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# GOVERNOR WENDELL R. ANDERSON SPECIAL MESSAGE

## DRUG ABUSE IN MINNESOTA: A PROGRAM FOR ACTION

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STATE OF MINNESOTA



### To the 67<sup>th</sup> Session of the Legislature of Minnesota

### February 23, 1971

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Mr. Speaker, Mr. President, Members of the 67th Session of the Minnesota Legislature, and fellow citizens of Minnesota:

In 1969, according to statistics of the Bureau of Criminal Apprehension, the district courts of 25 Minnesota counties heard drug arrest cases. In 1970, such cases were heard in 50 Minnesota counties.

That doubling, in one year, of the number of counties involved in district court drug cases is a partial reflection of the rapid and relatively recent spread of drug abuse in Minnesota.

By any measure, abuses and misuses of drugs have increased rapidly in our state during the past five years. Of course, the problem is not Minnesota's alone. Increases in the illegitimate use and distribution of drugs are a national and worldwide phenomenon. But "the drug problem" certainly is ours to deal with in Minnesota as well.

Let me emphasize at the outset that the abuse or misuse of drugs is not limited to a particular age group or to those who use drugs while they express their rejection of the standards of our society in other ways as well.

We truly are a drug-oriented society. We have discovered ways to use drugs to benefit the physically and mentally ill, the jittery, the overweight, and others. At the same time, we have made a wide range of drugs available to all of our citizens, through prescriptions and across the counters of our pharmacies as well as through illegal channels.

We do rely on drugs. We do misuse them. Even some health professionals misuse their right to prescribe drugs, and some health professionals are themselves dependent on drugs.

The problem is widespread. It is not limited to marijuana and the narcotics that receive most of the publicity. It is not limited to any age group or social group or geographic location.

Furthermore, it is a problem that is well known in Minnesota. As I indicated in my Inaugural Message, no concern has been voiced more frequently to me in my travel throughout the state than alarm over drug abuse. Through the media, by word of mouth, and sometimes through tragic personal experience, Minnesotans are aware and concerned about the misuse of drugs. There is no need to convince them that we have a drug problem.

For a time, during the 1960's, we watched as drug abuse, especially among the young, increased in intensity along the coastal areas of the nation and in our large urban ghettos. But soon the problem was knocking at our doors.

The Bureau of Criminal Apprehension reports that arrests for drug violations increased fivefold in Minnesota between 1967 and 1969, from 237 to 1,196. Totals for 1970 are still incomplete, but they show a total approaching 1,750 -- without counting Minneapolis arrests, which numbered 517 in 1969. If Minneapolis maintains its 1969 level of arrests in the 1970 totals, Minnesota drug arrests will double the 1969 figure and be ten times the total for 1967. At least 237 of those 1970 arrests have been reported from communities of less than 2,500 population -- a number equal to the entire statewide total in 1967.

District court reports also illustrate the increase in numbers. In 1969 these courts heard 330 cases, according to BCA statistics; in 1970 the figure was 703, or an increase of 123 percent. There were 617 convictions in district courts in Minnesota in 1970, compared to 278 in 1969.

Of course, arrests for drug violations tell only part of the crime story related to drugs. Nationally, it is estimated that over 50 percent of the crime in our society is committed in order to finance the enormous costs of drug addiction.

Nor is recognized crime the complete picture of drug abuse. Reports on hospital admissions and statements from students, educators, physicians, and others with professional or personal knowledge of the problems, indicate that drug abuse is increasing everywhere in our state. Metropolitan areas and communities located near colleges and universities account for major increases. But there are few areas in Minnesota where parents, educators, or law enforcement officers remain unconcerned about drugs.

Many of our citizens are alarmed about broken laws. Many of our citizens are alarmed about broken lives. All of us, I believe, recognize an urgent present need to prevent and cure the damage that is caused by drug abuse:

- damage to the drug abusers;
- damage to the victims of the crimes they may commit to finance their own use of drugs;
- damage to the accidental victims of those who lose control of their physical, mental, and moral faculties because of drugs;
- damage to the basic stability and orderliness of our society.

