P U B L I C H E A R I N G

before

ASSEMBLY CORRECTIONS, HEALTH AND WELFARE COMMITTEE

on

"Public Hearing to examine the problem of drug abuse in New Jersey and the impact of funding reductions on drug abuse treatment and prevention services"

Held:
July 27, 1983
Assembly Chamber
State House
Trenton, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Assemblyman George J. Otlowski (Chairman)
Assemblyman Richard F. Visotcky
Assemblyman Garabed "Chuck" Haytaian

ALSO PRESENT:

David Price, Research Assistant and Committee Aide
Office of Legislative Services
Aide, Assembly Corrections, Health and Welfare Committee

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ASSEMBLYMAN GEORGE J. OTLOWSKI (Chairman): We would like to come to order. I would like to point out that this is the hearing of the Assembly Committee on Corrections, Health and Human Services. My name is George Otlowski. I will be chairing this hearing today. To my right is Richard Visotcky, a member of the Committee. Assemblyman Felice has sent a letter in which he points out that because of a previous commitment, he will not be able to attend. John Kohler will make everything known to Assemblyman Felice. The Vice Chairman is Assemblyman Pelly. He is not here, but he has a representative sitting in his seat to monitor the hearing so that he can report back to Assemblyman Pelly. Asssemblyman Chuck Haytaian just walked in, and is about to be seated.

ASSEMBLYMAN HAYTAIAN: Thank you.

ASSEMBLYMAN OTLOWSKI: Before we start, I wanted to take this opportunity to thank all of those people who accepted our invitation to come before this Committee. Of course, as we indicated in the call, the purpose of this hearing is broad in nature. The initial hearing will probably start in the area of treatment, and it will probably spill over into other areas. However, the Committee will eventually go into not only treatment, but enforcement. Because enforcement is related to treatment, it will go into the problem of drug abuse in prisons, so, we will deal with the problem of correction. That is related to the total drug problem. We hope to get a broad picture of the entire situation so that the Legislature will be able to have a total handle on the drug problem. And, as a result of that, the Legislature and this Committee will be able to determine what kind of legislation is needed. One thing I think is going to be obvious today, and what we are going to go into is, what the cutbacks have done, particularly to treatment. It will be developed during the course of the hearing. About $5 million has been cut back by the Federal government. That undoubtedly has a tremendous affect upon the treatment process. The State cut back about $800,000. That has had some affect.

In addition to that, what we hope to be able to probe today is, has drug abuse increased? What is the percentage of the increase?

What affect does that have on the victim, the fact that treatment has been cut back? What does it do to the streets by way of the increase in crime? These are some of the things that we expect to go into.

We are looking at it as a national problem. We are told that the cutback in productivity, as a result of drug abuse in this country, amounts to about $25 billion in productive work. It has affected our whole school system, by affecting the teaching and learning process. We hope that we will be able to get some kind of handle on that.

Many countries, foreign countries, are using the sale of drugs to build up their cash flow and to build up their dollar collection. As a matter of fact, just yesterday, China has made it known that Viet Nam is using the sale of drugs to build up its cash flow. China, of course, is tremendously concerned about that. But, if Viet Nam is doing that, they are doing that to get dollars; they are not doing that to get Chinese yen, I am sure.

But, in any event, these are some of the problems that we are faced with and that the Committee would like to get a handle on. Then, of course, the fact of our proximity to New York, where a great deal of heroin, another OPH, entered the country from some of these foreign countries, and then neatly find their way into New Jersey. So, these are some of the things that we are going to get into. And, we are going to get into what the drug abuser does, and how does he affect criminal activity? How expensive is his habit? How is it supported? These are some of things we will be going into.

The other thing, of course, that we want to determine is, the cost of society in treating serious drug abusers. We feel that is much less than the total problem created by ignoring the problem.

The Committee, of course, will welcome different points of view. We are certain that there will be different points of view. We have invited many of the departments here to get their point of view and what they feel can be done, or how they can operate more efficiently, what cutbacks have meant to them. Where are they today? Where do they see this problem? Is the problem becoming more intense? These are some of the things that we intend to learn today.

I think we have given you a pretty good idea of where the Committee expects to go with this hearing today. Just one thing, too, before we start. We are going to ask you to submit your written testimony to the Committee members, if you have written testimony, and to submit extra copies. If you do that, we are not going to ask you to read it. As a matter of fact, we don't want you to read it. If you submit it to us, that is sufficient for it becoming part of the record. The Committee will be looking at it very quickly while you are here to see if there are any questions that they want to ask. And, all we expect you to do is summarize orally what is in your written testimony so that we can get to as many people in the course of the day as possible to round out the record. We have found that this works pretty smoothly. We have been doing this for some time now. We find this gives us the opportunity to hear many people. It also gives the Committee an opportunity to ask the questions that may be pertinent to the hearing.

With that, we are going to start by asking for Assistant Commissioner Russo, who is the Assistant Commissioner for Alcohol, Narcotic and Drug Abuse for the New Jersey Department of Health. Assistant Commissioner Richard Russo, please? Commissioner, do you have written testimony?

R I C H A R D J. R U S S O: I have written testimony.

ASSEMBLYMAN OTLOWSKI: Do you have any copies?

MR. RUSSO: I gave David eight copies.

ASSEMBLYMAN OTLOWSKI: Commissioner, without reading the testimony, can you just summarize it orally, please?

MR. RUSSO: Well, what I would like to do, on behalf of the Department of Health, if I may, Mr. Chairman, is briefly go through this. I won't read it, but I would like to highlight certain parts of the written testimony.

ASSEMBLYMAN OTLOWSKI: If you highlight it, yes. But, I--

MR. RUSSO: There are some issues in there that I would like to elaborate upon and expand upon somewhat.

My testimony is broken down into two major portions. The first portion is the national perspective. To summarize that, as you

probably know, we have had some very serious problems with the funding level from the Federal government. It has decreased rather significantly over the years, which I will get into in a moment.

I think what is most critical, from a national perspective at this point in time is, that a recent study, which was sponsored by the Alcohol Drug Abuse and Mental Health Administration in Washington, of the costs of drug abuse to society. This, by the way, gentlemen, is on the top of page two. The cost to society several years ago, the estimate of drug abuse cost to society was in the neighborhood of $65 billion. That was several years ago. A recent study, which is being conducted right now by the Congressional Office of Technology Assessment, indicates that the cost will probably double this year. So, we are talking about, perhaps, $120 billion, which is the cost to society, nationally, for substance abuse issues. Of course, this includes the cost of providing treatment itself, for treating related medical disorders, lost productivity, some criminal just system costs. It does not include the cost of stolen goods, for example, that support a drug habit. So, in round figures, we are talking about a $120 billion cost to society at this particular point in time, nationally.

In light of this--

ASSEMBLYMAN OTLOWSKI: Commissioner, could you hold it for a minute?

MR. RUSSO: Sure.

ASSEMBLYMAN OTLOWSKI: You know what we are going to do as you are talking, because we are developing some very, very important material? It has been suggested that as you develop this important material, in each phase of it, there may be questions. We are going to do it that way.

MR. RUSSO: Sure. Fine.

ASSEMBLYMAN OTLOWSKI: Because at this moment, Assemblyman Visotcky wants to ask you a question on the point that you just made.

ASSEMBLYMAN VISOTCKY: Why doesn't that include the cost of stolen property to support the drug habit?

MR. RUSSO: It is very, very difficult to ascertain that. The national studies just do not include it. That would significantly

increase it. I don't know, nationally, how you determine that. So, these figures do not include those costs.

ASSEMBLYMAN VISOTCKY: How do we do it on a state level? Do you have any idea?

MR. RUSSO: Well, I have some figures later on in my testimony, when I talk about the state perspective. Right now I am talking about the national perspective. I will get into the state perspective in a couple of minutes. We do have some ideas about the total cost in New Jersey.

ASSEMBLYMAN VISOTCKY: Of course, these figures could be staggering, if you showed us stolen.

MR. RUSSO: Well, they could be beyond-- These are conservative figures. The $120 billion are conservative.

ASSEMBLYMAN OTLOWSKI: Commissioner, just following that line of questioning, in the original statement that I made, I said, nationally, it was costing us about $25 billion. You made the statement that it is costing us $120 billion. I would defer to your figure, because I feel that your figure is based upon research. Mine, of course, was probably just an educated guess. So, I would defer to your figure.

MR. RUSSO: Fine. These are figures directly from the Alcohol, Drug Abuse and Mental Health Administration.

In light of the evidence of the total cost to society, it makes sense to us, in both fiscal and human terms, to invest parochial level of support for funding and for maintaining prevention and drug treatment to activities. I'm still on the national perspective at the bottom of page two, Mr. Chairman.

You will note that nationally, in Fiscal Year 1980, which was the base year for the ADM block grant -- the alcohol, drugs, and mental health block grant -- Federal appropriations for alcohol and drug projects -- substance abuse, in general -- total about $332 million nationally. In Fiscal Year 1983, this portion of the block grant equaled only about $222 million. There has been about a 33% reduction, nationally, in Federal support since 1980 for these efforts. I think that is a critical issue. And, if you tie in inflation, which this

does not, it could be as high as a 42% reduction in real Federal dollars for substance abuse support since 1980 eminating from the Federal government. I think they are significant reductions that we have to realize.

Another critical issue on the national scene is--

ASSEMBLYMAN HAYTAIAN: Could I ask you a question?

MR. RUSSO: Sure.

ASSEMBLYMAN OTLOWSKI: Do you want to hold it there for a minute, Commissioner? Yes, Assemblyman?

ASSEMBLYMAN HAYTAIAN: I think it is important, because I have been involved on the county level in the drug abuse program. In fact, you know very well, I had called you when I was on the county level. I think I would like to have you bring about-- Talking about reductions and the problems involved, many years ago, we didn't have as much money as we had in 1980 for the drug abuse programs. Yet, we saw constant increases in drug use, constant increases in drug abuse, constant problems, and we were pouring more and more money into it. Now, if you are going to go on the reduction side causing the problems, I would like you to give us a little bit of an impact of what occurred when we started putting money into it, and why didn't we solve the problem when we put all of that money into it?

MR. RUSSO: I'm not sure I can respond to that, sir. As you probably know, in the late '60's, when this country, and New Jersey, was facing what was truly an epidemic of drug abuse, there was some massive infusion of Federal dollars, and an increase in State dollars throughout the country for this effort. I think at that point in time, there was so little effort and organized programs to combat drug abuse, that it caught this country by surprise. I think we are catching up. In the last twelve years, since 1968 or so, twelve or thirteen years, we have developed in this country, including New Jersey, a very substantial course of treatment rehabilitation and prevention activities. Today, we have staffs throughout this country, and again, in New Jersey, that are qualified staffs, qualified treatment programs, that know how to treat substance abusers. In the mid '60's and late '60's, we did not know how to treat substance abusers. I think we do

today. I think we are making substantial progress. We estimated back in those years that the success rate of a substance abuse treatment was in the neighborhood of 10% or 12%. We say today that it is in the neighborhood of 25%. We have substantially improved our position. Now, we do have resources, in terms of manpower, in terms of a qualified staff of professionals, to begin to deal with this problem. The issue is, now that we are geared up and we have developed and trained over the course of ten years, a whole new profession. Don't forget, there were no organized substance abuse treatment activities in the country in the late '60's. Today, throughout the country, there are thousands of qualified people involved in rehabilitation therapy.

ASSEMBLYMAN HAYTAIAN: I think a point that has to be made is, and I think we can get the analogy from a farmer -- I come from farm country and I think I know what I am talking about in that regard also -- an acre of land thirty years ago could produce "x" amount of crops, whereas today, thirty years later, because of what we learned through experience, that acre has probably tripled in its production of crops. I think the analogy is this: we spent a lot of money. That didn't necessarily prove to solve the problem. What we have gained in those years is a lot of experience that maybe all of the dollars are not necessary to solve the same problem. I think that analogy is true, and I think your answer proves some of that.

MR. RUSSO: I have to say, and I should have said it earlier, that the two facets to this whole problem, which you are going to be dealing with, as Chairman Otlowski said, you are going to be dealing with the law enforcement aspect and the treatment rehabilitation prevention/intervention aspect. We call it by other terms. My only issue is in the treatment rehabilitation and prevention aspect. There has been tremendous amounts of effort, and some of it successful, too, in the law enforcement efforts. We call it "supply demand" and "reduction demand." But, my particular area is in treatment rehabilitation and prevention. I think we have made some tremendous strives. Again, we have the capacity now, I think, in this country, to really make some significant inroads into the substance abuse problem, from a rehabilitative prevention early intervention point of view. I think the figures are beginning to show those.

The critical issue is, now is not the time to lay down our guard. And to reduce that effort -- which I will mention in a second or two -- how significantly it has been reduced and what it has done in New Jersey.

There is one other thing I wanted to say on the national perspective, and then I will move onto the local and New Jersey perspective. Right now, Congress is working on the 1984 ADM block grant, which, as you know, starts October 1st of this year. They are in Committee. We strongly recommend full authorization at the full authorization level in Congress of $532 million. I would really strongly hope that this Committee, your Committee, would go on record with Congress -- right now they are in Committee discussing this -- supporting the full authorization of $532 million. What that would mean to us in New Jersey, if full authorization did come out of the 1984 block, is about $2 million more for drug abuse services. That is significant, gentlemen. So, from the national perspective, we support the full authorization. Congress is dealing with that issue right now, and support from your Committee, I think, would be significant toward helping New Jersey and perhaps the rest of the country to get a better share of the money.

I would like to move on to the New Jersey perspective, which is the most critical thing that we want to talk about today. That starts in the documentation, gentlemen, on page four.

In 1982, in New Jersey, we estimated -- Mr. Chairman, you asked this question -- heroin addiction costs to be about $782 million. The approximate cost in New Jersey to provide a full range of treatment services, the average cost per patient per year is about $3,000. New Jersey spends about $20 million a year on treatment rehabilitation and prevention. So, we are talking about a $20 million investment against a $782 million heroin addiction social cost. Again, it is truly cost-effective to put more money into treatment prevention and early intervention. It is truly cost-effective.

These estimates are rough. I think they do provide an indication of the tremendous social costs associated with heroin addiction.

I am still reading from page four. The New Jersey State Department of Health, in our effort and the statewide effort that we oversee, which includes not only the Department of Health's activities, but all of the private agencies in New Jersey that provide substance abuse treatment and rehabilitation prevention activities, did lose $5 million, as the Chairman mentioned, since 1980. One point two million of it was pre-block grant formula recession money; $3 million was a reduction when we switched from categorical money to block grant money a year and a half, two years ago, and, about $800,000 of State reduction. So, we have witnessed, in New Jersey alone, a $5 million reduction, which amounts to almost 25% of the total funding that we had in this effort when it was at its maximum.

Now, the result of this reduction of $5 million over the last couple of years, has reduced a number of agencies that provide these services, from ninety-seven agencies to eighty agencies. The annual number of people who received services in 1980, the number of people that we in this State treated was about 21,000 people during one year for drug abuse services. That appears at the top of page five.

ASSEMBLYMAN OTLOWSKI: What year was that?

MR. RUSSO: It was 1980. Twenty-one thousand people.

ASSEMBLYMAN VISOTCKY: On these spending reductions, how are they put into effect?

MR. RUSSO: How are they put into effect?

ASSEMBLYMAN VISOTCKY: Yes.

MR. RUSSO: Well, from the Federal level, it was just--

ASSEMBLYMAN VISOTCKY: I'm talking about Federal and State.

MR. RUSSO: Well, we had to reduce our effort. We had to reduce the expectations of what we were doing. We had to cut back contracts, we had to cut back the number of people we were treating, and, as I mentioned, in 1980, we treated 21,000 people; today, annually, we are treating about 15,000. We had to reduce our treatment capacity annually by at least 6,000. We had to reduce the daily capacity in--

ASSEMBLYMAN OTLOWSKI: You had to reduce the treatment of 6,000 people?

MR. RUSSO: We treated 6,000 people less, because we had to fold the system down. We reduced contracts with the private agencies significantly. We laid off staff.

ASSEMBLYMAN OTLOWSKI: Wait. Let's get the record clear. You reduced treatment of 6,000 people because you didn't have the money to treat them. Is that correct?

MR. RUSSO: We reduced the capacity to treat people, which resulted in 6,000 fewer people being seen in 1982.

ASSEMBLYMAN OTLOWSKI: I am putting the question more specifically. You were unable to treat 6,000 people who needed treatment because of the cutbacks?

MR. RUSSO: Right.

ASSEMBLYMAN OTLOWSKI: Is that question a correct question?

MR. RUSSO: Yes, it is. Yes.

ASSEMBLYMAN VISOTCKY: Who made that decision?

MR. RUSSO: The cutbacks?

ASSEMBLYMAN VISOTCKY: Right.

MR. RUSSO: Well, the cutbacks from the Federal government were made--

ASSEMBLYMAN VISOTCKY: Who made the decision that we can't treat 6,000 more people, and so on, a year, or so many a day?

MR. RUSSO: Well, the Department of Health made that decision, based on the fact that we had $5 million less. So, we had to cut back somewhere. We cut back by laying off staff, reducing contracts. We did other things in that period of time to help sure up that shortfall. Two years ago, we began to charge patients for services. We charged patients $2.00 a day for services. So, we did things like that. A patient who comes in today pays a portion of his cost. That generates about $1.4 million. So, we did some other cost-saving activities.

ASSEMBLYMAN VISOTCKY: My question is, who made that decision, and what is the priority?

MR. RUSSO: The decision ultimately--

ASSEMBLYMAN VISOTCKY: Excuse me. The priority of the Department is, "We are not worried about drug abuse. Are we going to

cut back and keep some other program that we can really take the frills out of?" Who made that decision?

MR. RUSSO: The ultimate decision, of course, in any department is the Commissioner, and the Commissioner at that point in time made that decision.

ASSEMBLYMAN VISOTCKY: The Commissioner didn't think much about the drug abuse program, so he says, "All right. Let's take out the $5 million. Let's lay off the people and let's forget about it."

MR. RUSSO: In terms of the priorities at that point in time of the Commissioner.

ASSEMBLYMAN VISOTCKY: Naturally, you assume it wasn't a priority because you eliminated it. Right?

MR. RUSSO: In terms of the Department priorities, yes. Drug abuse, at that point in time, in the Commissioner's mind, the ultimate decision maker in the Department, was to reduce this particular effort. That's right.

ASSEMBLYMAN HAYTAIAN: What Commissioner are you talking about? It says the past several years by $5 million. Are you talking 1977, 1979, 1980? When are we talking?

MR. RUSSO: Well, it spans two commissioners, actually, in the Department of Health. It spanned at the period of time when Dr. Finley was the Commissioner, and the brief time when Dr. Mayer was the Commissioner, as you know.

ASSEMBLYMAN HAYTAIAN: All right. So it is a time that those people were commissioners that it was reduced by this amount of--

MR. RUSSO: That's right.

ASSEMBLYMAN VISOTCKY: No. I think the cuts show '83 and '84.

MR. RUSSO: The cuts start in 1980, sir.

ASSEMBLYMAN HAYTAIAN: I don't see that here.

ASSEMBLYMAN VISOTCKY: The State cuts were 1983?

MR. RUSSO: Since 1980 through 1982 the cuts were made. The $800,000 of State cuts were made last fiscal year. The impact was in October of the last fiscal year.

ASSEMBLYMAN VISOTCKY: How much were the State cuts prior to that, sir?

MR. RUSSO: Prior to that $800,000?

ASSEMBLYMAN VISOTCKY: Yes.

MR. RUSSO: None.

ASSEMBLYMAN VISOTCKY: So, now we are talking '83 and '84.

MR. RUSSO: We are talking '83 fiscal year, right.

ASSEMBLYMAN VISOTCKY: We're talking '82 and '83.

MR. RUSSO: Last State fiscal year. Right.

ASSEMBLYMAN HAYTAIAN: I think it says right here-- All I am doing is reading. It says on page four, "...the past several years by $5 million..." It doesn't say 1983/1984. It doesn't say that the $5 million was cut yesterday. All I am doing is reading what your testimony says.

MR. RUSSO: Okay.

ASSEMBLYMAN VISOTCKY: Yes, but the State portion was cut $800,000.

ASSEMBLYMAN HAYTAIAN: I am not saying that it is a correction of anything. All I am trying to understand is, when you say the past several years, are you talking since 1980?

MR. RUSSO: In 1980 through--

ASSEMBLYMAN HAYTAIAN: And the two commissioners you are talking about are Finley and Mayer?

MR. RUSSO: Right.

ASSEMBLYMAN HAYTAIAN: You're not talking about Commissioner Goldstein at this point?

MR. RUSSO: No. There were no-- No.

ASSEMBLYMAN HAYTAIAN: No. Okay. I also want to know, when you were taking care of 21,000 people, how many more people could you have taken care of if you had more money? In other words, what is the factor there? I have some engineering background. I'm an electrical engineer. If it is twenty-one to fifteen when it was twenty-one, could you have serviced 27,000? And, were there 27,000 people in need?

MR. RUSSO: We really don't know. No one in this country knows--

ASSEMBLYMAN HAYTAIAN: All right, that's fine. Then those numbers don't mean too much to us.

MR. RUSSO: Those numbers are the actual numbers of people that we had the capacity to treat at any particular time. We in New Jersey have had the capacity to treat all of the people who came for services. We have always had--

ASSEMBLYMAN HAYTAIAN: So, it was never done, not to capacity.

MR. RUSSO: We have always turned people away.

ASSEMBLYMAN HAYTAIAN: Thank you.

MR. RUSSO: Back in 1980, when we treated 21,000, people were turned away. Today people are turned away from services because we don't have the capacity.

ASSEMBLYMAN HAYTAIAN: I know, when I was a freeholder in 1976, 1977, and 1978, in calling you, you told me there wasn't enough money then.

MR. RUSSO: That's right. There never has been.

ASSEMBLYMAN HAYTAIAN: And you told me during that administration that there wasn't enough money, and during those administrations that monies were cut. So, I knew that was happening. All of a sudden I just don't want it to be focused on this Administration, whether it be in Washington or in Trenton, because it has been true with all administrations.

MR. RUSSO: No. It--

ASSEMBLYMAN HAYTAIAN: We have had problems in funding this dreadful problem.

MR. RUSSO: There is no question about it, that this country and New Jersey has never, in my recollection, had the capacity to treat all of the people who needed services. There is no question about that.

ASSEMBLYMAN HAYTAIAN: Thank you.

ASSEMBLYMAN VISOTCKY: Mr. Russo, can I ask another question

MR. RUSSO: Sure.

ASSEMBLYMAN OTLOWSKI: May I just follow up on this? I just want to clear this point up. In any event, the timeframe of cuts, I think, has been brought into focus. But, I think the pertinent question right now that the Committee would want to deal with is, the

fact that the cutbacks have meant that you have turned people away who need treatment. You have said in a direct statement that that would probably include 6,000 people who you have turned away because of the cutbacks. Never mind the timeframe. I'm talking about the cutbacks. You have turned about 6,000 people away. You have no way of knowing what happened to those 6,000 people? You have no way of knowing how they are dealing with the problem? Did they merely go out onto the streets to get money to satisfy their addiction? We have no handle on what has happened to those people?

MR. RUSSO: No. That is 100% true. One of the critical issues in terms of substance abuse, individuals using drugs on a daily basis, is, when they present themselves for services, for treatment rehabilitation, they are looking for immediate gratification. You cannot tell them, like you do in a physician's office, "I can't see you today. I will make an appointment for next week or two weeks from now." Normally they don't come back. They stay on the street, they wind up in the criminal justice system, they wind up horizontal in an emergency room episode, they are continually using drugs on the street, or they wind up dead. You are right. We do not have a handle on what happened to those people. But, we know that they are probably back on the streets in any one of those variety of capacities. They are adding to the social cost of substance abuse in crime, in criminal justice, in cost of emergency room episodes, etc., etc. It is compounded, but it is impossible to put a total estimated figure on that.

ASSEMBLYMAN OTLOWSKI: I think Assembly Vistocky wanted to ask you a question at this point.

ASSEMBLYMAN VISOTCKY: Yes. In 1982, the Governor eliminated the Drug Abuse Training and Education Center.

MR. RUSSO: That's right.

ASSEMBLYMAN VISOTCKY: How does that figure into our scope with drug abuse without having these counselors being trained anymore?

MR. RUSSO: Well, that was one of the decisions that was made when the $800,000 State reduction came about.

ASSEMBLYMAN VISOTCKY: What year was that?

MR. RUSSO: Last fiscal year. The center was closed in October of 1982, which was the last fiscal year. That was a direct result of the $800,000 State reduction.

ASSEMBLYMAN VISOTCKY: All right. What are we going to do now -- I'm talking about a department -- since you don't have these counselors, how is the third-party insurance coverage going to be available?

MR. RUSSO: As you probably know, there is legislation in right now to mandate coverage for substance abuse treatment services in hospitals, in HMO's and community mental health centers.

ASSEMBLYMAN VISOTCKY: Yes, but, I think the rule is that they must be certified counselors. If we don't have the counselors readily available, the third party coverage won't be available.

MR. RUSSO: There is a certified counselor board in New Jersey that was established over three years ago. That is ongoing, it is active and it is certifying counselors every day. I am guessing. I think the number could be as many as 250 or so, right now, who are--

ASSEMBLYMAN VISOTCKY: Where are they being trained?

MR. RUSSO: Well, they get training in a variety ways. We are still involved in training, not nearly at the same level as we were before we closed the training center. There are a number of private agencies that provide training. We still fund programs like the Rutgers Center and the Alcohol and Drug Studies. We have a program that will be going on at Rutgers in a couple of weeks which trains people. So, there are a variety of ways. We still fund to send people away for academic training. It is not nearly as significant, and not nearly in terms of the numbers we had before. But, we are still involved in training.

ASSEMBLYMAN VISOTCKY: What kind of numbers are we talking about? Increased or decreased? What kind of numbers are we talking about in reference to counselors?

MR. RUSSO: In terms of training, sir?

ASSEMBLYMAN VISOTCKY: No. Counselors. The form of third-party coverage.

MR. RUSSO: I'm not sure I know the answer to that. In terms of the number of counselors who are currently certified at this point in time?

ASSEMBLYMAN VISOTCKY: As opposed to when we had the training center.

MR. RUSSO: As I said, I think -- I'm not sure -- there are some people in the audience who are closer to the certification process and can probably respond to that. But, it is an ongoing process. We in New Jersey are certifying substance abuse counselors routinely. The number escapes me. I think it is in the neighborhood of 200 or so who are certified counselors.

In the substance abuse field, you have to understand that a large proportion of the counselors in New Jersey today are academically trained people. A large portion of them have masters level training in social work, rehabilitation counseling, and other areas. So, they are qualified people. The certification process is one additional thing that they get, and can get rather easily. The field has grown tremendously in twelve years. Twelve years ago, a number of the counselors were not academically trained. They were recovered addicts. Today, if you look at our system, the largest proportion of counselors are professional academically trained, and almost all of them are with a baccalaureate. A tremendous number of them have masters level training academically in institutions throughout this country. So, the number of qualified counselors sir, are out there. And, with mandatory insurance legislation, they will qualify for the kinds of services you are talking about. There is no question about it.

ASSEMBLYMAN HAYTAIAN: Excuse me. What legislation are you talking about? Is that State legislation?

MR. RUSSO: State legislation.

ASSEMBLYMAN HAYTAIAN: And what bill number is that, and where is that bill now?

MR. RUSSO: I would like to defer, if I may.

ASSEMBLYMAN HAYTAIAN: When was it introduced?

MR. RUSSO: Carolann, can you help us on that? She is one of the Committee chairpersons on these bills.

MS. KANE: It is Senate Bill 1504 or 1508.

ASSEMBLYMAN HAYTAIAN: Senate Bill 1504? That must have been introduced last year.

ASSEMBLYMAN OTLOWSKI: Excuse me. Would you come over here and give that to the Commissioner so that we are talking to one person and not talking across the room? Could you come over here to give that information to the Commissioner?

MR. RUSSO: Yes. It is Senate Bill 1504 through 1508. Senator Bornheimer.

ASSEMBLYMAN HAYTAIAN: Senator Bornheimer's bill?

MR. RUSSO: Yes.

ASSEMBLYMAN HAYTAIAN: Do you have any idea as to why they have not, since they are as important as you are stating it to the questions of the Assemblyman, that we could have done a lot more if these bills have moved? Do you have any idea as to why they have not moved?

MR. RUSSO: No, I don't. We are meeting with Senator Bornheimer next week on this issue.

ASSEMBLYMAN HAYTAIAN: There has been no movement since June 10th of 1982. They are in the Institutions, Health and Welfare Committee in the Senate. I would think that if they are as important as you stated they should be, then it would be encumbent on this Committee to tell the sponsor and the Chairman of that Committee in the Senate that these bills should move quickly.

MR. RUSSO: I support that 100%. I was going to request the support of this Committee.

ASSEMBLYMAN OTLOWSKI: Let's bring something into perspective here, so that these bills are not viewed as the panacea. With these bills, if I go to the hospital for an appendectomy, the increased cost will be picked up by me for my appendectomy for the treatment of drug abuse in the hospitals. Somebody has to pick up that cost. The patients who go to the hospitals will pick up that cost by the increase in their premiums.

MR. RUSSO: I see the enactment of this legislation as doing what I think we should be doing in this country, in spreading the cost of substance abuse services throughout the entire industry.

ASSEMBLYMAN OTLOWSKI: Excuse me. I don't want to get into that, but just for the record, the frightening thing taking place in this country is hospital costs. It is frightening. As a matter of fact, it is only a question of time before the middle class person will not be able to go to a hospital because of costs. And, they will not be able to afford the premiums. So, I just don't want it to appear that this is a panacea that we are talking about.

MR. RUSSO: No. The largest majority of treatment for substance abusers in New Jersey are not inpatient. They are almost exclusively outpatient. There are some inpatient facilities that would--

ASSEMBLYMAN OTLOWSKI: And I want to make it clear that drug abuse is not a disease of the poor.

MR. RUSSO: True.

ASSEMBLYMAN OTLOWSKI: It is a disease that runs the whole gamut in this country. I want to make that clear. We have to be very careful -- it appears to me -- of what we do with hospitals and what we do with hospital costs. In this connection, I see in your report that you are talking, again, with what we are dealing with is on page four and five. You are talking about the great increase in drug abuse in northern New Jersey. I am assuming that northern New Jersey is not just Newark.

MR. RUSSO: No. I just used that as an example to show you the increase. That's true.

ASSEMBLYMAN OTLOWSKI: You are saying that there is a big increase in drug abuse. Let me see your exact words here. "We have been able to estimate both prevalence and incidents of heroin abuse, and this information was of the utmost importance in identifying the rapid increase in heroin abuse in northern New Jersey in recent years." That increase is so perceptive?

MR. RUSSO: Oh, yes. It has been high since 1979.

ASSEMBLYMAN OTLOWSKI: Let me ask you this. If that increase is so perceptive and so prevalent, the treatment of those symptoms have not increased, according to the increase that is taking place there. Am I correct about that?

MR. RUSSO: Yes.

ASSEMBLYMAN OTLOWSKI: I am correct?

MR. RUSSO: Yes. If I understand your question, yes. I estimate, for example, in Newark, just as an example, that the treatment admissions for heroin abusers are half of what they would have been without these reductions.

ASSEMBLYMAN OTLOWSKI: Didn't you go out-- Wait a minute. You clear it up. You clear it up in your statement here. You say, "Our data analysis indicates that heroin addiction remains at the same high levels since 1979, while our ability to deal with the problem has drastically diminished." Do you want to just enlighten us on what you are talking about there?

MR. RUSSO: Well, there was a major, as you probably know, northeast influx of heroin in this country. Northeast meaning from Washington to Boston, which began in late 1978 and early 1979. It had a tremendous impact on this Northeast Corridor. We are right in the center of that corridor. We began to see significant increases in heroin availability, patients coming into the treatment system with a primary drug of heroin abuse in 1979. It has remained high through today.

ASSEMBLYMAN OTLOWSKI: Excuse me. Again, it is so easy to knock this out of perspective. And again, if we are going to deal with what you are talking about here, with this increase, you are not only going to deal with treatment, but you have to deal with enforcement, you have to deal with the whole thing. The truth of the matter is, we can become so professional with the treatment, that it would become an obsession, and ignore the real cause, the influx of the damned stuff.

MR. RUSSO: As I said earlier, there is a demand reduction which we deal with. The supply reduction is what the law enforcement deals with. You do need both of those major efforts. There is no question about it. You need a major effort in supply reduction activities, plus, you need a major effort in demand reduction. We try to treat those people and prevent people from becoming involved. That is the demand reduction. Supply reduction is the elicit manufactured distribution trade of traffic. That is what law enforcement is involved in. You are right, Mr. Chairman. You need both areas. You

need demand and supply reduction as major efforts in this country, New Jersey included.

ASSEMBLYMAN HAYTAIAN: Mr. Russo, before you get off, in the same vain, I am very interested in these bills in the Senate that have not had any movement, and I would like to know how important they would be in this whole problem that we are discussing today. For instance, S-1504 requires hospital service corporations to cover treatment of drug abuse; 1505 requires group health insurance to cover treatment of drug abuse; 1506 requires medical services corporations to cover treatment of drug abuse; 1507 requires individual health insurance to cover treatment of drug abuse; and, 1508 requires health maintenance organizations to provide drug abuse treatment on an inpatient/outpatient basis at a treatment center. Now, let's talk about these bills in light of the problem that you pointed out here. If we had these types of bills passed in this Assembly and signed by the Governor and put into effect, what type of dollar needs would we then need? Higher or lower? What type of treatment could we provide? Higher or lower? Could we then take care of more people on a less costly basis?

MR. RUSSO: I think from a government-funded point of view, we would not need more money. In fact, there may be less money needed from the government. But, the cost of providing these services would be shared by all of us who--

ASSEMBLYMAN HAYTAIAN: By society.

MR. RUSSO: By society, by all of us who have insurance policies. The same happened in 1977 in this State, with mandatory coverage-- In 1977, there was somewhat similar legislation passed in New Jersey that mandatory covered alcohol and alcohol problems. That significantly laid the cost of these services on all of us, where the cost should be. It does not increase. It did not increase. I could see, with the implementation of these bills, several years after they were up and running, no increase cost to government funding, tax dollars. In fact, perhaps they could be reduced. I don't know. That is an analytical question that is very, very difficult to determine. But, there is no question. It shifts the burden of providing

services. It mainstreams in hospitals, in community mental health centers, in HMO's, etc. It mainstreams the treatment of substance abuse where it should be.

Unfortunately, in the mid '60's, in this country we developed separate identifiable, categorical treatment activities not mainstreamed. We had a storefront started in an OEO camp in the middle of a city, which was good at that time. It was the only thing going. It is time, and our Commissioner is 100% supporting this, to mainstream these into the general health care, acute hospital care kinds of systems.

So, these bills would put, I think, drug abuse treatment, rehabilitation and prevention activities, where it should be.

It is an illness no different than alcoholism and 100 other illnesses that we pay for in our insurance policies. But, you have to understand that there still are a significant number of substance abusers today who have no insurance coverage. So, government will have to provide some of that.

ASSEMBLYMAN OTLOWSKI: Right.

MR. RUSSO: Now, our estimates right now are, only about 25% or 28% of those people in drug abuse treatment, right now, have the kind of coverage that we are talking about. So, you will still need some government-supported services. But I think, with these bills, with this legislation, we begin to reduce the cost to government, tax dollars, for these services. I think that is the direction to go in. There is no question about it. I think hospitals, HMO's, and again, community mental health centers, will go after these kinds of treatment with this kind of legislation as what happened in the alcohol field. Since 1977, there has been a tremendous growth, a good growth, in this State for alcohol services. It is primarily not because the State put more money in, because it hasn't, but, the private sector, through their mandatory insurance coverage has taken over, which I think is the way to go. I think we have to mainstream into the general health care system the substance abusers, because these same institutions, hospitals, HMO's, community mental health institutions see these patients anyway. They come in for all sorts of emergency room

treatment and so forth. They are the same patients that they turn away now for substance abuse treatment services. I think it is critical legislation.

ASSEMBLYMAN HAYTAIAN: Excuse me, Mr. Chairman, if I may just finish. I think you have touched on the point that I have seen in operation, the point that you brought up, the alcohol abuse. As the Chairman indicated, this is not a poor man's problem. This is society's problem. If we can spread the costs out the way these bills would do it, it would be the DRG system in essence to healthcare.

MR. RUSSO: That's right. That is true.

ASSEMBLYMAN HAYTAIAN: And it can solve the problems without the increased dollars from government. I think it is encumbent upon this Committee, at the conclusion of this hearing, to make a push whether we sponsor bills similarly in the Assembly, similar bills to get it moving, because it would be in our Committee. I think we could do that if the Chairman and the Committee so decides.

MR. RUSSO: I am very pleased to hear you say that, sir.

ASSEMBLYMAN HAYTAIAN: Thank you.

ASSEMBLYMAN OTLOWSKI: Again, just for the record, so that we keep this in perspective, I wanted to point out at one of the hearings that we had here just recently, it was pointed out that hospitals are picking up about $80 million in costs for people who are not insured for specific illnesses, and the hospitals pick up that $80 million. Now, when the hospital picks up that $80 million, that is not returned to the hospitals by Michael, the Arch Angel. That $80 million comes from people, comes from society, comes from the fellow who is carrying the load, comes from the taxpayer. And, the same thing, when you are talking about alcoholic abuse that is now treated in hospitals, I don't have the figures before me, but that must be tremendous now. That shifted to the patient and to the insured. The thing that bothers me -- I'm getting this every day as Chairman of the C mmittee -- is the fact that a person goes to the hospital today and he gets a bill for $7,000, and he comes out of the hospital sicker than he went in because of the bill for $7,000. He comes out of the hospital hysterical and screaming about the $7,000 bill. Well, the $7,000 bill that he got is

for the cost that is being inflicted upon hospitals for the general burden that they are now carrying.

So, what I am saying is, the money comes from the same guy. When you are talking about distributing it, what you are talking about is the fact that you are going to get the money from the same guy, but maybe you are going to dip into his other pocket. This is what we have to be careful about. I just don't want us to get the feeling that if we shift the burden to society, to the hospitals, that we are getting rid of the burden. I just want to make this clear.

MR. RUSSO: No. There is no question about it.

ASSEMBLYMAN OTLOWSKI: This is no reflection upon what anybody said here, because we are dealing with a very, very difficult problem. Really, it is not a problem, it is a curse. It is so difficult. I don't think we should be looking for easy answers, either.

MR. RUSSO: You are right, Mr. Chairman. It costs money to treat these sick people. There is no question about it.

ASSEMBLYMAN OTLOWSKI: Yes. Assemblyman Vistocky?

ASSEMBLYMAN VISOTCKY: How far does Medicare and Medicaid cover drug abuse?

MR. RUSSO: Very, very little. Almost insignificant.

ASSEMBLYMAN VISOTCKY: Well, if we are talking very little, again, now we are talking third-party coverage, I would like to know where we are at. If we are talking 20% of the people in drug abuse who have third-party coverage as opposed to Medicare and Medicaid, which most of the drug abusers are, I would say, under Medicaid, what is the State doing as far as treating them under the Medicaid program?

MR. RUSSO: Well, we do not have, at this particular point in time, support for that kind of service. That is another issue which I think is critical, that maybe your Committee can help us with, and, to get substance abuse treatment services under those funding mechanisms.

ASSEMBLYMAN HAYTAIAN: Yes. But, you are leading us to believe that with these four bills that Mr. Bornheimer got, the Administration is yet to say, "Okay, let's use Medicaid funds for the drug abuse program" which they have not done, and nobody has done

anything on this, "so, we shouldn't be playing games with this" and I think we have been playing games here, "Let's really--"

MR. RUSSO: I don't think we are playing games.

ASSEMBLYMAN VISOTCKY: I'm not saying you, sir.

