research Monograph Series. Washington D.C.: National Institute on Drug Abuse; Falkin, G.P., Wexler, H.K. and Lipton, D.S. (in press). Hard Drugs and Hard Time: The Use of Drug Treatment for Reducing Recidivism Among Offenders. Paper submitted to the National Academy of Sciences, June 1989.

4.Anglin M.D., Deschenes, E.P. and Speckart, G. 1987. The Effects of Legal Supervision on Narcotic Addiction and Criminal Behavior. Unpublished manuscript presented at the American Society of Criminology Annual Meeting, Montreal, Canada, November, 1987.

5.Wexler, H.K., Falkin, G.P. and Lipton, D.S. 1988. A Model Prison Rehabilitation Program: An Evaluation of the "Stay'n Out" Therapeutic Community. Final Report to the National Institute on Drug Abuse. Washington D.C.: NIDA.

6.Lipton, D.S., Falkin, G.P. and Wexler, H.K. 1991. Correctional Drug Abuse Treatment in the United States: An Overview. Paper presented at a May 9, 1991 meeting of the NYS Division of Substance Abuse Services in Albany, New York.

7.ibid.

8.ibid.

Mr. RANGEL. Thank you.

Mr. Jack Farrell, acting assistant commissioner, Division of Alcoholism, Drug Abuse and Addiction Services, State of New Jersey.

STATEMENT OF JOHN FARRELL

Mr. FARRELL. Good afternoon and thank you very much, honored chairman and honored Representatives.

My name is John Farrell. I am the acting assistant commissoner for the New Jersey State Department of Health, Division of Addiction Services. My statement is presently on record.

I come to this position now having worked in the New Jersey State Department of Health for 21 years starting out as a social worker in a drug treatment program in the city of Newark.

Partially as a result of your hearings, legislation was introduced to increase Federal funding specifically to improve in-prison treatment in State correctional systems. Last week one version of this legislation, H.R. 3371, was passed in the House to include an authorization of $100 million for State prison substance abuse treatment programs. We applaud this and similar efforts by Congress.

Assuming for a moment that any appropriation is actually made for the $100 million authorization is a big assumption in itself, and assuming that all 50 States participate in this program, we have estimated that New Jersey's share under the new State prison substance abuse program would be approximately $2.18 million.

This includes $400,000 available to each State plus approximately $2.4 million, since New Jersey's State prison population of 22,000 is approximately 3 percent of the national total of the 690,000 State prison inmates.

There are several problems, however. The implicit assumption that there's enough appropriate aftercare treatment capacity in the community to absorb the additional State prison inmates released through in-prison residential treatment programs even if some new Federal funds were available to buy aftercare is the first problem.

New Jersey's present treatment system is funded for a little over 8,500 treatment slots. Presently in those 8,500 treatment slots there are 12,000 people being served. We are currently operating at well above 100 percent of our funded capacity. New Jersey also has an active waiting list for clients seeking treatment at over 2,000 clients a month.

What I find missing, however, is a recognition that the adult and juvenile justice systems start long before incarceration and with the significant increases in the severity of criminal sanctions and the exploding prison populations that result. Most offenders are still supervised in the courts and in the probation components of the system which is a costly process.

It becomes very clear that treatment works and a need to prevent people from coming and entering the prison system to be treated is of paramount importance.

New Jersey has a long tradition of cooperation between our health and justice administrative agencies, and between frontline justice workers and community treatment agencies.

Our 2-year-old Governor's Council on Alcoholism and Drug Abuse now brings all significant State agencies and their budget under single review to improve the allocation of treatment services. Our State attorney general also plays a leading role in reviewing and coordinating all treatment efforts by those providing drug treatment services in New Jersey.

The additional Federal funds that might become available under H.R. 3371, or similar legislation, would certainly help to meet some of these needs. But they will only help if we can generate a simultaneously adequate and stable private and public funding base for an alcohol and drug abuse system that can provide treatment as needed. There remains the need to assure a stable funding base.

For example, unlike the three waiting list Federal reduction programs that were instituted several years ago, New Jersey found itself in a position where we had to reduce the original waiting list grants. We were granted 1,625 additional waiting list slots because we were an impacted State. When the Federal cutbacks took place we were able to continue 1,043 clients or patients in treatment for 1 year. That 1 year is running out now, and I am faced with the situation where I might be required to terminate services for over 1,000 clients.

New Jersey's budget for 1992, for alcohol and drug abuse treatment services looks like this. We have a total of $81 million, $50 million in Federal dollars, $31 million in State dollars. Of that $50 million, $35 million is block dollars, $15 million is other Federal dollars.

In looking at our treatment system, our MIS system estimates that 900,000 New Jersey residents, over 12 percent of our population, have illicitly used one or more illegal drugs in the last 6 months. Of this 900,000, 150,000 at 2 percent are categorized as substantial users in need of drug treatment. We estimate that 200,000 New Jerseyans have used cocaine within the last month.

Our cocaine emergency room admissions and episodes in our Newark-Jersey City area increased 340 percent within the last 3 years. Nearly 100,000 people have, we estimate, used cocaine within the last 30 days. Some 59 percent of all our arrests for drug violations in New Jersey involved cocaine and heroin. Ten years ago this figure was less than 10 percent.

Approximately 78 percent of all the rest of the drug sales involve cocaine or heroin compared to 24 percent 10 years ago. Our total number of drug violations involving cocaine or heroin has increased more than tenfold within the last 10 years.

Our 1990 New Jersey drug data looks like this: Our admissions for 1990 were 19,100 people admitted into drug treatment. This represents a 14-percent increase over 1989. Some 11,000 of these clients or 58 percent of these admissions were for heroin, 4,600 or 24 percent were for crack cocaine. Two-thirds of all of our admissions were between 21 and 35 years of age. Forty percent of all of our clients admitted for drug treatment were IV drug users, 32 percent were inhalers, 17 percent were smokers. Our source of referrals indicates approximately 51 percent of our people admitted for drug treatment were self-referrals, and 24 percent of the population was admitted through the probation or parole or criminal justice system.

Our total number of funded treatment slots, as I indicated, is 8,500, and represents 701 clients that were in residential care. We have a 2,900 capability of outpatient drug free, a 4,800 capability for methadone maintenance, 40 daycare slots, and 64 mutual early release prison beds, called the MAPS Program, which is for early release of clients coming out of prison settings.

New Jersey is fortunate to be one of the two States to receive a 350-bed campus demonstration project, which will be getting underway very shortly at the Meadowview Hospital in Secaucus, NJ.

Gentlemen, drug treatment works. It reduces drug abuse, it increases employment, it increases a client's psychological adjustment, it improves medical well being, it combats the spread of HIV illness. We have to reevaluate a national effort that spends $1 billion a year to treat a disease that costs the Nation up to and over $200 billion.

We know that the longer clients stay in treatment, the less likely they are to commit crimes. The need for followup and aftercare is paramount. Fellowship and support aftercare and release from treatment is essential.

In summary, quoting the National Association of State and Alcohol Drug Abuse Directors Association:

> The pyramiding cost of alcohol and other drug abuse imposes a terrifying burden on our Nation, a burden made all the more tragic because adequately funded drug treatment programs can help and they will return every dollar invested back into the community.

Fifteen years of research provides clear and compelling evidence that treatment works. A national investment in drug abuse treatment and prevention is urgently needed from every level of our government in America.

The needed leadership is in place. It is not just a matter of prioritizing treatment needs. Don't pit the resources needed for treatment of incarcerated individuals against the overwhelming demand for patients who are seeking treatment before incarceration. What is needed now is a rational plan to treat both elements of our society from a comprehensive effort until we're able to work our way out of our national quagmire of drug abuse.

What we need is a very strong political action plan to address the NIMBY syndrome. Our politicians, I recognize, hold the double-edge sword. They must respond to the community who says, no additional program expansion.

