THE GOVERNOR'S SELECT COMMITTEE ON THE

impact of drugs

on Crime, Education, and Social Welfare

A PLAN OF ACTION FOR THE STATE OF MINNESOTA

A Report to Governor Perpich and the People of Minnesota

Minnesota's drug problem is serious. It continues to cause tragic consequences to our citizens. The cost to Minnesotans in cold hard cash is enormous. The cost in loss of life, personal tragedies, wasted opportunities and emotional energy is beyond human calculation.

And yet the problem is not as bad as in many states. And more importantly, we still have the time and the ability to make the problem significantly smaller. To accomplish this, we must begin at once and we must attack the problem on all fronts. By joining forces and following these recommendations, Minnesotans will be taking major strides toward solving the tragic problem that threatens us all.

Governor's Select Committee on the Impact of Drugs on Crime, Education and Social Welfare

Tom Berg, Chair

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Jim Dorsey, Staff

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We must set standards of conduct throughout our nation and state so that all understand that the use of illegal drugs will not be tolerated. At the same time we must also make it clear that our country and state will not tolerate the conditions which give rise to the perceived need for drugs. Unless both approaches are pursued vigorously and simultaneously, each is doomed to failure.

The Committee has dealt with many tough issues including race relationships, turf battles between agencies and proposals to legalize drugs. The Committee discussed "demand" and "supply" side strategies at length. It has reviewed the problems of drug usage in Greater Minnesota, in the suburbs and in the inner cities. Throughout all of this, one common theme came through loud and clear. Minnesotans have had enough. We are beginning to take action and we are ready for more. This document sets out what that action should be.

Minnesota is a state that properly prides itself in valuing the family, the work ethic and the happiness and well-being of its citizens. Drugs attack those values. It is important that the beliefs in those values are strengthened as such beliefs play a significant role in drug use prevention. There is no single or simple way to achieve this. But, by starting with young children and continuing through the years of formal education and through rules and examples in the workplace, those values can be positively influenced.

Some Underlying Causes

Drug addiction has many causes. Depending on the individual and the drug, there may be genetic, social, biochemical, dietary, and cultural causes. While addiction spans all sectors of our society, there is one segment where the problem seems particularly intractable: among our poor. Drugs provide a peculiarly attractive outlet for those trapped in a world of low educational attainment and limited occupational opportunity. Moreover, treatment providers report that persons from such backgrounds have lower levels of success in responding to treatment. This is due in part to having communication styles that are different from those needed in traditional treatment programs and in part to not having a family, job or home to return to after treatment.

While we and other states must vigorously fight drug abuse at the prevention, criminal justice and treatment levels as addressed in this report, we must also do more to attack the problems of poverty that give rise to the feelings of despair and hopelessness. Statistics show that casual drug use is beginning to decrease in our upper middle class population while frequent drug use is increasing among people of color and the poor. The economic policies which foster the growing disparity between the rich and the poor are certainly a part of the problem. Similarly, the lack of good jobs and decent health care are issues which our society must address. While specific solutions to these social ills are beyond the scope of this report, we would be remiss if we did not acknowledge the critical importance of these matters. In Minnesota approximately 400,000 people live below the poverty line. If we as a society allow the conditions of poverty to continue to rapidly increase, we in effect are propagating the very problems that have caused the creation of this commission. The demand for actions suggested in this report will only increase unless we simultaneously undertake a strategy for dealing with the causes. Care must be taken that the funds currently used to support social programs are not redirected to other efforts to curb the drug problem.

Questions concerning race relations are particularly difficult, but need to be addressed openly and candidly. They clearly are being discussed privately by the general public, both in the minority and in the white communities. Racism exists and efforts to stamp it out in all forms must be strengthened. The possible existence of racism must be analyzed in all programs, but the mere allegation of racism should not be allowed to act as a shield to obscure good and thoughtful analysis. Nor should it be a sword to cut down good and thoughtful programs merely because of their origin. The Committee heard countless stories of heroic struggles by people of all colors to keep families and neighborhoods drug free. The common theme is the fight against drugs, but on occasion, tensions caused by racism have set back the fight. Candor and cooperation are critical. A foundation of trust between communities of all colors must be built through frank and candid discussions in order to consider honest disagreements and differing approaches toward prevention, enforcement, and treatment matters.

The Committee has struggled to understand how historical racism complicates our current attempts to fairly and effectively address drug prevention, enforcement and treatment. In its deliberations, the Committee has discussed the devastating and disparate effects of particular drugs on particular ethnic groups and economic classes, and has resisted simplistic answers to complex racial problems. The Committee has also discussed racial stereotyping as an impediment to understanding the economic conditions that exacerbate drug use in communities of color.

INTRODUCTION

There are many heroes in Minnesota's fight against drugs. When it comes to fighting drugs, we ask our law enforcement officers to do everything from undercover work and infantry tactics to establishing good relationships with children on the playgrounds and in the schools. We ask them to have extraordinary courage and cunning when tracking down sophisticated and dangerous drug dealers and we ask them to have exemplary sensitivity and compassion when dealing with addicted mothers and their children. When it comes to prevention, we ask community workers and social service people to do much with little money. They must remain cool and calm despite the emotional turmoil constantly surrounding them. Our teachers have to remain steadfast despite witnessing first hand the devastation of drugs on young minds and effects of drug money on families. Treatment providers must continue their good work despite the frustration implicit in fighting powerful addictions to drugs like cocaine. The list of these front line drug fighters is long. Each and every one of them deserves our appreciation and gratitude as well as our fiscal and moral support.

By producing this document, we have set in motion recommendations to improve the situation in Minnesota, both in the short term through more effective enforcement efforts and treatment programs and in the long term through more comprehensive prevention efforts. The National Drug Control Strategy issued by President

Bush on September 5, 1989 contains a series of recommendations for both federal and state legislation. Upon reading that document, we were pleased to discover that our Committee had already considered all of the state-level policy alternatives discussed therein, plus many more. Our recommendations encompass several of those described in the National Drug Control Strategy, plus many others we believe are necessary to correctly address the drug problem in Minnesota. As discussed in more detail in this document, we favor very tough enforcement, but we believe that it is more cost effective to place greater emphasis on prevention.

This document also marks the start of a process - a process of thoughtfully investigating the drug problem and creatively devising a comprehensive strategy to deal with it. We think this process should continue and that, when the next strategy is written, that new strategy will be a refinement of and an improvement upon the strategies set forth in this report. For instance, we fully expect that within several years policy makers will be able to speak of a prevention process in the same sense that we now speak of a treatment process. We also know that both law enforcement agencies and their drug dealing foes will become more sophisticated in their activities. And we expect that treatment for cocaine addiction will have advanced from its present state of infancy.

As was made clear to us during our investigation, and in turn, as is clear from our recommendations, there is no single, magic solution to the drug problem in our state. Instead, the best approach is a collection of coordinated multifaceted prevention, enforcement and treatment strategies. The anti-drug effort must become a cause, a movement, a universal effort to rid our country of the evils of drug abuse. The government must match its rhetoric with dollars. The governor must dedicate the leadership and enthusiasm of his office to the cause. The legislature must continue to monitor and change laws, enable the creation of appropriate organizations, and provide sufficient money. Individual communities must organize comprehensive prevention programs. Schools must implement more effective teaching strategies. Churches, civic organizations, and businesses must join in the prevention movement. Neighborhoods must cease to tolerate aberrant behavior and must respond in a swift and forthright manner to the presense of drug dealers. Finally, families must be attuned to the symptoms of drug use and must not shy away from intervention when appropriate to save the health and well-being of their members.

Each of us has a role to play.

The Extent of Drug Use in Minnesota

(1) alcohol remains the main drug of choice in Minnesota, followed by marijuana and cocaine; (2) while there are differences in the incidence of use of drugs of choice among the races and between the genders, generally drug use can be found throughout the state's population, including both genders and crossing all socio-economic classes, racial lines, and geographical boundaries; (3) Minnesota's drug use trends are probably similar to, if not better than, the national drug use trends which show that the regular (monthly) use of all illicit drugs has dropped 37 percent since 1985 and the regular use of cocaine has dropped nearly 50 percent; (4) it has been estimated that Minnesotans spend anywhere between $500 million and $2 billion dollars per year buying illegal drugs; and (5) extrapolating from the figures found in a recent national household drug use survey, Minnesota has perhaps 200,000 regular users of illicit drugs and 40,000 or fewer regular cocaine users.

While it is difficult to quantify the exact extent of drug use in Minnesota, certain conclusions may be drawn:

The above conclusions are supported by various data from law enforcement agencies, hospitals, treatment centers and high schools. The arrest data by state and local law enforcement agencies shows an **increase in felony drug arrests from 4,346 in 1986 to 6,680 in 1988,** an increase of 54%. **Arrests for sale or possession of cocaine have tripled since 1985** - from over 400 in 1985 to about 1,300 in 1988. While **marijuana arrests have remained roughly constant in recent years,** with 3,883 in 1988, **marijuana arrests still outnumber cocaine arrests by a 3 to 1 margin.** Over half of all narcotics arrests occur in Hennepin or Ramsey county.

Another indicator of drug use is the frequency with which the patients in emergency rooms mention the use of illicit drugs. In Minnesota, **cocaine mentions have skyrocketed** from about **25 mentions** during the first quarter of 1986 **to 125 mentions** during the last quarter of 1988. **Mentions of marijuana (25 per quarter) and heroin (10 per quarter) have remained constant** through that period.

Chemical dependency treatment programs in the state record both the numbers of patients and the substances that the patients abuse. Of the **40,000 adult admissions into treatment** for chemical dependency in 1988, roughly **58% reported using illicit drugs.** While **95% reported using alcohol, 47% used marijuana, 30% used cocaine,** and **15% used other stimulants. Cocaine was most commonly reported among patients in the 21-25 age range (42%) and among black patients (78%). These numbers have been steadily rising.**

The **1989 Minnesota Student Survey Report** by the State Department of Education found that **22% of the seniors and 15% of the 9th graders had used at least one drug other than alcohol or tobacco during the previous year. Ten percent of the seniors and 5% of the 9th graders reported at least monthly use of marijuana; 3% and 2%, respectively, reported monthly use of "speed" or amphetamines. Cocaine was reported to be used on a regular basis by only 1% of 12th graders and less than 1% of 9th graders.** All of these numbers are from 25 to 75 percent lower than the usage numbers found in the 1987 National High School Senior Survey conducted by the University of Michigan's Institute for Social Research.

The Minnesota Department of Human Services conducted a statewide household survey of the incidence and prevalence of alcohol, tobacco and other drug use in Minnesota in the summer and early fall of 1989. This survey was modelled after the nation-wide household drug use survey that was conducted in 1988 and released in July 1989 by the National Institute on Drug Abuse. As noted above, the national survey found that **regular drug use is down by 37% and regular use of cocaine is down by 48%.** The results of the Minnesota survey were not ready at the time this report was published. **However, just as high school drug use in Minnesota lags behind national use by high schoolers, we expect that adult use in Minnesota will also be less than the national figures.** The Minnesota survey will be particularly helpful in further defining the nature and extent of adult drug use patterns among Minnesota's various population groups.

Organization of Report

This document provides background information and recommendations in the three general areas of drug prevention, criminal justice, and treatment. The first portion of each section describes the current situation in Minnesota. Terms are defined and examples are often given to provide clarity. These sections will prove to be a very valuable resource for anyone interested in a comprehensive approach to Minnesota's drug problem. In essence, it is a handbook describing the problem and what is currently being done to combat it.

Following this description in each section is a list of recommendations for action by various people in our state. These people include our state legislators, school board members, teachers, judges, law enforcement personnel and parents. The recommendations also include ideas for action by various profit and non-profit organizations and churches.

The recommendations are often specific to allow for quick implementation. Cost estimates are included where possible to assist those who have the difficult task of allocating scarce tax dollars amongst various competing programs. Some recommendations are more general, to encourage certain trends or general approaches and to allow those involved in implementing them the flexibility to do so in a sensible and cost effective way.

A Special Note RE: Alcohol

While this report deals only with drugs as society defines them, it is crucial to note that alcohol remains the most commonly abused substance or drug in the strict sense in Minnesota.

DRUG

prevention

The Most Cost-Effective Way

Among thinkers in the field, the presently accepted drug use prevention strategy is to establish integrated, community-wide prevention programs that deliver a clear and consistent anti-drug message. The message should be that drug usage is unhealthy, uncool, unproductive, and unacceptable. In theory, this message is to be delivered to individuals by and through the individual's family, peers, school, employer, church, community, and society at large.

A number of organizations are actively pursuing this strategy now. Attorney General Humphrey's Alliance for a Drug Free Minnesota emphasizes such a strategy by offering "blueprints" to communities for the creation of prevention programs that involve all local educational, health, judicial, and religious institutions. The Minnesota Prevention Resource Center, a project funded by the Chemical Dependency Program Division of the Minnesota Department of Human Services, operates a network of about 25 prevention consultants throughout the state who work with community groups to put together ongoing prevention programs. Indeed, prevention programs exist in Minnesota's schools, churches, businesses, and communities already. More groups are starting prevention programs on almost a weekly basis.

Drug usage is unhealthy, uncool unproductive, and unacceptable.

Many municipalities have ongoing task forces to monitor their drug situation. For instance, Minneapolis has had its Advisory Committee on Alcohol and Drug Problems for several years; in January, St. Paul formed its Anti-Drug Abuse Task Force; Hibbing has its Chemical Advisory Board; and St. Louis County has appointed a committee on youth and children that will look at the issues of teenage drug use. Many civic organizations from the Elks, to Minnesota 4-H, to the Campfire Girls have active prevention programs as well.

PREVENTION

School-Based Prevention Programs

Legislative Mandate and Funding

Under state law, every public elementary and secondary school must provide "an instructional program in chemical abuse and the prevention of chemical dependency." Minn. Stat. Sec. 126.031. In addition, every public school must have a preassessment team that "is responsible for addressing reports of chemical abuse problems and making recommendations for appropriate responses to the individual reported cases." Minn. Stat. Sec. 126.034. The State helps to defray the costs of these mandated programs through block grants to the school districts. However, the schools may use the block grants for a number of other activities such as arts education and programs for the gifted and talented. Minn. Stat. Sec. 124A.27.

The Federal Drug Abuse Prevention Program as created under the Drug-Free School and Communities Act offers funds to school districts that apply for the funds. In order to receive the funds the school must have a comprehensive K through 12 drug prevention program. The federal dollars may be used only to supplement existing programs, not to supplant them. All 433 of Minnesota's school districts receive federal drug prevention money. In FY88 the districts were allotted an average of $1.89/student with a range of from $.90 to $3.70. In FY89, after a change in the funding formula, each district received a flat rate of $2.52/student, and in FY90 they will receive $3.71/student.

The federal government also funds the Midwest Regional Training Center, one of five such centers around the country that trains prevention teams from various school districts. Typically each team consists of several teachers, counselors, administrators, police, and parents. The training lasts a week and the participants are directed to go back to their schools and, using what they have just learned, devise and implement a comprehensive prevention program. Last year Minnesota sent teams from eight districts to receive such training. The Midwest Regional Training Center has targeted the Minneapolis and St. Paul school districts to participate in its new Urban Initiative Plan. Under that plan at least five teams from those two districts will receive training and be directed to fashion and activate their own prevention programs.

Prevention Strategies Used in Comprehensive School Prevention Programs

Prevention programs based in schools can be put into four categories: **(1) those aimed at individual students, (2) those directed at students and their families, (3) those focused on peer relationships, and (4) those oriented towards the school climate.** Schools with comprehensive prevention programs have all four types of programs.

Programs Aimed at the Individual Student

These strategies are primarily focused on the individual student and involve curriculum and some type of student support services.

Drug prevention in the classroom first started about twenty years ago in response to the rise of the drug culture among college age and younger people in the 1960s. Early prevention programs were largely efforts to scare students from using drugs. Such an approach gave students knowledge about drugs and even gave them negative attitudes about drugs. However, researchers found that students armed with that knowledge and with those attitudes would still bow to peer pressure and take drugs or would still want to escape from their living situation by taking drugs. Recently, researchers have also recognized that there is a high correlation between drug use and other teen problems such as suicide, dropping out of school, pregnancy, eating disorders, and delinquency. Prevention curricula need to be changed to respond to those findings.

Individual classroom strategies encompass six general content areas: 1) knowledge about alcohol and other drugs, 2) youthful belief that "It Can't Happen to Me," 3) student beliefs/perceptions about the issue, 4) coping with emotions, 5) social or psychological needs, 6) improving "Life Skills", and 7) remedying early antisocial behavior.

Generally, prevention classes in the younger grades attempt to build self-esteem and self-confidence among the students. In addition, those younger students are instructed in communication skills and in choosing friends wisely. They learn about feelings through such techniques as feeling groups in which they act out certain feelings and emotions and then explain them. In this way, they learn healthy ways to handle their feelings and to deal with the feelings of others. Classes also emphasize health education and family relationships. Slowly, the children are taught about responsible behavior and how drug use can erode that behavior within families. At this point the children are also taught to recognize dysfunctional behavior within their families and neighborhoods. This part of such prevention programs is aimed at identifying children who may be in abusive situations and intervening where necessary.

In the middle grades, the prevention curricula generally focus on peer refusal skills, decision making, and goal setting. Teaching techniques for these materials include role playing, discussions, and written assignments; some of which elicit personal reflections from the students. In these years the students learn about the pharmacological effects of drugs and alcohol. In turn, they are led to realize how chemicals can interfere with one's life plans. The latest trend in prevention programs in the middle school grades is to engage the parents and the families in the educational process in general and in the prevention effort in particular.

In the senior high grades, the prevention classes continue to address self-worth and one's role in society. Students in these grades build their self-esteem by performing civic projects and volunteer work in the community. They are also trained to serve as peer helpers who listen to fellow students who are having problems. Some programs have the senior high school students teach prevention classes to the younger students who often view the senior high students as role models.

Family Programs

Family programs are increasing at the pre-school level, but parental involvement decreases as student age increases. Many groups experience difficulty in attracting parental involvement at junior high and high school levels, particularly parents of students having difficulties. Family programs are generally formed for one or more of the following reasons: **1) to improve family functioning (increase parenting skills), 2) to address parental modeling issues, and 3) to increase parental control.** Examples of groups involved in family programs include Early Childhood Family Education, Parents Communication Network, MADD, Parent Effectiveness Training, Parents Anonymous.

Peer Programs

Schools have attempted to change student peer group behavior to dilute the effects of negative peer models through a number of strategies — publicity campaigns to inculcate positive health messages into the youth culture; clubs and organizations to promote a no-use lifestyle; exposure to attractive youth who do not use substances; and exposure to selected health educators who model the message they teach.

Closely related to programs that seek to alter peer group behavior are programs that are based on theories of direct peer influence. These programs proceed from the assumption that youth use drugs and alcohol because they are directly pressured to do so by peers. Accordingly, the programs teach "peer pressure resistance skills," which may range from simply saying no to drugs and alcohol to more complex interventions derived from social-psychological theories of communication and persuasion. These efforts are not supported by existing research, with the possible exception of programs focused exclusively on preventing cigarette smoking. More promising prevention efforts are peer helping and peer tutoring programs which seem to provide experience for both the helper and the helpee.

School Climate Programs

Student service delivery systems have been implemented in a number of school districts. Sometimes called student assistance programs, support services, guidance and counseling, etc., these programs involve counseling, assessment, referral, and support groups addressing such issues as coping with emotions, improving life skills, remedying early antisocial behavior, and assessment of problem substance use. These services are not available in every district, nor at every grade level.

There are other programs within schools that aid in the fight against drug use and focus on school climate. For instance, members of school athletic teams will frequently take pledges to refrain from alcohol, tobacco, and drugs during the athletic season. School proms are organized to be drug and alcohol free by having the entire event take place in a single closed environment like a high school gym. Some schools have organized chapters of Students Against Drunk Driving (SADD). In addition, a number of high schools have student assistance programs that offer counseling, referral, and intervention services to the students.

One of the most important school climate strategies is the establishment by the school district of an alcohol and other drug policy. The best policies articulate the district's stance in a very public way and include: disciplinary procedures for possession, transfer and use; a description of prevention strategies to be utilized in grades K-12; a list of student support services; and a list of what resources are available for implementation.

Not all schools have implemented all of the prevention curricula and programs outlined above. While every school district does have some sort of prevention program in place somewhere in its system, and while most are expanding their efforts, there are still a few that refuse to recognize or admit the existence or the scope of the substance abuse problem among their students.

The D.A.R.E. Program

The following is a description of the DARE program. Though there are a number of other excellent prevention programs available such as the Quest programs and Project Charlie, the DARE program is described in detail here because the 1989 Legislature appropriated $350,000 over the next biennium for training police officers throughout the state to become DARE instructors. Other than the fact that DARE instructors wear uniforms, the DARE program is fairly similar to other state-of-the-art prevention programs.

Project DARE (Drug Abuse Resistance Education) was developed in 1983 in Los Angeles and uses uniformed law enforcement officers to teach a substance use prevention education curriculum to elementary school children. DARE lessons focus on four major areas: (1) providing accurate information about tobacco, alcohol, and drugs; (2) teaching students decision-making skills; (3) showing students how to resist peer pressure; and (4) giving students ideas for alternatives to drug use.

The DARE curriculum consists of seventeen 45-60 minute lessons that are given on a weekly basis. The officer/instructor is in full uniform for all classes. The curriculum includes: practices for personal safety at home, in school and in the neighborhood; the harmful effects of drugs; rehearsing the many ways to refuse offers to try alcohol and drugs; building self-esteem and assertiveness; recognizing stress and ways to relieve it; decision making and risk taking; and composing and reading aloud essays on how to respond to pressure to use alcohol and drugs. The program culminates with a school-wide assembly at which all student participants are awarded certificates of achievement.

The officer instructors are carefully chosen from the ranks of line officers. Their experience on the street is thought to give them unmatched credibility with the students. The officers undergo an 80 hour (2 week) training program that covers not only the prevention curriculum but teaching and communication skills as well. One of the useful by-products of the DARE program is that it engenders communication and trust between students and uniformed law enforcement officers.

Pursuant to the 1989 legislation, the Bureau of Criminal Apprehension plans to train from 60 to 80 officers as DARE instructors during the 1989-90 school year.

Community-Based Prevention Programs

While there is a great variety of community-based prevention programs, all have certain similarities. They are generally grass-roots organizations that have been formed to meet a perceived need within the community to deal with problems such as high-risk youths, dysfunctional families, open drug trafficking, etc. Funding typically comes from individual contributions, private foundations, the United Way, local government, and the Governor's Drug-Free Communities Program which disburses federal funds under the Anti-Drug Abuse Act.

The Governor's Drug-Free Communities Program has established program criteria for its grant recipients. Priority has been given to those programs that target and serve high-risk youths and minority populations. A high-risk youth is defined under the Anti-Drug Abuse Act of 1986 as being an individual under the age of 21 who is at high risk of becoming, or who has been, a drug or alcohol abuser and who:

a. is a school dropout;
b. has experienced repeated failure in school;
c. has become pregnant;
d. is economically disadvantaged;
e. is the child of a drug or alcohol abuser;
f. is the victim of physical, sexual, or psychological abuse;
g. has committed a violent or delinquent act;
h. has experienced mental health problems;
i. has attempted suicide; or
j. has experienced long-term physical pain due to injury.

The model community-based program calls for a multidisciplinary community-wide task force or coalition to assist planning, implementation, and evaluation. After setting down its procedures and responsibilities in writing, the task force conducts a community needs assessment that gathers and lists demographic and health status information, social characteristics, current resources, and needs. Goals and time-bound objectives are then set and projects organized to meet those objectives.

The specific projects offer such services as factual information on chemical abuse, promotion of public awareness of the task force's efforts, experiential educational opportunities for the youths, and participation of parents in youth programs. Some projects provide counseling on a one-to-one basis for the youths and classes in parenting skills for their parents. Some communities have identified the need to establish teen centers in order to give their youth some place to go and something to do. This is particularly true in rural towns that have been economically depressed for about a decade. The projects are timed to be developmentally appropriate for the target population and are implemented on a regular basis, not as onetime, isolated events.

Evaluation of prevention programs takes place in two forms: process evaluation measuring the quality and quantity of projects and services performed, and outcome evaluation measuring both the participation of target populations and the changes in attitudes, awareness, and behavior of the target populations.

Inner-city programs often focus on neighborhood watches and projects to rid local apartment buildings of drug dealers. The Whittier Alliance in South Minneapolis maintains a map of the Whittier Neighborhood that shows every house and apartment building. From a variety of public data sources, the Alliance records where every burglary, theft, assault, narcotics violation, and robbery has taken place in the neighborhood. It also keeps track of where every arrested felon lives in the neighborhood. With that data the Alliance pressures the police to conduct patrols near certain residences, contacts landlords to seek evictions of drug dealers, and either purchases buildings in need of repair or prompts condemnation proceedings by the city.

The St. Paul Community Anti-Crack Coalition is composed of residents of four St. Paul neighborhoods. The Coalition puts on programs to educate the public on the telltale signs of a crack house operation and how to report it to the police. In the same vein, the Institute on Black Chemical Abuse in Minneapolis has started a project to create drug-free zones in certain neighborhoods through police saturation tactics and through evening programs for young, high-risk children.

