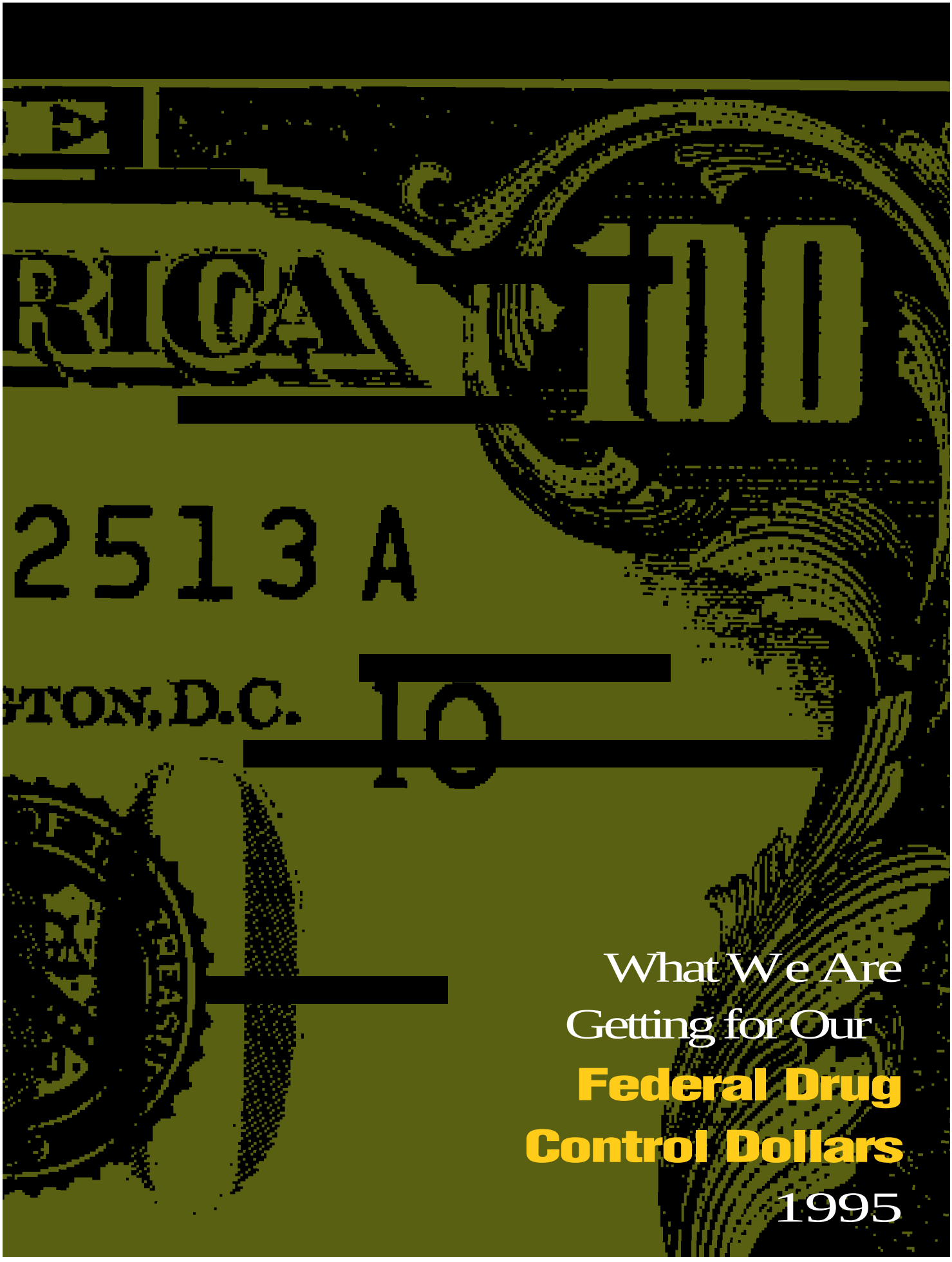

What We Are Getting for Our **Federal Drug Control Dollars**

1995

Keeping Score

1. According to the National Household Survey, 24.4 million Americans — one in eight — used **illicit drugs** in 1993.

2. Since 1981, the Federal government has spent more than $60 billion trying to control drug supplies, yet drugs are cheaper and **more plentiful today** than they were a decade ago.

3. Conviction for drug offenses is the largest and fastest-growing category in the Federal prison population, accounting for 61 percent of the total, compared to 38 percent in 1986.

4. Hospital **emergency room admissions** due to heroin jumped 86 percent between 1990 and 1993. During the same period, cocaine emergencies rose by 53 percent.

5. Workplace accidents, lost productivity, absenteeism and medical claims cost $60 billion a year.

6. A Rand Corporation study found that treatment is more effective than either interdiction or enforcement in reducing cocaine use.

7. Drug abuse is linked to risk-taking behaviors that increase the spread of sexually transmitted diseases. Reported cases of **babies born with syphilis** soared from 158 in 1983 to 3,850 in 1992.

8. Since 1981, the **Federal government has spent nearly $100 billion** to fight drug abuse.

Drug Strategies has prepared *Keeping Score* to help people judge for themselves the effectiveness of Federal drug policy. The report concentrates on four areas that are at the heart of public concern about drugs: illicit drug use, **drug-related crime,** drugs in the workplace and the impact of drugs on health and health care costs.

After reading this report, we invite you to score Federal drug control efforts. We also welcome your comments and suggestions.

Please indicate your answers in the appropriate boxes and return the card to us. We will provide you with a summary of the results.

What grades would you give the Federal government in addressing the following problems?

	A	B	C	D	F
Drug Use & Drug Addiction					
Drug-related Crime					
Drugs & the Workplace					
Drug Abuse & Health					

Comments: _____

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I. Introduction

Americans are pessimistic about the nation's drug problems. Seven in ten think drug abuse is worse today than five years ago. More than half think it will get even worse. This pessimism is understandable. The Federal drug budget has grown from $1.5 billion in 1981 to $13.2 billion in 1995—a total of nearly $100 billion has been spent to date. During the same period, state and local governments spent an additional $150 billion to combat drugs. Despite this massive investment, drug addiction, drug-related crime and drug availability have not declined, and street prices for drugs have plummeted. Moreover, drug use among young people has risen substantially for the first time in more than a decade.

Surprisingly, there has been little public discussion about drug policy. Americans have supported ever larger Federal drug budgets—even in times of severe fiscal constraints—but have not questioned how their tax dollars are being spent. They have largely accepted the rapid buildup in enforcement and interdiction since 1981 without asking whether some of these resources might yield better results if used for prevention, treatment and community coalitions against drugs.

In recent years drug policy has been caught up in the highly charged political discussion about crime. The recent Congressional debate over the 1994 Crime Bill, which characterized prevention and treatment programs as "pork," continued the push for more punitive solutions. Yet, even as the Congress approved billions of dollars for new prisons, its members also recognized the need to fight crime through drug and alcohol treatment and prevention programs, although at considerably lower funding levels.

While many politicians continue to talk about drugs in loaded terms—describing policies as "soft" or "hard," "conservative" or "liberal"—the public has become more pragmatic than ideological. A 1994 nationwide poll by Peter Hart Research Associates found that the public strongly favors a balanced approach, which includes law enforcement, treatment, education and prevention. Above all, Americans want their tax dollars invested in programs that work.

Drug Strategies has prepared *Keeping Score* to help people judge for themselves the effectiveness of Federal drug policy. The report concentrates on four areas that are at the heart of public concern about drugs: illicit drug use, drug-related crime, drugs in the workplace and the impact of drugs on health and health care costs. These four topics also broadly embrace the 14 national drug policy goals set by the Office of National Drug Control Policy (ONDCP) in 1994. Each section of this report discusses key aspects of the nation's drug problems and reviews the combined efforts of the Clinton Administration and the Congress to address these major public concerns. In addition, the report briefly describes programs that are making a difference in reducing drug use in communities across the country.

Federal drug policy has traditionally targeted illegal drugs, despite the immense toll that legal drugs, particularly alcohol and tobacco, inflict on society. Because our focus is on the Federal drug budget, *Keeping Score* does not review government spending to reduce drinking and smoking, except in the context of prevention programs for young people. Although alcohol and tobacco cannot be purchased legally by minors, their use among youth continues to climb and far surpasses the use of all illicit drugs.

This project, which is supported by a grant from the Carnegie Corporation of New York, will be an annual effort so that progress can be measured over time. Our work has been guided by our Board of Directors as well as by a distinguished panel of experts from a wide range of disciplines, including law, medicine, criminal justice, public health, education and religion. We are grateful for their insights and their wisdom. However, *Keeping Score* reflects the judgment of Drug Strategies alone, not necessarily the views of the individuals who contributed their advice.

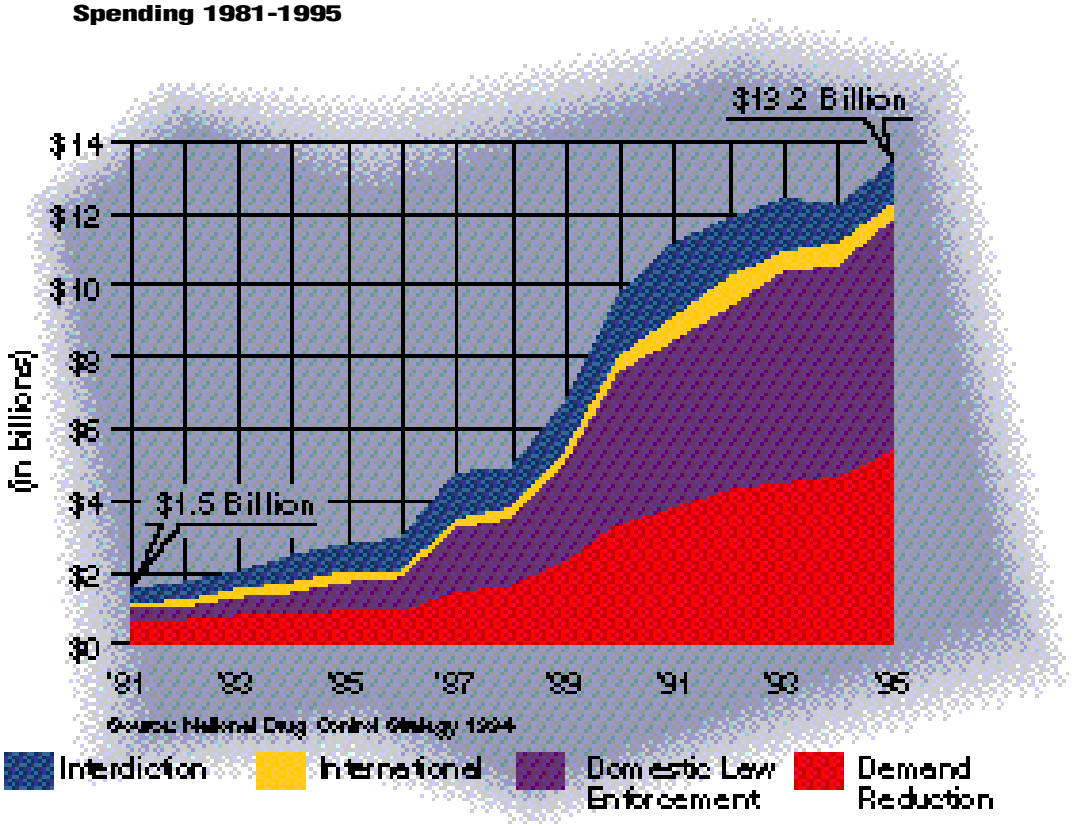
II. Federal Drug Policy: A Brief History

For almost 100 years Americans have thought of drugs as a foreign problem for which other countries are largely to blame. The drugs of greatest public concern—heroin, cocaine and marijuana—have traditionally been produced abroad. When they were first prohibited in the early 1900s these drugs were associated with immigrant groups and racial minorities who were viewed as potentially violent and subversive. Consequently, Federal drug policy has concentrated on enforcement, interdiction and source-country programs to reduce drug availability.