However, when a constituent's loved one needs to be treated, they call us incensed when they're put on a waiting list and told that they have to come back within 2 to 3 months.

Action strategy needs to be developed starting with the Federal level to the State level to the county level down to the local level where community plans are developed based upon that community's political subdivision needs. A needs-assessment-based treatment planning and all communities plans will vary. There is no one cookie cutter model and there is no one design that could be superimposed on any community. By starting on this level I feel that we will begin to address the needs of our individual communities.

Thank you for the opportunity to testify before you today.

[The statement of Mr. Farrell follows:]

Testimony of

John W. Farrell, M.S.W.
Acting Assistant Commissioner
Division of Alcoholism, Drug Abuse and Addiction Services
New Jersey State Department of Health

Before the

Select Committee on Narcotics Abuse and Control
United States House of Representatives

October 28, 1991
U.S. Court of International Trade
New York, New York

Mr. Chairman and members of the Committee:

My name is John W. Farrell. I am the Acting Assistant Commissioner of the Division of Alcoholism, Drug Abuse and Addiction Services in the New Jersey State Department of Health. Thank you for the opportunity to appear before you today to address the alcohol and drug abuse treatment needs of adult and juvenile offenders, and how those needs can be met jointly by the health care and criminal and juvenile justice systems.

In the brief time I have, let me discuss several issues which I think go to the heart of the problem this Committee is concerned with: how best to provide alcohol and drug abuse treatment services to the thousands of adult and juvenile offenders under supervision of the justice system. In previous hearings the Committee has focused on the need for a significant increase in the availability of treatment programs--particularly residential therapeutic communities -- for adult inmates of State prison systems. Partially as a result of your hearings, legislation was introduced to increase federal funding specifically to improve in-prison treatment in State correctional systems. Last week, one version of this legislation, HR 3371, was passed in the House, to include an authorization of $100 million for State prison substance abuse treatment programs.

We applaud this and similar efforts by Congress to address the problem. However, I would like to focus for a minute on some of the possible limits of this approach, using HR 3371 as an example. Assuming for a minute that any appropriation is actually made for the $100 million authorization--a big assumption in itself--and assuming that all 50 states participate in the program, we have estimated that New Jersey's share under the new State prison substance abuse program would be approximately $2.8 million. This includes the $400,000 available to each State, plus approximately $2.4 million, since New Jersey's total State prison population of 22,000 is approximately 3% of the national total of about 690,000 State prison inmates.

There is no question of course that an additional $2.8 million available to our State Department of Corrections for in-prison residential treatment and post-release aftercare in the community would be of some help. There are several problems, however. The first is the implicit assumption that there is enough appropriate aftercare treatment capacity in the community to absorb the additional State prison inmates released through in-prison residential programs, even if some of the new federal funds were available to buy community aftercare. This is simply not the case. Although additional federal dollar flows could be used to expand certain kinds of outpatient aftercare for released prisoners, there would be significant limits on New Jersey's ability to expand residential, half-way house or similar forms of aftercare. In other words, additional federal funds targetted to this population would be helpful, but will not address the problem of an already overburdened community treatment network.

A second problem is much broader in nature. It is what could be described as a piecemeal approach embedded in HR 3371 and similar bills. There is no question again that offenders need more access to better treatment for alcohol and drug problems while incarcerated and returning to the community. What I find missing however is a recognition that the adult and juvenile justice systems start long before incarceration and--even with significant increases in the severity of criminal sanctions and the exploding prison populations that result--most offenders are still supervised in the Courts and probation components of the justice system.

Among New Jersey's continuing examples of cooperation between the health and criminal justice systems is our State Supreme Court Task Force on Drugs and the Courts. This multiagency, multilevel task force issued its own report in April of this year. It concluded, after an exhaustive review of the severe impact of drug cases on the court system, that only a significant expansion of pretrail and probation treatment options could help the present crisis. It also placed a dollar cost on that need: to provide the necessary new alcohol and drug treatment capacity for pretrial and probation dispositions would require $80 million in New Jersey, divided between the State and counties. And this estimate takes into account cost savings from increased use of intensive community supervision in place of prison and jail dispositions. But note that that $80 million estimate exceeds the current total public funds available for drug abuse treatment in New Jersey.

I use this example, Mr. Chairman, to illustrate what I hope this Committee and the Congress would consider in addressing these problems, namely that some at least equal consideration be given to investment in the earlier and potentially less expensive community supervision parts of the adult and juvenile justice systems--while continuing to address system needs during and after incarceration.

New Jersey has a long tradition of cooperation between our health and justice administrative agencies, and between frontline justice workers and community treatment agencies. Our two year old Governor's Council on Alcoholism and Drug Abuse now brings all significant State agencies and their budgets under single review to improve the allocation of available State resources to all alcohol and drug abuse prevention and treatment programs. The Council has endorsed the State Department of Corrections' own earlier Comprehensive Plan for Substance Abuse Treatment, which recommended two years ago that additional residential treatment programs be instituted in State prisons. Together with the recent Supreme Court Task Force, I believe New Jersey has a true system-wide understanding of the specific needs of all components of the adult and juvenile offender population. The additional federal funds that might become available under HR 3371 or similar legislation will certainly help to meet some of those needs, but they will only help if we can generate simultaneously an adequate and stable private and public funding base for an alcohol and drug abuse system that can provide treatment as needed.

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Mr. Chairman, that concludes my formal remarks. I appreciate the opportunity to speak with you today, and would be happy to respond to any questions.

Mr. RANGEL. Thank you, Mr. Farrell.

We'll now hear from Mr. John Holl, the assistant attorney general for the State of New Jersey.

STATEMENT OF MR. HOLL

Mr. HOLL. Thank you, Mr. Chairman. Mr. Chairman, I came here today without any prepared remarks. We have submitted a statement on behalf of the attorney general.

Mr. RANGEL. That statement is entered into the record.

Mr. HOLL. Thank you, Mr. Chairman. The only thing that I would like to add to what has been said is I don't come as a treatment professional or as anyone who has a tremendous expertise in any area of treatment. I come here as a representative from law enforcement.

And I have to say that in the past, law enforcement has not been receptive, I don't think, as much as it should have been to the idea of treatment as a viable option in dispensing and as a substitution for punishment or as a part of a total punishment program inside the correctional context.

I think it's been within the past few years that we've now begun to see that this is something that is essential, that there are some effective treatment programs that work and that they can have an impact on recidivism rates, and that they can help to solve the overcrowding problem perhaps by making some individuals come out earlier from prison than perhaps they otherwise would have come out.

So with that in mind, I don't want to take up any more committee's time other than to say that the New Jersey attorney general's office, in fact, the New Jersey law enforcement community, is 100 percent behind the concept of the bill of expanding treatment inside our correctional facilities, expanding into the point of pretrial testing, but that would be on an optional basis obviously for individuals who did not want to give up their fifth amendment rights, so that would have to be an optional program.

But we are 100 percent in favor of it, and we look forward to working with the committee and supporting the concept in any way we can.

Thank you.

Mr. RANGEL. Thank you.

Mr. Payne.

Mr. PAYNE. Thank you very much. I appreciate hearing your testimony and I'm certainly aware of the fine work that Mr. Farrell has been doing for many years, and hearing from the law enforcement side also.

This is really something that's just been alluded to—there is a problem in some of the correctional institutions actually with illegal drugs being available in the institution, and it seems to me to be a real problem. I wonder whether any of the law enforcement agencies have had it brought to their attention and whether there might be some kind of approach to seeing if the illegal drugs can be weeded out in some of the correctional institutions.

Mr. HOLL. Congressman, this is a very serious problem that we've had throughout the State because there's a tremendous

amount of profit to be made in drugs and because corrections officers who often are the source of drugs that go into prisons, just aren't paid that much.