Churches are also becoming active in the prevention field. The St. Paul Black Ministerial Alliance has identified the war against drugs as an opportunity for the Black church to reassert its historical role as a leadership force within the Black community. The Ministerial Alliance is considering a number of projects to serve high-risk youth and their families. Similarly, TRUST, an ecumenical group of fifteen churches in Minneapolis, has recently embarked upon a prevention program to reach youths and to train their parents in prevention techniques and strategies. Frequently churches are able to sponsor midweek programs for youths using volunteers from the congregation as counselors, coaches, and speakers.

Workplace-Based Prevention Programs

Drug prevention programs within the modern workplace are generally operated by Employee Assistance Programs, or EAPs. An EAP offers employees and their families confidential assessment, referral, and counseling for any personal problems including drug or alcohol problems. Often an employee will come forward with a presenting problem that is ostensibly unrelated to substance abuse, but upon completion of the assessment, drugs or alcohol are found to be a root cause of the problem. Because EAP services are free and confidential, the EAP system is able to induce early intervention and problem resolution.

EAPs are popular in Minnesota largely as the result of state legislation in 1976 that, among other things, subsidized initial EAPs for small businesses for four years. Today, those small businesses generally use outside EAP providers, while larger employers have in-house programs.

Drug testing is a growing phenomenon in the workplace. By 1990, 65% of Fortune 1000 companies will test job applicants for drugs and 44% will test current employees. *Substance Abuse in the Workplace*, Mercer Meidinger, Hansen, Inc. (1988). Minnesota is one of only a few states that has a clear statute on when drug testing is allowed. **Under that statute an employer may test all incoming employees after giving written notice. With respect to current employees, an employer may: (1) randomly test those employees who hold safety-sensitive jobs; (2) request a test of any employee as part of an annual physical upon two weeks' written notice; and (3) require a test of any employee upon reasonable suspicion that he is or has been under the influence of drugs or alcohol or has sustained an injury or caused an injury on the job. Minn. Stat. Sec. 181.951.**

The federal government has added its considerable leverage to the fight against drugs in the workplace by requiring all federal contractors to implement a comprehensive drug abuse policy. To be eligible under the Drug-Free Workplace Act of 1988, a contractor must certify that it will provide a drug-free workplace by fulfilling seven requirements:

1. publish a statement notifying all employees that the unlawful manufacture, sale, distribution, or possession of a controlled substance is prohibited and will lead to specified sanctions;
2. establish a drug-free awareness program that informs employees about the dangers of drugs in the workplace, about the availability of treatment programs, and about the company's policy and penalties;
3. provide each employee with a copy of the drug-free workplace statement;
4. notify each employee in the drug-free workplace that compliance with the statement is a condition of the employee's employment. Employees must notify the employer within five days of any conviction for a drug violation in the workplace;
5. upon receiving such notice, the employer has ten days to notify the contracting government agency of the conviction;
6. upon receiving notice of a conviction by an employee, the company has 30 days to take disciplinary action or send the employee to treatment; and
7. make a good faith effort to maintain a drug-free workplace by implementing the foregoing six requirements.

In a time and in a society in which people have come to identify more strongly with their work than they often do with their family, the workplace has become a critical and useful locus for drug prevention efforts. The employer, with its implicit ability to terminate the employment from which so much self-identity and self-worth flows, wields incredibly persuasive power to get people to change attitudes and behavior.

Media-Based Prevention Programs

Media-based prevention efforts are those campaigns and messages that appear on radio and television, on billboards and in newspapers. When properly done, these messages are targeted to reach certain audiences who read, watch or listen to the particular medium. Such public service announcements are an effective and common means of reaching a mass target audience.

The first step in any media campaign is to identify the primary target audience or determine the priority of multiple target audiences. Once that is done, the target audience is tested to determine what message its members will respond to. For instance, in anti-smoking campaigns targeted at teenagers, researchers found that emphasizing the health risks of smoking had little impact, whereas telling the teenagers that smoking causes bad breath was effective. Similarly, ads attacking teenage drunk driving that show facial disfigurement caused by accidents were found to be more effective than those that focused on the fatal consequences of drunk driving.

The next step is to produce a creative strategy or "blueprint" which succinctly states the objective of the campaign and lists all that is known about the target audience. The blueprint generally lists the main convincing proposition in a public service announcement as well as all supporting propositions that ideally will be incorporated into the final message. The blueprint will also list the media that the target audience most often watches, reads or listens to.

The creative blueprint is then given to the creative department of an advertising agency. These agencies may have been active on the project from the initial research stages or they may be brought in at this stage. They will frequently do this work on a no-fee basis as a part of their pro bono programs. Ad agencies do pro bono work to promote the public good, to compete in awards competitions that recognize pro bono work, and for the creative diversion such work entails when compared to devising marketing strategies for some mundane products.

After the ad agency comes up with a proposed ad or campaign, it is presented to the sponsoring prevention organization for approval. If the ad passes muster, it goes into production. The next step is to buy the media space or time that will reach that audience most effectively.

The prevention organization that has produced the ad should approach the media that it has determined will reach the target audience. If the organization has money, it simply negotiates for the time or space it wants. As a general rule, all ad fees are negotiable depending on the volume of the ads being purchased, the time of year, and the general availability of the remaining air time or print space.

If the organization producing the ad has no money, then it must convince the public service director of a station or newspaper to run the ad. In every instance, it is important that the ad be of high quality, but particularly so when in quest of free time or space. While no public service director will take an ad that looks unprofessional and will reflect poorly on the station or publication, many will respond positively to a well-done ad for a worthy cause.

To be effective, any media campaign must be part of a larger, cohesive prevention program. A media campaign by itself, in a void or without the support of an integrated community-based prevention program, risks being ineffective.

The goals of any prevention campaign should be: (1) to reduce the number of people who try drugs; (2) to delay the onset of drug experimentation for those who do try drugs until they are as mature as possible; (3) to create an environment that will encourage drug-free living; and (4) to sensitize people to the signals and dangers of drug abuse so that treatment intervention occurs as early as possible for those in need.

The State of Minnesota must pursue a strategy of achieving those goals by establishing integrated, community-wide prevention programs so that every citizen of this state gets a clear and consistent message from every source that drug usage is unacceptable. This message is to be delivered by and through parents, siblings, peers, schools, employers, churches and synagogues, print and electronic media, and society at large.

Prevention is clearly the wisest long-term solution to the drug problem we have. We need to expand its use significantly.

Recommendations

for Minnesota's Prevention Efforts

EDUCATION

Education must be a critical part of Minnesota's prevention effort. Early education and parent education are specific programs that must be expanded all over the state. The following recommendations for Minnesota's educational system should be adopted by our legislature and local school boards as soon as possible.

1 **Comprehensive drug prevention programs should start in kindergarten and continue through all grades.** Effective comprehensive K-12 drug prevention curricula should be implemented in all schools. Special emphasis should be given to grades K-6. Historically, school drug abuse prevention programs were targeted at the abuse problems of high school students. Later, prevention emphasis moved to middle schools. Thus far, the least comprehensive efforts have been focused on elementary students.

All drug prevention curricula and programs should include alcohol, tobacco, prescription drugs and inhalants, as well as illicit drugs. In recent years, a number of programs have been developed that target certain drugs to the exclusion of others. The 1989 Minnesota Student Survey Report indicated that 6th graders in Minnesota who use drugs also use alcohol, tobacco, other people's prescription drugs and inhalants. Programs that exclude these substances may inadvertently give the message that they are "acceptable" or at least not as bad as illegal drugs.

Survey findings further indicated that other problems such as poor school performance, low self-esteem, emotional distress, physical aggression, vandalism, shoplifting, and other risk-taking behaviors precede problem use of alcohol and other drugs. These problems and others such as pregnancy, dropping out of school, eating disorders, and suicide are all inter-related and best addressed through programs that start in the early grades and develop self-esteem, emotional balance, and communication skills. Curricula and programs that place strong emphasis on building self-esteem, developing social competency, and handling problems and stress should be implemented.

Most good prevention programs do focus on building self-esteem and social competency skills. School districts should consider using such programs as DARE, Project Charlie, Project Smart, or one of the Quest programs. School districts should also hire a trained chemical dependency coordinator for every school to monitor the latest prevention curriculum programs, school policy needs, peer helper programs, student-run prevention programs, aftercare programs, etc.

The Minnesota Department of Education should develop training programs for all new and current teachers on the effects and symptoms of drug use. Teacher training institutions should also provide training to their students on those topics.

The Department of Education should also develop prevention programs for children and parents who cannot read.

2 **School curriculum in general and prevention programs in particular need to reflect differing learning styles and diverse student needs.** Just as the previous recommendation calls for prevention curriculum in all grades, this recommendation, in essence, calls for preventive teaching methods in all subjects. The report of the Carnegie Task Force on Education of Young Adolescents entitled "Turning Points: Preparing American Youth for the Twenty-First Century" (cited hereinafter as "the 1989 Carnegie Report") and the 1989 Minnesota Student Survey Report both document the importance to students of positive self-esteem and increased opportunities for success. With elementary school students both of these issues warrant particular attention. A one-week curriculum on self-esteem will have limited effectiveness. A teaching style that fosters and supports positive self-esteem and allows students a wide variety of ways to be successful can have long-lasting effectiveness. In fact, education restructuring efforts that simply raise performance standards without dealing with the issues of fostering self-esteem will increase opportunities for failure instead of insuring success for all students.

Current education restructuring efforts must address not only what we teach, but how we teach. Teaching styles that support and enhance self-esteem may be more important than any individual curriculum.

3 **The state Department of Education should (1) establish criteria for evaluating the effectiveness of school-based prevention programs, (2) implement a system of conducting such evaluations in each of the state's school districts, and (3) disseminate information about those programs that are successful.** At present, there is virtually no data on which prevention programs are the most effective. Given the ongoing expense of these programs, there is a need to determine their relative effectiveness. There is also no central listing of what programs are being conducted in the state's schools. A process of program evaluation will permit the creation of such a listing and eventually the creation of a clearinghouse and/or newsletter concerning effective prevention programs. Some prevention curricula are discussed at the Annual Program Sharing Conference in St. Cloud sponsored by the Department of Education and the Minnesota Prevention Resource Center. While that conference offers no assessment of the effectiveness of programs, it could be expanded to address that issue.

4 **Minnesota should encourage school and class sizes that foster student participation in school activities.** Keeping schools below a certain size will help foster self-esteem and a healthy identity among students. Robert Feiner, a researcher at the University of Illinois - Champaign, has concluded that reducing class and school size along with restructuring the role of the homeroom teacher to encompass more guidance functions can have a positive impact on risk behavior. Some of our metropolitan area schools are so large that few students can participate in sports and student activities. Worse, students are able to become anonymous and slip through high school without ever establishing nurturing relationships with their teachers. If financial considerations require school districts to continue to use large school buildings at their capacity, they should consider forming "houses" within those schools to which students belong throughout their schooling. The "house" concept was recently recommended by the 1989 Carnegie Report. At the very least, school districts should not build school buildings that are designed for over 1,000 students unless

those buildings are designed to be operated using the "house" system.

5 **The legislature should expand the existing Early Childhood Family Education program to cover families with children in kindergarten through third grade.** In Minnesota, one of the fastest growing education programs has been Early Childhood Family Education (currently funded at the rate of $9.6 million per year). These programs have been geared to families with children of birth to kindergarten enrollment ages. Healthy families appreciate the training and support, and families experiencing difficulties often find a network of services to assist them. These programs have assisted healthy families, teenparents, homeless families and families experiencing abuse.

The Early Childhood Family Education Program can be expanded to serve kindergarten through third grade parents by establishing 10 pilot sites, with evaluation to address home/school relationships, learning progress, and inclusion of families experiencing difficulties. Costs will be approximately $500,000. Since this recommendation would be expanding an established program, start-up costs would be less than for a totally new program.

6 **Schools should actively reach out and involve parents in the education process.** Many schools do not sufficiently encourage parental involvement at school. Particularly in low-income and minority families, parents are often considered to be part of the problem of educating children rather than an important potential educational resource. Some of these parents, after experiencing poor relations with their child's teachers and recalling their own painful memories of the classroom, become deeply alienated from their child's school.

The importance of family involvement is indicated in 1989 Carnegie Report on restructuring education:

> "Despite the clearly documented benefits of parental involvement for students' achievement and attitudes towards school, parental involvement of all types declines progressively during the elementary school years. By middle grade school, the home-school connection has been significantly reduced, and in some cases is nonexistent."

Family communication and fair and consistent rule-setting and discipline at home were documented in the 1989 Minnesota Student Survey Report as playing a primary role in preventing and reducing drug use and other risk-behaviors.

Student achievement and attitudes toward school are some of the earliest indicators of later alcohol and drug involvement, as well as involvement with other risk behaviors and eventual dropping out of school.

Alienation from school can also be a product of dysfunctional families (where there is physical abuse, sexual abuse, alcohol and drug abuse, etc.). Early parental involvement might lead to successful interventions for such families. The 1989 Minnesota Student Survey Report indicated one child in three experienced problems at home.

PTAs, Teachers Associations, and school administrators should work together to encourage parental involvement. Some examples of programs that have been effective are: the requirement that parents come to school to pick up their children's report cards; the encouragement of parents to sit in on classes and the placement of desks in each classroom for visiting parents; and home visits by teachers.

7 **Schools should expand drug prevention education for parents.** Schools should offer drug prevention education for all parents. The programs should cover the pharmacological effects of drugs, drug paraphernalia to watch for at home, and symptoms such as mood swings, irritability, blood-shot eyes, etc. Parents should also be told about what counseling resources are available through the school and in the immediate community.

The 1989 Minnesota Student Survey Report found that adolescents who were fairly certain that their parents would strongly object to their use of alcohol or drugs were more likely to avoid drug use than were adolescents who were unsure of their parents' views or thought that their parents would not mind. The importance of family communication and fair and consistent rules were also documented as playing a significant role in reducing risk behaviors.

The Department of Education should provide the results of the Student Survey to all parent groups in Minnesota so that the results can be included in their programs. Examples of such groups include Parent, Teacher, Student Associations, Parent Communication Networks, Early Childhood Family Education Programs and all other packaged or locally developed chemical abuse programs for parents. The Department should also develop and distribute a list of parents' groups that are involved in drug prevention such as PRIDE and Parents Are Responsible.

8 **Every school should establish peer helper and peer tutor programs.** Peer helper programs have generally been established through youth development programs and drug prevention programs. Federal drug prevention programs should continue to promote the establishment and expansion of peer programs. Student councils in every school should be challenged to take the leadership in establishing peer programs that include a representative selection of students. This would be similar to the selection process in the Natural Helper program, a peer helper program, in which all students are asked to list two students to whom they go with problems. Then peer helpers are chosen for special training from the names most often listed to ensure that every group (all teams, student organizations, clubs, cliques, etc.) in school has a peer helper.

Peer tutoring and peer helping provide educational advantages to both the tutor/helper and the student/helpee. The tutor masters the material through having to explain it thoroughly to the pupil, and in so doing gains self-esteem from having developed a useful expertise. The student gains from having one-to-one instruction from someone who he or she trusts and who is not an authority figure. Such programs are also advantageous to the school districts in that they provide educational and counseling benefits at low cost.

In peer helper programs, the helper is able to establish a trusting relationship with someone experiencing difficulties, therefore, reducing feelings of alienation on the part of the helpee and increasing self-esteem in both. This helper process contributes to a healthy school climate of dealing with problems instead of try-

ing to escape them.

9 **School districts should establish a counseling and referral system for all students, early childhood through twelfth grade.** Each school district in Minnesota should establish a student service delivery plan for all students that provides assessment, counseling, referral, and support groups for such problems as coping with emotions, improving life skills, remedying early antisocial behavior, and problem substance use. This plan should address staff training for problem identification and should identify person/agencies/groups which will be utilized to assist students experiencing problems. Special emphasis should be placed on the early childhood through sixth grade portion of the plan.

According to the 1989 Student Survey report, 21% of high school seniors are problem users of alcohol and/or drugs. As defined in that report, a "problem user" is a student who has used alcohol and/or drugs at least once a month for the past year and who has suffered at least three adverse consequences such as memory lapses, increased substance tolerance, violence or injury, missed school or work, and fights with family and friends. These problem users were found to have a host of other problems ranging from suicidal behavior and emotional stress to alienation and low self-esteem. Early intervention on the other problems could prevent later problem use of alcohol and other drugs. By the same token, alcohol and drug treatment that does not address the other problems would seem doomed to failure.

Intervening and sending students to chemical dependency treatment is not enough. Schools must also offer a plan of aftercare to help those students who have been in treatment readjust to school after they return.

Some high schools have student assistance programs to address these issues. Elementary schools have few, if any.

10 **Each school district should review and amend its alcohol and other drug policy to discourage use, disseminate information, and identify those in need of treatment.** Each school board should go through the process of reviewing and amending its alcohol and other drug policy. Such policies should be made known to every student, teacher, and parent and could include: disciplinary procedures for possession, transfer, and use; a description of prevention strategies that are to be utilized in grades K through 12; a list of student support services available; a prohibition on wearing certain apparel such as gold jewelry, beepers, or drug paraphernalia; and a list of what resources are available for implementation. The Department of Education should develop a model policy for schools to consider and adopt if they choose. A school board should formally review its policy every two years. The review should determine whether the disciplinary measures have been followed and whether they have been effective. It will also determine whether the other contents of the policy reflect both current findings on prevention strategies and current resources of the school.

11 **Students, parents, and teachers should organize specific anti-chemical activities such as Students Against Drunk Driving chapters, pledges against drug and alcohol use, and chemically free proms, dances and graduation parties.** Schools must examine non-curricular approaches to prevention to establish an atmosphere in which the students know that chemical use will not be tolerated. Schools should create and promote an atmosphere in which students have alternatives to social occasions that involve drugs and alcohol and in which students feel comfortable and normal "saying no" to drugs.

12 **Communities should develop volunteer service activities for junior and senior high school students.** Participating in volunteer community service work gives students a sense of accomplishment, a sense of belonging, and a sense of purpose. All of these feelings will help strengthen their emotional balance and personal identity, which in turn lower the incidence of drug use. While it is not necessary that such community work be tied to prevention or treatment efforts, there are plenty of opportunities for such work. For instance, students can organize Students Against Drunk Driving (SADD) chapters or can give prevention programs to younger students. In addition, volunteer work as orderlies in an emergency room will give them vivid experiential education in the dangers of chemical abuse.

13 **The legislature should fund research to determine whether biochemical imbalances can be identified that make students susceptible to substance abuse.** We know that recovering addicts have chemical imbalances as a result of their substance abuse, but there is insufficient evidence to know whether such imbalances may have caused the addiction in the first place. If such imbalances do cause addiction and if we can identify children who suffer from such imbalances, we can warn them and their parents of their susceptibility and, perhaps, recommend certain dietary supplements to counteract those imbalances. Similar testing is already being done on a pilot basis in Northeast Minnesota to identify biochemical markers of depression in youths.

14 **The legislature should amend the government data practices act to conform with the school notification requirement.** Under Minn. Stat. Sec. 126.036, all law enforcement agencies must notify the school whenever there is probable cause to believe that a student has violated a drug law. However, under Minn. Stat. Sec. 13.82, the Government Data Practices Act, the law enforcement agencies may not release the names of juveniles who have been involved with the criminal justice system. Schools find that notification is useful, and they use that information to direct students to counseling and treatment. The two laws should be amended to conform with one another so that neither the schools nor law enforcement agencies are exposed to civil liability for complying with one law but not the other. Other legislative changes should be considered that would promote an exchange of necessary information between school and law enforcement personnel relating to drug offenses.

15 **The legislature should increase funding for Head Start, other preschool education programs and family support programs.** The Head Start program is one of the few widely acclaimed successes of the Great Society programs of the 1960s. While a number of private foundations are supporting family support programs in the inner-city neighborhoods of Minneapolis such as the Success by Six/Way to Grow program, there

remains a need for such programs in the rest of the state. The 1989 Legislature appropriated money for the Minneapolis program and for two other similar programs.

Many Head Start advocates set a goal of serving 50% of the eligible population of below poverty level 3-5 year olds. Census data from 1980 indicated that there were 22,411 children in this age/economic group. Minnesota Head Start programs in the current biennium will serve about 7,500 children each year, spending $14 million in federal money and $5.5 million in state money. Reaching the 50% goal requires serving an additional 3,500 children in the next biennium. At $2,600 per child, this would require additional operating funds of roughly $9.1 million each year. Preparing the Head Start programs for this infusion of children would require startup funds of $600 per child in home-based programs and $1200 for center-based programs. This one-time expenditure would total about $3.15 million.

COMMUNITY

Community-wide efforts are more effective than federal or state governmental pronouncements. Well-planned and comprehensive community-based activities are critical to more effective drug law enforcement and more effective drug prevention education. The state and cities should provide greater assistance, encouragement and cooperation to community-based prevention programs in accordance with the following recommendations.

1 **The legislature should provide additional funding for the Minnesota Prevention Resource Center.** The Minnesota Prevention Resource Center is presently the primary statewide resource for communities, businesses, post-secondary educational institutions, and civic organizations that want to adopt and use the most current prevention programs and materials. In addition to maintaining a library of all current prevention films, posters, pamphlets, programs, and curricula, its staff conducts training sessions for consultants in the community, for high school peer helpers, and for parents. Its 1988-89 budget was $346,000 and has been reduced to $327,000 for 1989-90. Owing to insufficient funds, the Center has recently had to turn down requests by parent groups and by post-secondary educational institutions to develop training tapes and instructional materials. Presently the Center also lacks the resources to do significant outreach and to conduct the training of the additional community consultants who would be needed after an outreach effort.

2 **Neighborhood and community groups should devise and carry out comprehensive and multi-disciplinary drug prevention efforts.** Community prevention programs must include cooperation between community organizations, social service agencies, community health boards, local health agencies, churches, schools, municipal and county government, and law enforcement agencies. This is the best way of achieving a multi-disciplinary approach to prevention. It also enables the community to make an accurate assessment of its problem as well as to take full advantage of its resources in tackling that problem.

Drug use will stop when families and communities decide to stop it. Several neighborhoods in Minneapolis and St. Paul have successfully removed drug dealers through concerted neighborhood action. Some of the projects can be crime watches, neighborhood clean-ups to pick up litter and to erase graffiti, and the establishment of drug-free zones. Communities can also organize groups to work with landlords and police to expel drug dealers from their neighborhoods.

3 **Landlords should evict tenants who deal drugs and notify each other of tenants who engage in drug dealing.** A new state law permits landlords to terminate leases of tenants who violate the drug laws. The Minnesota Multi-Housing Association ought to publicize this to its members as well as organize a system of reporting such tenants to one another. Landlords should use this tactic wherever possible because the new law also provides that landlords who are aware of drug violations on premises owned by them may have those premises seized by the state.

4 **More churches should actively deal with the drug problems in their communities.** Churches in Minnesota have had a long, successful history of ministering to the needs of people in trouble. In Minneapolis and St. Paul, in particular, the churches offer a potential source of communication with troubled youth and families. TRUST, an ecumenical alliance of churches in Minneapolis, has begun a program of training clerics and parents in prevention techniques.

5 **Cities and housing authorities must do a better job of keeping property in good repair.** Authorities on urban crime such as Prof. James Q. Wilson have observed that crime and drug dealing follow deteriorating property. Cities should provide a mechanism for police, community groups, and interested citizens to coordinate with building inspectors to promptly require the repair of run-down property. The 1989 Legislature, as part of its Year of the City package, appropriated $200,000 over two years for the establishment of community-based crime prevention pilot programs. Housing courts, as recently established in Ramsey County, in conjunction with quick tough penalties against non-complying owners, may be a very effective means of drug prevention.

6 **Hospital emergency rooms should refer patients to community health services for preventive medical care and to county social service departments for chemical dependency treatment.** For certain segments of our society the hospital emergency room is the only preventive medicine they receive. They do not go to doctors regularly. For that reason emergency room personnel should screen all patients for those who could use preventive medicine and/or drug treatment and refer them to community health services and public health nurses for follow-up medical care and to community social service departments for chemical dependency assessment and/or referral. In this way, we can start providing useful preventive medical attention to people short of the emergency room encounters.

WORKPLACE

The workplace has a significant effect on how we live. It helps shape our values and our lifestyle. It can add both stress and satisfaction to our lives. It is often overlooked or undervalued in its ability to help deliver the message that illegal drug usage is unacceptable.

1 **All employers, public and private, should develop and implement chemical abuse prevention and intervention programs.** The cost to employers of chemical use on and off the job is enormous. Well structured and clearly communicated prevention programs pay for themselves in higher productivity, less sick leave, fewer accidents and injuries, and improved quality control. The Chamber of Commerce in conjunction with the Department of Employee Relations should set up workshops on drug awareness, drug testing, and drugs in the workplace that will be offered on a cost sharing basis.