This is a battle we have fought before, and continue to fight. The problems of dealing with drug abuse are similar to the problems of dealing with the abuse of alcohol. It is

entirely appropriate to place drug abuse and alcohol abuse problems together under the term of "chemical dependency" problems.

As a people and as a state, we are concerned with preventing chemical dependency. We are concerned with treating chemical dependency that we fail to prevent. And we are concerned with the development and enforcement of fair laws concerning chemical dependency.

We have worked long and hard to deal effectively with problems of alcohol dependency, but serious and widespread problems remain for many of our citizens, of all ages, and for our society as a whole. Now we are beginning to face serious and widespread problems of dependency on other drugs.

As long as there have been drug dependency problems -- and that is a very long time -- there have also been efforts in our state agencies and institutions and among public and private groups to deal with these problems. As the problems have grown recently, so have our efforts.

Established programs now operate in the Department of Corrections, the Bureau of Criminal Apprehension, the Department of Education, the Governor's Crime Commission, the Governor's Commission on Drug Abuse, the state junior

college system, the University of Minnesota, the Department of Health, the State Planning Agency, and the Department of Public Welfare. In addition, ongoing efforts in Minnesota involve federal agencies, counties and municipalities, private colleges, churches, hospitals, private foundations, and many other groups.

In working on problems of alcohol dependency, Minnesota's Commission on Alcohol Problems also has made significant contributions -- through employer programs, especially in assisting the state to provide treatment for state employees with alcohol problems, in education, and in highway safety. The Commission has coordinated Minnesota efforts to secure funding for a special project on drinking, driving, and highway accidents. Minnesota has benefited greatly from the careful, dedicated work of this state-established effort.

This assortment of Minnesota efforts works to prevent and treat alcohol and drug problems, and to enforce our laws concerning chemical dependency. Almost every kind of activity that can help to combat drug abuse is going on somewhere in Minnesota in small ways or large ways.

But some of these efforts are not large enough to meet our growing problems. Some of them are not widely enough available in our state. Some of them are ineffective

or less effective than we need because they are badly informed or because they are unable to make use of all of the resources that are available, or because the volunteers and professionals working in these efforts do not have adequate training.

We need programs that will help more people. We need programs that are more widely available. We need to put people who are better trained together with resources that are more readily available in places where they can be more helpful.

At the time of my inaugural as governor, I called for a deliberate, systematic effort on the part of state government to direct and coordinate programs to control the abuse of drugs in Minnesota. Since then, I have reviewed the December 1970 report of the Governor's Commission on Drug Abuse, the budget and program proposals of our state agencies and other state-supported institutions, and the expert advice on drug abuse that is available inside and outside state government.

My Budget Message contained specific recommendations for specific expanded or new efforts in this problem area, and I asked the legislature in addition to set aside approximately \$2 million for still greater efforts during the coming biennium.

Those recommendations already made and the additional recommendations in this message, I believe, will create a Minnesota action program that is capable of accomplishing four



major goals:

First, state coordination of present efforts to control drug abuse as well as new efforts outlined in this message;

Second, a major educational effort aimed at public information, personal counseling, and improved preparation of volunteers and professionals who try to prevent drug abuse;

Third, the development of a full range of treatment and care facilities throughout the state for those who are chemically dependent, or addicted, or both, to alcohol and other drugs.

Fourth, the improvement of our laws and law enforcement in relation to the abuse and misuse of alcohol and other drugs.

COORDINATION, EDUCATION, AND INFORMATION

1. Assignment of Responsibility to Governor's Commission on Drug Abuse.

As a vital and basic step in the development of a drug abuse program for Minnesota, I am assigning general coordination and development responsibilities for all state efforts in controlling the abuse of non-alcoholic drugs to the Governor's Commission on Drug Abuse, which has direct responsibility to my office.