MR. RUSSO: We're not playing games.

ASSEMBLYMAN VISOTCKY: But, you know, if we say that it should be under third-party coverage -- and yet, our Medicaid program doesn't do it, so, we are talking from both ends of our mouth.

ASSEMBLYMAN HAYTAIAN: Well, I think the Assemblyman is insinuating that I am playing games. I don't believe I am. I think if I came here-- If the Assemblyman said that the Commissioner is not playing games, it has only been a dialogue between two people here. So, I have to assume by osmosis that I am playing games. I am not playing games. I believe that if you put the costs on the hospitals, then the DRG process would then cover it, period.

Now, whether that is game playing or not, that is the truth. If we were to go into game playing, then we are talking about that is talking about funding reductions on a drug abuse treatment program. Well, I want to know how we can work it out so that we can take care of these people, because it is a problem. There are no games being played here. I don't want any games being played either. I don't want it focused on one administration versus the people in another administration. I have a feeling that maybe that is what this hearing is about. I don't want that. I want to solve a problem. The problem is, how do we help those people who have drug problems. And, until you have seen it, and thank God I have not seen it in my family or amongst my friends, but I know people who have seen it, then you can appreciate it. So, the Assemblyman is correct. I don't think anyone wants to play games. I think we ought to focus on how we can solve the problem. Don't worry about what is happening, but where do we go from here? What can we do from here? Forget about what happened in 1979 and 1980 and 1981. Let's focus on 1984 and 1985, and 1986 and the future. I believe those bills can help us.

MR. RUSSO: I do too.

ASSEMBLYMAN HAYTAIAN: Thank you.

ASSEMBLYMAN VISOTCKY: Don't you think if the Administration would then propose under the Medicaid program that we put in drug abuse, too? Then it shows that government is willing to work with the private sector, and we are going to come out with something that is really good, not only take care of 20% of the people who are on a drug abuse program, but 100% of them.

MR. RUSSO: I agree with that 100%. With Medicaid also.

ASSEMBLYMAN VISOTCKY: So, it is not the question that these Blue Cross/Blue Shield, or third-party pay is going to solve our problem.

MR. RUSSO: No, they are not. But, if Medicaid were mandated to also fund these, we would, again, significantly share--

ASSEMBLYMAN OTLOWSKI: Let me just say this. The sharper the confrontation that exists here with the Committee, the more agreement results. So, I am not concerned about any of the confrontation.

ASSEMBLYMAN HAYTAIAN: We are not worried about that.

ASSEMBLYMAN OTLOWSKI: Because there is agreement that results from it. I just wanted to put this out, that in hospital treatment, too, a hospital usually gets involved after the addicted person is suffering from toxicity, and is in need of emergency care. This is usually when hospitals get involved. And, not in most cases, but in many cases, that point is too late, because sometimes you are almost dealing with a corpse, at that point. I think what we have to strive at, when we are talking about treatment, is an open door policy that gets to that addict or addicted person, before he comes to the point where he needs intensive hospital treatment. But, the more we talk about this, obviously, it is becoming clear that we are dealing with a very, very difficult problem.

But, in any event, Commissioner go on. We got into an area here that is a very, very difficult area to deal with. Frankly, I am not concerned about the sharpness that exists here, because I think it is good.

MR. RUSSO: It is encouraging to hear Committee members, believe me, to be so concerned and even suggest the kind of support that you are for Medicaid and third-party coverage. Those two issues

alone would significantly help the substance abuse problem, in terms of New Jersey. There is no question about that.

Let me rapidly go through some of the other information. On page seven, gentlemen, if you look at that, you will see some rather interesting data which we received from the National Institute on Drug Abuse that deals with 1981 figures. But, if you look at that one table, we identify percentage and numbers of admissions in treatment in five states. We didn't report all of the states. We only selected the five states with the largest number of admissions. You will see that California had the greatest number of admissions; New York second; New Jersey third; Pennsylvania fourth; and Maryland fifth. That is total admissions. But, look at that the heroin percent column. New Jersey had the highest percent of admissions for heroin. New Jersey had 78.4%; next was New York. New York does not completely report, so that may be a little bit false for New York. Look at the total number of heroin admissions. The two important findings of this national drug abuse data, which came out of the National Institute on Drug Abuse, is that New Jersey has the highest percentage of heroin admissions of any state - the highest percentage of heroin admissions. And, we have the second highest number of heroin admissions of any state. I think that is critical information for the Committee to understand.

We are talking about a very serious problem. That doesn't mean that the other drugs of abuse, cocaine, amphetamines, psycotropics, marijuana, are not a serious problem. They are, there is no question about it, but, all of these figures deal with just one particular issue of heroin. New Jersey has the highest percentage of heroin admissions of any other state as reported by the National Institute on Drug Abuse, reflecting 1981 figures, the last figures that they have.

On page eight there is another table which I will just call to your attention. The table from which we gathered this information came from 62 selected Standard Metropolitan Statistical Areas, SMSA's, which I am sure you are familiar with in the nation. We have only identified the ten highest SMSA's are listed in descending order. Look at the rate of the ten. Jersey City, Newark, Trenton, Paterson-Clifton

area, the remaining six, in Connecticut, around New Haven-West Haven; New York City; San Fransisco, Ventura, California; Baltimore, Maryland; and Detroit.

What this chart shows is, just from these selected standard metropolitan statistical area data processing collection areas, four of the highest ten of the 62 are New Jersey locations. I think it is compelling information, in terms of demonstrating the extent of the problem in New Jersey.

I think it is clear from the data that we have a very, very serious problem in New Jersey. I think it is clear from the discussion that we have the makings of the resources that deal with it.

We do need, and I am extremely pleased that it became public, and you brought it out today, additional legislation in the form of the bills or other bills similar to them, and coverage by Medicaid.

In New Jersey alone, this serious problem, we estimate there are between nine million and twelve million drug-related crimes committed every year in New Jersey. It is an estimate. Perhaps the folks from the criminal justice system, who will be testifying later, can substantiate or elaborate on that figure. But, our estimates are from nine million to twelve million drug-related crimes committed every year in New Jersey.

As I mentioned earlier, the cost of those kinds of activities is an excessive three-quarters of a billion dollars to New Jersey alone.

I applaud the Committee, and the Commissioner of Health applauds the Committee, for calling this hearing today. I think it is critical, and I think it is very timely. I think it is to all of your benefits that you did call this Committee, particularly you, Chairman Otlowski. I only hope that the result of the efforts of today that New Jersey citizens benefit from the increased public awareness and increased fiscal support through legislation, or through other mechanisms. I think it is critical, if we are to solve this problem in the years to come.

Gentlemen, we have the resources. I think we have the know-how. We have an organization in New Jersey today. You will hear

from a number of those organizations later. We are ready to deal with this problem. I think we can deal with it in a very effective way with the kind of support that you have expressed this morning.

I thank you for permitting me to respond to your questions. I would be happy to stay around to respond to any other questions that you may like to ask.

ASSEMBLYMAN OTLOWSKI: Frankly, you have been very, very helpful. I think you have cleared up a lot of questions. As a matter of fact, you have been direct, very frank, and I think the Committee appreciates that. In any event, I think as we get deeper into this, as you pointed out, with other people testifying, we are going to find out, as you indicate, that this is a tremendous problem that New Jersey has to face up with. I mean the whole problem, the treatment, the enforcement, and, in that connection, what information do you have of what is going on in prisons, with drugs? Do you have any information on that at all?

MR. RUSSO: I had hoped, Mr. Chairman, that there would be some folks from the correctional institutions here today to present that. Our data is very soft data. There is no question about it. There has been some national studies, which we could probably extrapolate from, but some national studies that as much as 50% of the incarcerated population have, or still have, alcohol and/or other drug-related problems. There is no question that the cost of treating individuals in our system is at least one-half the cost of keeping those same individuals in an incarceration operation. That, I think, is rather firm, so that from a cost-effective point of view, we can save 50% if we could move in a formal way, people into treatment who are eligible, who need the kind of treatment have the correctional system. And, it would also significantly help the over-crowding in this country and New Jersey with the correctional institutions.

I only have soft data. I hope that this hearing does present some material from the Department of Corrections or other correctional institutions that can you give you more specific data, Mr. Chairman.

ASSEMBLYMAN OTLOWSKI: Is there any coordination between your Department and the prisons in dealing with this problem?

MR. RUSSO: Yes, but it is soft. We do very, very little treatment within the correctional system.

ASSEMBLYMAN OTLOWSKI: Obviously, this is probably a question that is not a question that should be asked at this time. Have you given any thought of how you could better deal with your activities and how you could better coordinate your activities between the prisons and between your Department? Have you given that any thought?

MR. RUSSO: Oh, yes. We have had a number of discussions. I think one of the individuals who will testify today -- I think Mr. Savage is on your list of individuals testifying -- may address some of those issues, because we had worked with that particular institution and had originally funded it to get something started. It has been operating in the institution for a number of years.

There is a lot more that should be and has to be done in terms of the incarcerated substance abuser. I am in no way saying that we are doing a good job in dealing with the serious drug abuser who is incarcerated. We are not.

ASSEMBLYMAN OTLOWSKI: Off the top of your head, you are saying there is a lot to be done in that area, by way of coordination?

MR. RUSSO: By way of coordination, perhaps by working with the correctional system in providing, where it is possible, services within the correctional institution where it is possible for parole, to parole individuals into substance abuse treatment which releases the correctional institution of someone, replaces that individual in a community-based residential program. There are a variety of ways. It costs money. They do. There is no question about that. But, you save money when you take someone out of a correctional institution who has a serious drug problem that is treatable. We can treat that individual. Our system in New Jersey can treat that individual for about or less than one-half the cost of what it is to keep him or her in a correctional institution. That is not a reflection on the correctional institutions; it is the nature of the correctional model, in terms of its costs.

ASSEMBLYMAN VISOTCKY: Why is your Department soft with the Correctional Department? Why shouldn't it be a priority?

MR. RUSSO: It has been very difficult with the increased demands on the correctional system in this State.

ASSEMBLYMAN VISOTCKY: No. I'm talking about your Department.

MR. RUSSO: Well, it has been difficult with those increased demands, even to get into those correctional institutions and provide counselling services.

ASSEMBLYMAN VISOTCKY: Why?

MR. RUSSO: Why? Well, I'm not sure why.

ASSEMBLYMAN VISOTCKY: You know, it amazes me. We know we have a major problem here, and we are saying we are soft, and we aren't doing anything about it. We know it's soft.

MR. RUSSO: I'm being very candid.

ASSEMBLYMAN VISOTCKY: Oh, I appreciate that.

MR. RUSSO: I'm was being very candid when I said soft. That doesn't mean that more shouldn't be done. We had a proposal which we had submitted a year ago or so to the Governor's office, at his initiation, to help solve some of those problems of certain individuals who could be released early through the parole system and placing those individuals into community-based treatment services. Again, we have not been in a position to have that funded. There is a rather extensive proposal which we developed with the cooperation of the Governor's office and the correctional system that would do that very thing. We have not been able to get it funded as an initial project. It could help significantly in reducing-- Well, it could help, maybe not significantly, but it could help in reducing the incarcerated population by moving that population to another area.

ASSEMBLYMAN OTLOWSKI: We may call you back at another time. I'm sorry, Assemblyman Visotcky.

ASSEMBLYMAN VISOTCKY: Is Discovery House one of the proposals?

MR. RUSSO: No. Discovery House is a program that we run and we have run for, I guess, twelve or thirteen years. It is run directly by the Department of Health. That is not one of the proposals.

ASSEMBLYMAN VISOTCKY: Why was the proposal being closed?

MR. RUSSO: The Governor had asked for a proposal for this. We had submitted the proposal with a price tag, I think, in the neighborhood-- We were talking about a program to house 60 patients at about $10,000 per bed per year. So, that is about $600,000. We estimated about a couple hundred thousand dollars more for renovation of a facility, which was in the neighborhood of $800,000 or so for this project. It was not funded as we thought it was going to be funded. Someone then did suggest, "Well, should we convert a Discovery House as an example?" That is how that came up. But, that doesn't help the problem, because right now the Discovery House is maxed out in terms of treating. That does not solve the problem that we are talking about.

ASSEMBLYMAN VISOTCKY: It's a good program, isn't it?

MR. RUSSO: Oh, it is a good program. There's no question about it. I helped start it fourteen years ago and supported it all along. That was a suggestion that came out during the discussion, that if we couldn't fund this new project with new monies, should we convert the existing facility? We generally were opposed to that, because that does not help the population that they are currently serving, which is a critical population.

ASSEMBLYMAN VISOTCKY: I understand that the Department of Corrections was talking about something like a 90-day program, which I think is so artificial and doesn't mean anything.

MR. RUSSO: Well, that was part of our discussions. We have had a number of discussions with them.

ASSEMBLYMAN VISOTCKY: But if the normal period is 18 months as opposed to nine months, all of a sudden the incarcerated person in nine months is, "Fine, he's all right. Put him on the street."

MR. RUSSO: There is a totally different concept, sir. If you are talking about releasing people from the correctional institution who are eligible for early release, you have a tremendous number of people who you can choose from. You can be very selective in who you choose. It's not like a Discovery House, where you don't have that selectivity. You get a youngster off of the street.

ASSEMBLYMAN VISOTCKY: You know, every time I hear about programs like this, I kind of shutter. These people are incarcerated for a reason. To give them early release because we want to save money doesn't prove a thing for the people in New Jersey.

MR. RUSSO: No. But, we believe that with a proper selection process, you can get individuals who are currently incarcerated who can be moved into a residential community-based treatment program, and in a shorter period of time -- not 18 months, because they have been incarcerated, and they have been off of opiates for a number of months, or years. By prior selection of those individuals, and those individuals who are ready for strong job therapy -- We believe that job placement, job therapy, job readiness is one of the critical things we can do. This self-image of living on the street without a job would devastate all of us if we didn't have a job. Job therapy is critical. If we take people who are ready for job therapy, we think we can move them out of the correctional institution, into a treatment institution, and back into the community in a meaningful job in a relatively short period of time. We have proven this in a special program that we have going on right now, in our Culinary Arts program. We have used some Discovery House folks in others. We train them through a contract down in Atlantic City to become chefs.

ASSEMBLYMAN VISOTCKY: I think that is an 18-month period, isn't it?

MR. RUSSO: Oh, no. The training for that program lasts about six weeks. We have run 150 plus or minus young, hard corps substance abusers through that program. Every one of them, upon the completion of that program, got a job, a good job, in the culinary arts field, not necessarily in Atlantic City. Some of them are working up in the East Brunswick area, and so forth and so on. More than 90 % of those youngsters are still fully employed today, in that chosen field. The managers, for example, the food service manager, the Assistant Director of Food Services, and Vice President in Resorts International, for example, has told me, "Send me as many of these young trained people as you can. They are much better than the untrained people I get off of the streets."

So, I think, with concentrated job therapy, with the right selection of individuals, which is critical in the beginning, we can have a major impact. I think we have proven that, sir. Not with everyone, but, our field has grown in knowledge and expertise to the point where we can deal more effectively -- not 100%. I will never say that. It is a difficult problem. We have recidivism; we probably always will. But, we have improved our capacity tremendously in the ten years with these very, very difficult sons and daughters of ours.

ASSEMBLYMAN VISOTCKY: I am sure everyone on this Committee appreciates that the Department is doing that, because that is one step that we don't hear about, one step that is positive in the State of New Jersey, one step that we are doing something--

MR. RUSSO: Some day I would like to tell you about all of the good things that we have done. That's one of them.

ASSEMBLYMAN VISOTCKY: I certainly would like to hear some good things for a change.

ASSEMBLYMAN VISOTCKY: May I ask another question, Mr. Chairman?

ASSEMBLYMAN OTLOWSKI: Yes.

ASSEMBLYMAN VISOTCKY: How do you licence methadone clinics?

MR. RUSSO: How do we what?

ASSEMBLYMAN VISOTCKY: How do you select the sites? How do you license the methadone clinics?

MR. RUSSO: Well, it is very unfortunate that--

ASSEMBLYMAN VISOTCKY: Excuse me. Every time I hear one going to a community--

MR. RUSSO: It is very unfortunate that we cannot select a site that is optimum for our needs; optimum for our needs in terms of public transportation, in terms of in the community where the greatest need is, in terms of its location, size, and off-street parking, and so forth and so on. We do not have that kind of ability to select. We usually have to take what is available within a community, based on negative community reaction, perception, again, of the drug addict, which are not always true. We do not have the luxury of selecting a place that we think is optimum. We often take second and third best to treat these people.

Now, the perception in a community -- and it is a real perception -- is that these people in methadone treatment are involved in criminal activities, and so forth and so on. I'll tell you right up front that before those individuals were in treatment, they were involved in numerous criminal activities. A national study has shown that if you have a daily opiate user, that he or she averages 280 crimes a year - the average daily opiate user. National statistics have also shown, and we can substantiate it, that when that same individual is in our treatment system -- when I say our treatment system, I mean the State treatment system, the private treatment system -- his or her criminality is reduced to zero. The perception is that they are still involved in criminal activity, but they are not.

So, if we have 100 people who we are managing well in the treatment system, those 100 people are not involved in the criminal system at that point in time. The longer they were in treatment, the less involvement they had. But, the perception is true, that if you place a treatment program in "x" community, it will engender and will produce more crimes. Essentially, those people are involved in less crimes while they are in treatment. If they are not in treatment, I would be the first to admit, as I say again, that in order to satisfy the daily opiate user's habit, he or she has to involve himself or herself in criminal activity. If we have them in treatment, whether it is methadone, drug-free, residential therapy or Discovery House, if they are in meaningful treatment, and if we are reaching them, they are not involved in that same level of criminal activity.

ASSEMBLYMAN VISOTCKY: Yes, but, shouldn't there be a regulation, and the respect that when in some of these communities someone cares and wants to open up a methadone clinic, maybe on the main drag, right in the heart of the business area? People get all uptight. All of a sudden you have the community against the clinic. Everyone is fighting one another. Shouldn't there be some type of regulation that you meet? You need some support from the community to have the clinic put up.

MR. RUSSO: Yes, if you can get it. One of the problems with this kind of program is -- as I alluded to earlier -- over the years

they have developed free-standing, large centers. I think that is unfortunate, in this country, not just New Jersey. We have developed a single delivery system for drug addicts. That is the individual program that has a corner front, operates, and has too many patients.

Again, mainstreaming -- as we have mentioned earlier -- these programs and these people in the HMO's, in the hospitals, in the community mental health centers, at smaller numbers will significantly reduce the perception that the community had.

If we have a program, which we do, as an example, that treats 700 patients every day -- that is the population -- that is bound to create negative community reactions. If we had seven programs, or seven institutions, health department, again, mental health centers, dealing with 100 each, the perception of that addict on the street would go away. There is no question about that. That is what we are dealing with, and that is what we are striving for. I think that is consistant with what you are saying here today.

ASSEMBLYMAN VISOTCKY: Of the eighty that we have, how many are State run?

MR. RUSSO: We run fourteen, sir.

ASSEMBLYMAN VISOTCKY: Fourteen?

MR. RUSSO: Right. The rest of the eighty programs are either non-profit corporations, or some are run by hospitals. Several are run by hospitals now - Somerset Medical, Hunterdon Medical. We are now negotiating with Cooper in Camden. Many are private, non-profit. Some are run by municipalities, other political subdivisions, several are county programs. We run fourteen ourselves. We are hoping to get out of that business, if we can find appropriate community-based agencies, again, hospitals and others, that can do the job equally well or better than we do it. That is the general philosophy of the current Department.

ASSEMBLYMAN OTLOWSKI: Commissioner, in that connection, there are a number of private treatment centers in New Jersey. On the whole, are you satisfied with the work that they are doing?

MR. RUSSO: Yes. Twelve years ago I couldn't say yes, Mr. Chairman. I think today, yes, we are satisfied. They do a tremendous

job and have good quality service. Again, the whole profession of the whole field has professionalized itself, the private sector as well. I didn't mean to infer earlier that it was only the State sector. It is a professional system out there that you would be proud to send your child to. There is no question about that. I am very pleased with the level of service. I wish we could provide more services, but, the quality of service is as good as you find it anywhere in this country.

ASSEMBLYMAN OTLOWSKI: With the quality of service being as good as it is, is there a difference between the State-operated facilities and private facilities? Is there a comparison?

MR. RUSSO: The actual cost of treating a patient in a state facility and the actual cost of treating a patient in a private facility is essentially the same. The difference, sir, is that the total cost of paying for a state system is borne by Federal and/or State dollars. The total cost of providing that same treatment in the private sector is not supported by government dollars. That is the difference. The actual cost of providing the services in Discovery House is roughly $10,000 a year per bed. That same cost for providing a comparable bed service in the private program is essentially $10,000. The cost is the same. It is who funds it and what percentage that is different. That is the critical difference.

ASSEMBLYMAN VISOTCKY: What percentage do you fund the private ones?

MR. RUSSO: We are funding forty-six private programs now at about 75% of their actual cost. It may differ, because each program costs are a little bit different. One program may be renting a facility that is very expensive, and another program may get a facility for nothing, because they are tied into a community. So, their costs differ. But, on the average, we are funding in the neighborhood of perhaps 75% of their actual costs.

They have to make that up some other way, through contributions, through first-party pay, such as, charging patients for services, through activities in the community to raise funds, to ask for money from their municipalities. They have to make that up somehow. It costs them the same amount of money as it costs us. It is about 75%. I think that is the figure.

ASSEMBLYMAN HAYTAIAN: Is that comparable to other states? Are they higher or lower than our funding?

MR. RUSSO: Well, we are lower than New York, for example. New York funds programs at 100%. New York has Medicaid coverage. They always had a signficant fiscal input into the system. But, they fund at 100%. New York's budget is lower today than it was a couple of years ago. A couple of years ago, it far exceeded the entire Federal budget. New York's budget was in excess of, I think, $350 million per year, in New York State. We are talking, in New Jersey, of a total budget of about $20 million. So, they do fund 100%. There is no question about it. But, they do have Medicaid, which is a major, major assistance in the funding of their programs. The other states differ. I know New York very specifically because we deal very closely with them.

ASSEMBLYMAN OTLOWSKI: Commissioner, just one other thing. Again, I just want to bring us back to where we started. That is, from your testimony, it is indicative that there is a tremendous problem, particularly in the New York and New Jersey area, with the increase of heroin use and heroin on the streets. That is because of the fact that New York is a port of entry. Of course, a lot of this stuff is coming in from foreign countries. With that being so, with this increase that is taking place, it seems obvious to me that we have to hone up treatment, hone up enforcement, and hone up all of the forces that deal with this problem, which is increasing, as you pointed out, in frightening proportions in New York and New Jersey.

MR. RUSSO: When you have a chance, review my testimony. You will see that I am asking for that kind of support. Concomitant with the heroin increase, there is a tremendous increase in cocaine use and other drugs. We honed in on heroin because it is more identifiable. It is a major issue. Again, 77% to 78% of the people coming in for treatment services in New Jersey report heroin as the primary drug being abused. That is fact as reported by the client at the particular point in time.

ASSEMBLYMAN OTLOWSKI: You have been very, very helpful. As a matter of fact, to repeat your own words, you wanted to be candid, we

know you were candid. As a matter of fact, you were very helpful to us. We may call you back at a subsequent time.

MR. RUSSO: I would be happy to come back at any time, sir.

ASSEMBLYMAN OTLOWSKI: We may call you back to help us tie in some loose ends. Thank you very, very much. There is something that you have to satisfy my curiosity with. I know Richard J. Russo as a dedicated public servant. What does MSDH mean? That guy I don't know.

MR. RUSSO: That is a Master of Science Degree in public health.

ASSEMBLYMAN OTLOWSKI: Without the handle, we enjoyed your testimony and your candor. Thank you very, very much. May we hear from Mayor Holland of Trenton? Mayor, do you have a prepared statement?

M A Y O R A R T H U R J. H O L L A N D: No, I do not, Mr. Chairman.

ASSEMBLYMAN OTLOWSKI: I am happy that you don't. Why don't we do this. Why don't you just tell us some of the things that you see as the Mayor of a city, of one of the big cities in the northeast. Why don't you talk from that point of view. Talk about some of the problems that you see, and maybe you can talk about some of the suggestions that you might make that could be helpful to this Committee.

MAYOR HOLLAND: Mr. Chairman and members of the Committee, I have been Mayor since 1959 under two forums of government. I left office involuntarily in 1966. I mention that because, I can recall going into the State Bureau of Identification building at Wilburtha for my first job out of high school, seeing pictures on the wall of marijuana leaves. Then Colonel Snook was cruisading against the use of marijuana. I really had no real consciousness of drug abuse until I came back to office in 1970. When I left office in 1960, drugs in our community were a relatively minor problem. Four years later, not only in our city, but across the country, the matter had almost reached epidemic proportions.

Let me read from my first statement of a city address upon return to office. This is what I want to call to your attention.

"Experts agree that if illegal traffic of narcotics can be controlled" -- and please remember this statistic -- "at least 30% of the robberies, breakings and enterings, and larcencies could be prevented." That is 1970.

"For this reason, immediately after taking office, this administration reactivated the Special Services Squad with emphasis on narcotic control, especially the apprehension of pushers. For a narcotics control program to be effective, it must be comprehensive. There must be education in the community, as well as in the schools, treatment centers, both clinical and institutional, must be provided. An educational program is being conducted in our school system for both teachers and students. They have a film on drug addiction prevention, co-sponsored by the City Demonstration Agency, Model Cities, State Law Enforcement Planning Agency" -- neither of those agencies are in existence today" -- "and the Family Neighborhood Health Center will be premiered in Trenton on February 26, 1971.

"The City's Outreach Center, designed for interviewing and counseling drug users, will soon have an important companion agency with the establishment of a residential treatment center, which will be part of the Day Top Village Organization for combatting drug addiction.

"However, without the help of the Mercer County Narcotic Addiction and Drug Abuse program, and other public and private agency programs, we cannot hope to conquer what I see as the number one public health and public safety problem facing our community." - 1971.

"Ultimately, the solution to the drug problem lies at the national and international levels, unless the source of supplies are efforts controlled at the State, county, and municipal levels, they will be unending and never successful. The Federal government must insist that those nations would serve as the source of supply, cut off such traffic or be cut off from whatever legitimate assistance they are receiving from the United States government.

"The United Nations should make the control of illegal narcotics traffic a priority item on its agenda. Our courts must regard professional pushers for what they are, dealers and death by narcotics.

"Meanwhile, we shall take the initiative in controlling and working toward the solution of this problem in our community."

Late yesterday afternoon, when I realized I would be testifying, I asked Captain Lucarini, former Vice Squad head, presently commanding not only that operation, but the patrol, to give me what he had up to date on the correlation between drug abuse and crime. This is his statement, which can be further documented with more research:

"The City of Trenton is affected by drug and narcotic abuse which is correlated to other crimes within the City of Trenton. The drug abused most within the City of Trenton is marijuana, followed by heroin, cocaine, metamphetamine, PCP and prescription drugs, including qualoids.

"Heroin dominates the addict population within the City. It is not uncommon to be confronted with addicts who have over $100 a day habits, and in some cases, exceeding this amount. It is not inconceivable to associate an unemployed, which many are, heroin addict with crimes against the person and property in order to support a habit."

Now listen to this. This is a man who has been with the police division of our City for probably 25 years, and has been right in the middle of this kind of operation.

"It is the concensus of most police commanders involved in patrol and investigative functions that as much as 80% of crimes against property, and 50% of crimes against a person are attributed to drug and narcotic abuse.

ASSEMBLYMAN OTLOWSKI: Would you go back and read that again?

MAYOR HOLLAND: "It is the concensus of most police commanders involved in patrol and investigative functions, that as much as 80% of crimes against property and 50% of crimes against a person are attributed to drug and narcotic abuse. Remember, in 1971, I estimated 30%.

"There exists within the drug and narcotic illegal distribution circles" -- this is most significant -- "a fencing-type activity known to law enforcement officials as a narcotic/fencing operation. This is where the pusher fence allows the addict thief to

accomplish two goals in one transaction - selling stolen property and acquiring drugs. This trade, in many instances, is in a barter format.

"Attached hereto is a Trentonian and Trenton Times newspaper article of a most recent drug and narcotic raid conducted by the Trenton Police Vice Enforcement Unit. There were two raids at one property reported on the 22nd and the 27th of this month, which started out as a narcotics investigations, and ended with apprehension not only for that purpose, but with stolen property of all kinds from all over the region.

"This raid is typical of many of the raids within the City of Trenton, where numerous articles of stolen property are recovered along with quantities of illegal narcotics.

"In 1980, in order to combat serious street crimes within the City of Trenton, the Police Division instituted two pro-active units within the patrol section. These units consisted of five patrol officers and one supervisor each. They were directed into the high crime areas of the City to suppress the vicious-type street crimes. During the saturation of these areas, it soon became apparent that many of the crimes committed were associated directly with drug abuse. These areas were saturated with addicts and pushers, and the drug scene was most definitely an intricate part of criminal activity. The workload became so heavy that in 1983, an additional unit was formed, and police personnel doubled in all three units.

"In March of 1981, the New Jersey State Police Metro Task Unit of thirty-five men was directed into the Trenton area to work along with the pro-active personnel. If you recall, we were the only City in the State in which that demonstration of cooperation between the State Police and our local police took place. It was very effective.

"The goal of the Task Unit was to suppress street crime. During the eight-month period, 55% of all arrests made by both agencies, State and local, involved drug and narcotic abuse cases. During this period, a combined total of 1,277 narcotic and drug-related arrests were made."

This next item is important, because the stage of accepting mutual consent activity is okay. This will demonstrate what prostitution has led to in our community.

"The majority of all prostitutes operating on the City streets are heroin addicts working for narcotic-pusher pimps to support their habits. The prostitutes, both male and female, are involved in crimes of robbery, assault, theft, and in some instances, murder. I can give you a specific case of murder.

Numerous unreported crimes are committed involving addict against addicted, pusher against addict, and pimp against prostitute. This type of conduct creates the criminal atmosphere which develops into unsafe areas and high-crime conditions."

Although it is difficult to accurately tabulate the exact percentage of drug and narcotic abuse related to crimes against the person and property, police experience -- as I indicated earlier -- shows the relationship both definitely exist on a relatively large scale. I have statistics on these drug-related crimes, especially with regard to prostitution.

I talked with the presiding Magestrate in our municipal court before coming here this morning. The most significant thing he told me was, that increasingly coming before his court are addicts who are poly-addicts. Therefore, you can't associate addiction to alcohol and addiction to narcotics. Of course, alcohol today is recognized as a drug, and addiction to it is a disease.

Where you have poly-addicts, you are far more likely noted to have psycotics. So, his suggestion was -- incidentally, I like the ideas put forth by Mr. Russo of mainstreaming, treating addicts as patients in the comprehensive sense. Judge McGrory suggest that centers have to be established to treat the poly-addict, more and more, as I said, coming before the court of those who are poly-addicted. He felt -- this is along the mainstreaming approach. Well, invariably, he is finding that if someone is addicted to narcotics, that person variably, it seems, is addicted to alcohol and vice versa.

For example, if you want to look at the future, one report shows drug and alcohol abuse among high school students. Seventy

percent of New Jersey high school students report alcohol abuse, while only 6% report the use of elicit drugs. The facts on teenage drinking and driving shows that the leading cause of death for fifteen to twenty-four year olds is drunk driving. In fact, the death rate for that age group has increased by 10% in the last decade, while it has dropped by 20% for all other Americans. The Legislature, of course, recognizing that, has restored the minimum age for drinking.

My point is, and the Judge stressed this, that you can't treat one addict in isolation. You have to relate the addictions.

That is really all I have to say, Mr. Chairman. I can copy this and try to give some chronology and transition to the facts that I have presented so you will have them for the record. But, I want to say what Mr. Russo said. I think it is very important that you are here and dealing with this problem.

ASSEMBLYMAN OTLOWSKI: Mayor, I think your testimony, of course, has been very, very helpful, and it is generally indicative of what is happening in many of the cities, particularly in the northeast, and even on the west coast.

From your perspective, as the Mayor of a large city, we are primarily concerned today with treatment. We are going to get into enforcement at another time. Have you any suggestions to make about treatment? Of course you pointed out that you agree with Commissioner Russo, that you have to get into that other area of broadening hospital treatment. Do you see anything else by way of treatment from your point of view?

MAYOR HOLLAND: Well, Assemblyman Visotcky raised the question of methadone treatment. I know of cases. We have such a treatment center on Perry Street, which is run by the State on county-owned property made available by the City. So, we had intergovernmental cooperation in making this program possible.

I know of at least one case where the parents of a young man called. They were very concerned that he was addicted. He got into the methadone treatment program. He just lost everything. He is back today as a self-supporting, contributing citizen.

I think we have to be careful as to how we go about mainstreaming, that we don't do away with or undercut other programs. There is abuse, probably in all programs. There are people who get into methadone treatment centers just to sell it, perhaps to get heroin. People will say, "Methadone itself is an addiction." Indeed it is, but it is a relatively minor addiction. As long as it is regarded as treatment, you are on the way to cure.

I think we have to look at all of the programs and incorporate them, coordinate them, utilizing the best aspects proven by experience of each as we become more comprehensive.

ASSEMBLYMAN OTLOWSKI: Assemblyman Haytaian?

ASSEMBLYMAN HAYTAIAN: I just wanted to thank the Mayor for his candid remarks. I think he would probably be in a very good position to talk about the law enforcement part of the drug abuse problem. I am sure if we have a continuing hearing on that aspect of it, I would like to hear your remarks there.

One item that went through my mind, and I was going to ask Assistant Commissioner Russo, and then I saw that you were scheduled to testify, was, how much of your resources, how much of the City budget goes into the drug abuse problem? Now, I know that takes in law enforcement, but you in turn must have clinics that you share with State help or Federal help. How much of your resources go into that problem?

MAYOR HOLLAND: There are two treatment centers in our City for those who are alcoholically addicted. One is on East State Street, the Detox Center, another is the Community Health Center just relocated to North Warren Street. We make no direct financial contribution there. I can't say whether or not we are getting payments in lieu of taxes. I think we do in the one case and not the other. I mentioned the methadone treatment center on Perry Street. Again, no direct contribution. Mayor Otlowski knows. Municipal budgets these days are largely public safety budgets, probably close to two-thirds of our budgets for police and fire. In that sense, I would say literally, we must put hundreds of thousands of dollars, perhaps close to a million dollars a year into law enforcement. We have several pro-active units.

ASSEMBLYMAN HAYTAIAN: The reason I asked this, Mayor, is--

MAYOR HOLLAND: Each police officer today, with benefits, costs close to $30,000.

ASSEMBLYMAN HAYTAIAN: Many people have complained about penal institutions, the death penalty, and that we are trying to solve the problem after it has already occurred. I know on the county level, there is an input from the county budgets, maybe matching funds, or a 75-25, or the 25 is the county related that goes into these drug abuse clinics, and whatever. I was thinking that maybe, it is just a question I have had in my mind, if we put some of our resources into the treatment of drug abuse, maybe we can solve the law enforcement problems down the road. I don't know if that is true. I know there are a lot of people who will laugh at that term of events occurring, but, I just look at education, and then treatment could then solve our problems ten years down the road. We will not see anything then, at that point that the money is put it, but I think for the future generations, it could solve some of our problems.

MAYOR HOLLAND: It is interesting, because in my 1971 message, I stopped right before saying, "Our City must rid itself of another public safety danger, rioting triggered by racial disharmony. The ways in which riots damage a city are not always visible. The destruction of life and property are apparent, but who can measure the emotion of human relations in our community, to our school system? Will the damage be to the economic base of the city when businesses leave because they can no longer obtain insurance against fire or theft, or the loss to the city when a business does not locate there because of fear that a riot once experienced may occur again." This is what I meant.

"There are two ways in which riots can be prevented. One is to build a riot control force of such strength that knowledge of its existence will itself serve as a deterrent to rioting. The City is endeavored to assure public protection through mutual aid arrangements with neighboring law enforcement agencies and by provision for emergency use of State and Federal manpower. The other, and only real satisfactory method, is the creation of a community in which such force

is not needed. This means that we must eliminate from our community the causes of discontent. So, while we do what we can through our pro-active units to contain the problem, I agree, the emphasis obviously has to be on prevention, which means treatment, and education, which will convince youngsters that they should never get involved.

ASSEMBLYMAN HAYTAIAN: I think we are on that road. I see it in my community, I see it in my area, and I am hoping that we will see it in the large cities, because the problems are there. If we can solve that problem, as Assemblyman Visotcky brought out, and you agreed with and Mr. Russo agreed with, that the problem is in, how many robberies occur and how much damage is done because of the problem that we have.

MAYOR HOLLAND: Here is the most dramatic thing I can leave with you. This is the headline from one of the stories I referred to. "Narcotics Raid Blossoms into Stolen Goods Probe."

ASSEMBLYMAN HAYTAIAN: Thank you, Mr. Chairman.

ASSEMBLYMAN OTLOWSKI: Mayor, thank you very, very much. Is Freeholder Palmer here? From Mercer County? May we hear from you? Freeholder, would you identify yourself?

F R E E H O L D E R D O U G L A S P A L M E R: Yes. I am Mercer County Freeholder Douglas Palmer.

ASSEMBLYMAN OTLOWSKI: And what Committee do you chair?

FREEHOLDER PALMER: I am a Freeholder. I'm just here --

ASSEMBLYMAN OTLOWSKI: But you chair a committee on the Board of Freeholders, don't you?

FREEHOLDER PALMER: Yes. I chair the Planning Committee.

I guess I could say good afternoon now. I was here since 10 o'clock. It is a pleasure to talk after Mayor Holland. He is my Mayor, since I am from the City of Trenton. I guess I will give our one, two punch.

I have a written statement. It's not long, so I will read it and then I will go from there.

Let me preface my remarks by saying that I am not a drug abuse expert - except that I have seen firsthand what drug abuse has done to the people I grew up with, went to college with, played sports with, and shared the same neighborhood with. I am not an expert on hoiw much public money should be spent for the rehabilitation of drug abusers - except that Mercer County budgeted $55,000 for drug programs this year.

This I can say with certainty, after spending years working with youth in sports programs, after living in an urban center - Trenton - all of my life, after a relatively brief time as a county official, who gets calls day and night-- And gentlemen, I am here to say that if we do not lick this drug abuse problem, we have no future as a state, as a nation, as a community, as a county. Parents, teachers, and police are all struggling to deal with drug abuse among our teenagers, and they are seeing the program drop down to even younger children every year.

Recently, our County Prosecutor, Philip Carchman, came to talk to the Mayors Advisory Council to the Board of Freeholders. He was there to impress upon local officials the seriousness and the pervasiveness of drugs in Mercer's urban and suburban municipalities. There is no area where drugs are not a significant problem, like Assemblyman Otlowski stated. The drug problem is not just in urban areas; it is throughout the suburbs and throughout this country.
I would just like to quote one statement that Phil Carchman made to us: "Our very attractive 19 year old kids with their mush-like brains are people whom we are going to lose down the line. Ask them about the weather, and you get that blank stare. And you say, there is the victim."

Prosecutor Carchman's message to Mayors was, "Don't cut police budgets if you want to reduce the drug problem in your community."

The same message applies here today. Since the State closed the Chelsea School in Long Branch, there is really no place to send adolescent drug abusers under the age of 18. Yet, these adolecent drug abusers are not throwaways. They are part of the future of this

society. Not only can we not tolerate the loss of $5 million in State and Federal funding for drug rehabilitation programs, I believe that we must appropriate far more in funding to treat drug abusers, especially the young. Drugs will destroy society from within, through our youth, much more quickly and effectively than any foreign invader.

I look at this problem the same way I do as far as cancer treatment and research. I have lost four people who were very close to me, two through cancer and two through drugs. Assemblyman Haytaian brought up an interesting point, that we are spending more and more money, and the problem gets worse and worse. But, you have to understand that drugs alone are not the problem. There are things in our society, such as sex, violence and drugs on television, our music, the unemployment, the economic situation which propounds the problems of drug abuse. It is just like cancer, you have things in the air, carcinogens, things that we eat. Every day that comes, we find out that different things that we are doing, living, drinking, eating, or breathing, is affecting us as far as cancer. This problem is going to get worse, and I think it is a correlation.