Supply-side approaches to the nation's drug problems have been particularly dominant since the early 1980s, when President Reagan doubled drug law enforcement spending while cutting prevention and treatment during his first term. As the Federal drug budget continued to grow, so too did funding for supply control efforts. In 1985 drug enforcement, interdiction and international efforts received $2 billion. By 1992 funding for these programs had quadrupled to $8 billion, two-thirds of the **$12 billion** drug budget.

President Clinton continued his predecessors' policies during his first year in office, allocating two-thirds of drug funding to enforcement and interdiction. In the 1995 budget, however, he proposed substantial increases for prevention and treatment that would have given demand reduction 40 percent of the total budget—the largest share since 1980. But Congress approved only marginal increases, and Federal drug policy remains primarily focused on supply control efforts.

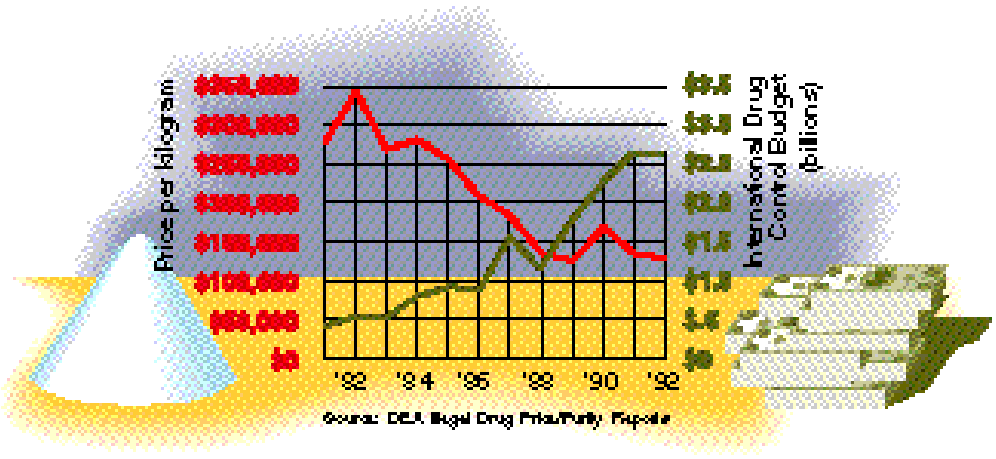
Federal Drug Control Spending 1981-1995



The Violent Crime Control and Law Enforcement Act of 1994, known as the Crime Bill, authorized increased Federal support for drug prevention and treatment programs. However, Congress must appropriate funds for these programs, which it has been reluctant to do in the past. The entire appropriation for all crime and drug prevention and treatment programs under the Crime Bill in 1995—its first year of operation—totals $92 million, compared with $2.3 billion for police and corrections.

Since 1981 the Federal government has spent more than $60 billion trying to curtail drug supplies; however, drugs are cheaper and more plentiful today than they were a decade ago. Heroin costs less than half its 1981 street price. At the same time, the United States has the highest **addiction** rate in its history and, after Russia, the highest rate of imprisonment in the world, largely because of drug-related crime.

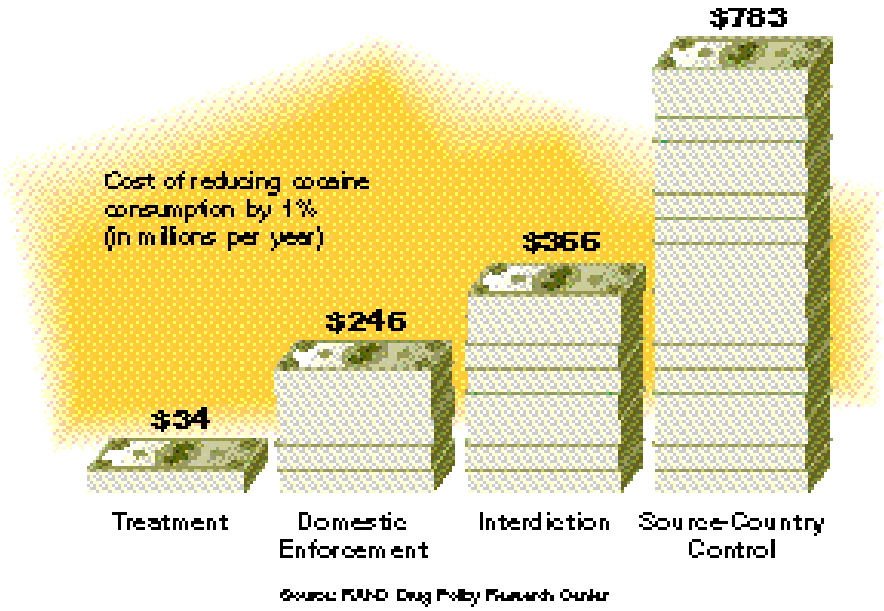
Cocaine Prices Dropping Despite Massive Spending for International Drug Control



America needs a balanced drug policy built on what we have learned about reducing drug abuse and drug-related crime. Recent research suggests that Federal efforts on the demand side can have far greater impact than supply-side measures. A 1994 Rand Corporation study found that treatment is more effective than either interdiction or enforcement in reducing cocaine use. Specifically, $34 million invested in treatment would reduce cocaine use as much as an expenditure of $366 million for interdiction or $246 million for enforcement would.

After two decades of combating drugs on the high seas and in the jungles of South America, many Americans have come to realize that it is time to bring the drug war home. The 1994 Peter Hart Research Associates survey found that the public—by a margin of more than three to one—believes that we should be investing more resources in community drug education, **treatment** and law enforcement programs than in futile efforts to cut off drug supplies coming into the country.

Treatment is Most Cost-Effective Way to Cut Drug Use



Americans have also come to understand that drug abuse is not simply a failure of willpower or a violation of criminal law. They see the problem as far more complex, involving not only individual behavior but also fundamental issues of poverty, opportunity and personal circumstances. Nearly half of all Americans have been touched directly by the drug problem: 45 percent of those surveyed in the 1994 Hart poll said that they know someone who became addicted to a drug other than alcohol. This personal knowledge is changing attitudes about how to deal with the problem:seven in ten believe that their addicted acquaintance would have been helped more by entering a supervised treatment program than by being sent to prison. At the same time, the public strongly supports a comprehensive, pragmatic approach to drug policy, which includes law enforcement as well as prevention, treatment and job training.

The Federal government historically has set the direction for national drug policy and provided massive funding for anti-drug efforts. The states have looked to Washington for leadership while also investing their own tax revenues to combat drugs. Yet in the last decade, the most promising strategies have come not from Washington or even state capitals, but from communities working to find new solutions to their drug problems. They are moved by the simple but critically important discovery that no one can escape the myriad effects of drug abuse in our society. And they have learned that the **answers** lie in families, schools, offices, neighborhoods and churches. Federal drug policy should build on this hard-won knowledge in shaping spending priorities for the future.

III. Drug Use And Drug Addiction

In 1993 drug use increased for the first time in a decade. The encouraging progress of earlier years—when cocaine use dropped by half and marijuana use by one-third—appears to have ended.

Adult Drug Use. The nation's drug problems cut across all social and economic groups. According to the National Household Survey, 24.4 million Americans—one in eight—used illicit drugs in 1993. Half of this group used drugs at least once a month. More than two-thirds of these regular users are employed;three-quarters are white. Educational status is closely linked to drug use: young adults who have not completed high school had the highest rates of use in 1993, while college graduates had the lowest. The vast majority of drug abusers are also heavy consumers of **alcohol and tobacco**, which together account for 500,000 deaths a year.

ONDCP estimates that there are 2.7 million "hard core" drug abusers, predominantly cocaine addicts—more than triple the estimated number five years ago. These addicts impose great costs on society, in terms of unemployment, health care and crime. Many daily users of heroin or cocaine report committing hundreds of crimes per year, including robbery, burglary and drug trafficking. Nearly two-thirds of the addicts who need treatment have been or are under supervision by the criminal justice system for offenses ranging from robbery to reckless driving.

ONDCP estimates that there are 600,000 heroin addicts, a number that has remained relatively constant for a decade. However, increasing heroin use in the fashion and entertainment world has been widely publicized in the past year. Cheaper and purer than ever before, this "new" heroin can be smoked or snorted, making it more attractive to those who are reluctant to inject drugs. Addicts accustomed to weaker heroin are overdosing in increasing numbers, which are reflected in rising hospital emergency admissions.

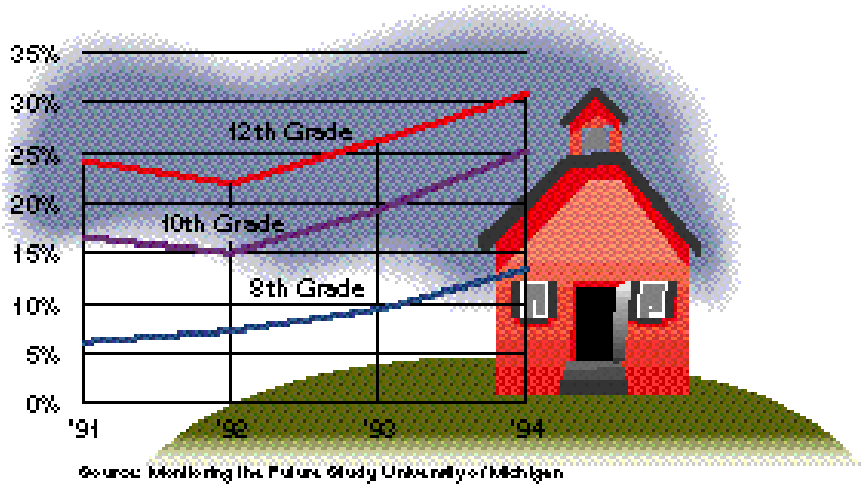
Youth and Drugs. Among young people drug use has gotten worse. Junior high and high school students report greater use of marijuana, LSD, stimulants and cigarettes. Use of inhalants—common household substances such as glues, solvents and aerosols—has become widespread among children. In 1994, one in five eighth-graders had tried inhalants, which produce instant highs but can be lethal.