Furthermore, I am asking the staff of the Commission to develop a close working relationship with the staff of the statutory Commission on Alcohol Problems. To encourage immediate development of this working relationship, I have designated the director of the Governor's Commission on Drug Abuse, Leonard Boche, to serve as Acting Director of the Commission on Alcohol Problems, which has had a vacancy in its chief staff position.

The Governor's Commission on Drug Abuse will thus serve as the state's coordinating and initiating vehicle for programs to combat drug abuse, with direct access to the resources of the Commission on Alcohol problems.

The creation of this working relationship will, in my judgment, accomplish several desirable objectives:

- It will recognize the relationship between dependency on alcohol and dependency on other drugs.
- It will make efficient use of staff positions already allocated or recommended for both commissions.
- It will continue to give much needed recognition to both alcohol and drug problems.
- It will place the responsibility for coordination and action on drug abuse problems at a high level in the state's executive structure and enable the developing program to cross traditional agency and organization lines.

- It will provide a single unit, responsible to the Legislature and the Governor, which is clearly designated and recognized as the central reference and action point in Minnesota on problems of drug abuse.

I am assigning the Governor's Commission on Drug Abuse several specific functions in the development of a Minnesota drug abuse program.

It will study and review the operation of existing drug abuse programs in all state departments and agencies and make recommendations to the Governor and the Legislature for expanding, developing, combining, and coordinating existing programs in order to achieve the greatest possible effectiveness in education, treatment, and law enforcement throughout the state.

It will operate as a liaison between departments of state government and between state government, local government, public and private groups, and individuals.

It will be designated as the official Minnesota agency to coordinate and approve proposals to use available state and federal funds for drug abuse programs. At the same time, I will also designate the Commission on Alcohol Problems as the official Minnesota agency to coordinate and approve proposals to use available state and federal funds for alcohol abuse programs, further encouraging a working relationship between the two commissions.

It will serve as an information clearing house for the entire state on drug abuse - to publicize available materials and programs, initiate new materials and programs where needed, and develop regional clearing houses at suitable locations throughout the state.

It will work actively to develop public information and education efforts through the mass media and educational media of the state, in order to use both print and broadcast media effectively in calling public attention to problems of drug abuse and to the availability of education and treatment services.

It will develop cooperative relationships among agencies, schools, law enforcement units, and other groups with a common interest in problems of drug and alcohol abuse.

I want to emphasize that this will be an action commission, not a study commission. There are many excellent efforts to solve problems of chemical dependency throughout Minnesota. We have a long and significant history of pioneering in in-patient treatment facilities for dependent and addicted people. Most state departments and agencies with public welfare responsibilities have drug information, education, or treatment services. Imaginative programs to reach those dependent on drugs outside the traditional treatment centers and educational agencies are now in operation. A beginning

effort has been made to increase citizen participation in programs to combat drug abuse throughout the state.

Our primary need is coordination of these efforts in order to make maximum use of resources, facilities, and people. This requires authority in the public sector and assistance to the private sector; that is the role that I am assigning to the Governor's Commission on Drug Abuse.

Assigning coordinating responsibilities to the Governor's Commission on Drug Abuse can be accomplished without adding to the budget recommendations I have already made to support the Governor's Drug Abuse Program and provide staff for the Commission on Alcohol Problems and the Governor's Commission on Drug Abuse.

However, additional funds will be required to carry out the public education, public information, and clearing house functions which I am assigning to the Commission.

2. Public Information and Regional Clearing Houses.

I ask the Legislature to finance a statewide public education and information effort from the \$2 million which I asked the Legislature to set aside for an expanded drug abuse program when I made my budget recommendations.

I intend to assign to the Governor's Commission on Drug Abuse the responsibility for developing effective television programming for use on educational and commercial stations,

ranging from commercials to instructional programs for use throughout the state. I am most impressed with the potential power of television to reach the young, especially the very young, with good programming. Nearly every adult who smokes in Minnesota now knows what the anti-smoking television campaign has achieved in bringing the pressure of children to bear on their parents. Beyond that, our educational and commercial television stations have the capacity to reach nearly the entire Minnesota population at home and at school, and it is entirely appropriate for the state to assist in developing this educational potential.