Money alone, certainly is not the anwer. But, when you have waiting lists for drug treatment, when you have schools being closed, when you have the youth with nowhere to go for treatment, then that is a problem which money has a direct effect upon helping to solve.

So, I would just wish and hope that in your deliberations that you will recognize this problem, which is effecting our youth particularly. They are our future. I would hate to think of people on drugs as throwaways; they are people who we can't do without, because in this society, we truly need all people, especially our youth.

I would like to thank you for this opportunity to speak to you today, and for having me close to the top of the list, since I do have another commitment. Thank you.

ASSEMBLYMAN OTLOWSKI: Freeholder, thank you. Don't go away. Thank you very, very much. Freeholder, you mentioned the fact that adolescent children were treated at the Chelsea School, and that is now closed. You indicated -- at least I got the impression from your testimony -- that you felt a facility like the Chelsea facility

was needed to deal with the adolescents. I suppose you feel very strongly about that?

FREEHOLDER PALMER: Yes, very much so.

ASSEMBLYMAN OTLOWSKI: From your point of view -- you are a Freeholder, you are a resident of Trenton, you are one of the people, of course, who is aware of everything that is taking place around you -- the adolescent problem is a difficult problem. Do you feel that school served a good purpose, a needed purpose, and that something should be done in that area that is more positive than what is being done right now?

FREEHOLDER PALMER: Yes. I think the school did serve a worthwhile purpose. If you ask people dealing with this problem of drug abuse, they will tell you that there is not a facility in the State for youngsters where they can be treated in New Jersey. People have to go to Pennsylvania and the State of New York to get treatment for New Jersey residents who have this problem. I think it is very unfortunate that we let that occur.

ASSEMBLYMAN OTLOWSKI: Assemblyman Visotcky?

ASSEMBLYMAN VISOTCKY: Where do these children who went to the Chelsea House get treatment now?

FREEHOLDER PALMER: I have no idea. Maybe Commissioner Russo can shed some light. I have no idea where these youngsters are going now. I assume that they are going out of state.

ASSEMBLYMAN VISOTCKY: There is no facility within the area?

FREEHOLDER PALMER: No. None that I am aware of.

ASSEMBLYMAN VISOTCKY: No private facilities?

FREEHOLDER PALMER: Well, I'm not sure if there are private facilities, but then we are talking about different kinds of funding mechanisms of the private sector.

ASSEMBLYMAN VISOTCKY: According to Commissioner Russo, it is not much of a problem. We fund 75% of it anyway.

FREEHOLDER PALMER: Oh, really?

ASSEMBLYMAN VISOTCKY: So, it doesn't matter if it is State or private.

FREEHOLDER PALMER: Okay.

ASSEMBLYMAN VISOTCKY: To your knowledge, there is no private facility in the area?

FREEHOLDER PALMER: No.

ASSEMBLYMAN VISOTCKY: You think that we should have either a private or State program that should be centralized or be in the strategic areas within the confines of any particular county or someplace where someone should be treated, or adults--

FREEHOLDER PALMER: Yes. Either regionally or-- I guess regionally would be the most feasible. But, there should be something done for adolescents who are having this problem. I am looking at statistics regarding the prevalence of drug abuse among high school students, drug and alcohol, and the statistics are staggering. It is a severe problem. I live in the City of Trenton, in the heart of an urban area. I have been coaching little league baseball, working with kids for the last ten years, and I see kids that I have worked with and lived with, and see what is happening as far as the ease of getting drugs, especially when you are talking about marijuana, heroin, and alcohol. What is happening to them? They are asking for help. I think we should be there to respond to their call.

ASSEMBLYMAN HAYTAIAN: If I may, Assemblyman Visotcky. I know we have some law enforcement people, and I am sure they are going to testify. I am not naive, so don't misunderstand my question. What makes it so easy to get drugs?

FREEHOLDER PALMER: I think you are from Warren County, am I correct?

ASSEMBLYMAN HAYTAIAN: I grew up in New York City. I am a street boy.

FREEHOLDER PALMER: Well, then you should know the answer to that as well as I do. It is very easy. I am working on a jobs program for the youth. It is funny. A lot of kids are selling drugs for summer jobs this year. I don't know if there are restrictions-- There has to be some restrictions on the ease in which drugs come into our culture. It is not hard at all to get drugs. I don't know how they get them, because I'm not really familiar with that end of the spectrum, but, I can see the results. It is very easy for our youth to get drugs today.

Back in my day, the big thing was trying to raid your father's liquor cabinet. My father always had his locked. But, it is very easy to get drugs today.

ASSEMBLYMAN HAYTAIAN: Well, I think the question that I brought up, and the reason for my question is, all of the dollars that we put into law enforcement, it seems that it is easier today to get drugs than it was five years ago. I guess we are going to have to ask some law enforcement people as to why it is so easy. I think that is a question that I'm not sure you can answer, because I don't know the answer to it.

FREEHOLDER PALMER: Drugs are a very big business. I guess that is a question that law enforcement would have to answer.

ASSEMBLYMAN HAYTAIAN: Okay. Thank you.

ASSEMBLYMAN OTLOWSKI: Freeholder, thank you very, very much. It was good to hear from you. As a matter of fact, the Committee is very, very grateful for the time that you have spent with us. Thank you very much.

FREEHOLDER PALMER: Thank you. I will leave a copy of my statement with you.

ASSEMBLYMAN OTLOWSKI: Yes. Would you leave that with David so that we will have it for the record?

FREEHOLDER PALMER: Yes.

ASSEMBLYMAN OTLOWSKI: May we hear from John Brooks, please? John, will you give us the name of the organization you are representing, please?

J O H N B R O O K S: My name is John Brooks. I am the Executive Director of the Institute for Human Development in Atlantic City, New Jersey. I brought with me some excerpts from testimony that I gave to a special committee that convened in Atlantic City in 1982, and also a news clipping from the Trenton Times of May of 1983.

ASSEMBLYMAN OTLOWSKI: John, just so we know where you are coming from, you are the Executive Director of the Institute for Human Development. What is that? What is the Human Development?

MR. BROOKS: The Institute for Human Development is a drug and alcohol treatment program, located in Atlantic City.

ASSEMBLYMAN OTLOWSKI: Oh. It is a private treatment?

MR. BROOKS: It is private, non-profit.

ASSEMBLYMAN OTLOWSKI: A non-profit clinical treatment center for drugs and alcohol?

MR. BROOKS: In Atlantic City, New Jersey. We have three facilities. We have the main facility and two others.

ASSEMBLYMAN OTLOWSKI: All right. Now we know where you are coming from.

MR. BROOKS: One of the issues that you gentlemen have heard before you today has been the brevity of the problem of substance abuse in the State of New Jersey. Well, in Atlantic City, we have what is known as an epidemic on our streets of Atlantic City. Right now, Atlantic City has the third highest addiction ratio in the State of New Jersey, and has a 43% crime increase over the last two years that has been documented by the State Police and the Atlantic City Police Department. To compound our problem--

ASSEMBLYMAN OTLOWSKI: John, are you saying that the tremendous increase in crime is drug-related?

MR. BROOKS: Most definitely.

ASSEMBLYMAN OTLOWSKI: Do you want to develop that a little bit?

MR. BROOKS: Certainly. I have a fact sheet that we had developed, which came to us from a survey that was done by Temple University. It indicates that one addict commits 280 crimes in a year to support a normal habit of $50.00 a day. That was borne out through this survey called, "The Ball," a study. Programs that exist have reduced the criminality of addicts by 80% when they come through the doors of a treatment program.

You can imagine, in Atlantic City, we have 500 static clients that we see every month. But, in a normal year, we see over 2,000 people come through our program in Atlantic City. If you couple that with the fact that we have over 25 million visitors there, and transits bringing there, you can see that the streets of Atlantic City are really out of control. The police department there cannot control the streets because there are so many transits and so many visitors

there, and the regular population of 47,000 living there, we have an enormous substance abuse with them and has been there for the last fourteen years.

We have been in business for fourteen years in Atlantic City and Atlantic County. We have a waiting list of 105 people who want to get into the treatment now who we can't take, because we don't have enough money to treat them.

ASSEMBLYMAN VISOTCKY: Excuse me, you are talking about just the one that you are involved in, or the three? You said there are three programs. Three centers.

MR. BROOKS: Yes. I run all three of them.

ASSEMBLYMAN VISOTCKY: Oh, you do. I'm sorry. I misunderstood you.

ASSEMBLYMAN OTLOWSKI; And John, I think the question-- In the three centers, you have a waiting list of 105?

MR. BROOKS: Yes, sir. We do. One of the problems that continues to plague Atlantic City is, throughout the community, the community has no housing, has very few jobs that can really meet the needs of the poor person who is not educated enough to work in the casino. Those kinds of problems have been existing in Atlantic City for over the last twenty years. They have not gotten any better since the casino industry has opened up there. In fact, they have gotten worse. Most of the housing there has been reduced to shambles. There is no place to stay and no work.

Out of Atlantic County's population of 200 and some thousand, I would say almost 35% of them are on welfare. The big majority of those people live in Atlantic City Proper. So, you can see that the problem is two-fold, in that the people who drink and continue to use substances in our community, are generally the poor, the unemployed, under-educated, and now, with this large transit population, we are seeing another type of user coming into the community; that is, the most sophisticated cocaine user that you can see, the free-baser.

ASSEMBLYMAN OTLOWSKI: The who?

MR. BROOKS: The free-baser. Free-basing cocaine is--

ASSEMBLYMAN OTLOWSKI: Free-base?

MR. BROOKS: Free-basing. It is called free-basing cocaine. That is a phenomenon that has cropped up throughout the United States of America. We have a tremendously large problem--

ASSEMBLYMAN OTLOWSKI: What kind of creature is that? Can you tell us?

MR. BROOKS: Well, normally, it is a sophisticated person who is working, middle-class, has a good job. Most cocaine users don't believe that using cocaine is the same as using heroin, that they are drug addicts; therefore, they normally can support their habit by their employment--

ASSEMBLYMAN OTLOWSKI: Is it like the alcoholic who says he is not an alcoholic because he is drinking beer?

MR. BROOKS: Most certainly. Not only that, cocaine free-basing, they are using 150 proof rum to free-base in Atlantic City with. Therefore, they have a very toxic substance. We have had a 500% increase in overdose deaths in Atlantic City in 1983.

ASSEMBLYMAN OTLOWSKI: John, excuse me. Those 500 overdoses, they were treated in the Atlantic City hospitals?

MR. BROOKS: That is a 500% increase.

ASSEMBLYMAN OTLOWSKI: Oh, it is a 500% increase.

MR. BROOKS: A 500% increase in overdose deaths.

ASSEMBLYMAN OTLOWSKI: Of overdose.

MR. BROOKS: Overdose deaths.

ASSSEMBLYMAN OTLOWSKI: Deaths. From cocaine?

MR. BROOKS: The people died from this.

ASSEMBLYMAN OTLOWSKI: From cocaine?

MR. BROOKS: From cocaine and heroin. Half of them were cocaine users, and half of them were heroin users. Our problem hasn't gotten any better. In the last three or four years, when the Federal government cut the block grants, that meant that we had to reduce the amount of services that we could provide. We asked the State Appropriations Committee to make a special appropriation to all of the treatment programs in New Jersey, so that we could take more people into the treatment. That appropriations bill was killed, and of course, now, the programs are at a stand-still. The majority of

programs in this State have waiting lists, and they can't take people into treatment because they don't have enough money to treat them.

ASSEMBLYMAN VISOTCKY: Can I ask you a question? Before that appropriation was cut, how many people did you treat for drug abuse?

MR. BROOKS: How many people did we treat?

ASSEMBLYMAN VISOTCKY: Yes.

MR. BROOKS: About 750.

ASSEMBLYMAN VISOTCKY: So, since the cut, you have lost 200--

MR. BROOKS: Since the cuts, we have to maintain-- We are treating an average of 500. We should only treat 350.

ASSEMBLYMAN VISOTCKY: What do you mean you should only treat 350?

MR. BROOKS: I am funded to treat 350 clients, and I am treating 500. I am treating 150 over--

ASSEMBLYMAN OTLOWSKI: So, are you saying that your treatment is diluted?

MR. BROOKS: Most certainly, it is diluted, to say the least about it. You can't have quality care with the amount of money that we get per client from the formula that the Federal government and the State government pans out. It is impossible. Fifty-eight hundred and forty dollars is what you get for a residential treatment slot combined with the State and Federal dollar. You only get 72% of that in cash. We have to come up with the other 28% in match.

ASSEMBLYMAN HAYTAIAN: Mr. Brooks, what is your success ratio?

MR. BROOKS: What is our success ratio? It is close to the national average.

ASSSEMBLYMAN OTLOWSKI: What is that average?

MR. BROOKS: The national average is anywhere between 8% to 10%. It may be higher in some areas. It varies from different programs.

ASSEMBLYMAN HAYTAIAN: Why is it so low?

MR. BROOKS: Why is it so low? I think, basically, that one of the reasons why the ratio for recovery is low, it is low in some programs, I think has a lot to do with the way the Federal formula is

set up for funding. Number one, it costs over $10,000 to keep a client in residential treatment in a year's program. It costs over $4,000 to keep an outpatient in treatment. We get 50% of what I just said in funding. So, what we have to do is, try to make up the different kinds of budgets to get that person through recovery. That means that we have to try to get him a job. Where are we going to get him a job? We cannot develop a full-fledged vocational training program on the amount of money that we have. The amount of money that we have is restricted. They tell you that the funds you have is restricted to treatment only. In other words, I can't take part of my budget and development a vocational services unit.

ASSEMBLYMAN HAYTAIAN: All right, to continue in that vain you are saying that the money you have is for treatment purposes.

MR. BROOKS: Right.

ASSEMBLYMAN HAYTAIAN: It should be for treatment purposes. It is limited to treatment purposes. Yet, you tie the success ratio into the fact that when you work with these people, you then don't have a job for them.

MR. BROOKS: That is one of the problems.

ASSEMBLYMAN HAYTAIAN: All right. Now, if you are talking about dollars for the program, with an 8% to 10% success ratio, I guess the problem that I have is, if it costs $10,000 per year, how long does one of your clients stay in the program? Is this for infinity?

MR. BROOKS: It depends? No, from nine to twelve months.

ASSEMBLYMAN HAYTAIAN: From nine to twelve months.

MR. BROOKS: That is for the residential program. The outpatient program is six months, detox is a short-term program, which is anywhere from three months to six months, methadone maintenance is an eighteen month program, or longer. So, there are very different degrees of treatment levels for people to remain in these programs. One of the problems that we have been having all along is, when the treatment industry was first developed by the Federal government, and it was handed down to the treatment programs, we were left to fend for ourselves and decide what type of treatment process we would have to develop to treat people. Now, we feel as though we are sophisticated

enough to provide quality care. But, in the meantime, while we were learning how to develop this process, the funding level never moved. It started off in 1970 at the same level as it is now in 1983. In thirteen years, there has only been a 3% increase in the Federal budget that comes out of Washington for the treatment of drugs and narcotic users in this country. That tells you, right there, that there is no way that the programs can keep up with the rate of inflation, with the rate of demand, and there is no way we can keep up with the supply in this country, particularly in New Jersey.

ASSEMBLYMAN OTLOWSKI: Excuse me, John. We said right from the outset that we are dealing with a very, very difficult problem.

MR. BROOKS: Yes, it is.

ASSEMBLYMAN OTLOWSKI: As a matter of fact, the more you look at it, the more difficult it gets. Let me ask you this question. Again, from your experience, we know from the long experience that we have had with alcohol, that the recovery rate is very, very low, with the alcoholic. As a matter of fact, in many instances with the alcoholic, the non-profit, volunteer organizations have proven to be very, very successful with the alcoholic, because it came down to a very personal intimate basis, where the alcoholic is almost adopted in these volunteer organizations. Yet, there has been nothing developed that is close to that with the narcotic addict. Do you see any room for that kind of development? Do you see anything coming on the horizon as an auxilliary force, something that would be helpful in this whole situation that we are talking about? Is there anything being done to encourage that kind of an auxilliary attack.?

MR. BROOKS: Well, one of the things most programs do is, they offer a full range of services to try to help the person recover. Now adays, there are studies being conducted by some scientists in Palo Alto, California, to try to determine whether or not narcotic addiction is, in fact, a disease, the same as alcoholism is. One of the problems that has always been universal about classifying narcotics addiction as a disease, of course, is the fact of the criminality involved for the person to support their habit.

We feel, the industry, that if we can get narcotic addiction classified as a disease, number one, it would increase the amount of money that programs could recover from third-party sources, and that, of course, would increase the quality care that the programs would be allowed to give to their clientele.

At this point, we don't see any new, fantastic, superman-type of discovery that will, in fact, reduce the narcotic addicts' behavior to a more managable one in our society than what we already have. In other words, they have tried everything under the sun from carbon dioxide to quanadine. The most successful outcomes that we see come from the private industry. That is something that we have to look at. We have to accept those facts.

Another fact is, methadone, hydrochloride, is an acceptable way of treating heroin addicts in this country and in the State of New Jersey. Not only is it acceptable, it can be useful when it is used with a full range of recovery service to bring some sort of results in that person's life. I think that is all we can hope for at this particular moment. There is nothing new coming out of Washington, from the National Institute of Drug Abuse. There is nothing new coming out of research, other than the development to try to find out whether or not narcotics addiction is linked to a disease the same as alcoholism is.

I'm sorry, but, there is nothing I can give you on that.

ASSEMBLYMAN VISOTCKY: How many State-approved counselors do you have working for your three units?

MR. BROOKS: How many State approved?

ASSEMBLYMAN VISOTCKY: Approved counselors? Are they all?

MR. BROOKS: All of them. They are all certified. Everyone working in the programs has to either be a certified alcoholism counselor, or a certified substance abuse counselor. That certification is controlled by the New Jersey State Certification Board. We have to be licensed, too.

ASSEMBLYMAN VISTOCKY: If you had more personnel in that range, for argument's sake, let's say the Department of Health would put three or four more people there to help you, especially in the

outpatient care, would that increase the amount of people being treated? Would that be a source of, not revenue, naturally, but, would it save monies and treat more patients?

MR. BROOKS: Well, that is one of the things that would have to be reviewed by each individual program, as to just what type of help we would get, where that help would come from, and what the qualifications of that person would be. That is the bottom line on that, the qualifications of the person, and just what type of help, and how long that help would last.

ASSEMBLYMAN VISOTCKY: When you get these counselors, do you train them, and then they--

MR. BROOKS: We train our own counselors, and then we send them to school to get certified, either as an alcoholism counselor or as a substance abuse counselor.

ASSEMBLYMAN VISOTCKY: So what is the bottom line? We are talking about cutbacks. How much were you cut back in the City of Atlantic City?

MR. BROOKS: We were cut back-- We had to take the same cut that everybody else took in the State. When the State got cut $3 million, that worked out to be between, I guess, anywhere between 15% to 20%.

ASSEMBLYMAN VISOTCKY: What is your allocation?

MR. BROOKS: Our allocation is $6,500 from the State. Our total budget for one year is $1.2 million in Atlantic City. I raise money from other sources from the City, the county, United Way, you know, fund raisers. I have a fund raiser every year.

ASSEMBLYMAN VISOTCKY: I think Mr. Russo mentioned to us the program with Cutlery, with the Atlantic City casinos. Has anything been done, as far as your group, to try to get some people-- You say you would like to have the people working. Has anything been done with a program of that sort?

MR. BROOKS: We have 50 of our clients working at the casinos in Atlantic City. That is 50 active clients that we have in treatment who are working at the casinos in Atlantic City. Some of the jobs that the casinos have are highly skilled, highly technical, and some of our people can't, of course, meet those qualifications.

ASSEMBLYMAN HAYTAIAN: You said the $606,500 is State, and then your total budget is approximately $1.2 million. How much of that difference, which is about $600,000, does the City of Atlantic City provide?

MR. BROOKS: The City of Atlantic City gives us $144,000.

ASSEMBLYMAN HAYTAIAN: It is $144,000.

MR. BROOKS: Yes.

ASSEMBLYMAN HAYTAIAN: And Atlantic County?

MR. BROOKS: That is for alcohol and drugs from the City.

ASSEMBLYMAN HAYTAIAN: Alcohol and drugs.

MR. BROOKS: Right.

ASSEMBLYMAN HAYTAIAN: How about for Atlantic County?

MR. BROOKS: It is $20,000.

ASSEMBLYMAN HAYTAIAN: That's $20,000 from the county. The rest of it you raise and you get from--

MR. BROOKS: United Way gives us $10,000.

ASSEMBLYMAN HAYTAIAN: You must be raising a lot of money.

MR. BROOKS: Well, we have the 76'ers and the New Jersey Nets as a fund raiser exhibition game at Convention Hall. We have had that for the last two years. Last year, that raised us $31,000 in revenue, but we also got some side donations offered, too, while we were having the game. This year it looks like we are going to raise close to $75,000, off of the game directly.

There is another issue that you gentlemen should hear, and that is about the prisons.

ASSEMBLYMAN OTLOWSKI: John, I want to get into that for a moment, but I just want to make an inquiry. Is there a Joseph Laurelli here, an MD medical director for the Department of Welfare in the City of Newark? Is he here? (no response) I'm terribly sorry. What about the prisons?

MR. BROOKS: Well, the New Jersey State prison system has quite a sum of inmates in that particular prison, in all of our system in the whole system. We did a survey, and we found out that 74% of those inmates have a drug history or alcohol history in their record.

ASSEMBLYMAN OTLOWSKI: In the State prisons? In the State institutions?

MR. BROOKS: For instance, let's take the State Prison at Rahway. Seventy-six percent of the inmates there have drugs or alcohol in their background, who are incarcerated there. Seventy percent at Leesburg--

ASSEMBLYMAN HAYTAIAN: Is this on admission records? How do they get this information?

MR. BROOKS: This information was collected either on their admission records, plus from surveys that we have done inside of the prison system itself. These came from the Department of Corrections and the Division of Narcotics and Drug Abuse Control. At Clinton, their State reformatory, 65% of the inmates there have some sort of drug or alcohol background; at the New Jersey reformatory in Yardville, 42%; the New Jersey reformatory in Wharton, 42%; Bordentown, 44%; Annandale, 36%.

This gives you an idea of the kinds of problems that we, not only in th prison system, but also on the streets in New Jersey. In South Jersey, we run a counseling program in the county jail.

ASSEMBLYMAN OTLOWSKI: Excuse me. From the statistics that you gave us, the prisons are worse than the streets.

MR. BROOKS: No, they are not. They are about even.

ASSEMBLYMAN OTLOWSKI: That is consoling.

MR. BROOKS: They are about even. Last year, the Drug Enforcement Administration estimated that between 1,200 to 1,500 metric tons of opium was going to be converted into about 120 tons of heroin, of pure heroin, to be adulterated and put on the streets in the United States in 1982, 1983, and 1984. We are now seeing all of that come through as almost 1,200 metric tons imported into this country last year. They are looking for about the same this year. That is just heroin. We are not talking about cocaine. We are not talking about marijuana, we are not talking about amphetamines, or none of the pills that are loose on the streets. I'm not talking about that.

ASSEMBLYMAN OTLOWSKI: We better learn quickly how to fight that war.

MR. BROOKS: We haven't fought it. That is a billion dollar industry. We haven't learned how to fight that.

ASSEMBLYMAN HAYTAIAN: I don't think there are any taxes that anybody is collecting on that industry.

MR. BROOKS: That is one of the problems that the State of New Jersey faces, that if you were to take all of the law enforcement agencies in every county, every city, and the State Police combined, you could not control drugs coming into the State of New Jersey. If you just had them do nothing but go and try to stop drugs coming into the State, you couldn't do it with every police force in the State of New Jersey, including the State Police and whoever else you want to get, the Drug Enforcement Administration, all of them.

ASSEMBLYMAN HAYTAIAN: John, are you saying that we can't solve the problem?

MR. BROOKS: We can't solve it like that, through law enforcement. We can only put some controls, and we can cramp some of the styles of some of the smugglers. But, that has to be done on a national level. As far as the State level, there are two things that I see are very important for us to understand. We need to understand the nature of the beast that we have to address. Number one, if we don't provide community-based treatment programs in the State of New Jersey, then our citizens are going to continue to get infected.

ASSEMBLYMAN HAYTAIAN: John, you said only a 10% success ratio.

MR. BROOKS: That is only in one--

ASSEMBLYMAN HAYTAIAN: I'm listening to all of your numbers now. You have 74% in the prisons that had something to do with drugs. I thought when you go to prison that you shouldn't have the availability of drugs. I would assume that that 74% would come down to 5%.

MR. BROOKS: No.

ASSEMBLYMAN HAYTAIAN: You have given me the numbers. The numbers are, an 8% to 10% success ratio in your program.

MR. BROOKS: But that is overall.

ASSEMBLYMAN HAYTAIAN: You are telling me that law enforcement is not going to stop it from coming in. You are boggling my mind by saying, in essence, no matter what we do, we are not going to solve this problem.

MR. BROOKS: I didn't say that. That is your conclusion. I did not say that. You made that conclusion on your own.

ASSEMBLYMAN HAYTAIAN: That is correct. I think I am intelligent enough to go from your numbers to a bottom line. The bottom line, based on what you ae telling me is, we can't solve the problem. That is my conclusion. You are correct.

MR. BROOKS: That is your conclusion. One of the issues that I tried to remind you of, when I was talking about national figures for recovery and everything else, is that there are different stages of recovery. The 8% to 10% that my program has, deals with drug-free clients. We have other programs that operate at a more efficient rate. For instance, our methadone maintenance program, 74% of the people who are in that program are recovered, are not involved in any criminal activity, and seem to be doing fairly well. Where you have your problems is in outpatient and residential drug-free programs because we don't have police control over clientele who come to us for treatment. They can leave when they get ready to. There is no way you can say to a person, "If you don't stay in treatment, we are going to do something to you." So what. He doesn't have to stay. We can't keep somebody there against their will, even if the courts demand that person to our programs. Those are some of the facts that go into it.

Another fact is, to understand how to try to deal with the problem, that first, you have to have all of the facts about what is on the streets and what we are confronted with. I would be less than the Director of the program that I represent if I sat here and tried to present that the problem was anything other than what it is, that all of us have to work hard to try to reduce the amount incidents of drug abuses in our communities and in this State.

I really don't know what the final answer is going to be. I'm telling you the truth, sitting right here. I don't know what the final answer is going to be.

ASSEMBLYMAN VISOTCKY: Mr. Brooks, you say you don't have any police authority over a person that was assigned to you by a local magistrate, or superior court judge.

MR. BROOKS: No.

ASSEMBLYMAN VISOTCKY: Then maybe you need legislation saying if a person does not continue with that, he shall then be incarcerated.

MR. BROOKS: There is legislation that says that.

ASSEMBLYMAN VISOTCKY: Then why don't we put him back in?

MR. BROOKS: What happens is, if a person walks out of treatment, after he has been sent back to treatment, to our custody, we get him, pick him up from the jail, or wherever, if he walks out, the parole office then has the responsibility for having a parole hearing and a just cause to send him back to treatment, if they catch him. The only thing that programs are required to do is, if somebody leaves, we have to notify the parole officer, probation office or the police department or the courts right away, that that person has left our custody.

ASSEMBLYMAN VISOTCKY: How long do you wait before you notify them?

MR. BROOKS: We notify them right away.

ASSEMBLYMAN VISTOCKY: The first visit that they miss, the second?

MR. BROOKS: We notify them right away. We cannot put our program in jeoopardy for anybody, because we have too many other clients who need treatment.

ASSEMBLYMAN VISOTCKY: Okay, so, when you notify them, how soon do they either--

MR. BROOKS: Sometimes they don't even bother looking for the guy.

ASSEMBLYMAN VISOTCKY: They don't bother. You are saying that they don't bother?

MR. BROOKS: Sometimes they don't bother looking for them.

ASSSEMBLYMAN VISOTCKY: Is there a reason why?

MR. BROOKS: I have no idea.

ASSEMBLYMAN VISOTCKY: I wonder why we have laws if they don't bother.

MR. BROOKS: Well, one of the problems may be that our jails are brimming over.

ASSEMBLYMAN VISOTCKY: That doesn't mean that we have to leave everybody out on the streets.

MR. BROOKS: We are going to have to make some decision on who goes to jail and who stays on the street, because--

ASSEMBLYMAN VISOTCKY: Buy more trailers, that's all.

MR. BROOKS: We have 10,000 prisoners now, in the State of New Jersey. With the laws that have been inacted, we are going to have another 10,000 in five or six years.

ASSEMBLYMAN VISOTCKY: Is that good or bad?

MR. BROOKS: That's the law. If you break the law, the way the Legislature has developed laws, the sentencing laws, you go to jail. Well, maybe we have to look at the type of prisoner that we are putting in jail, whether that prisoner meets the standards for incarceration. There are some prisoners who belong in jail. There are some people, if you can get them into a program, you may be able to help them. We have to look at those things. We just can't lock everybody up.

ASSEMBLYMAN VISOTCKY: The point is, if you let them out and they aren't doing anything about it, what is the point of it?

MR. BROOKS: Well, you just have to keep working with people. There is no way that we can sit around as community people, community leaders, and say, "Well, the hell with it. To who?" We just can't say that. We have to deal with problems until they can be solved, somehow, to some degree. I know that trying to coming up with a solution is a headache, not only for this problem, but for all of the problems that the State of New Jersey faces.

ASSEMBLYMAN VISOTCKY: Don't you think some of the people who leave your clinic, and if they were incarcerated, would think twice about doing it?

MR. BROOKS: I served eight years in the penitentiary. I was a drug addict for seventeen years. It didn't mean anything to me.

ASSEMBLYMAN VISOTCKY: You are helping people now.

MR. BROOKS: Yes. But I made that decision on my own, before there ever was a drug program. There were no drug programs when I made that decision.

ASSEMBLYMAN VISOTCKY: You are to be commended.

MR. BROOKS: People now have a chance to go into treatment programs. I think that is something that we should provide. But everybody isn't motivated. That is for sure. Some of us are under-achievers and some of us are achievers.

ASSEMBLYMAN VISOTCKY: The idea is society cannot live that way. Something has to be done.

MR. BROOKS: This the American thing. Some of us do, and some of us don't.

ASSEMBLYMAN HAYTAIAN: Some of us have, and some of us have not.

MR. BROOKS: That's right. That's the other point.

ASSEMBLYMAN VISOTCKY: Can I ask you a personal question?

MR. BROOKS: Certainly.

ASSEMBLYMAN VISOTCKY: When you were incarcerated, did you get any drug treatment, or did you do it on your own?

MR. BROOKS: I got high while I was in the penitentiary. You can get high in any jail.

ASSEMBLYMAN VISOTCKY: No, no. I'm saying-- You should be commended for what you are doing now. I am saying, did you do it on your own initiative, or did you have treatment?

MR. BROOKS: No. On my own initiative.

ASSEMBLYMAN VISOTCKY: That is worth more than anything in the world, I guess.

MR. BROOKS: I left the prison system in 1967

ASSEMBLYMAN OTLOWSKI: This aspect, of course, that just came out, I think is a very important aspect. Let's just get personal for a moment. In your case, you made it. Obviously you are making a tremendous contribution to society. As a matter of fact, to be even more specific, to the country. We need guys like you. If you made it, and you made it without the help of government, without the help of what you call the industry, without the help of the professional, how do we get to the other guy? How do we get to the other guy to light that same flame that burned within you that brought you here as a crusader? There has to be some way to do that, John.

MR. BROOKS: Listen. If I knew that, then I would put that down on paper, and I would get that around to the whole country so that we could get some kind of control over this. Obviously, it has a lot to do with people's motivation, their personal upbringing--

ASSEMBLYMAN OTLOWSKI: I'm not expecting the same thing for you.

MR. BROOKS: Their surroundings, and things like that.

ASSEMBLYMAN OTLOWSKI: I'm not expecting the same thing from you that I would expect from St. Luke, but--

MR. BROOKS: That is what you are looking for.

ASSEMBLYMAN OTLOWSKI: Is that what I am looking for? Maybe I am looking for too much.

MR. BROOKS: Yes. I think the only person that can give us an answer like that is the Big Boy. He is the only guy that I know who can give us the answer that we really seek.

ASSEMBLYMAN OTLOWSKI: John, on that note, can we just take a break and give everybody a half hour? Can we just give everybody a break for a half an hour to get a sandwich? We will be back at quarter after one. Then you will continue.

MR. BROOKS: All right.

ASSEMBLYMAN OTLOWSKI: John, thank you very much.

MR. BROOKS: Thank you.

(Recess)

AFTER RECESS

ASSEMBLYMAN OTLOWSKI: Dr. Gubar, do you want to come on? We are going to put you on. Carolann, we're putting you on next. Doctor, do want to give us your name and who you are representing. Will you point out that this is the old Mt. Carmel Guild?

D R. G E O R G E G U B A R: Surely. The old Mt. Carmel Guild in Paterson, which is now--

ASSEMBLYMAN OTLOWSKI: Mr. Brooks, we are going to get back to you.

MR. GUBAR: Mr. Chairman, basically, somebody said you can say anything, as long as you spell my name right. It is spelled,

G-U-B-A-R. Oddly enough, I am probably the only Hispanic here, although I may not sound like it or look like it.

ASSEMBLYMAN OTLOWSKI: I wouldn't believe it because you are not handsome enough. (laughter) Go ahead.

MR. GUBAR: As you mentioned, this is the old Mt. Carmel Guild program in Paterson. It has since changed its name to Straight and Narrow. Additionally, if the Committee has any questions, I also am an Associate Professor at Seton Hall University. I have been there close to twenty years.

ASSEMBLYMAN OTLOWSKI: In what Department, Doctor?

MR. GUBAR: Psychology.

ASSEMBLYMAN OTLOWSKI: Psychology?

DR. GUBAR: Psychology. We started this program at Straight and Narrow for residential care back in 1964. We had been in existence since 1955. Monsignor Wall was the gentleman who started that program.

ASSEMBLYMAN OTLOWSKI: I remember that.

DR. GUBAR: His brother just died, John Wall, the other priest. He just died Friday.

We are probably, along with John Brooks, one of the largest programs in the State of New Jersey.

ASSEMBLYMAN OTLOWSKI: Doctor, how many people do you treat?

DR. GUBAR: A total of, at any one time, close to 200, but those are residential. We also have 170 people on an outpatient basis.

ASSEMBLYMAN OTLOWSKI: How many?

DR. GUBAR: One hundred and seventy. Ours is drug-free.

ASSEMBLYMAN OTLOWSKI: And what is your total budget?

DR. GUBAR: Well, we have a number of activities. Our total budget beyond that runs $2.1 million. We are funded for $1.2 million, of which the State supplies us, presently, with $618,000.

ASSEMBLYMAN OTLOWSKI: Do you get any help from the county?

DR. GUBAR: We get help from Bergen and Passaic Counties. We make up the difference between $1.2 and $2.1 million. We make up $900,000 on our own.

ASSEMBLYMAN OTLOWSKI: With the recent cuts that were effected, has that hurt your program?

DR. GUBAR: That has hurt us in this way, not in quality, but, what has happened is, we have had to put a strain on our employees. Our counselors are also professional. We have two paraprofessionals. This was the style, as I suggest in the paper, some years ago, where professionals did not want to get into business because there was no money. As the money started to come down, it became a legitimate field for people to get into, but it also gave us money to train some of those people who were in the field. Our counselors are also certified as drug counselors.

We, additionally, picked up the slack when Mr. Russo had to cut out the school down here in Trenton. We picked it up and we run a seminar once a month. We invite people from all over the State. It has been recognized as a legitimate program.

How it hurts us is this: Let's just take the outpatient program. Originally, we had allocated 140 treatment slots. That means you are payed "x" number dollars, $1,440 today, for a treatment slot, even though it costs us around $3,000 or $4,000 to treat an outpatient individual. What happened was, because of these cuts, the $5 million and so on, we found that our matrix, as it is called, the allotted numbers, were reduced over two years to 106 slots. So, we presently are only able to treat 106 slots.

ASSEMBLYMAN OTLOWSKI: You are in an area too, Doctor, where as the Commissioner was pointing out earlier, you have a big increase in the problem.

DR. GUBAR: Tremendous. You have a couple of detectives here from Paterson. We have had the problem of unemployment. We have had the problem of a decaying city and trying to build this thing up under all kinds of administrations. Basically what we find is, we are stretching our counselors thin. Their caseloads get very heavy because of the funds.

There is one other area. They are mentioning youth. What happens is, we have an agreement with the Paterson Board of Education. When they expell or suspend a student, as long as there are drugs in his background, which usually are, we then take that student into our facility as a separate entity, we treat him, they send up a tutor to do

any of the remedial education, so he doesn't lose for the ten days or whatever period he is out, and then we do the drug counseling, but, it is not funded by the State.

ASSEMBLYMAN OTLOWSKI: Doctor, one of the things you were going to do, probably, at a later date, we are going to get into greater depth, into the adolescent. When we do that, we want to make sure, David, that we call the Doctor back. We want to get into the adolescent problem.

DR. GUBAR: I would be happy to.

ASSEMBLYMAN OTLOWSKI: We may have a better shot to do something. But, we want to make sure that the Doctor comes back when we get to that.

DR. GUBAR: I would be happy to.

ASSEMBLYMAN OTLOWSKI: Let me ask you this, and I know I am pushing you pretty hard. You said that you wanted to get into some kind of discussion here with some of the questions that Chuck raised. What were those questions?

DR. GUBAR: One of the questions that Chuck raised was the quality of care. Have we -- or Assemblyman Visotcky talked about that particular thing -- diluted the care? The answer is no. We haven't. As I say, we put a strain on what is happening. All of this confusion -- incidentally, I want to compliment you gentlemen, you have done your homework. I thought I was going to have to come down here and maybe get over on you and tell you some things that would get us the money. You evidentally got a lot out of whatever papers you have read or just by being alive. As Chuck said, he was raised in New York and was close to this problem for a long time.

Basically, the problem comes in the definition of drug addiction. Your statement, Mr. Chairman, about, "It would cost money if the blues began to get involved in payment for treatment." But, regardless, the amount of crime that is committed by these people reduces twenty times when you put them in treatment. Similarly, if you treated them in a hospital, then it makes no difference, because as was suggested by the Commissioner, putting them in, or John, putting them into a jail, or putting them anywhere, would be a greater cost than

treating them in these residential/outpatient situations. So, technically, the amount of money is a savings that could be picked up. Somebody has to pay one way or the other. We are paying for public education, we are paying for public treatment. Your question and your statement about Medicaid and Medicare, I think is a good one. But again, we are putting a heavy load--

ASSEMBLYMAN OTLOWSKI: Assemblyman Visotcky is pushing this business about it being picked up by Medicaid as it is picked up in some of the states. That is something that the Committee will undoubtedly look into.

DR. GUBAR: Exactly. Another question that was talked about-- What you were talking about was, again, what is the role of the hospital? What is the role of law enforcement? What is the role of prevention treatment? As I tried to indicate, the cuts for us have brought into being three problems. The first one is, we have had to cut down on the number of clients. I think that you see that, at least on the clients we can treat. As we lose treatment personnel, that person can only see so many people in a thirty-seven and a half hour week. So, we would have to lose treatment for people.

The second thing we are doing is, we are cutting down on the variety of services that are offered. One of the things that the State has been going after, that they have been advocating, that we have been into since 1955, John is getting into more heavily, is the fact that our people have to work. We utilize their services. But, before we can do that, we have to then train them. Most of the young people who are getting into drug addiction, have begun to get into drug addiction at age 14, 15, 17. The alcoholic takes 20 years before he becomes an alcoholic. He already has some kind of stability in his background, vocational, home, or whatever. The drug addict doesn't have this. Now, you are going to remove the drug addiction, but you don't give him anything to work with. The only thing he can do is go back to drug addiction. So, what we have tried to do is, emphasize vocational training. This has to be one of the areas that you are going to get involved in.