Marijuana use among eighth-graders has more than doubled since 1991. One in eight eighth-graders used marijuana in 1994, while one in five high school seniors used marijuana at least once a month. Smoking and heavy drinking are also increasing, even though alcohol and tobacco cannot legally be sold to minors. One in four tenth-graders now smoke regularly, a 20 percent increase since 1991. One in five eighth-graders and half of all high school seniors report being drunk at least once in 1994.

Drugs Viewed as Less Harmful. Teenagers consider drugs and alcohol less harmful today than they did three years ago, and they are more tolerant of drug use. Adults have similar attitudes: a majority see little harm in occasional drug use. These trends are alarming because they signal growing acceptance of drugs, which can lead to increased drug use. For example, the recent jump in marijuana use among **eighth-graders** was foreshadowed by significant declines in the risk they associated with the drug.

Public attitudes toward drugs—whether their use is harmful or acceptable—are critically important in communicating social values about behavior, particularly to children. These values shape the environment in which Americans make their own individual decisions to smoke, drink and use drugs.

Marijuana Use Among Eighth, Tenth, and Twelfth Graders Shows Sharp Increase



Federal Spending to Reduce Drug Use. The Federal drug budget allocates $2 billion for prevention, education and community partnership programs in 1995, up from $1.6 billion in 1994. However, this total includes $300 million to expand street law enforcement, which traditionally has not been considered a prevention activity. If this item is excluded, the 1995 budget shows very little increase in prevention funding over the previous three years. Indeed, prevention's share of the total Federal drug budget has remained level at about 13 percent since 1990.

The government's prevention efforts are concentrated in the Department of Education and the Department of Health and Human Services Center for Substance Abuse Prevention, both of which provide prevention grants, resource materials and technical assistance. In addition, the Department of Defense operates prevention programs for military personnel, and the Department of Housing and Urban Development has prevention programs for residents of subsidized housing. While teenage drug use has increased, support for drug education in the schools has been cut. In the 1995 budget, **Congress** approved $457 million for the Safe and Drug-Free Schools and Communities Act, 25 percent less than the program received in 1991. (The Administration had requested $660 million for the program.)

The impact of these cuts on the nation's classrooms is amplified because the program was expanded in 1994 to include violence and crime prevention—without additional money. The practical effect in some schools is that funds that would have supported drug education are now used to buy metal detectors. In addition, many schools rely on drug prevention programs that have not been evaluated or, worse yet, have been found to have no impact. The most prominent example is **DARE** (Drug Abuse Resistance Education), which is taught in every state in the country, even though repeated evaluations have found that it is not effective in reducing new alcohol, tobacco or drug use among young people.

Like prevention, treatment funding has remained essentially level since 1992. The Clinton Administration tried to make treating the estimated 2.7 million hard-core addicts a priority in the 1995 budget request. However, Congress did not support the Administration's $355 million new treatment initiative. Current funding provides treatment for only half the nation's hard-core addicts.

The percentage of Federal resources devoted to treatment is still far below what it was in 1981, before the cocaine epidemic created millions of new addicts. In 1981,when President Reagan took office, 33 percent of the Federal drug control budget was devoted to treatment. Over the next ten years, the proportion steadily declined, so that by 1991, it stood at 17 percent. Although treatment funding ($2.5 billion in 1994) has now increased to 20 percent of the budget, it is still not given the prominence it deserves.

Treatment is cost-effective. According to the National Institute on Drug Abuse (NIDA), each dollar spent on treatment saves $4 to $7 in reduced costs to the public and adds $3 in increased productivity. A similar study in California found that $209 million spent to finance public treatment for 150,000 addicts in 1992 resulted in $1.5 billion in savings to taxpayers, primarily because of reductions in crime. Investments in treatment clearly have a positive impact on society.

Drug Education

Teaching Youth Positive Life Skills. Children who know how to make decisions, solve problems and handle social relations feel more confident—and are more likely to resist tobacco, alcohol and other drugs than youths who do not have these skills. Since the mid-1980s, the Life Skills Training (LST) program has worked with more than 150 junior high schools in New York and New Jersey. A 12- to 18- session course is taught in the seventh grade, with booster sessions in the eighth and ninth grades. Repeated evaluations involving more than 20,000 students have found that LST cuts new drug use by as much as half and new alcohol use by a third. LST has also been shown to reduce use of illicit drugs including heroin, inhalants and other narcotics.

A recent five-year follow-up of more than 4,000 students found that when LST- trained teenagers reached the 12th grade, the odds of their using drugs were 40 percent lower than students who had not received the life skills course. The LST-trained students also were less likely to have engaged in risky driving.

The LST program has been adapted for use in multi-ethnic schools. Evaluations show that LST reduces new drug use among black and Hispanic students as effectively as it does in schools that are mostly white. Contact LST at (212) 746-1270.

STAR Combines Classroom and Community Activities. Project STAR (Students Taught Awareness and Resistance) combines classroom teaching with a broader strategy that involves parents, the media and the community. In a ten-session course for seventh- and eighth- graders, students learn about the consequences of drug use and how to identify and resist peer, adult and media pressures. Classroom and family activities are reinforced by media campaigns and community-wide events aimed at prevention—for example, by developing strategies to make tobacco and alcohol less available to minors.

Introduced in Kansas City, Missouri, in 1984, STAR has been adopted by many school districts across the country. Three-year longitudinal studies show that drug, alcohol and tobacco use is lower among STAR graduates than among students who did not participate in the program. Long-term follow-up studies also are encouraging. Young adults who took the course in junior high school are less likely to use cocaine. Both STAR and LST demonstrate that effective programs can prevent drug use or delay the time when young people try drugs.

STAR costs $24 per student a year. According to the researchers who developed STAR, each $1 spent on STAR saves $8 in treatment costs for teenagers and $67 in treatment by the time they reach adulthood. Contact STAR at (816) 932-1000.

Making A Difference

Community Prevention

Community Coalitions Join Forces to Prevent Drug Abuse. More than 2,200 community coalitions are fighting substance abuse throughout the country, with at least one in every state. While goals differ, prevention is key for virtually all coalitions. The Gloucester (Mass.) Prevention Network, funded by the Center for Substance Abuse Prevention, sponsors year-round activities for youth to increase awareness of alcohol and other drug problems and to change attitudes about substance abuse. In contrast to national trends, a local survey in 1993 found decreased tobacco, alcohol and illicit drug use among high school seniors. Youth in Gloucester also increasingly perceive tobacco and alcohol as health risks.

The City of Vallejo (Calif.) Partnership, one of 15 Fighting Back programs funded by The Robert Wood Johnson Foundation, began in 1985 when the mayor, police chief, health department officials and other leaders joined forces to reduce alcohol and drug use in the community. Through activities such as Safe Streets Now! and community policing, crime in Vallejo is down.

The coalition recently expanded its scope to coordinate community substance abuse services, including access to treatment. The coalition is advising the City Council on the impact that the 1996 closing of a naval shipyard will have on Vallejo. Significant job loss in a community can result in increased drug abuse, domestic violence and other social problems.

The Robert Wood Johnson Foundation is conducting a nationwide evaluation of all Fighting Back partnerships. For more information on community coalitions call Join Together at (617) 437-1500 and Community Anti-Drug Coalitions of America at (703) 706-0560 or 1-800-54CADCA.

Midnight Basketball: Shooting for Better Communities. The Midnight Basketball League, which began in 1985, helps young people stay out of trouble. In 44 cities across the country, youth aged 17 to 25 get together three times a week during the summer, from 10 p.m. to 2 a.m. the time of greatest drug and crime activity in many neighborhoods. They build personal and social skills; attend workshops on health, AIDS and job skills and have fun playing sports.

A study on how well Midnight Basketball curbs drug use and crime is under way, but anecdotal evidence is mounting that shows it has a positive influence. In public housing projects, there is a noticeable increase in community solidarity through team support. Local businesses are getting involved by sponsoring teams and by providing funds. Police are at the games as part of the community and to ensure that the gyms remain safe. These collaborative efforts lay the groundwork for other prevention activities. Contact the National Association of Midnight Basketball Leagues at (510) 339-1272.

Making A Difference

Changing Public Attitudes

Ads Help Youth Change Perceptions about Drugs. Childrens' attitudes toward drugs are critical in shaping their decisions about whether to use drugs. To reach inner city youth, the Partnership for a Drug-Free America (PDFA) developed 30 anti-drug ads that appeared on television and billboards and in newspapers in New York City. In 1992, before the campaign began, 7,000 elementary school children were surveyed about their attitudes and beliefs about drugs. A year later, when a similar group from the campaign's target audience was surveyed, the number who said they might want to try drugs fell 29 percent, and those who said doing drugs would make them look "cool" dropped 17 percent.

PDFA is a coalition of volunteers from the advertising industry and the media who develop compelling messages to discourage illicit drug use. As with the youth findings, surveys show that after adults are exposed to the Partnership's ads they perceive drugs as more risky and say they are less likely to use them. Moreover, increased exposure to the ads increases resistance to drugs. Since 1987 the Partnership has generated $2 billion in donated services, airtime and print space. Contact Partnership for a Drug-Free America at (212) 922-1560.

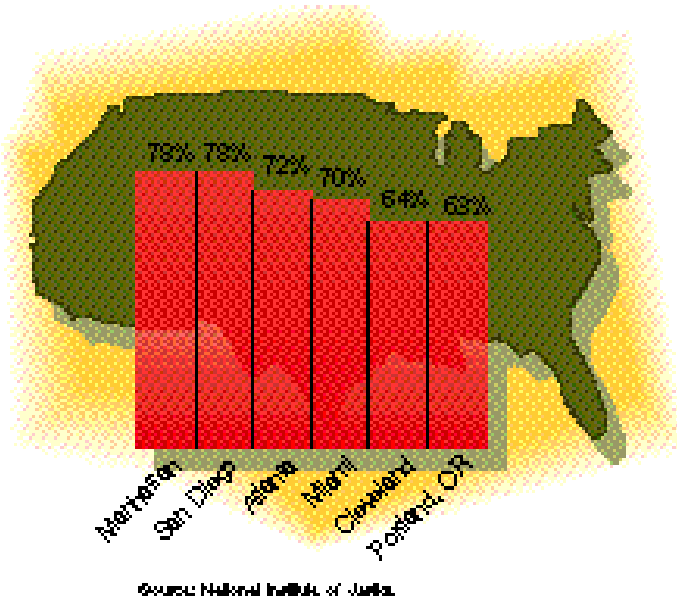
IV. DRUG-RELATED CRIME

For most Americans drug abuse is synonymous with crime. The phrase "drug-related crime" is used to describe a broad spectrum of criminal activity—possession or sale of illegal drugs; crimes to obtain money to buy drugs; crimes involving erratic, violent behavior related to drug abuse and violent crimes related to drug dealing, like street shoot-outs among rival gangs.