As governor, I will use every power of persuasion available to me to gain the cooperation of Minnesota television stations and commercial sponsors in providing prime time for such efforts, as citizen contributions to the statewide effort to control alcohol and drug abuse.

The educational effort, of course, should make use of our other mass media and educational media as well. In addition to that, we need to encourage effective use of present curriculum materials and develop new ones to make our mandatory classroom instruction in the effects of alcohol, tobacco, and drugs more effective. Instructional television can be of assistance in the classroom, too; the important need is to reach our young people early with the education and information they need about the problems of drug abuse.

I also recommend that state funds be used to provide matching funds to create seven information and education clearing houses on drug abuse in cooperation with the Governor's Commission on Crime Prevention and Control.

This recommendation anticipates the establishment of a clearing house in each of the seven planning areas used by the criminal justice system under the jurisdiction of the Governor's Commission on Crime Prevention and Control. The funds would provide the local share of matching formulas to make use of funds available to the Commission.

These clearing houses would constitute the information and education outreach effort of the Governor's Commission on Drug Abuse, and the Commission would be directly involved in establishing their programs and guiding their efforts. I anticipate that these clearing houses would develop close working relationships with college and university campuses in the planning areas, so that information and education endeavors will carry over to the private and public schools their teacher graduates serve.

I recommend that the Legislature appropriate \$175,000 in state funds to carry out the statewide information effort and establish clearing houses throughout the state.

This information effort and the development of state coordination of drug abuse efforts which I recommend today are important and necessary tools for developing a state drug abuse program during this biennium. The major responsibility of the Governor's Commission on Drug Abuse during the biennium will be to bring our present efforts together and establish and guide the new efforts described in this message. As these programs develop, I hope that they can be incorporated gradually into the permanent operations of our existing government units. If that can be accomplished, the need for the special visibility and authority of the Governor's Commission on Drug Abuse may disappear. I am hopeful that by the beginning of the next biennium I can recommend the phasing of many of these efforts into the state's operating agencies.

3. University of Minnesota Special Appropriation on Drug Abuse Information and Education.

The government of the State of Minnesota has often called upon its university to be the "natural resort and resource for counsel and information" for the people of Minnesota, to use the words of the first president of the University, William Watts Folwell.

In that tradition, the "communiversity" of President Malcolm Moos has requested a special appropriation for Drug Abuse Information and Education, which I have recommended in



my Budget Message for full funding in both years of the biennium. Although that recommendation is not a part of the \$2 million that I have asked the Legislature to set aside for additional funds to establish a drug abuse program, it is a vital part of the total state program that I envision for the biennium.

The main use of the funds which I have recommended for this appropriation will be the development of trained and experienced personnel in drug abuse education and rehabilitation.

Through this special appropriation, the University will train qualified educators to staff our teacher education programs throughout the state, so that teachers can be supplied to our public and private schools who have met the intent of the legislature in setting down specific requirements for teacher training in the effects of alcohol and drug abuse. The shortage of qualified educators at the college level in drug abuse is one of the most critical weaknesses of our state educational system.

Comparable shortages of trained personnel exist in the fields of drug therapy, rehabilitation, law enforcement, and almost every other professional field related to drug abuse. Through this appropriation, the University will train specialists, drug abuse counsellors, and other professionals

and paraprofessionals, building upon work that has already been done in pharmacology, psychology, public health, and related fields at the University.

The requested appropriation will also be used for continuing education conferences, short courses, and workshops for professionals in a variety of occupations who work with prevention and treatment programs, including public and private college faculty members who are presently asked to serve as drug abuse educators without adequate training.

I therefore reiterate my recommendation for full funding of the special University of Minnesota appropriation for drug abuse information and education as a key element of my proposed program to combat drug abuse in Minnesota. I believe there is a clear relationship between these proposed efforts and the work of the Governor's Commission on Drug Abuse, and I expect a close working relationship to develop.