In addition, employers of minimum wage workers should implement employee assistance programs (EAPs) that provide drug prevention and education activities. Holders of minimum wage jobs are disproportionately at risk of being drug users. They are generally young, of a minority race, and marginally educated. The experience of a number of major employers in the state such as Control Data Corporation and Honeywell is that EAPs pay for themselves through reduced health costs, improved productivity and longer terms of service. An EAP can provide a drug prevention program that, for instance, uses short videos to describe the perils of drug use, the opportunities to receive treatment for such use, and the company policy towards drug use. Such programs could reduce the amount of substance abuse among the minimum wage labor force and yield a lengthened average term of employment for such laborers. That in turn would lead to increased profits for companies in the fast food industry that presently see their minimum wage jobs turn over every three months, requiring constant initial training costs.

2 **The state should adopt a drug-free workplace act that requires all private contractors that do business with the state to maintain drug-free workplaces.** Modeled after the federal Drug-Free Workplace Act of 1988, (see p. 5), such an act would require all employers that do business with the state to certify that they have adopted a policy prohibiting the use, sale, manufacture or possession of any illegal drugs on the premises of the company and that they have given notice of that policy and of the punishment for violating it to all employees. Such contractors must also institute a comprehensive and ongoing program of drug prevention education in the workplace.

3 **The State of Minnesota, as the largest employer in the state, should set a strong example of drug prevention programs in the workplace by promulgating a drug policy for its employees, including drug testing when appropriate in accordance with Minn. Stat. Sec. 181.951, and by conducting drug education/prevention programs for all employees.** The preceding recommendation requires that all businesses that contract with the state pursue policies to ensure that their workplaces are drug-free. The state should set an example for these contractors and for all other employers in the state by adopting creative and effective policies and procedures for the workplace that promote drug-free lifestyles among employees.

MEDIA

The tremendous power of electronic and print media should be used much more effectively than is presently the case to prevent drug usage.

1 **The Director of the Office of Drug Policy should conduct a long-term coordinated media prevention campaign.** At present, there are a number of organizations conducting media prevention campaigns at both the federal and state levels. The Director of the Office of Drug Policy should gather information on all of these separate campaigns to determine which groups are being targeted and how effectively they are being reached. From that information the director should determine which groups are being omitted and need further attention through media campaigns. Through this process the director should coordinate an overall media prevention program that reflects and is consistent with the state drug strategy.

2 **All local and statewide media should dedicate a portion of their air time or print space to drug prevention announcements.** Local television stations, advertising companies, newspapers and magazines must join in the state-wide effort to combat drugs. Each such organization should dedicate a portion of its print space, billboards, or air time to drug prevention messages and information. Each media company should work in conjunction with an advertising company and a public service organization dedicated to anti-drug activity so that there is coordination and cooperation from the early planning of an ad, through the production of the ad, to the eventual publication or airing of the ad. All media companies should also be receptive to providing air time at the appropriate time when the targeted audience is known to be watching or listening.

CRIMINAL JUSTICE

An Expensive But Necessary Way

The Current Situation

Statistical Overview

Drug Arrests

In 1987 there were 165,584 arrests (excluding non-DWI traffic arrests) by state highway patrol, county sheriffs and city police in Minnesota. Of those arrests, 5,947, or 4%, were for narcotics violations.

In 1988 there were 175,271 arrests (excluding non-DWI traffic arrests) by state highway patrol, county sheriffs and city police in Minnesota. Of those arrests, 6,680, or 4%, were for narcotics violations (a 12% increase from 1987).

In 1988 Federal officers from the Drug Enforcement Administration (DEA) made another 200 narcotics arrests in Minnesota.

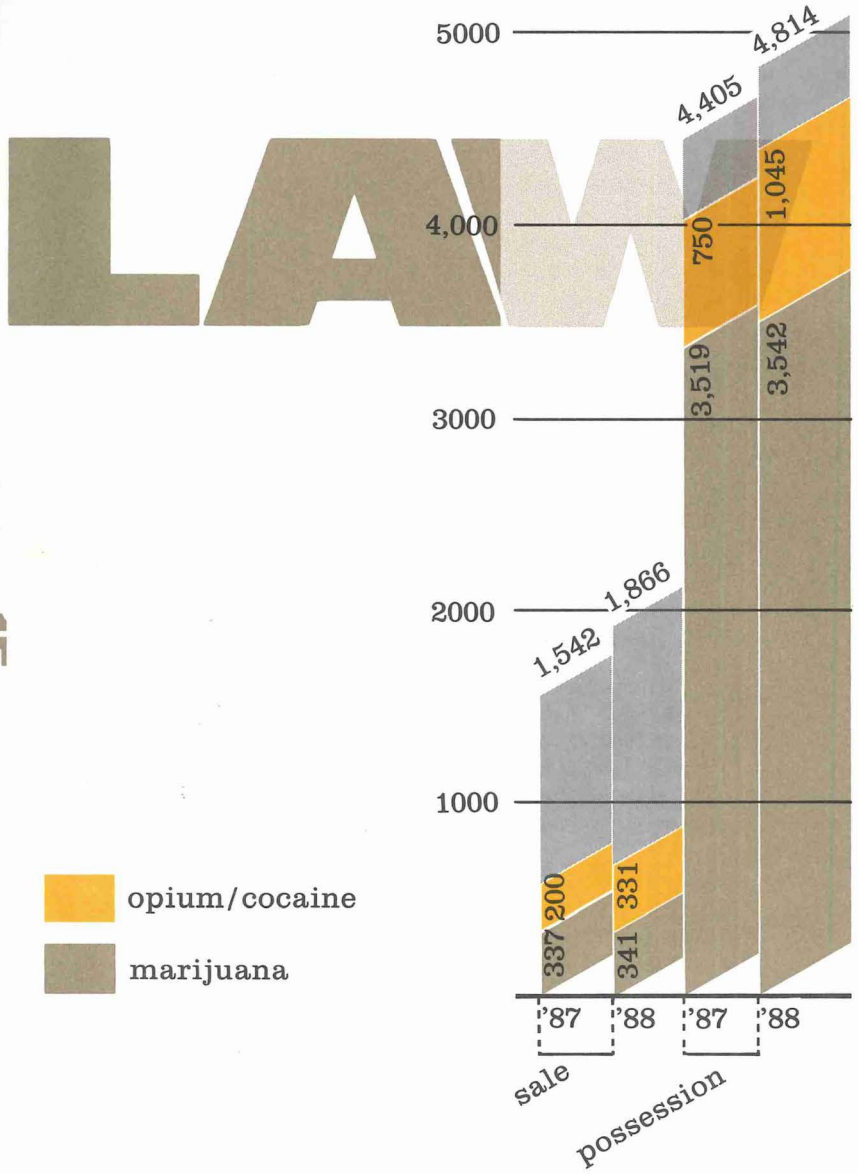
By comparison, there were 32,827 DWI arrests and 18,514 liquor violation arrests (51,341 total) in Minnesota in 1988.

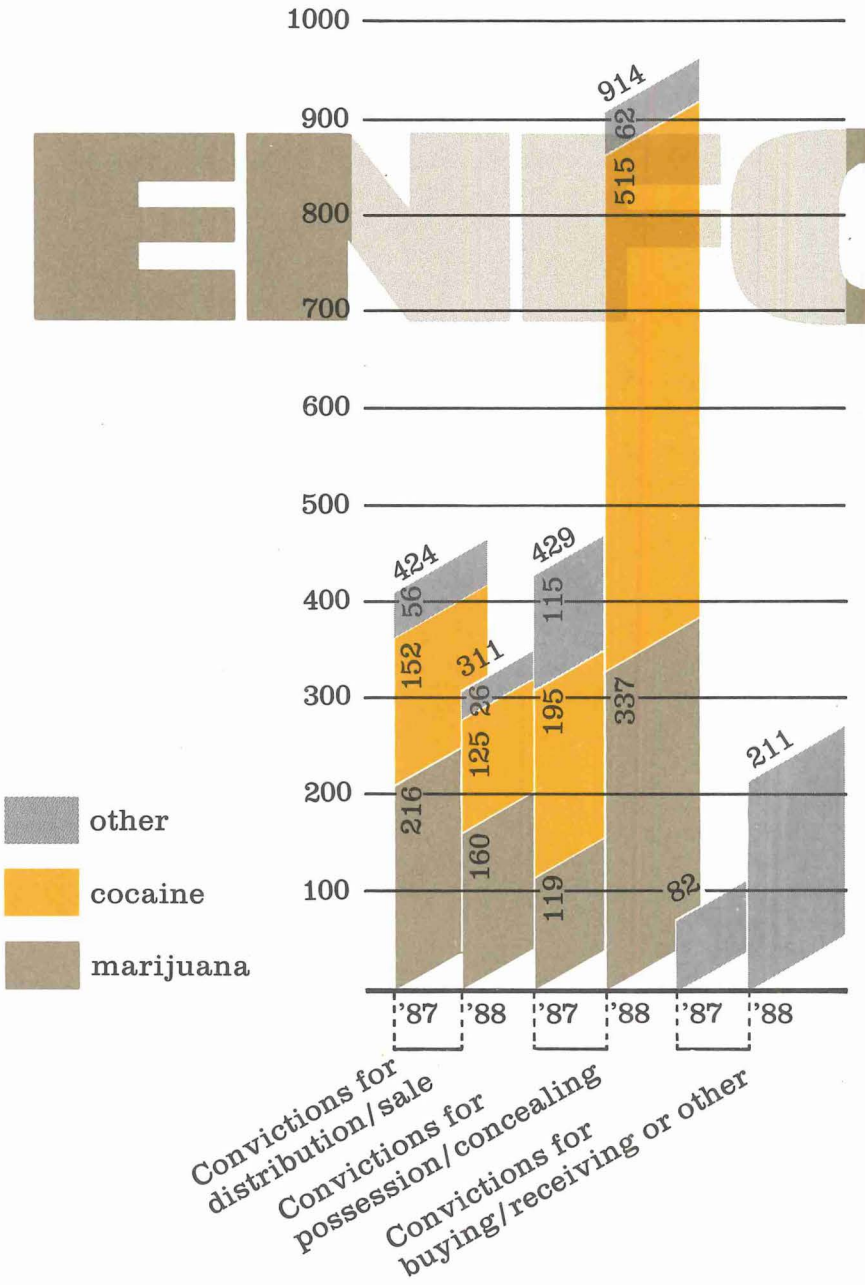
Narcotics arrests for 1989 are slightly ahead of the 1988 rate.

Drug Prosecutions

In 1987 there were 8,078 felony cases prosecuted in Minnesota state courts, of which 1,042, or 13%, were felony drug cases. The 1,042 drug cases resulted in 935 convictions (including 165 diversions in which the conviction is vacated if probation is successfully completed).

In 1988 there were 9,934 felony cases prosecuted in Minnesota state courts, of which 1,582 were felony drug cases, resulting in 1,436 convictions (including 267 diversions in which the conviction is vacated if probation is successfully completed).

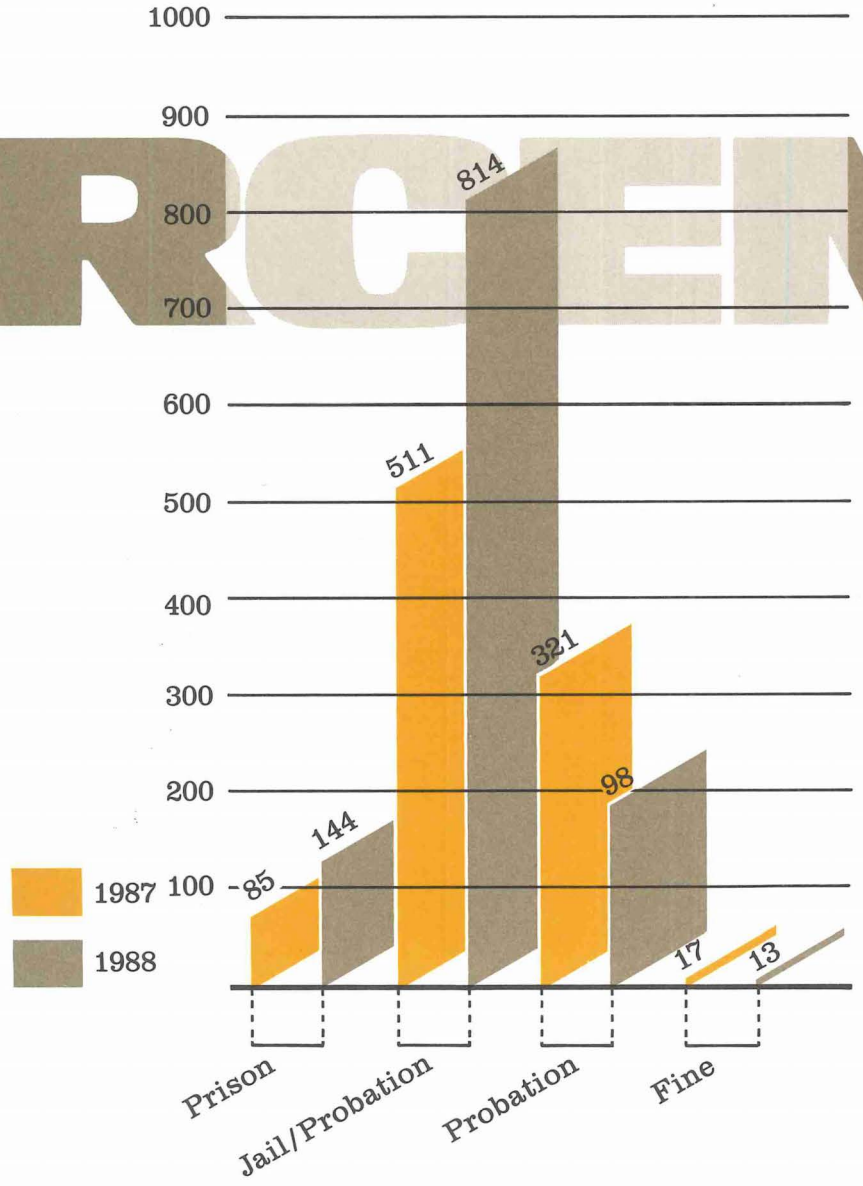




Drug Sentences/Corrections

In 1987 there were 7,081 felony convictions in Minnesota, resulting in 1,719 prison sentences with an average length of 37 months (excluding life sentences). Of the 935 drug felons convicted in 1987, 85 were sent to prison for an average sentence of 24.1 months. Another 511 received a sentence of jail and probation; 322 received probation alone; and 17 paid a fine.

In 1988 there were 8,605 felony convictions in Minnesota, resulting in 2,102 prison sentences with an average length of 34.5 months. Of the 1,436 drug felons convicted in 1988, 144 were sent to prison for an average sentence of 24.1 months. Another 814 received a sentence of jail and probation; 465 received probation alone; and 13 paid a fine.



Forfeitures

Under Minn. Stat. Sec. 609.5311, law enforcement agencies may seize all property, including real estate, automobiles, and cash, that has been used in any way to facilitate the manufacture, sale or delivery of drugs. The proceeds from such seizures are split so that 70% goes to the law enforcement agencies involved in the case, 20% goes to the prosecutors office, and 10% goes to the state victim/witness program (in the federal system, 75% goes to the law enforcement agencies and 25% goes to the prosecutors).

As yet there is no centralized compilation of asset seizures by law enforcement agencies in Minnesota. A sampling of figures gives a sense of the amount of money and other property that is being seized. In 1988 the BCA seized $344,956 worth of assets. From January through June 1989, it seized $357,000. Ramsey County received $304,045 and 23 cars through drug forfeitures during the first quarter of 1989. Through the first six months of 1989, Hennepin County started cases with claims totalling $937,863 plus 71 vehicles and closed cases totalling $612,415 plus 59 vehicles. The DEA Task Force operating in Minnesota seized assets worth over $2,000,000 in both 1987 and 1988. The Minneapolis/St. Paul International Airport Police seized $755,000 in cash in 1987, $436,000 in 1988 and $1,000,000 through September 1989.

Law Enforcement Personnel

In Minnesota there are an estimated 6,226 sworn peace officers: 510 state highway patrolmen, 1,739 sheriffs and their deputies, 3,916 police, and 61 agents of the Bureau of Criminal Apprehension. In addition there are about 150 FBI agents presently working in Minnesota and the Dakotas and there are 11 DEA agents working out of a Minneapolis office.

There are currently 34 multi-jurisdictional anti-drug task forces working in Minnesota. These task forces have a number of officers assigned to them from their member agencies to work solely on drug matters. The total number of law enforcement officers working full-time on drug offenses in Minnesota varies from week to week depending on the staffing of the local task forces and on work assignments within individual law enforcement agencies. However, it is reasonable to assume that at any given time there are from 200 to 300 officers working full-time on drug offenses:

150 to 265 narcotics investigators within local agencies;
4 FBI;
11 DEA;
17 BCA; and
3 Mpls/StP International Airport Police.

Drug Trafficking in Minnesota

Over the past several years, prosecutors and law enforcement agencies have identified a broad variety of increasingly sophisticated drug trafficking organizations operating in Minnesota. As reported by the United States Attorney for the District of Minnesota in a July 1989 report to the United States Attorney General, "the relative prosperity of the Minneapolis/St. Paul metropolitan area with a population exceeding 2 million in the absence of traditional organized crime groups provides the opportunity for easy penetration of a lucrative existing drug market."

Generally drugs come to Minnesota either directly from border entry points such as South Florida or Southern California or from distribution centers like Chicago. Most drugs come into the state through the Twin Cities metropolitan area. Those drugs not sold and consumed in the metropolitan area are transferred to middle-sized cities like Duluth, Rochester, St. Cloud, Brainerd, and Mankato, from which they flow to small towns and rural areas. Drugs enter the state through the airports (major airports as well as small air fields), over the interstates and other highways, and, increasingly, through the mails (both the Postal Service and commercial couriers). There is some trafficking up the Mississippi and through the Great Lakes, but not much.

Cocaine and Crack

As elsewhere in the United States, the supply of cocaine in Minnesota has risen dramatically over the past several years. The abundant supply has resulted in lowered prices. The price of a kilo (2.2 lbs) of cocaine was about $55,000 in 1985; today the price is less than $19,000. As the price has dropped, the purity has risen from 60% five years ago to often 90% in 1989.

Cubans, Puerto Ricans and Colombians have on occasion tried to establish cocaine distribution networks in the Minneapolis/St. Paul area. Members of organized street gangs such as the Crips and the Bloods from Los Angeles and the Vice Lords and the Disciples from Chicago transport cocaine and crack to sell in the Twin Cities metropolitan area.

The local market for crack appeared initially to be inner-city minority populations but is now slowly spreading to white suburban and small town populations. The market for cocaine is scattered throughout the inner-city, the suburbs, and the rest of the state.

Heroin and Opium

The local heroin market is small and traditionally has been dominated by Mexican brown powdered heroin. However, recently black tar heroin, a potent yet easily processed form of heroin, has been available on a regular basis. Sources also note that the Southeast Asian refugee community in the Twin Cities regularly receives packages containing opium from Laos.

Marijuana

In recent years a number of people have come to Minnesota to cultivate and grow marijuana on a large scale. In 1987 state and federal agents raided a farm in New York Mills, Minnesota and found 48 tons of cultivated sinsemilla marijuana (the highly potent unpollinated female plant). At the time this was the largest single seizure of domestic sinsemilla marijuana. The farm was operated by 17 people from Kentucky, all of whom wore camoflauge clothes and were heavily armed at the time of the raid. The farm property was

Gangs and Gang Members

Street Gangs

Law enforcement agencies define a street gang as being any group of 5 or more who associate on a continuing basis to conduct criminal activities. Street gangs generally advertise their existence through graffiti on public and private property and either develop their own name or take on an existing gang name such as Vice Lords or Disciples. Gang members often dress in gang clothes or "colors" and have a variety of identifying gestures and hand signals.

In Minnesota such street gangs are almost entirely black, though some Southeast Asian gangs are starting to form. While gang leaders are generally males in their 20s or even older, gang recruits are typically 14 or 15 year old boys from single parent families who are low achievers in high school and who lack social skills. Gangs offer their young recruits a way to achieve success through using their innate street smarts and violent tendencies. A gang member often becomes the provider for his family through profits made in drug trafficking.

As a rule, gang members receive 40% of the profits from the drugs they sell and turn the remainder over to the gang. In a single day's work, a gang member can purchase an ounce of cocaine for between $800 and $1100, cook it into crack, and then sell it for $2200. His share of the day's profit will be around $500.

Gangs have been active in Minnesota since the mid-1980s. Police speculate that the local gangs started as spin-offs of gangs in Chicago, Illinois and Gary, Indiana when local youths either visited or were visited by relatives who were active in gangs in those cities. Police estimate that in the summer of 1989 there were some 2,500 gang members in the metropolitan area operating in about 30 active gangs. In Minneapolis 30% of narcotics arrests involve gang members. Recently, street gangs have started using motels in suburban locations as crack houses. Police in Brooklyn Park also report gang activity in certain public housing complexes.

A gang member's activity does not necessarily stop when he is convicted of an offense and sent to prison. Prison administrators admit that, despite their efforts to segregate gang members from one another, gangs operate within prisons. Certain convicted gang leaders are even able to direct the actions of their gangs on the outside from within the prisons.

Motorcycle gangs

The FBI has identified the Twin Cities area as being the home base for one of 63 known chapters of the Hell's Angels motorcycle gang worldwide. Minnesota's motorcycle gangs, unlike its street gangs, are nearly all white and their recruits are generally in their early 20s. While street gangs deal in cocaine and crack, motorcycle gangs in Minnesota manufacture and sell methamphetamine. They have also been known to traffick in powder cocaine and PCP. Motorcycle gangs are more rural than street gangs.

Anatomy of a Minneapolis Crack House Raid

A crack house is a place, usually a house or an apartment, where crack is made from powder

protected by an electronic security system and 11 guard dogs.

There were 57 other marijuana fields found throughout the state in 1987 as well. In the spring of that year, law enforcement authorities discovered a fully automated hydroponic marijuana facility owned and operated by several people from Arkansas. Eleven other indoor marijuana facilities were found in the state in 1987. Such facilities have grow lights, heating systems, fans, sprinkler systems, as well as sophisticated security features such as weapons, electronic surveillance systems and guard dogs.

Marijuana prices have risen in part due to law enforcement interdiction and eradication efforts and in part due to the greatly increased potency of some of the marijuana that is now being scientifically cultivated. The DEA reports that the marijuana now being produced and sold by growers using the latest farming methods is up to ten times more potent than the "Minnesota Green" marijuana that is occasionally found growing wild in the state. Today marijuana will sell for up to $200 per ounce, as opposed to $20 per ounce in the late 1970's. This price rise has made marijuana cultivation a very profitable business, which explains the formation of so many high-tech marijuana growing operations.

Methamphetamine

Methamphetamine, or crank, remains the drug of choice and a principle source of income for various national and local motorcycle gangs. The United States Attorney's Office reports that consumption of methamphetamine is found both in the metropolitan area and in southeast Minnesota. Some clandestine labs for manufacturing the drug are suspected to exist in certain rural areas of Minnesota.

Enforcement Activities in Minnesota

Drug Enforcement Administration

The Drug Enforcement Administration is the leading federal law enforcement agency in anti-drug efforts. The DEA has offices not only throughout the United States but also overseas. In Minnesota the DEA has 11 agents operating out of its Minneapolis office and plans to reopen its Duluth office by the end of 1990. Given its limited manpower, the DEA targets only the highest level traffickers in the area. It ranks suspected drug traffickers in one of four levels of priority depending on the purity and volume of the trafficker's drugs, the number of people involved in the trafficking operation, and the leadership role of the trafficker in the operation.

The Minnesota DEA office supervises what is known as the DEA Task Force through which its complement of agents is augmented by agents from the BCA, Deputies from the Hennepin County Sheriff's Office and officers from the Minneapolis, St. Paul and Bloomington Police Departments. Having such a task force not only promotes interagency communication and cooperation but also provides the task force with personnel who have knowledge of the local scene. While the task force has budgeted only about a quarter of a million dollars for buy-money and payments of informants, the task force has recovered well over $2,000,000 in asset seizures in both 1987 and 1988.

A good example of the DEA Task Force in action is the May 17, 1989 arrest of Ralph C. "Plukey" Duke and subsequent federal indictment of him and twenty of his subordinates and associates. According to the DEA,

cocaine. Crack users will come to the crack house, buy some rocks of crack and then frequently smoke them on the premises. A crack house operation will often employ up to ten people as cooks, runners, lookouts, baggers and sellers. Crack houses were initially seen in the inner-city areas of the Twin Cities. Lately, crack selling operations have been spreading to the suburbs, and crack is being seen more often in smaller cities throughout the state.

In Minneapolis, the typical crack house raid starts with complaints from neighbors that there is illegal drug trafficking taking place at a specified address. This information is usually called in by the complainants to the Minneapolis narcotics unit which in turn notifies the precinct in which the suspected residence is located. The sergeant in charge of the precinct crack house team then contacts an informant and pays the informant to go make a buy at the house. After making the buy, the informant tells all that he did and saw to a police officer. That information is used as the basis of an affidavit for a search warrant. The police then request a search warrant from a Hennepin County District Judge. They execute the warrant on the day the warrant is issued.

