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**DRAFT**

## CHAPTER IX: HIGH RISK YOUTH

### INTRODUCTION

The Federal High Risk Youth strategy focuses on children and teenagers under the age of 18 who, because of certain characteristics or conditions, are especially likely to use illegal drugs and/or alcohol.1 High risk youth include those who are: economically disadvantaged; children of substance abusers; school dropouts; pregnant; victims of physical, sexual, or psychological abuse; runaway or homeless; and youth who have committed a violent or delinquent act. High risk youth are different from other at risk youth because they have multiple problems that are complex and interrelated.

The High Risk Youth Committee of the National Drug Policy Board (NDPB) is chaired by the Office of Justice Programs' Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the Department of Justice.2/ Based on the Committee's inventory of programs and its assessments of issues and needs, members formulated a national strategy that builds on developments to date and specifies ways to strengthen the overall effort to help high risk youth lead drug-free lives. Two guiding principles or policies serve as the foundation for this action plan: (1) zero tolerance for illegal drug use by high risk youth; and (2) accountability on the part of individuals, families, and communities for preventing and controlling illegal drug use among high risk youth.

The goal of the national strategy is to empower this and future generations of high risk youth to achieve drug-free and productive lives. Four strategies provide the means to achieve this goal:

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1/ The Office of Substance Abuse Prevention's focus is on young persons under age 21.

2/ Other members of the High Risk Youth Committee include representatives of ACTION/Drug Alliance Program and the Departments of Health and Human Services (Administration for Children, Youth, and Families; Family Support Administration; Indian Health Service; National Institute on Drug Abuse; National Institute on Alcohol Abuse and Alcoholism; National Institute on Mental Health; and the Office for Substance Abuse Prevention), Education, Housing and Urban Development, Interior (Bureau of Indian Affairs), Justice (Bureau of Justice Assistance; DEA; and the National Institute of Justice), Labor, and Transportation (National Highway Traffic Safety Administration).

- o Promote a strong message that high risk youth who use illegal drugs are accountable for their behavior;
- o Strengthen high risk families and promote their responsibility for preventing and intervening in illegal drug use by their children;
- o Encourage communities to implement comprehensive responses to eliminate illegal drug use among high risk youth; and
- o Enhance the national leadership role of the Federal government by working as a catalyst to encourage further development of comprehensive State and local responses to illegal drug use among high risk youth.

Because the problems of high risk youth are very complicated, implementing demand reduction efforts for them is more difficult than for other populations. This challenge is not insurmountable, however. Much was done in FY87 to prevent, intervene in, and treat illegal drug and alcohol use among high risk youth.

## PROGRESS IN 1987

An important accomplishment of the High Risk Youth Committee during FY87 was the coordination of Federal efforts on behalf of this population. The Committee's emphasis on information- and resource-sharing resulted in complementary and cooperative Federal initiatives (rather than duplicative or overlapping) and an action plan that can be implemented successfully without funding beyond agencies' established budget allocations.

Fifty-nine ongoing or planned Federal drug programs for high risk youth were identified in FY87 by the Committee, including 24 for juvenile delinquents and/or violent offenders, 18 addressing multiple risk factors, and ten for economically disadvantaged youth.3/ In addition, significant efforts at the State and local

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3/ Other initiatives target children of substance abusers, school dropouts, runaway/homeless youth, and those experiencing mental health problems. Federal projects and programs were counted if they placed a major focus on drug abuse and addressed one or more of the high risk factors, including runaway and homeless youth and those factors contained in the Anti-Drug Abuse Act of 1986. Many other programs address high risk factors but do not contain a major drug component (for example, teenage pregnancy programs). As part of the High Risk Youth Committee's national action plan, the represented agencies will review other programs to identify appropriate candidates for inclusion of a high risk drug component.

levels and among national professional organizations, grass roots organizations, and the private sector were identified.

PROMOTE ACCOUNTABILITY AMONG HIGH RISK YOUTH

By demonstrating zero tolerance through predictable consequences, this strategy builds upon this Administration's longstanding policy of intolerance of illegal drug use. At its core are programs to reinforce individual responsibility, model strategies to coordinate systems' responses, and laws that mandate clear sanctions. Eleven FY87 Federal initiatives relate to this first strategy:

- Drug Testing of Juvenile Arrestees (Bureau of Justice Assistance - BJA and the National Institute of Justice - NIJ). Examines illegal drug use among arrested juveniles. Results will enhance monitoring drug use among juvenile delinquents.

- Urine Testing of Juvenile Offenders (NIJ and OJJDP). Examines the feasibility and utility of such tests, including protocol development for use in other jurisdictions.

- Etiological Research (National Institute on Drug Abuse - NIDA). Includes projects that address the relationship between drug abuse and such high risk factors as dropping out of school, child abuse, running away, and economic deprivation.

- Drugs and Youth Violence (NIJ and OJJDP). Measures patterns of drug use related to violent delinquency in inner-city areas, and analyzes classification and treatment methods.

- Understanding and Predicting Antisocial Behavior and Substance Abuse (National Institute on Mental Health - NIMH). Researches "multiple gating" in order to allow the accurate early identification of boys who are at high risk for serious antisocial behavior and/or substance abuse, and to identify target variables for preventive interventions.4/

- Demonstration of Post Adjudication and non-Residential Intensive Supervision Programs (OJJDP). Develops and disseminates program models for reducing recidivism among serious juvenile offenders, with particular attention to preventing involvement in illegal drug use.

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4/ "Multiple gating" refers to the various paths youths take into drug use and abuse.

- o Youth Drugs and Alcohol Abuse: Introduction of Effective Strategies Systemwide (OJJDP and the National Highway and Traffic Safety - NHTSA). Promulgates successful techniques for each youth service system component to utilize in addressing illegal drug and alcohol use among youth.

- o Arrest Obstacles: Model Programs (NHTSA). Identifies and replicates programs that identify and address obstacles to the arrest process.

- o Intensive Community-Based Aftercare Programs (OJJDP). Assesses, develops, tests, and disseminates program models for serious offenders who initially need residential care. Overall goal is to reduce the incidence of crime by chronic, serious juvenile offenders released from confinement.

- o Serious Habitual Offender Community Action Program (SHOCAP) (OJJDP). Disseminates an effective approach for giving system priority to processing chronic, serious, violent offenders, with attention to youth involved in illegal drug use. The SHOCAP case management system is operational in 30 jurisdictions.

- o Gateway Projects (Office for Substance Abuse Prevention - OSAP). Thirty-four projects funded under OSAP's FY87 Demonstration Program focus on early intervention and prevention of initial involvement in drug use (especially alcohol), including efforts to preclude progression from initial involvement to later drug abuse.

States and local communities, recognizing that individual accountability is a critical element in eliminating the demand for illegal drugs, responded with a variety of efforts. For example, all States have passed statutes establishing 21 as the minimum drinking age and many have passed statutes providing for suspension (from 20 days to two years) or revocation of drivers' licenses for first offenders of traffic violations involving drugs or alcohol.5/

Many local jurisdictions implemented programs in which peer role models are used to demonstrate the value of drug-free living. Public Service Announcements (PSAs) and other media tools were utilized to identify sources of assistance, urge youth to get help if they have drug or alcohol problems, and communicate a clear message of individual responsibility for becoming involved with drugs or alcohol. The National School Safety Center's award-winning video and PSA, "What's Wrong With This Picture," exemplify such efforts.

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5/ As of February 5, 1988, 23 States and the District of Columbia had passed suspension/revocation statutes.

## STRENGTHEN HIGH RISK FAMILIES

The second strategy extends the accountability principle to parents and other family members. Its success depends on effective parenting programs, parental involvement in their children's treatment, and prompt referrals for troubled families. High risk families must be clear in their opposition to illegal drugs and must take a visible, active part in keeping their children drug free. Major Federal initiatives targeted in FY87 toward this strategy include:

- Research on Children of Alcoholics (National Institute on Alcohol Abuse and Alcoholism - NIAAA). Examines alcoholism among offspring of adult alcoholics and the biological effects of parental alcoholism on youth's involvement with drugs and alcohol.

- Intra and Intergenerational Aspects of Serious Domestic Violence and Alcohol/Drugs (NIJ). Researches substance abuse histories among parolees convicted of violent versus nonviolent crimes in an examination of the connection between parental drug abuse and drug problems among offspring.

- Effective Parenting Strategies for Families of High Risk Youth (OJJDP). Identifies and promulgates model program approaches, with emphasis on prevention and intervention techniques for families with youth involved in illegal drug use.

- Family Involvement Projects (OSAP). Forty-five projects funded under OSAP's FY87 Demonstration Grant Program that place a high or very high emphasis on family involvement in drug abuse prevention or intervention, including family strengthening efforts.

- Project Hope (OJJDP). Provides prevention and treatment programs for Hispanic runaways, abused/neglected and drug abusing children; includes family strengthening and involvement of community organizations.

State and local governments were also involved in promoting family responsibility. States such as Ohio have enacted and used legislation that permits juvenile and family court judges to hold parents responsible for children who become involved with illegal drugs. High risk families were targeted for special attention and services in developing drug abuse prevention strategies in response to recommendations of the National Governors Association Task Force on Alcohol and Drug Abuse. In addition, parenting skills training and services for high risk families and their children were provided through tenant management councils of public housing projects such as Cochran Gardens in St. Louis, Missouri.

## ENCOURAGE COMMUNITIES TO IMPLEMENT COMPREHENSIVE RESPONSES

Communities are a key component of the national action plan because they have the closest ties to high risk youth. Existing State and local community services must be energized and focused into comprehensive, coordinated response systems. Volunteers, religious leaders, and social and civic organizations must also be mobilized. Team training, agency partnerships, private sector involvement, multiservice assessment and referral centers, and dissemination of information about effective strategies are among the efforts that support this third strategy. Seventeen Federal programs were identified that support the development of comprehensive community strategies, including:

- Foster Grandparent Program (ACTION). Uses senior citizens as volunteers to work with youth involved in illegal drug use.