Basically, these are the things that we will be doing. This does take care of some of the other problems of making money, the facility, supplying other things. John was talking about programs that have a little better. He talked about 10% in residential, 74% in methadone. We average somewhere between 30% and 40% on a residential basis. That is up to five years. We followed our people along for that period of time. So, treatment does show result.

Another possibility is, they may get some of their treatment at John's place, or any of the other institutions, not succeed, come to a place like ours, and then, whatever they picked up at -- you may not have recognized the Institute for Human Development. It used to be NARCO. We are changing our names -- may be something that becomes a basis for their success in any other programs, such as ours.

So, treatment is an important part of whatever happens to them. Ongoing treatment, research, vocational efforts, these are all necessary in the treatment of an individual. It is a total treatment, not just psychotherapy, that thing that I would be involved in.

ASSEMBLYMAN OTLOWSKI: Doctor, thank you very, very much. You can go on now to your other business.

DR. GUBAR: Thank you, Mr. Chairman

ASSEMBLYMAN OTLOWSKI: Doctor, we are going to call you back on that other thing.

DR. GUBAR: I would appreciate it, sir.

ASSEMBLYMAN OTLOWSKI: Mr. Brooks, could you just hold it there for one minute. I have to prevail on you for just another minute. Do you want to come up here, because we are going to put you on next. You promised that you would be finished in five minutes. I'm keeping you to your word. Carolann, do you want to tell us who you are?

C A R O L A N N K A N E: My name is Carolann Kane, and I am the Director of Woodbridge Action for Youth, which is a non-profit treatment agency in Woodbridge. I am here today, though, representing an association of thirty-five different agencies, of which Mr. Brooks is a member and Doctor Gubar's agency is a member. I am representing the thirty-five private, non-profit treatment agencies with our State organization.

Collectively, our Organization is a network throughout the State. We provide services in the urban areas, the suburban areas, and the rural areas. We are not exclusively adults. We treat children, we treat adolescents, women, all of the special groups. So collectively, we see the drug abuse problem from beginning to end.

We are also not just talking about the heroin problem; we are talking about all licit and elicit drugs of abuse.

We know that what you are saying and what we are discussing here today, we are talking an awful lot about heroin addicts and the crime, and how it relates to crime. I just want to make a point, that as much as this is very important, this is only the tip of the iceberg. What you are seeing is only the tip of the iceberg.

We know that one out of every five households, according to a study from George Washington University, is involved in some kind of drug abuse, and that they have used these drugs in the past years.

ASSEMBLYMAN OTLOWSKI: Carolann, all of the organizations that you represent are listed on this sheet, is that correct? There are thirty-five of them?

MS. KANE: Yes. There are thirty-five that are active members of our organization, and there are forty-six listed that are private.

ASSEMBLYMAN OTLOWSKI: These are all private.

MS. KANE: They are all private, and public non-profit.

ASSEMBLYMAN OTLOWSKI: Excuse the expression, but are they professionally staffed?

MS. KANE: Absolutely.

ASSEMBLYMAN OTLOWSKI: Let me ask this, one of your problems, of course, is the fact that you are treating more people with less money?

MS. KANE: Yes.

ASSEMBLYMAN OTLOWSKI: And you are advocating and hoping, of course, that more money can be made available to you for treatment?

MS. KANE: Yes.

ASSEMBLYMAN OTLOWSKI: And what you are saying, as the others have said, is the fact that that is very important to this total approach?

MS. KANE: It is extremely important to the total approach. We are only able, in New Jersey, to deal with about 15,000 a year. If you really think about the population, and one out of every five households being involved with some kind of problem--

ASSEMBLYMAN OTLOWSKI: Carolann, in the thirty-five organizations that you represent, those organizations have all been cut back, haven't they?

MS. KANE: Yes.

ASSEMBLYMAN OTLOWSKI: With funds?

MS. KANE: Yes.

ASSEMBLYMAN OTLOWSKI: And, all thirty-five organizations have had an increase in their clientele?

MS. KANE: Not all of them.

ASSEMBLYMAN OTLOWSKI: Not all of them?

MS. KANE: Not all of them.

ASSEMBLYMAN OTLOWSKI: But most?

MS. KANE: Most of them, yes. We also have waiting lists.

ASSEMBLYMAN OTLOWSKI: The increase, percentage-wise, would be what? What would you say? We're not going to hold you to a definite figure.

MS. KANE: I think we have a waiting list of over 400, throughout the thirty-five organizations. That would be an increase of--

ASSEMBLYMAN OTLOWSKI: So, the percentage increase would b what?

MS. KANE: Ten percent.

ASSEMBLYMAN OTLOWSKI: Ten percent?

MS. KANE: Yes.

ASSEMBLYMAN OTLOWSKI: All right. I think we have the benefit of your testimony, which will be made part of the record. I think we have an idea of what you have been talking about. Unless the Committee members have any questions, we are going to call Mr. Brooks back to finish. Carolann, thank you very, very much.

MS. KANE: You're welcome.

ASSEMBLYMAN OTLOWSKI: Carolann, we may want to call you back, when we get into the adolescent program. Which of these thirty-five organizations deal with adolescents?

MS. KANE: I think about five of them.

ASSEMBLYMAN OTLOWSKI: David will call you back when we deal with adolescents, all right? Thank you very much.

Mr. Brooks, thank you very much for yielding to the Doctor and to Carolann.

MR. BROOKS: Certainly.

ASSEMBLYMAN OTLOWSKI: John, where were we, when you upset us so much?

MR. BROOKS: I don't know if I upset the panel. I think what I was doing was giving the panel information so that they would get a fair idea of what kind of issues we have to face in the State.

ASSEMBLYMAN OTLOWSKI: But John, that is what is upsetting about it.

MR. BROOKS: Well, there are some other ways that we have looked at future funding for drug programs in the State of New Jersey. One of those is the tremendous amount of money, goods, and everything that is confiscated by all of the police departments within the State of New Jersey in drug arrests. New York State, for instance, uses all of the confiscated money, confiscated goods, they sell and put that money into treatment.

ASSEMBLYMAN OTLOWSKI: John, that is an important point.

MR. BROOKS: It is very important. New York State has a bill that has been passed--

ASSEMBLYMAN OTLOWSKI: John, let me just get the sense of your testimony here, in outline form. One of the things that you are advocating is, that that confiscated money be put back into the program, particularly into treatment.

MR. BROOKS: Certainly.

ASSEMBLYMAN OTLOWSKI: Number two, you are saying if your program is going to be effective, you have to have work training programs, some kind of a vocational training program.

MR. BROOKS: There is no doubt about that. We had a vocational services unit in our program in Atlantic City. It was funded by the State, and part of the funding came from the Federal government. That program was up to $35,000. All I get now is $5,000 for that. I try to piece together funding from everywhere else that I can. I have one vocational services counselor who does the vocational testing of our people, and I have one jobs person. All they do is call businesses and everywhere to try to get our people jobs. We try to develop a jobs bank, so when our people, as they are coming to treatment, when they become eligible to work, we can put them to work. That is critical.

We are planning some other things that we intend to do this year, such as, starting our own businesses, so that we can create some jobs of our own, so our people will be able to fit right in, because they will be trained right there on our premises.

These are some things that we are doing ourselves to head off the problem of unemployment within the treatment sector. But, it is very difficult for you to take somebody who is a hard core addict, who is undereducated, unemployed, and has very few skills, and to get that person to recover, that is a very difficult client to manage, not only in treatment, but also once that person has become eligible for work. That is one of the most serious problems that we have in the treatment industry, besides the fact that we have too many clients.

ASSEMBLYMAN OTLOWSKI: All right. You are making two points. What was the other point that you were making? You are making the point about treatment to be funded, and you are suggesting some methods of funding treatment. You have suggested a couple. One was better use of Medicaid, take confiscated money to be funneled into treatment?

MR. BROOKS: Confiscated funds and goods, like houses, automobiles, boats, airplanes, everything else that they are using. Anything that is connected with the selling of narcotic--

ASSEMBLYMAN OTLOWSKI: And mansions.

MR. BROOKS: And mansions, bank accounts. All of it. Businesses. If they own a business and they get arrested for selling drugs, then that should be taken from them and converted into cash and be put into treatment.

ASSEMBLYMAN OTLOWSKI: I think you are going to find great sympathy for that within the Committee. What was the other thing you were going to suggest?

MR. BROOKS: Well, the other issue is, if the Appropriations Committee had looked carefully at our request and the problem of the waiting list that we had, then they could have utilized the appropriations bill to buy up the waiting list. In other words, the waiting lists that programs have, appropriations could be attached to those waiting lists on a slot per slot basis, and then, the programs could be contacted through the State Department of Health, and we could buy up the waiting list that the private sector has and get those 400 and some odd people into treatment by this year's end. I think it was a nominal amount of money that we had requested from the Appropriations Committee to do so.

ASSEMBLYMAN OTLOWSKI: John, let me ask you this. Are you going to remain for the rest of hearing, or are you going to be leaving as soon as you get finished?

MR. BROOKS: I have to leave.

ASSEMBLYMAN OTLOWSKI: You have to leave?

MR. BROOKS: Yes, I have to be back in Atlantic City.

ASSEMBLYMAN OTLOWSKI: All right. We may have to call you back when we go into prisons and when we get into the question of adolescents. You would make yourself available for that, wouldn't you?

MR. BROOKS: I most certainly would.

ASSEMBLYMAN OTLOWSKI: Great.

MR. BROOKS: I would be more than happy to make myself available.

ASSEMBLYMAN OTLOWSKI: All right, I think we have enough from you now, to give us some sense of direction. As a matter of fact, I just want to tell you that you have been very, very helpful. We appreciate your frankness and your candor. As matter of fact, we appreciate your personal contribution, probably more than anything, because I think it tells a story in itself. So, John, thank you. We are going to call you back, all right?

MR. BROOKS: Thank you. I want to tell this Committee something. This is the first Committee that I have talked to that made any sense.

ASSEMBLYMAN VISOTCKY: That is a compliment to our Chairman.

ASSEMBLYMAN OTLOWSKI: No. It is a compliment to the whole Committee.

MR. BROOKS: I am telling you because most committees--

ASSEMBLYMAN OTLOWSKI: The fact of the matter is, John, you are very generous. It is complimentary to the whole Committee. Frankly, I am very proud of the Committee, notwithstanding of how they want to confront each other. I am glad to hear you say that. John, thank you very much. We are going to call you back.

MR. BROOKS: Thank you.

ASSEMBLYMAN OTLOWSKI: I understand there are four police officers here who have agreed to sit in one chair, talk at the same time and make sense. Where are they? Come on over here, fellows, will you, please? We are going to have a freewheeling discussion here between the four of you and the Committee. May we have your name and who you represent, please.

J A M E S G A S S A R O: My name is James Gassaro; I am the Police Director for the City of New Brunswick.

C A P T A I N J O S E P H C R A P A R O T T A: I am Captain Joseph Craparotta, New Jersey State Police, Narcotics Bureau.

R O B E R T J. C A R R O L L: I am Robert Carroll from the Division of Criminal Justice, Special Prosecution Section.

ASSEMBLYMAN OTLOWSKI: And, who is in the back there?

C A P T A I N E D W A R D S O L E S K Y: I am Captain Edward Solesky, Commander of the Narcotics Division, Paterson Police Department.

ASSEMBLYMAN OTLOWSKI: Thank you, Captain. In any event, you heard us this morning talking about the problem of treatment, the problem of enforcement, and the problem of correction. From an enforcement point of view, what do you see, and what can you tell us that would be helpful to this Committee at this juncture of the hearing? Do you want to go on first, please, Director Gassaro?

DIRECTOR GASSARO: Sure, Mr. Chairman. From an enforcement aspect, I think all of us in law enforcement would agree -- I know in New Brunswick, we have done studies -- that drug abuse has a definite crime correlation. The abuse of drugs has a correlation to crime. We have conducted studies in the City of New Brunswick over the past three years, which have revealed to us that most property crimes, crimes of burglary, armed robbery -- crimes of that nature -- are caused by those addicted to drugs, mainly heroin. The studies have indicated that four out of five arrests for those types of crimes were by individuals who are using drugs. If they did not readily admit to the use of drugs, we have identified tracks on their arms, and other kinds of physiological evidence that indicated they were involved with the use of drugs.

So, from the law enforcement aspect, we definitely feel that there must be an approach, other than a law enforcement approach, to dealing with drug abuse. We attempt to continue to deal with drug abuse from the law enforcement aspect. I would think on many occasions, however, it is much more expensive dealing with it from the law enforcement aspect, than it would be through treatment, proper education at a very early age, and other kinds of approaches.

ASSEMBLYMAN OTLOWSKI: From the point of enforcement, you have a representative here of the State Police, and it is my understanding that most times there is cooperation between the local people, the prosecutor and the State Police when there is a stakeout and when there is a major raid. A lot of these are very effective, because the work is done systematically. It takes a long time to lay the proper bases for it. Can you tell us something about that? Do you think the job is being done there? Is it coordinated well enough? Do you think it is intensive enough? Do you think there is something better that can be done?

CAPTAIN CRAPAROTTA: I would like to respond to that, if I may. First of all, I have to agree--

ASSEMBLYMAN OTLOWSKI: For the record, tell us who you are.

CAPTAIN CRAPAROTTA: I am Captain Craparotta from the State Police. I should also from that standpoint that you just mentioned, Mr. Chairman, advise you that I am a past President of the New Jersey Narcotic Enforcement Officers' Association.

Yes, I think enforcement has mended many fences. The cooperation aspect is there: the roles are there. We know what our roles are, and we are doing them. Mayor Holland expressed his feelings very well. The pro-active unit doing their thing in the street. The county and the county strike forces doing their particular jobs, and we in the State doing ours, as well as the DEA, and all the other Federal agencies, about five of them -- the FBI now, Customs, the Coast Guard, Navy, ATF, a variety of various agencies doing a particular job.

I also have to agree with Mr. Brooks. You can take every enforcement person and every military person, and we would not be able to stem the supply side. That is for a number of reasons.

ASSEMBLYMAN OTLOWSKI: Yes, what are some of those reasons? Would you develop that?

CAPTAIN CRAPAROTTA: Society's restrictions, society's acceptance, acceptance to some of the soft drugs, which is something that we in enforcement do not talk about -- soft drugs and hard drugs. It is a psychological problem, as Dr. Gubar and everyone else here has said, including Mr. Russo. We have to deal with treatment on all those levels, not strictly on the heroin, hard-core, inner city individual level, because in our experience -- and I am not saying the latter theory is the only theory there is -- ninety-some percent of those people I dealt with while I was an undercover man for six years, had used other drugs and marijuana prior to becoming heroin addicts. That is not to say that people who use marijuana are going to become heroin addicts.

I have to look at the problems with civil liberties, exclusionary rules, as the competent attorney from the Division of Criminal Justice, who works with us very closely on our particular cases, can attest to. The vast borders we have; the affluent, hedonistic society that we live in. We have to go out and party, no matter what the economic problems are. New cars are being purchased. The recreational areas are still going on. And, we in government are finding many, many, many cuts. The lack of credible scientific research into the areas of long-term drug abuse. We had that in the late 60's. People came out and told us that LSD was bad. We did not

have Dr. Leary's disciples abusing LSD, but we are starting to get a little bit of a resurgence. We can't tell this to the kids today. A parent cannot tell his son that marijuana is bad for you, and have something there to rely on. People do not want to hear that from us. The parent does not want to hear that from us as police officers. "You're picking on my particular child."

These are parts of the problems. The profit margins -- the profit margins buy the drug abuser. The resources he has at his hands, as opposed to the resources we have in all forms of political subdivisions. We go through a budget process. If a new piece of equipment comes out, we have to take our time and go through the regular process to try to get this sophisticated piece of property. That guy just goes out and buys it. He has better communications than we have in many, many instances. This, again, adds to the problem.

I think an answer from law enforcement's perspective-- My perspective, from nineteen years of drug enforcement, twenty-three years in the New Jersey State Police, every aspect of it, including our drug training school down at Sea Girt Academy back in 1970, is that enforcement officers are aware. Within my testimony, you will find some statistics that will tell you what our uniformed people are doing on the Turnpike, and what the Federal impact has done in Florida, as far as we are concerned. We have better than 1,700 miles of navigable coastline in the State of New Jersey. There were committees here dealing with our marine fleets. How can we fund them? What can we give them? What kind of patrol craft do they have? We have seventy-two documented airports.

In your town, or next to your town, South Amboy, we had 80,000 pounds in one particular job. Going back to the cooperation, there were seven or eight different enforcement agencies working together to end that. The people who are abusing right now are of epidemic proportions. There are better than a million and a half people in our society in New Jersey, which consists of about seven and a half million people, who are abusing drugs. I heard John talk about one in five, or someone just mentioned that.

ASSEMBLYMAN OTLOWSKI: Are you saying a million?

CAPTAIN CRAPAROTTA: A million and a half is a conservative estimate of some sort of drug abuse, yes sir. You can look at those statistics in many, many different areas. That would be one of the basic things that can be done. How can we get every political subdivision, every school system, to give us a bona fide report as to how many people are involved? We throw statistics around; I agree with John. The Federal government says there are going to be four thousand metric tons of heroin coming into the United States, and in the same article there are five hundred thousand addicts. If I were to put my figures correctly and start knocking it down to the average 2% to 3%, that would mean each person is using about twenty pounds of dope, and I haven't seen that happen over this period of time.

So, I have to look at where some of these particular stats may come from too, and the creditability in that area. I have to disagree with Mr. Brooks in one area. I believe it is Assemblyman Zangari, if I am not mistaken, who is in the process of introducing a "drug monies confiscation" bill to get it back. Our Association formed an ad hoc committee last Wednesday to meet him to discuss what we feel are some of the avenues that might be taken.

ASSEMBLYMAN OTLOWSKI: Excuse me, the money presently is kept by the prosecutors, isn't it -- the properties and the monies?

CAPTAIN CRAPAROTTA: It depends, sir. Most of it goes back to the--

ASSEMBLYMAN OTLOWSKI: We'll get into that with the attorney.

CAPTAIN CRAPAROTTA: Most of it goes back into the treasuries of these political subdivisions.

ASSEMBLYMAN OTLOWSKI: What about Assemblyman Zangari's bill?

CAPTAIN CRAPAROTTA: He is in the process of trying to introduce a bill, and he would like some input from our Association as to what kind of disbursements should be made with assets received from drug abusers. John said it all goes to treatment in certain areas; that is definitely not so. In the State of Florida, those monies go right back to the police department in that particular area.

ASSEMBLYMAN OTLOWSKI: For enforcement?

CAPTAIN CRAPAROTTA: Yes, sir, and that is one of the recommendations and one of the notes -- as I listen to the other testimony -- that should be made here.

ASSEMBLYMAN OTLOWSKI: And you feel strongly that the money should be kept in enforcement?

CAPTAIN CRAPAROTTA: There are some courts right now that, as part of the sentence, make the individual, through probation and through the county, give the "buy money" back to the department which expended it. Our confidential accounts-- A pound of heroin today is $140,000 -- one pound of heroin -- we're talking about four thousand metric tons. We can wipe out our money resources that we have for "buy monies" with two or three buys. We have to be able to get those assets back in, much like we have other industries pay for the investigations that are conducted within their areas. There should be some sort of cost analysis bill to go along with, so the Judiciary might take that into consideration at time of sentencing.

ASSEMBLYMAN VISOTCKY: Excuse me, I do not think those assets can offset your "buy money" though, no way.

CAPTAIN CRAPAROTTA: Not at all times.

ASSEMBLYMAN VISOTCKY: I don't think so.

ASSEMBLYMAN OTLOWSKI: Can we switch now to the attorney in this group? For the purpose of the record, again, will you please identify yourself and your position?

MR. CARROLL: I am Robert J. Carroll; I am a Deputy Attorney General, and I am in the Special Prosecution Section of the Division of Criminal Justice.

ASSEMBLYMAN OTLOWSKI: Would you please give us your views on some of the things that were said here? In particular, this Committee expressed an interest, as you probably heard, in the confiscation of property and how that money should be used. And, of course, it has just been said by our State Police that it should be kept for enforcement. Would you just tell us something about that?

MR. CARROLL: Okay. I do not want to get too much off the track in terms of the issue of forfeiture as it pertains to your Committee's interest here. But, basically, the law as it presently

stands sets forth a requirement that money and tangible property that is confiscated by law enforcement agencies, and which is duly forfeited pursuant to law, goes to the entity funding the particular prosecuting agency. Typically, that would end up in the county treasury, or in the State Treasury, with no specific reallocation.

ASSEMBLYMAN OTLOWSKI: With no specific reallocation -- it winds up in the county treasury in a general fund?

MR. CARROLL: Yes, sir. That is the present status.

ASSEMBLYMAN HAYTAIAN: It goes into surplus.

ASSEMBLYMAN OTLOWSKI: Oh, it goes into surplus?

ASSEMBLYMAN HAYTAIAN: That's right.

MR. CARROLL: Because of that reason, with no specific allocation of that funding, there is no provision, at least statutorily at this time, for any of that funding to be turned back to the law enforcement agencies, which, in many cases, expend not only man-hours, but specific sums of money to purchase quantities of narcotics to make the cases which ultimately benefit the treasuries.

ASSEMBLYMAN HAYTAIAN: Except that, if you look at county budgets, and you look at the prosecutors' budgets, you will see that the confidential accounts are generally the same every year. They do not cut them.

MR. CARROLL: That is probably true, sir. I do not know that for a fact. I also might add, in response to the Chairman's initial inquiry about the status of drug investigations and drug enforcement in the State, one of the things that has become very perceptible in the last few years, is the proliferation of what we would term "home-grown" drugs. Specifically, the best example I can give you is methamphetamine. Methamphetamine is a substance which is a stimulant which is capable of being manufactured in clandestine labs. As a result of that, we have found, relying primarily on State Police investigations at this point, large scale manufacturing operations throughout the State. Multi-pounds have been seized. There is quite a bit of work that goes into this manufacturing process, including the acquisition of the particular types of chemicals, the chemistry equipment, beakers, all types of lab equipment, as well as a whole

variety of covert gear that is developed in order to conceal the process of manufacturing.

One of the things that law enforcement has tried to do recently-- Something I think I would like to air at this point in front of the Committee, is to reiterate that we need the assistance of the public, the citizens of the State of New Jersey, to help us by giving us information that would aid us in identifying and locating these labs. For example, a methamphetamine lab is often found in the basement of a home. It can be in a garage; it can be in some remote structure out in the woods. Typically, you will find things like exhaust fans in windows, blacked out locations, basements where all the windows are closed, and vans pulling up with chemical equipment being unloaded and taken into unusual places. There is also a very putrid, noxious odor that is put out in this manufacturing process which typically, not in all cases, approximates the smell of a strong urine odor. So, for those very, very obvious signs to us in law enforcement, we would reach out for the citizens to keep the law enforcement agencies advised if they see these types of activities. We need that type of help.

Recently we had a case -- a cooperative case, I might add, with the Gloucester County prosecutor's office -- where the State Police and that agency successfully seized over sixty pounds of methamphetamine. By way of example, methamphetamine goes on the street for anywhere from $1,200, to $1,600, to $1,800 an ounce. We were successful in grabbing in excess of sixty pounds of pure methamphetamine right out of the beakers, right out of the drying pans. I bring this to your attention, because we find that now this is a problem, an intrastate problem, that all law enforcement agencies are wrestling with. We are really reaching out for the citizens' assistance in this area.

Going on, in terms of the particular roles of the New Jersey enforcement system -- as Captain Craparotta has indicated, we have a multi-tiered system. The local law enforcement agencies often work hand in hand with the county prosecutors; the investigations become intercounty; and, oftentimes the State Police are called in. When

investigations, which they often do, become beyond the State of New Jersey, then we get into the Federal agencies. We feel we have a pretty good integrated system now. Various resource cutbacks, and so forth, have limited it, but the spirit of cooperation is there, and the desire to do the job is there. I would say that in enforcement in the narcotic area that morale is high. The results are as high as resources will allow, but, certainly, the morale and the desire is there.

ASSEMBLYMAN HAYTAIAN: Captain, if I may-- Mr. Chairman, the Captain in his testimony has pointed out the different areas in the Narcotic Bureau, regions and what not, and one is the Tri-county Unit, and I assume that is the Tri-county Unit up in Warren, Sussex and Hunterdon Counties, that I am quite familiar with. There, if I remember correctly, we provided -- the Freeholders in Warren County when I was a Freeholder provided -- an investigator out of the prosecutor's office to be in that unit, and Sussex and Hunterdon did the same. There were a number of people, along with a State Police sergeant, I believe, who was in charge. Basically, there is where you have your local government providing the funds and the personnel with the State. How effective has that Tri-county Unit been?

CAPTAIN CRAPAROTTA: It is probably one of the most effective task forces that I know of, not because it is under my command and we run it. We do have good cooperation with every prosecutor's office. The local chiefs of police have accepted it. We presently have three Narcotic Bureau personnel, three State troopers from the troop, and local police officers from towns that only have three police officers, assigned because that subdivision has recognized a problem in their municipality, wants their person trained, and training "on the block" if you will. Now, he goes back a much better police officer. If you are still from that particular area, you will see the success by what is occurring in the papers everyday. They are really doing a good job there, sir.

ASSEMBLYMAN OTLOWSKI: Let's go back to the Attorney General's Office for just a moment. You heard the Captain in his testimony summarizing some of the things that should be done, and some

of the things that cannot be done because of the public attitude. From your point of view, what do you think are some of the things that should be done? What do you recommend to this Committee that they look at particularly, about some of the things that can be done? What can be done, for example, to hone up enforcement, from your point of view, from your vantage point, from your experience?

MR. CARROLL: Simply stated, we feel we need additional resource allocations, despite the fiscal constraints which are really saddling everyone right now. More resources would allow more flexibility, and, certainly, we could be more creative with more resources.

In terms of specific problems I have encountered, speaking on behalf of the Division of Criminal Justice, we feel that the present -- what I would characterize as a nationwide feeling in support of some rethinking of the application of the exclusionary rule--

ASSEMBLYMAN OTLOWSKI: The application of what?

MR. CARROLL: The exclusionary rule -- that is the rule in search and seizure cases. If there has been any disfunction in the conduct of the police officers who conduct a search, the evidence may be suppressed; that was a result of that. Oftentimes, there are technical insufficiencies and irregularities that occur, and the one factor that has not been included in the analysis of the application of the exclusionary rule, is the police officer's good faith. Everyone makes mistakes. Some mistakes that are made by law enforcement officers are made in the heat of very, very serious criminal investigations. Minutes, and sometimes seconds, are all that are available to make tactical decisions. There is no provision, at this point, for the good faith of a police officer to be facted in, in the determination of whether or not evidence is, in fact, available to be used in the prosecution against a person.

There has been United States Supreme Court consideration of this issue. They most recently wrestled with it in a case, Illinois versus Gates. They declined to reach that, but did give an indication that hopefully in the fall term they will address this issue. Further, there is Federal legislation pending which would make, as a matter of

statutory law, the availability of the good faith exception to the exclusionary rule. This is one legal aspect that we are very much in favor of, and I know the Attorney General has also spoken publicly to that effect.

The issue which was raised very early in this discussion about the ability of law enforcement to get the fruits of forfeitures from criminal activities, I think, is very significant. It would, I think, substantially aid our budgetary crisis, especially where monies--

ASSEMBLYMAN OTLOWSKI: Let's just stay with that. Those fruits, if they are pursued vigorously for confiscation, wouldn't that act as a discouragement to the great profits that are engendered by that whole--

ASSEMBLYMAN VISOTCKY: Well, they keep it anyway; the counties keep it anyway. The idea is to find out where it is funneled. I think that is the question.

ASSEMBLYMAN OTLOWSKI: Yes, but what can we do to intensify taking that property?

ASSEMBLYMAN VISOTCKY: We have the prosecutor of Bergen County riding around in a Corvette -- contraband.

UNIDENTIFIABLE WITNESS: Take their planes; take their boats; and, take their cars.

CAPTAIN CRAPAROTTA: Yes and no, Mr. Chairman. Yes, it would help us on our particular level with the resources we need, but as far as that major drug dealer is concerned, he went out and purchased that same airplane that we got at the Robbinsville Airport, that sat at Mercer Airport for about two years, and that same plane you will see, or DEA will tell us is being utilized again on another particular drug run. It is when we take the assets of that individual, when we invoke the RICO type statutes, in the continuing criminal enterprises, to take their real assets, the hidden assets--

ASSEMBLYMAN OTLOWSKI: Is that law being enforced, being pursued, being taken advantage of, so you are getting at those fruits effectively?

CAPTAIN CRAPAROTTA: To the best of our ability at this time, yes sir.

ASSEMBLYMAN OTLOWSKI: I think that is a terrific weapon.

CAPTAIN CRAPAROTTA: It is; it most definitely is.

ASSEMBLYMAN OTLOWSKI: Do you want to continue?

DIRECTOR GASSARO: If I could address that-- The particular legislation that is available under the RICO, the so-called "RICO Act," in terms of getting to the essence, that provides a whole civil methodology in order to obtain assets from it. But, quite frankly, before we get to that type of complex application, we have a forfeiture statute in our present criminal code that does not allow us to get the benefits, even on a much smaller scale.

ASSEMBLYMAN OTLOWSKI: Well, I don't care about you getting the benefits, but taking it away from-- If it goes into the county treasury, hurrah, you know? But, to take it away from the guy that acquired it with illegal monies?

DIRECTOR GASSARO: Yes. One of the things I know often hampers us in this area is that when we get to the level, which we occasionally do, of the importer, the manufacturer, the big money people, it is rarely solely an intrastate operation. Oftentimes, it goes to other states, and then we get involved with the Federal agencies and they, in turn, often will prosecute under RICO, and they will get the benefits. Yes, the ultimate target is being denied, the use of the fruits of his illegality, and in terms of viewing that as a deterrent, it certainly is there. Time will tell. We are talking about statutes that have been in effect, really in terms of the actual prosecution under them, for, say, the last five years. So, I think time will tell as to the deterrent effect of that type of profit denial.

ASSEMBLYMAN VISOTCKY: May I ask a question?

ASSEMBLYMAN OTLOWSKI: Yes.

ASSEMBLYMAN VISOTCKY: When you talk about these labs they have in cellars and in houses, what are we doing about that as far as alerting the public, as far as alerting the kids on the street -- like junior State Police, or something like that, or an educational program in our grammar schools, or maybe in our high schools -- some sort of incentive to the public? I have yet to see anything like that.

DIRECTOR GASSARO: At the risk of over generalizing, I would characterize that there is that type of small scale educational process going on. Our local departments pick up a lot of that; county agencies, and I know specifically Essex County has a program they call the "Speaker's Bureau," where they provide this type of education. But, one of the things, Mr. Chairman, that I would recommend, is this type of educational process, not only for children but, quite frankly, for adults. There are things happening right in very wealthy and well-to-do neighborhoods that just drip of obvious drug activity, and things are not being done.

We need the type of citizen input to alert us on that sort of thing, and we will take the appropriate action. It is an educational process for the public to learn what signs are out there. We are not talking about very, very small indicators; we are talking about pretty overt things. We had all types of cases in that regard.

ASSEMBLYMAN VISOTCKY: Just one more question. On the arrests, the total arrests for drug abuse, you know, they are very impressive, but how many are prosecuted?

DIRECTOR GASSARO: Out of how many that are arrested?

ASSEMBLYMAN VISOTCKY: Well, let's say like in Passaic County. They had 18,000 arrests in 1970; in 1982, they had 19,000. How many were actually prosecuted?

DIRECTOR GASSARO: Well, let me say this. Assume that the majority of those cases, which I think is a very fair assumption, were referred for Grand Jury action. I would further make the assumption that most of those cases resulted in criminal indictments being returned. That would, in my definition of prosecution, be a prosecution. In terms of how many ultimately are tried, it is a very small percentage. How many ultimately plead guilty is a much larger percentage. There are diversionary programs that are pretrial; for example, the Pretrial Intervention Program is a drug diversion program that exists. I really could not hazard a guess as to an exact figure, but I would say that taking the odd figure of 18,000, I would think that if we ended up with a full prosecution, a trial, and everything else, you might get 10%.

ASSEMBLYMAN VISOTCKY: You know, we stop and we sit here, and we listen to a lot of people speak, and I happen to like law enforcement, believe me. When you say that everybody is pleading "bleeding heart" because the prisons are overcrowded, is it the judge who is lenient, who says, "No, let's not put him in jail, let's put him back on the street. Let's say he goes to a methadone clinic?" He does not go to a methadone clinic. Before you know it, we have another robbery, maybe even a murder. Is there a laxity there, in your opinion? I am not chastising any individual.

DIRECTOR GASSARO: I would say that, in my opinion, certainly at the State level there is no laxity in our attitude toward drug dealers. We are all very much aware of all the related lateral matters that come from the drug problem. We seriously prosecute those whom we catch. The problem we have is sometimes of prioritizing, and that is factoring in the jail problem and everything else. We, at the State level, like to concentrate, if there is such a thing, only on the higher level of drug dealers. That is not always the case; you can't just go out and start punching in on an organization at the top level. You have to work your way up.

ASSEMBLYMAN VISOTCKY: Yes, but is there a "bleeding heart" faction that says, "Let's not put them in jail." You know, we don't want to see this. If I am going to sit here, and because someone else is just letting these-- You're doing your job, and someone else isn't doing his or her job--

DIRECTOR GASSARO: I would say, sir, no. In terms of "bleeding hearts"-- I would say, "no," there is no laxity in drug enforcement. There is no laxity in the attitude of drug law enforcement.

ASSEMBLYMAN VISOTCKY: Excuse me, I am not saying your branch.

DIRECTOR GASSARO: No, I understand that.

ASSEMBLYMAN VISOTCKY: I know I am putting you on the spot, and I don't want to put you on the spot, or any other individual.

DIRECTOR GASSARO: No problem.

ASSEMBLYMAN VISOTCKY: But, could that be part of the reason we have so many people back out on the street that should be incarcerated?

DIRECTOR GASSARO: Sir, I would have to say--

ASSEMBLYMAN VISOTCKY: I realize I am putting you on a spot.

DIRECTOR GASSARO: No, it's fine. I do not feel that there is a link in the system that a person can reach where he-- Let me restate that. There is no identifiable link that I am aware of where a person is going to gain by being involved in narcotics, as opposed to some other criminal activity, like, "Okay, a drug dealer is going to be treated lightly. He is going to get the open door policy." I think what results, again, because of the factoring of all these things, the jail situation, the prioritizing investigation, the resource allocation, is that the small-time drug dealer, drug possessor, drug user, oftentimes, because the system cannot take all the arrests, all the prosecutions that result at that level -- we sometimes have to prioritize those people and prosecute them, and the result may not be incarceration. Okay? The result may not be the type of prosecution that you might get in other areas of criminality, but that is not anything because of the type of crime. It is because of the overall factoring in of different criteria.

ASSEMBLYMAN VISOTCKY: How many of those same people who went up before a judge, or before a jury, or whatever the case may be, who were not incarcerated, came back for the second or third time? That is what bothers me. They keep constantly repeating, and nothing is happening to them.

DIRECTOR GASSARO: The recidivism problem, sir, is terrible. The issue of recidivism is a very severe problem; I confess that. I might add, though, there are, presently, statutory provisions that if properly enforced through the whole system, might assist in cutting that down a little bit. Take for example, in our dangerous drug legislation that exists already, our statutes, there is provision for a second offender to receive double the statutory exposure that he had.

ASSEMBLYMAN VISOTCKY: Are prosecutors accepting plea bargaining on a second or third offender?

DIRECTOR GASSARO: Yes, they are, again factoring in all the criteria.

ASSEMBLYMAN VISOTCKY: Is that right?

DIRECTOR GASSARO: Well, morally, in my personal opinion, no it is not right. But, as a matter of practicality, it is necessary.

ASSEMBLYMAN VISOTCKY: Why, are we afraid because our prisons are overcrowded? We'll build new jails, so what.

DIRECTOR GASSARO: Well, I'm in favor of that, also.

ASSEMBLYMAN HAYTAIAN: Mr. Chairman, while we have some law enforcement people here, although I know that is not the extent of what we are looking at, but this does come into it and does play a very important part in the drug abuse problem. Very simplistically, back in 1961, the late President Kennedy said, "We are going to go to the moon in the next decade," and sure enough we got there, whether it was by luck or by ingenuity, we got there. President Nixon said, "We are going to war on drugs." It seems as though we never got there. We did not solve the problem. We have an Assembly Committee here looking into the drug abuse problem in the State of New Jersey. Given five steps that you think this Committee can pursue to help in the law enforcement end of the drug abuse problem, what are those five steps that we can go into, may it be legislation -- and be specific in that type. I don't know if your written testimony has that, but I think to wrap up your testimony, and that type of testimony, what steps can we take, what are you suggesting? Was it the RICO rule you mentioned? Isn't that Federal legislation, or is that State?

CAPTAIN CRAPAROTTA: We have State also; it is State and Federal.

ASSEMBLYMAN HAYTAIAN: State also, all right. Give us an idea, you know, what can we do as an Assembly Committee?

CAPTAIN CRAPAROTTA: One of the, if I may from a State perspective, I would think that one of the big areas is resources, as usual. When we had LEAA from a Federal level, we had those block grants that everyone else talked about. That is where most of our electronic equipment came from -- our surveillance equipment came from. We look at our marine situation, and how are bulk seizures

coming in. That may be another area that has to be looked at, and some sort of steps taken to bolster it. The law that we already considered having, and that the Assemblyman is speaking of with the confiscated assets going back to everyone concerned with this problem, because I review everything. Drug enforcement has been my life for nineteen years. I review the Federal strategy; I agree with this year's Federal strategy. I do see some positive things coming through it, but there are three main things. We in enforcement in the criminal justice system, and I will take it as a whole, can do our job, and we can factually identify a problem in a person, whether he is this dealer, or whether he is this user over here. There has to be corrective areas, whether it be correction, or whether it be rehabilitation. I am for all methods of treatment modalities. At one time, like George Gubar, who is a good friend, I would like to see everyone drug free but, as John Brooks says, "Methadone does have its place with certain people," and we deal with them everyday on the block.

To me, the real answer for this entire problem is education, education on every level, and start with "K." Beyond "K," that two-year old who is watching mommy and daddy take his or her drink every night. That is the person I have the problem with, who I have seen grow up in nineteen years of working on the street. With Jimmy from New Brunwsick at lunch today, we talked about some of the same people I worked on in 1969, who are still there doing drug abuse. I have been listening to and watching the Middlesex prosecutor's office strike force come out with a wiretap investigation where an attorney was involved, and another individual by the name of DeBonis, who was an individual we identified in 1965 or 1966, and worked on since. Those persons who are presently abusing, we have to treat, and hopefully the maturity rate, which is something else we see, will take care of them.

We have to concentrate on those young levels in the educational process, using a very rigorous State Department of Education program, or a local law enforcement program where you have Charlie, the police officer, come in and get this across to those children.

ASSEMBLYMAN HAYTAIAN: So, what you are saying is, and I don't want to put words in your mouth, but would you recommend to this Committee that a bill be prepared that would require drug education be taught at a certain level in the career of every school child in the State of New Jersey?

CAPTAIN CRAPAROTTA: We basically have that. I would think that we would have to enhance that particular thing, as all of these other gentlemen said earlier from treatment, and Mr. Russo. Many years ago when Dick and I, and Lou Bowser, Lenny Iatesta, Tom Kenny and so on started in drug enforcement, there were no professionals. The teachers who may be teaching it today may not have the expertise they really need to give to that individual. I would think that something President Reagen does not want to address nationally, we might want to look at here in the State, some sort of a "drugs are," if you will, or a "drugs are" committee, to coordinate all the efforts of every one of these eight points that could be identified, so that we can look at them and say, "This is where we are going to put our priorities or our resources," and make sure that, yes, we are getting quality from each and every one, as opposed to Jimmy doing his thing, me doing mine, Dick doing his, and so on. We would have a very coordinated effort.