#### 4. Other Efforts Presently Underway

In my Budget Message, I also recommended agency appropriations that enhance the state's capacity to provide information and education in the area of chemical dependency.

I recommended an increased appropriation to provide matching funds so that the state can make full use of its bloc grant under the Omnibus Crime Control and Safe Streets Act, which allows support for drug treatment and education programs in mental health centers, agencies, and organizations.

In the State Planning Agency, the Comprehensive Health Planning Program can also include drug education and treatment in its statewide planning effort, and I hope that some of the funds available to the Governor's Commission on Drug Abuse can be made available for that purpose.

I expect the Governor's Commission on Crime and the State Planning Agency to cooperate with and support the work of the Governor's Commission on Drug Abuse as well. Although their budgets are already included in my budget recommendations and do not make up a part of the \$2 million I have asked the Legislature to provide for new efforts, they are important potential segments of the total drug abuse program for Minnesota.

CARE AND TREATMENT OF THE DRUG DEPENDENT

In caring for and treating the chemically dependent and addicted, it is vital to provide a functioning care system that will effectively serve the needs of people, from case finding to reintegration into the community where the person originally lived, worked, and became dependent on alcohol or other drugs. Partial systems, like those now operating in Minnesota, are wasteful because they do not finish the care and treatment task. Partial systems produce revolving doors that bring the drug abuser back for further treatment and care.

The proposals which follow will improve the continuum of care for the chemically dependent and addicted and fill some of the treatment gaps which now exist.

5. Enabling Juveniles to Seek Treatment Without Parental Consent.

I recommend that the Legislature enact legislation that will enable juveniles to seek treatment for health conditions without prior parental consent, as recommended by the Minnesota Public Health Association.

It is clear in case history after case history of alcohol and drug dependency or addiction that many parents are unwilling or unable to accept the fact of drug abuse in the lives of their children, and they often stand in the way of access to care for their children.

The drug phenomenon is not well understood by the adult population, which is one of the major justifications for the information and education effort I propose. But it is nevertheless essential to provide early diagnosis and treatment of drug dependency to prevent more complicated and serious conditions.

One of the answers to the human tragedy of drug abuse among young people is to respond when a juvenile recognizes that his drug use has turned to abuse and that

he needs help. He may be unable to share that burden with his parents, or they may refuse to recognize the seriousness of the problem because it threatens their sense of parental responsibility. Under common law and present practices, such a juvenile is denied access to care.

On behalf of the youth of the state, I recommend legislative authority for them to seek care for chemical dependency as well as other medical and mental health problems. This legislation in no way minimizes parental responsibility. Nor does it remove from the professional the responsibility to involve the parents at the earliest possible time in his treatment of their child. What it does is provide access to care for juveniles who know they need it.

Passing this legislation, in my judgment, will lower the cost of drug abuse in human tragedy as well as in the dollars that must eventually be spent to treat more serious problems.

#### 6. Licensing of Care Programs

I recommend the enactment of legislation that will authorize the Commissioner of Public Welfare to license programs to care for people for whom he has statutory responsibility -- the mentally retarded, the mentally ill, and inebriates who are dependent on alcohol or other drugs.

At the present time the state licenses facilities, primarily to protect the health and safety of individuals under its care. However, the state should focus on the substance of care programs as well.

For the chemically dependent, this need is especially acute. There is a need to assess the quality of residential after-care centers, of low-cost detoxication centers, of crisis intervention centers, and other innovative efforts to assist the chemically dependent.

The public and the chemically dependent need protection from poor programs--we must be sure that a program can carry out its purpose and that it is accountable for its effects.

By placing the responsibility of licensing programs with the Commissioner of Public Welfare, innovative programs that are effective can be encouraged and good programs can increase the number of cases they handle.

I recommend that the Legislature appropriate \$125,000 for the biennium to carry out authorization of a licensing unit that will serve these three disability groups.

#### 7. Fostering Innovative Outreach

The history of the field of addictive disorders reflects the fact that innovation and effective outreach to some addicts comes from non-traditional sources.