- Volunteers in Service to America (ACTION). Uses VISTA volunteers to work with youth involved in illegal drug use.

- Emergency Medical Assessment (Bureau of Indian Affairs - BIA). Establishes a procedure for emergency medical assessment of Indian youth detained for illegal alcohol or drug use. Efforts are being made to persuade medical doctors to look beyond immediate determination of alcoholism for other drug-related problems.

- Law Enforcement and Judicial Personnel Training (BIA). Provides instruction in the investigation and prosecution of illegal narcotics offenses and substance abuse intervention and treatment. Efforts are being made to persuade law enforcement and judges to make use of alternatives to jail for drug abusing youths.

- Development of Model Juvenile Code (BIA). Provides direction to juvenile courts handling delinquent offenders, including those involved in illegal drug use.

- Youth Shelter/Halfway House and Juvenile Detention Centers (BIA). Constructs and/or renovates facilities for housing juveniles, including substance abusers.

- Training for Major City Juvenile and Family Court Judges (BJA and OJJDP). Trains major city judges in handling juveniles involved in illegal drug use and serious, violent crime.

- Demand Reduction and Drug Prevention (BJA, the Federal Bureau of Investigation - FBI, and the Drug Enforcement Administration - DEA). Provides training and technical assistance for FBI and DEA field officers in drug intervention techniques.

- Drug-Free Schools and Communities: Governors' Grants for High Risk Youth (Department of Education - ED). Grants awarded by the States (from formula grant allocations) for alcohol and drug abuse education, prevention, and intervention. About $23.9 million were awarded in FY87 for high risk youth programs.

- National and Regional Conferences on Drug-Free Public Housing (Department of Housing and Urban Development - HUD). Workshops for public housing officials and residents, which addressed issues such as law enforcement, private sector support, causes of and alternatives to drug abuse, and the vital role of residents in both parenting and resolving the problem. As a result of these conferences, HUD plans to produce an information resource guidebook in 1988 highlighting successful antidrug strategies that can be replicated in public housing communities (See Chapter VIII, Prevention and Education).

- Speakers Bureau (HUD). Provides local and national informed, articulate persons willing to speak and provide assistance for conferences and meetings. (See Chapter VIII, Prevention and Education).

- Arresting the Demand for Drugs (NIJ). A monograph on police/school partnerships to prevent drug abuse which outlines model programs (New York's School Program to Educate and Control Drug Abuse and Los Angeles' Drug Abuse Resistance Education) and curricula and provides guidelines for their implementation and evaluation.

- Safe Schools Program (NIJ and ED). A model technical assistance and training initiative to reduce crime and disruption in schools, including problems related to drug abuse (implemented in Rockford, Illinois; Annaheim, California; and Jacksonville, Florida).

- Boys Clubs in Public Housing (OJJDP and OSAP). Provides training and technical assistance that includes specialized drug abuse prevention and intervention techniques for Boys Clubs personnel working in public housing settings; also targets outreach efforts to include high risk youth in programs. A total of 75 Boys Club personnel in ten major cities have been trained.

- Team Approach to Drug Abuse Prevention (OJJDP and BJA). Effects and facilitates community involvement with criminal justice agencies, other service-providing agencies, and public and private resources to prevent and intervene in illegal drug use among youth.

- Ohio Systemwide Coordination Program (OJJDP). Develops and demonstrates a model planning and resource coordination process that marshals new and existing resources from the

Federal, State, and local levels to focus on prevention, intervention, and treatment for youth involved in illegal drug use. A coordinated network of services is being created at the State level.

- Comprehensive Projects (OSAP). All 131 projects funded under OSAP's FY87 Demonstration Grant Program that focus primarily on provision of comprehensive prevention, intervention and treatment programs at the community level.

## ENHANCE THE NATIONAL LEADERSHIP ROLE

Leadership is the primary Federal function. It involves developing and testing promising approaches; conducting research and disseminating results; providing training and technical assistance; reinforcing the zero tolerance and accountability concepts; and directing State, local, and private sector attention to the special needs of high risk youth.

Since its beginning, this Administration has provided strong national leadership in America's antidrug program and has moved the Federal government into the forefront of responsive action to eliminate illegal drugs from our society. Under the "Just Say No" banner, the President and First Lady have articulated a clear national policy of accountability and zero tolerance for involvement with illegal drugs. Under their direction, a shift in the public's attitude about illegal drugs has occurred.

In addition to the efforts of the First Family, 26 programs and activities designed to enhance the Federal leadership role were planned or operating in FY87:

- Alcohol Abuse Demonstration Projects (Administration for Children, Youth, and Families - ACYF). Enables Runaway and Homeless Youth Centers to better serve youth with especially difficult problems, including drug and/or alcohol use.

- Runaway and Homeless Youth Center Supplementals (ACYF). Strenghthens the capacity of Centers to serve runaways/homeless youth with drug problems.

- Runaway and Homeless Youth Program: Drug Abuse Training and Replication (ACYF). Disseminates effective approaches for handling runaway youth involved in illegal drug and alcohol use.

- Community Education (Indian Health Service - IHS). Trains Indian Health Service (IHS), BIA, and tribal professionals in prevention, treatment, and intervention techniques for dealing with youth involved in illegal alcohol/drug use.

- Community Rehabilitation (IHS). Provides screening, referral, and treatment for youth; family therapy for families of youth in treatment; and aftercare services for youth.

- Regional Intervention (IHS). Provides technical assistance to tribal programs in community rehabilitation and liaison between community programs.

- Regional Treatment Centers (IHS). Provides residential treatment programs for chemically dependent Indian youth.

- Contract Health Care (IHS). Provides health care for American Indian/Alaska Native youth in need of residential treatment for chemical dependency.

- Identification and Promotion of Effective Screening Instruments (NHTSA and OJJDP). Develops effective screening instruments or processes for youth involved in illegal drug and alcohol use.

- Classroom Training in Drug Evaluation and Classification (NHTSA). Trains drug recognition technicians in assessing illegal drug/alcohol use.

- Youth Impaired Driving Public Hearings (NHTSA). Supports the National Commission Against Drunk Driving to conduct such hearings.

- National Drunk and Drugged Driving Awareness Week (NHTSA). Observed again in FY87, in cooperation with NIAAA and the States.

- Alcohol Highway Safety Workshops for Juvenile Judges (NHTSA). One-day workshops in three States alerted judges to the serious nature of impaired driving and encouraged appropriate prevention and deterrence efforts. The first workshop was held in FY87.

- Directory of DWI Youth Programs (NHTSA). Compiled from a nationwide search to identify programs and strategies to help communities combat impaired driving.

- Research on Teenage Drunk Driving (NIAAA). Identifies the most important factors related to DWI among youth.

- Program Development (NIDA). Includes testing program models for preventing drug dependence, developing procedures for employing urine and saliva screening, the National Household Survey, and production of a monograph, "Youth at High Risk."

- Cities in Schools (OJJDP, ED, and the Department of Labor). A dropout prevention/reduction program that includes a

special focus on the prevention and intervention with youth involved in illegal drug use.

- Promising Approaches to Prevention, Intervention, and Treatment of Illegal Drug and Alcohol Use (OJJDP). Develops, tests, and disseminates information to States and communities regarding model program approaches.

- Law Enforcement Handling of Serious Juvenile Offenders (OJJDP). Identifies, develops, and tests model strategies to improve law enforcement handling of juvenile drug offenders.

- Research on Drug Use Among Juveniles (OJJDP). Develops information on high risk factors for becoming involved with of illegal drugs.

- Causes and Correlates of Delinquent Behavior (OJJDP). Longitudinal prospective studies of risk factors for involvement in delinquency, including illegal drug use and factors that prevent involvement or increase resiliency.

- Juvenile Gang Suppression and Intervention Program (OJJDP). Identifies, develops, and tests strategies holding the most promise for combating juvenile gangs, especially those engaged in drug trafficking.

- Research on Juvenile Drug and Alcohol Abuse Among Ethnic and Minority Populations (OJJDP and NIDA). Identifies cultural factors and natural community support systems that promote the use or nonuse of drugs.

- Policy and Safe Policy Curricula (OJJDP). Provides drug prevention training for multidisciplinary teams, including judges, school superintendents, prosecutors, police, and probation officials.

- School Crime and Discipline (OJJDP). Assists school administrators in developing policies that allow them to address violence, truancy, and drug abuse in school settings.

- High Risk Youth Learning Community (OSAP). Provides knowledge transfer to high risk youth programs through conferences, workshops, and resource packages.

Local and State governments showed a strong commitment in FY 87 to implementing coordinated programs to eliminate illegal drug use among high risk youth. The School Program to Educate and Control Drug Abuse in New York City, for example, is a partnership between the police and education departments to create drug-free school zones; and Chemical Abuse Reduced Through Education in Toledo, Ohio has several committees to coordinate various community resources in addressing the problems of

juvenile alcohol and drug abuse. Additionally, more than 200 police departments have been trained to implement the Drug Abuse Resistance Education curriculum that uses police officers to teach children how to say "no" to drugs.

Minnesota and Tennessee have enacted legislation mandating information exchange between schools and law enforcement on drug-related incidents. Minnesota has also passed legislation to establish comprehensive assessment centers at the county level to evaluate "at risk" youth and coordinate appropriate services for them. Similarly, Pennsylvania has established Student Assistance Programs that provide complete assessments, evaluations, a treatment plan, and referrals through local school districts.

Comprehensive strategies were also developed by national, grass roots, and private sector organizations. The following descriptions of their initiatives provide a general overview of the types of programs that were planned or implemented in FY87.

## Professional Organizations

- The National Governors Association established three task forces on high risk youth: School Dropouts, Teen Pregnancy, and Alcohol and Drug Abuse. Each developed a strategy and an agenda for State action (published in Making America Work--Bringing Down the Barriers).

- The National Council of Juvenile and Family Court Judges conducted a national workshop on drug abusing juveniles to develop a national agenda for juvenile courts that must respond to this problem.

- The National Criminal Justice Association joined with the National Governors Association to conduct a nationwide analysis of State laws affecting the control of organized crime and drug trafficking (publication: State Laws and Procedures Affecting Drug Trafficking and Control: A National Overview).