In executing the warrant, the precinct crack house team arranges for the department's special entry team to make the entry. The entry team is composed of five officers specially trained in entry equipment and procedures. Using an explosive device to blow out the door lock and a ram to knock open the door, the team members enter the dwelling. Once inside, they quickly get everyone on the premises to lie down on their stomachs and have their hands cuffed behind them with heavy gauge plastic bands. Once that is done, the crack house team enters and the entry team leaves.

The crack house team conducts the search pursuant to the warrant and seizes all illegal drugs, drug paraphernalia such as pipes or packaging materials, and weapons. Under the state forfeiture law the police will also seize all money or jewelry found in plain view or, on occasion, on the person of someone in the house. When such forfeitures occur, written notice is given at the scene to the persons from whom the items were taken that they have 60 days to bring an action in court to contest the seizure. Such seizures are seldom contested. Generally, there is an effort on the part of the persons at the house to disassociate themselves from the money or items in question.

The members of the crack house team record where each suspect is lying in relation to where the drugs were found in the house. Depending on the circumstances (the amount of drugs, paraphernalia, weapons, and cash) and the experience of the officer in charge of the operation, the police then arrest some or all of the persons found in the house. The police question the arrestees and any non-arrestees as to the ownership of the drugs and contraband. With that information they decide which individuals should be recommended to the prosecutor for charging. Meanwhile the drugs have been sent to the Minneapolis Health Department lab for analysis.

Duke distributed an average of 100 kilos of cocaine per month through an organization that operated in Minnesota, Wisconsin, Iowa, California, and Texas. At the time of his arrest the DEA Task Force conducted a simultaneous search of 16 properties owned by or connected with Duke's operation. The charges include allegations of illegal drug trafficking from January 1986 through May 1989. The time period covered in the allegations, the number of defendants included in the indictment, and the complexity implicit in the multiple count indictment demonstrate the sophistication and capability of the DEA Task Force. Federal prosecutors have also filed actions to obtain some half-dozen of Duke's properties under the drug forfeiture laws. The proceeds from the forfeitures will be split among the DEA and nine local law enforcement agencies that cooperated in the case.

Federal Bureau of Investigation

The FBI's Minneapolis division has responsibility for all of Minnesota and the Dakotas. It devotes four agents to anti-drug activities throughout its territory. Though the FBI recognizes that the DEA is the leading law enforcement agency in drug matters, it willingly assists in operations where its expertise may be helpful in investigating drug dealers. Specifically, the FBI uses its expertise in electronic surveillance as well as its expertise in gathering and analyzing intelligence concerning major regional dealers.

The FBI works closely with the DEA, the BCA, and local police and sheriff's offices to make arrests in drug cases. The FBI also lends assistance to the DEA Task Force. The FBI believes that law enforcement is not the only component of the anti-drug effort. For that reason it and the DEA sponsor a drug demand reduction program called the FBI/DEA Sports Drug Awareness Program using local sports figures in communities throughout the country.

Bureau of Criminal Apprehension

The BCA along with the State Highway Patrol comprises the law enforcement arm of the Department of Public Safety. The BCA performs largely investigative duties as opposed to the patrolling and other service functions of most law enforcement agencies. It has the only statewide crime laboratory, and it maintains a criminal justice record information system that is linked to the FBI system.

The BCA conducts anti-drug operations on three levels. At the lowest level, street dealers, the BCA has four agents working directly with the local anti-drug task forces. These agents work to train local police and sheriff's deputies in undercover operations and other unique aspects of narcotics enforcement work. The main focus of the local task forces is to keep the street dealer in check and, at all costs, to keep him off the school grounds, parks, and malls. The BCA has found that the more anti-drug activity engaged in by local task forces, the more trails they find leading to mid- and high-level dealers, which is where the BCA agents take a more active enforcement role.

The BCA will become actively involved in a case at the request of a local enforcement agency when it needs the expertise offered by the BCA. The BCA can also offer a fresh face for undercover work when the local officers have become too well known by suspects. The BCA has a central depository of body microphones, surveillance cameras, tracking devices, and wiretap equipment that few local jurisdictions can afford to buy and maintain. This equipment is made available to local police departments and sheriff's offices for anti-drug operations.

The BCA currently has 17 agents dedicated to narcotics enforcement (including four agents hired as a result of a budget increase during the 1989 legislative session). Of those, several are assigned to training and administrative responsibilities.

Minnesota National Guard

The Minnesota National Guard cooperates with the BCA and the DEA in drug interdiction operations. Using assets of various army aviation units, the guardsmen conduct aerial observations of marijuana growing facilities and suspected methamphetamine labs. They take aerial photographs from both their helicopters and their fixed-wing aircraft. Though paid by the Federal Government, the guardsmen are responsible to the governor's office and work closely with the BCA when their expertise and capabilities are useful on a particular operation. The National Guard has also conducted training of its aviation support personnel and its military police so that they can assist state and federal agents in anti-drug operations. While the Guard has yet to participate in a drug eradication program, it is prepared to do so.

Local Task Forces

There are 34 local task forces scattered throughout the state that are receiving federal money under the Anti-Drug Abuse Acts of 1986 and 1988 to coordinate their efforts at enforcing the state's drug laws. The task forces are generally comprised of several police departments and sheriff's offices. They seek to achieve advantages of combined resources and cooperative intelligence work.

The task forces are both rural and urban. The rural task forces generally operate by having the member enforcement agencies each delegate one officer or one vehicle, radio, etc. to the task force. The resulting team of officers are trained in narcotics enforcement tactics and equipment. They then proceed to work undercover by making buys throughout the jurisdictional limits of the task force. The task forces within the metropolitan area coordinate their resources and operations to combat drug tafficking activites that cross a multitude of enforcement jurisdictions.

A typical operation will start when a task force officer makes an undercover buy from a suspect. The task force will then arrest the suspect and immediately suggest that the arrestee cooperate by arranging a bigger buy from his supplier. The arrestee will typically get on the phone and explain to his supplier that if the supplier can produce a certain quantity of drugs within thirty minutes or so, the arrestee has a buyer lined up and will be able to sell it. The officers then await the arrival of the bigger dealer, arrest him in due course and immediately try to use him to go after a still bigger dealer. This process is called "turning over" drug arrestees. It is popular and effective, but it takes its toll on the officers. Once an arrestee starts turning over, he may call in a number of different suppliers. The process can take several days to complete and requires a full team to conduct surveillance on all of the suspects. It is not uncommon for task force narcotics teams to go for thirty or forty hours without sleep when such an operation is in full swing.

County Sheriff's Offices

A number of the metropolitan area county sheriffs maintain units within their offices that work solely in narcotics enforcement. The Dakota, Hennepin, Ramsey and Washington County Sheriffs each have a narcotics unit. The Hennepin County Sheriff's unit is the largest, with 9 deputies. Upon joining the Hennepin County unit,

each of the deputies goes to a two week DEA course in drug enforcement tactics and then is assigned to work with an experienced deputy. The lieutenant in charge of the unit attributes its success to four factors: **(1) the pride of the unit, (2) the informant base that has been established over the years, (3) the experience of the individual deputies, and (4) the strong sense of teamwork that makes all of the deputies feel apppreciated regardless of whether their work on a case is mainly surveillance, undercover work, or making the arrest.**

Municipal Police Departments

Several police departments throughout the state have their own narcotics units. Many departments designate a single officer to handle the department's narcotics work. What follows is a brief description of the drug enforcement activites of the state's two largest police departments.

Minneapolis Police Department

The Minneapolis Police Department has about 700 officers on its force. There are three major sources of drug arrests by the department: the crack house teams, the patrol officers, and the narcotics unit. In the last two years the crack house teams have received the greatest public exposure.

At each of the four precincts there is a crack house team headed by a sergeant. Each team is staffed solely by officers who, like the sergeant team leader, volunteer to work overtime to execute search warrants that the sergeant obtains for suspected crack house operations. The funds for the overtime pay are paid by a federal grant and by the proceeds of drug forfeitures. These teams have raided hundreds of crack houses in Minneapolis in 1988 and 1989. The officers have tired of the constant over-time work, and, as a result, in the Fall of 1989 the department has established a city-wide crack team to take some of the burden off the precinct teams.

The second source of drug prosecutions generated by the Minneapolis Police Department is from officers on patrol who have probable cause to arrest a person on one charge and in the course of a pat down search or a quick scan of the front seat of a stopped car, find illegal drugs.

The third source of drug prosecutions stemming from the Minneapolis Police Department is the Narcotics unit. The Department maintains a 22 person narcotics unit of whom 4 are attached to the DEA Task Force described above. The narcotics officers engage in long-term investigations in order to go after the higher level dealer than the crack house operator netted by the crack teams or the street pusher turned up by the patrol officers. They also go after gang members from out-of-state who come to the metropolitan area to set up shop. The members of the narcotics unit generally work undercover, and on occasion they will wear concealed microphones so that all conversations with their targets are recorded.

The Minneapolis Police Department is participating in the DARE program which puts officers in the classrooms to teach refusal skills to grade school students. By the end of the 1989-1990 school year, Minneapolis will have thirteen officers trained as DARE instructors.

St. Paul Police Department

Unlike the Minneapolis Police Department, the St. Paul Police Department does not have precinct crack house teams. The narcotics unit performs all narcotics investigations and crack house raids. In 1988, the unit executed 102 narcotics search warrants (up from 52 in 1987).

The narcotics unit is currently staffed by one lieutenant, eight sergeants and six officers. Its operating budget for 1989 is approximately $550,000. The unit will also receive some $22,000 in anti-drug grant money during 1989. The unit works in conjunction with the East Metro Coordinated Narcotics Task Force which is comprised of St. Paul and Ramsey, Washington, Anoka, Chisago and Dakota Counties. The unit also cooperates with the DEA Task Force and the FBI.

St. Paul has instituted a program of foot patrols to get at the problem of street dealers. These foot patrols have been welcomed by neighborhood groups and have resulted in numerous narcotics arrests.

The St. Paul Police Department is also participating in the DARE program. Six police officers are now educating 5th and 6th graders in prevention classes throughout the St. Paul school district.

The Current Situation

Statistical Overview

Minnesota's judicial system is being strained by the influx of drug cases. The following information provides a quick overview of the capacity and cost of that system.

Court Employees 1985:

Courts	2,300
Prosecution/Legal	1,340
Public Defense	265
Supreme Court (1988)	122
Appeals Court (1988)	75
Trial Courts (1988)	243

Expenditures 1986-87

Municipalities	$ 14 Million
Counties	110 Million
State	46 Million
Total	$170 Million
Minnesota Per Capita	$ 40
U.S. Average	$ 42

Felony Cases Disposed:

	1987		1988	
Dismissed	938	(12%)	1,223	(12%)
Acquitted	59	(0.7%)	105	(1%)
Convicted	6,883	(85%)	8,294	(84%)
Other	198	(2%)	312	(3%)
Total	8,078		9,934	

Processing Time:

1988 Median Days From First Appearance to Disposition in State Courts

Felony Cases	96 days
Gross Misdemeanor Cases	55 days
Ramsey Co. Felonies	124 days
Hennepin Co. Felonies	97 days
6th District (Duluth)	82 days
7th District (St. Cloud)	90 days

Trends

In 1987 there was an increase in drug arrests in Minnesota that was accompanied by an increase in felony-level prosecutions, convictions and incarcerations. For the first time, cocaine prosecutions (392) outnumbered marijuana cases (371). Cocaine and marijuana accounted for 73% of the state's drug prosecutions in 1987. Hennepin and Ramsey Counties prosecuted 38% of the state's 1,042 felony drug cases that year. Those two counties prosecuted an even greater share of the state's cocaine cases — 52%. A majority of the counties, 60 of the 87, prosecuted drug cases in 1987.

These trends continued in 1988 as both drug arrests and drug prosecutions climbed. Cocaine prosecutions (640) again outnumbered marijuana cases (497). Cocaine and marijuana accounted for 72% of the state's drug prosecutions that year. Hennepin and Ramsey counties prosecuted 46% of the state's 1,582 felony drug cases and 61% of the 640 cocaine prosecutions. Sixty-eight of the 87 counties prosecuted drug cases in 1988.

Felony Drug Defendants

On the basis of prosecution statistics, the preference for cocaine appears to increase with age. Prosecution for younger defendants, 18 and 19 year olds, predominantly involves marijuana. Of the drug prosecutions of this age group in 1987, 47% were marijuana cases and 27% were for cocaine offenses. In 1988, 49% of such prosecutions were for marijuana and 35% were for cocaine. In both 1987 and 1988 cocaine was the most common drug involved in drug prosecutions of persons aged 20 or older. Among defendants over 25, about half the cases involved cocaine. Males represented 80% of all felony drug prosecutions in 1987 and 1988. In 54% of the prosecutions involving women, the drug was cocaine, compared to 49% for males.

In 1987, 15% of all felony drug defendants were minorities. In 1988, 20% of those defendants were minorities. Minorities comprise just over 4% of the state's population. In 1987, 135 blacks were prosecuted for narcotics offenses of which 91 (67%) were for cocaine. In 1988, 257 blacks were prosecuted for narcotics offenses, of which 239 (93%) were for cocaine. In 1987, blacks represented 23% of the state's total prosecutions for cocaine, while in 1988 they represented 34% of the state's total prosecutions for cocaine.

The Prosecution of a Drug Case

The Charging Decision.

After arresting a person for a drug crime, a law enforcement agency presents its evidence to a prosecutor for charging. Under Rule 4.02, Subd. 5, of the Minnesota Rules of Criminal Procedure, once an individual is arrested, the prosecutor has 36 hours to issue a complaint or the individual will be released from custody. The county attorney can still make a complaint after 36 hours, however, the complaint is then issued using a warrant.

While the police will often arrest a number of people in a crack house raid, they might submit only one or two for prosecution. Even though there may have been probable cause for all of the arrests, the police might not submit certain persons for prosecution. There may not be enough evidence against some of the arrestees to sustain a finding of guilt beyond a reasonable doubt.

Upon deciding to submit a case, the enforcement agency has a choice of approaching either the United States Attorney's office or the local county prosecutor.

In general, officers prefer that the federal authorities handle narcotics cases because federal sentences are much more severe than state sentences. In fiscal year 1987, the last year for which statistics are available, federal prosecutors in Minnesota sent 146 felony drug offenders (virtually all those who were convicted) to prison for an average pronounced sentence of 53.5 months. By comparison, in 1988, Minnesota counties convicted 1,436 felony drug offenders but sent only 144 to prison for an average pronounced sentence of 24.1 months (814 of the others went to jail for an average pronounced sentence of 83 days). In part, this sentencing disparity is a function of the fact that the federal prosecutors generally take only the more serious cases.

Just as the police may decline to seek charges against an arrestee, prosecutors may refuse to charge out a case that the police submit. There are several common reasons why prosecutors turn down drug cases for prosecution. Frequently, possession of the drugs cannot be attributed to an arrestee because the drugs were not on his or her person at the time the police entered the dwelling or searched the car. Instead, the drugs were found on a table or in a glove compartment. Prosecutors have been reluctant to charge such cases. In response to this problem, the 1989 legislature enacted a law that now lets jurors infer, absent evidence to the contrary, that a defendant possessed drugs that were in close proximity to and in plain sight of the defendant at the time of the arrest.

Another reason that a prosecutor might turn down a case is that he or she doubts that a court will find that there was sufficient probable cause to justify the arrest and subsequent search and seizure. Under the exclusionary rule as read into the Fourth Amendment of the United States Constitution, any evidence taken in a search that was made without probable cause is inadmissible at trial. The case against a defendant in such circumstances evaporates.

Sometimes cases are not prosecuted because, in the opinion of the prosecutor, the evidence, while admissible, is simply not strong enough to obtain a conviction. For instance, a key witness could have moved out of state and the remaining evidence will not meet the burden of proof. In certain cases prosecutors will elect not to charge because the key witness is an undercover officer who is working on a bigger target than the prospective defendant.

This charging discretion, first on the part of the police in determining whether to submit a case for prosecution and then on the part of the prosecutors in deciding whether to charge out a case, explains why every year there is a huge disparity between the number of narcotics arrests that the police make and the number of resulting drug cases actually prosecuted. In 1988, there were 6,680 narcotics arrests but only 1,582 narcotics prosecutions in state courts.

One charging alternative that Minnesota prosecutors have that is available in few other states is to charge the offenders for failing to purchase drug tax stamps from the State Commissioner of Revenue. Under Minn. Stat. Chapter 297D, all persons who possess, ship, transport, purchase or acquire more than a certain amount of controlled substances must purchase drug tax stamps from the Commissioner of Revenue. Failure to do so gives rise to a liability for penalties equal to 100% of the tax plus criminal penalties of 5 years in prison or a fine of up to $10,000 or both. This statutory scheme has been upheld by the Minnesota Supreme Court when challenged on constitutional grounds. The tax amounts are $3.50 for each gram of marijuana, $200 for each gram of a controlled substance, and $400 for each 10 dosage unit of any substance not sold by weight. Actions under this law are generally brought by the Commissioner of Revenue.

Bail.

If the detainee is not charged, he is released. In cases that are charged, bail is set at the first hearing before a judge. For a detainee, that hearing occurs within the 36 hour period set out in the court rules.

Under Article I, Section 7 of the Minnesota Constitution, an individual has a right to bail in all criminal cases. The amount of bail is determined by the court after hearing recommendations from both the prosecutor and the defense lawyer. Rule 6.02 of the Minnesota Rules of Criminal Procedure sets out the criteria that a judge should consider when making a bail determination:

> "...the nature and circumstances of the offense charged, the weight of the evidence against the accused, the accused's family ties, employment, financial resources, character and mental condition, the length of his residence in the community, his record of convictions, his record of appearance at court proceedings or flight to avoid prosecution, and the safety of any other person or of the community."

The judge may use the county's probation office to conduct an investigation into these factors.

In addition to setting the amount of the bail, the court has the power to set conditions of release such as prohibiting travel, restricting the defendant's freedom of association and designating his place of abode. In actual practice these restrictions are seldom imposed. The Rule also provides that even when such restrictions are used, the court must also set a bail amount at which the defendant may obtain his release with no restrictions. Minn. R. Crim. P. 6.02, Subd. 1.

A recurring complaint from law enforcement personnel is that they constantly see drug dealers making bail and getting back on the street selling drugs almost before the arresting officer has finished with the paperwork on the arrest. Drug dealing is such a highly liquid and highly profitable business that putting up bail money or paying 10% to a bail bondsman is often easily afforded.

An example of this problem was pointed out to the Committee by Anoka County Sheriff Kenneth Wilkinson. At a hearing before the Committee, the Sheriff told of a man who had been arrested twice for dealing drugs while out on bail. The deputies seized a different cadillac during two successive arrests. During the third arrest, they seized $35,000 in cash. He made bail each time. Subsequently, his bail was revoked and reset at $300,000. His trials are pending.

Partly in response to cases such as that, on March 8, 1989, the Ramsey County District Court bench adopted a policy to set minimum bail at $15,000 in all cases charging sale or possession with intent to sell crack or cocaine. By contrast, Hennepin County prosecutors ask that bail be set at $1,000 for possession of small amounts of cocaine; $3,000 to $5,000 for suspected dealing; and $5,000 to $10,000 or more for cases charged with distribution of significant quantities. Proof of intent to sell must exist before a substantial bail amount will be recommended.

The Probable Cause Hearing and Plea Negotiating at the Pretrial Conference.

About three weeks after bail has been set, a probable cause hearing is held. The complaint is submitted to the judge for review to determine that probable cause exists on the face of the complaint to believe that a crime took place and that the defendant committed it. The case is then scheduled for a pretrial conference three to five weeks later.

During the pretrial conference many cases are settled through plea negotiation. The original charge may be reduced or the more serious charges dropped in exchange for a guilty plea by the defense. Some prosecutors will reduce the original charge, but have a policy of not going below a felony level offense. Prosecutors pursue a felony level offense because it places a sentencing point on the defendant's record. Points for prior felony convictions are accumulated under the state's sentencing guidelines. The more points on an offender's record, the harsher the sentence prescribed by the guidelines.

There are not many options for plea bargaining; most drug offenses are felony level offenses. Therefore, the defense lawyer often offers to plead to the charge on the condition that the prosecutor remain silent on the issue of sentencing when they appear before the judge to enter the plea and later to receive the sentence.

A significant plea negotiating option is provided in Minn. Stat. Sec. 152.18. This law permits the court to defer proceedings in drug cases where the defendant possessed the narcotics for his own use and was not a distributor. If the defendant pleads guilty and successfully completes a term of probation, which usually lasts three years and includes chemical abuse treatment, the conviction is vacated. This law recognizes human frailty and provides a chance for offenders to deal with drug abuse and straighten out their lives. Prosecutors are hesitant to offer this option to repeat offenders even though the law does not prohibit them from doing so. Section 152.18 was used in 165 of the 935 felony drug convictions in 1987 and in 267 of the 1,436 felony drug convictions in 1988.

The vast majority of drug prosecutions are resolved short of trial, often at the pretrial conference. For instance, in 1988 the Hennepin County Attorney's office charged 553 people with felony narcotics violations. In that same year there were only 15 trials of felony drug cases in Hennepin County.

Trial.

If the case is not resolved at the pretrial conference, it proceeds to trial. In Minnesota, the median length of time from the date a defendant is read his charges at his first court appearance to the date of trial in a felony case is 96 days.

During the trial, the state puts on its case first. The prosecutor will call the arresting officer who found the drugs on the defendant or who, operating undercover, purchased the drugs from the defendant. The officer will identify the defendant as being the person on whom the drugs were found or from whom the drugs were puchased. He will then describe the drugs that he recovered and state that he brought them to the lab for analysis. The prosecutor then calls the lab technician who testifies that the drugs delivered by the officer were tested and found to be a specific controlled substance.

The defense in a possession case often argues that the defendant did not knowingly possess the narcotics. For instance, the defense will contend that the drugs belonged to someone else and that the defendant did not know that the drugs were in the car, in his pocket ("some guy gave me this envelope to hold onto for him"), on the table, etc.

When the charge is distribution or sale of narcotics, the defense might contend that the defendant was in possession, but was not distributing narcotics. A common defense tactic in drug cases involving a defendant who purchased drugs from undercover officers is to claim entrapment — that but for the enticement of the officer, the defendant would never have purchased drugs.

Sentencing in Drug Cases

In Minnesota judges sentence convicted felons pursuant to the sentencing guidelines promulgated by the Sentencing Guidelines Commission. Minnesota's sentencing guidelines system has been in operation since 1980 and has become a model for other states and for the federal court system. The purpose of the sentencing guidelines is to ensure that sentences are fair (like crimes punished alike), proportional (the more grievous the offense, the harsher the sentence), and certain (an inmate's release date is not dependent on his often insincere participation in various treatment and rehabilitative programs). The guidelines also provide policy makers and planners with a useful mechanism with which to predict the impact on prison population of changes in the criminal sentencing laws.

The guidelines provide a presumptive sentence for each convicted felon depending on the severity of the offense and the defendant's past criminal conduct. When a judge elects to depart from the guidelines he or she must explain the reasons for the departure in writing.

In Minnesota, a judge must order a presentence investigation for defendants who have been convicted of a felony. This report is prepared by the court's probation office and addresses "the defendant's individual characteristics, circumstances, needs, potentialities, criminal record and social history, the circumstances of the offense and the harm caused by it to others and to the community." Minn. Stat. Sec. 609.115. The victim is also given a chance to state what punishment seems appropriate and why. Minn. Stat. Sec. 611A.037. A presentence investigation report may include such sentencing recommendations as work release, drug treatment, random urinalysis, stay of imposition, or length of sentence. The length of time it takes to complete presentence investigations varies by county and often depends upon probation caseloads. Many counties try to complete presentence investigations within 30 days. Offenders held in custody are usually given priority.

On the basis of the presentencing investigation, the sentencing guidelines, and argument of counsel, the judge then sentences the defendant. Effective August 1, 1989, the presumptive sentences for drug crimes are as follows:

First Degree
possession: 25 grams cocaine/crack, 500 grams heroin/meth, 500 doses LSD, 100 kilos marijuana
sale: 10 grams cocaine/crack, 50 grams heroin/meth, 200 doses LSD, 100 kilos marijuana
penalty: 86 to 146 months*
Second Degree
possession: 6 grams cocaine/crack, 50 grams heroin/meth, 100 doses LSD, 50 kilos marijuana
sale: 3 grams cocaine/crack, 10 grams heroin/meth, 50 doses LSD, 50 kilos marijuana
penalty: 48 to 98 months*
Third Degree
possession: 3 grams cocaine/crack, 10 grams heroin
sale: cocaine/crack/heroin, 10 doses LSD
penalty: For possession of crack and cocaine, 48 to 98 months* For all others third degree offenses, probation to 54 months*
Fourth Degree
possession: 10 doses LSD
sale: other drugs (not marijuana)
penalty: probation to 32 months*
Fifth Degree
possession: all drugs
sale: marijuana
penalty: probation, 6 month mandatory jail time if prior drug felony

*The actual length of sentence is determined by the defendant's criminal history. For instance, a person convicted of a second degree drug offense who has no prior convictions will get a shorter sentence than another person also convicted of a second degree drug offense who happens to have a prior record.

In 1988, Minnesota judges departed from the guidelines by not sending convicted drug felons to prison in 34% of the cases. In Hennepin County that year, 41% of the convicted drug felons received such downward departures whereas only 31% of the convicted drug felons received downward departures in the rest of the state.