I think we are trying to do that ourselves, but we have no teeth. NJNUA is made up of police officers, attorneys, physicians, rehabilitators, thirteen or fourteen hundred people, who try to get together to do exactly what we are discussing right now.

ASSEMBLYMAN OTLOWSKI: Excuse me, Captain. I have great respect for all of you, and I want you to know that. But, I get frightened when people start talking about education solving all of the problems. In our educational system we are having problems with some of the kids not being able to read or write.

ASSEMBLYMAN VISOTCKY: They know how to smoke.

ASSEMBLYMAN OTLOWSKI: You know, if you are going to take that route -- that is not such a promising route. So, I do not think the answer is that simple in education, because we are having problems in that area, of course, that sooner or later have to be addressed. I hate to think, as the distinguished member from the Attorney General's

Office pointed out, and as Assemblyman Vistocky tried to elicit-- You know, the fact of the matter is that the system is so overburdened that it is breaking down. Judges are crying that our whole judicial system can't cope with the problems we have.

I am just hoping, you know, that you guys who are so close to this problem are not carried away by euphuistic expressions like education, or professionalism. We have all the professionalism in the world, more now than ever, and the problems are getting bigger. The only thing we are doing is spending more money on professionalism, and the problems are getting bigger. Commissioner Russo pointed out that we are catching up on some of the things, that we're learning as we are going along. But, here is a problem that is getting bigger and bigger, and almost snowballing in its growth and, in the meantime, we are having guys come out better educated, better trained, and the problem is still getting bigger. If we start emphasizing education and professionalism, I don't think we are going to get to the core of this problem.

ASSEMBLYMAN HAYTAIAN: Mr. Chairman, I have generally agreed with you many, many times on this Committee, as you well know. But, in this particular case, based on my experience with my own children coming home from school, I have to disagree with you on the fact that it is not a simple approach. Education, I think, is the approach to solve the long-range problem. I do not think we are going to solve it by building more jails and putting people in there, because it is almost an unsolvable situation with those who are already addicted. I think we learned that today. We have been hearing that over and over. But, I think the future of our State has got to be in the educating of our youth in the drug-related problems that will be caused in their future lives.

It is a long-range solution. I think one of the things we are going to learn -- I think we have learned already as indicated by our quick discussion -- there is no quick fix to this problem. There is no fix with money for this problem. But, the long-range fix, in my estimation based on experience, has to be education. I think if we pursue that as Committee members, whether it be in separate legislation

or with the Department of Education, I think we will provide and do a service to our State maybe ten years from now in solving some of the problems that we cannot solve today. I really believe, truly, that if we do not educate our youth, and we do not educate our seniors, and our parents, we will never solve this problem.

CAPTAIN CRAPAROTTA: Mr. Chairman, not to be taken out of context, sir, but you will see in my statement in the last four lines of the preface, "Only after the problem has been properly identified and addressed, can the cooperative efforts of our criminal justice system totally, our corrective rehabilitation and other methods of education stem the demand which will in turn diminish the supply," because I do not think there are enough people in enforcement capacities, including our armed services, that can stop the drugs coming into our great nation, because of its vastness, and because of the liberties we enjoy, sir.

ASSEMBLYMAN OTLOWSKI: In any event, the point that I make-- I am not going to get into any kind of a debate here; that isn't the purpose of the hearing. I just wanted to stress that so that no one is carried away by any single kind of an approach to this. Obviously, as this hearing goes on -- we were talking about it at lunch -- it gets more frustrating, because every time you put your hand on what you think is an answer, it isn't there. It becomes very allusive, and it disappears.

So, what I am doing is, I am just putting up some red lights. I just want you to stop for a moment when I put up the red lights. I am not here to bad mouth any particular facet of our society or the people who are involved in this, or, as a matter of fact, to belittle the efforts of education. John said something when I asked him, "Do we have to get St. Luke to do the job over again?" He said, "You'll probably have to talk to the 'Big Guy.'" Well, if the problem gets so bad that only the "Big Guy" can solve it, then maybe it is beyond us. But, in any event, I just want to put these red lights up so we are not carried away from time to time. Okay?

I think you know what you have said here, of course, just adds to the total problem as we look for answers. I just want to give

the guy who has a nice ring to his name a chance, Solesky, I think his name is, from the City of Paterson Police Department. Commander Solesky, would you like to add anything to what was said here today so we can get the benefit of your thinking?

COMMANDER SOLESKY: Thank you, sir. Most of what I had to say was very beautifully and succinctly covered by Captain Craparotta. The main thrust is that I would suggest the revamping and streamlining of forefeiture procedures and an equitable redistribution. Although at any jurisdictional level all resources are stretched very thin, at the local level of enforcement my problems become magnified. For example, if Captain Craparotta at the State level had ten surveillance vehicles he could move around at will all over the State, chances are they would not be burned out, meaning recognized very readily. However, at the municipal level, if I have two or three, and the boundaries of my jurisdiction are that 8.4 square miles, the people who have to know, namely the drug dealers, make it their business to know in a very short time. Again, at the local level, with money, which makes everything go around, buy money, or purchase of information money, or money for control buys, or undercover buys, there is a very direct correlation at the local level to our success in the rate of enforcement.

I think given the resources we have at hand, and the manpower I have, the squad has done an admirable job. We average about 1,200 or 1,300 arrests--

ASSEMBLYMAN OTLOWSKI: (interrupting) The manpower you have, let's just stay with that. In many local areas, it is very difficult even to get guys in the department to come into the narcotics squad, because it is such a demanding thing on their personal life, and on their families. Do you find problems with that?

COMMANDER SOLESKY: None whatsoever, Mr. Chairman, not in my outfit. The morale is very high; the dedication level is there. My second in command is here, the Night Squad Commander, and I'm sure he would voice the same opinion. Our main problem is that of resources, mainly money. By way of illustration, we were all talking about revamping the forfeiture and equitable redistribution of funds. As the attorney indicated, right now they go to the entity funding the

prosecution, which for our purposes is the county. In the year 1982, the Paterson Vice Squad confiscated roughly $250,000 street value in drugs, and $61,000 in cash, which was turned over, as per law, to the prosecutor's office. The entire total of confiscated cash funds which was turned in to the county was $92,000. So, we contributed two-thirds of what was in there. As I said, we find a very direct correlation between the funds we have on hand to expend for the purchase of information and for controlled purchases of drugs. Because of the small scale, we have to rely on that as a tool, whereas on a larger scale, when you are dealing all over the State, you might employ other techniques, such as undercover people. We are fourteen men on my squad and, as I said, in a very short period of time every man's face, and probably his name and address, and his shirt size, are known to the people who have to make it known.

Our problem is resources in terms of surveillance vehicles and money. I think some of the bills that have been introduced -- I heard some of the gentlemen refer to one earlier. I think Senator Graves from Passaic County has also introduced a bill that would more equitably redistribute confiscated funds, which are the essence. They are the life blood at the local level of enforcement, because of our small scale.

ASSEMBLYMAN OTLOWSKI: Let me ask you this. To summarize the position from where you are coming in law enforcement, are there some specific things you would like to recommend to the Committee, aside from the fact you think the confiscated property and money should be more directly funneled to law enforcement, rather than the way it is presently being handled? Obviously, I'm taking it that you favor the intensification of treatment. Do you think that is helpful to the total program?

COMMANDER SOLESKY: Certainly. I feel the treatment, the education and everything are helpful and have value but, no pun intended, I sincerely believe that ounces of enforcement are worth pounds of cure, if we can handle it at the supply end. I think it is going to take a great deal of reeducating of the public because of the psychology of social acceptance. It is being winked at by our celebrities and glorified by our sports figures.

ASSEMBLYMAN OTLOWSKI: When you are talking about enforcement -- I think the Captain mentioned this -- enforcement is a big job and really it involves the Navy, the Coast Guard, all of the Federal forces, and all of the State forces, because you are dealing with nations now that are making this their chief business. They are pushing this stuff for the dollar.

COMMANDER SOLESKY: Oh, there is absolutely no doubt about it. It has its correlation in enforcement because of the greed or profit motive in dealing with it. The people who cooperate do not lend us their services free. They are also looking for the dollar. I do not feel that in my lifetime we will ever completely suppress it; we can only hope to displace it. Because of the intensity that we can examine the problem with at the local level, going along the lines that Captain Craparotta is talking about, tri-county type things, where there is intensive information sharing and intelligence gathering, I think that concerted effort will be more fruitful if we have more intensity at the very lowest level, which is my municipal level.

ASSEMBLYMAN OTLOWSKI: Let me just ask the Director of the New Brunswick Police Department a question. From your point of view, the county seat, and your close relationship with the prosecutor, do you have anything you want to suggest at this point to this Committee?

DIRECTOR GASSARO: I could probably only reiterate what Captain Craparotta and the other gentlemen from the enforcement area stated. I do not think we should cut the level of treatment or the money available for programs; they are definite musts. I can't see us cutting back on treatment, because by cutting back on treatment you are only putting the same individuals back on the street, back into drug abuse and committing crimes on local society, which does cost us tremendous amounts of money, if you analyze it. I think education is also, not the absolute answer, but it is another helpful tool.

ASSEMBLYMAN OTLOWSKI: It is one of the facets.

DIRECTOR GASSARO: Yes, it is one of the facets. We need coordination of law enforcement efforts, more funding -- we could go on and on, but I think what we are doing here today is probably one of the giant steps, identifying some of these things, talking to people from

different disciplines and finding out what we have to offer. This is very important.

ASSEMBLYMAN OTLOWSKI: Let me just stop you there. One of the things that Assemblyman Visotcky told us secretly when we were upstairs for lunch, was the fact that, you know, there are a lot of people now who do not want to talk about the problem. That kind of ignoring the problem, of making believe that the problem does not exist, or not even recognizing the problem, is a frightening thing of itself, because this is what the Captain was talking about.

DIRECTOR GASSARO: That is a very valid point, Mr. Chairman. I think that when we look at the proportion of the problem that we have identified today, it is perhaps because we have been out there examining it, investigating it, looking at it, and not brushing it under the rug. There are some communities in the State of New Jersey which do not like to admit that they have a drug problem. I know of some police departments which don't even have drug units in their departments.

ASSEMBLYMAN OTLOWSKI: For their information, it is all pervasive, as we said before. This is not a poor man's problem, not a rich man's problem, not a middle-class problem, it is an American problem, and a serious one.

I want to thank all of you. I know you fellows have been very patient and very helpful. If I annoyed you in any way -- I know I annoy Chuck, but he has to respect that from me.

ASSEMBLYMAN HAYTAIAN: I think ultimately we all agree.

ASSEMBLYMAN OTLOWSKI: In any event, we are very, very grateful to you, and we may call you back later on. We may want you to help us clear up some of the points that were made. Thank you very, very much.

Now, there is a Mrs. Joyce Pressler, who is in a hurry, and who has a personal story to tell. We'll hear that story now. We hope, of course, that we can make you feel comfortable and at ease. If you do not want to use names, don't use them. If you do not want to give any further identification, the fact that you are here is enough. What is the problem you want to call to our attention?

M R S. J O Y C E P R E S S L E R: It is more a situation than a problem. I hope to approach you from three different aspects. First of all, as one who feels like a much overburdened taxpayer. If I were speaking to you two years ago, I would feel that drug addicts were not a very sympathetic cause, and should really be separated from society at the cheapest price to the taxpayer. Because of personal situations, I have come to find out that a certain program does that, Discovery House. That program is the only State-owned and operated program of its kind; it is a residential, therapeutic community.

I have had problems with my son on and off and, unlike what most people think a drug addict would appear to be, a long-haired hippy who is inarticulate and can't hold a job, that was not the case. So, like most of society, it was very easy for me to turn my back on what I did not clearly see, and it was easy for me to assume that, "Well, most of the kids today experiment with pot. It's a phase and he will outgrow it." This was not the case. It was not until after three or four years of family disruption, disruption of my own professional life, constant anguish and worry and guilt trips, and wondering and second-guessing myself, that I finally recognized the very painful fact that my son, although he presented a very personable and nice appearance, was, in fact, a drug abuser. Leading that life had related skirts with the law, and caused embarrassment to my younger son, my daughter and myself. There were constant uncertainties every time he wasn't home on time -- "Am I going to get a phone call from a police station or what?"

Finally, after doing everything I thought I could do, I realized I could not handle the problem myself, and neither could my son, so I looked into some programs. At the time, my son was incarcerated, because for the first time in a good number of years, I realized that paying the bail and getting him out was not the solution.

ASSEMBLYMAN OTLOWSKI: How old is your son?

MRS. PRESSLER: He is twenty-five now. He was twenty-four at that time.

ASSEMBLYMAN OTLOWSKI: At this period you are talking about?

MRS. PRESSLER: Yes. During the past few years, it seemed, well, pay the bail, put him into private therapy and hope, say a few prayers, and keep tabs on him. Well, that doesn't necessarily work. For the first time I realized that paying the bail and getting him out was not the solution. Until I became resolved to that in my own mind, he sat in Morris County jail.

ASSEMBLYMAN OTLOWSKI: Excuse me. Did your son receive treatment while he was in prison during these interim periods?

MRS. PRESSLER: No, they were basically waiting-- Well, at one point he was sentenced to six months in Caldwell.

ASSEMBLYMAN OTLOWSKI: But, in that six months he received no intensive treatment?

MRS. PRESSLER: No. He served that time, which turned out to be two months.

ASSEMBLYMAN OTLOWSKI: Where did he ultimately receive treatment, if he did?

MRS. PRESSLER: At Discovery House. It was during his--

ASSEMBLYMAN OTLOWSKI: Discovery House is in Marlboro, isn't it?

MRS. PRESSLER: Yes, it is a State-run program. What I did while he was sitting in jail, because I did not pay the bail, was look into the residential treatment programs available.

ASSEMBLYMAN OTLOWSKI: What is the point you want to make about Discovery House?

MRS. PRESSLER: Discovery House, after I investigated, turned out to have the reputation for the hardest program in the State. It is an eighteen-month program. You can't turn around and take a habit that has taken years to develop, and all of a sudden in two weeks, or two months, wash it away on a permanent basis. I feel that an eighteen-month program is valid.

Discovery House also provides something that many other programs today have complained that they can't quite obtain. In order to graduate from Discovery House, the individual has to have a savings account--

ASSEMBLYMAN OTLOWSKI: (interrupting) Let me ask you this question. Is Discovery House being discontinued?

MRS. PRESSLER: No, at this point it is not being discontinued.

ASSEMBLYMAN OTLOWSKI: Was there a cutback?

MRS. PRESSLER: Minimally, but the problem is that each and every year there is a horrible fear about whether or not the funds will be available. For instance, my son entered the program at the beginning of April, on a Monday. I was told that if I came down that Wednesday, I would hear about the program. That Wednesday, one of the staff people said there was a chance that the program might not remain the same.

ASSEMBLYMAN OTLOWSKI: But, in any event, the point that you want to make, as I understand it, is the fact that you have a very high regard for the results that Discovery House was able to achieve, and you have the fear that something may happen to Discovery House where it will be cut back. Is that what you are telling us?

MRS. PRESSLER: That is part of it, but I also think that rather than having everyone panic about the ideas of possible cutbacks and such--

ASSEMBLYMAN OTLOWSKI: Panic about what?

MRS. PRESSLER: Panic about cutbacks, and this type of thing. If all the State entities who are involved in drug treatment, or related interests, were to pool their energies, pool their expertise, and pool some of their funds, I think the same total amount of dollars that are spent could service more people, and Discovery House could be a model of that. Discovery House cost less money per client to operate than some of the other programs. They provide services that some other programs had problems with.

ASSEMBLYMAN OTLOWSKI: In any event, what you are doing, as I understand it, and there is nothing wrong with it, you are making a case for Discovery House. Is that right?

MRS. PRESSLER: A case for Discovery House in particular, and the concept of your not changing residential treatment programs in general.

ASSEMBLYMAN OTLOWSKI: I think you have made your point. We appreciate it, and I'm sure the Committee is going to keep that in

mind. I just want to tell you, you have a lot of sympathy about Discovery House on the Committee, from what I have heard. Thank you very, very much. May we hear from Thomas Savage, please? Tom, please tell us who you are, and identify the institution you are with, so we will know where you are coming from.

T H O M A S B. S A V A G E: I am Tom Savage, and I am an employee of the Department of Corrections. The written data you have is reflective information--

ASSEMBLYMAN OTLOWSKI: Tom, without looking at the data, you are with Jamesburg particularly?

MR. SAVAGE: I have worked in most of the institutions for the Department of Corrections, but at this point I work at Jamesburg, yes.

ASSEMBLYMAN OTLOWSKI: So, you are working in Jamesburg. In Jamesburg you are dealing with adolescents, is that so?

MR. SAVAGE: Yes, sir.

ASSEMBLYMAN OTLOWSKI: From where you are coming from, from Jamesburg, and dealing with adolescents, what do you see there that would be of interest to the Committee with regard to the problem adolescents now have with drugs, how that is being approached, and whether there is something that has to be done to hone up on that approach, refine that approach, or is there a better way of approaching the problem? Has the drug industry pervaded these institutions, where people are put into these institutions, but are not made drug free because the supplies are made available to them while they are in the institution? May we hear something about that?

MR. SAVAGE: May I ask you a question?

ASSEMBLYMAN OTLOWSKI: Yes.

MR. SAVAGE: When you say the drug industry, are you referring to the community, or do you want me to specifically--

ASSEMBLYMAN OTLOWSKI: No, I'm talking about this big, horrible, nefarious business that, you know, is making billions of dollars, where foreign countries are depending on their dollars from selling opiates. This is what I'm talking about.

MR. SAVAGE: I would have to agree with the gentlemen who were here before from the police departments. I assume that one of the captains was a State Police captain. I would also agree that education and programming for juveniles, juvenile families and things like that, would probably be the long-range resolution to this type problem, in accordance with other methods that may be used. (Hearing interrupted at this point due to malfunctioning amplifying equipment being used.)

ASSEMBLYMAN OTLOWSKI: I think we are now resettled to cope with this particular problem. Will you speak up a little louder please, Tom.

MR. SAVAGE: Could I ask you to do me a favor?

ASSEMBLYMAN OTLOWSKI: What?

MR. SAVAGE: Would you restate that question?

ASSEMBLYMAN OTLOWSKI: I said, from your position, and from the wide experience you have had -- you know, by what you said yourself, that you have been associated with Jamesburg where adolescents are kept -- from the point of view of adolescents, how pervasive is the problem of drugs? Does it get into the institutions? Even when these kids are incarcerated, are drugs made available? Can you enlighten us about that? If the situation does exist, what suggestions do you have for coping with it?

MR. SAVAGE: Well, as reflected in the document I gave you, as far as drugs being a problem with adolescents and the individuals we have at Jamesburg-- I believe that document reflects approximately 67%, and this is data we can verify. Sixty-seven percent of the juveniles that have come into the Reception Unit at Jamesburg since January 1, have some form of abuse problem, alcohol and drugs, drugs, alcohol, whatever. The term polyabuser was used earlier today, and I think that is an inadequate term to use in relation to the problem we have with juveniles.

As far as drugs in the institutions, I think it would be foolish on my part to say that we do not have a problem like that. Most institutions have farm details, work details, or whatever, so there is a problem. I could not estimate to what degree, but there are occasions when we do have that problem.

ASSEMBLYMAN HAYTAIAN: If I may, Mr. Chairman. One of the problems we have heard about today that bothers me -- and, again, I want to repeat I am not naive, at least I don't think I am -- maybe I am, but I don't think I am -- is that people who have been incarcerated, whether they be adolescents or adults, seem to have the ability to get drugs in our correctional institutions. Now, that is what I heard today. Is that true?

MR. SAVAGE: Yes, sir.

ASSEMBLYMAN HAYTAIAN: It is true?

MR. SAVAGE: Yes, sir.

ASSEMBLYMAN HAYTAIAN: What is the problem?

MR. SAVAGE: Well, what I just said was there are various ways that drugs can enter the institution, through other inmates, through visitors, through family members. At times it can be very difficult to prevent that, particularly, let's say, on visits from family members. It is very difficult to get a search warrant and attempt to search everyone who comes into the institutions. A lot of the major institutions, like Leesburg, Bordentown and Jamesburg, are all open institutions where they have large farm details; they have large areas to cover. People from the community could drop drugs off anywhere, you know, leave them, and then they could be picked up in small amounts. In my experience in the institutions I have been involved in, the people do the best they can do to try to prevent that. I mean, they have had arrests; they have had internal affairs units that attempt to stop that. But, when you are talking about 10,000 people, and maybe you're talking about -- oh, I really don't know how many -- maybe a couple of dozen people who work in all the institutions in internal affairs, it becomes a very insurmountable problem. It is very difficult.

ASSEMBLYMAN HAYTAIAN: I guess the problem I have is that if part of the answer is incarceration to stop the use of drugs, and they can get drugs in an incarcerated place, what in the world are we doing?

MR. SAVAGE: Well, if I may address that--

ASSEMBLYMAN HAYTAIAN: Yes, it's very important that--

MR. SAVAGE: It is not to the degree that you seem to think; at least, that is my opinion.

ASSEMBLYMAN HAYTAIAN: Well, I heard from a former inmate, John Brooks, and he said it is no problem at all. I think those were his words, "It is no problem at all to get drugs anywhere you want."

MR. SAVAGE: Anywhere you want, in the community-- It does happen in corrections.

ASSEMBLYMAN HAYTAIAN: Oh, no, he meant in prison too, because he said he spent thirteen years in prison.

MR. SAVAGE: Well, I've worked in corrections for fourteen years. I am not necessarily saying I agree with everything Mr. Brooks had to say.

ASSEMBLYMAN HAYTAIAN: I do not know if they are true, but those statements were made and, if they were made, I have to assume he knows what he is talking about. He was there, I wasn't.

MR. SAVAGE: I am.

ASSEMBLYMAN HAYTAIAN: And, you're saying that that is not true?

MR. SAVAGE: I'm saying I do not believe it is to the magnitude that you perceive it.

ASSEMBLYMAN HAYTAIAN: Okay.

MR. SAVAGE: Okay, that is what I am trying to allude to. It happens, it happens on specific occasions, but I do not believe it happens to the magnitude that you perceive it as.

ASSEMBLYMAN HAYTAIAN: Okay. So, what you are saying is, we can correct the situation for those who have to use drugs by preventing some of those people from getting drugs while they are incarcerated. Is that what you are saying?

MR. SAVAGE: I'm not sure I understand the question.

ASSEMBLYMAN HAYTAIAN: Well, I guess I am not understanding what you are saying at this point, because I have a little bit of a problem with the fact that if we are putting people in prison, and they have the ability to get drugs while in prison, then we are wasting our money putting them in there. That is what I think the whole thing boils down to. Are we wasting our money and our time putting them in prison?

MR. SAVAGE: Well, that is a question, I think, that goes beyond my scope.

ASSEMBLYMAN HAYTAIAN: Okay. Well, that's what bothers me now. You see, part of the reason for this hearing was the impact of funding reductions. All right, that's in the programs, not in the corrections area, not in the penal institutions. But, you know, I have a problem. If you put people in jail, you're hoping to solve the problems of society, but if you put them in jail and they have the ability to get drugs as though they were still on the street -- and that may or may not be a simplification of the situation -- then, why in the world are we putting them in prison? What don't we get a prevention center, and try to treat them at the prevention center, give them the methadone, keep them there, try to solve their problem, and then put them back in society?

MR. SAVAGE: That is an alternative.

ASSEMBLYMAN HAYTAIAN: Well, maybe that is an alternative we ought to talk about and pursue, rather than talking about putting people in prison, not educating them, or trying to educate them halfway, because that is really what is happening now, based on what I am hearing. It seems like a halfway situation. You can never win a war when you go halfway. It is either all out, or forget about it.

MR. SAVAGE: That's true; there is no disagreement there. I would just like to say, again, that I think you perceive the problem-- A prisoner in an institution in the correctional system is reflective of the society these people have come from. The problem we are talking about here today is a societal problem all over, as you have discussed, from the poor people right to the rich people. It is just that those institutions are reflective of that. You know, people are going to devise ways, contrive ways, and I'm talking about the fact that drugs have to get in. They generally get in from the public, from the people who are not incarcerated. I mean, they don't grow.

ASSEMBLYMAN VISOTCKY: Well, what is being done to prevent them from being brought in by the public? Let's not talk about it, what are we doing about it?

MR. SAVAGE: Like I said, they have internal affairs units in each one of the institutions.

ASSEMBLYMAN VISOTCKY: I'll tell you, I'm very disappointed when I hear this. Do you represent the Corrections Department, or just Jamesburg?

MR. SAVAGE: Well, I was asked to come here to draw a correlation between drugs and the effect the drugs have in relation to corrections, which I did in that document.

ASSEMBLYMAN VISOTCKY: Where does it say in the document that you are treating them with methadone, or treating them-- Is there anyone being treated?

MR. SAVAGE: No, no, corrections doesn't have that. Corrections doesn't have any methadone or chemical treatment. What I did was--

ASSEMBLYMAN VISOTCKY: Then, do we have a drug problem or not?

MR. SAVAGE: What I did was compile statistics reflective of what we have seen since January 1 to tell you how many of the individuals in the system have come in for drug-related problems. I guess it would be in conjunction with what these other people have said, that it is a massive problem.

ASSEMBLYMAN HAYTAIAN: What bothers me, continuing with what Assemblyman Visotcky was saying, is that the law enforcement people say you can take the Army and the Marines and all of our law enforcement, and you can't stop the inflow of drugs into this country. So, it seems as though we can't stop that. Then I hear Mr. Brooks say it is just as easy to get drugs in prison as it is out on the street, and we can't stop that. And, we can't stop the guy on the street from getting it to people who want it. Can we stop anything in this situation? That is what is bothering me now. After five hours of testimony, it seems that we can't solve this problem.

MR. SAVAGE: The only way I can envision it being solved is by what you suggested earlier today. I mean that, sincerely. The people have to stop it. It is such a large problem, of such a large magnitude, and involving a lot of big money, and unless the people are willing to stop it, it won't stop. I think the way you suggested this morning is the way to go about it. I would agree with you 100%.

ASSEMBLYMAN VISOTCKY: I think it is obvious that I don't think the Corrections Department is really prepared to testify before this Committee, because if you're telling me that with 200 or 300 people in one institution you can't get a handle on something, as opposed to our law enforcement officers with millions of people -- you can't compare the two, because it is apples and oranges.

L O R E T T A O' S U L L I V A N: (accompanied Mr. Savage at hearing) That's not true; that's not true at all.

ASSEMBLYMAN VISOTCKY: What is the truth? We are talking about people with drug-related problems in correctional institutions, right? We are asking what type of program do we have for them, and you said we had nothing. Well, where is it?

MS. O'SULLIVAN: Are you talking about the adult prisons?

ASSEMBLYMAN VISOTCKY: Both. We were talking about adult prisons there with Assemblyman Haytaian.

MS. O'SULLIVAN: We have programs; we do not give them drugs or methadone. Tom did not say we do not have programs. We have programs, but we do not give them--

ASSEMBLYMAN VISOTCKY: Well, I don't hear of any, I don't see any.

MR. SAVAGE: But, you asked -- I got the impression--

ASSEMBLYMAN VISOTCKY: What is the program?

MS. O'SULLIVAN: Cottage #4 is a program; Cottage #5 is a program, which Tom can explain to you.

ASSEMBLYMAN VISOTCKY: What kind of a program?

MR. SAVAGE: Treatment programs. These are not prevention programs. I was asked a question about prevention. I do not have the expertise myself in relation to law enforcement's prevention. I was asked to present the type of problem that the kids coming into the institution present for us as far as treatment goes. The document is reflective of that. It does not reflect prevention in relation to bringing things into and out of the institution. You would have to get a law enforcement person, or I would suggest that you have someone like that come in to testify. This is strictly--

ASSEMBLYMAN VISOTCKY: It is our impression that that's what you are here for.

MR. SAVAGE: No, I was asked to come about treatment. These are treatment issues that I have presented, and these are the kids we are trying to work with. I think it is reflective of what they are trying to do in society.

ASSEMBLYMAN VISOTCKY: How do you treat them?

MR. SAVAGE: Basically, we try to come up with programs that are similar to some of the things they do in a community. Thirteen years ago I worked at Discovery House, and I wrote and designed the program that is now used at Bordentown and Jamesburg, which is a quasi-therapeutic community. You use ex-addicts, social workers, psychologists, and counselors, the best we can do for that setting, and mold it within the correctional system. So, we are attempting to work with the problem and resolve it, as we basically have a captive audience. Those kids are there.

ASSEMBLYMAN VISOTCKY: What do you do when you have a person with a real drug problem, a heavy drug problem?

MR. SAVAGE: Well, we do not get anyone who needs to be detoxed. We get those who come in who have already been detoxed.

ASSEMBLYMAN VISOTCKY: I don't say necessarily someone who needs to be detoxed. I mean someone who is pretty heavily into drugs. I see you have some here.

MR. SAVAGE: Yes, we do have some people who come in who are reasonably involved in drugs.

ASSEMBLYMAN VISOTCKY: What did you do for the five you had in January? I see an increase up to the end of June. You had five in January, and fourteen in June.

MR. SAVAGE: What we've done is, we have created a program in building Cottage #4, which is very reflective of the program the lady was talking about prior to my being here, Discovery House, where we use a lot of counseling, a lot of groups, psychological intervention, vocational rehab and school. We push the kids to try to better themselves prior to being released.

ASSEMBLYMAN VISOTCKY: Do you do anything in the institution as far as cooperation with the Department of Health?

MR. SAVAGE: Some. We used to do more. That is how I got started, I worked for the Department of Health at Discovery House, and designed the programs at Bordentown and Jamesburg. Once the correctional system got these two programs going, we tried to do the best we could do. There are some referrals, some contact back and forth, that type of system.

ASSEMBLYMAN HAYTAIAN: Tom, what kind of success ratio do you have in your programs?

MR. SAVAGE: The program initially started back in 1972; we went from 1972 to 1976 when it was discontinued at Jamesburg. We just reinitiated the program at Jamesburg within the last four months. When we discontinued it, it was a SLEPA grant, and we used to have to do follow-up for a year. When we did the closing of that program for the SLEPA closing, the percentage was approximately 60% of the kids stayed out of trouble for the year that we did follow-up. Once they got paroled from Jamesburg to the time we ended follow-up, which was approximately one year, about 60% of those kids were doing okay.

ASSEMBLYMAN HAYTAIAN: Which is better than what we have heard in some other areas.

MR. SAVAGE: Yes. Now, I can't say that six months after we stopped follow-up they weren't in trouble again, but I'm saying that for the year we were working with them -- and I think that is an aspect that is important -- we worked with them after they got paroled. They knew us, they trusted us, and there was a bridge. It seemed to work well, but it discontinued in 1976.

ASSEMBLYMAN VISOTCKY: On the first page of your document, it says, "State prison complexes have no formal program process."

MR. SAVAGE: That means treatment programs. They have social workers who do counseling. I'm talking about programs such as the ones in Bordentown, where there are actually housing units designated for substance abuse. The prison complex, to the best of my knowledge, uses social workers and psychologists to work individually and in groups.

ASSEMBLYMAN VISOTCKY: Is that a way of treating it?

MR. SAVAGE: That is one way of treating it. Right now, as reflected in Mr. Brooks' statement, with about 8% or 10%, you do the best you can do. It is a very difficult problem.

ASSEMBLYMAN VISOTCKY: That was outpatient, not inpatient. It's a big difference; you have all inpatients. That's 74%. I don't think we can hear really from Corrections as far as the prison population is concerned, unless you are prepared to show us something, or hold it for the next time.

MS. O'SULLIVAN: When David called, he asked us to show a correlation between crime and drug abuse, and everyone here today has substantiated that there is such a correlation. Tom came in, since he is familiar with the programs for the youth places, and we thought he would be able to handle the whole thing. Your questions about drugs coming into the institution -- now, if we have five people coming in, out of those five, maybe one of them will be able to sneak something in. It is not as though everyone who comes into the institution is able to do it. And, we do catch people, and they are all prosecuted. It is going to continue to be a problem. It is not a question of the officers being derelict in their duties. As Tom indicated, at Jones Farm we have places where people just throw things over the fence and it is all ready to be picked up. They put it in parts of their bodies; they put it in parts of their childrens' bodies. They pour out the substances in cans of juice and put in alcohol. We have metal detectors, all kinds of things.

ASSEMBLYMAN VISOTCKY: You know, if we cannot really correct the problem in our correctional institutions, how do you expect us to do a job with the public?

MS. O'SULLIVAN: They are the public.

ASSEMBLYMAN VISOTCKY: No, the public at large, who are not confined to an area.

MS. O'SULLIVAN: But, it is the public who is bringing it into the institution.

ASSEMBLYMAN VISOTCKY: But, if we can't police that, something is wrong. Something has to be done; that is what we are saying. You know, when we have to hear from a law enforcement agency that 75% of the inmates are on drugs--

MS. O'SULLIVAN: That's not true.

ASSEMBLYMAN VISOTCKY: What, it's not true? I don't see any stats here to tell me it's not true.

MS. O'SULLIVAN: Well, we would like to know where Mr. Brooks got his figures because, as far as we know, no one in the Department of Corrections gave him any of that information. So, if he gave you something in writing, we would like to see it.

ASSEMBLYMAN VISOTCKY: Well, he got it, and whether it is right or wrong, at least it brings it to a head and now we can find out. We would like to have the figures from the Department of Corrections.

MS. O'SULLIVAN: As to how many people inside the institutions are using drugs?

ASSEMBLYMAN VISOTCKY: Yes, on drugs, because I think we are going to have a hearing in Rahway, and we are going to find out. We are going to ask prisoners to testify if they use narcotics, and so on and so forth, because I think we are really going to go into this in depth. Then, maybe we'll contact all of our institutions to find out just what is going on, if it is with the employees, or if it is with the people. Something is going to have to be done to correct this problem. When people who have been rehabilitated come out to the public, but go back for the same thing because they weren't even cured while they were incarcerated, then there is something wrong with our society, and maybe we are partially to blame ourselves. I am not going to sit here and get blamed for something I had nothing to do with. If I have something to say about it, we'll have laws enacted. If people have to go, they have to go.

But, I think we want to see this thing enforced, and I think we want to see-- Assemblyman Haytaian said, "Let's see only 5% of the people coming out of the prisons, if necessary, back with a drug problem, not 75%." I think this is very important to all of us, when you talk about rehabilitation. I do not want to criticize either directly or indirectly.

MS. O'SULLIVAN: We do not take it as criticism.

ASSEMBLYMAN HAYTAIAN: The reason I brought up what I did, and the reason I asked the questions, was because of previous testimony. I think that if that testimony is not correct, I think we should get the answer that it is not correct. If it is correct, then

we have a problem. That is the only reason I asked the kind of questions I did. It may be that you are not prepared to answer those, and that's understandable, because I don't know where Mr. Brooks got his information from. I think the law enforcement people were probably on safe ground with their figures. Again, no reflection on Mr. Brooks, because he is not here. I think his testimony was good; I think it brought some very important points to our attention. But, when I sit here and I hear there is no problem with getting drugs in prison, I want to know if that is true, and I want to know if we can do anything to solve that kind of problem if it is true.

MS. O'SULLIVAN: I heard him say there is no problem getting drugs. I did not hear him say there is no problem getting them in prison. It is certainly more difficult to get drugs in prison.

ASSEMBLYMAN HAYTAIAN: No, I asked him that specifically, and that's when he said, "I was an inmate for thirteen years." Right? That is when he brought it up.

MS. O'SULLIVAN: Yes, but I don't think it was in New Jersey; I think it was in New York, and there may be a slight difference.

ASSEMBLYMAN HAYTAIAN: Again, I do not think it is fair of me to talk about his personal background without him here. I'm just going on the basis of that kind of testimony, and that bothers me.

MS. O'SULLIVAN: We cannot deny it. I mean, you read in the papers that we have people found bringing in drugs, and we have officers who are sometimes involved, and they are suspended or fired or have charges brought against them. There is no way for us to deny the fact that drugs are available. Obviously, we do not encourage it; we crack down on it to the best of our ability. If you can help us to come up with a way to do it even better, we are perfectly willing to do it.

ASSEMBLYMAN HAYTAIAN: I think part of our correctional system is rehabilitation. If we are not rehabilitating the people who are in there, then we are wasting a lot of money per year.

MS. O'SULLIVAN: You have to remember one thing though, you're talking about the fact that all this evil with drugs is in prison. Remember, they are not just in prison because they use drugs. They are in prison because--

ASSEMBLYMAN HAYTAIAN: No, if they are on drugs, they did something else.

MS. O'SULLIVAN: That's right, so that is something else we are dealing with. When we are talking about the prison, we're talking about people who are there for twenty-five, thirty and fifty years.

ASSEMBLYMAN VISOTCKY: No, I'm talking about the fellow who is in there for one, two or three years, and he comes out worse off than when he went in.

MS. O'SULLIVAN: Okay, but he is not at Trenton State Prison.

ASSEMBLYMAN VISOTCKY: I don't think we pointed to one individual prison.

MS. O'SULLIVAN: Yes, you did. You said the prison complex; the Prison Complex is Trenton, Rahway and Leesburg, and they all have very long sentences. So, we are not going to spend twenty years on a program for someone. We do not have the money or the personnel to do that. You spend your money on programs for people who are coming out, so you are going to deal with your short-termers, or those who are nearing the end of their sentences.

ASSEMBLYMAN VISOTCKY: Why?

MS. O'SULLIVAN: Why?

ASSEMBLYMAN VISOTCKY: Yes, why? If he is there, does that make that individual any different because he is there for twenty years as opposed to five years, or because he is going out now, are we going to treat him better than the other guy? We should treat them all alike.

MS. O'SULLIVAN: It is not a question of treating him better; it is a question of having "X" amount of dollars, and who do you spend those dollars on, and at what time.

ASSEMBLYMAN VISOTCKY: Everybody, not just certain individuals.

MS. O'SULLIVAN: Well, there is not enough to spend it on everybody.

ASSEMBLYMAN VISOTCKY: That is what we want to find out. Do we need more money? Do we have programs that we need money for in the correctional institutions? We do not know this. We do not know that

there is a methadone problem. Now, we find out there are no drugs supplied at all. Then we find out they can buy all they want, so why should they go to a clinic? That is what it is all about.

MS. O'SULLIVAN: Buy all they want from outside, do you mean?

ASSEMBLYMAN VISOTCKY: Sure -- how do they get the money to buy all these drugs? That is all we hear about. I don't hear anyone saying we confiscated $50,000 worth of narcotics of some sort, maybe marijuana, maybe cocaine, maybe heroin. I never hear that. I never saw a report on that, and yet these people must be buying it because they said they are all doped up.

MS. O'SULLIVAN: Do you mean inside the prison?

ASSEMBLYMAN VISOTCKY: Inside the prison.

MS. O'SULLIVAN: That's an awful lie. You may find ten joints, or you may find some whiskey they made, things like that and some others, but you are not talking about $50,000 worth of drugs.

ASSEMBLYMAN VISOTCKY: No, we're talking about people on drugs. They said they are on heavy drugs, hard drugs. We are not talking about marijuana; we are not talking about something that is minor.

MS. O'SULLIVAN: That is usually what we find though.

ASSEMBLYMAN VISOTCKY: Well, you know, if there is no way to treat a person, if people are honest, what good are we doing to rehabilitate that criminal, or that person who went in there on a different charge than drug abuse, what are we doing for that person? Are we waiting for him to serve fifteen years, and when he has five years before he goes out, then we will take care of him? In fifteen years, the guy is so far gone down the hill that he will never come back, or she'll never come back.