- The International Association of Chiefs of Police, in conjunction with Trailways and Greyhound bus lines, continued coordinating Operation Home Free through which runaways are provided a free trip home, thereby helping remove such juveniles from high risk situations.

- The National Sheriffs Association began a nationwide information dissemination effort focused on drug prevention and enforcement, through which useful program information is shared among Federal and State agencies and sheriff's departments.

- The U.S. Conference of Mayors sponsored a nationwide Mayors D-Day that included a focus on juvenile drug abuse and

published an annotated listing of programs submitted by cities to the Mayors' Clearinghouse on Drug Control (publication: City Responses to Drug Abuse).

### Grass Roots Organizations

- The Community Families in Action, a San Antonio, Texas parents organization, estimated that 15,000-17,000 youth were exposed to overt drug and alcohol use at rock concerts. The organization was instrumental in developing three responsive city ordinances: a smoking ordinance for the city arena; a citywide sound-level ordinance; and a curfew ordinance.

- The Boys Clubs of America, in response to a challenge by President Reagan, created a national program, "Drug-Free and Proud To Be." Local clubs are securing pledges from one million high risk boys and girls to remain drug-free and are providing them with alternatives to drugs, using positive peer pressure and techniques to build self-esteem.

- The Lions Club International (LCI) operates several programs that target drug abuse among high risk youth. LCI's drug abuse effort is embodied in its Lions-Quest Skills for Adolescence program. This educational curriculum helps provide 10- to 14-year-olds with the skills and attitudes they need to resist drugs. More than 2,500 schools in 49 States have adopted the curriculum.

### Private Sector

- The Southland Corporation joined with local school districts to sponsor alcohol- and drug-free proms.

- Burger King, Inc. contributed $100,000 to Cities in Schools, a national dropout prevention program that has a drug abuse prevention component.

- The Annie Casey Foundation announced plans to allocate $10 million to each of five cities to help high risk youth.

## LEGISLATION

### LEGISLATIVE AND REGULATORY INITIATIVES

While no specific Federal legislative initiatives were recommended by the High Risk Youth Committee, the Department of Education did propose a legislative change in the way in which its funding for high risk youth substance abuse programs is

administered. The change would permit a small number of individuals, who are not at risk as defined in the Anti-Drug Abuse Act of 1986, to participate in programs funded by ED's high risk monies, if their participation does not significantly diminish that amount or quality of services furnished to high risk youth. This change addresses problems that have arisen in situations where a large percentage of children in a school or classroom are deemed to be at risk as defined in the statute, while a small minority do not fall within the statutory definition. As the law is presently constituted, this small minority of students would not be eligible to participate--an impractical situation if a program is being conducted for an entire school or class.

ED has also proposed that 2.5 percent of funding provided to the governors of the 50 states under the Drug-Free Schools and Communities Act be reserved to pay for administrative costs incurred in meeting responsibilities under the Act; that States file an annual report with the Secretary of Education providing information on the number and characteristics of program recipients as well as an assessment of whether or not programs are accomplishing this goal; and that the Secretary of Education be permitted to conduct evaluations of the programs authorized under the Drug-Free Schools and Communities Act.

The High Risk Youth Committee strongly encourages States to pursue the following legislative action:

- Enactment and enforcement of laws in every State that require recipients of drivers' licenses to be drug free.
- Enactment and enforcement of laws in every State that provide for suspension or revocation of drivers' licenses for drug- and alcohol-related traffic violations.
- Enactment and vigorous enforcement of laws that require families of drug abusing juveniles to be included in intervention and treatment programs.

## IMPLEMENTATION OF LEGISLATION

### Anti-Drug Abuse Act of 1986

- Prevention, Treatment, and Rehabilitation Model Projects for High Risk Youth (§4005/509a). Required the Secretary of Health and Human Services, acting through the Director of OSAP, to make grants to public and nonprofit private entities for projects to demonstrate effective models for the prevention, treatment, and rehabilitation of drug and alcohol abuse among high risk youth. In FY87, OSAP awarded $24 million in 131 grants for the development of model community-based programs aimed at hard-to-reach, high risk

youth. The grants were divided proportionately among black, Hispanic, Native American, Asian, and mixed-ethnic white youth in cities and rural areas.

- Drug-Free Schools and Communities Act of 1986 (§4122). Required governors to direct at least 50 percent of the funds available to them through ED to innovative community-based programs of coordinated services for high risk youth. In FY87, ED awarded to governors' offices approximately $47.7 million, of which a minimum of $23.9 million was targeted to develop programs for high risk youth. Many States have directed more than 50 percent of their allocation to high risk youth--for example, New Jersey and Wisconsin set aside all of their awards for this purpose.

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## CHAPTER X: MAINSTREAM ADULTS

### INTRODUCTION

The goal of the Mainstream Adults program is to involve the nearly 180 million adult Americans who--by virtue of family ties, friendship, or other relationships--can help deter drug use in the workplace, the home, and communities. The program views the deterrence of illicit drug use as an effort not solely of the Federal government, but of all of society--the family, the school, the work force, government at all levels, business, industry, sports, entertainment, the media, and service clubs. Critical to this effort is fostering responsibility to deter illicit drug use among both users and nonusers.

The Mainstream Adults Committee of the National Drug Policy Board (NDPB) is charged with developing and implementing the program. The Committee is chaired by the Public Health Service (PHS) of the Department of Health and Human Services (HHS).1/ The Committee has two major goals, each supported by specific strategies. The first is to promote national awareness and involvement. Five strategies support this goal:

- Promote individual responsibility and involvement;
- Stimulate involvement of nonusers of illicit drugs in nonworkplace settings;
- Enlist community leaders as role models;
- Enlist health/social service professionals as role models; and
- Fund research to involve mainstream adults.

The second goal is to promote a drug-free work force. Three strategies support this goal:

- Support Employee Assistance Programs (EAP) and treatment;
- Develop and implement work site role models; and
- Enlist workplace support for drug testing.

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1/ Other members of the Committee on Mainstream Adults include representatives of ACTION, the Nuclear Regulatory Commission, the Office of Management and Budget, the Office of Personnel Management, and the Departments of Labor, Justice, Housing and Urban Development, Transportation, Commerce, Defense, Health and Human Services, and Energy.

## PROGRESS IN 1987

Each strategy is designed to address both public and private sector work sites. Accomplishments are discussed, by goals, below.

### PROMOTE NATIONAL AWARENESS AND INVOLVEMENT

The first goal is to promote national awareness and involvement. The success of the Committee on Mainstream Adults is dependent on tapping the underutilized, but vital resources of mainstream adults. It is critical to reach those who realize they have a role in the national battle against illicit drug use. Five strategies have been developed to promote this goal.

#### Promote Individual Responsibility and Involvement

The Committee is working to give a clear message to Americans of all ages, races, and ethnic backgrounds: if you use drugs, you are responsible for the consequences of your actions. If you don't use drugs, you are affected by those who do. Users, as well as nonusers, of illicit drugs suffer in terms of personal safety and diminished national security. The First Lady has set the tone for this strategy with her "zero tolerance" philosophy for the nation--no illicit drug use is acceptable. The major focus of this Mainstream Adults strategy is to provide information, generate knowledge and awareness, and stimulate challenging behavior among users and nonusers. In particular, the Committee is working to get the message to users through organized parent groups and programs such as Foster Grandparents of America.

- Technical Assistance. A majority of the agencies within the Committee will continue to provide technical assistance and education to stimulate national activities to deter illicit drug use. For example, the Office of Personnel Management (OPM) is mounting a drug awareness campaign to reach those in the Federal work force. The National Institute on Drug Abuse (NIDA) has established the Drug-Free Workplace Helpline.

- White House Conference. All members of the Committee provided technical assistance to support the White House Conference for a Drug-Free America, held regionally during 1987 and culminating in Washington, D.C., February 28 - March 4, 1988.

- "Just Say No" Campaign. HHS developed and supported the First Lady's national and international activities in the "Just Say No" campaign. Activities are continuing.

## Stimulate Involvement of Nonusers of Illicit Drugs in Nonworkplace Settings

Some people in mainstream America have not been asked to care about illicit drug use; some would like to consider it distant from their daily existence. Yet, illicit drug use affects everyone--parents, teachers, homemakers, students, those in subsidized housing. A focus of the Committee on Mainstream Adults is to stimulate interest within these otherwise under-targeted populations, particularly those who perceive themselves as removed from the abusing community.

- o Information Dissemination. The Departments of Labor (DOL), Housing and Urban Development (HUD), and HHS developed and distributed materials designed to deter drug use among some of our target populations. Additional materials will be developed in FY88-89.

## Enlist Community Leaders as Role Models

Community leaders are key links among the Federal, regional, local, and private sector efforts to achieve a drug-free nation. The Committee is working to tap community leaders as role models to achieve a drug-free America.

- o In support of this strategy, the Committee recommended to the NDPB a National Drug-Free America Week. The week, proposed to be held during October 1988, is intended to mobilize Americans in the crusade against drugs. At the White House Conference for a Drug-Free America, parent and religious groups recommended a national "Sabbath/Sunday" for focusing on the familial, health, and social hazards associated with illicit drug use. The recommendation could be included as part of the proposed week.

- o The Committee is also soliciting the support of State and local officials, religious and higher education leaders, law enforcers, and the music industry to support a drug-free America. For example, the PHS has produced over 150 Public Service Announcements (PSAs) to deter drug use.

- o Private sector initiatives are currently underway through such mechanisms as the White House Conference for a Drug-Free America. The Committee expects to become involved in outcome and follow-up activities during FY88-89. Implementation of some outcome activities may be the responsibility of the Private Sector Working Group and the Other Mainstream Components Working Group of the Committee.

## Enlist Health/Social Service Professionals as Role Models

Health and social service professionals are an important resource for deterring illicit drug use in America and represent

another role model for mainstream adults. The Committee identified Federal and private sector initiatives to be implemented in the future:

- o Technical Assistance. HHS and other agencies have provided technical assistance to private and public sector professionals on recognizing substance abuse symptoms, encouraging substance abusers to acknowledge a drug problem, and on developing knowledge on drug treatment.