Some of the drug and alcohol abusers who most need to be reached are estranged from society and from the institutions which society provides to assist them. But they do respond to less formal efforts, sometimes called street programs, and they do respond to individual citizens who respond to their special problems.

Later, society sometimes recognizes the value of such programs and institutionalizes them or otherwise helps them to be effective. Some classic examples are Alcoholics Anonymous, Synanon, halfway houses, and crisis intervention centers.

Experimentation in innovative programs to reach the drug dependent and addicted is essential to successful care and treatment. So is the development of programs in new regions of the state on the basis of successful outreach models.

In reaching those who can benefit from care and treatment, we must be prepared to be imaginative and experimental.

Outreach efforts may involve the use of narcotic substitutes, such as methadone, for example, in developing treatment programs. The advantages of such experiments is

that they bring addicts into centers where treatment needs can be identified and undertaken, and they reduce or eliminate the huge costs of drug addiction that lead to so much criminal activity.

And we must also be prepared to use the young to reach the young, to train and encourage volunteers and to hire young people who have special interest in reaching the drug dependent and have the ability to do so. Some of the most effective work with alcohol and drug problems is done by peers of all ages, by those who understand how others like them feel and are willing to reach out to them for all of us.

In order to take the best advantage of the creativity and effectiveness of such efforts, I recommend that the legislature appropriate \$750,000 for use by area mental health boards to foster programs to reach the alienated. I ask this appropriation to be made to the boards through the Department of Public Welfare, specifically designated for support of innovative programming that improves our capacity to reach people in need, whoever they are, wherever they are, and when they need it.

8. Development of a State Narcotics Treatment Unit

I recommend that the Legislature appropriate \$500,000 for the biennium and authorize staff positions for the creation of a narcotic treatment unit at Willmar State Hospital.



The only effective way of coping with an addicted individual is through treatment, but treatment of narcotic addicts has shown only limited success. Through the Federal Narcotics Addiction Rehabilitation Program, it has been demonstrated that rehabilitation of a narcotics addict can succeed if programs can be localized and an effective follow-up program can be established. At present, Minnesota narcotic addicts must be referred to Lexington, Kentucky, for care and treatment, minimizing the chances for the success that localization and follow-up provide.

If we can build on the experience we have so far with treatment at Willmar State Hospital, and if we can develop adequate follow-up in addition to rehabilitation, there is hope that we can do a more effective job of treating narcotics addicts under state auspices in our own area.

Narcotics addiction is a condition from which people can be reclaimed, and it is worth the investment of state funds. The \$500,000 which I recommend for the biennium for this program is approximately the cost of the heroin habit in Minnesota for two and one-half days. It is estimated that the cost of heroin and its derivatives for Minnesota addicts is \$200,000 per day, ranging from \$100 to \$200 per day per person.

The results of that high cost are theft, robbery, or the sale and distribution of drugs by addicts; they are compelled by their habits to break the law. Effective local treatment can rehabilitate the addict. It can also protect Minnesota citizens from his crimes and from his seeking out others to become addicts in order to finance his own addiction.

9. Developing Adequate Narcotics Follow-Up Programs

Narcotics addicts cannot be helped without treatment. But their treatment program will only be as successful as its follow-up.

By law, county welfare departments have the responsibility to follow up on the treatment of narcotic addicts once they have been released from custodial care. If we establish a narcotics treatment unit at Willmar State Hospital, it will be imperative that welfare departments carry out this function.

Federal funds are available to reimburse 75 percent of the administrative funds that are spent on narcotics follow-up programs. It will require the best efforts of county welfare departments, the area mental health boards, and the Governor's Commission on Drug Abuse to see that released addicts are followed up and that the best use is made of available funds.

A special appropriation is not necessary for this purpose, in my judgment. What is necessary is the dedicated work of skilled professionals who have assistance in putting their skills to work. I intend to use the Governor's Commission on Drug Abuse and the Commission on Alcohol Problems to provide that help.