Rise in Drug-related Crime. These drug-related crimes have increased substantially in recent years. Arrests for drug offenses and violent and property crimes have gone up since 1986. During this period, murder, assault and robbery rates increased 15 percent; enforcement officials believe a considerable number of these crimes are related to drugs. **Homicides** among teenagers aged 15 to 19 jumped 154 percent from 1985 to 1991. Criminologists link the rapid expansion of drug dealing since the mid-1980s to the escalating homicide rate, mostly by guns.

During the 1980s arrests for drug possession or sale more than doubled—from 676,000 in 1982 to 1,361,700 in 1989. Since then, drug arrests have declined slightly, dropping to 1,066,400 in 1992. Two-thirds of these arrests were for possession rather than sale.

Drug Use High Among Criminal Arrestees



Source: National Institute of Justice

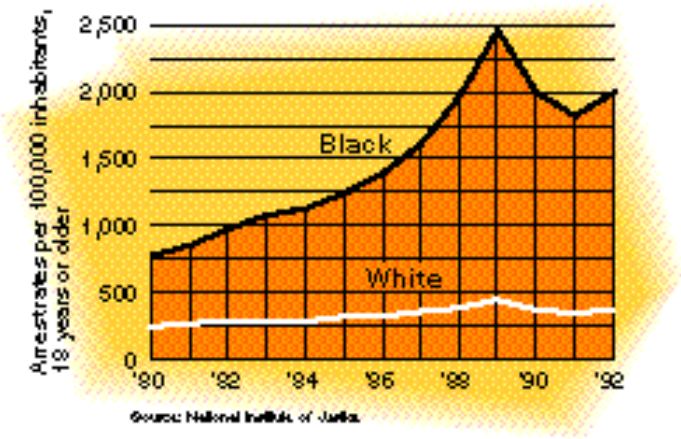
Drug use is widespread among the 12 million people arrested for crimes each year. According to the 1993 Drug Use Forecasting (DUF) report, the percentage of arrestees who tested positive for an illicit drug (usually cocaine) in 1993 ranged from 54 percent in Omaha to 81 percent in Chicago. Since DUF reports began in 1987, the average percentage of arrestees testing positive nationally has remained between 50 and 70 percent.

Drug abuse is also widespread among the 2 million juveniles arrested annually. In 1993 the percentage of juveniles testing positive ranged from 18 percent in Portland, Oregon, to 51 percent in Washington, D.C. DUF tests also found increasing marijuana use among juveniles.

Surveys of prison inmates confirm widespread drug abuse among criminal offenders. In 1991 half of all state prisoners reported using illegal drugs in the month before their offense, while one in four offenders convicted for burglary, car theft and other property crimes said they had acted to obtain money to buy drugs.

Drug Laws' Impact On Minorities. Blacks constitute only 12 percent of the total population, but account for 40 percent of drug arrests and one-third of drug convictions nationwide. Since 1984 drug arrests of blacks have more than doubled, compared with a 40 percent increase for whites. The arrest rate for drug offenses among blacks is now five times the rate among whites. Criminologists believe that this disparity may reflect the fact that drug arrests are easier to make in minority, inner-city neighborhoods where street drug markets operate more openly than in middle-class areas where drug transactions usually take place in private.

Drug Arrests Rates by Race

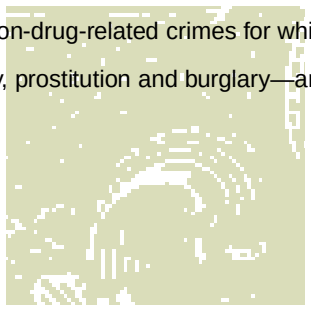


Blacks and Hispanics now make up the majority of prison inmates nationwide. Compared with whites, these minorities are far more likely to be incarcerated for drug offenses than for other crimes. Mandatory sentences for drug crimes have often resulted in earlier paroles for other inmates—even violent offenders.

A recent study of racial disparities in Federal sentencing found that black offenders received sentences that were on average 21 months longer than those imposed on whites. This is primarily a result of the mandatory sentencing laws for drug crimes—in particular, the "100 to 1" rule, which makes offenses involving five or more grams of crack cocaine subject to the same mandatory minimum term of five years as offenses involving 100 times that amount of powder cocaine. Because blacks are more likely to be prosecuted for crack offenses and whites for powder cocaine, the longer sentence lengths for crack disproportionately affect blacks.

Women Drug Offenders. Women account for the **fastest-growing** population in jails and prisons, in large part because of drug offenses. From 1982 to 1992 the number of women arrested for drug offenses almost doubled. In 1991 one-third of the 40,000 women in state prisons were there primarily for drug offenses, compared with only 12 percent in 1986. Two-thirds of the women now in Federal prisons were committed for drug offenses.

Drug abuse is widespread among women offenders. One in three say that they have injected drugs, while more than half test positive for at least one drug at the time of their arrest, regardless of the charge. A high proportion of the non-drug-related crimes for which women are arrested—fraud, larceny, prostitution and burglary—are committed to support drug habits.

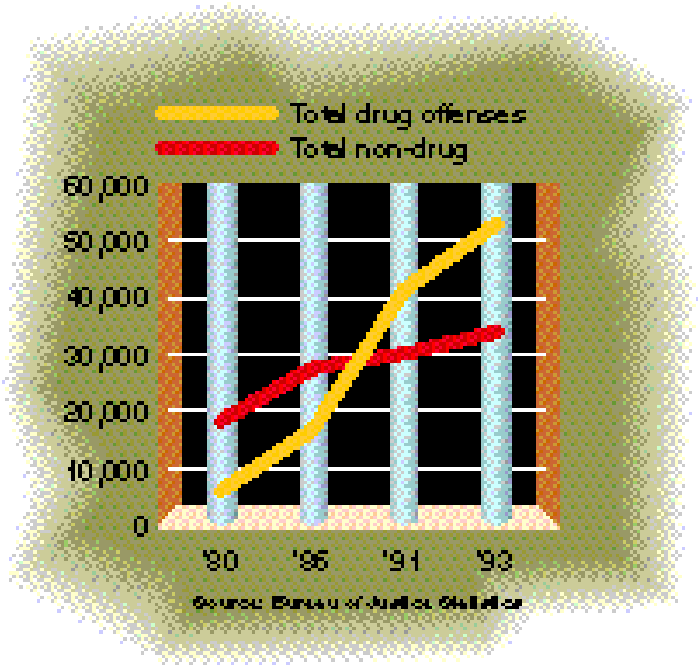


The growing incarceration of women drug abusers has a tremendous impact on families, particularly children. Two-thirds of women inmates had at least one child living with them before they entered prison. Subsequently, the children most often stay with grandparents (50 percent), followed by fathers (25 percent) and other relatives (20 percent). More than half of the incarcerated women with children never receive visits from them; of those who do, most see them once a month or less. When the mother is the primary head of household, her incarceration effectively dissolves the family.

Drug Offenders and Overcrowded Prisons. Conviction for drug offenses is the largest and fastest-growing category in the Federal prison population, accounting for 61 percent of the total, compared with 38 percent in 1986. (In 1993 robbery was second at 10 percent). According to a 1994 U.S. Department of Justice study, one in five Federal prisoners are low-level, non-violent drug offenders with no previous record. Most receive mandatory minimum sentences, serving an average of six years before their release.

Within state prisons the number of drug offenders serving time has doubled since 1985. As a result, prisons are stretched far beyond capacity. In 1994 the District of Columbia and 40 states were under court orders to relieve overcrowding. Taxpayers spend $25 billion a year to operate the nation's prisons—approximately **$20,000 per prisoner.**

Drug Offenders Largest, Fastest-Growing Group in Federal Prisons



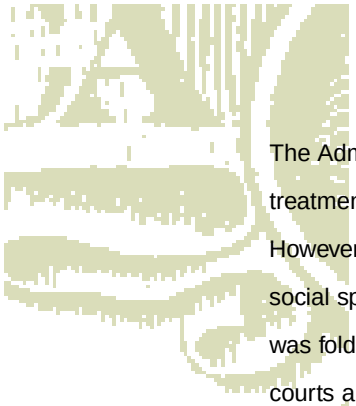
California, the most populous state, also has the largest prison population in the country, with 125,000 inmates. California now spends $3.8 billion on corrections—as much as it spends for higher education. The "three strikes and you're out" legislation adopted in 1994, which mandates life imprisonment on a third felony conviction, will double the number of prisoners in California by the end of the decade. Based on current projections, there will be twice as many inmates in California prisons as there will be students in the University of California system by the year 2000.

Policies put into place in the 1980s to punish drug offenders with long mandatory prison sentences gave treatment short shrift, leaving addicted inmates to return to their drug habits following release. A few prisons, however, experimented with intensive drug treatment programs that had excellent results. Extensive studies of these programs found reductions in recidivism of one-third or more after offenders are released from prison.

Drug courts, which provide supervised treatment to non-violent drug offenders as an alternative to jail, report similar reductions in recidivism. Begun as an experiment in several cities in the late 1980s, drug courts are having a significant impact on drug and crime problems in their communities. The crime rate in Broward County (Ft. Lauderdale), Florida, has dropped 13.5 percent since the drug court began operating in 1991. The District Court in Jefferson County (Beaumont), Texas, reports a recidivism rate of 9 percent for drug court participants, well below the average rate of nearly 50 percent for untreated drug offenders.

Government Spending to Curtail Drug Crime.

In 1994 the Federal drug budget invested almost $8 billion in drug enforcement and interdiction. States, however, have had to bear the lion's share of the expenses resulting from Federal policies. Corrections spending by state and local governments jumped 232 percent between 1970 and 1990, compared with a 71 percent growth in health care expenditures. About 80 percent of state drug control spending goes to the criminal justice system, compared with 20 percent for education and treatment. Correctional services receive the largest share: 43 percent, or $6.8 billion in fiscal year 1991, according to ONDCP. The increased spending on prisons is hurting other important state services: corrections budgets in most states have received more new funds than higher education during the past several years.