There are many reasons why judges give sentences in drug cases that are less harsh than called for under the guidelines. Often, a drug defendant is able to bargain for a shorter sentence by offering to lead prosecutors to other dealers. The narcotics units and prosecutors admit that drug defendants are one of their best tools in getting information about ongoing drug operations.

On occasion, the key evidence against a drug defendant comes from an under-cover source whom police and prosecutors would prefer to keep under-cover. In that situation, the prosecutor does not want to go to trial and will offer a fairly attractive plea arrangement to protect his source while still gaining a conviction and the resulting point on the defendant's criminal history score.

When a judge does not send a drug offender to prison, the judge frequently sentences the offender to probation on the conditions that the offender serves some time in the county jail and that the offender successfully completes a chemical dependency treatment program. The judge generally follows the recommendation of the probation officer concerning which program the offender should complete. Offenders with drug problems are generally sent to programs such as Eden House, the Institute on Black Chemical Abuse, Chrysalis (for women), and Turning Point (for women of color).

Minnesota's corrections system is recognized as a model system by penologists, judges, lawyers, and even inmates. We have the third lowest rate of imprisonment in the country (63 inmates per 100,000 population), even though our crime rate ranks 35th in the country. From those statistics one would expect that Minnesota's crime rate would be climbing either from our failure to incarcerate our criminals or from our attracting criminals. It is not climbing. Instead, our crime rate is slowly dropping. States with higher rates of imprisonment have not seen drops in their crime rates.

Minnesota sends just over 20% of its convicted felons to prison for an average sentence of about 36 months. Another 55% of convicted felons are given jail sentences followed by a period of probation. The average jail sentence is just under 4 months. The remaining 25% get probation without jail, fines, community service, etc.

In a recent federal study Minnesota's recidivism rate (the percentage of released inmates who end up back in prison for a parole violation or for another charge) was found to be the lowest of the eleven states in the study and about one-half of the average of those states: 23% for Minnesota versus an average of 41% for the other ten states. This figure is all the more impressive when one considers that Minnesota, with its low imprisonment rate but average crime rate, imprisons and eventually releases, only its most hardened and dangerous criminals.

Capacity

At present Minnesota's correctional facilities have the capacity to house 2,976 adult inmates (2,832 males and 144 females) and 170 juveniles. During the 1989 legislative session, the Legislature approved a plan to spend $10-13 million to convert portions of the Regional Treatment Center in Faribault into a medium security prison with 250 beds initially, and eventually up to 500 beds.

At present rates of commitment, the adult male prison population will exceed existing capacity by the end of 1989. The changes made in the sentencing laws by the 1989 Legislature will probably fill the space added to the system by the Faribault renovation by 1991. Substantial numbers of offenders, many of whom are probation violators, are sent to prison with less than one year to serve. Many are serving less than six months. It is the state corrections department's position that this is an inappropriate use of prison space. The department is focusing planning efforts on reducing the number of offenders in this category going to prison. However, more resources will be needed at the local level to provide sanctions for many of these offenders in the community.

Cost

Minnesota's annual cost per capita for its prison system is the sixth lowest in the nation at $15. Its annual cost per inmate varies from approximately $33,800 per inmate at Oak Park Heights and $16,800 per inmate at Stillwater, both of which are maximum security facilities, to $11,000 at Willow River, a minimum security facility. The overall average cost to house an inmate in Minnesota's prison system is approximately $22,000 per year.

The cost of building a prison ranges from $20,000 per bed for a minimum security prison to over $60,000 per bed for a maximum security prison.

Jails

Offenders who are sentenced to serve less than one year do not go to the state prison system. Instead they serve their time at the county jail. All but eight of Minnesota's 87 counties have a jail facility; and three counties — Anoka, Hennepin, and Ramsey — have more than one. The average cost of keeping an inmate in one of Minnesota's jails is about $40 per day or $14,600 per year.

In 1988 DWI offenders constituted 39% of persons jailed and they accounted for 34% of the days served. During that year, drug offenders constituted 4% of the persons jailed and accounted for 6% of the days served.

Drugs and the Corrections System

All studies on the subject of the relationship between drugs and crime, whether the study uses the criminals or the enforcement agencies as sources, show a high correlation between drugs and crime. In a study entitled "The Figgie Report Part VI — The Business of Crime: The Criminal Perspective," 36% of the property offenders stated that their motivation for their crime was either that they needed money for drugs or alcohol or that they were under the influence of drugs or alcohol at the time of the offense. Similarly, police estimate that between 60 and 80% of all crime is drug related.

In 1987 and 1988, about 75% of convicted drug offenders were incarcerated: roughly 10% went to prison for an average pronounced sentence of about 24 months and about 65% went to jail for an average pronounced sentence of 97 days in 1987 and 83 days in 1988 (note: data for 1988 is incomplete and is still being gathered by the Sentencing Guidelines Commission). The remaining 25% of convicted drug offenders received no jail time as a condition of their probation.

The following treatment programs are available in Minnesota's prisons:

Stillwater. The Atlantis program is a ninety-day chemical dependency treatment program with a capacity of 28 inmates that uses a multidisciplinary team of psychology, medical, clergy, educational, and vocational staff to assist inmates in making the transition to a chemical and crime-free lifestyle. Atlantis follows the spiritually-based Twelve Step approach of Alcoholics Anonymous and uses emotive therapy group sessions. Aftercare is conducted through weekly sessions. Atlantis also coordinates a 40 hour chemical dependency education program.

St. Cloud. Reshape is a treatment program with three phases: (1) a 120 day program in a closed 20 bed unit with counseling and group therapy; (2) a 120 day outpatient phase for 15 to 20 inmates; and (3) an open-ended interim phase with group meetings two nights per week.

The American Indian Chemical Dependency Program treats 20 to 25 inmates in a five day per week program focused on abstinence, self-direction, and cultural and spiritual awareness. The program lasts a minimum of six months.

Oak Park Heights. There is a special unit at the prison with a capacity of 52 inmates that conducts a treatment program using a group therapy approach for chemically dependent inmates and sex offenders. The average inmate stays in this unit for between 8 and 14 months.

Shakopee. The women's prison offers a multifaceted treatment program that includes assessment, weekly chemical health education, A.A., individual and group counseling, and Friend to Friend, a volunteer program that matches inmates with community women with recovery as the focus. Treatment programs work with about 25 women at any one time and include two phases: a 90 day period of intensive half-day programming followed by a 90 day period of evening group counselling sessions.

Red Wing. Each incoming resident, whether a juvenile or an adult undergoes a chemical dependency assessment. If a need is determined, treatment is incorporated into his individual treatment plan as a specific goal. Treatment includes peer group counseling and participation in weekly A.A. meetings.

Lino Lakes, Sauk Centre, Willow River, and Thistledew Camp. Each of these facilities offers inmates access to A.A. programs and some chemical health education or counseling.

Alternative Sentencing

As a way of easing jail overcrowding in a cost effective manner without compromising public safety, courts are using probation and experimenting with other sentencing alternatives such as community service, house arrest, and restitution. The critical task for a judge in meting out such a sentence is determining whether the offender is appropriate for the sentence. This can be done in part through presentence investigations by county/state probation officers. Such investigations, however, are not ordered by judges in 50% of the state's felony cases.

Probation involves supervision by a probation officer who keeps track of the probationer's employment/education, travel, and sobriety. Generally, there are a number of conditions to a person's being on probation instead of in prison and it is the probation officer's job both to monitor the compliance with those conditions and to facilitate that compliance through counseling and guidance. The theory of probation is that the probation process can lead to major changes in a person's life without interrupting his family's income or his vocational or educational progress. Intensive probation can be combined with instruction in basic work skills, interviewing techniques and self-esteem counseling. For the right offender, these opportunities are more productive and less expensive than incarceration.

Community service offers a broad variety of programs and a judge is limited mostly by imagination and resources available. Working in detox centers is a particularly powerful means of getting someone to recognize the human costs of chemical use. The Minnesota Citizens Council on Crime and Justice coordinates the placement of large numbers of persons sentenced to community service and reports that a significant percentage of those who perform the service continue to serve either as volunteers or as paid staff of the organizations to which they were originally assigned to work by the judges.

House arrest is the most restrictive of the alternative punishment measures and requires that the sentenced person be at home at all times when not at work. When combined with a proscription about the number of visitors one may have during the course of a day, it offers a low-cost yet effective means of dealing with a low-level street dealer. Surveillance is maintained with a locked ankle bracelet that emits an electronic beacon that is monitored by corrections or court service personnel. Urine analysis and participation in an outpatient treatment program further augment a house arrest sentence.

The energetic enforcement of laws prohibiting the manufacture, distribution, and possession of drugs through prosecution and punishment is a necessary component of a strong and effective anti-drug program.

Through the efforts of the criminal justice system, we should establish a reputation that *if you sell drugs in Minnesota, you will do time.* We have the capability, the resources and the resolve to earn that reputation.

Recommendations

for Minnesota's Criminal Justice System

LAW ENFORCEMENT

1 **The seven county metropolitan area should establish a metropolitan-wide drug enforcement force, and the attorney general and the seven county attorneys should designate prosecutors to work with that force.** While illegal drugs are a state-wide problem, the Twin Cities metropolitan area has a concentration of trafficking operations that justifies the creation of a separate enforcement team. The nature of drug trafficking operations requires that enforcement agencies be able to cross jurisdictional boundaries. Given the number of separate municipalities and police departments in the metropolitan area, there is little any single department can do without crossing into another jurisdiction. A metropolitan-wide task force would be able to follow a case wherever it went in the metropolitan area more efficiently than is done now.

The nature of drug enforcement operations requires a team of at least five officers. In a single narcotics investigation it takes that many to simultaneously conduct surveillance, tail suspects, put together affidavits for search warrants, buy the drugs, and make the arrest. It also takes up to two years to train and develop a good narcotics officer. Few of the local police departments can spare that many officers for that long a time to staff an effective narcotics unit. But if each were to donate one or two officers to a central force, the metro area could have a number of well-trained, well-staffed narcotics teams working in a coordinated fashion. Presently existing task forces within the metropolitan area should coordinate with the metropolitan-wide task force.

A metro-wide enforcement team would also improve the results and safety of the narcotics work that is being done. At present the rewards possible under the forfeiture laws have enticed nearly every metropolitan police department into engaging in some sort of drug enforcement activity. These activites are of necessity thinly staffed and carried out by officers with only marginal training and experience in narcotics work. Moreover, the requirement that forfeitures be split among cooperating agencies militates against alerting other police departments about ongoing investigations. Hence, one department might move in on a small dealer and destroy another agency's months of work in setting up that dealer's supplier. It is even possible that plain clothes officers from one department will enter the front door of a house with weapons drawn just when plain clothes officers from another department are entering from the back door. In those highly charged circumstances, tragedy will be difficult to avoid.

As set out above, the forfeiture laws can create havoc in cooperation between enforcement agencies. This problem is easily avoided by guaranteeing that all forfeitures executed by the metropolitan narcotics force will be shared by all police departments according to a formula based on the size of the department, the population of its jurisdiction, the amount of support it gives to the task force through a loaned officer program or other appropriate factors. This may require some negotiating, but it can and should be done.

The enforcement team should be able to call on well-trained, experienced, and motivated prosecutors for advice during their operations. The Attorney General and the seven Metropolitan area county attorneys should each designate experienced narcotics prosecutors to serve the enforcement team when called. Having a designated set of drug prosecutors that the narcotics force can call on for advice will establish good working relationships between the prosecutors and the enforcement team. They will be able to work together to set up reverse sting operations (selling drugs to mid- and street-level dealers which take a lot of money out of the hands of the dealers) without encountering constitutional problems or giving rise to an entrapment defense.

The enforcement team should be established for an initial three-year period, with one-year extensions thereafter as needed. The team should report to a governing committee composed of representatives of the counties. Safeguards should be implemented to make sure that the enforcement team cooperates with existing agencies. Such an enforcement team would be eligible for Federal Anti-Drug Act funds as a multi-jurisdictional task force. It is estimated that such a team will cost between $200,000 and $250,000 per year to operate.

2 **All non-metropolitan areas of the state should be organized into regional multi-county task forces.** Much of the analysis applied to the preceding recommendation applies to this as well. Few county sheriff's offices and few police departments outside of the metropolitan area can mount sophisticated narcotics enforcement operations on their own. They should organize into regional task forces that are large enough to share economy of size and facilitate the safe assignment of undercover officers, but small enough to ensure local input and mitigate problems of coordinating over large distances. All officers assigned to these multi-county task forces must receive adequate training in narcotics enforcement tactics and procedures. The BCA should assume the leadership role in each task force to insure the professionalism of the officers, to discourage personality disputes and turf battles, and to encourage the exchange of information among the various task forces. Within any given area, there should be only one task force.

3 **Minnesota should establish a computerized central drug information center that contains information on all known or suspected dealers and on all ongoing investigations. The center should be accessible to all law enforcement agencies in the state.** Such a system is already in place in Southern California and involves the FBI, DEA, IRS, and all local agencies. The Minnesota system should involve all federal, state and local enforcement agencies. All arrests, citizen complaints, active investigations, and narcotics-related crime reports would be entered into the system. Information that is entered but does not become part of an active investigation or has not been updated in any way within two years would be purged. Any enforcement agency that wants to check a name or a vehicle would simply call in, give a verification code to assure the center that it is an authorized enforcement agency, and then ask that the search be made. If the search reveals an active case involving the inquiring agency's reported information, the center instructs the active agency to call the inquiring agency. If the search reveals an inactive case, the center updates its record and notifies the inquiring agency of the

information it had on file. If there is no information, the center so notifies the inquiring agency and then makes an entry of the data that the inquiring agency gave to be searched.

Recently, after several agents from one agency had spent considerable time on the project, that agency arranged to sell a fairly large quantity of marijuana to a suspected dealer in a metropolitan area county. On the day the sale was set to go through, that agency got a call from that county's Sheriff's Office inquiring whether the agency knew anything about a sale scheduled to occur later that day. The agency's suspected dealer was an informant working for the County Sheriff. Had the call not been made, there might have been an armed standoff or worse between the Sheriff's deputies and the agents. As it was, there had been considerable wasted effort by both enforcement agencies. If a central drug information center had been in place, neither agency would have pursued the matter after the initial contact between the informant and the agents.

4 **Metropolitan police departments and sheriff's offices and the BCA should hire more undercover police/agents of color.** As a general rule drug traffickers of one race deal with other traffickers of the same race. While white officers can buy from white dealers and from black street dealers, they have a difficult time going into inner-city crack houses and making a buy. Instead the police must rely heavily on paid informants. Infiltration of certain gangs and trafficking operations with undercover officers of color is an effective way to gather credible information on which narcotics prosecutions can be based. The presence of more minority officers will also help with community relations.

The best means of accomplishing the goal of increased numbers of minority law enforcement officers is to pursue a comprehensive strategy that entails: (1) scholarship programs in schools that offer courses in law enforcement, (2) the consolidation on at least one campus in the metropolitan area of all required law enforcement courses (so that students do not have to skip around from school to school to get all the requirements), (3) the creation of a mentor program between the educational programs and various agencies so that students can talk to officers in the field about the profession and the courses, (4) activities like the Explorer/Law Enforcement Program to introduce young people to law enforcement as career, and (5) a program in which law enforcement administrators review the internal culture within their agencies and prepare the existing workforce for the advent of officers of color.

One means of enlarging the pool of minority applicants is to recruit in cities outside Minnesota. Local police departments should also explore the possibility of more exchange programs to get minority officers from out-of-state jurisdictions. In addition, the Minnesota Police Officer Standards and Training (POST) Board (the licensing authority for all law enforcement officers in the state) should work with the law enforcement agencies and the colleges to devise ways to enlarge the pool of minority applicants without lowering standards.

The Committee recognizes that the BCA and a number of local law enforcement agencies have already started minority recruitment efforts, and it applauds their work in this area.

5 **Law enforcement agencies should continue to pursue enforcement strategies against all levels of drug dealers and users.** The DEA and the DEA Task Force should target and aggressively pursue the high-level dealers. The task forces and special narcotics units should continue to engage in undercover work to seek out and arrest mid-level and street dealers. In addition, the task forces and special narcotics units should identify and then target for prosecution organizations inside and those outside the state transporting drugs into Minnesota. The prosecutions and investigations should not stop at the borders of the state.

The crack house teams should continue to respond to neighbor complaints and, upon obtaining a warrant, raid those houses. Local law enforcement agencies should continue their focus on street-level dealers particularly in drug infested areas. They should make buys from street dealers and then arrest them. As a last resort, and then only to clean up particularly troublesome locations and in accordance with strict safeguards, police should conduct reverse sting operations. Reverse stings are useful against upper-level dealers, but all efforts should be made to minimize the risk of encouraging lower level dealers and users into buying more drugs than they otherwise would.

Local law enforcement agencies should also enforce Minnesota's drug paraphernalia laws.

6 **Police departments in cooperation with social service agencies and community groups should engage in more problem-oriented policing.** Traditionally in this country police work is incident-oriented. A call comes in for police help, and a squad car is dispatched to the scene. Problem-oriented policing is based on the premise that certain police strategies can reduce the incidence of crime. For example, if an abandoned building is used for drug dealing, the police and a community group can arrange to raze the building or restore it to usable condition. If gangs are using a community center, the police can station an officer there and work with social workers to provide alternative activities for the gang members. All the above tactics and allocations of manpower should come as a result of discussions between police and members of the community.

One successful project involving such problem-oriented police work involved cooperation between the Minneapolis Police Department and the Central Neighborhood Improvement Association. In response to crack dealing in the summer of 1988, the neighborhood group got together with the police and through a program of intensive patrolling, keeping public areas graffiti-clean, and repairing broken windows and damaged property they virtually eliminated drug dealing in their neighborhood in the summer of 1989. This project and other projects like it recognize the fact that neighborhoods that have abandoned properties send an implicit message that aberrant behavior is acceptable or, at least, will not be quickly reported.

There are many other projects that police can undertake to develop closer ties with, and get more cooperation from, the communities they serve. For instance, in St. Paul the police have carried football trading cards and given them to children on the street. Other departments involved with the Minnesota Crime Prevention Officers Association also give out trading cards in

their communities. The kids learn to approach the officers and ask whether they have any cards. Even when the officers have none, they engage in short but pleasant conversations with the kids.

The DARE program also helps to bring officers closer to the communities they serve by putting uniformed officers in the classroom to teach grade school students about drugs, self-confidence, and attaining personal goals.

In north Minneapolis, the head of the local precinct has regular meetings with community leaders to address concerns of both the community and the police.

Other programs to achieve this goal are: (1) the assignment of police officers to foot patrols in high-density residential areas for several years at a time so that the officer comes to be viewed by the inhabitants as part of the community; (2) encouraging officers to live in the precinct in which they serve; and (3) granting officers a few hours a month time-off with pay to engage in non-enforcement oriented community service in the precinct.

In August 1989, the Minneapolis Police Department announced that it will pursue a strategy of working with community groups to identify problems and allocate resources. Chief John Laux does not anticipate substantial start-up costs for such a strategy. However, if in the course of working with citizen groups, it is determined that store-front police offices and foot patrols are necessary, there may be a need for more officers.

7 **Local industry groups such as motel/hotel owners, car dealerships, and car rental agencies should cooperate with local law enforcement agencies to fight dealers that use their services.** Though there are laws on the books requiring such cooperation (car dealerships must report cash purchases in excess of $10,000 and under some city ordinances hotels must make their registers available to police on request), compliance with those laws is not universal. Trade associations within those industries should give special recognition or provide other incentives for their members to notify police when they suspect drug dealers are using their services. Those associations should also encourage their members to cooperate with the police when the police make inquiries as to, for instance, the lessee of a car that the police are tailing. The Bloomington Police Department has enjoyed excellent cooperation with the motel owners along I-494 for a number of years in combatting both prostitution and drug dealing. This type of communication should be fostered statewide. Other industry groups that should consider programs of cooperation and self-regulation are cellular phone companies, financial institutions, real estate agencies, and companies that sell or lease beepers/pagers.

8 **The legislature should enact a comprehensive reporting act for the manufacture and distribution of all precursor chemicals with criminal penalties for nondisclosure.** The act should require that anyone who manufactures, distributes, or otherwise transfers a precursor chemical (a chemical that is essential in manufacturing or processing controlled substances) should be required to maintain records of the transaction for several years. The records should include the date of transaction, the identity of the recipient, the recipient's address, the precursor chemical, the quantity and form of the precursor chemical, and a description of the method of transfer. At a minimum, anyone who handles precursor chemicals should be required to report suspicious orders or any unusual loss or disappearance of a precursor chemical. Such an act will be a useful means of combatting the manufacture and processing of illicit drugs.

PROSECUTION

1 **Drug cases should be brought to trial as rapidly as possible.** A 1988 study by the Minnesota State Planning Agency has shown that a speedy criminal trial is the greatest determinate of whether a convicted offender commits another crime after the expiration of a sentence. It is also the only determinate over which the court system has any control. In drug cases, expedited trials will get defendants off the streets and, if appropriate, into incarceration and/or treatment more quickly than is presently the case. Under Rule 11.10 of the Minnesota Rules of Criminal Procedure, prosecutors have the right to demand that trials begin within 60 days of the demand. Prosecutors should exercise this right as a matter of course in drug cases, and as a general rule they should never ask a defendant to waive the right to a speedy trial.

2 **Prosecutors should aggressively pursue civil forfeitures, seek recovery under the Drug Tax Stamp law, and also vigorously argue that fines be levied in addition to other sentencing for all drug offenders.** The forfeiture laws have proven to be effective because they hit a drug dealer where it hurts — in the wallet. Administrative forfeitures are aggressively initiated by police when they seize cash and property at the time of an arrest. However, civil forfeitures of bank accounts and other property are less frequently pursued by prosecutors. Police should notify prosecutors when they suspect that there may be other property subject to forfeiture, and prosecutors should commence civil actions to acquire that property.

Under the state's drug tax stamp law, Minn. Stat. Ch 297D, persons who possess certain amounts of drugs are liable for criminal and civil penalties for not having drug tax stamps issued by the State Commissioner of Revenue. This law has been ruled constitutional by the Minnesota Supreme Court and should be used by the Minnesota Department of Revenue in cooperation with prosecutors as often as possible.

Prosecutors should also argue for the imposition of fines in all drug cases.

3 **The Minnesota Supreme Court should study the adoption of a rule permitting joint prosecution in certain drug cases.** In the federal system the prosecutors frequently conduct joint prosecutions. Presently in Minnesota state courts, few judges allow prosecutors to bring joint prosecutions even though they are permitted under Rule 17.03 of the Minnesota Rules of Criminal Procedure. As a result, two people charged with possession/selling the same drugs usually get separate trials. At each trial, the defendant will say that the drugs belonged to the defendant in the other case, and separate juries could aquit both of them. If they went to trial together, only one of them could credibly say that the drugs belonged to the other defendant.

The Minnesota Supreme Court should study the propriety of amending Rule 17.03 to

permit joint prosecutions in certain drug cases. The study should consider protections to ensure that there are no unfair groupings of defendants and should study whether joint prosecutions in drug cases will have an unfair impact on particular economic classes or ethnic groups. If the rule is changed, the Legislature should also amend Minn. Stat. Sec. 631.035 which contains the same language as the present Rule 17.03 to conform with the new rule.

4 **Whenever a large bail amount is paid in cash, there should be a hearing to validate that the source of the cash is not illicit drug sales.** In the federal system, whenever the prosecutors suspect that the proffered bail money is the fruit of drug trafficking, they can request that the defendant validate the source of the funds at what is known as a *Nebbia* hearing. If the funds came from a drug trade, they are seized on the spot. The Minnesota Supreme Court should amend Rule 6.02 of the Minnesota Rules of Criminal Procedure to provide that when bail is set in a case, the prosecutor may request the right to be notified when any bail is posted. The prosecutor may then examine the bail and would have 48 hours to decide whether to contest the bail. At the bail contest hearing, the prosecutor would have the burden of showing that the proffered bail money was made through drug trafficking and is subject to administrative forfeiture.

5 **Prosecutors should make full use of both the new statutes prohibiting the use of children in drug trafficking and the new aggravating factor for upward departure in sentencing when a narcotics crime is committed in a park or school zone.** With alarming frequency, drug dealers are using young children to carry weapons and distribute drugs. The 1989 legislature passed laws which increase the culpability for drug trafficking in which children are hired or otherwise involved. Prosecutors should charge these new crimes whenever applicable. The legislature also directed the sentencing guidelines commission to create a new aggravating factor for drug crimes that are committed in a school or park zone. Whenever that happens, the sentencing court should be advised of the situation and the prosecutor should argue vigorously that such conduct justifies an upward departure in the length of sentence.

JUDICIARY

1 **Judges should use alternative sentencing and community service whenever appropriate.** In cases where imprisonment is not presumed by the sentencing guidelines, alternative sentences, when appropriately crafted and properly supervised, can be just as effective and much less costly than incarceration. If alternative sentences were more widely given, there would be a reduction in the present crowding in county jails. That in turn would open up more space for drug offenders for whom incarceration is appropriate. Alternative sentencing is also appropriate for drug offenders after they have completed a period of incarceration.