10. Establishment of a Juvenile Intervention Unit

Some of the innovative efforts to reach drug abusers are uncovering young people who need extensive in-patient care in Minnesota. At the present time, there are no facilities for young people in the state of Minnesota.

Instead, we are admitting a limited number of juveniles to the adult alcohol and drug addiction units of our state hospitals. The history of such admissions indicates that it is inappropriate to treat juveniles in state hospital programs designed primarily for the treatment of middle-aged male alcoholics.

The provision of care is clearly needed for the young people being identified through youth emergency services, crisis intervention programs, and other informal and formal means. We need a special facility for their treatment, and we need also to provide the community follow-up described earlier for the treatment of older addicts.

I recommend that the Legislature appropriate \$450,000 for the biennium and authorize staff to establish an experimental juvenile intervention unit for the chemically dependent at a state hospital to be designated by the Commissioner of Public Welfare.

I also intend to use the Governor's Commission on Drug Abuse and the Commission on Alcohol Problems to insure that adequate follow-up care is provided to juveniles who need the care, wherever they may be.

Much of the \$2 million I have asked the Legislature to provide for new efforts to combat drug abuse in Minnesota will go into treatment efforts if the Legislature approves my program. It is clear that the chemically dependent need treatment and that the state must provide it. It is also true that effective treatment reclaims chemical dependency victims and ineffective or inadequate treatment does not. This is an investment we must make, and I believe our people are ready to make it.

#### LAWS AND LAW ENFORCEMENT

My budget recommendations of January 27 include requests to double the number of investigators in the Bureau of Criminal Apprehension and provide additional laboratory staff. Some of this increased staff can be financed through the use of Federal funds; almost all of it is required by

the increased burden of drug investigation and law enforcement related to drugs.

At the beginning of this special message, I indicated some of the statistics that reflect our growing burden of crimes related to drugs in Minnesota. I believe the recommendations I have made are adequate to expand state law enforcement in this area during the biennium, but I also believe it is absolutely essential to approve them. I reiterate my strong support for those recommendations.

Increased education and information efforts anticipated in several of my proposals, and the public education effort of the Governor's Commission on Drug Abuse will all have some effects on law enforcement effectiveness in Minnesota. Like other professionals, law enforcement officers need special training and information about chemical dependency. Like other citizens, they are devoted to prevention and treatment efforts that will reduce the direct and indirect criminal activity that is related to chemical dependency.

Three more specific steps by the Minnesota Legislature, however, will improve the state's ability to combat drug abuse.

11. Revised Laws Related to Drugs

In order to provide a realistic basis for statewide efforts at education and control, the laws governing sale,

possession, and use of drugs must be brought into line with what we know about drugs and with the federal laws that parallel our state laws.

Therefore, I recommend the adoption of legislation recommended by the Legislative Advisory Committee of the Governor's Commission on Drug Abuse and supported in principle by the Minnesota Bar Association, the Association of County Attorneys, the Sheriffs Association, the Chiefs of Police, and the Mental Health Committee of the Minnesota Medical Association.

This legislation establishes five schedules of drugs, establishes a system of classifying drugs according to the schedules, and provides a penalty structure for violations in each schedule.

It also distinguishes between those who possess narcotics and those who manufacture, distribute, sell; or possess with intention to manufacture, distribute, and sell.

Among other provisions, it reduces the classification of possession of marijuana from the felony level to the misdemeanor level, with accompanying reduction in penalty. Such a step is generally agreed to be desirable in enforcing our laws and assessing appropriate penalties, I believe.

I support the basic rewriting of our Minnesota drug laws and the recommended penalties, in order to update and systematize our drug laws and improve the quality of the

administration of justice. Because our law enforcement professionals find the present laws chaotic and inconsistent, they are faced with unfortunate problems in charging and sentencing violators. The proposed revisions should be helpful.