MS. O'SULLIVAN: But, he hasn't necessarily had drugs for those fifteen years, you know.

ASSEMBLYMAN VISOTCKY: I don't know about that. We don't know that. Can you say, because we don't know?

MS. O'SULLIVAN: More of our inmates are drug free than are drug abusers while they are in. There are those who get it, yes.

ASSEMBLYMAN VISOTCKY: We feel -- I think what Assemblyman Haytaian made reference to before is that we feel that incarcerated persons should have less access to narcotics than persons out on the street.

MS. O'SULLIVAN: And they do.

MR. SAVAGE: That is reflective of the system at present.

ASSEMBLYMAN VISOTCKY: You show me stats on it, and I'll show you stats from everyone else. Then we will find out who is not telling the truth. That's all. I want to find out the truth. I want to see that there are no narcotics in the prisons.

MS. O'SULLIVAN: When we send inmates out on a furlough and they come back, they have a urine monitoring test. If the tests turn out to be dirty urine, they are taken off furlough and sent back. We do the best we can as far as monitoring, and these are people who are out. They have gone out for the day with a member of their family or with an officer. They know that they are going to have their urine monitored when they come back. Even knowing that, some of them will still have marijuana or something. We deal with it as we can, when it is exposed and when we have hard facts, or if we have suspicions, we do have internal affairs investigators in all the institutions. They do investigations and uncover things. I do not really know what else we can do, other than the kinds of procedures that all superintendents and officers are aware of, and are carrying out.

ASSEMBLYMAN VISOTCKY: All I have to say is that if we keep hearing these things-- You know, I'm sure everybody is going to tell me that is a lie. I'm sure you are not lying, to the best of your knowledge, on both sides. But, if there is a problem, we would like to see it corrected. No one wants to see this problem continue.

MR. SAVAGE: May I ask you a question?

ASSEMBLYMAN VISOTCKY: Sure.

MR. SAVAGE: You used the figure 75%, or 74%.

ASSEMBLYMAN VISOTCKY: Because I heard it before, 75%. I didn't use it.

MR. SAVAGE: I believe, when Mr. Brooks was making that statement, that was the same number I was using as related to the people who came into the institution with a known problem.

ASSEMBLYMAN VISOTCKY: No, he said on drugs, sir.

MR. SAVAGE: When they came in; not on drugs while they are in. I believe if you check his material you will find this, because there was research done like that approximately ten years ago which reflected 72%. The stuff I gave you today reflects 67%. They were people who were admitted into the system with a known problem. I do not believe he said there were people in the system with a problem, a problem of using while they were in the system. I think if you check the records you will see that that is correct.

ASSEMBLYMAN VISOTCKY: The Department of Justice study shows marijuana in prison use is 84%, amphetamines, 40%, barbiturates, 40%, cocaine, 40% -- here it is in the Department of Justice report.

MS. O'SULLIVAN: But, those are national figures.

MR. SAVAGE: It's an intake.

ASSEMBLYMAN VISOTCKY: Well, I don't have anything to show me that these figures -- and even the national figures may not show we are right here. So, from what you are trying to tell me, you better call and talk to someone in Washington, and tell them they are giving out a bad report.

MR. SAVAGE: I am just referring to what I believe Mr. Brooks made a statement to.

ASSEMBLYMAN VISOTCKY: Yes, but I'm sure these figures don't lie either.

MR. SAVAGE: Well, I am not questioning those. I don't know how they got there. I honestly don't know how they got there. All I can say to you is that I have not seen that reflected in my experience.

ASSEMBLYMAN VISOTCKY: Okay. Are there any other questions? (no response)

MS. O'SULLIVAN: We would like to have a copy of what Mr. Brooks submitted, if he did submit something.

ASSEMBLYMAN VISOTCKY: He only submitted his testimony before, which lacked the county drug abuse program.

MS. O'SULLIVAN: Okay, so are you going to ask him to substantiate his figures in some way?

ASSEMBLYMAN VISOTCKY: Sure.

MS. O'SULLIVAN: Can we get a copy of that when you receive it so we can make a comparison?

ASSEMBLYMAN VISOTCKY: You sure can. This is a public record; you can't hide anything.

MS. O'SULLIVAN: We appreciate it.

ASSEMBLYMAN VISOTCKY: Anyone else? (no response) May we have Ciro Scalera? (Mr. Scalera not present.) Dr. Joseph Laurelli, please? We will ask you to give us a brief summary of your testimony; this will go on the record automatically.

J O S E P H L A U R E L L I, M. D.: Yes. This was prepared by the Newark Department of Health. I am Dr. Laurelli; I am Medical Director of the Multiphasic Drug Abuse Program. I have here with me Betty Hall, who is the Administrator of the same program. The paper here speaks of the problems concerning drug abuse as related to the City of Newark.

Mr. Chairman, members of the Assembly Corrections, Health and Human Services Committee, ladies and gentlemen.

ASSEMBLYMAN VISOTCKY: No, you don't have to read the whole thing; we have it. You can just give us a brief summary of what the problem is as far as funding is concerned, please.

DR. LAURELLI: Okay.

ASSEMBLYMAN VISOTCKY: If you had been here earlier, that is what we asked everyone already, no written testimony.

DR. LAURELLI: Oh, we didn't get here that early.

ASSEMBLYMAN VISOTCKY: All right, I know.

DR. LAURELLI: We contacted the police departments and other health institutions and drug clinics, and as far as heroin addicts are concerned there were 12,000 to 18,000 heroin addicts identified by one way or another in the City of Newark. The average age of these people was under twenty-five. Many of our adolescents are already experimenting, and/or abusing illicit drugs. We also summarized some of the other findings in our schools. One out of every ten high school students currently smokes marijuana; one out of five has experienced cocaine use; and, four out of ten, or 40%, have used pills known as "hits" (codeine and CIBA).

As far as availability of services to all these people is concerned, Newark has ten drug treatment programs. Three of these are residential drug-free centers, two are outpatient drug-free centers, three provide methadone maintenance services, one is an intermediate medical unit, and one is a detoxification unit for heroin addicts. They are able to serve approximately 2,000 people. The methadone programs are strictly for the heroin addicts; the IMU -- that is the Mount Carmel Guild up there -- takes care of mixed addictions, expecially those involving downers and drugs that can cause seizures on withdrawal. That unit can only serve eight people at a time. If I have to put someone in the hospital who comes through detox, and who is not a straight heroin addict, who is on that combination called "hits", or on heavy doses of valium, including the heroin, it takes me three to four weeks to get him treated, unless he is an acute overdose, or unless he is very seriously ill with some underlying illness, perhaps related to the drug abuse. It's three or four weeks before he can get any treatment. Meanwhile, there is nothing I can do for him. I cannot legally prescribe anything but the methadone in the detox unit. The other problem cannot be taken care of as an outpatient. It is a very dangerous withdrawal, and it is a serious lack to have only eight beds available in the City of Newark, with such a big problem of drug abuse as we have.

In 1979, I started working in the drug programs. We had, at that time, four methadone programs; there are three left. Our program used to treat about 280 or 290, and we are now down to 240 and dropping. I also worked for another program, the Essex County Drug Abuse Clinic, and that one used to have close to 500, but is now down to 300. One program was totally dropped, and one other has stayed about the same over that period.

The people who are on maintenance -- because of this cost-sharing system which was started about two years ago this month, we find about, oh I'd say, between 15% and 20% of the people at any one time are not on a stable dose of methadone. Because of this cost-sharing system, we are required to detox them at a faster rate than a person who comes in off the street. With just heroin, we have

to do it every other day, so a person on a fifty milligram maintenance dose of methadone would take nine drops, or eighteen days to get off that. We give twenty-one to someone coming in off the street. A lot of patients are maintained on less than that; it would take them even a shorter time. With the few people who are on more than that, it would take a little bit longer, but nowhere near enough to guarantee any kind of a success once they are detoxed.

You have this yo-yo syndrome, people going up and down, and it just doesn't have a good effect on the clients. Now, the fees have increased once since they were started, and we have been losing patients. In the detox unit, back in 1979, we used to service close to 5,000 people. We had two detox places, one at the Essex Clinic, and one where I work.

ASSEMBLYMAN OTLOWSKI: Doctor, in that connection, let me just ask you this. With the general cutbacks which have taken place, how has that effected this program?

DR. LAURELLI: The maintenance program?

ASSEMBLYMAN OTLOWSKI: Yes, the maintenance program.

DR. LAURELLI: Okay, in our specific case, we were carrying close to 290 clients, and we are down to 240. We have been down to even 230.

ASSEMBLYMAN OTLOWSKI: Are people being denied treatment?

DR. LAURELLI: Anyone who does not have money to pay is denied treatment.

ASSEMBLYMAN OTLOWSKI: So, just for the record, are you saying that if you are going to be more effective to meet the problem as it exists now, you have to have more money to cope with that problem? Is that what you're saying?

DR. LAURELLI: Yes.

ASSEMBLYMAN OTLOWSKI: How much were you cut back?

DR. LAURELLI: I would have to refer that to Betty.

ASSEMBLYMAN OTLOWSKI: Off the top of your head, what is it, 10%, 20%?

DR. LAURELLI: It was $60,000 last year; I am not sure about this year. We did make that up through cost-sharing last year. But, as I say--

B E T T Y H A L L: That is a system where we had to charge our patients. We had to put the burden of the cost on the patient population.

ASSEMBLYMAN OTLOWSKI: Let me ask this question. For you to be really effective, you would have to have the restoration of the monies? What is the point you are making?

DR. LAURELLI: I don't think a complete restoration; I think there is a good place for a cost-sharing system, but the rates are very high, especially for those on welfare. When we first started, we had no charge at all for welfare recipients, and then we went to $7.00 a week for someone on welfare, or approximately $30.00 a month. It is double that for someone who is working. Right now, with the people who come through detox, very few of them are-- There has been a great decrease in both classes of clients, those who work, and those on welfare. Sort of a higher-class client comes in now for detox. Many of the ones just on welfare are out on the streets now. They are not able to keep up with the payments, even if they do get on maintenance.

ASSEMBLYMAN VISOTCKY: Doctor, may I ask you a question? If there was third-party coverage -- as one of my colleagues seems to be alluding to all day long -- would that have helped the program, or would the Medicaid, because you're saying if you have to work, then there is no problem.

DR. LAURELLI: That has greatly helped in New York State, yes.

ASSEMBLYMAN VISOTCKY: But, if the Medicaid was in New Jersey, it would be much easier then for the people?

DR. LAURELLI: It would help very much.

ASSEMBLYMAN VISOTCKY: It would help tremendously, right?

DR. LAURELLI: I think that is the direction the Department is looking toward.

ASSEMBLYMAN VISOTCKY: I think the leadership in the State should have gone with the Medicaid Program.

ASSEMBLYMAN OTLOWSKI: I'm sorry -- the direction that should be taken is what?

DR. LAURELLI: I think that is the direction the Department is looking at, third parties.

ASSEMBLYMAN OTLOWSKI: The Medicaid, that Assemblyman Vistocky is pointing to. This would be one of the answers for you?

DR. LAURELLI: It would be of great help.

ASSEMBLYMAN OTLOWSKI: Doctor, thank you very much. Is there anything else you want to make known?

DR. LAURELLI: No, thank you.

ASSEMBLYMAN OTLOWSKI: May we hear from Richard Coles, please? Richard, would you identify yourself for the record, and where you are from?

R I C H A R D C O L E S: I am Richard Coles; I am employed by the New Jersey State Department of Health, and I am the Director of the Somerset County Drug Clinic in Somerville.

ASSEMBLYMAN OTLOWSKI: Were you here when the Assistant Commissioner testified?

MR. COLES: Yes.

ASSEMBLYMAN OTLOWSKI: You're under the Assistant Commissioner, aren't you?

MR. COLES: Yes.

ASSEMBLYMAN OTLOWSKI: I invited you to come here?

MR. COLES: Yes.

ASSEMBLYMAN OTLOWSKI: I just want the Commissioner to know that you didn't invite yourself. I invited you because I have known you for a long time. I've know you since my freeholder days, and I know your association with the drug program. Will you please go ahead, and tell us what you see by way of treatment, and what you feel has to be done? You heard the Commissioner. What do you see from your point of view?

MR. COLES: Having watched the drug rehabilitation efforts for the past fifteen years in New Jersey, and their development, I found that the State Department of Health put together a fine organization in drug rehabilitation. As a matter of fact, in my travels across the country to other programs, north and south, east and

west, I found that the New Jersey program in rehabilitation is superior to many of the programs. It is recognized as one of the leading programs in the country. There are some states which have even come to observe the efforts that are being made in the State here. As a matter of record, of course, many of these programs originated with the county programs, and some counties, such as Middlesex County, had the foresight to begin these programs, and they did very well with them. Then, in 1971, they were assumed by the State.

ASSEMBLYMAN OTLOWSKI: I remember when we worked on that with the Commissioner years ago, yes.

MR. COLES: Yes, Mr. Otlowski and I worked on that back at Roosevelt Hospital. It was one of the very early programs in the State, as I remember it.

ASSEMBLYMAN OTLOWSKI: Rich, now that you have established your background, let me ask you this question. Treatment, of course, is an integral part of meeting this whole problem. Would you say that for the record?

MR. COLES: Yes, I think it is the most valuable way of handling the drug problem, the comprehensive kinds of treatment.

ASSEMBLYMAN OTLOWSKI: You heard some of the testimony here today, and there is no question that it was impressive; it was frightening. One of the things said was that in treatment, even if there is a success percentage of from 8% to 10%, that is highly satisfactory. But, that is really a small figure of the total problem. What is your comment about that?

MR. COLES: I think we see the same type of recidivism in drug abuse as we see in alcohol and other addictive diseases. There are going to be those people who do revert back to the drug. One of the problems is that the accessibility is there, just as with the alcoholic who can walk into the local liquor store or the local bar and buy alcohol. That temptation and excess is there, and he is going to put his hands on it. With the addict, because those same drugs are in the streets, and they are in the streets far more than previously at the present time, he, of course, is going to be quite tempted to go back into it. Sometimes the rehabilitation just doesn't hold; at other

times it does. Often we see a person who comes back, and a person who repeats and repeats. He's in jail and he's out of jail, and he is on a kind of revolving door kind of basis. We tend to pay more attention to that individual than we do to the one who is successful, because the one who is successful is going about his life in a normal kind of way and he kind of flows back into society. We do follow-up work, of course, but we do not pay as much attention to him. I must say there is a tremendous amount of heroin and cocaine on the streets now, more so than there was in the upsurge of the '70's.

ASSEMBLYMAN OTLOWSKI: In your experience, have you noticed that the problem is more pronounced with the amount of heroin and other drugs that are in the streets now?

MR. COLES: Yes, particularly with cocaine, which we are finding in the workplace. We are finding that people, on payday, are spending large amounts of their salaries purchasing cocaine right on the job, because the dealer is there making a profit. We find that the cocaine users are also buying cocaine on credit during the workweek and paying for it on their payday. We are finding this in industry, in the factories; we are finding it in middle management; and, we are finding it in upper management. We are finding it in just about every walk of life. It is quite expensive; it is $150 per gram, which is a very small amount of granulated substance. The effects of it last a very short period of time, and the more people use cocaine, the more they want it.

ASSEMBLYMAN OTLOWSKI: So, one of the combating forces, of course, one of the combating forces is treatment, and in your opinion that has to be maintained?

MR. COLES: I think it must be maintained at all costs, and I think the present is the most inappropriate time to cut the budget on treatment, because there is an epidemic in process. It is as though there was a plague occurring and we cut back on doctors and nurses. I think it is a most inappropriate time to cut back and, if treatment is not maintained at a very high level, I believe in twenty years we are going to find that drug abuse has outstepped alcohol abuse, and it is going to really be quite a detriment to the minds and the good health of our citizens.

ASSEMBLYMAN OTLOWSKI: Is there anything else? I think you have given us a handle from your perspective. Is there anything else you would like to add?

MR. COLES: Yes, simply that I think -- and I repeat -- that the State Health Department has put together a very fine program, a very comprehensive health care program, that involves counseling and psychotherapy, as well as complete medical care, for these persons involved in drugs. I would also like to mention if it is found, as it was propounded here, that there are drugs in the prison system, if there appears to be a problem there inside the prison, I think, by all means, the Attorney General's Office should be involved in that, because there is a crime being perpetrated on a State reservation.

ASSEMBLYMAN OTLOWSKI: We are going to get into that area.

MR. COLES: Also, with regard to confiscated goods and assets and fines being dedicated to drug rehabilitation, I have to disagree with Captain Joe Craparotta, whom I have known, and who is quite a competent officer. But, I tend to disagree because I feel that those monies should go to drug rehabilitation. They should revert back in and help those people who are the victims of those individuals selling drugs. Also, I feel the drug offenders, the pushers who are caught, should be subject to the books that are on the statute, instead of the plea bargaining, the deals being made, the pretrial intervention, and escaping jail. I think they should be made to pay the maximum penalty, because there doesn't appear to be too much fear in a person, not only being arrested and convicted, but returning to drugs after the whole episode is over and continuing to push drugs. That is our biggest problem, the influx of the drugs. It is going to be very difficult to do a complete rehabilitation job as long as those drugs are available.

ASSEMBLYMAN OTLOWSKI: When the stuff is flowing in the way it is.

MR. COLES: We didn't talk too much about the other pills and drugs that are available on the street. There are senior citizens we are treating in the drug clinics, who have become addicted to medications that have been given to them.

ASSEMBLYMAN OTLOWSKI: That is a whole separate problem. As a matter of fact, I see that on the streets in my own city, older people who have become victims as a result of being over medicated.

MR. COLES: We have a special program developed to handle them.

ASSEMBLYMAN OTLOWSKI: But, treatment is included in the programs that the State Health Department is conducting? Is treatment available for those people?

MR. COLES: It most certainly is, yes. These are trauma victims who are on medication, housewives or businessmen.

ASSEMBLYMAN OTLOWSKI: And this problem is getting more pronounced?

MR. COLES: Yes, it is. So, we are almost seeing drug abuse from the cradle to the cross, because we are seeing as young as eleven years old, and some of our clients are as old as sixty-seven and seventy years old. So, it is cutting across the whole age group, and the whole socioeconomic level of this country. It is a critical problem.

ASSEMBLYMAN OTLOWSKI: Richard, thank you. You have made a real contribution, and I am particularly grateful for what you have just added about the medication problem with older people. Thank you very much for being so patient, and for giving us all of this time.

MR. COLES: Thank you.

ASSEMBLYMAN OTLOWSKI: May we have Mrs. Hecht from Metuchen?

M R S. D I A N E H E C H T: Mr. Thomas Sharp was not able to be here because of a business problem, okay? But, I am giving you his testimony and I would like it put into the record.

ASSEMBLYMAN OTLOWSKI: Will you give that to David, please?

MRS. HECHT: Yes. These are for you, David.

ASSEMBLYMAN OTLOWSKI: Diane, give us your name and the program you are associated with, please.

MRS. HECHT: I am Diane Hecht from Metuchen, and I am representing Metuchen's Youth Service Board and Metuchen Families in Action, which is a parenting group in Metuchen that I founded about three years ago to try to combat adolescent alcohol and drug abuse.

ASSEMBLYMAN OTLOWSKI: Adolescent?

MRS. HECHT: Adolescent, yes.

ASSEMBLYMAN OTLOWSKI: So, you primarily deal with adolescents?

MRS. HECHT: Yes, that is our primary concern.

ASSEMBLYMAN OTLOWSKI: Do you want to tell us about some of the problems you see there, and some of the work you are doing?

MRS. HECHT: Very briefly, I just want to go into a couple of things, okay? The message of society that has gotten us into the mess we are in now-- I just want to briefly talk about treatment and prevention. The reason I'm here to give you a little different perspective is because I am a parent of a former drug abuser.

ASSEMBLYMAN OTLOWSKI: You're what?

MRS. HECHT: The parent of a former drug abuser. I have learned a lot over the past three years. I have been dealing with Phoenix House, which is a drug program in New York City, and I have been dealing with many, many parents and professionals in this field. I am very angry at all of us for what we have allowed society to do to our kids. Our kids are getting messages everyday that getting high is okay. The movies, the Cheech and Chong movies that we allow to be shown in our towns, the television personalities, the rock stars, the records -- have you ever picked up a High Times Magazine? Go to one of your local bookstores, and look at a High Times Magazine. It is such garbage. This State and our country are such a mess with this. You know what I have been listening to here all day? I have been listening to a lot of blaming. "Now, don't blame our Administration; it was the last one," and "I don't want to be blamed for this and blamed for that."

I'll tell you what my true feeling is. I think we are all to blame for the mess we are in. We have allowed all of this garbage to come down. Marijuana is our country's third largest business, exceeded only by Exxon and General Motors. Drug paraphernalia is a three billion dollar business, and this is aimed at our kids, little kids. One of the big sellers in paraphernalia is the Toss a Toke Frisbee for little kids to toss pot back and forth. Star Wars' guns for super

marijuana hits-- It is very sad to see what has happened, and the pathetic thing that makes me really angry is the fact that most schools and most towns whitewash this. Parents are not truly aware of what is going on.

I would like, just quickly, to look at this report. I stuck it in the second page of the material I have given you. This is a report by our New Jersey Attorney General and Criminal Justice Department, dated Summer, 1981. In this report it tells us about the state of drugs in our high schools, tenth, eleventh and twelfth grade kids. One out of nine of them is stoned everyday. Forty-two percent of them use drugs other than alcohol and pot. One out of every fifteen kids in our State has used alcohol over forty times in the last month. That is over once a day that these kids are getting drunk.

Now, we're worrying about education in our schools, and teaching the kids. How can you teach kids who are stoned, and who are so high that they can't even pay attention to what is going on? All right, as far as this hearing goes, my basic feeling is that treatment is absolutely essential, because my son, when he was eleven years of age, said, "I'll never smoke pot or do drugs, ever." When he was fifteen, he was failing in school, alienated from his family, and his personality had changed totally, all due to marijuana, what someone said earlier was a "soft drug."

ASSEMBLYMAN OTLOWSKI: Was what?

MRS. HECHT: It was referred to as the "soft drug." Marijuana turned my son's personality totally around, to the point where I didn't even know my own kid. I took him to a program -- I looked around here, but I ended up taking him to a program in New York City, the Phoenix House Program.

ASSEMBLYMAN OTLOWSKI: Excuse me, how was he able to get the marijuana? Was it sold in school?

MRS. HECHT: Assemblyman Otlowski, it is sold in school, it is sold at the parties they go to. I want to correct one, I think, piece of misinformation. A lot of people in our society envision a drug pusher as a man in a black cloak who comes and preys on children.

ASSEMBLYMAN OTLOWSKI: No, it's your next-door neighbor who is supplementing his income.

MRS. HECHT: And, my son was selling it, I'm sure, at one point too, in order to be able to buy more. At one point, we were someplace and someone said to my son and I when we were giving a program, "Law enforcement is the answer. Kill all the drug pushers." My son said, "Well, sir, I would be dead today if that were the case."

I took him into this program in New York City, which is called the "Impact Program," and I would like to, just briefly, tell you about this program, because we are attempting to bring it into New Jersey. I feel upset that I had to send twenty families into New York City.

ASSEMBLYMAN OTLOWSKI: Tell us about the program.

MRS. HECHT: Okay. The program is called "Impact," and the thing about it that is different is that it deals with a peer adolescent setting, with a professional drug counsellor. There is no drug program in New Jersey that gets the peer kids together, and that is what got them into drugs in the first place. That is what they need to get them out.

ASSEMBLYMAN OTLOWSKI: It gets the peer kids together, and then what does it do?

MRS. HECHT: It helps them to learn about their motivation, to learn why they became involved in drugs, and to learn coping skills, so that when they get off the drugs, they no longer have to deal with them. The basic Phoenix House concept that is very important is, get the kids drug free first, then deal with the emotional problems. Ninety-nine percent of the parents I have talked to have been to the social workers, the psychologists, the doctors, and it doesn't work. You cannot treat someone who is stoned. So, they get the kids off drugs first. At the same time they are doing that, and they are treating the children, they treat the parents. They have the parents come in for counselling, and they help the parents to become more effective at home. Then they take the parents and the kids together, and help to make the family unit more functional.

The reason it is so effective, I think, is because of the family approach, and because of the peer approach.

ASSEMBLYMAN VISOTCKY: They have the same thing with alcoholism, the same type of program with the parents.

MRS. HECHT: Exactly, it is the same concept; it truly is. I think that is one of the reasons it seems to work so well.

ASSEMBLYMAN OTLOWSKI: As a matter of fact, what the Assemblyman is saying is that Alcoholics Anonymous is practically based on that concept.

ASSEMBLYMAN VISOTCKY: They have a program where the families come in to seminars.

MRS. HECHT: Exactly, it is the same concept. What we have found is that if the family is not involved, it really does not work that well. But, the other thing about the program--

ASSEMBLYMAN OTLOWSKI: (interrupting) Did you say that this program is in New York City?

MRS. HECHT: It is in New York City. I took my son in two nights a week for eight months.

ASSEMBLYMAN OTLOWSKI: And, there is no such group in New Jersey?

MRS. HECHT: No, but we are attempting, sir, to bring it into New Jersey.

ASSEMBLYMAN OTLOWSKI: But, that would have to be done by volunteers like you?

MRS. HECHT: No. The best thing about the program, Assemblyman Otlowski, is that it is a "fee for service" program. It is a self-sustaining program, a "fee for service" program, so, obviously, we need start-up funds. But, this is the type of progam that I think is viable for treatment.

ASSEMBLYMAN OTLOWSKI: Where did the New York people get the start-up funds?

MRS. HECHT: The New York people? They got the start-up funds through the Phoenix House Foundation, which is the world's largest treatment center, and through their own private donations, state funds and Federal funds.

ASSEMBLYMAN OTLOWSKI: None from governmental agencies?

MRS. HECHT: Yes, Federal and state agencies as well. But now the Impact Program is totally self-sustaining. It started up with Federal and state funds, and some private funds.

ASSEMBLYMAN VISOTCKY: There is the man you ought to see (indicating Assistant Commissioner Russo from the New Jersey Department of Health) -- talk to him about it.

MRS. HECHT: Hello, Mr. Russo.

ASSEMBLYMAN OTLOWSKI: The Assemblyman isn't kidding -- maybe not today, but sometime when you have the opportunity, make an appointment with Mr. Richard Russo and discuss the thing to find out if he can be of help to you.

MRS. HECHT: Okay, I will. Thank you. The other thing I think is very important is the inpatient--

ASSEMBLYMAN VISOTCKY: (interrupting) May I ask another question? How much money would it cost for a start-up program such as the one you are talking about?

MRS. HECHT: Thirty to fifty thousand dollars. Do you know, we wanted to start a program like this in Metuchen -- I gave you the grant, it's sitting right there? We applied to SLEPA; we applied to United Way. For six thousand dollars, we had a peer adolescent group going, a parenting group going, and prevention in schools, and we were turned down by everybody.

ASSEMBLYMAN VISOTCKY: We're telling you now, we're inviting you to see Commissioner Russo down at the Department of Health, to see what they can do. If they need legislation, we guarantee, from this Committee through the Chairman, that we will start some type of program like that in New Jersey.

MRS. HECHT: Thank you. The other point I would like to make about treatment is, I feel it is very essential to have an inpatient program. One of the quotes is by Mark Byrne, who is a Supervising Program Specialist in the Training, Education and Prevention Unit at the New Jersey State Division of Alcoholism. He estimates there are 36,000 alcoholics in New Jersey from twelve to eighteen years of age. Only 497 received treatment in 1981, and they all had to go out of State to get treatment, because there were no inpatient facilities available for that number of kids. That's sad.

ASSEMBLYMAN OTLOWSKI: Diane, what I suggest you do, as was suggested by the Assemblyman, when you get a chance, drop a letter to

the Assistant Commissioner, asking him for an appointment to discuss this, because you probably have something there that is of interest to him. Secondly, as the Assemblyman said -- frankly, from what you said, I like the program. I think it is the type of program that could fly, and could be effective, because it involves families, it involves the peer group, and those programs are always effective if they have the right kind of start.

Now, at this point, may we dismiss you with thanks?

MRS. HECHT: No, I have one more thing to say.

ASSEMBLYMAN OTLOWSKI: I'll withhold my thanks.

MRS. HECHT: I have one more thing I feel is important. You are not going to like it, Assemblyman Otlowski, but I agree with the Assemblyman here as far as prevention goes. I really feel strongly about this. I feel there is no way through law enforcement that we will ever contain this multi-billion dollar thing. There is no way through-- I met with Nancy Reagan through Phoenix House, and we discussed parenting. She feels the answer is parenting. Parenting is not the answer.

ASSEMBLYMAN OTLOWSKI: The answer is what?

MRS. HECHT: Parenting groups. That is not the answer, because you cannot reach parents when their children are young. They don't want to know about it. I feel very strongly that the only way to reach all of our kids is through the schools. Now, obviously, the drug and alcohol education in our schools right now is not effective, or we would not have the mess we do. But, this Fall, in Metuchen, we are having a Phoenix House Prevention Program in the seventh and eighth grades. Now, very briefly, the concept of this program is to teach kids motivations -- why do people get high -- and to talk to them about goals and values, the short-term versus the long-range consequences of their actions. They have from third grade through twelfth grade. And, there are other programs around like this, I know.

ASSEMBLYMAN OTLOWSKI: I wish you would get in touch with our police Narcotic Task Force and take a look at that program.

MRS. HECHT: Yes, what they were saying is true. Every single child we have is someday going to have to say "yes" or "no" to

drugs, because everyone is going to be offered it. What we need to do, is teach these children to say "no," long ahead of time, and to teach them coping skills and self-esteem. Unfortunately, many parents cannot do that. People say, "But, that is not our jurisdiction. We shouldn't get involved with the schools." But, who the hell is going to help these kids, if everybody turns their backs?

ASSEMBLYMAN VISOTCKY: It is very unfortunate in our society that most of the parents both want to go to work, and they do not have the time for their child when he or she is young. They have more time for their grandchildren than they do for their own children. That is society today. It is very unfortunate that one person cannot make enough money to allow his whole family to live together and be together. That is our biggest problem; there is no question about that.

MRS. HECHT: It is a big problem, I agree with you. It's a huge problem, and that's why we can't reach enough parents to reach the kids. Unless we get to these kids early, this problem is just going to keep getting worse.

ASSEMBLYMAN OTLOWSKI: Would you do me a favor? When you send a letter to the Commissioner, would you send me a copy of it?

MRS. HECHT: Sure.

ASSEMBLYMAN OTLOWSKI: You know, when you are asking him for an appointment to meet with him -- send me a copy of the letter.

ASSEMBLYMAN VISOTCKY: Tell him it's only $50,000.

ASSEMBLYMAN OTLOWSKI: Because I am interested in this program, and I would just like to get his reaction when he meets with you. We are going to hold another hearing at another date, and we will probably get into this adolescent thing and coping with it. We may call you back at that time.

MRS. HECHT: All right, but let me mention this to you too. I don't know when this is going to be, but my son, who is eighteen now -- he has just finished his first year of college, he was on a soccer scholarship--

ASSEMBLYMAN OTLOWSKI: Finished what college?

MRS. HECHT: He has finished a year of college.

ASSEMBLYMAN OTLOWSKI: Oh.

MRS. HECHT: He has been drug free for three years, and he has been working with some prevention programs. If it would be helpful to you gentlemen, he would be happy to come along and testify also.

ASSEMBLYMAN VISOTCKY: Sure.

MRS. HECHT: That is something to think about. Now, you can dismiss me.

ASSEMBLYMAN OTLOWSKI: Diane, thank you very, very much, and thank you for being so patient.

MRS. HECHT: It was hard.

ASSEMBLYMAN OTLOWSKI: I know, I know, but we really appreciate it. Is Barbara Calabrese here? Barbara, tell us who you are and who you represent.

B A R B A R A C A L A B R E S E: I am Barbara Calabrese, and I represent Riverview Hospital.

ASSEMBLYMAN OTLOWSKI: Riverside Hospital?

MRS. CALABRESE: Riverview Hospital, sir. I am a registered nurse who works at Riverview. I am the Department Head of the Pediatric and Adolescent Unit.

ASSEMBLYMAN OTLOWSKI: Pediatric adolescent group?

MRS. CALABRESE: It is an adolescent unit, yes.

ASSEMBLYMAN OTLOWSKI: What does that mean? Doesn't that mean you are dealing with babies?

MRS. CALABRESE: And adolescents.

ASSEMBLYMAN OTLOWSKI: Oh, and adolescents.

MRS. CALABRESE: Yes, birth through the age of eighteen, sir. Riverview is a 500-bed community hospital--

ASSEMBLYMAN OTLOWSKI: Where is Riverview Hospital?

MRS. CALABRESE: It is in Red Bank. It is a 500-bed community hospital that serves mostly--

ASSEMBLYMAN OTLOWSKI: It's a big hospital?

MRS. CALABRESE: Yes.

ASSEMBLYMAN OTLOWSKI: Five hundred beds?

MRS. CALABRESE: Yes. It serves a mostly upper and middle-class population, so it is in a rather affluent area. I speak

from the affluent area of society, whereas most of the people here today have spoken from the inner-city area of society. I talk to you from a different kind of population.

Unfortunately, I have the same kinds of depressing statistics to add to everyone else's testimony. We are seeing an increase in drug use and abuse among our young population. We had a 10% increase in admissions in 1982, and a 20% increase in diagnosis, direct diagnosis of drug or alcohol abuse admissions in our ten-year to nineteen-year old population. These figures do not include those adolescents and young children who are admitted as a result of drug abuse problems with multiple injuries from motor vehicle accidents, and so forth.

ASSEMBLYMAN OTLOWSKI: Excuse me. You're saying motor vehicle accidents with young people? Was there evidence of drug abuse, of drug influence while they were driving, and this caused them to get into the accidents? Are you saying that?

MRS. CALABRESE: Yes, sir. Oftentimes, when we admit adolescents to our unit who have been in motor vehicle accidents, they are still under the influence of alcohol and drugs when they are admitted.

The other question I would like to speak to, is the vulnerability of members of my own nursing profession, and the increase we have seen in our hospital of use by members of the nursing profession.

ASSEMBLYMAN OTLOWSKI: Excuse me. You know, I am familiar with what you're saying, and it is one of the great tragedies, because I have had to deal with that a number of times myself. Here are nurses, who ought to know better -- how the hell can you be talking about education, when there are nurses who ought to know better?

MRS. CALABRESE: Well, we are seeing an increase in the young population of nurses in the twenty to thirty age group in drug addiction -- in the nursing profession itself, sir. Nurses who used street drugs before they became nurses, and who should know better. That's true, but this is the extent of the problem we're talking about.

ASSEMBLYMAN OTLOWSKI: And, you think that in many cases, even with the nurses, it started in adolescence?

MRS. CALABRESE: Yes, that is so. I speak also as the mother of a teen-age boy who has abused substances, and as the mother of two pre-adolescent daughters, one of whom is entering the seventh grade. I would ask the lady who spoke before me to move her program down to the fifth and sixth grade level.

ASSEMBLYMAN OTLOWSKI: To the fifth grade level?

MRS. CALABRESE: Yes.

ASSEMBLYMAN OTLOWSKI: Rather than the eighth grade level?

MRS. CALABRESE: Yes. The community I come from is a very small community, Fair Haven. It is one mile square; we have a population of 6,000; and, it as a very small school system. The children begin using drugs in seventh grade. They get them at school. That is where my son obtained them and first started using them. My daughter, who is now entering the seventh grade, expresses concern to me that she will have so much peer pressure she won't be able to cope.

ASSEMBLYMAN OTLOWSKI: Barbara, excuse me. Are you saying that in the upper middle-class families, these kids are hooked that easily?

MRS. CALABRESE: Yes, sir.

ASSEMBLYMAN VISOTCKY: It's true; they will be starting in kindergarten.

MRS. CALABRESE: My son started using drugs in the seventh grade, he tells me in retrospect, and has used every kind of drug available, including heroin. He got it in school.

ASSEMBLYMAN OTLOWSKI: He what?

MRS. CALABRESE: He obtained those drugs at school, at the elementary school, in a small town.

ASSEMBLYMAN OTLOWSKI: Have we made a mistake by keeping the police out of the schools entirely? Have we made a mistake about that? Should the police have a closer relationship with the schools?

MRS. CALABRESE: Well, that is part of the answer. The police do come in and do a program in the school system in Fair Haven.

ASSEMBLYMAN OTLOWSKI: They show slides.

MRS. CALABRESE: But, it doesn't work.

ASSEMBLYMAN VISOTCKY: May I ask you a question? As a parent of a young child, does the young child have an impression of the police officer as a villain, or as a nice guy, or like a parent? Maybe sometimes we are coming over the wrong way.

MRS. CALABRESE: I don't know what their impressions are.

ASSEMBLYMAN VISOTCKY: You know, I imagine they say, "Here comes the fuzz," or "Here come the pigs," and all that crap.

MRS. CALABRESE: I don't think that in the eyes of the young people today they have the kind of authority figure that we had even twenty years ago when I was growing up.

ASSEMBLYMAN VISOTCKY: Is it because we as parents do not look up to our law enforcement officers the way we should?

MRS. CALABRESE: That, and the thing that -- as I have been sitting here today listening to all the testimony -- has hit me the most, which is that the things that influence young children the most are their parents and their home situations, their schools and their teachers and, more than anything today in our society, the mass media. Children begin watching television as soon as they can see in our society, and they can go to the movies. They are just bombarded with books and magazines. Take High Times Magazine, adolescents think that is terrific, and the Rolling Stones and the other rock groups. It's obvious they all use drugs; they will all say that in public. So, the children are being influenced by the mass media.

I do not know how you can legislate morality into the mass media.

ASSEMBLYMAN OTLOWSKI: Let me just tell you something, you can't.

MRS. CALABRESE: But, that is really one of the major influences. Then, of course, it is the peer group pressure. When they get together, and someone gets it from his or her older brother or sister, and says, "sell this to Johnny so and so and I'll give you 'X' amount of dollars to play the video machine game at the corner drug store," or what have you, they will do it. They sell the drugs to each other in the seventh grade.

ASSEMBLYMAN VISOTCKY: May I ask, maybe, a very personal question? Please don't take it as such. If your son, or your daughter, whoever is on drugs, was embarrassed by putting his or her name in the newspaper, and saying, "Johnny Smith," -- naturally, any parent would be uptight about it, because "My child could never do this." We are all very overprotective, I think, but yet we do not spend enough time with our children, as I said before. Would that be a way, if people would say, "Gee, you use drugs. I don't want to hang around with you. My mother said I can't hang around with you." I know it would be a very hard thing but, again, when you look at some of these entertainers who are beating the drug rap, who are getting busted and walking out the next day, and who the kids idolize, maybe they should look at their own peers and say, "Hey, look, you're a bad kid."

I don't know. I just wonder what would be your reaction to something like that?

MRS. CALABRESE: I think you would probably punish the parents more than you would the kids. Drugs are glamorized in our culture, and I think they might become heroes by having their names in the papers. I don't know; I think something like that might backfire.

ASSEMBLYMAN VISOTCKY: Would that embarrass the parents enough to make them spend a little more time with their child?

MRS. CALABRESE: It would embarrass the parent, but as far as time is concerned, I'm not sure that that is the answer.

ASSEMBLYMAN VISOTCKY: Well, I don't know.

MRS. CALABRESE: I know that I as a parent, a single parent, was not aware of the drug problem and its effects, and so forth. When my son told me he was using drugs, I was very surprised, and I am a nurse, so I should be able to detect physical outward signs and symptoms. I did not know.

ASSEMBLYMAN OTLOWSKI: Now, wait a minute. That's right, you're a nurse. Do you mean to tell me that you couldn't detect it?

MRS. CALABRESE: I knew that he was going through a personality change, but I did not--

ASSEMBLYMAN OTLOWSKI: Did you think that was coming with age?