Persons who have been convicted of minor drug offenses can be sentenced to cleaning graffiti and to working on other neighborhood clean-up projects that will restore pride in communities. Those convicted of using drugs can be sentenced to other forms of community service.

The Minnesota Supreme Court should provide education for all judges on the availability and utility of alternative sentencing.

2 **District court judges should establish a uniform practice of putting all drug cases on an expedited schedule.** As noted in the 1988 study by the State Planning Agency, there is a correlation between swift trials and low recidivism. The Ramsey County bench now follows a procedure whereby all cases involving crack or cocaine are placed on an expedited trial calendar. Other district court benches should work with their court administrators and the prosecutors to establish such a practice.

3 **The Minnesota Supreme Court should sponsor comprehensive educational programs for judges on the extent of the drug problem, the physiological effects of drugs, and drug assessment, referral, and treatment.** Not all judges are familiar with the real extent of drug use in our society and the nature of chemical dependency. A comprehensive drug education program would be useful in helping them deal with the drug related cases that come before them. The Chemical Dependency Program Division of the Department of Human Services and the Office of Drug Policy could be of assistance in putting on the program. There are funds available under the Federal Anti-Drug Act for such training.

4 **Drug testing should be a condition of probation and pretrial release for all offenders with drug-related histories.** Probation officers state that such testing will provide them with a powerful means of monitoring the behavior of their assigned offenders. Whenever possible, all such testing should be paid for by the offenders or by the persons out on bail. Refusal to submit to a test should constitute a violation of the conditions of bail or probation. The Department of Corrections should develop a protocol to assure accurate and uniform testing.

A provision providing for testing offenders on probation was cut from the 1989 Omnibus Crime Bill in the waning hours of the legislative session for fiscal reasons. Pilot programs would cost about $150,000 per year.

5 **The Department of Corrections should develop and distribute model orders for probation and parole that specify the right of a probation officer to visit the offender without notice at any time.** In Minnesota, probation officers presently have the right to conduct searches of offenders on probation or parole, their homes or their vehicles at any time. They have found such searches to be a very effective way of monitoring the behavior of those offenders. This right to search is seldom clearly stated on probation or parole orders. In order to foster continuity of probation or parole procedures throughout the state, the Department of Corrections should prepare and distribute model probation and parole orders that clearly state the authority of probation officers to conduct such searches.

6 **Chemical dependency assessments should be conducted on all convicted drug offenders.** These offenders are very likely to have great need of chemical dependency treatment. Assessments would establish whether they have this need and determine what sort of program would be most appropriate for them.

7 **Judges should sentence all convicted drug dealers to some period of incarceration.** It should be the policy in this state that anyone who is convicted of selling drugs should spend some time either in jail or

prison. The Sentencing Guidelines Commission should amend the sentencing guidelines to provide for periods of presumptive incarceration for all persons convicted of selling drugs. Those offenders who are sentenced to jail instead of prison should also receive a period of probation. As a condition of probation, they should also pay a fine, undergo periodic drug testing, perform community service, and, where appropriate, complete chemical dependency treatment.

8 **Judges should more frequently levy fines against both drug sellers and drug users.** The use of fines can be a very effective deterrent if the fines are set high enough to hurt but realistic enough to be collectible. Recently several federal judges in Minnesota have levied fines in excess of $1 million against major drug dealers. The concept of ability to pay should be considered, and, if necessary, the legislature should raise the fine limits in the drug offense statutes.

CORRECTIONS

1 **The legislature through the Community Corrections Act and county governments should expand the use of intensive supervised probation programs.** Intensive supervised probation entails frequent contact with the probation officer and close coordination with other social service agencies to meet the offender's needs. The intensive supervised probation program in Georgia has been quite successful and includes five face-to-face contacts per week with the probation officer, mandatory community service and employment, nightly curfew, unannounced alcohol and drug testing, and automatic notification of arrest via the State Crime Information Network listing. Similar programs have been very successful in St. Louis County in dealing with juvenile offenders.

In St. Louis County, the average case load for a probation officer is 153 adult felony cases. In Ramsey County, it is 136; in Hennepin, 95; and in Olmsted (which also serves Filmore and Dodge Counties) the average is 350. That amounts to no probation. It is essential that case loads be reduced and that more probation officers be hired.

Probation officers must be trained initially to spot symptoms of drug use by probationers. They should also receive periodic training to keep them current on what drugs are being used on the streets and what the effects of those drugs are.

2 **The Department of Corrections should expand its institution-based chemical dependency treatment programs to meet the need.** Presently nearly all of the chemical dependency treatment programs in the prisons are full and many have waiting lists. At the largest prison, Stillwater, the waiting list is so long that by the time many inmates are called to participate in the program they do not have enough time left to serve to take part in the whole program. The Department of Corrections should assess the need for services and ensure that its programs can handle all interested volunteers with at most a minimal waiting period.

The programs should be timed to help prisoners as they near their time for release and should provide some continuity to post-release programs. A portion of the Department of Corrections budget should be set aside for such treatment programs to conduct evaluation and follow-up studies on those inmates who have gone through treatment.

3 **Counties should experiment with increased use of treatment programs for chemically dependent persons who are sentenced to jail time.** There are many persons who are sentenced to jail who are chemically dependent. Too often they merely serve their time, are released and return to drug abuse. Programs for these offenders should be tried and tied to aftercare programs when possible. There should be an evaluation and follow-up on these persons to see which of their programs work.

4 **The legislature should make it a separate crime to introduce controlled substances into the state.** Most drugs sold in Minnesota do not originate here. People bring them here from other states and countries. Such conduct should be punished separately and the message sent to drug sellers both here and in other states and countries that Minnesota is no place to bring drugs for sale. Minn. Stat. Chapt. 152 should be amended to make it a separate crime with an enhanced punishment to introduce drugs into Minnesota with an intent to sell them.

5 **Counties should request the National Institute of Justice to fund a program of voluntary drug testing and anonymous interviews of a sample of arrestees.** Under the Drug Use Forecasting System run by the National Institute of Justice, such testing and interviewing is done in major cities throughout the country and provides useful data from which to estimate the extent and type of illicit drug use among offenders. The President's National Drug Control Strategy cited data from those tests. The data is not used for evidence against the arrestees. Specifically, the data is taken largely from non-drug offenders and is used for: (1) detecting drug epidemics, (2) planning the allocation of law enforcement resources, (3) determining treatment and prevention needs, and (4) measuring the impact of efforts to reduce drug use and crime.

6 **Driver's licenses should be revoked for all persons convicted of drug offenses in a manner similar to that currently being done with DWI offenders.** The loss of a driver's license is a real deterrent to many people and that sanction should be applied to drug offenders. The procedure for license revocation works well in the DWI area and could relatively easily be expanded to drug crimes. Criteria for provisional licenses are in place to reduce undue hardship.

7 **Professional licensing boards and government agencies should be notified whenever a licensee is convicted of a drug offense, and such boards and agencies should adopt policies of suspension, revocation and denial of renewal of licenses under such circumstances.** Minnesota has a system of licensing boards and government agencies for many groups and professions. The court administrator should notify a licensing board whenever a member of its profession is convicted of a drug offense. These boards and government agencies know the complexities of their respective licensing processes and the importance of the licenses. They also know the importance of maintaining the integrity of their respective professions. Each board and government agency should develop a policy concerning the impact of a drug violation on a licensee's right to continue within the profession. The process of adopting a policy will generate much discussion within each profession (which in itself will have some deterrent effect) and will lead to a

policy and a procedure of investigation and review that reflects the needs and peculiarities of the profession. The Office of Drug Policy can then assess the various policies for uniformity and fairness.

TREATMENT

The Current Situation

Statistical Overview

Number and Capacity of Chemical Dependency Treatment Facilities and Programs in Minnesota:

38 detoxification centers with 497 beds;
59 primary residential care programs with 2,167 beds;
38 intermediate/extended care residential programs with 852 beds;
14 halfway houses with 431 beds; and
195 outpatient treatment programs.

While the number of detox facilities and beds have remained roughly constant through the 1980s, there has been considerable flux in the other categories. The number of primary residential care programs has increased 33% since 1981, but the number of beds has declined by about 12%. The number of intermediate/extended care residential facilities and the beds therein have each fallen by about 20%. Meanwhile, the number and capacity of halfway houses rose in the early 1980s before declining to present levels. The greatest and most steady growth has been in the area of outpatient programs which grew from 96 in 1981, to 135 in 1984, to 195 today.

Usage.

In 1988, there were approximately 40,000 admissions (including each admission for multiple admittees) to the state's detox centers:

85%	Male
15%	Female
67%	White
8%	Black
23%	American Indian
2%	Hispanic
.1%	Asian

Alcohol accounted for 90% of the admissions; marijuana, 6%; cocaine, 3%; and other drugs, 4% (these percentages add up to more than 100 owing to multiple drug use).

For the past several years there has been an average of about 40,000 admissions per year (including each admission of multiple admittees) to treatment programs in Minnesota:

75%	Male
25%	Female
81%	White
7%	Black
11%	American Indian
1%	Hispanic
.1%	Asian

Admittees report that drug use, either alone or in combination with alcohol, is the cause of their condition 46% of the time. Alcohol, either alone or in combination with drug use, is involved over 90% of the time.

Costs.

The average cost and length of stay for persons in chemical dependency programs in Minnesota are as follows:

Type of Program	Average Cost (1)	Average Length of Stay (2)	Average Cost per Placement
Detox	$146/day	1.9 days	$ 277
Primary Residential Treatment	$184/day	21 days	$3,864
Halfway House	$ 39/day	65 days	$2,535
Extended Care (Residential)	$ 97/day	89 days	$8,633
Board and Lodging	$ 18/day	N/A (3)	N/A
Non-Residential (Outpatient)	$2,072/ client	85 hours	$2,072 (total program)

(1) Source: 1989-1990 Directory of Chemical Dependency Programs in Minnesota, Department of Human Services.

(2) Source: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Department of Human Services.

(3) This data is not available yet on DAANES but will be in 1990.

The average cost and length of stay for persons in chemical dependency treatment paid for out of the Consolidated Fund (persons on some form of government assistance) are as follows:

Type of Placement	C.D. Fund Payments	C.D. Fund Units of Service	C.D. Fund Cost per Placement
Inpatient Primary	$137/day	24.0 days	$3,296
Outpatient Primary	$ 20/hour	51.5 hours	$1,033
Extended Care	$ 59/day	54.6 days	$3,209
Halfway House	$ 37/day	54.0 days	$2,004

Effectiveness of Treatment

Treatment programs generally measure their success by the percentage of patients who maintain abstinence after treatment. Dr. Norman Hoffmann of C.A.T.O.R., a locally-based organization that researches treatment outcomes nationwide, concludes that, without allowing for age, race, gender, type of treatment or substance of abuse differences, six months after treatment approximately 60% of all treated patients are abstinent and that after one year approximately 50% of all treated patients are still abstaining from all mood-altering substances.

Treatment for cocaine is still relatively new, and the little available data show markedly lower rates of abstinence: 47% after six months and 40% after one year.

DRAW A PICTURE OF YOURSELF ON THIS PAGE.

Children of addicts undergoing treatment made the drawings that appear throughout this section. The self-portrait above is typical. The missing hands and feet reveal the child's feelings of helplessness and vulnerabilty.

The Treatment Process

Minnesota is known throughout the world for its chemical dependency treatment programs. "The Minnesota Model" of treatment is known and emulated at treatment clinics throughout the United States and Western Europe. Perhaps for that reason, treatment programs for chemical abuse in Minnesota generally follow a similar pattern. While certain programs have targeted specific population groups, differences between programs are largely differences of degree and duration, not of kind. Nearly all participants in chemical dependency treatment go through the following phases: intervention, assessment, primary care (traditionally residential though outpatient programs are growing), and aftercare. A percentage of people with particularly intractable problems will go through a treatment phase known as extended care. Throughout the treatment phases, participants generally follow the Twelve Steps of Alcoholics Anonymous.

Intervention

Intervention is the process of interrupting a chemically dependent person's progressively harmful use of mood-altering substances and presenting that person with a means (treatment) of developing healthier ways of coping with needs and problems. Interventions occur in a variety of contexts: an employer may require an employee to undergo treatment if he wants to keep his job, a spouse may issue an ultimatum, friends may confront a user with the reality of his behavior, or a judge may condition probation on a defendant's completion of a treatment program. There are few real cases of voluntary treatment. Those few people who put themselves in treatment without an assist from someone else are compelled by the pain of their habit and the havoc it has wrought on their lives.

Assessment

Assessment is the process of first determining the extent of a person's dependency by examining the length, frequency and amount of his use and then identifying the most appropriate treatment program to meet his needs. Assessments are conducted by certified persons at county human service agencies, at county court services departments, and at detox centers. They are also conducted by certified persons working for or at the direction of insurance companies and health maintenance organizations.

During the course of an assessment, a person will be asked whether certain behavioral symptoms apply to his case. For instance, he will be asked whether his substance use has ever jeopardized his employment, impaired a social relationship, or led to an arrest for criminal conduct. He will be asked about physical symptoms such as shakes, blackouts, vomiting, and depression. He will also be asked about prior treatment experiences and about whether either of his biological parents had a history of chemical dependency. From that and other similar information, the person conducting the assessment will determine the level of treatment necessary for the patient.

Primary Care

During the primary care phase of treatment, the major goals of treatment are to detoxify the patient if necessary, treat any withdrawal symptoms and get the patient to face the reality of his chemical dependence. Under the "Minnesota Model," this phase of treatment is residential and lasts up to 28 days. The treatment consists of: individual meetings with chemical dependency counselors, medical professionals and, in most

cases, clergy; group therapy sessions; and informational and didactic lectures and workshops.

Primary care in an outpatient program usually has a weekly schedule with the following components: one individual counseling session, several group therapy meetings, a lecture or workshop, and a session with the patient's significant other and any minor children. In addition the patient is required to participate in some group like A.A. Urine analysis is sometimes done on patients in outpatient primary care, particularly on patients with a history of drug abuse.

Frequently an outpatient primary care program is preceded by an approximately 10 day stay in a residential program. Such combination in- and out-patient programs are becoming more common. Outpatient primary care usually lasts from 8 to 12 weeks.

Aftercare

Aftercare follows the completion of either residential or outpatient primary care and lasts anywhere from three months to one year. It generally involves attending one group meeting per week with perhaps a monthly counseling session and an occasional lecture. Urine analysis is infrequent and random unless the patient's conduct indicates that a test might yield positive results. The participant is also encouraged, if not required, to attend an outside group such as A.A. during aftercare and beyond.

Extended Care

Some persons with prolonged histories of abuse and failed treatment are found to require extended care in a residential setting. These programs are generally for people with few stabilizing forces in their lives - no family, no job, no self-esteem. Mental illness is often an attendant problem with patients in such programs. The programs within an extended care facility are similar to residential primary care programs.

The average length of stay in such a program is about three months.

Halfway houses are for those patients who have successfully completed treatment at a residential primary treatment program or an extended care program but who lack the family support or social stability to avoid relapse to chemical use.

Other Treatment Models

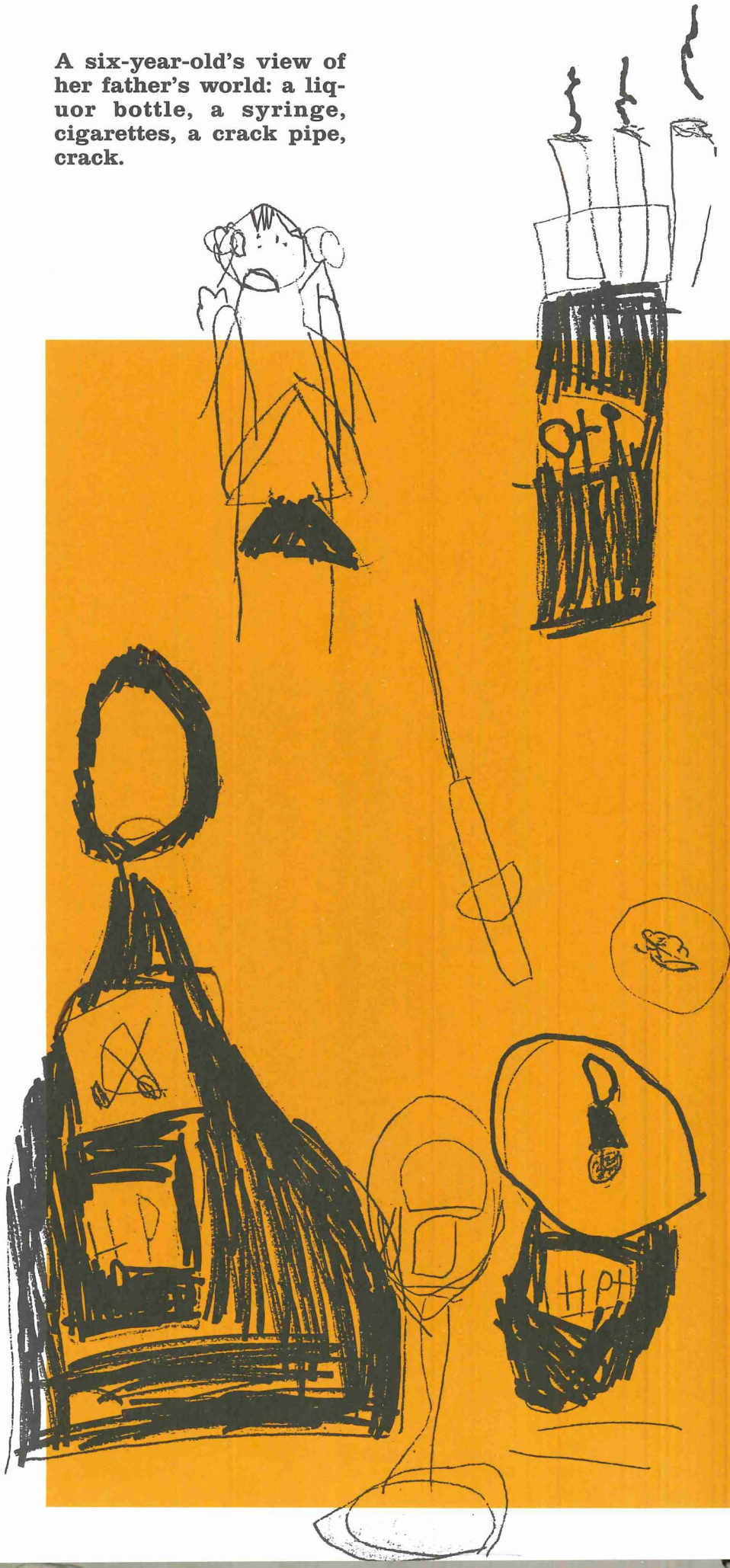
Notwithstanding the dominance of the Minnesota Model in this state's treatment programs, there are other approaches being tried. Methadone treatment is currently provided by the Hennepin County Chemical Health Division to some 260 patients trying to end their heroin addiction. In that program patients receive daily doses of methadone to prevent withdrawal symptoms and drug craving while not producing a high. Over time they are given lesser doses in preparation for going off the program altogether. This program is available only to persons who have been in other treatment programs previously and relapsed into drug use.

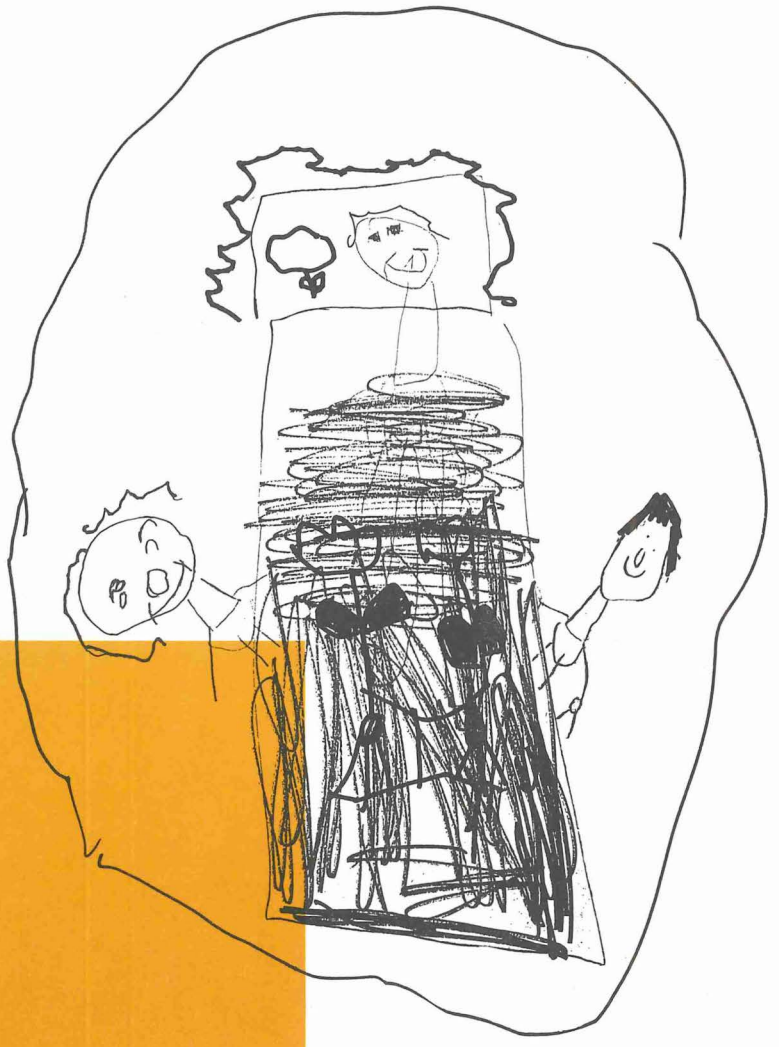
Treatment providers report that acupuncture is helpful to some patients as an adjunct to their regular treatment. It apparently has been particularly useful in reducing cravings and anxiety in some patients during the early stages of treatment.

Biochemical restoration is a major component of at least one treatment program that has had considerable success with its patients. While otherwise similar to an outpatient program following the Minnesota Model, the Health Recovery Center, Inc., in Minneapolis includes a diet and glucose tolerance assessment as part of its initial procedures. Its patients are then put on a regimen of non-drug nutritional substances and a diet free of processed foods and refined sugar.

There are a few programs that essentially reject the total abstinence approach of the Minnesota Model. These programs use individual counseling and group discussions like the other programs, but differ in that they believe that certain chemically dependent individuals can use substances in a responsible manner without necessarily returning to dependency.

A six-year-old's view of her father's world: a liquor bottle, a syringe, cigarettes, a crack pipe, crack.





The child-artist drew her father, who was then in treatment, in a casket, dead from AIDS. Flowers adorn the casket. The mother is crying on the left, while the child is smiling brightly on the right.

Treatment Funding

The costs of treatment for about 50% of all patients in Minnesota are borne by private insurance companies or health maintenance organizations. Using the assessment process, these companies and HMO's determine the type and length of treatment that their insureds or plan participants receive. Some treatment programs have chosen to offer a shortened course of treatment for patients whose treatment is to be paid for by certain insurance companies or HMOs.

At present there is tension between the treatment community on the one hand and the insurance companies and other third party payers on the other concerning the type and length of treatment that patients may receive under their health plans. The third party payers, arguing that there is a need for cost containment in chemical dependency treatment just as there is in all other forms of medical care today, have adopted criteria that essentially require "medical necessity" for inpatient treatment. Under these and other criteria now being used by third-party payers, inpatient care is becoming shorter and more difficult to qualify for as a first time patient. As a result, few, if any, Minnesota citizens who are covered by state-mandated health insurance or who are participants in state-regulated HMOs receive the full 28 days of inpatient treatment that is part of the classic Minnesota Model of chemical dependency treatment.

For those who require public assistance to pay for their treatment, Minnesota has created the Consolidated Chemical Dependency Treatment Fund. The Consolidated Fund was formed as of January 1, 1988 and combined the state appropriations for chemical dependency treatment from all state programs such as General Assistance, Medical Assistance, and the Regional Treatment Centers and the state and federal block grant treatment funds. The Fund, which in 1988 spent $39.5 million ($26.2 million from the state, $5.8 million from the federal government and $7.5 million from the counties), is administered by the state Department of Human Services. The purpose of the Consolidated Fund is to pay for the most appropriate treatment for all public assistance clients who are determined to be in need of that treatment following an independent assessment conducted pursuant to Rule 25 of the Minnesota Department of Human Services, Minn. R. 9530.6600 et seq.

Rule 25 sets out regulations relating to the chemical dependency care for public assistance recipients. Assessments performed pursuant to Rule 25 require an analysis of the type of chemical use problem and treatment most needed for the individual. Financial eligibility is then determined by the county. Those individuals who make less than 60% of the state median income are eligible to have treatment paid for by the Consolidated Fund. Those individuals whose income is between 60% and 115% of the state median income can have treatment paid for out of the Consolidated Fund on a sliding fee basis.

The goals of any drug treatment program are: (1) to intervene in the progression of the chemical dependency; (2) to educate and assist the patient in changing self-destructive behaviors; and (3) to develop within the patient the commitment to carry out a plan of abstaining from drug use.