The Administration's 1995 budget request attempted to increase resources for treatment of drug offenders and hard-core addicts for the first time in many years. However, Congress was reluctant to approve any initiative that could be labeled social spending. Consequently, nearly every Administration drug policy initiative was folded into the 1994 Crime Bill. The legislation authorized $1 billion for drug courts and $382 million for drug treatment in state and federal prisons over the next five years. Since the Congress must still appropriate these funds, the reality may not live up to the promise. For example, of the $100 million authorized for drug courts in 1995, only $29 million was appropriated. The Crime Bill is weighted more heavily toward law enforcement and correction than toward prevention and treatment. The results of the 1994 midterm elections may make it even more difficult to achieve a balanced drug strategy.

The Crime Bill acknowledges the link between drugs and crime and the efficacy of treatment in reducing recidivism. The criminal justice system provides important leverage to get addicts—particularly those who are severely disruptive to society—into the treatment they need, thereby saving millions of dollars in crime and prison costs. The treatment provisions of the **Crime Bill** are a step in the right direction. On the other hand, the continued use of mandatory minimum sentences for nonviolent drug offenders only contributes to prison overcrowding without reducing recidivism. Extensive studies show that a short sentence, swiftly imposed, has the same—or greater—deterrent effect in drug cases as a long one.

Overall, the government could lessen the role of law enforcement in addressing the drug problem and still achieve substantial reductions in drug use and drug-related crime. But government will not be able to achieve these reductions without additional support for treatment. The Rand Corporation found that $34 million spent on treatment reduces cocaine use by as much as $246 million spent on domestic law enforcement. In effect, every $1 dollar spent on treatment is worth $7 spent on law enforcement. The Rand study also found that reducing Federal law enforcement spending by 25 percent while doubling current treatment funding would achieve the same results as current drug policies at a savings of $5.3 billion per year. Clearly, the criminal justice system is an effective means of getting addicts into treatment and requiring them to stay. This would **save billions** of dollars in reduced crime, heath care and prison costs.

Making A Difference

Reducing Drug Crime

Drug Courts Promote Supervised Drug Treatment for Drug Offenders. Unless drug addiction is treated, drug offenders are likely to cycle through the criminal justice system again...and again...and again. A judicial experiment, begun in Miami in 1989, has proven so successful in getting drug offenders into treatment that it is being replicated in communities across the United States.

Special drug courts give non-violent drug possession defendants a choice between prosecution with the possibility of going to jail or getting outpatient treatment. There are variations in how the courts operate, but most combine treatment with intensive monitoring by the court. Recognizing that drug addicts in treatment often have relapses, the courts usually give them at least one more chance to stay "clean" before sending them to jail.

Early Research is Promising:

- In Miami, the re-arrest rate among graduates of drug court treatment was significantly lower (3 percent) than among drug offenders not in treatment (30 percent). The treatment also is cost-effective: $700 for each participant in the treatment program compared with $30,000 a year to keep one offender in the Dade County jail.
- Participants in the drug court in Oakland, California, spent 40,000 fewer days in custody over a three-year period, reflecting a 50 percent reduction in felony recidivism and saving the county $2.5 million in prison costs.
- In Washington, D.C., 80 percent of the participants in a new drug court program who have fully participated so far in treatment, had drug-free urine samples and have kept all testing appointments. Contact the National Association of Drug Court Professionals at (703) 706-0563.

Alternatives to Prison for Hard-Core Drug Offenders. For second-time felony drug offenders most of whom are heroin or cocaine addicts the district attorney's office in Brooklyn, New York, offers residential treatment with tough enforcement in its Drug Treatment Alternative-to-Prison (DTAP) program. Participants are given the option of prosecution or going into treatment for 15-24 months. Because defendants face mandatory prison sentences under the state's second-felony offender law, the program encourages them to stay in treatment. And the data show that most of them do.

Since 1990, when the program began, 60 percent of the offenders participating in DTAP have completed treatment or are still in the program. For those completing the program, drug charges are dismissed and a business advisory council helps them find jobs. Of those who dropped out, 95 percent have been returned to court for prosecution and most of them are now in prison. DTAP graduates out of treatment for six months or more have a re-arrest rate of 7 percent in contrast to a 40 percent rate for similar drug offenders who were incarcerated.

DTAP's success has spawned four other programs in the state, and saves New York money as well as helping to reduce its overcrowded prisons. The program costs $1.3 million a year to treat 100 participants plus $300,000 for administration. The annual cost of incarcerating this group would be $3.5 million. Contact DTAP at (718) 802-2072.

Making A Difference

Reducing Drug Crime

Prison: A Self-Contained Treatment Community. Intensive treatment programs are a way to stop the revolving door for drug offenders, and they only add about $4,000 a year to the cost of incarceration. The 1994 Crime Bill authorizes $382 million for drug treatment in state and federal prisons over the next five years.

The Amity Righturn program in the R. J. Donovan Correctional Facility in San Diego is the only therapeutic community in California's prison system. Recidivism among its graduates is 25 percent lower than among inmates who do not participate in the program.

The 200 prisoners in the Amity program are housed in a separate cell block for a year, but they eat and exercise with other prisoners. All participants are assigned daily responsibilities and some receive wages for holding important jobs. When they are released from Donovan, Amity inmates can continue treatment at a nearby residential facility.

Since 1980 Amity has been running a similar program for 30 jail inmates in Pima County, Arizona. More than two-thirds of those who complete treatment report that they have not used any drugs or alcohol for at least six months following their release from jail. This demonstrates a significant break with the past, since participants in the Pima County program reported having used drugs regularly for an average of 15 years. Contact Amity at (602) 749-7201.

Controlling the Drug Trade in Tampa. When crack became a problem in Tampa, Florida in 1985, street drug markets proliferated. Crime rose 42 percent in two years and the police department was overwhelmed. Twelve thousand drug arrests over a three-year period had little effect on stopping the sale of drugs. The solution to Tampa's problem was Quick Uniform Attack on Drugs (QUAD), a program initiated in 1988 by the police that increased foot and car patrols and community cooperation including relying on neighbors to act as informants.

As part of its strategic plan, police officers carried out activities that made it difficult for drug deals to take place—for example, by parking marked police cars at the end of streets known for drug dealing and strolling around in uniform. No arrests were made, but street traffic disappeared. Another QUAD tactic was a massive reverse sting against drive-by drug buyers. While one group of police posed as dealers, another videotaped a drug transaction and a third arrested the buyer—and seized the car. A typical one-shift operation resulted in arresting 30 to 45 people and seizing almost as many cars.

During the first two years of QUAD's operation, crime fell 8 percent. After five years, two-thirds of the outdoor drug markets had been eliminated. From the outset, QUAD was not designed to put dealers in prison or seize drugs. Rather, its goal which it achieved was to restore public order and community safety by suppressing street drug markets. Contact QUAD AT (813) 348-2027.

Making A Difference

Reducing Recidivism

Learning Life Skills through Delancey Street. The 1,000 Delancey Street residents have had rough times. On average, they have been hard-core drug addicts for ten years and have been incarcerated four times. Most are functionally illiterate and unskilled.

Delancey Street Foundation, a self-help residential education center, turns them around. After four years, they leave Delancey with a high school equivalency certificate and the vocational, interpersonal and social skills necessary to live drug-free in society. The organization does not conduct follow-up studies, but does keep in touch with its graduates. Some have gone on to become stockbrokers, lawyers, mechanics, truck drivers, real estate agents and city officials, including a deputy sheriff and a deputy coroner.

All of this is accomplished at no cost to taxpayers. There are no paid staff; the older residents help the newer ones, and everyone works. Delancey Street's operating funds come from its printing, sales, baking, catering, automotive and other services, which are run by the residents. The foundation opened in San Francisco in the early 1970s and now has facilities in Los Angeles, New Mexico, New York and North Carolina. Contact the Delancey Street Foundation at (415) 957-9800.

Work Opportunities for Former Drug Addicts. Pioneer Human Services has a 30-year history of offering comprehensive help for ex-offenders and addicts in Seattle, Washington. In the early 1980s when the government began making big cuts in social services aid, Pioneer turned to business principles to maintain its operations and solve social problems.

Today, Pioneer runs a hotel, manufacturing plant and low-income housing complex, in addition to providing traditional social services. The businesses not only generate income for charitable programs but also provide job training and employment to the 3,000 individuals served annually by the organization.

Of the 225 people who work at the plant, which makes products ranging from airplane cargo liners for Boeing to espresso machines, three-quarters have come through Pioneer's programs for former inmates and alcohol and drug abusers. Many of them live in Pioneer's hotel or housing complex, which is safe, inexpensive and drug-free. Job training supports operations that provide income for new training opportunities. Ten years ago, 75 percent of Pioneer's then $4 million budget came from government. Now, only 25 percent of the $18 million budget comes from government, mostly for service contracts, while income from product sales and services makes up the rest. In 1993, Pioneer's ledger showed a surplus of nearly $700,000. Contact Pioneer Human Services at (206) 322-6645.

V. Drugs And The Workplace

Not until the cocaine epidemic swept the country in the mid-1980s did business and the government begin to understand how pervasive drugs are in the workplace. More than two-thirds of regular drug users are employed—over 8 million workers—and 15 percent say they have gone to work while under the influence of drugs in the past year. Drug use varies by industry—from 13 percent in transportation to 22 percent in construction—according to the latest data (compiled in 1989). Whether drugs are used by workers at home or in the workplace, their use has far-reaching effects for employees and employers.

Most Drug Users are Employed

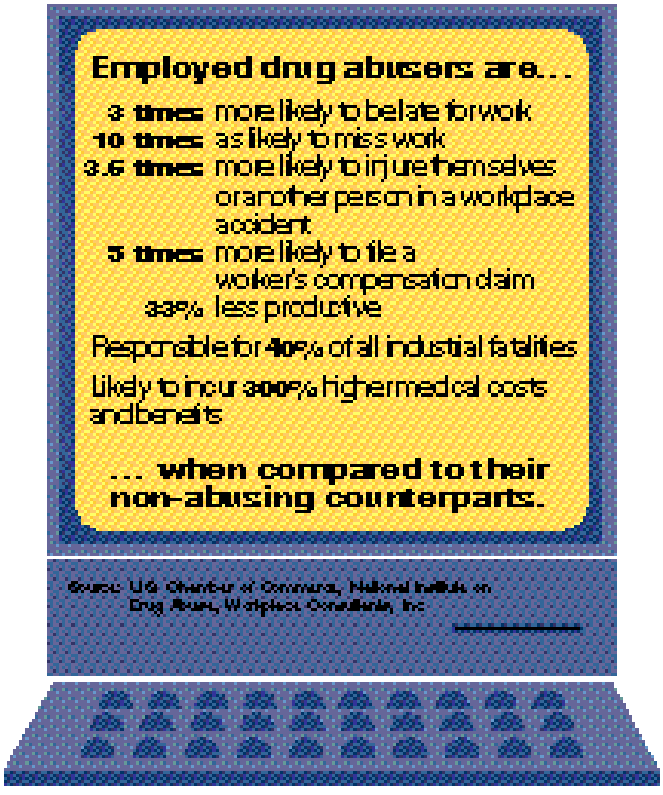
According to National Drugs Don't Work Partnership, employees who use drugs are more disruptive and get sick more often than those who do not use drugs. They also cause **more accidents,** get clinically depressed more frequently and hurt themselves more often. A 1991 study by the U.S. Postal Service found that workers whose pre-employment drug tests were positive (but who were hired anyway as part of the study) were 50 percent more likely to be fired, injured, disciplined or absent than were those who were drug-free.