12. Drug Education for Drug Offenders

I encourage the courts of criminal jurisdiction, in disposing of those charged with drug-related crimes, to develop innovative approaches which may get to the heart of the drug problem for the defendant. Optional use of various forms of education and referral for treatment should be fully explored and utilized by the courts within the latitude now provided them. Judges are now limited in the options available to them in these cases because of the absence of realistic educational programs in which they might involve drug offenders.

In the spirit of the recommendation of the Mayor's Drug Abuse Committee in Minneapolis, I recommend establishment of a special curriculum in "the use of drugs and drug abuse," to be available through the state's regional clearing houses that are to be developed by the Governor's Commission on Drug Abuse.

Judge Barbeau's committee has identified a useful effort for the state, and I recommend its implementation.

13. Pre-Arrest Testing for Suspected Drunk Drivers

Drivers who are under the influence of alcohol remain a serious problem for the state. Deaths and disabilities, besides huge amounts of property damage, continue to result from automobile accidents that arise directly because a driver is under the influence of alcohol.

The Commissioner of Public Safety and the Commission on Alcohol Problems, together with an impressive list of interested citizens, have come forth in support of the so-called "baggie bill."

This bill provides for pre-arrest testing of motor vehicle drivers who are suspected of being under the influence of alcohol. The bill also makes it illegal to operate a motor vehicle with a blood alcohol level of .10% or more.

I join the Commissioner of Public Safety and the Commission on Alcohol Problems in support of this bill. I believe it is a positive way to deal with an intolerable problem.

SUMMARY

These thirteen recommendations constitute the program to combat drug abuse that I promised in my Inaugural Message. Where appropriate, I am having bills drafted for introduction in the near future. Other efforts will be undertaken by executive order.



Not all of my recommendations are new. Not all of them cost money. What we have tried to do is to examine the problem of drug abuse, study the resources available, and provide recommendations for putting the state's resources together with the state's skilled people to serve the state's human needs for information, education, and organization to prevent drug abuse, treat drug abusers, and enforce the laws relating to drug abuse.

The key to this proposal is the placement of coordinating authority and responsibility with the Governor's Commission on Drug Abuse, where it is visible and easily available to carry out the will of the Legislature and the responsibilities of the Governor.

I accept those responsibilities eagerly. I believe an action-oriented Governor's Commission on Drug Abuse will work. I am determined to make it work. I believe it is the best mechanism available at this time to focus on our increasing problems of chemical dependency. I see it as a device to stimulate as well as coordinate, to join the needs and imaginations of people throughout the state in combatting drug misuse and abuse.

In addition to specific recommendations already made in the Governor's Budget Message, the proposals which

make up my \$2 million request for additional state funds are the following:

\$175,000 to provide matching funds for the creation of seven regional clearing houses throughout the state for purposes of improving the amount and quality of information, education, and treatment related to drug abuse.

\$500,000 to establish a narcotics treatment unit at Willmar State Hospital.

\$450,000 to establish a juvenile intervention unit at a state hospital to be chosen by the Commissioner of Public Welfare.

\$750,000 to develop innovative programs throughout the state to reach and treat the chemically dependent through Minnesota's area mental health boards.

\$125,000 to establish a program licensing unit in the Department of Public Welfare.

In my judgment, this investment and the recommendations already made in my Budget Message constitute a sound, sensible, and responsive approach to the needs of the people of Minnesota for a program to combat chemical dependency. Furthermore, the remainder of my legislative proposals, which do not require special appropriations, are also vital to a comprehensive and effective effort.

Finally, this special message calls for executive responsibility and management efforts to implement a useful program. Those responsibilities will require an effort on the part of every agency involved, on the part of my staff and the staff of the Commission, and on the part of every skilled professional, government leader, responsible educator and communicator, and concerned citizens in Minnesota. I intend to see that these efforts are carried out and coordinated to serve our people.

I will be happy to receive suggestions and additional recommendations from the members of the Minnesota Legislature concerning the program outlined in this message. I believe that this statewide action program to prevent, treat, and control drug abuse should receive broad bipartisan support, and I hope that the Legislature will act quickly and decisively to bring it into being.