I think the department of corrections, the State police, the attorney general's office have run a series of undercover operations in the prisons. It's a concerted effort to get at the heart of this problem. However, it certainly continues to be a problem, and I'm not really sure what the answer is except to say that treatment isn't everything. You need to have a very strong enforcement presence, and people who commit these crimes, especially if it's only for profit and they don't do it to support a habit, as has been the case that I've seen with correction guards, they should receive a very strong punishment.

Mr. PAYNE. What would you suggest that we might be able to do as it relates to that problem?

Mr. FARRELL. I would think, Congressman Payne, that we need to look at starting and using the district that you represent as an example, if we were able to come up with a plan that would be spearheaded possibly and supported.

It has to be a national effort; not just targeting your or any particular area, that we would look at what are the specific needs of the community. We have the data. We need to do needs-assessment-based planning that would say, given the area, the county, depending upon the city possibly, that we recognize what the specific problem is, and that in order to treat the specific problem we're going to expand treatment programs, develop new treatment programs.

And then start in on the Federal level, work down to the State level, get the necessary support on the State level, work down to the county level, to the community level with the local politicians and say, this is the action plan for this particular area, and the different subdivisions, political subdivisions in New Jersey. They'll all be different because they all have different needs.

Based upon that, then we can maximize our treatment needs and our treatment dollars upon the specific needs of the community that we're trying to provide the particular service for.

It's very difficult; it's a long-range plan. I realize that it's fraught with a number of problems, but an effort has to be made because in some areas the community is justifiable in saying enough is enough.

In some areas there needs to be treatment expansion capabilities. When I look at what our numbers in the small State of New Jersey represent, it becomes very, very clear that we need additional drug treatment services in order to begin to treat the citizens with their problem.

Mr. PAYNE. Thank you very much. Thank you, Mr. Chairman.

Mr. RANGEL. Mr. Gilman.

Mr. GILMAN. Thank you very much, Mr. Chairman.

We welcome the panelists here today, and you've given us a little more insight. But let me ask you, most inmates, from what you're telling us, are reluctant to come forward voluntarily, so in order to treat them it becomes somewhat of a coercion program. Isn't that an accurate assessment?

Mr. GIRGENTI. It's true. One of the things that we try to do is we try to provide incentives for those who would get involved in a treatment program. Obviously they're aware that it would help them in terms of how they're going to be evaluated before the parole board.

One of the things that we do with our shop incarceration or boot camp programs is that those who are eligible for those programs and those who pass the eligibility and are certified to participate in the shop programs, are given the opportunity to cut some time off their minimum sentence so as to successfully complete the program.

So yes, there is obviously a certain amount of reluctance on the part of any person who has a drug problem, particularly drug offenders. But if we can provide some incentives and meaningful ways for them to get involved in those kinds of programs in prison, we think that we can get them to get involved in those programs.

Mr. GILMAN. What are the aspects of all of that? Unless you truly want to get cured, unless you truly want to do something to help yourself and are truly motivated, all of these programs are not meaningful.

Mr. GIRGENTI. Well, I think that's a necessary ingredient; motivation is very, very important. But we find that if we could even coerce people into the program, that after a period of time, they generally seem to do as well as those who voluntarily participate in the programs if you've got a viable program for them to participate in. So the element of coercion can be a factor.

And one of the points I tried to make in my testimony is that you can have as much success even where there isn't that willingness to participate if we've got good programs in place.

Mr. GILMAN. Did you want to comment on that?

Mr. FARRELL. Yes, sir. I think we see that there's a high percentage of our population that is motivated for treatment; coercion plays an important role in the aspect that we recognize. And my 21 years in drug treatment experience has shown that there are a number of people who find that a short stay in prison is far easier than a rehabilitation program.

The whole process of rehabilitation and a commitment to recovery is a lifetime commitment and it is something that is not taken very lightly by those good programs.

We heard from the young lady, Heather, who testified from the Integrity program this morning. Her first attempt was a failure. But something stuck in her mind even after she left the program initially that at some point she was sick and tired of being sick and tired, that the whole concept of rehabilitation clicked, and she sought treatment at the same program she voluntarily left.

So the initial seed of treatment had been planted early on, possibly through a coercive way, but we can see that once that seed is planted at some point in time people will in large numbers respond to that particular need.

Mr. GILMAN. So how do you sort out those who need treatment and want treatment from those who are not getting treatment in prison?

Mr. FARRELL. We sort it out and the difficulty is it becomes the litmus test of the individual; you have the program capability to

treat people. Our overwhelming needs in New Jersey show that we're operating well above our treatment capacity. So you have large numbers of people that are there willing to get into treatment.

We have to have the expanded capability, first of all, to treat them, put them into treatment or recognize that there are different modalities to treatment to treat the individual needs of the client, and be able to offer them all the services needed that we've heard about today in order to put them on the road to rehabilitation.

Mr. GILMAN. Mr. Farrell, are you saying that there's a big waiting list that you can't get to in prison?

Mr. FARRELL. I think beyond the backup list in prison, sir, I have right now in New Jersey an active waiting list of 2,000 clients who are in the streets waiting to be treated. They are now competing against someone who is ready to be released or someone in the criminal justice system who is referred.

I have a problem now where the treatment program has to make a determination if the incarcerated person should be the person on the street. So in New Jersey these 2,000 clients again are competing against the system——

Mr. GILMAN. What's the waiting time, Mr. Farrell, for that 2,000, what's the average——

Mr. FARRELL. Residential waiting time now can be anywhere from 2 to 3 months to get into treatment, even longer depending on the particular area of the State.

Mr. GILMAN. Mr. Girgenti, is that a similar problem in New York?

Mr. GIRGENTI. I believe it is. I would like to point out though one exception, and I think it's troubling to me at least, is that we don't have the same problem of waiting with respect to juvenile treatment programs, that in fact, there are beds wanting in juvenile treatment that are not obviously wanted in the adult treatment sector.

But I think we have the same experience though with respect to the adult population as New Jersey that we can't simply provide for all those who are in need of treatment, and there is a certain amount of competition between the criminal justice offenders and those who are outside the criminal justice system.

And very often we find people get into the criminal justice system because their treatment needs were not adequately addressed prior to their involvement in criminal activity, and it was only through their involvement in criminal activity that they were able to get to the treatment programs that were out there. So I think it's a real problem.

Mr. GILMAN. Is the problem then simply dollars to take care of this backlog——

Mr. GIRGENTI. I think that part of it is. I don't think we've invested the kinds of dollars that we need to in order to deal with the problem and its scope. I hate to talk about needing more dollars in the times of fiscal constraints but I think that we clearly need more resources.

And one of the points I tried to make in my testimony was that we need more of a Federal participation in the providing of those resources; we're not getting enough Federal dollars to do the kinds

of treatment. There's a lot of money that's put into treatment by the State, probably more could be, but the predominance of the money that goes into treatment is State money, not Federal money.

Mr. GILMAN. Mr. Girgenti, how much is the total amount of money put into the drug treatment program?

Mr. GIRGENTI. We have about $11 million in the department of corrections that's devoted to drug treatment. Over 9.5 million of those dollars are State dollars and a little over 2 million are Federal dollars, and most of that has come within the last couple of years.

Mr. GILMAN. Was there any money cut back in that program in this past budgetary——

Mr. GIRGENTI. I'm not certain of that. My sense is that, if anything, the programs have increased rather than been decreased over the last fiscal year.

Mr. FARRELL. In New Jersey the budget for 1992 for alcohol and drug treatment services is $81 million, sir. That is, 50 million Federal dollars, 31 million State dollars. Of that Federal share, $35 million is block dollars and $15 million other Federal grants, and $31 million State input.

There was some expansion because New Jersey was one of two States chosen to pilot the campus demonstration project which will take place in Secaucus, NJ. Our block picture remains stable at this point in time. Our State dollars remain stable as well.