The cost of all this—lost productivity, absenteeism, accidents and medical claims—amounts to $60 billion a year. If alcohol is included, the annual total jumps to $140 billion. To combat the consequences of drug use, employers are implementing drug testing programs as well as employee assistance programs to help workers get treatment.

The Business Community Response. Most successful drug policies in the workplace have been instituted by large companies. Motorola, IBM, Sprint and McDonnell-Douglas, for example, have comprehensive drug-free workplace policies and programs. Nearly 90 percent of the 800 medium and large companies responding to a 1994 survey by the American Management Association conduct drug tests on job applicants, new hires and employees. Seventy-three percent of these offer employee assistance programs. About half of the employers responding to the survey have instituted drug prevention programs and awareness training to teach supervisors how to recognize symptoms of alcohol and drug abuse.

Drug testing is strongly supported by the public. A 1989 Gallup poll found that two-thirds of American workers favor it for themselves and more than 90 percent support the testing of workers in safety-sensitive jobs. Drug testing should be part of a comprehensive policy that includes other anti-drug initiatives. According to the 1994 American Management Association survey, testing in conjunction with education, training, counseling and treatment have a measurable effect on reducing drug use.

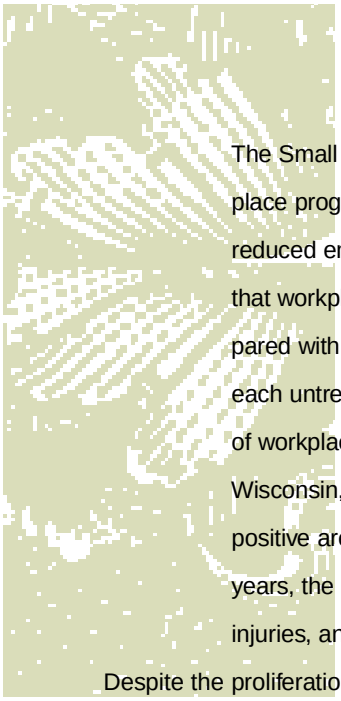
The advent of testing has encouraged many employees to report their alcohol and drug problems. The CEO of the Union Pacific Railroad, Drew Lewis, a former Secretary of Transportation, recently announced his decision to seek treatment for alcoholism. This kind of public statement can encourage other executives and employees to deal openly with their drug and alcohol problems. But employees will do so only if they know their company will work with them to accommodate their treatment needs.



Drug Users are Costly for Employers

Most large companies with employer-provided health insurance offer treatment. However, managed care firms, hired by businesses to curb escalating health care costs, frequently deny services to employees or restrict the number of days they may stay in treatment. As a result, many workers, despite having private insurance, are effectively denied coverage for drug treatment. This trend has further strained publicly funded programs, which often have long waiting lists of people seeking treatment.

Companies with fewer than 500 workers account for the majority of employers in the United States and very few **small businesses** have drug-free workplace programs. Only 10 percent of firms with less than 50 employees provide employee assistance programs and fewer than 3 percent require drug testing.



The Small Business Administration reports that **drug-free** workplace programs produce a significant return on investment because of reduced employee turnover and increased productivity. Studies show that workplace programs cost only $22 to $50 per employee, compared with the estimated $640 in annual work force costs incurred by each untreated drug abuser. A good example of the cost-effectiveness of workplace programs is a small construction company in New Berlin, Wisconsin, which introduced drug testing in 1991. Employees testing positive are referred to an employee assistance program. In three years, the company has seen a substantial decrease in workplace injuries, and has saved 33 percent on workers' compensation costs.

Despite the proliferation of drug-free workplace programs, denial is still widespread. According to a 1990 survey, although 90 percent of the CEOs of Fortune 500 companies believed drugs were a problem for American business, only 27 percent thought drugs were a problem within their own companies.

The Federal Government Response. One in five Federal workers—about 420,000—hold safety-sensitive jobs that require drug testing. Safety-sensitive jobs include fire fighters, motor vehicle operators, those who carry firearms and those needing security clearances. In 1992 approximately 50,000 government workers were tested; only 297 tested positive for drugs. This does not include military personnel (approximately 1.5 million employees) who are subject to drug testing within the Department of Defense.

The Federal government requires government contractors and grantees receiving more than $25,000 in Federal funds to have a drug-free workplace policy that includes sanctions for drug use. The government provides technical assistance in implementing these policies through the Center for Substance Abuse Prevention's Drug-Free Workplace Helpline (1-800-843-4971).

The Department of Transportation requires **alcohol** and drug testing for all employees in the aviation, motor carrier, railroad and mass transit industries in safety-sensitive positions. Currently, this covers about 7.5 million workers. The Employee Testing Act of 1991, which required alcohol testing for the first time, was adopted after a drunken subway operator in New York City crashed a train, killing five people. The final regulations governing testing procedures will take effect in January 1995.

The Federal government has made measurable progress in addressing drug use in its own work force. The U.S. Navy, for example, decreased the percentage of sailors testing positive for illicit drugs from 48 percent to 4 percent in the 1980s.

Only one-tenth of one percent of the 1994 drug budget was directed to workplace drug programs. ONDCP, which has primary responsibility for workplace programs, has not given high priority to these initiatives. The Department of Labor conducted surveys on workplace drug programs in 1988 and in 1990, but does not have funding for continuing surveys. The Department has a limited initiative to encourage unions and trade associations to develop workplace anti-drug programs. The Center for Substance Abuse Prevention does not have a specific budget for **workplace prevention** efforts, although its community partnership grants sometimes include programs to work with local businesses in developing workplace policies.

The Federal government is providing very little guidance for policy implementation, and not enough funding to help the private sector, particularly small businesses, to start drug testing and employee assistance programs. Drug use in the workplace needs a proactive approach. If small businesses are not able to develop prevention, testing and treatment referral programs on their own, the Administration should provide leadership and seek legislative support for new initiatives.

Making A Difference

Workplace Prevention

Miami Employers BAND Together. Five hundred companies in Miami that employ half the local work force have anti-drug programs, thanks to Business Against Narcotics and Drugs (BAND), part of the Miami Coalition for a Safe and Drug-Free Community. To help small businesses set up their own workplace programs, the coalition published a step-by-step guide in English and Spanish on how to develop a model workplace drug policy. BAND also negotiated with service providers and drug-testing labs to offer services to small businesses at the same rates paid by larger companies, which are high-volume purchasers.

The coalition conducts an annual survey of employees' drug use and their attitudes toward drugs. In 1993 nearly 8 percent of all workers reported using marijuana and the percentage who believe drug use is risky is declining. Most employees think drug abuse is primarily a medical issue rather than a legal or moral question. They also believe that employers should respond to alcohol and drug abuse by helping employees through an employee assistance program rather than by firing them. The survey is an example of activities that coalitions and business groups can undertake so that programs can be designed to meet community needs. Contact BAND at (305) 375-8032.

Employers Promote Drug-Free Workplaces. Started in 1993, National Drugs Don't Work Partnership is an organization that brings employers together to eliminate drugs and alcohol from their workplaces and their communities. Most large employers have a workplace drug policy. Since small companies do not, National Drugs Don't Work Partnership is focusing on helping businesses with 20 to 1,000 employees. There are approximately 800,000 companies in this category, representing a total of 56 million employees. By the end of 1996, the partnership's goal is to have drug-free workplace programs in at least 10 percent of these companies.

National Drugs Don't Work Partnership involves local employers, chambers of commerce and other business groups in developing training programs and low-cost drug-free workplace services. Florida and Georgia, for example, have passed legislation providing a 5 percent discount on workers' compensation premiums to businesses that have comprehensive drug programs. The Blue Shield affiliate in Washington state offers a discount on health insurance premiums for companies that have received assistance from National Drugs Don't Work Partnership.

National Drugs Don't Work Partnership has raised more than $3.5 million in private and public funds and has attracted more than 400 business executives to serve on the boards of directors of its state and city programs. Contact National Drugs Don't Work Partnership at (212) 973-3530.

VI. Drug Abuse And America's Health

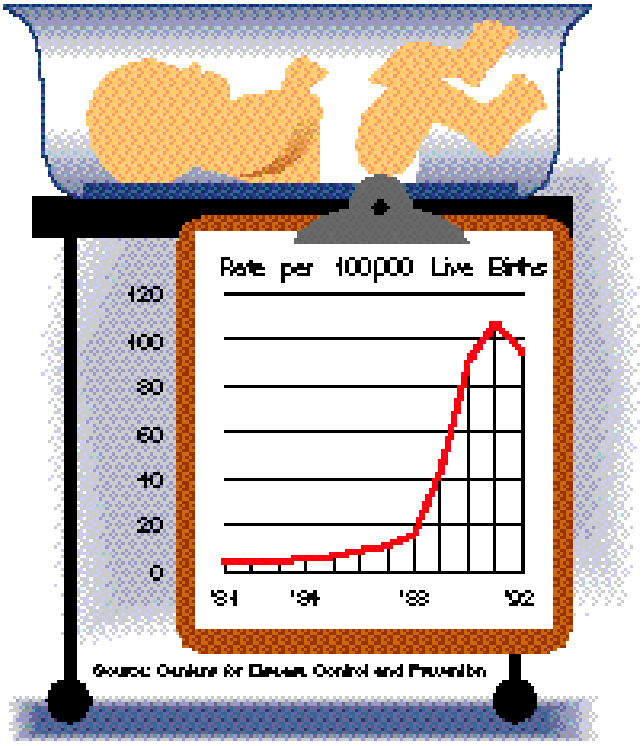
Drug abuse, like second-hand smoke and drunk driving, has far-reaching effects on the health of millions of Americans, even those who do not use drugs themselves. Drug abuse is a major factor in the spread of infectious diseases, the increase in hospital emergency room visits, newborn health problems, violence and auto fatalities. In addition, drug abuse greatly increases the nation's health care costs.

Infectious Diseases and Drugs. Drug abusers are at greater risk of contracting AIDS, hepatitis B and sexually transmitted diseases (STDs). While one-third of new **AIDS cases** nationwide occur among addicts who inject drugs or their sex partners, the infection rate varies across the country. In Maryland, for example, 52 percent of AIDS cases diagnosed in 1993 were drug-related, compared with 39 percent in 1988. In New York City, which has 250,000 heroin addicts, more than half of the AIDS cases between 1981 and 1993 resulted from injecting drug use. Injecting drug users also have the highest rates of hepatitis B infection, accounting for as many as half of all cases nationwide.