The State of Minnesota must ensure that cost-effective, comprehensive, and appropriate treatment programs are available to all citizens regardless of their ability to pay for the treatment. Such treatment must also be available immediately when a chemically dependent individual indicates that he or she is willing to enter treatment. Treatment providers must continue to improve their effectiveness through developing cultural-gender specific and individualized treatment programs. Researchers in the field of chemical abuse treatment must actively disseminate their findings to providers so that the gap between what researchers find to be effective treatment and what providers are doing in the field is narrowed.

Recommendations

for Treatment Programs in Minnesota

1 **The legislature should provide additional funding so that there can be nearly immediate assessment and placement when a chemically dependent person agrees to seek help through treatment.** The major bottleneck in the treatment process is the assessment process. While an assessment seldom takes more than two hours, to complete, there is often a wait of a week or more before a qualified assessor is available. Frequently, a chemically dependent person who has agreed to enter treatment will have changed his or her mind while waiting for the assessment and the opportunity to alter that person's habit must await another change of heart or a negative event that sends the person to treatment.

The legislature should provide funding so that by January 1993 the longest a person will have to wait for an assessment in Minnesota is two days or less for pregnant women, intravenous drug users, adolescents, and people seeking treatment for the first time, and no more than five days for others depending on their level of risk. These funds should be provided to the Department of Human Services which, in turn, should disburse them to the counties on a matching or an incentive payment basis in order to attain the goal of more timely assessments. The current average cost per assessment is approximately $130.00 with approximately 25,000 assessments performed on public clients per year.

Just getting more assessors will not solve the problem. In order to save money we must fully utilize the ones we have. For example, the Institute on Black Chemical Abuse does this by double booking a number of their assessors owing to the high incidence of no-shows. IBCA has a floating assessor to take care of the situations when both parties arrive for the single time slot. They also predict the likelihood of a person's showing up based on the substance that is reported being abused when the assessment is scheduled and book accordingly (cocaine users have poor attendance records).

2 **The Minnesota Department of Human Services should offer training in chemical dependency diagnostic and intervention services through its various human services programs.** For certain population groups diagnosis of chemical dependency generally occurs during the course of a prosecution on a criminal charge. That is generally so late in the addictive cycle that treatment becomes difficult and lengthy. We need to diagnose and treat these people earlier than we do presently.

The Department of Human Services should train state and county employees who have direct client contact in medical, correctional, social, and other human services in diagnostic and intervention skills. These employees can then spot symptoms of drug use among the clients and either encourage those clients to go into treatment or commence commitment proceedings for such treatment.

3 **There should be more resources for individualized treatment and more accurate assessment.** Chemically addicted people generally have a host of other problems in their lives - physical, sexual, and emotional abuse, learning disabilities, dysfunctional families, etc. - and each has peculiar treatment needs. Chemical dependency counselors are often frustrated at not having enough time or resources to devise and carry out a plan of treatment for all of the patient's interrelated problems. Treatment providers must develop means of assessing all of the needs of a patient and devising a means of meeting those needs through appropriate treatment.

We need to develop treatment programs for women and pregnant mothers that address their needs. For instance, women with small children may need child care and transportation services while they attend treatment. They also need to be assured that their entering into treatment will not cause them to lose custody of their children.

We also need programs for children of chemically addicted parents. They have special needs and are themselves at high risk of becoming chemical abusers.

In addition, we need treatment and aftercare programs that are developed especially for people of color. People of color have had less success in treatment than have whites. This is caused by a number of factors. Most treatment programs were developed to deal with white middle class alcoholics who generally come to treatment with a set of skills, values and experiences that are different from those of people of color. Moreover, people of color usually enter treatment late in their cycle of addiction and therefore lack family and community support. Because of differing cultural backgrounds, they evidence both verbal and learning styles which are not always compatible with traditional treatment modes of discussion groups, lectures, readings and workbooks.

4 **The legislature in conjunction with the Departments of Health and Commerce should investigate the adequacy of insurance coverage for chemical dependency treatment presently provided in Minnesota.** This investigation should cover both the extent of coverage provided by such insurance and the process by which the extent or denial of coverage is determined. Coverage for aftercare programs should also be explored. There is anecdotal evidence that insurance companies are failing to provide enough of the right sort of programs for their insured. For instance, the committee heard testimony from several witnesses that frequently an insurance company will refuse to fund treatment for a juvenile because the juvenile has not shown the sort of symptoms, e.g., loss of a job, marriage breakup, that a chemically dependent adult might have. The committee requested information concerning the number of denials of residential treatment coverage and the reasons for such denials from two carriers, but this request was denied. It is ironic but true that citizens of Minnesota who are covered by state mandated health plans will virtually never receive chemical dependency treatment under the Minnesota Model which calls for residential treatment for from three to four weeks.

The Committee acknowledges the need for cost containment in chemical dependency treatment as in the rest of the health care industry. However, all third party payers and HMOs must recognize that successful chemical dependency treatment generally pays for itself in terms of decreased health costs for the patient in from one to two years. The insurance companies and HMOs must also recognize that, while some studies suggest that there is little difference in success rates between residential and outpatient treatment programs, there are some patient groups for whom residential care is much

more effective than is outpatient care. The treatment industry and the insurance companies should work together to develop procedures and a system of checks and balances to make sure that appropriate care is rendered in all cases.

5 **There should be a coordinated approach to conducting and disseminating addiction treatment research in Minnesota.** Minnesota is a leader in substance abuse treatment. People come from all over the country to receive treatment here. Moreover, treatment professionals come from all over the world to observe how Minnesota does it.

Yet there are many aspects of treatment about which we need to know more. For instance, Harold Swift, the present Director of The Hazelden Foundation, recognizes that more needs to be done in the area of treating chemical imbalances. Treatment professionals at Fairview Hospitals are intrigued with the role of hypnosis in dealing with cocaine abusers, and Hennepin County has several acupuncturists on its staff who have reportedly been successful in helping patients through the first stages of abstinence. The Minnesota Institute for Addiction and Stress Research identified a need for research on biochemical and genetic markers for persons at risk.

The Governor should designate a commissioner to convene a group of experts in the chemical dependency field. That group should then recommend a way of organizing, staffing, and funding a program to study and experiment with new modes of treatment and to disseminate the findings throughout the treatment community.

6 **The chemical dependency treatment industry should expand and increase the availability of aftercare programs, particularly outpatient aftercare support systems; and the legislature should consider a licensing requirement for aftercare programs.** In Hennepin County, ten percent of the people receiving government-paid treatment account for thirty percent of the expenditures. Those ten percent are persons who complete one treatment program only to lapse and require another program. Well-designed aftercare programs, which include urine testing where appropriate, can help keep patients from lapsing into chemical abuse after having completed highly-structured primary care. The state legislature should allocate funds separate from the Consolidated Chemical Dependency Treatment Fund to develop more promising strategies such as drop-in centers where recovering addicts can find support, education, job training and placement referrals.

The legislature should also consider enacting an aftercare licensing requirement. Such licensing would accomplish two things. First, it would bring uniform standards and definitions to the field of aftercare. Presently, there is a wide range in the intensity of such programs, from a few hours per week to five or six evenings per week. Secondly, such licensing would help legitimize the role of aftercare programs in the eyes of the insurance industry and could lead insurance companies to pay for participation in such programs.

7 **The Department of Human Services in conjunction with the treatment community should develop standards to provide increased accountability for treatment programs.** In earlier recommendations, this committee has called for more treatment and aftercare options. It is also appropriate to recommend increased accountability on the part of treatment providers to justify the increased expenditures implicit in those earlier recommendations. This is not meant to impugn the commitment of the treatment community to its mission. Rather, it is simply a recognition that the citizens of this state spend many millions of dollars per year on chemical dependency treatment and are entitled to have some mechanisms in place that ensure that the money is being spent as effectively as possible.

At the very least, the Department of Human Services in conjunction with the treatment community should develop a minimal success standard. The success rates (as determined by independent reporting mechanisms) of all treatment programs should then be made available to referral sources along with the costs, a breakdown of client group and addiction type, and other program information.

8 **The Department of Education should explore the feasibility of a chemical dependency treatment insurance program for all Minnesota school children, kindergarten through twelfth grade.** All evidence indicates that the earlier a chemical dependency intervention is made, the greater the likelihood of success. The Committee heard testimony from many sources concerning the difficulty of getting youths into appropriate chemical dependency treatment. For these reasons, the Department of Education should explore whether there could be a chemical dependency treatment insurance plan for all students, grades K-12. Such a plan could be fashioned after either the dental insurance program in which all students participate or the state athletic insurance policy which provides health care coverage for students injured in school athletic activities.

Implementation

While it is beyond the purview of this Committee to suggest an overall budget for state or local governments, the Committee understands both the importance and the difficulty of dealing with the fiscal implications of the drug fight. Rhetoric and slogans, while they have a place, are not enough. Adequate resources must also be allocated or the fight will be lost.

The costs of many existing programs and funding mechanisms are described in this report to assist the reader in understanding the true impact of our efforts to fight drug use. Similarly, the costs of certain recommendations are set forth. In general, the report does not call for massive new spending for new programs, and it makes suggestions for a more efficient use of some existing resources and programs. We also recommend the increased use of fines and forfeitures which can help pay for these recommendations. While it is too early to determine the amount of federal funds that will be available, it seems clear that increased funding is likely.

However, if federal funding along with fines, forfeitures, reallocation and increased efficiencies are not sufficient to fund the necessary actions, the Committee recommends that our state legislature consider generating increased revenues for the drug fight by increasing the revenues the state receives from the sale of tobacco and alcohol. The 1988 total revenue received by the state from the sale of tobacco was $150.2 million and from the sale of alcohol was $55.7 million.

The 1989 Legislature created the Office of Drug Policy to be headed by an assistant commissioner of the Department of Public Safety. The Legislature also formed a committee known as the Drug Abuse Prevention Resource Council. The duties of the assistant commissioner include: (1) gathering data on both demand reduction and supply reduction efforts throughout the state; (2) coordinating the distribution of federal Anti-Drug Abuse Act funds received by the state; (3) serving as staff to the Drug Abuse Prevention Resource Council; and (4) developing and submitting to the governor and the legislature annually a state drug strategy along with a summary of both demand reduction and supply reduction activities in the preceding year.

The Drug Abuse Prevention Resource Council consists of 18 members: 6 from various departments within the executive branch that have a role in anti-drug activities, 2 from the legislature, and 10 appointed by the governor. The duties of the council are to develop a statewide policy on drug abuse prevention and to assist local governments and groups in establishing effective prevention programs. On February 1, 1991 and each year thereafter, the council will present an annual report to the legislature describing its activities and listing its recommendations for legislation.

This report will greatly assist both the assistant commissioner, a former member of this Committee, and the council in carrying out their respective tasks. We expect that both the assistant commissioner and the council will refer to this report in assessing demand reduction and supply reduction programs in their annual reports to the legislature. In those annual reports, the assistant commissioner and the council should evaluate for the governor and the legislature the degree to which the various implementing authorities (i.e., the legislature, school boards, police departments, churches, neighborhoods, etc.) have followed the recommendations set out in this report.

The Pharmacological Effects of Drugs Commonly Used in Minnesota

This summary provides general information on five of the most common categories of drugs: Stimulants, Hallucinogens, Opiates, Marijuana, and Depressants. For each drug there is a description of its qualities and uses and how it affects those people who use it.

Stimulants

Stimulants can be divided into two groups. The first group is amphetamine-like drugs (also known as "speed" or "uppers") and the second group is cocaine and it's destructive derivative, "crack".

Amphetamines. Different types of "speed" can be administered in a variety of ways. Pills or capsules are taken orally; speed crystals can be sniffed; and sometimes a solution is made and injected. Methamphetamine or "Crank" is the drug of choice for motorcycle gangs and is generally either injected or sniffed. Amphetamines are used medically to treat narcolepsy, to achieve behavior modification, and in the past, to treat obesity. These drugs increase heart and breathing rates, elevate blood pressure, dilate pupils and decrease appetites. Other effects include a dry mouth, sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. The user may feel moody and can develop a false sense of self-confidence and power. An individual taking amphetamines is prone to behavior that is dangerous both to himself and to others. Withdrawal symptoms include fatigue, irritability, hunger, and depression. The length and depth of the depression depends on how much and how often the user abused the drug. The process of manufacturing methamphetamine is simple but highly dangerous and frequently causes explosions in the make-shift labs where it is produced. The West Coast and Texas are both experiencing growth in the use of methamphetamine, and the Drug Enforcement Administration predicts that methamphetamine, because it is cheaper and delivers a longer high, will replace cocaine as the favorite drug of casual users.

Cocaine. Extracted from the leaves of the Coca plant, cocaine is similar to amphetamines in that it stimulates the central nervous system. When first introduced in the nineteenth century, it was thought to be a wonder drug, with several medical applications ranging from treating digestive disorders, to increasing sexual functions, to serving as an anesthetic. The last application is the only valid one but, because of the dangers of cocaine, the drug is now less used medically as an anesthetic.

Cocaine is usually sniffed or snorted through the nose, though some users inject it or smoke it in a form called "freebase". Cocaine produces a high in a few minutes which peaks in about twenty minutes and is over in approximately an hour. It dilates pupils, increases blood pressure, heart rate, breathing rate, and body temperature. The user can feel more energetic or alert and have a sense of well-being; however, cocaine can induce or aggravate paranoia and anxiety in some users.

Crack is produced inexpensively by using baking soda and heat to convert cocaine into freebase that can be smoked in a pipe. When smoked, the product makes a crackling sound therefore giving rise to the name "crack". Because it is smoked, crack enters the bloodstream through the lungs and reaches the brain almost instantly. This creates a powerful but short, up to 15 to 20 minute high, followed quickly by a deep low that simply induces the user to smoke some more.

Cocaine, and hence crack, frequently contains dangerous adulterants such as heroin, amphetamines or PCP (phencyclidine). A single dose of crack or cocaine can cause death by producing heart seizures or heart and respiratory failure. Highly conditioned athletes seem particularly prone to first-time use fatalities. Cocaine and crack have caused an explosion of crime in our nation's cities driven both by the addictive and pharmacological properties of the drug and by the immense economic rewards of selling the drug.

Hallucinogens

Hallucinogens alter the perception of objective reality. They allow the user to see what she or he is feeling. Drugs that are considered hallucinogens include the following: Mescaline, Psilocybin, LSD (lysergic acid diethyllllamide), MDA (methylene dioxyamphetamine), and recently the new so-called designer drug, "ecstasy". (Usually intended to duplicate the effects of specific controlled substances, designer drugs are synthetic drugs that are developed through experimentation in illegal, clandestine labs by street chemists.) Hallucinogenic drugs have no proven medical uses. The effect of the drugs, depending on the drug, can last from one to twelve hours. LSD is taken as a powder, in pill form, or soaked on a blotter which is eaten by the user. It is not considered addicting but hallucinations can lead to suicide or psychotic behavior. Mescaline is found in the

Prescription Drugs

The prescription drugs of abuse are generally tranquilizers used in the treatment of chronic anxiety such as the Valium brand of sedatives and the habit-forming analgesics for treatment of pain such as codeine or morphine. One of the ways people become dependent on prescription drugs is due to over-prescription by ill-trained doctors or doctors whose training is out of date. In response to this problem, the Minnesota Board of Medical Examiners has instituted a series of classes for all practitioners on the proper prescribing practices for controlled substances. The other cause of prescription drug abuse is patients who feign pain symptoms in order to induce doctors to prescribe certain drugs to them. To combat this, the Minnesota Board of Medical Examiners has set up a system to monitor prescriptions of controlled substances throughout the state. Inquiries are made of doctors who provide inordinate amounts of such substances to ensure that they have not been targeted by abusing patients.

peyote cactus; it is dried and then either eaten or taken in liquid form. It is milder than LSD, and can produce nausea. Psilocybin (also known as "shrooms") is a type of mushroom that is eaten. It is similar to the previous two substances but its effects, depending on the amount eaten, generally last only a few hours and peak in ninety minutes. MDA, a synthetically produced amphetamine derivative, is taken orally in tablets or powder form, is made in clandestine labs and has effects similar to the others but generally lasts only an hour. STP is also a synthetic substance that has amphetamine properties along with an effect similar to LSD. Its effects last several hours. Ecstasy is promoted as producing a feeling of warmth, comfort and confidence; however, little is known of the long-term or side effects of this drug. The main acute danger with hallucinogenic drugs is the loss of contact with reality and resultant dangerous behavior. Long-term effects including return of hallucinations, may be a significant danger in some individuals.

Though not technically a hallucinogen, phencyclidine ("PCP" or "angel dust") is thought by street users to produce certain mild hallucinogenic side effects. Generally, PCP produces a feeling of intoxication. With increased dosage the user may experience stupor or coma. Most commonly it is taken as a powder in conjunction with other drugs or unknowingly as a substitute for other street drugs. Overdosage can be dangerous.

Opiates

Opiates are drugs such as heroin. Heroin is derived from the poppy plant and was first used in the nineteenth century as a cure for morphine and opium addiction. Heroin is taken from powder which is liquefied and then cooked down for use. Though some users sniff the drug, most prefer intravenous use which intensifies the feeling of euphoria. The effect of the drug is to give the user a euphoric feeling and to control the perception of pain. Heroin also produces a rush which Dr. Eisenberg, a pharmacologist at the University of Minnesota - Duluth, describes as a "whole body orgasm" which is followed by a drowsy feeling. These euphoric effects coupled with the prospect of a nasty withdrawal makes heroin highly addictive. The addict is not dangerous while under the influence of the drug but is considered extremely dangerous when in search of funds to purchase the drug. Withdrawal symptoms of the drug are described as similar to those of a full blown case of the flu. Present medical use of opiates is primarily for analgesia and anesthesia, although this class of drugs has many other important medical uses.

Marijuana

Marijuana (scientific name, Cannabis Sativa) with its biologically active ingredient THC, is widely used in the United States. THC covers the flowers and the top leaves of the plant. Though the leaves and flowers can be ground up and put into drinks or food, users generally smoke the dried version in a cigarette form or in a water pipe. The pure resin, known as hashish, can be smoked, eaten or drunk. There is some evidence that marijuana can be used medically to lessen the nausea that accompanies chemotherapy and to treat glaucoma. Physical effects of marijuana include a faster heartbeat and pulse rate, dry mouth and throat, and bloodshot eyes. Other effects include reduced ability to concentrate, impaired short-term memory, and lessened coordination. Most marijuana users report a feeling of intoxication in which time slows and sensitivity to sights, sounds, and touch is enhanced. In certain environments, a user can feel heightened anxiety and paranoia.

Depressants

Depressants include the barbiturates and related sedative-hypnotic drugs. They are generally taken orally or intravenously and function medically as a type of tranquilizer. The main effect is on certain centers in the central nervous system that modulate what we should and should not do. Depressants are disinhibiting and produce intoxication, mild sedation, and generally a progressive decrease in mental acuity — slurred speech and poor comprehension. While taking these drugs, the user may be considered dangerous to society because of the lowered inhibitions. There is also a danger of overdose leading to respiratory depression and death. The withdrawal syndrome for barbiturates can be life-threatening. The withdrawal syndrome starts with excitement which leads to hyperactivity, nervousness, and then grand mal seizures which, if not brought under control, will evolve into a continuous string of grand mal seizures resulting in death.

WHAT IS ADDICTION?

Alcohol and Tobacco

While this report has dealt only with drugs, it is crucial to note that alcohol and tobacco are the most commonly abused substances in Minnesota.

The main active ingredient in alcohol is ethanol which acts as a central nervous system depressant. At moderate doses, alcohol is a behavioral stimulant even though it also causes dulling of the senses and impairment of coordination. In high doses it will work as an anesthetic. Alcohol creates tolerance, so the more you use, the more you need to achieve the same effect each time you drink. Prolonged use of larger amounts of alcohol can damage the liver, heart and pancreas and may lead to malnutrition, lowered immunity to disease, and brain or nervous system damage.

The nicotine in cigarette smoke and other tobacco products is quickly absorbed. Nicotine induces a rise in pulse rate, blood pressure and causes a tremor. Cessation of tobacco use causes a withdrawal syndrome which takes the form of a severe craving for tobacco with irritability, anxiety, restlessness and difficulty concentrating. Tobacco use has several major detrimental health consequences.

Psychological dependence occurs when an individual believes that the use of a drug is necessary to maintain a state of well-being. Physical dependence occurs when an individual's body has become so adjusted to the presence of a drug that stopping the use of the drug will produce withdrawal symptoms that usually involve discomfort and pain and, in the case of alcohol or barbiturates, may be life threatening. The World Health Organization defines drug dependence as the condition in which self-administered drugs cause damage to self and society.

Addiction is a condition in which an individual devotes all his resources to obtain and use a particular drug. Obtaining and using the drug becomes the central focus in an addict's life.

In Minnesota, drug abuse is statutorily defined as "the use of any psychoactive or mood altering substance, without compelling medical reason, in such a manner as to induce mental, emotional or physical impairment and cause socially dysfunctional or socially disordering behavior and which results in psychological or physiological dependency as a function of continued use." M.S.A. Sec. 254A.02, Subd. 4. The statutes define a drug dependent person as "any inebriate person or any person incapable of self-management or management of personal affairs or unable to function physically or mentally in an effective manner because of the abuse of a drug, including alcohol." M.S.A. Sec. 254A.02 Subd. 5.

Federal Anti-Drug Abuse Act of 1988

The federal **Anti-Drug Abuse Act of 1988**, Public Law 100-690, is an omnibus law which incorporates a number of bills addressing illegal drug use. It includes the following three major funding programs to states:

State and Local Narcotics Control Act:

The Federal Bureau of Justice Assistance administers the Drug Control and System Improvement Grant Program. It provides grants to state and local law enforcement and other criminal justice agencies. In Minnesota, a state Drug and Crime Strategy has been developed through a representative State Narcotics Enforcement Coordinating Committee with the Bureau of Criminal Apprehension of the Department of Public Safety. Based on this strategy, funds have been contracted primarily to coordinate state and regional drug intelligence and prosecution through state agencies and newly organized regional law enforcement/prosecution task forces.

Alcohol and Drug Abuse Treatment & Rehabilitation Act:

The U.S. Department of Health and Human Services administers this program which provides funds for additional treatment programs. In Minnesota, the legislature directed the entire allocation be used to supplement the state's Consolidated Chemical Dependency Treatment Fund administered by the Department of Human Services through the counties. Beginning in Federal Fiscal Year 1989, these funds will be included as part of the Alcohol, Drug Abuse, and Mental Health Block Grant to the states.

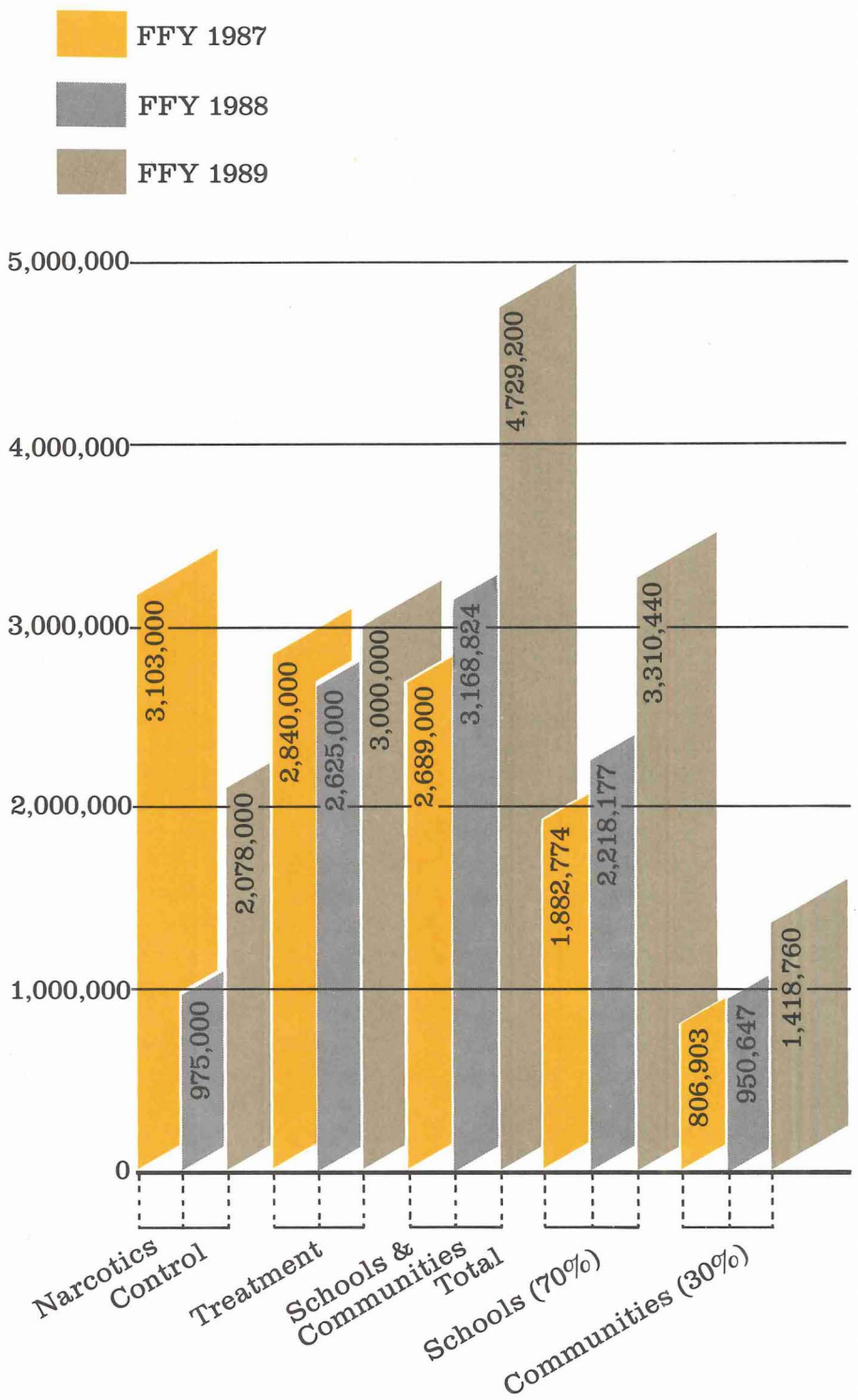
Drug Free Schools and Communities Act:

The U.S. Department of Education administers the program which allocates formula-based funds for school districts and the Governor for coordinated community prevention efforts and services to "high-risk youth." In Minnesota, the Department of Education administers the school allocations and is responsible for monitoring and assisting their efforts. The State Planning Agency administers the Governor's fund which includes a drug prevention grants program for communities and assistance in coordinating and developing state drug prevention programming.