For New Jersey, again the important thing is that there is the need for additional dollars for program expansion. The additional dollars that come through need a stable funding base so that we don't walk down the same road of the three Federal waiting-list-type reduction programs, which really got people into treatment and in some States literally forced people out of treatment after a year to 18 months.

I'm facing that same situation now in New Jersey. We were able to, by hook or crook, continue at a reduced rate. For example, almost a little over 1,000 treatment clients from our previous waiting list are being treated.

Right now we're trying to see how much I can salvage to keep people into treatment for another year. This is no way, as you're aware, to provide stability in someone's life who needs the stability.

Mr. GILMAN. Mr. Ferrell, let me understand. You're saying $31 million for your treatment program in New Jersey——

Mr. FARRELL. Is State dollars.

Mr. GILMAN. Is State dollars.

Mr. FARRELL. Yes, sir.

Mr. GILMAN. For how many inmates?

Mr. FARRELL. This is not for inmates, this is our total population, my total treatment needs throughout the State.

Mr. GILMAN. And how about for correction, what part of that is correction?

Mr. FARRELL. I don't have——

Mr. GILMAN. Just roughly. Give me a ballpark figure.

Mr. FARRELL. Something this important I'd prefer to get back to you, sir, with the information rather than give you a ballpark figure.

Mr. GILMAN. Mr. Girgenti, your figure of $11 million was just correction.

Mr. GIRGENTI. That's correct. I'm not talking about——

Mr. GILMAN. Overall.

Mr. GIRGENTI. Overall. I do not have the overall figures.

Mr. GILMAN. How many inmates are we talking about?

Mr. GIRGENTI. Well, we're talking about 60,000 inmates, close to 60,000 inmates in the system, we're talking about 45,000 approximately on parole, and about 150,000 who are on probation. Since the State is only responsible for parole and corrections, those are the numbers that——

Mr. GILMAN. How many inmates in and out are you working with in your program?

Mr. GIRGENTI. We probably have over 20,000 inmates who are currently in some form of drug treatment programs within the State corrections and about 20,000 of our parolees are involved in some type of——

Mr. GILMAN. Now, does either New York or New Jersey have an aftercare program, a followup program?

Mr. GIRGENTI. Well, as I pointed out in my testimony, in New York we have extensive aftercare programs. Not only do we have the CASAT Program which has different phases, two of those phases involve community and aftercare programs.

We also have aftercare programs for our shop graduates in terms of intensive parole supervision, and we have parole relapse programs which also are designed to deal with prevention and aftercare once someone is out into the community.

Mr. GILMAN. Are those programs covered in your $11 million?

Mr. GIRGENTI. I do not believe so. I believe parts of them are. For example, the CASAT Program phases one and two actually begin while you are within the department of corrections, and after that there's a phase three which is a parole function, and that function is outside of the budget. I think there are additional moneys that we have for the aftercare. I don't have those numbers with me.

Mr. GILMAN. Mr. Farrell, do you have an aftercare program in Jersey?

Mr. FARRELL. Yes, we have. And I don't have the exact figures, sir, there are two components. We have the early release program which will allow someone to be released from prison into a therapeutic community. We presently fund 64 beds for early release programs. And we have aftercare capability through the correctional system which follows up with a limited number of clients who are released to halfway houses, and I don't have the dollar figure on those.

Mr. GILMAN. Well, what percentage of the drug parolees are receiving some aftercare then? It sounds like a very limited number from what you're telling me.

Mr. FARRELL. It is a very limited number. The figures I'll have to ascertain. What we're trying to do now in New Jersey is to coordinate the effort, and that's one of the things that the attorney general's office has been doing as well as the Governor's Council.

The department of health is responsible for all the community-based aftercare services and community-based treatment services. The department of corrections has its own aftercare capacity, and

that's one of the things that our comprehensive plan is in the process of addressing, sir.

Mr. GILMAN. One last question to both of you. What do you recommend that this congressional committee could do to be of help to you in what you're seeking to do in your own State?

Mr. RANGEL. Send some more money.

Mr. GILMAN. Besides sending a check.

Mr. FARRELL. As I indicated earlier in my remarks to Congressman Payne, and as Mr. Rangel has articulated so very clearly over the years, as well as yourself, Mr. Gilman, the whole issue needs to be tackled, addressed so that given the proper resources available to treat a particular person, we'll be able to expand our community-based treatment programs to help rehabilitate many people who have not been rehabilitated in order to survive within the community that they're returning to. So, we're going to have to be able to expand our existing treatment capabilities on the community level, additional dollars as well.

Mr. GILMAN. Thank you, Mr. Farrell.

Mr. Girgenti.

Mr. GIRGENTI. I would echo those comments. I would also add that in addition to funding for increased treatment availability there also needs to be greater standardization within treatment modalities.

A program which holds itself out, for example, to be a day treatment program, should be required to have a basis and a set of minimum standards. We believe that it's important for the Federal Government to take a lead there.

We also think it's important for us to get through Federal resources the ability to learn more about drug treatment, about how it works, for whom, and under what conditions, so that we can gear our precious few dollars to provide the best possible treatment programs available.

Obviously, you can learn a lot from us but we think that the greater volume and the greater reach of the Federal Government in terms of dealing with what works in terms of treatment would be very helpful to us, and we look to the Federal Government to provide us that kind of leadership and information.

Mr. GILMAN. I thank both of you. Mr. Holl, do you want to add anything to this?

Mr. HOLL. No, that's OK. Thank you, Congressman.

Mr. GILMAN. Thank you. I want to thank our panelists for taking their time to be with us today.

Mr. RANGEL. Mr. Girgenti, I'm very impressed with this DTAP Program. How is that funded?

Mr. GIRGENTI. Presently it's funded entirely by the Brooklyn district attorney's office. There is neither Federal nor State funding.

Mr. RANGEL. Why is it not, why don't we have more State money?

Mr. GIRGENTI. Well, first of all, it's a new program and we're looking to not only help fund this program, in fact as I've encouraged the district attorney of Kings County to make application to the State for it, but we're looking to set up model programs similar to that throughout the State. So it's in this fiscal year that——

Mr. RANGEL. OK. What I would want to do is for my staff to be in touch with you to see whether or not we can also try to set that up as a Federal demonstration project as well.

Mr. GIRGENTI. I think there would be great receptivity. I've traveled throughout the State in the last few months and I think there are not only places in New York City but other places throughout the State that would be interested through prosecutors' offices to begin to identify those within the criminal justice community who would benefit from these types of——

Mr. RANGEL. And also I hope that you might to able, if you don't have the information now, to talk about the difference in costs per day in putting one of these kids in jail as opposed to whatever——

Mr. GIRGENTI. Well, I can tell you off the top of my head that the costs are incredible in comparison. In New York State just to put someone in a State prison bed it costs anywhere from $30,000 to $35,000 a year. The cost of many of these treatment programs, even the most intensive of these programs, would hardly exceed $5,000 to $10,000 in the course of a given year. So that——

Mr. RANGEL. Something else——

Mr. GIRGENTI [continuing]. The cost——

Mr. RANGEL [continuing]. That I think would——

Mr. GIRGENTI [continuing]. Approximately——

Mr. RANGEL [continuing]. Be useful, if some social worker or something could put in a computer as to the profile of these kids if they were not in this program as to where they would go and how many times they would return to the jail, and if not in human measurement, certainly in dollars and cents to the propensity for a youngster with that type of a background to enter the criminal justice system and reenter and reenter.

Mr. GIRGENTI. Sure. The numbers I gave you are over the counter, how much does it cost to run a program outside of the prison wall as opposed to housing someone within the prison walls. What you're talking about is a much greater cost to society as a whole from having to have someone not be able to break the cycle of crime and to continue to go back in and out of the prison system. And I'm sure those costs are far greater than the ones I just described.