For women, injecting drug use is the single largest cause of HIV infection. Heterosexual transmission of HIV now accounts for the biggest increase in AIDS cases in the country. Two-fifths of these cases are attributed to sexual activity with an injecting drug user. More than half of all pediatric AIDS cases are related to the mother's injecting drugs or to her sexual relations with someone who injects drugs. The drug abuse-HIV connection is particularly strong for teenage girls and young women. Three out of five females aged 13 to 24 who have AIDS were infected by injecting drugs or by having sex with someone who did.

As a consequence of their greater risk of HIV infection, injecting drug users are also at greater risk for contracting **tuberculosis** and transmitting this airborne disease to others. Drug users are among the most difficult to treat for tuberculosis because the behavior patterns of addiction work against adherence to the extended tuberculosis treatment schedule.

Newborn Syphilis Rates Skyrocket



Drug abuse is also linked to risk-taking behaviors that increase the spread of sexually transmitted diseases. More cases of **syphilis** were reported in 1991 than in any year since 1949. Reported cases of congenital syphilis—babies born with the disease—soared from 158 in 1983 to 3,850 in 1992. The Centers for Disease Control and Prevention (CDC) has linked this increase in syphilis to the cocaine epidemic in the 1980s.

Alcohol and drugs can stimulate sexual activity and reduce inhibitions. Because crack cocaine is so highly addictive, it often leads individuals into prostitution so they can buy drugs. Of the 12 million new STD infections each year, two-thirds occur among young people under age 25. One in four sexually active adolescents becomes infected with an STD before the age of 19. Syphilis and other sexually transmitted diseases can result in serious reproductive problems such as infertility, ectopic pregnancy and miscarriage.

Young people are less likely to use condoms than adults. In a recent national survey one-third of high school students who used illicit drugs said that they had multiple sex partners and did not use condoms. While condoms do not provide complete protection against the spread of disease, they significantly reduce the risk of infection.

Drug-Exposed Newborns. More than 5 percent (221,000) of the 4 million women who give birth each year use illicit drugs during their pregnancy, according to the 1994 National Pregnancy and Health Survey conducted by the National Institute on Drug Abuse. Over half of these women use marijuana and one-fifth use cocaine. In California, one in 20 pregnant women used drugs in 1992, exposing more than 21,000 infants to illicit drugs before birth. In Baltimore, Maryland, four drug-exposed babies are born every day—one in ten live births. These infants are more likely to have low birth weight, impaired motor skills, delayed language development, hyperactivity and other behavioral problems.

Role of Drugs In Reckless Driving. While alcohol is the leading cause of vehicle-related injuries and deaths, driving under the influence of illegal drugs may be more widespread than previously realized. A recent study in Memphis, Tennessee, found that 59 percent of the drivers stopped for reckless driving who showed no evidence of alcohol use tested positive for marijuana or cocaine. A similar study in St. Louis, Missouri, found that one-third to one-half of those arrested for traffic offenses tested positive for illegal drugs.

In 1993 arrests for driving while intoxicated (DWI) exceeded 1.6 million, the largest single category of arrests in the country. According to the National Highway Traffic and Safety Administration, 21 percent (11,202) of the 53,343 drivers involved in fatal crashes in 1993 were under the influence of alcohol. Even more drivers might have been under the influence of illegal drugs. The Memphis and St. Louis studies suggest that in 1993 as many as 22,000 drivers in **fatal crashes** were using illegal drugs—twice as many as those intoxicated by alcohol.

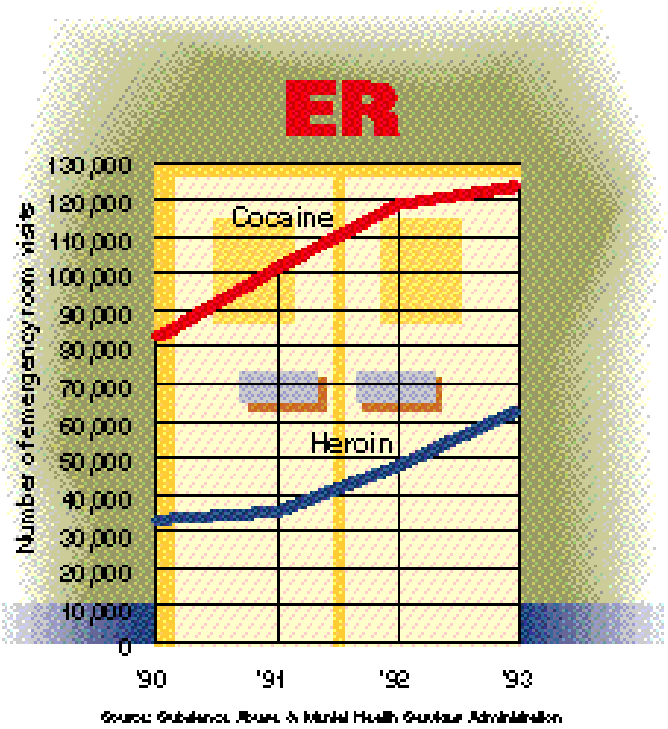
Youthful Violence and Drugs. CDC believes drug use is closely linked to youthful violence. In 1991 homicide took the lives of 8,159 young people aged 15 to 24. For each of these deaths, CDC estimates that there are at least 100 nonfatal injuries each year. Victims of **drive-by shootings** and gang assaults are seen increasingly in hospitals. These emergency room admissions are rarely recorded as drug-related, although drug abuse and drug dealing are often involved. While the connection between violence and drugs may be complicated, reducing drug use is likely to reduce violence.

Drug-Related Deaths and Emergency Room Visits. The number of deaths due directly to drug abuse increased by 18 percent from 1990 to 1992. Hospital emergency room admissions resulting from heroin use jumped 86 percent from1990 to 1993. During the same period cocaine overdoses rose by 53 percent. Medical experts believe that the actual number of drug overdoses is at least four times larger than those reported.

In 1993 one-third of all emergency room visits at Cambridge City Hospital in Massachusetts had a direct link to drug abuse and another third had drugs associated with the presenting complaint, such as a gunshot wound. In addition, three-quarters of the hospital's trauma victims tested positive for illegal drug use. Cambridge City is a mid-size public hospital that serves a growing immigrant population, with more than 200,000 outpatient visits a year.

Emergency room admissions reflect the negative health consequences of drug use, such as overdose, adverse reactions to using drugs in combination with alcohol, withdrawal and serious untreated medical conditions. As addicts take drugs for longer periods of time, they become more susceptible to a wide range of problems. Emergency room admissions also reflect drug abuse on the street. In the case of heroin, the increase in overdoses parallels an increase in the purity of available supply.

Cocaine and Heroin Emergency Room Admissions Rising



Health Care Costs of Drug Abuse. The cost of treating drug abuse is $3.2 billion a year, according to a 1993 study by the Institute for Health Policy at Brandeis University. This includes specialized treatment centers, psychiatric visits and other services. Costs of treating traumatic injury from drug-related accidents as well as neurological and developmental problems of drug-exposed newborns add to society's burden. The CDC reports that as of July 1994, about 140,000 AIDS cases have been related to injecting drug use. At an estimated cost of $102,000 per case, lifetime health care costs for this group could reach $14 billion.

A 1993 study by the Center on Addiction and Substance Abuse (CASA) at Columbia University examined the links between smoking, drinking and other drug use and hospitalization. The study found that at least one in every five dollars **Medicaid** spends on inpatient hospital care, and one in every five Medicaid hospital days, is due to alcohol, tobacco and illegal drugs—a cost of $8 billion a year. A recent Rutgers University study estimated that as much as 15 percent of all health care expenditures are used for treating drug-related problems.

The expense of intensive hospital care ranges from $20,000 to $40,000 for each drug-exposed newborn. The total cost of care from birth to age 18 is $750,000, according to the Government Accounting Office. Health and social problems do not stop at the nursery. The number of children in foster care coming from homes in which drug abuse is a significant problem increased by more than half from 1986 and 1991, accounting for three-quarters of all placements. Many of these children have mental and physical health problems caused by parental drug abuse. Child abuse by addicted parents is also high. Parental drug abuse is a key factor in up to three-fourths of all foster care cases.

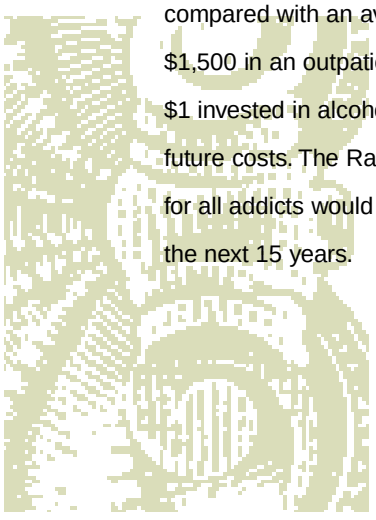
Treating Drug Abuse. Treatment is the most effective way to reduce addiction, to improve the health of drug abusers and to relieve the growing burden of drug-related health care costs. With treatment, addicts can get off drugs, get jobs and become productive members of society. National studies that have followed tens of thousands of addicts through different kinds of programs report that one-third of those who stay in treatment longer than three months are still drug-free a year later. The success rate jumps to two-thirds when treatment lasts a year or longer.

The National Academy of Sciences' Institute of Medicine estimates that almost 6 million people need treatment, but it is available for only a quarter of these drug abusers, unless they can pay for private care. **Pregnant addicts** have had a particularly difficult time getting treatment, in large part because most treatment models were originally designed for male addicts and do not include child care services. By 1992, 14 states had passed legislation establishing substance abuse treatment and coordination of services for women, in response to a 50 percent increase in the number of drug-exposed infants between 1986 and 1988. Nonetheless, treatment is currently available for less than 15 percent of pregnant addicts.

Women who use drugs often face prosecution if they seek prenatal care. To date, 24 states have prosecuted women under criminal laws for using drugs during pregnancy. Public clinics are generally required to report a pregnant woman to child welfare agencies if her urine tests are drug-positive. The agencies may then require her to enter treatment or risk losing custody of her baby when it is born. She may also lose custody of her other children unless relatives take them while she is in treatment. As a result, many pregnant drug users regard prenatal care as a potential legal trap and choose to forgo it. Recent studies show that prenatal care substantially improves a baby's chances, even if the mother continues to use drugs during pregnancy.

In communities across the country, researchers are documenting that treatment works and saves health care dollars. In California, clients who had successfully completed treatment reported one-third fewer hospitalizations. In Ohio, hospitalizations among this group dropped by two-thirds. In 1992 Minnesota estimated that drug treatment saved $22 million in annual health care costs.