- o Curriculum. NIDA developed a drug abuse eradication curriculum for employee assistance professionals. Its purpose is to upgrade EAP staff knowledge and skills in identifiying, referring, and treating individuals evidencing problems associated with the use of drugs.

## Fund Research to Involve Mainstream Adults

A body of knowledge must be developed on how best to involve mainstream adults in efficient and effective ways to reduce drug abuse. HHS, DOL, and other member agencies of the Committee fund research on the behavioral, psychological, and environmental factors that encourage the involvement of mainstream adults in reducing drug abuse. The demonstrations and evaluations suggested elsewhere in this chapter represent a good first step. In addition, specific research initiatives are underway.

- o Grant Announcement. NIDA issued a grant announcement in July 1987 to fund research in the following program areas: prevalence of drug use and its relationship to productivity in the work/school environment; development of performance assessment batteries; simulation and field studies; assessment of employee assistance models; and workplace policy research.

- o Models. DOL is sponsoring several grants to collect information and conduct research on the incidence of substance abuse in the workplace and efforts to assist workers. The grant program is being administered under the auspices of the Occupational Safety and Health Administration's "New Directions" program.

- o Initiatives. HUD, in conjunction with HHS, the Department of Justice (DOJ), and other agencies, is developing research initiatives to focus on factors that contribute to or deter illicit drug use in Public Housing/Communities.

## PROMOTE A DRUG-FREE WORK FORCE

The second goal of the Committee is to promote a drug-free workplace. The use of illegal drugs undermines domestic security, public health, and safety; weakens our ability to compete against foreign products; facilitates the destruction of our families; and destroys human lives. To address these and other problems associated with illicit drug use, the Committee on Mainstream Adults works to contribute to the concurrent and coordinated reductions in the supply and demand for illicit drugs.

One major avenue for achieving a drug-free nation is through the workplace--where the locus of control is defined and the rewards of a drug-free workplace are measurable in terms of improved productivity and worker safety. Employers and employees need to be convinced that use of illicit drugs affects work site health and safety and diminishes the quality of work life.

Drug use in the work force is more prevalent than one might expect. For example, in a 1985 survey of callers to the 800-COCAINE hotline, 75 percent reported cocaine use on the job, 69 percent reported working regularly under the influence of cocaine, and 25 percent reported daily use of cocaine. Another survey conducted in 1985 shows that 18 percent of all Americans employed full-time reported having used an illicit drug within the last 30 days. Of those aged 18-25 years, 25 percent reported similar use.2/

Illicit drug use is also more costly than one might expect. A 1983 study estimated the social and economic costs of drug abuse at $59 billion. The estimate is currently being adjusted to the 1988 level. Since illicit drugs distort normal neurological function, illicit drug use has been associated with absenteeism, on-the-job accidents, and increased use of medical services.3/

The Committee's three-pronged approach to a drug-free work force emphasizes preventive education, employee assistance, and drug testing of employees under specified conditions. The Committee views none of these approaches as separable, since none will be as successful in isolation as when applied together. Drug testing may foster prevention in the workplace since it can be effective in deterring the onset of drug use or curtailing existent drug use. The Department of Defense (DOD) has been drug

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2/ 1985 National Household Survey on Drug Abuse, NIDA Capsule, National Institute on Drug Abuse, 1986.

3/ 1985 National Household Survey on Drug Abuse, NIDA Capsule, National Institute on Drug Abuse, 1986.

testing since the 1970's. In 1980, 27 percent of all uniformed military personnel reported that they had used some illegal drug in the preceding 30 days. In 1982, the overall reported drug use dropped to 19 percent. In 1985, it dropped to a little less than nine percent. For DOD, this is a 67 percent reduction in reported drug use since 1980.4/

## Support Employee Assistance Programs and Treatment

Identifying illicit drug users in the work force represents only a partial step in assuring a drug-free work force. Drug testing must be implemented within the context of education and prevention efforts aimed at employers, employees, and effective EAPs.

- Effectiveness/Visibility of Employee Assistance Programs. The Office of Personnel Management (OPM) continues to make progress on its initiative to enhance the effectiveness and visibility of Federal EAPs. A 13-point enhancement strategy approved by the OPM Director in August 1987 is being monitored to assure adherence to prescribed time frames and objectives.

- Letters to Heads of Agencies. Letters were sent to reaffirm OPM's support of EAPs as a means of helping employees with substance abuse problems and to inform agencies of OPM's efforts to enhance EAP operations.

- Evaluation of Employee Assistance Programs. An evaluation instrument intended to enhance the effectiveness of EAPs was field-tested in FY87 and a full study will take place in FY88.

- Guidelines for Employee Assistance Programs. OPM and other Federal and private sector organizations began working with NIDA's Office of Workplace Initiatives to develop comprehensive guidelines for the establishment and evaluation of a comprehensive Federal EAP, including a monitoring instrument to assess program elements.

- Training Course for Managers and Supervisors. During FY87, training was offered for managers and supervisors by OPM training centers which focused on Federal drug policy and how to deal with employees with drug problems.

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4/ The 1985 Worldwide Survey of Alcohol and Nonmedical Drug Use Among Military Personnel, Highlights, Figure 6, p. 20, June 1986.

- o Technical Assistance. HHS provided technical assistance for management training. The aim is to elicit employer support of nondiscriminatory employee practices that deter work site illicit drug use (e.g., allowing employees to seek treatment for drug use during work hours). Technical assistance was provided in FY87 and will continue.

- o Insurance Coverage. OPM worked with major insurance providers to assure that all carriers in the Federal Employee's Health Benefit Program provide benefits for substance abuse treatment. Currently, all Federal insurance carriers offer substance abuse benefits.

- o Resource Manual. DOL's Mine Safety and Health Administration (MSHA), in conjunction with the Mining Industry Committee on Substance Abuse (MICSA), developed a resource manual on alcohol and drug abuse in the mining industry and distributed over 800 copies.

- o Videotape. MSHA produced a videotape, "Substance Abuse: Is It Our Problem?" and distributed over 350 copies to the mining community.

- o Regional Conferences. MSHA, in conjunction with MICSA, held two regional conferences to explore the problem of substance abuse in the mining industry. Plans were also initiated with PHS and DOL for a series of FY88-89 joint regional conferences to explore the problem of drug abuse in the workplace and efforts to assist workers.

- o Nationwide Survey. DOL initiated plans to conduct a nationwide survey of 7,500 work sites to collect information on the incidence of drug abuse and drug abuse prevention programs in the workplace. The American Productivity Center was asked to study the impact of substance abuse on workplace productivity and quality.

## Develop and Implement Work Site Role Models

Group norms are contingent on shared beliefs. For this reason, the Committee on Mainstream Adults is working to capture the interest and commitment of employers and employees in support of a drug-free work site. Role models are being used to demonstrate support of drug abuse prevention and education.

By being aware of the negative effects of illicit drug use on workplace productivity and safety, and by giving the message that using drugs is wrong, illegal, and unacceptable to fellow workers, work force colleagues and managers can take a strong, affirmative stand that emphasizes leadership, employee health, safety, job protection, and self-respect.

- Technical Assistance. A majority of the agencies on the Committee will continue to provide technical assistance to work force managers on effective, nonpunitive approaches for recognizing substance abuse, dealing with drug using employees and peers, and treatment options.

- Local Programs. In March 1987, the Department of Transportation (DOT) sent letters to State Departments of Transportation encouraging the development of local drug and alcohol abuse programs.

- Drug-Free Transportation Conference. In July 1987, DOT sponsored a conference on drug-free transportation at Northwestern University to discuss substance abuse prevention and to highlight successful private industry efforts.

## Enlist Workplace Support for Drug Testing

The Committee seeks to reach all managers and convince them of the benefits to be achieved by drug testing under specified conditions. A critical first step, already underway, is the implementation of the Federal drug testing program. President Reagan signed Executive Order 12564 on September 15, 1986 establishing the goal of a drug-free Federal workplace. This order requires each Federal agency to implement a program to test for use of illegal drugs by employees in sensitive positions. The order requires each agency to: (1) increase awareness and prevention of drug abuse; (2) identify and rehabilitate illegal drug users; and (3) improve the quality and accessibility of treatment services for employees.

- Guidance. OPM issued nonbinding guidance on interpreting Executive Order 12564.5/

- Guidelines. Drug testing guidelines were drafted in FY87. On April 11, 1988, HHS published the final Mandatory Guidelines for Federal Workplace Drug Testing Programs in the *Federal Register* as required under the Supplemental Appropriations Act (P.L. 100-71). Tier I Agency Drug-Free Federal Workplace Plans, including the drug testing component, were certified to the Congress on May 3, 1988; the required cost estimates, prepared by the Office of Management and Budget (OMB), were included. Testing of Federal employees in Tier I agencies for illegal drug use could begin as soon as 60 days after certification,

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5/ In November 1986 and March 1987 OPM issued government-wide, nonbinding guidance in the form of FPM letters 792-16 and 792-17 to assist agencies in interpreting Executive Order 12564.

depending on the date which employee notifications are issued.6/

- o Standards. HHS developed laboratory standards to ensure that the highest standards are met in handling Federal employee urine specimens. The final standards were published in the Federal Register in April 1988 and the National Laboratory Certification Program will now be initiated. The list of certified laboratories will be available by the end of FY88.

- o Model Plan. The Interagency Coordinating Group (ICG) developed a model plan for Federal agency drug testing plans.7/ The Model Plan incorporates all of the requirements of the Executive Order and the Public Law and serves as the basis for ensuring overall uniformity of Drug-Free Workplace Programs across the Federal government, while allowing for individual variations necessitated by unique agency missions.

- o Technical Assistance. All member agencies will continue to provide management training on implementation of Executive Order 12564.

- o Legal Cases. DOJ defended a number of cases contesting the constitutionality of drug testing Federal employees, some of which are still pending in appellate courts.