MRS. CALABRESE: I thought it was coming with age, and the fact that we were going through a divorce and all of that. So, I didn't immediately say, "He's having a personality change because he is on drugs." And, I have to say, that at the time he was first using drugs, as a parent, I did not want to open my eyes and know that he was using drugs, or think about it even. I think that is what is happening to a large majority of the parents out there. They do not want to know; they do not want to open their eyes and see. I know we see that when a child comes into the adolescent unit who is using drugs, or on alcohol, they do not want to know. They do not want to deal with the problem. They do not want their eyes opened.

ASSEMBLYMAN VISOTCKY: Why is that?

MRS. CALABRESE: I think because they feel guilty and responsible, and they feel -- expecially in a middle-class community -- that people are going to look down on them, and so forth and so on. They do not realize that just about everybody is using it. They think their child is the only one. That is how I felt, "Only my son is doing it." But, since I have had my eyes opened about my own child, and since I also get my eyes opened when the adolescents come into my unit, I realize what a widespread problem it is.

ASSEMBLYMAN VISOTCKY: Sometimes don't you think it is the parent who is shielding the child? I have two sons, and, thank God, they never touched drugs. They don't smoke; they don't drink. I am very fortunate; I talked to them; and, I'm very lucky. I just can't believe how sometimes money in our own homes -- money -- is the route of all evil. And, money is all we are worrying about. You know, you're working, you're tired, you're emotionally upset, and you are not recognizing the fact that you have children, especially at that age. I have to commend you for being here, like the witness before you, and trying to see that things get done with parents, but sometimes it is when it is too late. You are very fortunate, both you and the witness before, that you weren't too late, and you did something about it and, all the more, you being a nurse, I have to commend you for being here.

ASSEMBLYMAN OTLOWSKI: What kind of program was your son in?

MRS. CALABRESE: My son had some private psychotherapy with private psychologists, and he has been through the probation department of the juvenile court.

ASSEMBLYMAN OTLOWSKI: He's eighteen now?

MRS. CALABRESE: He is almost eighteen; he will be eighteen in October.

ASSEMBLYMAN OTLOWSKI: You were lucky.

MRS. CALABRESE: Yes.

ASSEMBLYMAN OTLOWSKI: Frankly, it is probably behind him now.

ASSEMBLYMAN VISOTCKY: Do you find now that after your son went through this you are closer together?

MRS. CALABRESE: Yes, I would say so.

ASSEMBLYMAN VISOTCKY: And, before this all happened you were too busy and occupied with your own problems. I do not mean to say it so cruelly, believe me.

MRS. CALABRESE: I think I am more aware of him as a person than I was before, but there was a period of time where there was no communication. Parents and adolescents go through a period where they lose communication a lot of times. It just breaks down, and part of that problem is that parents don't want to look at the problems their adolescents are facing.

ASSEMBLYMAN VISOTCKY: They can't believe something like this is ever going to happen, right?

MRS. CALABRESE: Right. They want to think that everything is going to be okay with their child. It is hard to face.

ASSEMBLYMAN OTLOWSKI: Barbara, you have been very, very helpful and, as a matter of fact, you were wonderful to come down here to make this contribution. We appreciate it. We may call you later on, because we may get into this adolescent thing a little deeper. Would you come if we called you?

MRS. CALABRESE: Yes, I certainly would.

ASSEMBLYMAN OTLOWSKI: Thank you very, very much. We are finished for this day. We are going to quit for today, but we are going to hold this open. We will announce another date and the area we are going to cover for the next time.

(Hearing Concluded)

STATE OF NEW JERSEY

ASSEMBLY CORRECTIONS, HEALTH AND
HUMAN SERVICES COMMITTEE

ASSEMBLY CHAMBER
STATE HOUSE
TRENTON, NEW JERSEY

"Public Hearing to examine the problem of drug abuse in New Jersey and the impact of funding reductions on drug abuse treatment and prevention services."

July 27, 1983

Testimony by:

Richard J. Russo, M.S.P.H.
Assistant Commissioner
Alcohol, Narcotic and Drug Abuse
New Jersey State Department of Health

A. The National Perspective:

With the advent of the "New Federalism," there has been a growing shift in responsibility from the federal to the State and local governments. In this period of transition, states are confronted with greater demands and diminished resources. Clearly, this calls for greater planning and coordination of services at the State and local levels as well as a reexamination of priorities. In this current climate of fiscal restraint, the allocation of limited resources must be undertaken in the most cost effective and beneficial manner. Major emphasis must be placed on preventative and intervention services for the more we can do to create healthy children, and teach them healthy life-styles, the better are our chances of having a healthy adult population.

With many traditional societal structures crumbling, high unemployment rates, single parent homes, working mothers and lack of meaningful alternatives, adolescents, in particular, are being forced to face the world with few supports to help them through the confusing and often chaotic teenage years. Current national data adequately demonstrates a significant correlation between alcohol and other drug use and abuse among our youth. This is also highlighted by growing rates of absenteeism, vandalism, runaways, and other delinquent behavior and criminal acts.

The problems of drug abuse impact on every sector of our society; whether it be lost productivity at the workplace; accidents on our highways; or disruption of the family unit. Our children are not immune from the problem nor are the elderly. A study sponsored by the Alcohol, Drug Abuse and Mental Health Administration several years ago estimated these costs to have been $65.8 billion, and a recent study by the Congressional Office of Technology Assessment projects that the costs will double for 1982.

This included costs of providing treatment for substance abuse itself, treatment for related medical disorders, lost productivity and criminal justice system costs for drug related crime, among other factors. It did not include the costs of goods stolen to support a drug habit.

In light of this evidence, it makes sense, in both fiscal and human terms, to invest in an appropriate level of funding for the prevention and treatment of drug abuse.

In fiscal year 1980 (the base year for the alcohol and drug portion of the ADM block grant), federal appropriations for the alcohol and drug abuse project (substance abuse) and formula grant programs totalled $332 million. In fiscal year 1983, this portion of the block grant equalled only $222.8 million -- a 33% reduction from fiscal year 1980 levels, without adjusting

for inflation. If the inflation rates are taken into account, current federal funding levels for substance abuse treatment and prevention services represent a 42% reduction in real dollars. Indeed, the federal support appears to have been cut nearly in half in the short space of three years.

We applaud the Congress for the supplemental appropriation of $15.2 million for the alcohol and drug portion of the ADM block grant included in the recession relief package. However, we must point out that we still need to continue our efforts to combat the ill-effects of unemployment, effects which will continue to place demands on our treatment and prevention systems for years to come. We must realize that with an increased public awareness of drug problems, as well as the recent focus on highway safety issues, the demand for treatment services has increased. I believe we should respectfully request an appropriation of the full authorized level for the fiscal year 1984 ADM block grant -- $532 million. Although this appropriation would represent a 30% decrease from fiscal year 1980 levels, it would greatly assist the states in continuing a comprehensive treatment and prevention approach to these major societal problems. We urge your Committee's support for the authorized amount of $532 million be appropriated for the federal ADM block grant for fiscal year 1984.

B. New Jersey Perspective:

In New Jersey, the 1982 costs of heroin addiction are estimated at approximately $782 million. According to recent data, the approximate cost of providing a full range of treatment services for each client in New Jersey's drug treatment system averages $3,000 per year for an overall cost to New Jersey of approximately $20 million.

Although these estimates are very rough, they provide an indication of the tremendous social costs associated with heroin addiction.

Given these realities, immediate treatment efforts should not and cannot be abandoned, and concerted emphasis should be placed on the development and implementation of meaningful prevention and intervention activities.

The New Jersey State Department of Health's Division of Narcotic and Drug Abuse Control's treatment and prevention funding has been reduced over the past several years by $5,000,000 which reflects a $1,200,000 pre block grant formula rescission; $3,000,000 reduction resulting from the switch from federal categorical to the ADM block; and an additional State budget reduction of $800,000. This total $5,000,000 reduction represents approximately a 25% funding loss to New Jersey. The results of this funding reduction over the past two years has reduced the number of treatment agencies from 97 to 80;

the annual number of clients receiving substance abuse treatment services from 21,000 to 15,000; and New Jersey's daily treatment capacity has been reduced from approximately 7,500 to approximately 6,690. The 20% prevention/intervention mandate under the Alcohol and Drug Mini Block Legislation further had a negative impact on the amount of funds available for treatment and rehabilitation services. Unfortunately, during this time of major fiscal reduction, the demand for treatment and rehabilitation services has continued to far exceed our capacity to respond.

We have been able to estimate both prevalence and incidence of heroin abuse, and this information was of the utmost importance in identifying the rapid increase in heroin abuse in Northern New Jersey in recent years. We have also been able to show that recent reductions in treatment admissions are <u>not</u> due to less drug use, but rather are a direct result of the reductions in resources available for treatment. In Newark, for instance, we estimate that treatment admissions for heroin abusers are <u>half</u> what they would have been without those reductions. Our data analysis indicates that heroin addiction remains at the same high levels since 1979, while our ability to deal with the problem has drastically diminished.

We have identified a major epidemic in Northern New Jersey--the combined use of glutethimide and codeine. All of our indicators point to its being an extremely serious problem, particularly in Newark, where it is causing as many deaths and emergency room incidents as heroin, and the user population is not the same. "Hits," as they are called on the streets, are being used by a younger population, one which is not involved with heroin.

We have extrapolated data from national and other surveys to provide estimates of the use of other drugs in New Jersey. There are over a half million marijuana and over 100,000 cocaine users in the State. Our data indicates that cocaine and amphetamine use continue to increase at a substantial rate. Although these drugs have been endemic among "street users" for years, their use is increasing at an alarming rate among other social strata. In Atlantic City, for instance, both cocaine and "speed" have assumed epidemic levels of use.

The data we gather on drug abuse problems are continuously analyzed and appropriate responses have been developed. As two examples, we have made methaqualone a Schedule I controlled dangerous substance in New Jersey, thus forbidding its sale through legitimate sources and, hopefully, eliminating its abuse in our State. We are now in the process of rescheduling glutethimide as one of our responses to the epidemic in Northern New Jersey.

The National Institute on Drug Abuse (NIDA) has only recently released their 1981 Annual Data Report (Series E, Number 25), which contains two tables allowing us to compare the extent of the heroin problem in New Jersey to other areas of the country. Since heroin is the major focus of treatment efforts nationally, treatment admissions for this drug are a good indicator of the extent of the problem.

The first table reports the percents and counts of admissions to treatment for each state (and outlying areas) by primary drug of abuse. Rather than report all states, we have selected the five states with the largest total number of admissions. The table below lists in descending order:

State	Total Admissions	Percent Heroin	Heroin Admissions
California	38,439	46.5	17,874
New York	25,196	54.4	13,707
New Jersey	19,401	78.4	15,210
Pennsylvania	18,911	26.4	4,993
Maryland	11,514	42.4	4,882

There are two important findings from these data reported by NIDA:

- New Jersey has the highest percent of heroin admissions of any state. (The District of Columbia, a depressed inner city, has a higher percent, but should not be compared to states.)

°New Jersey has the second highest number of heroin admissions of any state. (These data are confounded by the fact that New York does not completely report to NIDA -- if they did, we would be third in heroin admissions after California and New York.)

The other table lists data for 62 selected Standard Metropolitan Statistical Areas (SMSA's) in the nation. The highest ten SMSA's are listed below in descending order by percent of primary heroin admissions:

SMSA	Total Admissions	Percent Heroin	Heroin Admissions
Jersey City, NJ	778	85.6	666
Newark, NJ	9,729	84.0	8,172
Trenton, NJ	1,203	83.1	1,000
Paterson-Clifton Passaic, NJ	2,764	82.7	2,286
New Haven-West Haven, CT	954	71.6	683
New York, NY-NJ	19,609	67.9	13,315
San Francisco-Oakland, CA	8,788	60.8	5,343
Oxnard - Simi Valley Ventura, CA	1,347	65.1	877
Baltimore, MD	7,304	58.9	4,303
Detroit, MI	8,531	56.9	4,854

These data are compelling in their demonstration of the extent of the heroin problem in New Jersey. The only four New Jersey SMSA's contained in this table are the four highest in percent of heroin admissions in the nation. (Again, if New York fully reported, their percentage would be higher than shown here.)

There are some minor discrepancies between NIDA's report and our own data due to selection criteria for cases, but the results are comparable.

It is clear from these data that we continue to have a severe heroin problem in the major urban areas in New Jersey, and that the need for adequate treatment facilities remains an important public health issue.

Drug abuse remains a very serious health problem in New Jersey, as well as a major social problem. There are nine to 12 million drug related crimes committed each year in New Jersey. Excluding the cost of stolen goods, as I stated earlier, the costs in dollars for heroin abuse alone is estimated to be over $782,000,000 a year in our State. Without substantial improvements in resources to address the problem, we can only look forward to a continuously deteriorating situation.

In conclusion, the State Commissioner of Health and I applaud your Committee for conducting this Hearing and highlighting the drug abuse public health problem. We only hope that as a result of your efforts today, New Jersey citizens will benefit through increased public awareness and increased fiscal support.

Thank you.

Straight and Narrow, Inc.

396 Straight Street, Paterson, New Jersey 07501 • (201) 345-6000

Statement of Straight & Narrow, Inc.
by Dr. George Gubar

My name is Dr. George Gubar, an associate professor of psychology at Seton Hall University and the Director of Outpatient Drug Programs at Straight and Narrow. It was I who began the Dismas Drug Program approximately twenty years ago.

To become involved in a summation of the number of individuals who use illegal drugs such as heroin, cocaine, marijuana, etc in the northern portion of the State follows tradition but makes for extremely dull listening and reading.

Suffice it to say that the effect of the recreational use and abuse of drugs and alcohol has created a major physical and mental health problem in all layers of our society. Drugs do not respect color, race, religion, age or economic factors. Drug addiction and abuse is a problem that strikes at the very fiber of our family structure. Drug addition and alcoholism have caused irreparable damage to countless families and will continue to do so.

Unfortunately, a time of economic and career uncertainty is extremely damaging to the citizens of Northern New Jersey (especially in Passaic County) where unemployment, poverty and the resulting crime increases are not uncommon. One of the ways in which individuals have learned to deal with these conditions is to use drugs - and consequently, this population has turned to drugs as a means of dealing with their problems.

Superimposed on this picture is the decision by the Reagan Administration to reduce funds to the State of New Jersey (and to all programs in the state) for the treatment of substance abuse. This reduction of funds has necessitated three damaging circumstances for the delivery of treatment to the drug addicted.

First, all programs have had to curtail the number of clients that can be treated. There is a direct relationship between funds and treatment numbers: as the amount of money increases, more clients can be treated, and vice versa. To attempt to solicit funds from the community and industry for treatment of addiction brings us into direct competition with more "popular causes" such as cancer research, Boy Scouts, Heart Association, etc. Co-payment by addicts has also not produced remarkable results. The addicted population has usually had to support their addiction through crime, so that during the treatment period, they are not prepared to pay for services. As a result, addicts will not seek treatment or at least, cannot afford treatment

Second, programs have had to curtail the variety of services offered. Innovative programs, research, urine monitoring, and attempts to expand services, have had to be severely reduced or completely eliminated. Attempts at prevention and retraining have been partially funded at the expense of treatment. These attempts have not considered that treatment for the addicted must be offered to deal with the existing individuals who are afflicted.

Third, treatment programs are losing qualified personnel and not attract-

ing qualified personnel. Twenty years ago, it was extremely difficult to convince professionals to become involved in the treatment of addiction. As a result, many non-professionals and ex-addicts filled the jobs, usually at sub-standard wages. When funds began to flow to programs, the mental health professionals began to consider this area as having "legitimate" employment opportunities. Also, funds were made available to upgrade and train the para-professionals who had been in the field. Unfortunately, as funds are being curtailed, the number of jobs decrease, and salaries are not commensurate with private industry. This results in competition for professional services. In non-profit treatment programs, salaries are limited much more than in industry, and so again, we are regressing to the situation of twenty years ago. We are training novices in this field, who once experienced will leave the treatment jobs for the more lucrative positions in industry.

If I were asked to state the most pressing problem facing every treatment director, it would have to be lack of funds to reach their treatment potential. The very obvious solution is simply a return of lost government funds, or even an increase above former levels.

Let me close with one important statistical finding. This statement is related to chemotherapy, but would be equally applicable to drug-free treatment.

The death rate for those in treatment is only one-fifth to one-half that of most street addicts, while the crime rate among those in treatment is twenty times lower than for non-treated addicts!

Thank You

**NEW JERSEY ASSOCIATION FOR THE
PREVENTION & TREATMENT OF SUBSTANCE ABUSE**
486 LAWRIE STREET • PERTH AMBOY, NEW JERSEY 08861

Presented to
Assembly Corrections, Health and Human Services Committee
July 27, 1983

Treatment Providers View of the Drug Abuse Problem in New Jersey Today

This Association represents a network of 35 Drug Treatment and Prevention agencies across the state. We are nonprofit, public and private, under contract with the Division of Narcotic and Drug Abuse Control and licensed by the Department of Health. Collectively, we see the drug abuse problem from all levels of New Jersey Society: urban, suburban and rural; early adolescence to senior citizens; male and female; economically deprived to the privileged.

All varieties of drugs both licit and illicit are available to anyone who wants them. Our society in general has accepted the premise that certain drugs can be used recreationally in the same way we have accepted recreational alcohol use. The entire treatment system in New Jersey only works with approximately 15,000 people a year. A Washington University study tells us that 1 in every 5 persons completing their national household survey has used drugs in the past year. Therefore, we can only "guess-timate" the number of people needing but not receiving drug treatment/prevention services and the number that are now being treated in inappropriate settings:

National surveys conducted in 1982 have pointed out that drug abuse in our country has decreased with the exception of certain geographical areas of which the Northeast corridor is a prime example. Surveys reveal that children as young as 10 years old are experiencing pressure to try drugs, heroin abuse is still rampant, amphetamine and cocaine use is increasingly popular, and marijuana and alcohol use is common to all categories of drug abusers.

The Drug Abuse Treatment/Prevention Industry has truly come of age in the last 15 years. Our counselors are credentialed, our agencies are licensed, we know what treatment regime works best on what clients, yet our capacity to treat has decreased dramatically in the last 3 years. Federal cuts have fostered the closing of approximately ten nonprofit agencies in New Jersey. These cutbacks were the rationale for eliminating 50% of the treatment available to dysfunctional marijuana clients. Relatively few of these potential clients can afford out-of-pocket treatment in the private for profit hospitals in this state. Drug abuse treatment in New Jersey is not covered by Health Insurance unless treatment is received in an inpatient hospital setting, again limiting treatment services for those persons who rely on their medical insurance to secure treatment. This same situation exists for those clients covered under medicade and medicare. In addition, we know that costly inpatient hospitalization is inappropriate for the vast majority of drug abusers.

The treatment/prevention agencies have attempted to deal with this crisis situation by cutting costs that do not sacrifice quality services, implementing cost sharing fee schedules and availing themselves of other private and government monies. As you may realize, none of these attempts have been enough to offset the cutbacks. The agencies still have waiting lists, the referrals continue to come in from law enforcement community agencies and school systems. To date, there is no alternative funding source since the departments of Human Services, Correction and Education are experiencing their own financial problems.

Our member agencies are sharing resources and supporting each other as best as possible but we have yet to see the "safety net" we have been told is in place.

Respectfully submitted,

Carolann Kane

Carolann Kane
Chairperson
Legislation Committee

CK:cm

CONTRACTED AGENCIES

NAMES	LOCATIONS
Monmouth Medical Center	Long Branch
Soul O House	Newark
The Bridge	Caldwell
NEDAC (WHO/ALPHA)	Montclair, Livingston
Reality House	Woodbury, Mt. Holly
Hunterdon Medical Center	Hunterdon
Community Guidance Center	Trenton
Women's Resource Center	Keyport
La Esperanza	Camden
Toms River Outreach	Toms River
Wayne Counseling Center	Wayne
Damon House	Paterson, New Brunswick
Hunterdon Drug Awareness	Lambertville
Hope House	Dover
New Well	Newark
City of Orange Drug Program	Orange
Woodbridge Action for Youth	Woodbridge, Iselin
Integrity House	Newark, Berkeley Heights
Overlook Hospital	Summit
Corner House	Princeton
West Orange (MAYBE)	West Orange
New Brunswick Counseling Center	New Brunswick
Faith Farm	Flemington
Drug Program City of East Orange	East Orange
Post House, Burlington County, Health Dept.	Burlington
Together, Inc.	Glassboro
SODAT	Woodbury
Cumberland County Drug Treatment Center	Bridgeton
Inter County Council on Drug Abuse	Kearny
Perth Amboy Addiction Center	Perth Amboy
Family Service and Drug Free Outpatient Program	West Orange
Renaissance, Inc.	Newark
Proceed, Inc.	Newark
Red Bank Outreach	Red Bank
Operation Junction	Cape May
Bayshore Youth Services	Keyport

NAMES	LOCATIONS
Institute for Human Development	Atlantic City
Turning Point	Camden
Boy's Club	Kearny
C.U.R.A., Inc.	Newark
Mt. Carmel Guild	Newark
City of Newark Drug Program	Newark
Straight & Narrow, Inc.	Paterson, Cedar Grove
Family Guidance of Warren County	Warren
Plainfield Counseling	Plainfield

TO:

ASSEMBLY COMMITTEE, HEALTH
AND HUMAN SERVICES COMMITTEE

FROM:

DIRECTOR JAMES V. GASSARO
NEW BRUNSWICK POLICE DEPARTMENT

RE:

TESTIMONY REGARDING THE IMPACT
OF FUNDING REDUCTIONS ON DRUG
ABUSE TREATMENT AND PREVENTION
SERVICES

AS A CAREER POLICE OFFICER WHO HAS SPENT MANY YEARS SPECIALIZING IN NARCOTIC ENFORCEMENT, I WELCOME THE OPPORTUNITY TO ADDRESS THIS HEARING AND TO MAKE KNOWN MY PERSONAL AND PROFESSIONAL VIEW ON THE SUBJECT OF DRUG REHABILITATION. CERTAINLY THIS BODY WILL BE CONSIDERING THE COSTS OF THE NUMEROUS PROGRAMS AVAILABLE TO DRUG ADDICTS. IF I MAY, I WOULD LIKE FOR YOU TO CONSIDER THE ENORMOUS COSTS OF NOT HAVING SUFFICIENT PROGRAMS AVAILABLE TO DRUG ABUSERS.

WHEN WE SPEAK OF DRUG REHABILITATION, WE ARE GENERALLY CONSIDERING HEROIN AND BARBITUATE ADDICTS AS OPPOSED TO MOST OTHER SUBSTANCES. WHILE THERE ARE NUMEROUS ABUSERS USING STIMULANT DRUGS SUCH AS COCAINE AND AMPHETAMINES, IT IS THESE DEPRESSANTS THAT ARE THE MOST DANGEROUS, ADDICTIVE AND CRIME-PRODUCING. I DO NOT INTEND TO MINIMIZE THE DANGERS OF STIMULANT ABUSE, BUT AS A POLICE OFFICER, IT HAS BEEN AN EXPERIENCE THAT HEROIN ADDICTS ALMOST ALWAYS MUST RESORT TO CRIME TO SUPPORT THEIR HABITS.

A STUDY TWO YEARS AGO BY TEMPLE UNIVERSITY LINKING HEROIN ADDICTION WITH CRIME FOUND THAT 243 ADDICTS WERE RESPONSIBLE FOR HAVING COMMITTED MORE THAN 500,000 CRIMES IN BALTIMORE IN AN ELEVEN YEAR PERIOD. SIMILARLY WE HAVE BEEN ABLE TO ATTRIBUTE AN ENORMOUS PERCENTAGE OF CERTAIN CRIMES COMMITTED IN THE CITY OF NEW BRUNSWICK TO ADDICTS. OVER THE PAST SEVEN YEARS, ARRESTS MADE FOR ARMED ROBBERY, BURGLARY, PROSTITUTION, MUGGING OFFENSES AND WEAPON VIOLATIONS SHOW THAT FOUR OUT OF FIVE OF THOSE ARRESTED WERE EITHER KNOWN HEROIN OR BARBITUATE USERS OR HAD PSYCHOLOGICAL SIGNS OF ADDICTION SUCH AS NEEDLE TRACKS OR SKIN ULCERS. THESE PERCENTAGES REMAIN GENERALLY CONSISTANT AND HOLD UP EVEN WHEN BROKEN DOWN BY SEX, AGE OR RACE. IN OTHER WORDS, WHETHER THE OFFENDER IS BLACK OR WITE, MALE OR FEMALE, YOUNG OR OLD, THE COMMON DENOMINATOR IS CLEARLY HEROIN OR BARBITUATES.

HEROIN AND BARBITUATES ARE, AS YOU KNOW, HIGHLY ADDICTIVE, AND THE BODY BUILDS UP A TOLERANCE TO THE DRUGS. ONCE ADDICTED, THE BODY CALLS FOR MORE OF THE DRUG OF ADDICTION. THIS MEANS SIMPLY THAT A DEPRESSANT ADDICT HAS A RAPIDLY GROWING HABIT THAT MUST BE FED OR THE PAIN AND SUFFERING OF WITHDRAWAL SETS IN.

THESE TYPE OF ADDICTS NEED TO REINTRODUCE THE DRUG INTO THEIR SYSTEMS APPROXIMATELY EVERY FOUR HOURS. BECAUSE OF THE EFFECTS AND DEMANDS OF THIS DEPENDENCY AN ADDICT CANNOT HOLD DOWN LAWFUL EMPLOYMENT NOR CAN HE AFFORD HIS HABIT ON PAY THAT IS AVAILABLE IN THE WORK FORCE. AN ADDICT MUST RESORT TO CRIME SEVEN DAYS A WEEK, 365 DAYS A YEAR TO FEED HIS HABIT.

THE TYPICAL HABIT FOR HEROIN ABUSERS CAN RUN FROM FIFTY DOLLARS A DAY, UPWARD. HABITS OF SEVERAL HUNDRED DOLLARS A DAY ARE NOT UNCOMMON

AN ADDICT WITH A $200. PER DAY HABIT WHO COMMITS BURGLARIES TO SUPPORT HIMSELF MUST BE ABLE TO STEAL ENOUGH MERCHANDIES TO REALIZE THAT AMOUNT. A TELEVISION VALUED AT $500. MAY ONLY REALIZE $50. TO THE ADDICT WHEN HE SELLS THE SET TO A FENCE OR A PERSON ON THE STREET. SIMILARLY, JEWELRY, SMALL APPLIANCES AND GOLD ARE USUALLY SOLD FOR A FRACTION OF ITS' VALUE. IT MAY TAKE THE THEFT OF SEVERAL THOUSAND DOLLARS WORTH OF GOODS TO REALIZE ENOUGH TO SUPPORT THIS $200. HABIT. TO COMPOUND THIS ADDICTS PROBLEM WHEN HE EVENTUALLY CONVERTS THE FRUITS OF HIS CRIME INTO CASH, HE HAS NO GUARANTEE THAT THE HEROIN HE BUYS ON THE STREET MAY NOT BE COUNTERFEIT OR AS IT IS CALLED ON THE STREET, "BEAT".

EVEN IF THE ADDICT/BURGLAR DOES GET AUTHENTIC DOPE HE IS ALWAYS EXPOSED TO THE POSSIBILITY OF BEING ROBBED BY ADDICTS WHO FEED THEIR HABITS BY ROBBING OTHER ADDICTS.

ONE, TWO-HUNDRED-DOLLAR-A-DAY-ADDICT/BURGLAR, OVER A PERIOD OF A FEW SHORT WEEKS IN A SMALL OR MODERATE SIZED COMMUNITY CAN BE A ONE-MAN CRIME WAVE UNLESS HE IS STOPPED.

ONE OF THE WAYS THAT THE POLICE CONTROL CRIME AND ADDICTION IN THEIR COMMUNITIES IS TO WATCH FOR ADDICTS WHOSE HABITS HAVE GOTTEN OUT OF CONTROL. A RECENT RASH OF HOUSE BURGLARIES IN OUR CITY WAS SOLVED BY DETECTIVES COMPILING A LIST OF THE MOST CURRENTLY "STRUNG OUT" ADDICTS AND COMPARING THEIR FINGERPRINTS FOUND AT THE SCENES. ONE MAN ON THAT LIST WAS DEVELOPED AND HE SUBSEQUENTLY WAS CHARGED WITH 33 HOUSE BURGLARIES IN A THREE WEEK PERIOD. THIS MAN ACCOUNTED FOR ALL BUT EIGHT OF THE REPORTED BURGLARIES IN THE CITY DURING THAT PERIOD. THIS IS

NOT AN UNUSUAL PHENOMENON. WE HAVE FOUND OVER THE YEARS THAT BURGLARIES AND CONVENIENCE STORE ARMED ROBBERIES OCCUR IN SPURTS AND WHEN ARRESTS ARE MADE IT IS USUALLY FOUND THAT A FEW DESPERATE HEAVILY HABITUATED ADDICTS ARE RESPONSIBLE.

NEEDLESS TO SAY, ALMOST ALL PROSTITUTION ARRESTS ARE DRUG RELATED. EITHER THE PROSTITUTE IS ADDICTED, OR SHE IS HUSTLING FOR A MAN WHO IS ON DOPE. STREET MUGGING AND POCKETBOOK SNATCHES ARE VERY FREQUENTLY THE WORK OF ADDICTS AND/OR JUVENILES.

AN AREA OF CONCERN ON THIS SUBJECT HAS TO DO WITH WEAPONS. HEROIN ADDICTS BEING SUBJECTED TO DECEIPT AND ROBBERY BY OTHER ADDICTS HAVE OFTEN RESORTED TO CARRYING HANDGUNS OR KNIVES FOR SELF-PROTECTION AS WELL AS FOR USE IN CRIME. THE TEMPLE UNIVERSITY STUDY MENTIONED EARLIER STATES THAT ON A NATIONAL LEVEL, 40% OF ALL ADDICTS ARE ARMED WHEN ARRESTED. CITY FIGURES FOR THE PAST TWO YEARS WERE SIMILAR. ADDICTS ARE OFTEN MORE IN FEAR OF ANOTHER ADDICT THAN THEY ARE OF THE POLICE.

EVENTUALLY ALL ADDICTS/CRIMINALS ARE DETECTED AND ARRESTED. THEY EITHER MAKE BAIL OR SERVE A SENTENCE AND END UP BACK IN THE SAME ENVIRONMENT, THE SAME CIRCUMSTANCES AND AMONG THE SAME PEOPLE THAT CONTRIBUTED TO THEIR DRUG INVOLVEMENT IN THE FIRST PLACE. UNLESS SOME REHABILATIVE PROCESS HAS BEEN APPLIED-THE PROCESS OF ADDICTION-CRIME AND ARREST WILL BE REPEATED AND REPEATED.

MOST REFERRALS TO DRUG PROGRAMS COME FROM THE COURTS. OFTEN AFTER A REVIEW OF THE ADDICTS NEEDS HE CAN BE REFERRED TO A DRUG-FREE SYNONON-TYPE ENVIRONMENT, A DETOXIFICATION PROGRAM GEARED TO BRING THE USERS HABIT DOWN TO A MANAGEABLE LEVEL, OR A METHADONE MAINTENANCE PROGRAM-WHEREIN THE USER IS SUPPLIED WITH METHADONE WHICH ALTHOUGH ITSELF ADDICTING, IETS THE USER OUT OF THE HEROIN-CRIME SYNDROME.

THE OPTIMUM IS FOR AN ADDICT TO ENTER A DRUG FREE PROGRAM AND RETURN TO SOCIETY CURED OF DRUG DEPENDENCE. UNFORTUNATELY, THIS DOES NOT HAPPEN OFTEN. IT SOMETIMES TAKES A USER SEVERAL TRIES AT A PROGRAM OR VARIETY OF PROGRAMS UNTIL HE IS RENDERED DRUG FREE.

ALTHOUGH I DON'T PERSONALLY FAVOR THE METHADONE MAINTENANCE PROGRAM, IT DOES ALLOW FOR THE ADDICT TO GET OUT OF THE HEROIN-CRIME CYCLE AND IT BUYS HIM OR

HER TIME TO ORGANIZE THEIR LIVES SO THAT DOWN THE ROAD WHEN THEY ARE PHYSICALLY AND PSYCHOLOGICALLY BETTER PREPARED TO TRY, THEY CAN GO DRUG FREE.

DETOXIFICATION PROGRAMS, ALTHOUGH THE LEAST EFFECTIVE IN TERMS OF CURING ADDICTION, BRING THE USERS LEVEL OF ADDICTION TO A SAFER LEVEL AND OFTEN SERVES AS A TEMPORARY "CURE".

THE TEMPLE UNIVERSITY STUDY THAT I HAVE REFERRED TO ALSO SHOWED THAT THE CRIME RATE OF ADDICTS FLUCTUATED DEPENDING ON WHETHER THEY WERE "ON" OR "OFF" DRUGS. DURING THE OFF PERIODS THEY COMMITTED 84% FEWER CRIMES THAN WHEN THEY WERE ON.

THERE IS A NEED TO RECOGNIZE THE CORRELATION BETWEEN DRUG ADDICTION AND CRIME, - A NEED TO RECOGNIZE THE AMOUNT OF PAIN AND SUFFERING A SINGLE ADDICT CAN CAUSE - AND THE NEED TO RECOGNIZE THE VALUE AND NECESSITY OF EFFECTIVE DRUG PROGRAMS.

I HAVE, OVER THE YEARS SEEN ENOUGH EXAMPLES OF HARD CORE USERS CURED AND RETURNED TO SOCIETY AS PRODUCTIVE CITIZENS TO BELIEVE IN THE VALUE OF OUR DRUG PROGRAMS AS THEY NOW EXIST EVEN WITH ALL THE PROBLEMS AND FAILURES THAT HAVE OCCURRED. I ALSO SEE A VALUE IN THOSE PROGRAMS THAT REDUCE A USERS CRIME POTENTIAL IF ONLY BY GEARING DOWN THEIR ADDICTION.

AS THE POLICE DIRECTOR OF THE CITY OF NEW BRUNSWICK, I AM RESPONSIBLE FOR REDUCING AND PREVENTING CRIME. DRUG ABUSE TREATMENT AND PREVENTION PROGRAMS HAVE ALWAYS BEEN EFFECTIVE TOOLS TO THAT END. TO REDUCE FUNDING FOR REHABILITATION PROGRAMS AT THIS TIME WOULD BE ILL-ADVISED AND COUNTER PRODUCTIVE TO ACHIEVING THE GOAL OF SAFER STREETS AND A BETTER SOCIETY.

I AM PLEASED TO HAVE BEEN GIVEN THE OPPORTUNITY TO APPEAR AT THIS HEARING TO VOICE MY OPPOSITION TO ANY REDUCTION IN FUNDING IN THIS AREA AND WILL GLADLY MAKE MYSELF AVAILABLE TO THE COMMITTEE MEMBERS AT ANY TIME FOR QUESTIONS. I THANK YOU AND FERVENTLY HOPE THAT YOU WILL CONSIDER MY THOUGHTS AND NOT REDUCE FUNDING FOR THESE VITAL AND NECESSARY PROGRAMS.

Assemblyman George J. Otlowski, Chairman;
and Members of Assembly Corrections, Health
and Human Services Committee

Joseph J. Craparotta, Captain
New Jersey State Police
Narcotic Bureau

PREFACE

The New Jersey State Police originated the Narcotic Bureau in 1952 and has since grown to its current contingent of 62 detectives under the command of a bureau chief. As per State Police operating procedures, the mission of the bureau has been to coordinate the efforts of the Tri-County Multi-Agency Narcotic Unit, the Patrol Drug Response Unit and the narcotic functional units designated North, Central and South; to enforce, apprehend, investigate and assist in the apprehension and investigation of violations/violators which come within their purview.

The bureau chief, Captain J. J. Craparotta, a 23-year veteran, 19 of which in Narcotics, is directly responsible to the Supervisor of the Investigation Section for the efficient performance of all personnel and equipment under his supervision. The chief also maintains a liaison with other law enforcement authorities and coordinates and maintains records of the units.

The information contained herein depicts the types of drugs most frequently abused, but not limited to, the geographical locations in which the crux of the problem exists, and the propensity to which members of our society are becoming involved. The report also indicates the statistical success during previous interdictions in high crime areas such as Passaic and Elizabeth.

In conclusion, to effectively obviate the problem of drug abuse in the State of New Jersey, it must be emphasized that no single method employed will withstand its magnitude. Only after the problem has been properly identified and addressed, can the cooperative efforts of our criminal justice system, our corrective rehabilitation and other methods of education stem the demand which will in turn diminish the supply.

In the 1950's, the New Jersey State Police created a full-time Narcotic Bureau to deal with the growing narcotic problem in the state. The bureau pioneered the drug field with methods unknown or not utilized by many enforcement agencies in such areas as: undercover transaction, funding for the purpose of obtaining evidential drugs, paying informant fees for their services, and using surreptitious vehicles during investigations. As the months and years progressed, the bureau's popularity and effectiveness increased as did the demand for its services by local, county, and other agencies. The operations performed by the bureau consisted mainly of targeting those persons on the distribution level, obtaining evidence and effecting the arrest, a relatively simple task for today's standards.

By the late 1960's, the Federal Government recognized the drug problem in New Jersey to be of monumental proportions thereby pouring millions of dollars into the state to augment their minute resources in effort to obviate the propensity of the drugs. With those necessary resources provided, additional manpower and funding, the state police was able to effectively combat an already serious situation. New concepts and programs were developed and initiated by the bureau to deal with not only existing but perceived drug problems in the future. These programs evolved as a result of available funds, executive perogatives and most important, public awareness and pressure. Three Narcotic Bureau regions were established to geographically serve the North, Central and Southern portions of the state as well as: a Patrol Drug Response Unit, responding to all major seizures made by uniform road personnel; a Diversionary Investigation Unit, which investigated the drug abuse on the medical and pharmaceutical level; and a Tri-County Unit, comprised of local and county officers trained in the drug field by experienced state police detectives. This success, however, was short-lived because in the years that followed, Federal funding diminished

to a point of virtual non-existence and the state began its austerity program.

With the inception of the 1980's, the roles of the State Police Narcotic Bureau, again had to be adjusted and concepts in enforcement have been adjusted to combat the alterations of the drugs in demand. The new high has become cocaine. Once used by only the affluent, due to its availability and stimulating effect, it is now used by both rich and poor and considered one of the most deleterious drugs on the market. In the past decade, law enforcement has not only witnessed the dramatic increase in cocaine, but have yet to realize a diminishing of other popular drugs. State police seizures of cocaine in 1981 totalled approximately 78 pounds; in 1982, over 103 pounds; and in the first six months of 1983, the amount exceeds 114 pounds. Seizures of marihuana for 1981 were almost 21,600 pounds and in 1982, a dramatic 80,400 pounds. It should be noted the Florida DEA Task Force began its operation on March 17, 1982.

The "problems" discussed are universal. The Senate Congressional Report of September 15, 1982, cites, "In 1961, customs officials seized eight pounds of cocaine; in 1971, the amount jumped to 408 pounds; in 1981, 3,725 pounds were seized. In 1982, over 3,900 pounds were seized on one single arrest." Additionally, a Newsweek Article, "Regan's War on Drugs" reflects "while heroin has long been regarded by most Americans as the Nation's most serious drug problem, it is a minor industry compared with cocaine and marihuana. In 1980, sales of those two drugs in the United States totalled at least $45 billion, while only about $8 billion were generated by the heroin trade." It is estimated that in 1980, the retail street-level transaction value of the drug trade in the United States was about $79 billion. By way of comparison, the annual volume of sales of the five largest business corporations in the United States in 1980 ranged from a high of $103 billion (Exxon) to $40 billion (Standard Oil of California). In other words, the drug business would be ranked second on this index.