Mr. RANGEL. Well, I sincerely believe that this is the right direction to go and I want to hold on to this that Joe Hynes is talking about and want to work with him and you and our Governor.

Mr. Farrell, what is your background? Your colleagues have a law enforcement background. Is yours similar?

Mr. FARRELL. No, sir. I'm a social worker by training. I'm a college graduate of the——

Mr. RANGEL. Those of us——

Mr. FARRELL [continuing]. City of New York.

Mr. RANGEL [continuing]. The street can almost tell the difference between the cops and the social workers. Let me ask you as a social worker, if you were able to direct politically the funds to deal with the problem of crime, taking into consideration the DTAP Program that I just got finished talking about, and taking in consideration a number of youngsters who were arrested for the first time for nonviolent crimes, especially in the area of drugs.

If you were in a position to make your recommendations to the Governor as to how tax dollars could be best used for the citizens as well as for the youngster that is arrested under those circumstances, what recommendations would you give to the Governor as a social worker as to where the dollars should go?

Mr. FARRELL. Initially in a preventive effort. If we could prevent the disease to prevent the illness, then we would only have to treat those who need treatment. We'd treat in lesser numbers.

I would recommend that the dollars would go in the area of treatment, recognizing that we're going to have to treat not only the individual, but also the entire family. We're going to have to treat the community to begin to address many of the social roles that center around this problem of drug abuse and alcoholism.

We're going to have to look at the economics that drive the underpinning of this problem. We're going to have to begin to give people realistic hopes that there are ways to survive without drug dealing, and become the new support mechanisms within the family.

I think it's something we'd have to approach from more of a psychosocial medical point of view and recognize that there are people who should be locked up. But if we can prevent people from becoming involved with the problem of drug abuse, particularly as it relates nationally, then there will be less of a need for many of the criminal justice police type activities to addresss the problem.

Mr. RANGEL. Now if your Governor made professionals available to you in different disciplines and expertise, do you believe you'd be able to make a case that your approach will actually save the State money?

Mr. FARRELL. I think in the long run, yes. In the short run it would be difficult, but in the long run we would be able to because what you would see would be a definite reduction in the amount of family abuse, emergency room episodes, hospital long stays, hospital treatment episodes, reduction in the risk of HIV and all the diseases that are related to HIV.

It would improve social interactions amongst people so that they would be productive and not drain the limits of resources that are available for services. Productivity levels would increase tremendously. Again, it would be a long-range plan but there is no short-term solution.

I think if we were able to start and demonstrate the capability and willingness to work toward that, we would then be able to project in the years ahead a much healthier and better society.

Mr. RANGEL. Now, to my knowledge, there's just no dispute among the social scientists that that approach is the most effective.

Mr. FARRELL. No, sir.

Mr. RANGEL. And since social scientists are not the only smart people that we have in America, why is it so difficult for this type of thinking to prevail?

Mr. FARRELL. The community wants to see an immediate response, and the immediate response has been traditionally to lock people up and throw the key away to get them out of sight, out of mind until they are able to return to once again wreak havoc upon the community.

It's been traditionally approached too heavily from the law enforcement base. I think we're going to have to begin to demonstrate a lot more clearly and a lot more capably that treatment does work.

Part of the analogy, I think, that's difficult in our society today is that we're identifying two different diseases and two different illnesses. A recovering alcoholic is someone that society embraces. A recovering heroin addict is someone that society still will shun.

So it's along these lines that we have to begin to educate the public that treatment does work, people can recover, and people will become and can become productive in society as well.

We're dealing with alcoholism being a legal problem, along with the stigma of drug abuse—heroin, cocaine being illicit and illegal and these users are criminals—as opposed to someone who has drunk themselves into a particular problem. So again, it's a long-starting process that we have to begin to address and get on point.

Mr. RANGEL. Mr. Holl, like you, I'm a law enforcement type, a former prosecutor. What Mr. Farrell says just makes a lot of sense. Do you have any dispute with anything that, you know, as one hardnosed law enforcement official to another as to what he said? I recognize that some people will have to go jail——

Mr. HOLL. Yes, some people have to go to jail.

Mr. RANGEL [continuing]. He could add and some never come out of jail.

Mr. HOLL. And there are some who shouldn't come out ever. But I think those numbers are very small. But I don't think that we should really be focusing on them in terms of if you're speaking about let's come up with a comprehensive national policy——

Mr. RANGEL. No, no, I'm talking about State policy.

Mr. HOLL. OK, State policy, comprehensive State policy.

Mr. RANGEL. Yes.

Mr. HOLL. Then I believe those numbers are very small. The only thing I'm concerned about in the treatment area is the public perception of treatment. They are not convinced that they—it seems to me that the public simply isn't convinced that treatment works.

And I don't know how they get educated that in fact it can work and that it does work——

Mr. RANGEL. Were you appointed or elected?

Mr. HOLL. I was appointed.

Mr. RANGEL. So you wouldn't have that problem, would you?

Mr. HOLL. I wouldn't have what problem?

Mr. RANGEL. As to what the public perception is.

Mr. HOLL. Yes, I would. Because—yes, you would, because you want the public to support the Government's programs.

Mr. RANGEL. Well, let me put the question that I raised to social worker Farrell to you. You're writing the Governor, he's a progressive Governor, and he wants to know how to best use the public dollars. There may come a time that a hardnosed guy like Mr. Girgenti would have to say, "Hey, you're not going to get re-elected if you do it."

But this is a confidential memo from you to the Governor, he wants to know how can I best use the taxpayers' dollars. Now you heard the social worker.

Mr. HOLL. The only way that I would essentially disagree with that is it just seems to me the primary thing that I would have to decide would be prevention programs, especially education programs. And I would essentially concentrate our resources on that. I think that should be the first priority.

Mr. RANGEL. He would not disagree with you.

Mr. HOLL. All right. And then treatment and law enforcement, I think, should be second and third.

Mr. RANGEL. I think he would agree that it's better that they never enter the system in the first place. To my question that once they got into the system how it should be treated, I think we all are saying the same thing.

I think New York State, or at least the DA in Kings County, is taking one step forward being a law enforcement type because they can do it when social workers can't by being hardnosed and putting people in jail, while at the same time on the front end with youngsters, trying to show there's a different approach.

I'm thoroughly convinced that once we run out of money to build jails, and whether we like it or not, we're going to have to do something with other people, older people, because we can't keep up with the number of arrests that are going to take place.

Everyone wants more police. But we'll get the police faster than the jails, and if the police don't arrest, then the public is going to lose confidence in the people. If they arrest and the DA's don't prosecute, then you've got a problem there. If the judge doesn't put them in jail, then they say he's a part of the corruption. And if there's no jail, you just can't do it.

But I hope that the social workers might be able to get more influential in finding some political way to give the elected officials some statistical data so that they don't look like do-gooders, but rather that they look like people concerned with sound law enforcement. To me that means keeping people breaking the law. And if you can do it with education and training, not only are you fulfilling your responsibility, but it's cheaper.

You mentioned, Mr. Farrell, $200 billion.

Mr. FARRELL. Yes.

Mr. RANGEL. Where did you get that figure?

Mr. FARRELL. From the National Association of State Alcohol and Drug Abuse Directors [NASADAD]. I don't know if you've seen "Treatment Works." It's a publication that was put together. It has a number of studies and——

Mr. RANGEL. And what——

Mr. FARRELL [continuing]. National——

Mr. RANGEL [continuing]. Did that figure represent?

Mr. FARRELL. Pardon?

Mr. RANGEL. What did the $200 billion represent?

Mr. FARRELL. It represented the amount of impact that drug abuse has upon the country in general, the total figure.

Mr. RANGEL. OK. You write that person and tell them that I knew that they were guessing because I make up figures as I go along myself. But that at a recent meeting I had with Dick Darman——

Mr. FARRELL. I heard you mention his name.