- o Rulemaking. DOT has rulemaking in place or underway to require those industries under their purview to promote a drug-free workplace by instituting mandatory drug testing programs. Proposed rulemaking would include testing of sensitive safety and security-related employees in aviation,

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6/ Tier I consists of the Executive Departments and eight named agencies. These agencies cannot implement their programs until all of their individual agency plans are certified by HHS to Congress as conforming to Executive Order 12546. Tier II consists of agencies that had programs in place before the issuance of Executive Order 12564, the Department of Transportation, and certain positions in the Department of Energy. These agencies are exempt from the requirements of P.L. 100-71 for six months from the effective date of the law. Tier III consists of the remaining 100 or so smaller agencies whose plans must be certified by HHS, but may move to implement drug testing any time after Tier I is certified.

7/ The ICG includes representatives from the Office of Personnel Management and the Departments of Health and Human Services and Justice.

water, rail, motor carrier, pipeline, hazardous materials, and bus and urban rail transportation. The objective of DOT's proposed rules is to reduce and ultimately eradicate the incidence of illegal drug use within the transportation industries.

- o Education Materials. Agencies are providing employers and employees education about the health, economic, and social effects of illicit drug use including reduced productivity, increased work load for nonusing employees, compromised work site safety, and national security.

- o Employee Assistance Programs and Drug Testing. DOT implemented a comprehensive program for employees which includes drug awareness campaigns, drug testing, and provisions for counseling and assistance. In addition to random testing of civilian employees in sensitive safety and security-related positions, the program includes pre-employment, pre-appointment, periodic, reasonable suspicion, follow-up, post-accident, and voluntary testing.

- o Federal Drug Contractor Testing. The NDPB urged that Federal contractors voluntarily provide assurance of their drug-free workplace. The Board also supported agencies adding as a term or condition of new contracts and solicitations for work of a sensitive nature, a requirement that the contractor meet the goals of Executive Order 12564.

## LEGISLATION

### LEGISLATIVE AND REGULATORY INITIATIVES

The Committee recommends no specific regulatory changes--rather the promulgation of standards and regulations to detect and eliminate illegal drug use by workers in hazardous or public health/safety occupations. Proposed rulemaking by DOT is outlined above. The Federal Railroad Administration already has a rule in effect that requires postaccident and preemployment toxicological testing for certain safety-related crew positions and testing for reasonable cause.

## IMPLEMENTATION OF LEGISLATION

### Anti-Drug Abuse Act of 1986

The Anti-Drug Abuse Act of 1986 (§4303) mandated that the Secretary of Labor collect information on the incidence of drug abuse in the workplace and efforts to assist workers, including counseling, rehabilitation, and EAPs. DOL has or plans to undertake the following initiatives (the date at the end of each paragraph is the expected completion date):

- The Bureau of Labor Statistics (BLS) will survey employers in 7,500 establishments to determine incidence and practices related to drug abuse. The survey will be designed to publish estimates by three size classes (1-99, 100-499, 500+), by the four Census geographic regions, and by ten major industry divisions. (January 1989).

- The Association of Labor Management Advisors and Consultants on Alcoholism will compile research on successful EAPs to provide reliable, practical information for unions and employers on what is working in the workplace to address the problem of illegal drug use. The primary content is descriptions of existing model employee assistance programs in the private sector. (September 1988).

- Twelve grants have been approved by DOL to gather information on drugs in the workplace and successful methods and strategies to deal with education, awareness, employee counseling, rehabilitation, and other facets of assistance programs. (July 1989).

- MSHA will conduct a comprehensive research project to determine the nature and scope of existing mining company and union substance abuse programs, assess the impact and effectiveness of those programs, and identify key or critical program elements that have been most successful in addressing and reducing substance abuse in the mining industry. (March 1989).

- DOL and PHS regional officials will plan and implement activities and initiatives for their respective regions to collect information about drug abuse in the workplace. The activities are designed to foster public/private and labor/management collaborative efforts. (FY88).

- The American Productivity Center is conducting a project to develop, analyze, and publicize a total cost model of the productivity and quality impacts of substance abuse in the workplace. The project will help organizations more accurately determine the total cost associated with substance abuse in the workplace, help correct public and private sector misconceptions, and provide objective data and specific steps companies can take. (March 1989).

- Research will be undertaken to gather information on the actual and potential role of the nonuser in current efforts to address drug abuse in the workplace. The findings of this research will be documented in a pamphlet to suggest strategies for the nonuser to promote a drug-free workplace. (September 1988).

- A study will be conducted addressing the use of chemicals of abuse and exposure to regulated chemicals which will form the foundation for special emphasis training and awareness programs for workers. (August 1988).

## Other Legislation

- Supplemental Appropriations Act of 1987, P.L. 100-71 (§503). Congress established three requirements before agencies without prior testing programs could begin testing: (1) HHS must publish mandatory scientific and technical guidelines; (2) HHS must review and certify each agency plan and submit them to the Congress; and (3) OMB must submit to Congressional Appropriations Committees a detailed, agency-by-agency analysis of anticipated annual costs associated with drug testing. These conditions were met on April 29, 1988.

DRAFT

## CHAPTER XI: TREATMENT AND REHABILITATION

### INTRODUCTION

The goal of the Federal Treatment effort is to use the nation's treatment and rehabilitation network to reduce the demand for drugs, slow the spread of AIDS, reduce the need for imprisonment, and decrease crime and the loss of productivity associated with drug abuse. The Department of Health and Human Services (HHS) is the lead Federal agency for developing, coordinating, and implementing Federal activities for treatment, rehabilitation, and research relating to drug users. The Director of the National Institute on Drug Abuse (NIDA) chairs the National Drug Policy Board's (NDPB) Committee on Treatment and Rehabilitation.1/

While community sanctions, information, and education efforts help to prevent the initiation of new users, there is a large number of individuals who, having disregarded society's admonitions, have made drugs the central focus of their lives. These 6.5 million individuals are often unable to function in legitimate social roles and are likely to engage in criminal behavior as a result of their drug-using lifestyle. They are the large, entrenched population of chronic abusers that form the foundation of the illicit drug abuse market.

Treatment is the most potent means of reaching the drug abusers who have not been successfully dealt with by our prevention programs. Evidence exists that drug abuse treatment is effective in reducing the demand for illicit drugs and for stemming the current AIDS epidemic among intraveneous (IV) drug

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1/ Other members of the Committee on Treatment and Rehabilitation include representatives of the Alcohol, Drug Abuse and Mental Health Administration (National Institute on Drug Abuse; National Institute of Mental Health; and the National Institute on Alcohol Abuse and Alcoholism), the Veterans Administration, Health Resources Services Administration (Bureau of Health Care Delivery and Assistance and Bureau of Maternal and Child Health and Resources Development), Social Security Administration, Indian Health Service, and the Departments of Defense, Justice (Bureau of Prisons), Labor, Housing and Urban Development, and Education. Additionally, the committee includes three liaison members of State and private sector treatment organizations (Alcohol and Drug and Problems Association; National Association of State Alcohol and Drug Abuse Directors; and Therapeutic Communities of America).

abusers.2/ Treatment of drug abusers results in reduced criminal activity, return to steady employment, establishment of family relationships, and reduction of the possibility of transmitting the AIDS human immunodeficiency virus (HIV) infection.

PROGRESS IN 1987

Federal progress in the treatment arena focused on four areas in FY87: control of AIDS among IV drug users; facilitation of entry into treatment; research to improve the quality of treatment; and user responsibility.

## CONTROLLING AIDS AMONG INTRAVENOUS DRUG ABUSERS

### Community Outreach

Until there is a cure for AIDS, the only hope in combatting the disease is to prevent its spread. The best way to prevent the spread of AIDS among IV drug addicts, their sexual partners, and their children is to get the IV drug abuser into effective drug abuse treatment programs.

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2/ Ball, J.C., Corty, E., Myers, C.P., Bond, H.m Tommasello, A., Golden, J., and Baker, T. (1987). Patient characteristics, services provided and treatment outcome in methadone maintenance programs in three cities, 1985 and 1986 (Report of Methadone Research Projects). Baltimore, MD: University of Maryland School of Medicine.

Cooper, J.R.,Altman, F., Brown, B.S., and Czechowicz, D. (1983). Research on the treatment of narcotic addiction: State of the art (DHHS Publication No. ADM 83-1281). Rockville, MD: National Institute on Drug Abuse.

De Leon, G. (1984). The therapeutic community: Study of effectiveness (DHHS Publication No. ADM 85-1286. Rockville, MD: National Institute on Drug Abuse.

Simpson, D.D. (1981). Treatment for drug abuse: Follow-up outcomes and length of time spent. Archives of General Psychiatry, 38, 875-880.

Tims, F.M. and Ludford, J.P. (1984). Drug abuse treatment evaluation: Strategies, progress and prospects (DHHS Publication No. ADM 84-1329). Rockville, MD: National Institute on Drug Abuse.

In FY87, NIDA implemented community-based AIDS Outreach Projects targeted to inner-city IV drug abusers (especially those not in treatment), their sexual partners, and drug-using prostitutes. Through these projects, thousands of individuals are educated about the risks associated with AIDS and shown how to reduce their risk of contracting and transmitting the HIV virus that causes AIDS. These projects include both specialized and comprehensive programs, central data coordination, and involvement of all levels of government.

Comprehensive outreach programs have been established in New York City, Philadelphia, Miami, Chicago, Houston, and San Francisco. Specialized outreach programs have been initiated in many other cities.3/ The comprehensive programs include: extensive community based resource networks; outreach methods and approaches tailored to the needs of the targeted individuals; AIDS counseling; and systems for referring high risk drug abusers into treatment.

Through these programs, community outreach workers from targeted areas are trained and deployed. Nurses make contacts with addicts and drug using prostitutes in hospital emergency rooms and detoxification units. Teams have been trained to reach sexual partners in homes, stores, churches, clinics, and social service agencies. Contacts are made with criminal justice agencies and probation and parole workers. Outreach services have also been established in community-based drug treatment programs so that they are more capable of attracting and maintaining IV drug abusers in treatment. In smaller cities, more specialized outreach programs are being tested. Confidential, voluntary HIV testing and counseling are available to those involved in these programs.