The Anti-Drug Abuse Act originated in 1986. Since that time, Minnesota has received three years of funding. The last, Federal Fiscal Year 89, has recently been received and is being awarded according to program procedures.

Following Congress's urging to coordinate these programs in the state, the Governor authorized the Criminal Justice Policy Task Force to coordinate use of these funds. The task force established policies to coordinate program administration. The State Planning Agency has received all funds and contracts with state agencies in order to coordinate programming compatible with task force policies. Effective October 1, 1989, administration of the anti-drug programs was transferred from the State Planning Agency to the newly authorized Office of Drug Policy within the Department of Public Safety.

MINNESOTA ANTI-DRUG ABUSE ACT FUNDS



Committee Members

Tom Berg, Chair, Minneapolis, lawyer, former United States Attorney and State Representative.

Douglas Amdahl, Minneapolis, lawyer, retired Chief Justice, Minnesota Supreme Court.

Willarene Beasley, Roseville, Principal of North Community High School in Minneapolis for 1988-89 school year, a Bush Fellow during the 1989-90 school year.

Peter Bell, Minneapolis, Executive Director of the Institute on Black Chemical Abuse.

John Boulger, Minneapolis, Special Agent, Bureau of Criminal Apprehension.

Monsignor J. Jerome Boxleitner, Minneapolis, Executive Director of Catholic Charities.

Norman Carlson, Stillwater, retired Director of Federal Bureau of Prisons and lecturer, University of Minnesota Department of Sociology.

Nick Davis, St. Paul, senior St. Paul fire fighter, owner of BNV Properties.

Tom Fashingbauer, Shoreview, Director of Ramsey County Human Services.

Dennis Flaherty, Minneapolis, Executive Director of the Minnesota Police and Peace Officers Association.

Tom Foley, St. Paul, Ramsey County Attorney.

Roger Head, Bemidji, Executive Director of the Indian Affairs Council.

Bill Kennedy, Minneapolis, Hennepin County Public Defender.

LaJune Lange, Minneapolis, Hennepin County District Court Judge.

Mancel T. Mitchell, Jr., Edina, Police Chief of St. Louis Park and member of the Edina School Board.

Dick Mulcrone, Shakopee, Executive Consultant, Corporate Security, Control Data Corporation, former chair of the Minnesota Board of Corrections, former member of the Sentencing Guidelines Commission, and former U.S. Parole Commissioner.

Vivian Jenkins Nelsen, Minneapolis, President, International Institute of Interracial Interaction.

Don Omodt, Minneapolis, Hennepin County Sheriff, past president of the National Sheriffs Association.

Al Quie, Minnetonka, former Governor and Consultant of Prison Fellowship Ministries.

Stephen Rathke, Brainerd, Crow Wing County Attorney.

Cal Saari, Hibbing, Supervisor of Arrowhead Regional Corrections.

Jan Smaby, Shoreview, Director of the Office of Drug Policy, former chair of the Sentencing Guidelines Commission. Upon being appointed the Director of the Office of Drug Policy in July 1989, Ms. Smaby resigned from the Select Committee.

John R. Tunheim, Stillwater, Minnesota Chief Deputy Attorney General.

Chessie Wheeler, Worthington, teacher, member of the Worthington Police Commission and a member of the Nobles County Correctional Committee.

Angus Wurtele, Minneapolis, Chairman and Chief Executive Officer of Valspar Corporation.

Judy Zervas, Plymouth, Chemical Dependency Coordinator, Armstrong High School.

Witness List

The following persons testified before the Select Committee:

February 24 Hearing, Sabathani Community Center, Minneapolis

Steven Coleman
Senior Policy Analyst
State Planning Agency

Kathryn Guthrie
Senior Policy Analyst
State Planning Agency

Cynthia Turnure
Director, Chemical Dependency Programs
Department of Human Services

Barbara Yates
Director of Federal Programs
Department of Education

Bernadette Benner
Ramsey County Human Services

Fenita Foley
Ramsey County Human Services

Robert Shelton
Bethune Elementary School

Dr. Virginia Lupo
Director, Maternal-Fetal Medicine
Hennepin County Medical Center

Dr. Tim Crimins
Emergency Medicine
Hennepin County Medical Center

Jan Purdy, RN
Hennepin County Medical Center

Romney and Charles
Cocaine Anonymous

Sgt. Jim Violette
Minneapolis Police Department

March 17, Hennepin County Correctional Facility Work/Release Unit, Plymouth

Prof. David Ward
Dept. of Sociology

Judge Allen Oleisky
Hennepin County

Judge Kevin S. Burke
Hennepin County

Commissioner Orville B. Pung
Department of Corrections

Debra L. Dailey
Executive Director
Minnesota Sentencing Guidelines Commission

Dan Cain, Chair
Minnesota Sentencing Guidelines Commission

April 7, Martin Luther King Center, St. Paul

Sheriff Kenneth G. Wilkinson
Anoka County

Chief John Laux
Minneapolis Police Department

Chief William McCutcheon
St. Paul Police Department

Tom Stacey
Special Agent
Drug Enforcement Administration

Commissioner Paul Tschida
Department of Public Safety

Superintendent Mark Shields
Bureau of Criminal Apprehension

Jeffrey Jamar
Special Agent in Charge
Federal Bureau of Investigation

April 28, St. Louis County Courthouse, Duluth

Chief Eli Miletich
Duluth Police Department

John DeSanto
Assistant County Attorney
City of Duluth

Tom Johnson
Hennepin County Attorney

Bryan Brown
Deputy City Attorney
City of Duluth

Dr. Richard Eisenberg
Department of Pharmacology
University of Minnesota-Duluth
School of Medicine

Mark Peterson
Criminal Defense Lawyer

Prof. Marlowe Smaby
University of Minnesota-Duluth

Dick Kunz, Director
Center on Alcohol and Drug Problems

Dr. Marilyn Marsh
Director of Special Services
Duluth Public Schools

Clyde Rogers,
Administrator
Bethel Society

Gary Olson
Program Director
Duluth Detoxification Center

Sheriff Gary Waller
St. Louis County

Linda Bauer (and three high school students/peer helpers)
I.S.D. #2
Hill City

May 19, Administration Building of the Willmar School District, Willmar

Richard Welch
Division of Health Promotion and Education
Minnesota Department of Health

John Heydt
Director, C.E.A.S.E.

Tom Gagliardi
Consultant/Trainer
Midwest Regional Center

Mary Hoopman
Minneapolis Public Schools Health Services

Bruce Johnson (and two high school students/peer helpers)
Principal, Minneota High School

Doug Kodet, Principal
Marshall Middle School

Hubert H. Humphrey III
Attorney General

Kathy Haubrich
State Planning Agency

Barbara Yates
Director of Federal Programs
Department of Education

Al Fredrickson
Executive Director
Minnesota Prevention Resource Center

Kathy Jones
Director/Coordinator
Families and Communities Together

Ken Wilson, Director
Chemical Dependency Services
West Central Community Services Center

Greg Spartz
Chief Executive Officer
Willmar Regional Treatment Center

Jane Sykora
Clinical Director
Willmar Regional Treatment Center

Sharon Wright
Minnesota 4-H

June 16, Institute on Black Chemical Abuse, Minneapolis

Carol Falkowski, Chair
State Epidemiology Work Group
Department of Human Services

Cynthia Turnure, Director
Chemical Dependency Programs
Department of Human Services

Norman Hoffmann, Ph.D.
Executive Director
C.A.T.O.R.

Harold Swift, Director
Hazelden Foundation

BoisSan Moore
Institute on Black Chemical Abuse

Farris Glover
Fairview Ridges Outpatient Site

Judi Gordon, Director
CREATE, Inc.

The Honorable William P. Luther
Senator
Minnesota State Senate

The Honorable Randy Kelly
Representative
Minnesota House of Representatives

Lee Mauk
Metropolitan Clinic of Counseling

Paul Jarcho
Social Resource Center
Northern States Power

Anne Widtfeldt
Corp. Mgr. Health Services
Honeywell, Inc.

Edward Bergmark, Ph.D.
Mgr., E.A.R., External Bus. Systems
Control Data Corporation

July 20, Regency Inn, Hibbing

Barbara Yates
Director of Federal Programs
Department of Education

Mike Moseman, Chairman
Hibbing Chemical Advisory Board

Alan Abraham, Director
Chemical Dependency Services
Range Treatment Center

Alicia Toscano
Program Director
Range Treatment Center

August 18, Brooklyn Center Community Center, Brooklyn Center

Lois Wattman
Blue Cross/Blue Shield
Dr. Steve Butzer
Psychiatrist and Peer Review Consultant
Blue Cross/Blue Shield

Charles Heineke
Metropolitan Clinic of Counseling

Officer Bill Nelson
Gang Specialist
Minneapolis Police Department

Dick Quick
Department of Corrections

Rev. Curtis Herron
Zion Baptist Church

Don Shelby
News Anchor, WCCO-TV

Gail Burch
Media Supervisor
Campbell, Mithun & Esty

Margaret Tylczak
Creative Director
Campbell, Mithun & Esty

Oliver Steinberg
Minnesota Grassroots Party

Christopher Wright
Minnesota Grassroots Party

Tim Davis
Minnesota Grassroots Party

Spenser Orman
NORML

Thomas Snider
Minnesota Grassroots Party

Darrell Paulsen
NORML

Chief Don Davis
Brooklyn Park Police Department

Mike Samuelson
Powderhorn Park Neighborhood Association

Linda Bosma
Crime Prevention Coordinator
Elliot Park Neighborhood Inc.

Mayor Kurt Laughinghouse
Bloomington

Police Chief Robert Lutz
Bloomington

Sister Judith Stoughton
Sisters of St. Joseph's

Matthew Ramadan
Chairperson, North Side Residents Council
Chairperson, African-American Men Against Narcotics (AAMAN)

Greg Finzell
Community Coordinator
Summit-University Planning Council

Margaret Fuller
Anti-Crime Commission
Harrison Neighborhood Association

Christine Smith
St. Paul

Captain Kline
Brooklyn Center Police Department

Gertrude Buckanaga
Upper Midwest American Indian Center

The Committee Chair and/or Staff interviewed the following people during the course of this project:

Jerome Arnold, United States Attorney for the District of Minnesota

Rev. Walter Battle, Gospel Temple Church of God

Leonard Boche, Executive Director, Minnesota Board of Medical Examiners

Anthony Bouza, former Minneapolis Chief of Police

Jim Braseth, Resident Agent in Charge, D.E.A./ Minneapolis

Dr. Edmund Chute, Chief of Vascular Surgery, Minnesota Veterans Administration Medical Center

Richard Ericson, President, Minnesota Citizens Council on Crime and Justice

Prof. Barry Feld, University of Minnesota Law School

Lt. Rocky Fontana, Hennepin County Sheriff's Office Narcotics Unit

Prof. Richard S. Frase, University of Minnesota Law School

Donald Fraser, Mayor of Minneapolis

John Gastovich, Department of Health

Vincent "Peter" Hayden, Executive Director, Turning Point

James Kamin, Assistant Hennepin County Attorney

James Konen, Chief of Criminal Division, Ramsey County Attorney's Office

George Latimer, Mayor of St. Paul

Avis Laas, Children's Counselor, Fairview Treatment Programs

John Laux, Minneapolis Chief of Police

Joan Mathews-Larson, Executive Director, Health Recovery Center

William McCutcheon, St. Paul Chief of Police

Dick Norrish, Case Manager, Fairview Treatment Programs

Robert Plesha, Assistant Ramsey County Attorney

Kay Pranis, Researcher, Minnesota Citizens Council on Crime and Justice

Victor Propes, Executive Director, Council on Black Minnesotans

Prof. Bruce Roberts, Department of Psychology, St. Olaf College

Officer Mike Schoeben, Minneapolis Police Department, Gang Unit

James Schultz, Supervisor, Work Release Unit, Henn. Co. Correctional Facility

Kathryn Storey, Director, Anti-Crime Program, Whittier Alliance

Prof. June Lewin Tapp, Institue of Child Development, University of Minnesota

Carol Thomas, Executive Director, Prevention Alliance

Prof. Howard Thorsheim, Dept. of Psychology, St. Olaf College

Paul Tschida, Minnesota Commissioner of Public Safety

Prof. David Ward, Department of Sociology, University of Minnesota

Rev. Oliver White, Pastor, Camphor Memorial United Methodist Church and President of the St. Paul Black Ministerial Alliance

Frank Wood, Warden, Minn. Corr. Facility - Oak Park Heights

Corporate Sponsors

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The committee members would like to give special thanks to the following persons from the State Planning Agency:

Linda Sutherland, Assistant Commissioner, Human Services Division
Ann Jaede, Director, Criminal Justice Program
Steven Coleman, Statistics Analysis Center
Kathryn Guthrie, Statistics Analysis Center
Kathryn Haubrich, Statistics Analysis Center
Cara Woodson, Planner
Sandy Henry
Jo Griffith
Toni Marinkovich

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John Heintz, Executive Budget Officer, Department of Finance
Dan O'Brien, Assistant Commissioner, Public Information, Department of Corrections
Denise Sjoberg, Administrative Assistant, Bureau of Criminal Apprehension
Julie Tonneson, Executive Budget Officer, Department of Finance
Cynthia Turnure, Director of Chemical Dependency Program Division, Department of Human Services
Richard Welch, Director of Health Promotion and Education, Department of Health
Barbara Yates, Manager, Federal Drug Abuse Prevention Programs, Department of Education

Most important of all, the members of the Committee extend a special thanks to Mr. James Dorsey, a Minneapolis lawyer who served as staff for the committee. His tireless efforts were critical to the functioning of this committee and the production of this report.

Executive Summary

Minnesota's drug problem is serious. Drug use transcends economic, geographic and racial boundaries in our state, and it causes ruin, heartbreak and tragedy among all of us. The cost both in financial and in human terms is staggering. Yet our problem is not as bad as in many states. More importantly, we still have the time and the ability to respond to the problem in an effective manner without panicking and without taking extreme steps that contradict our societal notions of due process and fairness. However, we must begin at once, and we must attack the problem on all fronts. This summary contains policy statements and recommendations which together constitute a collection of coordinated multifaceted drug prevention, enforcement, and treatment strategies. By joining forces and following these recommendations, Minnesotans will be taking major strides toward solving our state's drug problem.

Recommendations for Minnesota's Drug Prevention Efforts

The goals of any drug prevention campaign should be: **(1) to reduce the number of people who try drugs; (2) to delay the onset of drug experimentation for those who do try drugs until they are as mature as possible; (3) to create an environment that will encourage drug-free living; and (4) to sensitize people to the signals and dangers of drug abuse so that treatment intervention occurs as early as possible for those in need.**

The State of Minnesota must pursue a strategy of achieving those goals by establishing integrated, community-wide prevention programs so that every citizen of this state gets a clear and consistent message from every source that drug usage is unacceptable. This message is to be delivered by and through parents, siblings, peers, schools, employers, churches and synagogues, print and electronic media, and society at large.

Prevention is clearly the wisest long-term solution to the drug problem we have. We need to expand its use significantly.

Education

Education must be a critical part of Minnesota's prevention effort. Early education and parent education are specific programs that must be expanded all over the state. The following recommendations for Minnesota's educational system should be adopted by our legislature and local school boards as soon as possible.

1 **Comprehensive drug prevention programs should start in kindergarten and continue through all grades.**

2 **School curriculum in general and prevention programs in particular need to reflect differing learning styles and diverse student needs.**

3 **The state Department of Education should (1) establish criteria for evaluating the effectiveness of school-based prevention programs, (2) implement a system of conducting such evaluations in each of the state's school districts, and (3) disseminate information about those programs that are successful.**

4 **Minnesota should encourage school and class sizes that foster student participation in school activities.**

5 **The legislature should expand the existing Early Childhood Family Education program to cover families with children in kindergarten through third grade.**

6 **Schools should actively reach out and involve parents in the education process.**

7 **Schools should expand drug prevention education for parents.**

8 **Every school should establish peer helper and peer tutor programs.**

9 **School districts should establish a counseling and referral system for all students, early childhood through twelfth grade.**

10 **Each school district should review and amend its alcohol and other drug policy to discourage use, disseminate information, and identify those in need of treatment.**

11 **Students, parents, and teachers should organize specific anti-chemical activities such as Students Against Drunk Driving chapters, pledges against drug and alcohol use, and chemically free proms, dances and graduation parties.**

12 **Communities should develop volunteer service activities for junior and senior high school students.**

13 **The legislature should fund research to determine whether biochemical imbalances can be identified that make students susceptible to substance abuse.**

14 **The legislature should amend the government data practices act to conform with the school notification requirement.**

15 **The legislature should increase funding for Head Start, other preschool education programs and family support programs.**

Community

Community-wide efforts are more effective than federal or state governmental pronouncements. Well-planned and comprehensive community-based activities are critical to more effective drug law enforcement and more effective drug prevention education. The state and cities should provide greater assistance, encouragement and cooperation to community-based prevention programs in accordance with the following recommendations.

1 **The legislature should provide additional funding for the Minnesota Prevention Resource Center.**

2 **Neighborhood and community groups should devise and carry out comprehensive and multidisciplinary drug prevention efforts.**

3 **Landlords should evict tenants who deal drugs and notify each other of tenants who engage in drug dealing.**

4 **More churches should actively deal with the drug problems in their communities.**

5 **Cities and housing authorities must do a better job of keeping property in good repair.**

6 **Hospital emergency rooms should refer patients to community health services for preventive medical care and to county social service departments for chemical dependency treatment.**

Workplace

The workplace has a significant effect on how we live. It helps shape our values and our life style. It can add both stress and satisfaction to our lives. It is often overlooked or undervalued in its ability to help deliver the message that illegal drug usage is unacceptable.

1 **All employers, public and private, should develop and implement chemical abuse prevention and intervention programs.**

2 **The State should adopt a drug-free workplace act that requires all private contractors that do business with the State to maintain drug-free workplaces.**

3 **The State of Minnesota, as the largest employer in the state, should set a strong example of drug prevention programs in the workplace by promulgating a drug policy for its employees, including drug testing when appropriate in accordance with Minn. Stat. Sec. 181.951, and by conducting drug education/prevention programs for all employees.**

Media

The tremendous power of electronic and print media should be used much more effectively than is presently the case to prevent drug usage.

1 **The Director of the Office of Drug Policy should conduct a long-term coordinated media prevention campaign.**

2 **All local and statewide media should dedicate a portion of their air time or print space to drug prevention announcements.**

Recommendations for Minnesota's Criminal Justice System

The energetic enforcement of laws prohibiting the manufacture, distribution, and possession of drugs through prosecution and punishment is a necessary component of a strong and effective anti-drug program.

Through the efforts of the criminal justice system, we should establish a reputation that **if you sell drugs in Minnesota, you will do time.** We have the capability, the resources and the resolve to earn that reputation.

Law Enforcement

1 **The seven county metropolitan area should establish a metropolitan-wide drug enforcement force, and the attorney general and the seven county attorneys should designate prosecutors to work with that force.**

2 **All non-metropolitan areas of the state should be organized into regional multi-county task forces.**

3 **Minnesota should establish a computerized central drug information center that contains information on all known or suspected dealers and on all ongoing investigations. The center should be accessible to all law enforcement agencies in the state.**

4 **Metropolitan police departments and sheriff's offices and the BCA should hire more undercover police/agents of color.**

5 **Law enforcement agencies should continue to pursue enforcement strategies against all levels of drug dealers and users.**

6 **Police departments in cooperation with social service agencies and community groups should engage in more problem-oriented policing.**

7 **Local industry groups such as motel/hotel owners, car dealerships, and car rental agencies should cooperate with local law enforcement agencies to fight dealers that use their services.**

8 **The legislature should enact a comprehensive reporting act for the manufacture and distribution of all precursor chemicals with criminal penalties for nondisclosure.**

Prosecution

1 **Drug cases should be brought to trial as rapidly as possible.**

2 **Prosecutors should aggressively pursue civil forfeitures, seek recovery under the Drug Tax Stamp law, and also vigorously argue that fines be levied in addition to other sentencing for all drug offenders.**

3 **The Minnesota Supreme Court should study the adoption of a rule permitting joint prosecution in certain drug cases.**

4 **Whenever a large bail amount is paid in cahs, there should be a hearing to validate that the source of the cash is not illicit drug sales.**

5 **Prosecutors should make full use of both the new statutes prohibiting the use of children in drug trafficking and the new aggravating factor for upward departure in sentencing when a narcotics crime is committed in a park or school zone.**

Judiciary

1 **Judges should use alternative sentencing and community service whenever appropriate.**

2 **District court judges should establish a uniform practice of putting all drug cases on an expedited schedule.**

3 **The Minnesota Supreme Court should sponsor comprehensive educational programs for judges on the extent of the drug problem, the physiological effects of drugs, and drug assessment, referral, and treatment.**

4 **Drug testing should be a condition of probation and pretrial release for all offenders with drug-related histories.**

5 **The Department of Corrections should develop and distribute model orders for probation and parole that specify the right of a probation officer to visit the offender without notice at any time.**

6 **Chemical dependency assessments should be conducted on all convicted drug offenders.**

7 **Judges should sentence all convicted drug dealers to some period of incarceration.**

8 **Judges should more frequently levy fines against both drug sellers and drug users.**

Corrections

1 **The legislature through the Community Corrections Act and county governments should expand the use of intensive supervised probation programs.**

2 **The Department of Corrections should expand its institution-based chemical dependency treatment**

programs to meet the need.

3 **Counties should experiment with increased use of treatment programs for chemically dependent persons who are sentenced to jail time.**

4 **The legislature should make it a separate crime to introduce controlled substances into the state.**

5 **Counties should request the National Institute of Justice to fund a program of voluntary drug testing and anonymous interviews of a sample of arrestees.**

6 **Driver's licenses should be revoked for all persons convicted of drug offenses in a manner similar to that currently being done with DWI offenders.**

7 **Professional licensing boards and government agencies should be notified whenever a licensee is convicted of a drug offense, and such boards and agencies should adopt policies of suspension, revocation and denial of renewal of licenses under such circumstances.**

Recommendations for Treatment Programs in Minnesota

The goals of any drug treatment program are: (1) to intervene in the progression of the chemical dependency; (2) to educate and assist the patient in changing self-destructive behaviors; and (3) to develop within the patient the commitment to carry out a plan of abstaining from drug use.

The State of Minnesota must ensure that cost-effective, comprehensive, and appropriate treatment programs are available to all citizens regardless of their ability to pay for the treatment. Such treatment must also be available immediately when a chemically dependent individual indicates that he or she is willing to enter treatment. Treatment providers must continue to improve their effectiveness through developing cultural/gender specific and individualized treatment programs. Researchers in the field of chemical abuse treatment must actively disseminate their findings to providers so that the gap between what researchers find to be effective treatment and what providers are doing in the field is narrowed.

1 **The legislature should provide additional funding so that there can be nearly immediate assessment and placement when a chemically dependent person agrees to seek help through treatment.**

2 **The Minnesota Department of Human Services should offer training in chemical dependency diagnostic and intervention services through its various human services programs.**

3 **There should be more resources for individualized treatment and more accurate assessment.**

4 **The legislature in conjunction with the Departments of Health and Commerce should investigate the adequacy of insurance coverage for chemical dependency treatment presently provided in Minnesota.**

5 **There should be a coordianted approach to conducting and disseminating addiction treatment research in Minnesota.**

6 **The chemical dependency treatment industry should expand and increase the availability of aftercare programs, particularly outpatient aftercare support systems; and the legislature should consider a licensing requirement for aftercare programs.**

7 **The Department of Human Services in conjunction with the treatment community should develop standards to provide increased accountability for treatment programs.**

8 **The Department of Education should explore the feasibility of a chemical dependency treatment insurance program for all Minnesota school children, kindergarten through twelfth grade.**