Mr. RANGEL [continuing]. We threw that information in the computer and came up with $250 billion which he said was the low side.

Mr. FARRELL. The low side.

Mr. RANGEL. Those are the preliminary figures. And so for those of us who make these figures up as we go along, when you find the Nation's number crunchers are coming up with these figures, then you know that it is really a crisis.

Let me thank all of you. I hope you get to know each other better and work closer with each other, because if Governor Florio and Governor Cuomo can't come up with some models with the limited funds that we have, then we might as well give up.

But it would be helpful if anyone of you attend any type of conferences that deal with this subject that you might try to figure how you could get national exposure to it, because it is the public, as all of you pointed out, that needs the education to realize that there's a better way to handle this than to build jails, and yet my outstanding Government will be on record not for building houses but for building jails, and many other governments won't be proud of that's where most of their housing production will be; in jails and penitentiaries around the country.

If the Congress can do something, we're trying to educate by pointing out the successes that we have here, whether we use military bases or whether we extend to colleges or whether we use district attorney-based programs or whatever it is, we want to do that because we're running out of money anyway, so we might as well encourage and provide incentives for local and State governments that are doing things that are more progressive.

Let me thank all of you for your testimony, and we'll be working with your office, with the attorney general's office, and with the Governor's office, and for the State of New Jersey if you have any programs that you feel that we should monitor.

And monitor that program in Newark with Congressman Payne because he has, what's the name of that group that's in there?

Mr. FARRELL. Fighting Back Program.

Mr. RANGEL. He has several. We didn't see it in there but he also has some foundation programs. So in my opinion, and this is what we'll be working on with Darman and the enterprise zone, that if you can start with one program and then allow the others to come in that would improve the quality of education, the quality of housing, incentives for employers, better health facilities, and try to get at the root causes as to what causes people to become alcohol- and drug-dependent.

And even if someone gets into trouble, when they get out of jail they will be going back to a community where in the old days people would be trying to help that person rather than to shun them.

And so whatever you could do to concentrate on making Newark a model program, it's not just because it's my friend, Congressman Payne, but it would send a message if it can work in Newark, then other communities that have not been hit as bad as Newark, could possibly duplicate that.

Thank you very much for your testimony, and the committee will now stand adjourned.

[Whereupon, at 1:10 p.m., the committee was adjourned.]

OPENING STATEMENT OF THE HONORABLE

CHARLES B. RANGEL, CHAIRMAN

OF THE

SELECT COMMITTEE ON NARCOTICS
ABUSE AND CONTROL

HEARING ON

"INTERVENING WITH SUBSTANCE ABUSING CRIMINAL OFFENDERS"

9:30 AM
OCTOBER 28, 1991
CEREMONIAL COURT ROOM
U.S. COURT OF INTERNATIONAL TRADE
1 FEDERAL PLAZA
NEW YORK, NEW YORK

GOOD MORNING.

TODAY THE SELECT COMMITTEE WILL HEAR FROM A DISTINGUISHED PANEL OF EXPERTS FROM THE CRIMINAL JUSTICE SYSTEM AND THE DRUG TREATMENT COMMUNITY CONCERNING INTERVENTION EFFORTS FOR SUBSTANCE ABUSING CRIMINAL OFFENDERS.

THIS IS A FOLLOW-UP TO A HEARING THAT THE SELECT COMMITTEE HELD IN WASHINGTON, D.C. ON "DRUG TREATMENT PROGRAMS IN PRISONS" IN MAY OF THIS YEAR. THE HEARING FOCUSED ON PROMISING STATE TREATMENT PROGRAMS, AND THE NEED TO USE THESE PROGRAMS AS MODELS FOR NEW ONES. WE HEARD FROM AN ARRAY OF STATE AND LOCAL DRUG TREATMENT EXPERTS WHO ECHOED THE NEED FOR EXPANDING DRUG TREATMENT SERVICES FOR INMATES, ESPECIALLY ONCE THE INDIVIDUAL HAS BEEN RELEASED FROM THE INSTITUTION.

THE VARIOUS NATIONAL SURVEYS POINTED TO BY THE ADMINISTRATION THAT ALLEGEDLY SHOW A DECLINE IN ILLICIT DRUG USE DO NOT REFLECT OUR CRIMINAL OFFENDER POPULATION. WITHIN THIS GROUP OF OVER 700,000, DRUG USE CONTINUES TO ESCALATE AND FUEL OTHER CRIMINAL BEHAVIORS. THERE ARE OVERWHELMING INDICATIONS THAT

SUBSTANCE ABUSE ACCELERATES THE LEVEL OF CRIMINAL ACTIVITY AMONG INDIVIDUALS ALREADY INVOLVED IN CRIME. DRUG ADDICTS ARE INVOLVED IN APPROXIMATELY 3 TO 5 TIMES THE NUMBER OF CRIMES AS ARRESTEES WHO DO NOT USE DRUGS, AND THEY HAVE A SIGNIFICANTLY GREATER NUMBER OF ARRESTS THAN NON-DRUG INVOLVED ARRESTEES.

THIS IS THE HARDEST CONSTITUENCY TO LOBBY FOR. BUT THESE SUBSTANCE ABUSING CRIMINAL OFFENDERS REQUIRE OUR ATTENTION, OUR RESOURCES, AND OUR GUIDANCE IF WE WANT TO WIN THIS WAR ON DRUGS AND BUILD A PRODUCTIVE SOCIETY. A SENIOR WHITE HOUSE OFFICIAL RECENTLY TOLD ME THAT HE CONSERVATIVELY ESTIMATES THAT DRUG ABUSE IS COSTING US NEARLY ONE-QUARTER OF A TRILLION DOLLARS A YEAR. MUCH OF THIS IS ATTRIBUTABLE TO THE COST OF CRIME AND THE CRIMINAL JUSTICE SYSTEM, AND THE FAILURE OF OUR PRESENT SYSTEM TO PREVENT RECIDIVISM AND TO DETER FUTURE CRIME. OFFENDERS MUST BE PROVIDED WITH OPPORTUNITIES TO LEAD A PRODUCTIVE LIFE WITHOUT DRUGS AND CRIME. HOWEVER, BEFORE ANY OF THESE GOALS CAN BE ACCOMPLISHED, THE WEAK STRING LINKING THE CRIMINAL JUSTICE SYSTEM AND THE DRUG TREATMENT COMMUNITY MUST BE TRANSFORMED INTO A STURDY ROPE.

FOR MANY SUBSTANCE ABUSING-CRIMINAL OFFENDERS, COMPREHENSIVE SUBSTANCE ABUSE TREATMENT PROGRAMS - INSIDE AND OUTSIDE THE INSTITUTION - OFFER HOPE THAT WE CAN SLOW DOWN THE REVOLVING DOOR WE HAVE IN OUR CRIMINAL JUSTICE SYSTEM.

RECENT STATISTICS SHOW THAT 50 PERCENT OF THE PRISON POPULATION MAY BE SUBSTANCE ABUSERS. NONETHELESS, 70 PERCENT OF THEM ARE NOT RECEIVING APPROPRIATE TREATMENT. THOSE PRISONS WHICH DO PROVIDE TREATMENT FOR SUBSTANCE ABUSERS RARELY OFFER THE NECESSARY COMPREHENSIVE MULTI-MODAL PROGRAMS WHICH ARE CONSIDERED THE MOST EFFECTIVE. MANY PRISON TREATMENT PROGRAMS LACK JOB COUNSELING, VOCATIONAL REHABILITATION, EDUCATION AND AFTERCARE, ALL ELEMENTS WHICH MAKE UP A TRULY COMPREHENSIVE PROGRAM. AS A RESULT, MANY EX-PRISONERS ARE LITERALLY ABANDONED WHEN RELEASED.