One of the unique features of NIDA's AIDS Outreach Project is that it focuses not only on drug addicts, but also on their sexual partners who are at risk of infection with the AIDS virus and on their children. The Centers for Disease Control (CDC) are reporting increasing numbers of AIDS cases among sexual partners and children.4/ These "hidden" populations are very difficult to reach and counsel, so multifaceted methods are employed. Personal and intensive communication will be maintained to bring about and sustain behavior change. High risk women are advised to be tested for AIDS prior to pregnancy, and to avoid pregnancy

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3/ Boston, Providence, Baltimore, Newark, Jersey City, San Juan (Puerto Rico), Detroit, Belle Glade (Florida), Washington, D.C., Denver, El Paso, Los Angeles, Nassau County, and in several other sections of New York City.

4/ AIDS Weekly Surveillance Report, Atlanta, Georgia, Center for Infectious Diseases, Centers for Disease Control.

if they test positive. Ongoing supportive counseling is provided.

NIDA's AIDS outreach efforts are coordinated at the national level. Information from participating cities is fed into a central data system permitting NIDA and others to assess and compare the effectiveness of different outreach approaches. Collaboration among programs allows researchers to communicate with each other and continuously improve their efforts. In addition, seroprevalence rates are being obtained in each city in order to determine where and how the disease is spreading.5/

The CDCs played an active role in collaboration efforts, and State and local health departments are part of the resource networks and are used as local HIV testing sites. NIDA has also linked with State drug abuse authorities and is providing technical assistance and consultation on policy and programmatic issues and initiatives relating to AIDS.

## Training

Given the scope of the AIDS epidemic and the severe morbidity rates associated with it, it is clear that the medical community must become skillful at handling a variety of sensitive situations. In 1987, NIDA developed, tested, and delivered a comprehensive AIDS training program targeted at drug abuse treatment personnel, "AIDS and the IV Drug Abuser." The program includes basic medical and scientific information on AIDS and antibody testing; modules on risk reduction/health promotion counseling; treatment planning for infected clients; and special topics such as prevention, education, support groups, and women and IV drug use. As of November 1987, approximately 2,600 persons from 26 States received the basic AIDS training course.

NIDA also recognizes it cannot assume full responsibility for the training of drug treatment personnel nationally. Therefore, one of the primary goals of the project is to develop a core group of trainers at the State level who will continue training drug abuse counselors at the local level. In support of this goal, a separate "Training of Trainers" course was developed and delivered to 125 personnel from 16 States between January and November 1987. NIDA intends that each State develop and implement its own AIDS training program for treatment counselors. Additionally, four AIDS Education and Training Centers were funded in September 1987 to link providers, as appropriate, to available substance abuse programs in their local areas for the purpose of patient referral.

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5/ Seroprevalence: the rate at which positive HIV test results occur in a given group or population.

## AIDS Service Demonstration Program

The Health Resources and Services Administration's (HRSA) Bureau of Maternal and Child Health and Resources Development serves as the agency focal point for issues in the delivery of health services to persons with HIV infections and AIDS. The Bureau directs and supports projects that demonstrate comprehensive, cost-effective, and community based service delivery to AIDS patients; supports efforts to improve the education and training of health professionals to deal with AIDS and related conditions; and plans and administers a program that provides funds to States to reimburse low income AIDS patients for the cost of life prolonging drugs.

The Bureau has established an AIDS Service Demonstration Program to support and facilitate the organization of HIV-related patient care systems. Since the IV addict is the major vector for HIV transmission to the general population, particular emphasis is given to providing outreach, education, and prevention services aimed at high risk IV drug users. In 1987, 13 Service Demonstration Projects were funded in metropolitan areas with the highest prevalence of AIDS. These projects coordinate community resources in all aspects of AIDS patient care, including drug abuse treatment, rehabilitation, education, and professional training. These projects are coordinated with six comprehensive community demonstration projects funded by NIDA. Innovative programs have been initiated in several of the projects in major cities, including New York, Newark, and San Francisco.

## Prison HIV Testing Program

To protect communities from released inmates of Federal prisons who are infected with HIV, the Bureau of Prisons tests newly sentenced inmates, those scheduled to complete their sentences within 60 days, and any inmate voluntarily requesting the antibody test. Inmates who test positive for the HIV antibody are counseled about their potential risks for infecting others. Inmates with serious symptoms of AIDS are transferred to prison medical centers. Probation officers are notified of any released inmate who has tested positive for the HIV antibody.

An HIV-Positive Mental Health Workgroup has been formed to develop a training program for Bureau of Prisons mental health professionals and to develop treatment protocols to change the behavior of HIV-positive inmates to help prevent contagion of others.

## Criminal Justice Reference Service AIDS Clearinghouse

At the Attorney General's request, the Office of Justice Programs' National Institute of Justice created the AIDS

Clearinghouse within the National Criminal Justice Reference Service. The Clearinghouse, which is designed to be a source of current medical information and policy guidance on AIDS for criminal justice professionals, is accessible via telephone at (301) 251-5500 or 1-800-851-3420. Special AIDS reports and bulletins are published and available through the Clearinghouse covering a range of issues including: basic medical facts about the disease; case studies on law enforcement and corrections responses to specific situations; and recommended procedures for handling arrestees, offenders, and inmates who may be infected with the virus.

## AVAILABILITY OF TREATMENT

### Alcohol, Drug Abuse, and Mental Health Administration

Since 1982, block grants have been the major source of Federal support for drug abuse treatment. Prior to 1982, Federal funds were administered by NIDA and distributed directly to treatment programs through categorical grants and to States through formula grants. In 1982, the Alcohol, Drug Abuse, and Mental Health Services Block Grant (ADMS) program was established under the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA).

- In 1987, $39.9 million was added to the existing $468.9 million ADMS block grant. Under the Anti-Drug Abuse Act of 1986 (P.L. 99-570), ADAMHA received an additional $162.9 million for FY87 to expand substance abuse treatment through a new Alcohol and Drug Treatment Block Grant.

- Funds ($32.2 million) for a block grant program aimed at the homeless were appropriated in 1987, up to one-third of which ($10.7 million) will probably find its way into drug treatment. A research demonstration program ($19.2 million) also directed at the homeless was established in 1987. This program, administered by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in collaboration with NIDA, should further expand the Federal resources available for drug abuse treatment.

### Bureau of Justice Assistance

The Office of Justice Programs' Bureau of Justice Assistance (BJA) is authorized to make block grants to States for programs that identify and meet the needs of drug-dependent offenders, including treatment. Such programs can be used to provide jails and State prisons with support for prerelease treatment and aftercare. BJA's FY87 Formula Grant Program for treatment was $17.2 million.

## Veterans Administration

The Veterans Administration (VA) operates 51 drug dependence treatment programs. These specialized programs provide for the care and treatment of eligible drug-dependent veterans with special emphasis on veterans dependent on drugs.6/ The VA establishes contracts with non-VA community programs for treatment and rehabilitation services for veterans with alcohol or drug dependence and/or abuse disabilities.

- New funding was received in 1987 for treatment of chronically mentally-ill patients, many of whom are substance abusers. Forty-three hospitals are participating in these new programs.

- VA drug dependence treatment programs have long-term goals beyond elimination of nonprescription drug use. These include development of work skills, cessation of antisocial (criminal) activity, improvement of family and community relationships, and establishment of posttreatment community contacts to assist participants in remaining drug free.

- The VA also operates 189 community-based "Vet Centers" which provide counseling and referral services to Vietnam-era veterans with a wide range of readjustment problems, including drug abuse.

The growing population of homeless includes veterans, many of whom are chronic drug abusers. The VA recently initiated a program to assist these homeless veterans--the Domiciliary Care Program. The $15 million program converts existing under-utilized VA facilities for homeless veterans in need of care.

## Indian Health Service

Alcohol and substance abuse is the most severe health problem facing Indian people and is the leading generic risk factor among Indian youth. The Indian Health Service (IHS) oversees 250 alcohol/substance abuse programs conducted by local tribal and Indian organizations for American Indians and Alaska natives. The substance abuse component to these programs was added only in 1985 and includes prevention, education, outpatient and inpatient services, drop-in centers, outreach programs, and halfway houses. There are 47 residential treatment centers, some

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6/ Major treatment components include methadone detoxification, methadone maintenance, naltrexone maintenance, and therapeuric communities. The average length of inpatient stay is 23 days; outpatient/ambulatory treatment is longer.

of which are located on reservations. Funding for the programs is obtained by grants/contracts to individual tribes. FY87 accomplishments include:

- A Secretary's Initiative resulted in a major program effort of $5.4 million to coordinate and focus on alcoholism and drug abuse among American Indians and Alaska Natives by five major HHS agencies.

- A Memorandum of Agreement with the Department of Interior initiated the first cooperative effort addressing alcohol and substance abuse in Indian communities.

- The IHS School and Community-Based Alcoholism and Substance Abuse Prevention Survey was published. Results indicate that 85 percent of American Indian and Alaska Native communities are providing positive prevention services.

- Eighty-five percent of the 300 Federally recognized tribes authorized formulation of tribal coordinating committees to address alcoholism and drug abuse problems in their communities.

- 172 IHS primary care providers were trained to provide medical services specific to alcoholism and drug abuse.

- Community rehabilitation and aftercare services for adolescents were established in every IHS service unit.

- 5,000 physicians, nurses, alcoholism program workers, health educators, social workers, tribal educators, and law enforcement officers were trained through community education and training programs established in every IHS service unit.

- Regional intervention teams were established in 12 IHS areas to provide technical assistance to Indian communities.

- 284 comprehensive alcohol/substance abuse programs were conducted by local tribal and Indian organizations.

## Bureau of Health Care Delivery and Assistance

- HRSA's Bureau of Health Care Delivery and Assistance (BHCDA) reprogrammed $2 million of community health center monies to establish linkages between substance abuse and primary care activities. Forty-three projects were funded to integrate substance abuse prevention/education, diagnosis, treatment, referral, and follow-up services. Information from these programs is provided on a quarterly basis. From these projects, models will be identified for primary health care and substance abuse providers.