Treatment is far less expensive than the alternatives. An untreated addict can cost society an estimated $43,200 annually, compared with an average $16,000 for a year of residential care or $1,500 in an outpatient program. A 1994 California study found that $1 invested in alcohol and drug treatment saved taxpayers $7.14 in future costs. The Rand Corporation reports that providing treatment for all addicts would save more than $150 billion in social costs over the next 15 years.



Needle Exchange Programs and HIV Transmission. Needle exchange programs are designed to stop the transmission of HIV and hepatitis B among injecting addicts. By September 1993, 37 such programs were operating in 13 states, although half of them were operating in violation of local laws. The mayors of San Francisco and Los Angeles have declared a state of emergency to permit needle exchange programs to operate without risk of prosecution. The majority of Americans support needle exchange programs to reduce the spread of AIDS, according to a 1994 Hart poll. The U.S. Conference of Mayors recently recommended that cities consider initiating needle-exchange programs to curb the spread of HIV among injection drug users.

Needle exchange programs are controversial; their critics believe they promote illegal drug use. Congress prohibits the use of Federal funds to support these programs while nevertheless funding research on needle exchange. The CDC, the Center for Substance Abuse Treatment and the National Institute on Drug Abuse warned in 1994 that decontaminating needles with bleach is not entirely effective and urged the use of sterile, never-used needles and syringes for people who inject drugs. The Institute of Medicine subsequently recommended lifting the ban on needle exchange.

Two of the government's own studies by the GAO and CDC conclude that **needle exchange** programs do not increase drug use and are effective in reducing the spread of HIV and hepatitis B. In November 1994 researchers in New York City reported that addicts participating in needle exchange programs were 50 percent less likely to become infected with HIV. Needle exchange programs also provide a unique opportunity to refer addicts to drug treatment and health care services.

Government Response Falls Short of Needs. The Administration's national health care reform proposal, the Health Security Act, introduced in 1993, provided coverage for alcohol and drug abuse treatment in residential and outpatient programs. Several House and Senate Committees worked to expand the Administration's benefit by providing longer periods of treatment coverage. None of these proposals was adopted before Congress adjourned in October 1994, and it is difficult to predict the future course of health care reform.

Treatment is critical to reduce drug abuse and its adverse consequences. Both Republican and Democratic Administrations have acknowledged this by increasing treatment funding from $513.8 million in 1981 to $2.5 billion in 1994. However, by the current Administration's own estimates, treatment is available for less than 60 percent of those who need it. Other estimates, including those of the Institute of Medicine, place treatment needs much higher, calculating that only one quarter of the nation's drug abusers can obtain help. More needs to be done to offset the adverse impact of drug abuse on the health of all Americans.

Making A Difference

Treatment And Outreach

Day Treatment Center in Stockton Helps Pregnant Women. After an all-time high of more than 300 drug-exposed babies were born in 1989 in Stockton, California, the San Joaquin General Hospital and the county's substance abuse office worked together to develop a strategy to reduce the numbers of pregnant drug-dependent women. The result: the Alliance of Infants and Mothers (AIM), a day treatment program that offers one-stop shopping for drug treatment, health care, pediatric care, high-risk obstetrical care and labor and delivery services. To help keep pregnant women in treatment, the program offers social services, including on-site day care, peer counseling, transportation and housing.

AIM currently helps about 50 women a year. Most referrals are made from a prenatal clinic, and the women must be at least 18 years old and pregnant for less than 28 weeks. Treatment lasts approximately nine months, and includes post-delivery services. AIM is credited with keeping many of its clients away from alcohol and other drugs. In 1992, its first year, AIM had 18 "clean" newborns, while only three babies were born drug positive. Contact AIM at (209) 468-2330.

Outreach for Chicago Addicts Who Inject Drugs. Getting the prevention and treatment message to drug users who are at risk for HIV infection is not easy, but working through a street-based program in Chicago the Community Outreach Intervention Projects (COIP) the rate of new infection among a group of drug addicts using needles dropped from more than 8 percent in 1988 to less than 2 percent in 1992. At the same time, reports of risky injection practices dropped from 100 percent to 14 percent.

COIP's success is attributed to street-smart outreach workers—former addicts who know how to talk to people injecting illicit drugs and get them to change their behavior. Each year they talk with 15,000 addicts about safer drug use and sexual practices. Outreach workers also target networks of drug users who get together to inject drugs. This way COIP can influence an ever-expanding group of high-risk drug users and their sexual partners.

Not only is the program successful in curbing HIV infection, it also is cost-effective. According to researchers at the University of Illinois, each $1 spent by COIP for prevention saves $26 in treatment costs. COIP receives public and private funding, and operates its 90-person outreach and research activities with an annual budget of $5 million. Contact COIP at (312) 996-5523.

Making A Difference

Treatment And Outreach

Needle Exchange Program Reduces Infection Rates in Tacoma. For the past six years clean needles—along with bleach, condoms, alcohol wipes and pamphlets on AIDS prevention—have been distributed at two locations in Tacoma, Washington. The results of the Point Defiance AIDS Project are dramatic. Only 2 percent of drug users getting clean needles were HIV-infected three years after the program began, in contrast to 8 percent of those not in the program. The rate of hepatitis B also dropped among those who participated in the program—from 38 percent in 1989 to 5 percent in 1992.

From the outset, the program has also worked to get clients into treatment and to connect them to health and social services, including physical exams, tuberculosis screening and treatment, food, clothing and homeless shelters. The Point Defiance program was started in 1988 with private funds. Six months later it received legal backing and city and county funding. Community leaders, the chief of police and two-thirds of the area's residents supported using public funds for needle exchange. Contact Point Defiance AIDS Project at (206) 272-4857.

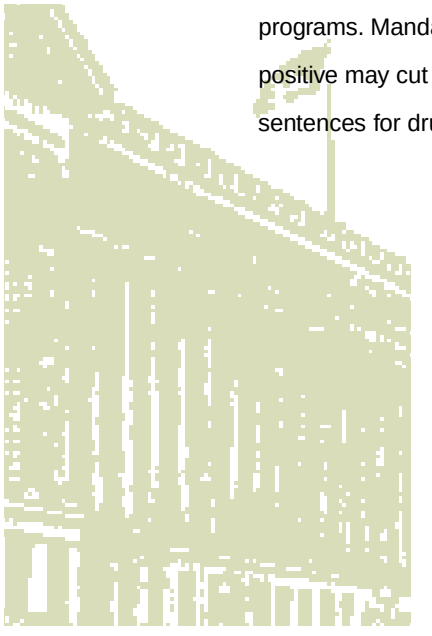
VII. New Directions For Federal Drug Policy

We are in the midst of the largest war on drugs in our history, a war that consumes $13 billion a year in Federal outlays, a war that has not reduced drug addiction or drug-related crime. Drug use among young people is going up, and drugs on the streets of our cities are cheaper and more plentiful than a decade ago. Clearly, new directions are needed to make Federal drug control spending more effective.

Research is critically important in developing more promising approaches. Yet research now receives less than four percent of the drug budget—about $500 million a year—used primarily for prevention and treatment studies. Only one-tenth of the research budget is used to evaluate law enforcement and interdiction, which in 1994 accounted for almost two-thirds of the total $12 billion drug budget.

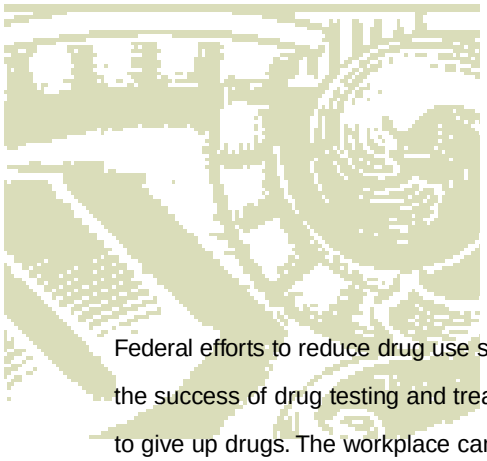
Achieving any lasting reduction of drug use in this country will require a long-term commitment to prevention, treatment, education and research as well as law enforcement. While enforcement must be an important part of any comprehensive national drug strategy, it has not and cannot by itself solve the nation's drug abuse problems. In the rapid buildup of enforcement resources since 1981, funding decisions have been driven largely by intuition and political necessity rather than research or experience.

An objective review of the entire range of enforcement activities is needed to determine which ones produce the **best results.** Attacking money laundering, for example, may be a more effective strategy for increasing the risks of drug trafficking than the current emphasis on drug seizures and incarceration of nonviolent low level dealers. Expanded cooperative policing efforts, which engage neighborhood participation, may do more to reduce the availability of drugs on the streets than the far more costly interdiction and source-country drug eradication programs. Mandatory court supervised drug treatment for all arrestees who test positive may cut crime more effectively—and at less cost—than longer prison sentences for drug offenders.



In shaping Federal drug policy, we need to build on what we have learned about what works and what does not. Extensive research has shown that:

- Prevention and treatment can substantially reduce the demand for drugs.
- Drug education programs can reduce new drug use by half and new alcohol use by a third among young people.
- Media campaigns can increase public understanding of the risks drugs pose as well as reduce social acceptance of drugs.
- Anti-drug coalitions can empower **communities** to develop new strategies to combat drugs and to reclaim their neighborhoods from drug dealers.
- Within the workplace, drug testing combined with treatment can reduce employee drug use and improve productivity and safety.
- Treatment of pregnant addicts can substantially improve the health of their newborns.
- Treatment of criminal offenders can reduce recidivism by half.



The Federal government should take the lead in putting promising research results into practice. For example, recent studies have found that needle exchange programs can reduce transmission of HIV by half without encouraging increased drug use. These programs also provide a unique opportunity to reach hard-core addicts and connect them to treatment and health care. Yet the Administration and the Congress continue to oppose needle exchange services.

Federal efforts to reduce drug use should recognize the central importance of the workplace. As we have learned from the success of drug testing and treatment programs in large corporations, employment is a **powerful incentive** to give up drugs. The workplace can also serve as an adult schoolhouse, where employees can participate in community prevention programs that help both them and their children. Since the majority of the nation's drug abusers are currently employed, Federal drug control dollars should be directed towards encouraging all employers—large and small—to establish comprehensive workplace programs, including adequate treatment services. We cannot afford to ignore the mounting costs of lost productivity, accidents and health care caused by drug use.

Important as Federal drug policy is, it cannot by itself address the deepening crisis of the nation's inner cities or problems of poverty and race. Other private and public programs will have to provide real opportunities in employment, housing and education. Creating **alternatives** for those most susceptible to drugs is crucial if we are to make lasting reductions in drug addiction and the damage it inflicts on millions of Americans.

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