AS WE WILL HEAR FROM OUR WITNESSES TODAY; AS JURISDICTIONS DIFFER, AS INDIVIDUALS DIFFER, SO TOO MUST TREATMENT APPROACHES DIFFER. HOWEVER, SOME BASIC CHARACTERISTICS MUST EXIST IF ANY PROGRAM IS EXPECTED TO HAVE ANY CHANCE

OF REHABILITATING ANY OF ITS PARTICIPANTS. IT IS THESE BASIC CHARACTERISTICS THAT WE WILL DISCUSS; THESE CHARACTERISTICS THAT NEED TO LINK THE CRIMINAL JUSTICE SYSTEM AND THE DRUG TREATMENT COMMUNITY; THESE PROMISING TREATMENT APPROACHES FOR SUBSTANCE ABUSING CRIMINAL OFFENDERS, ESPECIALLY THOSE WHO HAVE BEEN RELEASED FROM AN INSTITUTION.

IT IS MY SINCERE HOPE THAT THIS HEARING WILL HELP CREATE THE STURDY ROPE BETWEEN THE CRIMINAL JUSTICE SYSTEM AND THE DRUG TREATMENT COMMUNITY, AND STIMULATE INTEREST IN MORE INNOVATIVE AND EFFECTIVE APPROACHES TO ASSESSING, TREATING, MANAGING, AND CONTROLLING THIS DIVERSE OFFENDER GROUP.

I WELCOME THE EXPERTS HERE TODAY AND LOOK FORWARD TO HEARING FROM THEM.

OPENING STATEMENT BY REP. FRANK J. GUARINI

INTERVENING WITH SUBSTANCE-ABUSING CRIMINAL OFFENDERS

OCTOBER 28, 1991

ON BEHALF OF CHAIRMAN RANGEL AND THE MEMBERS OF THE SELECT COMMITTEE ON NARCOTICS, I WANT TO WELCOME ALL OF OUR DISTINGUISHED WITNESSES WHO HAVE AGREED TO TESTIFY TODAY ON INTERVENING WITH SUBSTANCE-ABUSING CRIMINAL OFFENDERS.

WE KNOW THAT DRUG TREATMENT PROGRAMS WORK. WE KNOW THAT WITH PROPER TREATMENT AND COMMUNITY AFTER CARE -- THREE OUT OF FOUR PRISONERS WILL REENTER THEIR COMMUNITY AS A PRODUCTIVE DRUG-FREE MEMBER OF SOCIETY.

WE KNOW THAT FOR EVERY DOLLAR WE SPEND ON DRUG TREATMENT, WE WILL SAVE UP TO $12 IN FUTURE INCARCERATION COSTS. THAT MEANS INSTEAD OF PAYING $100,000 PER CELL TO BUILD A NEW JAIL AND $60 PER DAY TO HOUSE AN INMATE, A STATE CAN SIMPLY CONVERT EXISTING PRISON BEDS TO TREATMENT BEDS AND IN THE PROCESS SAVE MILLIONS OF TAXPAYER DOLLARS WHILE DRAMATICALLY IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITIES.

WE KNOW THAT SINCE 1980, THE PRISON POPULATION HAS DOUBLED --- MAKING THE UNITED STATES THE NATION WITH THE HIGHEST INCARCERATION RATE IN THE WORLD. WE KNOW THAT 75% OF INMATES HAVE A HISTORY OF DRUG USE AND THAT NUMBER IS ON THE RISE.

YET, OFFICIALS ARE NOT INVESTING FEDERAL FUNDS OR TAX REVENUES ON THIS TYPE OF PROGRAM.

INSTEAD, WE CONTINUE TO SEE LEGISLATION TO INCREASE DRUG SENTENCES, LAW ENFORCEMENT FUNDING, AND TO BUILD MORE PRISONS. AT THE SAME TIME, WE ARE INCARCERATING MORE AND MORE DRUG OFFENDERS. WE ARE NOW AT THE POINT WHERE ONLY EIGHT STATES ARE NOT CURRENTLY UNDER SOME FORM OF COURT ORDER OR CONSENT DECREE TO RELIEVE OVERCROWDING. AND THE PROBLEM CONTINUES TO GROW. OUR STREETS ARE NO SAFER AND THE COSTS ARE ESCALATING.

THE CRIMINAL JUSTICE SYSTEM IS NOT AN ADEQUATE DETERRENT FOR DRUG OFFENDERS. WE RELEASE DRUG-ADDICTED CRIMINALS BACK INTO OUR COMMUNITIES. PEOPLE WHO HAVE SPENT THEIR TIME IN PRISON LEARNING HOW TO BECOME BETTER CRIMINALS -- NOT BETTER CITIZENS.

ALL OF THIS IS ESPECIALLY DISTURBING SINCE WE KNOW THAT WITHOUT TREATMENT, WHICH IS THE CASE FOR NEARLY 90% OF DRUG ABUSING INMATES, NINE OUT OF TEN WILL END UP BACK IN PRISON WITHIN THREE YEARS OF THEIR RELEASE.

AND THE TAXPAYERS MUST PAY THE BILL -- WHICH ON AVERAGE COSTS $30,000 A YEAR --- TO INCARCERATE AN INDIVIDUAL WHO WILL MORE THAN LIKELY END UP BACK IN JAIL. MEANWHILE, STATES CONTINUE TO FLOAT MORE BONDS TO BUILD MORE JAILS FOR MORE DRUG OFFENDERS. WE ARE TRAPPED IN AN ENDLESS CYCLE OF RECIDIVISM.

WE HAVE A WAY TO STOP THIS REVOLVING DOOR -- BY PROVIDING COMPREHENSIVE DRUG TREATMENT IN OUR NATION'S PRISONS AND JAILS AND FOLLOWING UP WITH AFTERCARE UPON RELEASE.

IN MAY, THIS COMMITTEE HELD HEARINGS IN WASHINGTON ON LEGISLATION THAT I INTRODUCED WITH THE SUPPORT OF MANY MEMBERS OF THIS COMMITTEE -- LEGISLATION TO CREATE COMPREHENSIVE DRUG TREATMENT PROGRAMS FOR INDIVIDUALS UNDER CRIMINAL JUSTICE SUPERVISION. AT THE HEARING, WE HEARD ABOUT THE SUCCESS RATE AND COST EFFECTIVENESS OF PRISON DRUG TREATMENT. WITNESSES ALSO STRESSED HOW IMPORTANT IT IS TO PROVIDE AFTERCARE FOR THESE INDIVIDUALS IN THE COMMUNITY.

PRISON BASED PROGRAMS CAN CURE AN INDIVIDUAL'S PHYSICAL ADDICTION AND CHANGE THEIR ATTITUDE AND BEHAVIOR PATTERNS. BUT IT IS NECESSARY TO FOLLOW-UP THIS TREATMENT WITH COMMUNITY-BASED AFTERCARE TO HELP WITH THE TRANSITION TO LIFE OUTSIDE PRISON WALLS. THIS REINFORCES A CHANGED LIFESTYLE AND PREVENTS THEM FROM SLIPPING BACK INTO OLD HABITS AND LIFESTYLES -- DRUGS AND CRIME.