- o Formal agreements and Memoranda of Understanding have been completed between BHCDA and other Federal and non-Federal agencies identifying areas for increased cooperation. Agencies include ADAMHA (Office for Substance Abuse Prevention - OSAP), BJA, and the Department of Education (ED).

- o In February 1987, an agreement was signed by BHCDA and OSAP to collaborate in the development of a curriculum related to early diagnosis, detection, and referral skills for health care providers, substance abuse counselors, and educators.

## Department of Defense

Illicit drug use emerged as a significant problem in the military services with returning personnel from Vietnam. A 1980 survey found that 36 percent of military personnel had used one or more illicit drugs in the past year.7/ Subsequently a "Crusade on Drugs" was initiated and treatment programs, primarily for lower ranking enlisted personnel, were provided.

- o DOD has "zero tolerance" for illegal drug use in the military services and provides treatment only for those individuals evaluated as having potential for future service. FY87 programs included nonresidential and residential treatment, education to increase awareness, random testing, training of personnel with leadership and drug abuse program responsibilities, and evaluation projects that ascertain relevance and effectiveness of these programs.

- o The policy of DOD to discharge drug abusers results in significant numbers of individuals being released to communities where treatment of their addiction becomes the responsibility of the VA or local facilities. In FY85, more than 16,000 administrative separations from the military for drug abuse were reported. DOD, with its preinduction and military personnel drug abuse screening program, has the potential to become a fertile referral source for treatment programs.

## Bureau of Prisons

Approximately 40 percent of new inmate commitments to Federal prisons have been identified as having moderate to severe

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7/ Worldwide Survey of Nonmedical Drug Use and Alcohol Use Among Military Personnel. Washington, D.C. (NTIS No. ADA 093880).

chemical abuse problems. Since 1986, the Federal Bureau of Prisons has offered inmates the opportunity to participate in substance abuse treatment programs known as Chemical Abuse Programs.8/

- o In 1987, 3,000 inmates were participating voluntarily in treatment for moderate and serious drug abuse problems.

- o While participation in the Chemical Abuse Programs is voluntary, a contract is developed with each inmate participant that clearly specifies the responsibilities of the participant for successful completion of each program component. Careful documentation of each inmate's progress is maintained.

## Social Security Administration

The Social Security Administration is responsible for administering the Social Security Disability Insurance Program (Title II) and the Supplemental Security Income (SSI) Program (Title XVI). Title II of the Social Security Act covers insured workers and their dependents and provides benefits to such individuals found disabled due to alcoholism or drug addiction. Title XVI of the Act also compensates disabled drug addicts or alcoholics who also meet certain income and resource requirements. However, in order to receive disability benefits under both Title II and Title XVI, individuals who have been found disabled must follow treatment prescribed by their physician or other treating source if the treatment can restore the individuals' ability to work. If individuals do not follow the prescribed treatment without a good reason, they will be found not disabled, or if they are already receiving disability benefits, payments will be terminated.

Under Title XVI, the law imposes additional special treatment requirements on SSI recipients who are medically determined to be drug addicts or alcoholics (DA/A). In these cases, in order to receive benefits, the law requires that the Title XVI claimant undergo treatment for alcoholism or drug addiction if the treatment is appropriate and available at an approved institution or facility and the claimant must demonstrate that he or she is complying with the treatment terms and requirements. In addition, the claimant's disability

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8/ The Chemical Abuse Programs are managed by clinical psychologists qualified in substance abuse therapies. Programs are structured to include a mandatory standardized component that is educational, followed by individualized treatment programs based on the type of drugs abused and the severity of the dependency.

payments must be made through a third party, i.e., a representative payee. Failure to comply with these provisions will result in nonpayment of benefits for any month in which noncompliance occurs.

- The number of Title XVI DA/A persons on the SSI rolls who were eligible for disability benefits increased from 7,957 in 1986, to 12,027 in 1987.9/

- The remaining Title XVI DA/A who were eligible for benefits but were not in pay status were in "suspense" for various reasons (e.g., their whereabouts were unknown; they were under investigation for noncompliance with the Title XVI DA/A postadjudicative treatment provisions; they were convicted and incarcerated for a felony, etc.).

## The National Institute on Drug Abuse

NIDA has operated the toll-free Drug Abuse Information and Referral Line, 1-800-662-HELP, since mid-April 1986. This line provides callers with treatment referrals to State and local programs as well as general drug abuse information. The line was initially advertised through public service announcements for NIDA's cocaine campaign, "The Big Lie." In addition, the 800-line has received much media attention which has promoted increased public awareness of the telephone number. During FY87, the hot line answered nearly 75,000 calls.10/

## Department of Labor

The Employment and Training Administration has established a substance abuse program in all Job Corps Centers. Although substance abuse education and prevention are the primary goals,

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9/ This increase is attributable to changes in coding procedures, increases in the number of referral and monitoring agencies which monitor the SSI recipient's compliance with the Title XVI DA/A treatment provisions, and an increase in the number of individuals found to be eligible for SSI disability benefits.

10/ The hot line, staffed between 9 a.m. to 3 a.m. weekdays and noon to 3 a.m. on weekends, has received calls from all 50 States. From a sampling of the calls, NIDA found that: a disproportionate number have come from New York, California, and Florida (this may reflect both the extent of cocaine use in these States and their broadcasters' willingness to air the cocaine campaign materials); about half were calling for themselves and the rest were calling about the drug use of their relatives and friends; and most are over 18 years old.

counseling and referrals to detoxification services are provided and members of Alcoholics Anonymous Chapters visit the Centers. Offenders, including drug offenders, are eligible to participate in training programs funded under the Job Training Partnership Act.11/

## Private Sector

Interest in expanding drug dependency treatment benefit coverage through health insurance has increased over the past 15 years. This development parallels the expansion of alcoholism and drug abuse treatment programs throughout the nation. Since 1971, when the first law mandating coverage for alcoholism treatment services was enacted in Wisconsin, there has been a steady growth in the number of States that have passed laws related to health insurance coverage for alcohol and drug dependency. Twenty States either mandated the inclusion of drug abuse treatment benefits in all health policies or require that insurance providers at least offer drug abuse benefits for purchase.

## RESEARCH TO IMPROVE THE QUALITY OF TREATMENT

### National Institute on Drug Abuse

Rather than being a temporary condition that will respond to a single episode of treatment, drug abuse is more correctly viewed as a chronic disorder that requires prolonged management and may require multiple treatment attempts. Thus, it is more similar to chronic medical disorders such as hypertension, emphysema, and diabetes than to acute disorders such as appendicitis. At NIDA, improving the quality of drug abuse treatment has high priority. This includes developing newer, more effective treatment strategies as well as improving the effectiveness of existing treatment strategies. It also includes recruiting more drug abusers into treatment, improving treatment retention rates, and decreasing relapse following treatment. In 1987, approximately 100 research projects were funded that had a direct bearing on a wide range of treatment issues.12/

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11/ Job Training Partnership Act, P.L. 97-300, Title 4, as amended by P.L. 99-570.

12/ Some NIDA research grants dealing with this topic are:

Rounsaville, Bruce. Psychiatric disorders in cocaine abusers (No. 4029). Yale University. New Haven, CT.

(Footnote Continued)

- A substantial number of projects were designed to improve diagnosis and treatment of adolescent drug abusers. Several studies attempted to identify outreach strategies that facilitate the high risk family's entry into and retention in treatment and assess the effectiveness of such treatments.

- A priority was given to improving the availability, accessibility, and appropriateness of treatment for difficult-to-reach adolescents such as school dropouts, runaways, juvenile prostitutes, and teenage unwed mothers.

- IV drug abuse, especially heroin abuse, has traditionally been a matter of high priority. The emergence of the AIDS epidemic necessitated a renewed emphasis in this area of drug abuse, and in particular the need to increase the number of addicts recruited to treatment, the retention rate of treatment programs, and the effectiveness of treatment for the opiate addict population.

- Drug abusers are a heterogenous population, with concurrent psychopathology prevalent among the great majority of them. Depression, anxiety, and alcoholism are common codiagnoses with drug dependence. Several studies examined these disorders in drug abuse patients with the expectation that treatment of psychiatric disorders will improve treatment outcome.

- A number of research projects concentrated on the use of pharmacologic agents in the treatment of chemically dependent adults. For example, several studies are designed to determine the efficacy of tricyclic antidepressants to block cocaine-induced euphoria and/or to diminish the strong craving that usually develops after discontinuation of cocaine.

- Most relapse to illicit drugs takes place within the first 90 days after leaving treatment. NIDA supported the development of aftercare strategies to reduce the liklihood of drug relapse after the client leaves treatment. Prominent among the strategies is the use of self-help groups in which addicts act as resources to one another to

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(Footnote Continued)
Siris, Samuel. Antidepressants for drug abusing dysphoric schizophrencis (No. 5039). Mount Sinai School School of Medicine. New York, NY.

Lehman, Anthony. Implications of substance abuse in psychiatric patients (No. 5114). University of Maryland Medical Center. Baltimore, MD.

maintain their resolve to remain drug abstinent through continuing contact and regular meetings.13/

## National Institute of Mental Health

Thirteen States received 3-year awards to administer demonstration grants for dually diagnosed (drug abuse and mental illness) young adults.14/ Several of the programs stress the importance of having case management, vocational rehabilitation, housing, and support groups for these clients. Some of the programs focus on minorities located in public housing developments and suburban and rural areas. Evaluation assessments are being performed on each of the grants to determine its relative strengths and value for replication.

## USER RESPONSIBILITY--A TREATMENT PERSPECTIVE

As noted in Chapter I, a goal of the Administration is to bring to the forefront of public discussion the concept that drug users are responsible for and will be held accountable for their behavior. In 1987, Treatment Committee participants began to look at how treatment can contribute to the concept of user responsibility.