In this Newsweek Article, the Federal effort in Florida has been outlined. Because of its success, large seizures are now being made in other areas of the eastern United States. The State of New Jersey is already experiencing increased trafficking as indicated with seizures of over 80,000 pounds in 1982 due to its geographical location and concentration of the Hispanics, organized crime, and motorcycle elements residing within our jurisdiction.

SPECIFIC DRUGS ADDRESSED

I. Cocaine

During the early 1970's, cocaine traffic was almost exclusively controlled by persons of Cuban decent. Cocaine, which originates almost exclusively from Colombia, South America, was readily available to the Cubans who spoke the language and had the ability to successfully smuggle it into the United States. Distribution networks consisted of Cuban refugees available to distribute large quantities of cocaine through the Hispanic communities in the state. Within the last three years, it has become evident that members of the Hispanic community, Colombians and Cubans, have apparent control of the transportation and distribution of cocaine within the State of New Jersey. It is also evident that these Hispanics comprise separate organized groups and control the availability of cocaine to such an extent that even traditional organized crime members are forced to interact with them.

II. Methamphetamine

The problem of methamphetamine (speed) in New Jersey has changed from the abuse of diet pills to the building of clandestine laboratories throughout the state. These clandestine labs are capable of producing large quantities of speed for distribution. The chemical industry has become one of the state's leading industries. This may be a factor in the availability of chemicals and a concentration of chemists, which would be conducive to the manufacture of speed. Within the past few years, it has become evident that several organized groups have become instrumental in the manufacture and distribution of methamphetamine. The Pagan Motorcycle Gang has been identified and documented as an organized groups heavily involved in methamphetamine manufacture and distribution. Traditional members of organized crime families have also become heavily involved in both the importation of necessary chemicals, the manufacture and distribution of methamphetamine. An increased market for methamphetamine in New Jersey could be attributed to gambling in Atlantic City casinos and the fast-paced life style of both employees and guests.

III. Heroin

The heroin problem has changed considerably in the past decade in terms of origin and distribution. The user problem, however, remained almost constant with no appreciable change in the number of addicts. The number of overdose deaths has increased as a result of methadone which may be construed as a part of the heroin problem. Over the past decade, the source for heroin has

changed from Turkey to the "Golden Triangle" area of Asia, to Mexico's brown heroin and back to the areas of Iran and Afganistan. The processing plants have moved form Bordeaux, France, to Palermo, Sicily. The final product, however, which is the prime source of concern for the State Police, is being trafficked by large organizations, consisting primarily of black, i.e., Barnes Organization, Lucas Organization, etc.

IV. Marihuana

The marihuana problem has reached epidemic proportions with some estimates running as high as two million regular users in the state. Over the past decade, the problem has increased from a few individuals growing their own or having it mailed to them by friends vacationing in South America, to organized groups importing tons by ships and planes into New Jersey, where a ready market awaits its arrival. In the past few years, smuggling activity has increased along the east coast of the United States and at airports throughout same. Within the past year, it has become evident that smuggling organizations have moved their off-loading sites to the New Jersey coastline and waterways consisting of 1,792 miles. This is evident by the recent seizures of approximately 60 tons of marihuana and three separate investigations.

The majority of New Jersey's 78 documented airports are located in rural areas, offering the CDS smuggler an adeal location to facilitate the bulk movement of CDS, i.e., marihuana. Less bulky CDS, such as heroin and cocaine are easily unloaded and moved quickly with a lesser probability of detection. It is also known from informant information that both airplanes and marine vessels have worked in conjunction with smuggling operations, such as airplanes dropping CDS packages into waterways to awaiting vessels who transport them to land vehicles. With the exception of Newark Airport, there are no law enforcement personnel monitoring airports on a full-time basis. Enforcement efforts depend primarily on the tips of concerned citizens or confidential informants. There exists a high probability that documented airports and make-shift airfields in New Jersey are being used on regular basis for the importation of CDS.

V. Diversion of Legally Manufactured Pharmaceutical Drugs

As mentioned previously, the chemical industry is one of the state's leading industries. Within New Jersey, there are 120 manufacturers and wholesalers of pharmaceutical drugs. Through the years, it has been determined that large quantities of these drugs have been diverted by one way or another from their legitimate distributor. The DIU, which was formed to exclusively investigate crimes of this nature, has been dissolved because of a lack of funding. The problem, however, has not been dissolved and continues.

VI. Clandestine Manufactured Drugs

In addition to methamphetamine, which is manufactured in clandestine labs, various psycho-active drugs (mind-altering) are also manufactured in these labs, i.e., PCP, LSD, etc. These drugs, which were popular in the late 60's and early 70's have made a resurgence and are very popular among teenagers. More deaths have been attributed to accidents caused by the strange behavior the psycho-active drugs produce, than by the drugs themselves.

OTHER STATISTICAL DATA

The State of New Jersey, although 46th in size, ranks 9th in population and 1st as the most densely populated state in the country. Of its seven and one half (7.5) million inhabitants, it has been estimated that 1.4 million residents abuse controlled dangerous substances. The measurement criterion includes statistics from the State Police Uniform Crime Reporting Unit (UCR), the New Jersey Department of Health, and information gathered through new accounts and local enforcement agencies.

Additional information gleaned from files of the Uniform Crime Reporting Unit revealed the following comparative data for the years 1970 and 1982:

ARRESTS

	Total Arrests			Drug Arrests		
	1970	1982	% Increase	1970	1980	% Increase
Passaic	18,632	19,575	5	1,587	2,237	41
Essex	39,885	45,612	14	4,619	5,622	22
Hudson	17,541	24,128	38	2,261	2,445	8
Union	18,979	21,339	12	1,958	2,184	12
Atlantic	9,437	18,328	94	643	1,403	118
Mercer	13,786	17,666	28	1,050	2,357	125
Camden	16,713	23,005	38	804	1,610	100
Morris	12,497	16,980	36	1,012	1,239	22
Bergen	21,127	33,969	61	2,164	2,457	14

The aforementioned counties are mentioned due to being considered major counties of the state regarding population and crime. Statistics for Atlantic County were included due to the drastic increase in all categories. The 1980 total population of Atlantic County is 194,119 with 7,590 or 4% Hispanic; a 98% increase from 3,838 in 1970. It was also noted that major and violent crimes combined for 1981-1982 have decreased approximately 5% statewide, however, increased 13% in Atlantic County.

OPERATIONAL INFORMATION

In January 1982, the Narcotic Bureau, North Unit, terminated a three-month undercover operation in the City of Passaic with the arrests of 26 drug dealers. Iniated at the request of the Passaic Police Department, the operation was primarily directed at the street level dealers identified as creating a public safety hazard to the citizens of the city. Statistics documented by the Uniform Crime Reporting officials of the Passaic police department indicated a condensed average of 341 crimes of robbery, burglary and larceny were committed during November 1981, December 1981, January 1982 and a comparative February 1981. The statistics for 1982, one month after the raid, averaged 262 of the aforementioned condensed crimes, indicating a decrease of 30%. In comparing the months of just February 1981 and February 1982, a month after the raid, the data shows a decrease average of 15%. Representatives of the department attributed the decrease directly to the results of the investigation. In a similar investigation, one year prior, the State Police conducted a probe in Elizabeth, N.J., culminating with the arrests of over 60 heroin street dealers. Crime again decreased appreciably after the arrests.

The previously mentioned documented data, and information clearly indicates the serious extent to which the drug problem exists in the State of New Jersey. The

New Jersey State Police is also cognizant of and agrees with the 1982 Federal Strategy which, in part, advocates rehabilitation and education. The increases in drug arrests noted earlier could well be as a result of public awareness, the education factor; or due to the increase in the amount of drugs readily available, simultaneously effecting the growing number of addictions. From a professional standpoint, the probability of the correlation between rising crime rising drug arrests and rising seizures, presents a realistic conclusion to a formidable problem. As proven in the past: reduce demand and supply will diminish.

TESTIMONY BY

THE NEWARK DEPARTMENT OF HEALTH AND WELFARE

FOR THE

ASSEMBLY CORRECTIONS, HEALTH - HUMAN SERVICES COMMITTEE

ON

WEDNESDAY, JULY 27, 1983

STATE HOUSE, TRENTON, NEW JERSEY

Mr. Chairman, members of the Assembly Corrections, Health and Human Services Committee, ladies and gentlemen. I would like to thank you for this opportunity to present testimony relative to drug abuse and funding problems being encountered in the City of Newark.

The myriad of problems which our local drug treatment programs are confronting can be separated into three areas. These areas are identified as:

(a) The drug abuse problem

(b) Availability services and treatment facilities

(c) Funding

At this time I would like to present some information that relates to each of these categories.

A. The Drug Abuse Problem

Our current drug problem is both pervasive and over whelming. Estimates of substance abusers, in the City of Newark, range from 12,000 to an excess of 18,000, based on known or "registered" addicts and the increasing incidence of drug-related crimes. The average age of these addicts is under 25 years and many of our adolescents are already experimenting and/or abusing illicit drugs.

Local coordinators of drug treatment programs have indicated that one out of every 10 high school students currently smoke marijuana, one out of 5 has experienced cocaine use and 4 out of every 10 students has experimented with pills, known as "hits" (codeine and CIBA).

The alarming rise in the number of drug abusers, particularly among our adolescent population, can be directly linked to the easy accessibility and availability of illicit drugs. Newark is situated in an area of the Northeast Corridor, which is fully documented to be a major drug trafficking center. As such, there is a constant influx of illicit drugs.

B. Availability of Services and Treatment Facilities

There are ten (10) drug treatment facilities in the City of Newark. Of these, three are residential drug-free centers, two are out-patients drug free, three provide methadone maintenance services, one intermediate medical unit, (IMU) and one detoxification program. These ten (10) centers, which may appear by sheer numbers to be adequate, are only capable of servicing 2000 clients. This service level indicates that we are only addressing the treatment needs of less than 10% of estimated substance abusers in the City of Newark.

We recognize that inadequate funding affects the ability to increase service levels. Community opposition to the location of treatment facilities is also a major deterrent to the expansion of service. As such, our needs outweigh our ability to adequately service Newark's addicted population.

C. Funding

Our drug treatment programs are currently faced with cutbacks in federal funding and the implementation of the block grants. This has resulted in economic turmoil as our programs attempt to continue treatment of the addicted population. In fiscal year 1982, the Methadone Maintenance Program, which is operated under

the auspices of the Newark Department of Health and Welfare, was faced with a funding deficit of approximately $60,000. In an attempt to offset this deficit, a Cost Sharing System, mandated by the State, was implemented. This system, which represented a mandatory contribution by the client, towards their treatment, generated sufficient funds to cover the projected deficit. In addition to the positive aspect of the cost sharing system, i.e., the generation of program income, our program was also faced with a severe negative impact, the loss of clients. At the inception of our cost sharing system June, 1982, we were servicing 280 clients per day. During the course of the year, we experienced an unusually large turnover of clients, as we were forced to terminate non-paying clients. Our service level is now averaging 242 clients per day, a decrease of 14%. We shudder at the thought of having to continue to supplement funding deficits, through this cost sharing system, in light of the devastating effects it has had on our client population.

Our experience, which is similar to that of other local drug treatment administrators, indicates without a doubt that if the present policy of reducing federal resources continues, the prevention and treatment capability of our large urban communities will be destroyed. And it is in these large cities where the greatest need for drug abuse services exists, and will continue to exist.

SUMMARY

In summary we perceive the drug abuse problem in Newark to be very large and continuing to grow. It attacks our youth, our professionals, its presence is felt in all environments. Moreover, without a doubt, if the present policy of reducing federal resources in the field continues, the prevention and treatment capability of our large urban communities will be destroyed. It is in these large cities where the greatest need for alcohol, and drug abuse services exists, and will continue to exist.

Fees for service will have no other alternative but to increase and currently the termination rate is high as it relates to those individuals who are on a fixed income, eg. welfare, SSI...

It then becomes incumbent upon the State and Federal legislators to make a concerted effort at the circumvention of present and proposed cuts in treatment of the addicted population.

July 27, 1983

TO THE MEMBERS OF: Assembly Corrections, Health and Human Services Committee
State House, Trenton, New Jersey

FROM: Diane Hecht
President, Metuchen Families in Action
Metuchen, New Jersey 08840

RE: Testimony to the Assembly Corrections, Health and Human Services Committee

My testimony is from my own experience as a parent of a child who became involved with drugs in Metuchen, New Jersey. Because of this experience, I helped to found Metuchen Families in Action, a parenting group that decided to take action to combat the frightening escalation of alcohol and drug abuse among our youth. My involvement with Phoenix House Foundation, Inc. of New York City, the drug treatment program my son graduated from, and my interactions with many parents and professionals in the substance abuse field for the last three years, have led me to some strong positions I wish to share with you.

We're here to discuss the impact of a decrease in funding for drug abuse treatment and prevention services in our State. I will discuss these issues concerning the adolescent , which is my primary concern, in three parts:

1.) How serious is substance abuse in New Jersey,
2.) Treatment,
3.) Prevention.

#1.) Substance Abuse in New Jersey

Marijuana sales are now the third largest business in our nation, exceeded only by Exxon and General Motors. Marijuana smoked today is 20 to 100 times stronger than that smoked in the 1960's, according to Dr. Mitchell Rosenthal, President of Phoenix House Foundation, Inc., our nation's largest drug treatment program. Along with the physical dangers we are finding, some of the other risks involved with smoking marijuana,

Rosenthal adds, include a dangerous impact on behavior, judgement and memory, and can affect the emotional and intellectual development of children.

Drug paraphernalia is an estimated $3 billion plus industry. This is an industry that glamorizes and promotes illicit drugs to children - with "Toss a Toke" frisbees and "Star Wars" guns for super hits of marijuana. At the very time when childrens' normal healthy growth leads them outward from parents to peers for support, they are bombarded with drug-using role models - rock stars, movie heroes (Cheech and Chong), television personalities, disc jockeys, professional sports players, newspaper columnists, Presidents and Mayors kids, lawyers, doctors, and even some teachers and counsellors - all saying to them that drugs are acceptable and fun. The many alcohol advertisements such as "Put a little weekend into your week" with beer, adds to the message that we need something chemical to relax. Our society has helped to create a climate where we now have the <u>majority</u> of kids experimenting with, and many becoming hooked on drugs and alcohol, some starting at 9 and 10 years of age.

A summary of findings from a report of the New Jersey Attorney General and Criminal Justice Department, Summer 1981. The report utilized a pre-tested survey administered during November 1980, at twenty-nine New Jersey Public High Schools chosen to provide a representative cross section of randomly selected 10^{th}, 11^{th}, and 12^{th} grade students throughout the State. Not surprisingly, the New Jersey statistics are very close to the national statistics. The only changes we are seeing since 1981 is an increase in alcohol consumption. Only 5.7% have not tried alcohol, pot or other drugs.

1 of 9 is stoned on pot daily

1 of 5 has had alcohol in the last 30 days

1 of 15 has had alcohol <u>40 times</u> in the last 30 days

42% have used other illicit drugs other than pot or alcohol.

It is estimated that we have 3.3 million problem drinkers, 14-17 years old nationally, and it is rarely just alcohol, but poly-drug usage.

When my son, Todd, was drug free and his pleasant personality had returned, other than going to New York City two nights a week for treatment, he stayed home at night for three more months. When I suggested that he go to a party, he said "don't even mention that word to me!" It became clear to me through Todd's alienation in Metuchen, and discussions with

him, that the majority of Metuchen High School studens were into alcohol and/or drugs to some degree, many to a large degree. I became aware that alcohol, marijuana, LSD, speed, downers, hash, mescaline and cocaine are all easily obtainable in Metuchen. Working with parents and kids from other communities such as East Brunswick, Edison, Highland Park, Iselin, Princeton, Belle Mead, South Amboy, and South River, I realized the availability and usage of drugs was horrendous in every town, as in the nation.

What can be said about the large scale ramifications of widespread substance abuse by our adolescents? We can say that a sizeable number of young people will not mature as they should - will not make the intellectual gains they should during their growing years - will not become the capable and productive citizens our society needs. Instead, we can look forward to a growing population of immature, underqualified adults - many of whom will be unable to live without ecomonic, social, or clinical support. We will have, in time, an unmanageable number of emotionally handicapped citizens.

#2.) Treatment

My son at 11 years said "I'll never smoke or drink or do drugs." At 15 years, he was failing in school, alienated from his family, and wanting to do nothing but get high. No goals, No future. Marijuana and alcohol had changed his personality and his life. He graduated to LSD and cocaine. Thanks to the Phoenix House adolescent drug treatment program in New York City, Todd has just completed his first year of college with a Baverage and a soccer scholarship. He loves his family, has goals and a future - and has been drug free for three years. He's one of the lucky ones - he received treatment and is a productive member of our society.

One of the reasons why many others are not so lucky is the difficulty in getting parents to admit and deal with their youngsters' addictions. Parental guilt is a huge factor in their denial of a problem with their child. I didn't want to believe that my son - who had been loved and nurtured and taught good values—could be on drugs! And much of the denial is due to a lack of factual information - such as the fact that the majority of kids now are experimenting with alcohol and drugs - no longer just the "problem kid" from the "problem family" down the block. Once this is understood, it becomes much easier for parents to become stronger and

act to help their children.

Unfortunately, much of what's reality never gets to the parents. Many towns and schools choose to "whitewash" alcohol and drug problems rather than facing up to them. What message do you think is being given by considering a reduction in funds for substance abuse? Are we telling the parents of our State that they really don't have a problem in this area?

Another reason why many kids are not as lucky as my son, is because of the limited scope of adolescent substance abuse treatment programs available in New Jersey. Mark Byrne, juvenile coordinator of the New Jersey State Division of Alcoholism, estimated there are 36,000 alcoholics in New Jersey - 12 to 18 years old. Only 497 received inpatient treatment in 1981 - but had to go out of State because there were no adolescent treatment centers in New Jersey.

When I was trying to find help for my son, I called the existing programs in the area. I decided to take him to the Phoenix House IMPACT Program in New York City because of its comprehensive concept, and I felt confident in their strong stand against all drug and alcohol usage for adolescents. Their method of getting the child off drugs first, then treating whatever emotional problems there might be made sense to me also. The IMPACT program combines an adolescent-peer group led by a professional drug counsellor, with a parent-peer group to help parents to become more effective at home. The youngsters meet 2-4 nights a week for 6 to 18 months with continued follow-up. I have continued to send many families to Phoenix House because of the effectiveness of the program. We are investigating the possibility of bringing a program of this type into New Jersey. The distinct advantage of this program is that it is self-funding as a fee for service, but of course we would need start up funding. It is frightening to realize that we need what we now have plus much more in order to deal with the enormous number of kids in trouble. What is needed is an increase in funding for substance abuse treatment programs.

#3.) Prevention

It is my belief that the ultimate answer to this devastating problem of substance abuse is prevention - very early prevention. Each one of our childen will be faced with a decision of saying yes or no to pot, pills, alcohol, etc. Guaranteed they will have to make that decision. To have

made the decision of NO ahead of time makes it far easier for that child to deal with the situation when it occurs. What we must aim for is the reverse peer pressure - to turn the numbers around so the majority do not want to do drugs. How can we accomplish this feat?

I have met with Mrs. Nancy Reagan and discussed parenting groups with her and agree with how effective they can be, particularly with intervention. We have had a large measure of success in Metuchen with our Metuchen Families in Action parenting group. However, there can be only limited success in prevention by dealing with the parents - because of the difficulty in reaching them. Many parents use a number of excuses for not wanting to learn prevention for their children when they are young: My children would never, My children are too young - why worry now?, I'll wait and see what happens, not in Metuchen, I don't want to think about it, if I talk about it maybe I'll give them the idea to try it, I don't have time, etc.

The only answer to being able to reach all the children is our schools. It is obvious though, by the numbers of kids involved in drugs, that the existing mandated alcohol and drug education courses are not doing the job. There is a wide disparity as to how the law is being carried out. According to William Burcat, an Assistant Director of the State Education Department, there is no statewide monitoring of how the mandate is being interpreted and how effectively schools are addressing the issue. Some school districts do not want to admit the problem, and still hold the "old attitude" - claiming there is no problem, and no money. The degree may differ - but the problem is always there.

Through the efforts of parents in MFA, the Metuchen Superintendent of schools, Genaro Lepre, is having an indepth substance abuse prevention program for the 7th and 8th grade students, faculty and parents in October of this year. It is a unique and highly effective program designed to address the issue of drug prevention as the need for young people to make wise decisions based upon complete understanding of the issues; emphasizing the need for an appreciation on the part of youngsters of both short-term and long-range consequences of decisions. The approach focuses on motivation, information and values as key factors in the decision making process. This type of program needs to begin at 2nd or 3rd grade levels, along with concepts of coping mechanisms, self-esteem, and understanding of peer-pressure. Metuchen is hoping to be able to accomplish that in the future. Again, we come to funding. In

order for the schools to follow the State mandate effectively, it may be necessary for monies to be allocated, as some school districts may not be able to handle all the costs. Let us mandate an effective prevention program in our schools, and see that it is carried out.

Do we know what adolescent substance abuse will cost us in terms of human potential destroyed and dollars spent in years to come? What about the personal loss - your child or mine? I've spent the last three years talking to heartbroken parents trying to understand how all this has happened. It's time we rectified what we've allowed to happen in our country - stop the blaming and start acting. We must, as parents and leaders in our communities and our State clearly define our beliefs about drug usage being harmful to our adolescents, and follow through with our convitions. For if, for whatever reasons, we abandon our kids to a culture that reinforces drug use, a culture that confuses the "rights" of children to use drugs with their civil liberties, a culture that cares not one bit about their health and well-being but is after their dollars, we will lose them - and we may not get them back.

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STATE OF NEW JERSEY
ASSEMBLY CORRECTIONS, HEALTH AND
HUMAN SERVICES COMMITTEE
State House, Trenton, N.J. 08625

ASSEMBLYMAN OTLOWSKI, MEMBERS OF THE COMMITTEE AND GUESTS

My name is Barbara Calabrese. I am a professional registered nurse with a BSN degree working at Riverview Hospital in Red Bank, New Jersey. Riverview Hospital is a 500 bed community hospital serving a population of mostly middle and upper class clients. I am the Department Head in charge of the Pediatric/Adolescent Unit, and the problem of drug abuse has come to my attention, and that of my colleagues in several ways.

The vulnerability of members of the nursing profession to dependence on drugs is becoming increasingly apparent, particularly in the 20 to 30 year old age group. According to reports from Boards of Nursing around the nation, 67% of cases heard by the boards are drug/alcohol related. Because of an increased level of awareness of this problem at Riverview, the nursing division has established an Employee Assistance Committee to give aid to those members of our staff who need assistance. However, many institutions do not provide such a supportive environment and loss of employment is often a result of drug abuse with subsequent dependence upon public funds. If drug abuse treatment centers are not available, it becomes more difficult for these nurses to obtain help and eventually return to their professional practice.

In the adolescent unit at Riverview, we are experiencing an increase in admissions where there is a drug/alcohol related diagnosis.

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In 1982 there was a 10% increase in pre-adolescent and adolescents admitted to our unit with a diagnosis related to drug and/or alcohol abuse over the year 1981. In January through June of 1983 there has already been a 20% increase in these admissions over last year. The age range of these children is from 10 years to 19 years, and there has been a shift in diagnosis from primarily alcohol intoxication to drug abuse or overdose, or a combination of the two. These figures do not include those patients admitted with various injuries, traumas and other diagnoses secondary to drug or alcohol abuse. Many times teenagers are admitted after motor vehicle accidents in an obviously drug or alcohol-impaired state.

I speak also as a mother of an adolescent son and two pre-adolescent daughters who is well aware of the peer group pressure to use drugs which has greatly escalated the dependence upon drugs and alcohol among our young people. More funds, not less, are needed for prevention programs, beginning with the early school-age child right through to late adolescence. Street drugs are now readily available to younger children under the age of twelve.

In the first half of this year, our Critical Care Unit has admitted children as young as twelve years with overdoses of alcohol and drugs.

In our Psychiatric Unit and in our walk-in crisis unit, adolescents as well as adults are increasingly admitted with drug-related diagnoses, and frequently other diagnoses such as acute psychosis or suicide attempts are often related to substance abuse and increase the statistics substantially. These clients are often discharged to the same environment and peer group pressure from

(continued)

which they were admitted. A decrease in funding of after-care facilities would only serve to escalate the problem. The problem of drug addiction is not one which will go away on its own.

Even in a relatively affluent community we are seeing an increase in use of alcohol and drugs and in subsequent socially-related problems. Cutting of funds for treatment centers will allow the problem to continue with fewer resources available to deal with it. A resulting drainage of funds from other areas such as welfare and unemployment benefits would occur along with a rise in health care costs. As a member of the health profession, I urge that we increase our awareness and resources in the area of prevention in an effort to reduce the escalation of the drug abuse problem which exists throughout our state.

Thank you for the opportunity to present this viewpoint from the perspective of a professional nurse employed in a suburban community hospital setting.

TESTIMONY PRESENTED TO THE

ASSEMBLY CORRECTIONS, HEALTH AND HUMAN SERVICES COMMITTEE

BY

METUCHEN YOUTH SERVICES BOARD

THOMAS E. SHARP,

CHAIRMAN

JULY 27, 1983

Over four years ago the public was made aware of the fact that Metuchen had a drug and alcohol abuse program. Many people reacted negatively - they claimed that Metuchen is special - we have no problems of that kind.

The last several years have proven that the initial negative reaction was not well founded. Subsequent discussions with parents - young people - the Police Department - the Psychological Counselor have demonstrated that Metuchen is no different than other communities in New Jersey and the nation.

To combat the problem, Diane Hecht and a small group of interested parents formed Metuchen Families-in-Action (MFA). Many were involved because their own children were misusing drugs or alcohol. The young people told stories about being unable to attend a "straight" (drug or alcohol free) party in Metuchen. Peer pressure caused most of young people to join in smoking pot or drinking.

After MFA was underway it became clear that an official Borough agency was needed. The Metuchen Youth Services Board (YSB) was formed in response to a recommendation to to Borough Council from residents and a Councilman. The purpose of YSB are similar to MFA'S, that is to promote education, information, and communication on substance. YSB was also designed to accept funding only available to municipal agencies.

The YSB was initiated prior to the request by Chief Justice Wilentz that the State, counties, and municipalities participate in such activities. The resolution forming the YSB is consistent with the intent outlined by the Chief Justice.

After YSB was formed, three attempts were made to obtain outside funding. Requests were submitted to United Way of Middlesex County, Middlesex County Juvenile and Domestic Relations Court, and the State Law Enformcement Policy Act (SLEPA) (copy attached). Funds were not available from any of those agencies because of other priorities. The Borough of Metuchen made limited funds available (several hundred dollars) but because of the "cap" situation additional money was not available. The YSB has been able to raise several hundred dollars from Get Togethers or Dances conducted for the young people of the community.

Accomplishments to date have been hampered by the lack of funding but include the following:

Education - A substance abuse infomation center has been established at the Library.

Communication - A youth activities calendar has been initiated with the cooperation of Library personnel.
High school students serve as members of YSB and have provided information to their peers.
Several talks have been given to local organizations.
Dances

During this time period both the Board of Education and the Borough Council have been supportive. One additional achievement was the Adolescent Peer Group Program at Franklin School. Both have helped address a common goal of MFA and YSB - education. It can easily be equated with prevention which is the best form of dealing the problem.

While our problem may appear small in comparison to other budget priorities - if only one person can be redirected so that their life is improved or possibly saved we have done our job. Certainly the cost of such programs is small when compared to the value of one or many lives.

To decrease funding in this area will provide a clear signal - a green light to drug traffickers and those who sell alcohol to our minors. It will tell them and others that this problem is not important, nor are the young or not so young who suffer the consequences.

Which of you is unwilling to spend some money to save lives?

Ocean Alcohol Education Program

SUMMARY OF FINDINGS FROM:

DRUG AND ALCOHOL USE AMONG NEW JERSEY HIGH SCHOOL STUDENTS

REPORT OF: NEW JERSEY ATTORNEY GENERAL AND CRIMINAL JUSTICE DEPARTMENT, SUMMER 1981. *

METHOD: The Report utilized a pre-tested Survey administered during November, 1980, at twenty-nine New Jersey Public High Schools chosen to provide a representative cross section of randomly selected 10th, 11th, and 12th Grade students throughout the State.

RESULTS: The Survey findings have been organized into two major sections: 1) Prevalence of Substance Abuse; 2) Student Attitudes and Patterns of Substance Use.

I. PREVALENCE OF SUBSTANCE ABUSE OF THOSE SURVEYED:

91.2% report use of alcohol at least one time in their lives. Of this number . .
87.3% have done so within the past year
75. % have done so within the past month
27. % report the use of alcohol exclusively during their lifetime.

Of particular concern: (of New Jersey high school students surveyed)

21.6% or more than one out of every five New Jersey high school students drinks regularly (at least ten (10) times in the past thirty days); and,
31. % of those who drink regularly are classified as "heavy users". Heavy users are those who report the use of alcohol at least 40 times per month.

51.6% report the use of alcohol and marijuana only.

Marijuana: " . . . is clearly the most often used illicit drug, with . .

61.4% reporting use at least once during their lifetime.
51.8% have done so in the past year.
36.1% have done so in the past month.
12.8% or one in eight, reports regular use.
1. % report use of marijuana exclusively.

42.7% of those surveyed report that they have used illicit drugs other than marijuana at sometime in their life . . . .

30.2% Amphetamines
16.6% Cocaine
15.8% Hallucinogens
14.4% Barbituarates
13.4% Tranquilizers
10.3% Sniffing glue or paint
2.2% Heroin

Continued use of these drugs are not minimal. For those students reporting any lifetime use who also report use within the past month, the percentages range from 29.8% to 48%

5.7%, or only one in every twenty reported not using any of these substances at any time.

II. STUDENT ATTITUDES AND PATTERNS OF SUBSTANCE USE.

The study found a strong correlation between use and perceived availability. 93.9% perceived that alcohol was easy to get, and 89.8% for marijuana. It was found that New Jersey students perceived the other illicit drugs as progressively more difficult to come by.

Time and Occasion

As would be expected, students report using alcohol and drugs most freguently on weekends at parties. Use reported at or related to schools. . .

Alcohol		Drugs
19.8%	before school	53. %
45.7%	at school functions	53.4%
18.4%	during school hours	48.8%

Factors Preventing Substance Use:	Drugs	Alcohol
Fear physical harm	77.1%	62.8%
Fear trouble with law	66.2%	51.3%
Parental disapproval	55.5%	43.2%
Fear bad grades	47.1%	38.9%
Peer Disapproval	39.0%	23.9%
Religious values	29.7%	19.6%
Nothing	11.9%	18.7%

- Alcohol continues to be the most popular and most frequently used drug of choice for New Jersey high school students.

- Students from Central New Jersey (which includes Ocean County) are more likely to report heavy alcohol use than are students from the Northern or Southern regions of the State.

This summary was compiled by the Ocean Alcohol Education Program staff. The data, regarding alcohol use, from the New Jersey Attorney General Report was consistent with the national data as reported by Patricia O'Gorman in Aspects of Youthful Drinking: A Review of the Research, 1978, National Council on Alcoholism, N.Y., N.Y. and data obtained from random samples of OAEP students in Ocean County, 1979.

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* Task Force on Juvenile Drug and Alcohol Use in New Jersey: Project Directors: John DeCicco A.A.G., Chief, Appelate Section
Wayne S. Fisher, Ph.D. Chief, Research and Evaluation Unit
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Association for Children of New Jersey
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Testimony Submitted to:
New Jersey Assembly
Committee on Corrections, Health and Human Services

July 27, 1983

The Association for Children of New Jersey (ACNJ) is a statewide, citizen based advocacy organization dedicated to improving policies and programs that affect New Jersey children. We do not provide service directly to children, but rather, work through community education, research and public policy analysis to improve and safeguard the lives of these children.

The problems of drug and alcohol abuse, and their impact on children and youth has not been an area of major activity for ACNJ. However, through our studies into juvenile justice, out-of-home placement and child abuse and neglect, we have become knowledgeable about some of the issues impacting on this problem in New Jersey. In addition, our recently completed Child Watch survey (which assesses the impact of federal and state budget cuts on services to New Jersey children and families) clearly points out both the size of these problems in New Jersey and the lack of appropriate programs to deal with them. We will be providing the Committee with a complete copy of this Child Watch report when it is released in about a month.

We have also contacted several organizations and individuals with particular expertise in these areas, and asked that they submit pertinent materials for use by this Committee in your study. We have given several informative reports authored by Dr. Brenna Bry of Rutgers University to David Price for the Committee's use. Additionally, we have arranged for Carol Rovello, Director of Crossroads, Inc., an agency that works directly with troubled, runaway and abandoned youth, to submit testimony on these issues.

Our purpose in submitting testimony today is to raise three major points:

1. Insufficient funding is allocated for drug and alcohol programs for children and youth. In our testimony before the Joint Appropriations Committee in May of last year, we expressed concern about the lack of funding and program emphasis for juvenile drug and alcohol abuse programs. Then, as now, we questioned the effectiveness of directing the majority of funding in this area for programs aimed at a chronic adult population for which there is only an estimated 20% success rate of rehabilitation. We submit that not only are programs needed to address this problem among the state's youth, but that early intervention in these areas could substantially reduce the future severity of these problems.

Formerly CHILD SERVICE ASSOCIATION and CITIZENS COMMITTEE FOR CHILDREN OF NEW JERSEY

2. We applaud recent funding initiatives on the part of the Department of Health aimed at promoting drug and alcohol prevention programs. We are concerned, however, that those intiatives may be promoted at the expense of drug and alcohol treatment programs for children already experiencing problems with substance abuse. There are indications that this is already occurring in the state. In Bergen County, for example, extra funding has been channeled to Project USE (Urban/Suburban Environment) and SCOP (State Community Organization Project), to extend their prevention capacity. At the same time, one of the few drug programs for adolescents in the state, the Patterson Straight and Narrow Program, has had its funding cut 45%. There is a need for primary prevention; early, appropriate treatment programs; as well as sufficient residential programs for severely addicted children. It is the proper balance of these programs that will most effectively address this problem. Shifting insufficient funding from one treatment modality to the other does not provide the comprehensive approach needed to successfully confront this issue.

3. Coordination of already existing services for youth is essential if these problems are to be properly identified and treated. We restate here the finding of the Governor's Commission on Children's Services. To effectively address the widespread problems of alcohol and drug abuse among children in New Jersey:

> ..."The State Department of Health, Education and Human Services should be directed to develop a coordinated plan for the prevention and treatment of drug and alcohol abuse among youth."*

Many juvenile justice and mental health workers interviewed for Child Watch reiterated that the lack of a coordinated and comprehensive approach to drug and alcohol problems among children often resulted in a child's receiving piecemeal and inadequate treatment for their problems. Drug and alcohol abuse, in children particularly, is usually linked to a multiple of other personality and behavior problems. The expertise of all these concerned Departments should be coordinated to provide services for a whole child.

We thank the Committee for the opportunity of submitting this testimony. As ACNJ continues to expand its examination of this issue, we will share our findings with this Committee.

*Linking Policy With Need, The Commission on Children's Services, 1982.

New Jersey Congress of Parents and Teachers

A BRANCH OF THE NATIONAL

OFFICE
900 BERKELEY AVENUE - P. O. BOX 1774
TRENTON, N. J. 08607

NEW JERSEY CONGRESS OF PARENTS AND TEACHERS

TELEPHONES: (609) 393-6709
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July 25, 1983

TO: Assembly Correction, Health and Human Services Committee

FROM: Mia Andersen, Chairman
Juvenile Protection
15 Beekman Road
Summit, New Jersey 07901

RE: Substance Abuse

There are many who argue about what percentage of our children and youth use or are addicted to drugs and/or alcohol. What cannot be argued or denied is that substance abuse/chemical dependency/drug and alcohol abuse affects too many young people regardless of what percentage number is definitive. It is unhealthy and costly, in human as well as societal terms, for those afflicted as well as the communities in which they live. It is important to recognize that the problem of substance abuse must not only focus on those who are already addicted. While there are a large number of children and youth who use drugs and/or alcohol daily, there is a broader and larger population that uses and abuses regularly but not daily. Therefore, program and treatment efforts must be directed to all those already afflicted.

Drug abuse effects all segments of the community-family, school, police, religious, medical and merchant. Therefore, for treatment programs to be effective, it is necessary to develop coordinated progrmas that involve all segments of the community. We believe that societal problems require a broad based societal response. The State Legislature should enact legislation that provides:

1. structure for penalizing those who traffic in illegal manufacture, sale and/or distribution of drugs and/or alcohol

2. broad based coordinated, comprehensive Statewide prevention/youth development effort

3. appropriate treatment programs

State law enforcement agencies must enforce enacted laws for them to be effective. State social service agencies must implement to the intent not the letter of the law.

Local districts meed to:

1. enforce state laws

2. enact additional ordinances as needed

3. establish district drug advisory councils composed of parents, school officials, police, clergy, doctors and merchants to assess district needs and coordinate appropriate programs

4. hire drug councellor for the junior and senior high schools to refer to programs and deal with those students who are using

5. provide comprehensive prevention/youth development programs in the schools k-12,as well as other district agencies and organizations that deal with children

The real tragedy of substance abuse is that the numbers of children and youth that continue to be afflicted is not significantly declining. The Committee will hear a great deal from many experts about the kind and number of treatment programs necessary. My purpose is not to replicate that testimony. Rather, my purpose is to bring to the attention of the Committee the need for the development of a broad based, coordinated,comprehensive Statewide prevention effort. While it is imperative to offer appropriate treatment programs to those already afflicted, it is important to recognize that treatment programs do nothing to stem the incidence of substance abuse. Treatment programs only affect those already in need.

The New Jersey Interagency Youth Development Consortium was formed in response to the serious problems epidemic amoung our youngsters: juvenile delinquency, alcohol and drug abuse, depression, suicide,and emotional disturbance; functional illiteracy, preg-

nancy and venereal disease; and other forms of behavioral/ psychological dysfunction.

The Consortium is dedicated to efforts to promote the development of New Jersey children and youth as competent, capable, productive and healthy members of society. The Consortium members recognize the importance of providing effective treatment services to those youngsters already exhibiting thise problems. However, we are convinced that to deal successfully with these problems it is imperative to mount a comprehensive, coordinated, statewide prention effort. The Consortium is committed to providing a response to this imperative. Only through effective and sustained youth development efforts can we hope to reduce the prevalence of these disorders amoung future generations.

The prevention of dysfunction requires that children develop the ability to functional effectively in relation to their families, schools and communities. In order to become capable and productive members of society children must acquire:

* Positive self-image and enhanced self-worth, self-esteem and self-confidence;
* Communication skills and other interpersonal problem solving skills;
* A sense of responsibility, self-discipline and self-control;
* A capacity to make appropriate judgements;
* Effective strategies to cope with life problems;
* Specific academic/career skills; and
* Access to effective, positive adult and peer role models.

Thus,it is the goal of the Consortium to initiate and reinforce community based programs that can foster the development of these capacities among New Jersey's children and youth.

In order to provide a quality, broad based youth development/ prevention effort in New Jersey, it is necessary to implement

the goals of the Consortium To this end Senator Donald DiFrancesco has introduced legislation that would create a Youth Development Advisory Council in the Office of the Governor. The passage of this legislation-S3542-would provide the basis for the coordination of programs and strategies needs to stem the incidence of substance abuse as well as other problems endemic to a large portion of our children and youth.

New Jersey PTA believes that it is necessary to develop and provide a broad based, coordinated youth development effort or we will simply continue to replicate bed space. We submit that the current and traditional "treatment only or primarily" approach is not only econominal unsound but irresponsible; it doesn't work to reduce the incidence of dysfunction. We are convinced that youth development as delinieated in the goals of the New Jersey Interagency Youth Development Consortium as well as appropriate treatment must become the imperative of the 1980's if we are to successfully address the problem of substance abuse.

We applaud the initiative of the Committe in holding these hearings. If we in New Jersey PTA can be of assistance, please do not hesitate to call us.