TODAY, WE WILL HEAR FROM DRUG TREATMENT EXPERTS FROM PROGRAMS THAT ARE UP AND RUNNING AND SUCCESSFULLY WORKING TO REHABILITE DRUG ADDICTED CRIMINALS -- RON WILLIAMS FROM SERENDIPITY HOUSE, AN AFTERCARE PROGRAM FOR INMATES WHO HAVE GONE THROUGH THE STAY'N OUT PRISON DRUG TREATMENT PROGRAM --- DAVE KERR FROM INTEGRITY, A

DRUG TREATMENT AND AFTERCARE PROGRAM FOR FORMER CRIMINALS -- FATHER PETER YOUNG FROM THE ALTAMOUNT HOUSE, AN EXPERT IN THE FIELD OF TREATING SUBSTANCE ABUSERS WITH OVER 30 YEARS EXPERIENCE. WE WILL ALSO HEAR FROM MATT CASSIDY, THE NATIONAL DIRECTOR OF THE TASC PROGRAM -- A PRIVATE ORGANIZATION WHICH HAS BEEN QUITE SUCCESSFUL IN PROVIDING ALTERNATIVES TO INCARCERATION. WE WILL ALSO HEAR DIRECTLY FROM FORMER INMATES WHO WILL TELL US FIRST-HAND HOW THEY HAVE KICKED THEIR HABITS. THESE ARE PEOPLE WHO ARE DEFYING THE STATISTICS -- THEY LEFT PRISON CLEAN AND ARE STAYING CLEAN.

WE ARE FORTUNATE TO HAVE RICHARD GIR[redacted]GENTI, THE DRUG CZAR FROM NEW YORK, AND JOHN HOLL AND JACK FARRELL, THE DRUG CZARS FROM NEW JERSEY. NEW JERSEY AND NEW YORK ARE TWO OF THE MORE PROGRESSIVE STATES IN TERMS OF DEALING WITH THIS ISSUE. RICHARD, JOHN AND JACK ARE REALLY ON THE FRONT LINES IN FIGHTING THE WAR ON CRIME AND DRUGS AND I LOOK FORWARD TO THEIR TESTIMONY.

OPENING STATEMENT BY DONALD M. PAYNE

SELECT COMMITTEE ON NARCOTICS ABUSE & CONTROL

FIELD HEARING IN NEW YORK - OCT. 28, 1991

THANK YOU MR. CHAIRMAN. LIKE THE YOUNG PEOPLE IN MY DISTRICT THAT TAKE A SHORT RIDE ON THE PATH TO COME INTO NEW YORK TO FIND DRUGS, I ALSO HAVE TAKEN A SHORT RIDE.

BUT MY RIDE IS TO FIND INFORMATION ON NEW METHODS OF TREATMENT THAT OUR DISTINGUISHED PANELISTS MAY PROVIDE FOR US TODAY. SO, I CONGRATULATE YOU MR. CHAIRMAN FOR PRESENTING YOUR CITY IN THIS NEW ROLE TODAY.

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AND WHILE I AM MOST INTERESTED IN GETTING ON WITH THE TESTIMONY, I WOULD LIKE TO TAKE A MINUTE TO SHARE CONCERNS FROM NEWARK AND MY STATE OF NEW JERSEY, SPECIFICALLY AS IT RELATED TO INCARCERATED MEN AND WOMEN.

WHILE NATIONALLY IT IS ESTIMATED THAT 70 % OF STATE PRISONERS HAVE A HISTORY OF DRUG ABUSE, SOME OF OUR PRISON AUTHORITIES PUT THE PERCENTAGE CLOSER TO 90 % FOR NEW JERSEY. THIS WOULD BE TRUE FOR WOMEN AS WELL AS MEN ACORDING TO SUPT. CHARLOTTE BLACKWELL OF EDNA MANN CORRECTIONAL CENTER IN CLINTON, N.J.

AT THE SAME TIME OUR NUMBER OF DRUG SENTENCES TO PRISON IN NEW JERSEY INCREASED 29 % FROM 1988 TO 1989. IF THAT TREND CONTINUES OUR PRISON POPULATION WILL NO DOUBT DOUBLE IN THREE YEARS. (IT WAS 1413 FOR '88 COMPARED TO 1968 IN '89)

TO GIVE FURTHER MEANING TO THESE FIGURES, ONE IN FOUR BLACK MEN IN AMERICA BETWEEN THE AGES OF 20 TO 29 IS EITHER IN JAIL, ON PAROLE, OR ON PROBATION. THAT FIGURE - 609,690 YOUNG BLACK MEN, SURPASSES THE NUMBER ENROLLED IN HIGHER EDUCATION PROGRAMS IN 1986, WHICH WAS ABOUT 436,000.

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BLACK MALES IN THE UNITED STATES ARE EVEN INCARCERATED AT A RATE FOUR TIMES THAT IN SOUTH AFRICA.

MR. LYDELL SHERER, ONE OF THE ASSISTANT SUPERINTENDENTS AT NORTHERN STATE PRISON IN NEWARK, INFORMS ME THAT OF THE 1900 INMATES THERE, WE ONLY HAVE A STAFF OF FOUR PERSON TO PROVIDE A TREATMENT PROGRAM. HE FURTHER STATES THAT AS IRONIC AS IT MAY SEEM, GOING TO PRISON PRESENTS A GOLDEN OPPORTUNITY FOR DRUG TREATMENT AND RECOVERY.

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WITH THE AVERAGE SENTENCE OF 7 TO 8 YEARS THERE IS SUFFICIENT TIME TO PROVIDE RESIDENTIAL TREATMENT IN A STRUCTURED, CONTROLLED ENVIRONMENT. YES, AS BAD AS PRISON IS, WE DO HAVE THE OPPORTUNITY TO OFFER INMATES RECOVERY AND ESCAPE FROM THIS DREADFUL HABIT, IF ONLY, AND LET ME EMPHASIS, IF ONLY WE PROVIDE SUFFICIENT HUMAN AND FINANCIAL RESOURCES TO THIS TASK.

RELIABLE STUDIES INDICATE THAT FOR EVERY DOLLAR SPENT ON TREATMENT, WE CAN SAVE $11.54 DOWN THE ROAD IN OTHER COSTS.

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IT JUST DOES NOT MAKE SENSE FROM AN ECONOMIC VIEWPOINT TO SOFT PEDDLE THE IMPORTANCE OF PRISON TREATMENT PROGRAMS.

THE MOTIVATION ON THE PART OF THE PRISONERS IS THERE!

NATIONAL REPORTS STATE THERE ARE ALMOST TEN TIMES AS MANY PRISONERS WANTING TREATMENT THAN WE CAN ADEQUATELY PROVIDE FOR. ANOTHER EXAMPLE IS TO LOOK AT THE FIGURES ON THE NUMBER OF PRISONERS COMPLETING THEIR HIGH SCHOOL EDUCATION WHILE IN PRISON.

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LAST MAY I RECEIVED AN EXCELLENTLY PREPARED LETTER AND DISSERTATION FROM MR. GEORGE E. JONES, AN INMATE AT NORTHERN STATE. MR. JONES POINT OUT THE SIMILARITY BETWEEN THE DRUG PROBLEM AND COMMUNICABLE DISEASE, PLAGUES, AND EPIDEMICS. HE MAKES A COMPELLING CASE TO REVITALIZE THE NARCOTIC DRUG ABUSE CONTROL ACT OF 1969, THAT WOULD ALLOW LOCAL AUTHORITIES THROUGH THE STATE DEPT. OF HEALTH TO TAKE DRASTIC ACTIONS IN THE FORM OF A QUARANTINE PROCESS.

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I AM NOT NECESSARILY RECOMMENDING THE THESIS EXPOSED BY MR. JONES, BUT I DO WANT TO COMMEND HIM FOR HIS EFFORT, AND TO POINT OUT THAT OUR PRISONS CONTAIN SUCH THOUGHTFUL PEOPLE AS MR. JONES, WHO NOT ONLY WANT TREATMENT, BUT ALSO WANT TO HELP OTHERS.

WE HAVE A PRECIOUS RESOURSE IN OUR PRISON POPULATION. THESE MAN AND WOMEN HAVE LEARNED THROUGH EXPERIENCE. I HOPE WE WILL EXPLORE WAYS TO BETTER UTILIZE THAT RESOURSE, BOTH DURING INCARCERATION, AND IN THE VARIOUS FOLLOWUP AND REFERRAL PROGRAMS AFTER RELEASE THAT WE WILL BE DISCUSSING TODAY. THANK YOU.

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