Sanctions have found their place in treatment because compulsion is significant as a motivator to enter treatment. Based on a 1985 NIDA survey of admissions to treatment programs, NIDA estimates that about 27 percent of those seeking help in publically supported treatment programs do so under some form of legal pressure.15/ As the AIDS epidemic worsens, there is a growing interest in compelling IV drug abusers to seek treatment for their drug problems.

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13/ Individual grantees and some of NIDA's clinical research centers also examined the potential of naltrexone as a treatment modality for abstinent opioid addicts including parolees and probationers. Also, buprenorphine, a mixed opiate agonist/antagonist preparation, was investigated in several programs as an alternative to methadone and naltrexone.

14/ These States are: California, Indiana, Louisiana, Maryland, Michigan, New Jersey, New Mexico, Ohio, Oregon, South Carolina, Tennessee, Utah, and Washington.

15/ Demographic characteristics and patterns of drug use of clients admitted to drug abuse treatment programs in selected states: Annual data 1985. (1987). Rockville, MD. National Institute on Drug Abuse.

The concept of legally-mandated treatment is not new. Judges regularly order drug abusers convicted of criminal offenses to enter treatment. Although mandating treatment is common practice when drug abusers have committed a crime, legally forcing them into treatment on the presumption that they are a danger to themselves or to society (i.e., civil commitment) is not widely practiced. However, 29 States have laws that provide for involuntary institutionalization of drug addicts for reasons other than the commission of a criminal offense.

Traditionally, drug abuse treatment was designed to force clients to take a realistic view of how they got where they were and to tear down excuses for their destructive behavior. Early drug abuse treatment was highly confrontational. While still widely used, confrontational approaches are being supplemented with additional techniques that are compatible with the philosophy of user responsibility. One such technique is "contingency contracting," which was originally developed in the field of mental health. Contingency contracting involves a formal agreement between a therapist (called a "contingency manager") and client, in which behavioral expectations for the client are specified together with a range of consequences for given behaviors.16/

## LEGISLATION

### LEGISLATIVE AND REGULATORY INITIATIVES

Methadone Regulatory Activities. During 1987, the four-year process to revise the methadone regulation (21 CFR Part 291) reached a milestone with the publication of the proposed revision in the Federal Register, October 2, 1987. The major change contained in the proposal was the revision in the definition of detoxification treatment from 21 days to up to 180 days. There were other proposed changes that would permit flexibility in the operation of methadone treatment programs. These proposed changes included deletion of the annual report and adverse reaction reporting requirements, elimination of the specific counselor/patient ratio and the maximum number of patients per treatment unit requirements, and deletion of several other documentation rules. The proposals were the result of a combined effort by NIDA, the Drug Enforcement Administration (DEA), and the Food and Drug Administration.

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16/ While this procedure has not been fully assessed, it is now being applied to the field of drug abuse and appears effective with certain kinds of clients.

## IMPLEMENTATION OF LEGISLATION

### Anti-Drug Abuse Act of 1986

- White House Conference (§1931). Required the Secretary of HHS to participate in the White House Conference for a Drug-Free America, and all Federal departments, agencies, and instrumentalities to provide support and assistance to the Conference as necessary. NIDA's Deputy Director served as Moderator of the Treatment Committee for the White House Conference.

- Research Funds (§§4009 - 4010). Authorized $129 million in research funds for FY87. Two new research priorities were established: effective methods of drug abuse prevention, treatment, and rehabilitation, particularly methods of intervention to treat abuse of specific drugs; and the development of chemical antidotes and narcotic antagonists for use in the treatment of cocaine and heroin addiction. In response to NIDA's announcements requesting proposals for research, the scientific community involved with biomedical, treatment, and prevention research submitted an unprecedented number of research proposals. In the FY87 grant cycle, NIDA received 877 research grant proposals, or about five-fold more than the Institute has ever received for a single grant cycle.17/ NIDA supported 538 research projects in FY87.

- Indians and Alaska Natives (§4227). Addressed the needs of Indian populations for developing and implementing coordinated programs for prevention and treatment of alcohol and substance abuse. Alcohol and substance abuse is the most severe health problem confronting Indian people and is the leading generic risk factor among Indian youth. IHS has established emergency medical assessment and treatment programs at the local level for Indian youth detained for offenses related to alcohol and drug abuse. These programs at regional centers include acute detoxification, treatment, and rehabilitation.

- Substance Abuse Coverage Study (§6005). Required a Substance Abuse Coverage Study be undertaken by ADAMHA under contract with the Institute of Medicine (IOM) of the National Academy of Sciences. A $750,000 contract was let with IOM in December 1987 to assess: (1) the extent to which the cost of drug abuse treatment is covered by private

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17/ Of these proposals, over 80 percent were from investigators who had never had a NIDA grant; over 30 percent had never before applied for an HHS grant.

insurance, public programs, and other sources; and (2) the adequacy of such coverage for the rehabilitation of drug abusers. NIDA's Office of Financing and Coverage Policy is managing the 18-month study.

- Drug-Free Workplace (§7361). Requires the Secretary of HHS, acting through NIDA, to work with the Office of Personnel Management to develop drug abuse prevention, treatment, and rehabilitation programs for employees and, to the extent feasible, their families. To meet this goal, NIDA created an Office of Workplace Initiatives which is responsible for stimulating the development of EAPs and helping to review Federal agency drug testing plans, as required under §503, P.L. 100-71.

## Other Legislation

- Health Care Quality Improvement Act (Title IV, P.L. 99-660). Required development of a data bank on health care providers. HRSA's Bureau of Health Professions (BHPr) is exploring opportunities for capturing data on substance abuse to determine the prevalence and impact of such problems on the performance of physicians, dentists, and other providers. BHPr is working with DEA to include in the data bank information on providers whose registration to dispense controlled substance has been suspended or revoked.

# GLOSSARY

CANNABIS: Latin name for plant genus that produces the psychoactive drug found in marijuana and hashish.

CONTROLLED SUBSTANCES ACT (CSA): Common name for the Comprehensive Drug Abuse Prevention and Control Act of 1970, which provides the authority for controlled substance regulation and law enforcement.

CONTROLLED SUBSTANCE ANALOGUE: Synthetic drug that is a chemical variant of a controlled substance, typically very potent and with a high abuse potential.

DANGEROUS DRUGS: Category of substances, both licit and illicit, that includes the following: stimulants other than cocaine; narcotics other than heroin and opium; hallucinogens other than cannabis; and all depressants.

DEPRESSANT: Drug that depresses the Central Nervous System resulting in sedation and decreased bodily activity. In excessive doses can cause shallow respiration, weak pulse, coma, or death. Examples: barbiturates, benzodiazepines, methaqualone.

DESIGNER DRUG: Controlled substance analogue.

DRUG ABUSE: Any use of an illicit drug or any abuse of a licit drug.

DRUG ABUSE WARNING NETWORK (DAWN): National network of hospital emergency rooms and medical examiners in selected cities that report medical emergencies and deaths in which drug abuse was a factor. Each episode (overdose, suicide attempt, car accident, etc.) is recorded as one or more "mentions," depending on the number of drugs involved. The system includes self reporting by the patient and reporting by health authorities at emergency rooms and medical examiners' offices.

ESSENTIAL CHEMICAL: Chemical required in the drug manufacturing process as a solvent, reagent, or catalyst. Examples: ethyl ether, used to process cocaine; acetic anhydride, used to process heroin.

FORFEITURES: Assets surrendered to the government because it has been proven that they were derived from or used in illegal activities. Assets are forfeited by administrative or judicial proceedings.

HALLUCINOGEN: Drug that induces hallucinations that distort the perception of objective reality. In large doses can cause psychosis or death. Examples: LSD, Mescaline, Phencyclidine (PCP).

ILLICIT DRUG: a controlled drug that has no legally sanctioned therapeutic use (e.g., heroin).

INTELLIGENCE COMMUNITY: The Intelligence Community includes the Central Intelligence Agency, the Defense Intelligence Agency, the National Security Agency, Department of Defense intelligence components, Department intelligence elements (other than DOD), and independent agencies, including the FBI. These elements are part of the National Foreign Intelligence Program.

LICIT DRUG: Drug that has at least one legal therapeutic use.

NARCOTIC: A drug composed of opium, opium derivatives or synthetic substitutes that in moderate doses dulls the senses, relieves pain, and induces profound sleep, but in excessive doses can cause stupor, coma, convulsions, or death. Examples: opium, morphine, codeine, methadone, fentanyl. Commonly, but inaccurately, used as a synonym for "drugs."

OPERATIONAL INTELLIGENCE: A term used in drug investigative agencies providing analytical support to the investigation and prosecution process.

PRECURSOR CHEMICAL: Chemical required for the production of a drug that becomes part of the final product. Examples: piperidine, used in the synthesis of PCP; anthranilic acid, used in the synthesis of methaqualone; phenylacetic acid, used in the manufacture of methamphetamine.

PSYCHOACTIVE DRUG: Drug that affects the Central Nervous System and alters mood perception or consciousness. (Similar in definition to, and often used interchangeably with, "psychotropic" drug).

PSYCHOTROPIC DRUG: Similar to psychoactive drug.

SEIZURES: Include (a) drugs and conveyances seized by law enforcement authorities and (b) drug-related assets (monetary instruments, etc.) confiscated by law enforcement authorities based on evidence that they have been derived from or used in illegal narcotics activities.

SERO PREVALENCE: The rate at which positive HIV test results occur in a given group or population.

STIMULANT: Drug that stimulates the Central Nervous System and excites functional activity in the body. In excessive doses can cause agitation, hallucinations, convulsions, or death. Examples: cocaine, caffeine, nicotine, amphetamines, phenmetrazine.

STRATEGIC INTELLIGENCE: Evaluated information concerning drug production, trafficking, abuse trends, and similar data. Used in policy development and management decision-making; provides the framework for strategy development and resource allocation to support operational planning.

SYNTHETIC DRUG: Drug that has been synthesized in a laboratory using solely inorganic chemical compounds.

TACTICAL INTELLIGENCE: Actionable, real-time information regarding particular smuggling targets or other illicit activities.