

**Fighting Back Leaders Forum
March 17, 1993
Agenda**

- 9:00 am **Coffee and Conversation**
- 9:30 am **Welcome & Introduction of Forum Participants and Special Guests**

 Ruby P. Hearn, Ph.D., Chair of the Forum
 Vice President, The Robert Wood Johnson Foundation
- 9:45 am **The Challenge and the Mission of Fighting Back**

 Paul S. Jellinek, Ph.D.
 Vice President, The Robert Wood Johnson Foundation

 Anderson Spickard, Jr., M.D., Director
 Fighting Back National Program Office
- 10:15 am **Topic 1: Community Initiatives - Major Challenges at the Local**
 Level & Promising Strategies To Address Them
- 11:00 am **General Discussion**
- 11:45 pm **Substance Abuse and The Implications for Health Care Reform**
 Steven A. Schroeder, President
 The Robert Wood Johnson Foundation
- 12:00 noon **Views from the Hill: Comments of Rep. Eleanor Holmes Norton**
 (DC) and Rep. Donald Payne (NJ)
- 12:30 pm **Luncheon at The Crystal Room, The Willard Hotel**
- 2:00 pm **Topic 2: Community Initiatives - Major Challenges at the State**
 and National Level
- 2:45 pm **Comments by Carol Rasco, Assistant to the President for**
 Domestic Policy
- 3:00 pm **Topic 3: Next Steps - Forging More Effective Partnerships**
- 3:30 pm **Forum Ends - Press Invited for Individual Interviews with**
 Participants

NOTES

March 16, 1993

TO: Dr. Anderson Spickard
Gregory Dixon
Marc Kaplan
Vickie Weisfield

FROM: Jackie Jones

RE: Media Calls for Fighting Back Leaders Forum

The following media outlets have been contacted regarding The Fighting Back Leaders Forum scheduled for Wednesday, March 17 at the Annenberg Washington Program in Washington, D. C.

UPI - Doug Levy
Reuters - Jackie Franks
Knight-Ridder - Assignment Desk
CSPAN - Ellen Schweiger
New York Times - David Johnson *
Los Angeles Times - Ron Osirow *
USA Today - Louann Taylor
Washington Post - Mike Isikoff
Associated Press - Carolyn Skorneck *
Christian Science Monitor - Clara Germani *
Houston Post - Rosalind Jackler *
Washington Times - Micheal Hedges *
Governing - Kathleen Sylvester
National Public Radio - Larry Abramson
States News Service - David Kautz

All outlets faxed news advisory, agenda and list of participants.

*Contacts made by Kelley Austin and Jeff Fisher at The Annenberg Washington Program.

FIGHTING BACK

COMMUNITY INITIATIVES
To Reduce Demand for
Illegal Drugs and Alcohol

2553 The Vanderbilt Clinic
Nashville, TN 37232-5305
(615) 343-9603
FAX (615) 343-7397

Anderson Spickard, Jr., M.D.
Director

Gregory L. Dixon
Deputy Director

Frankie W. Sarver
Associate Director

THE FIGHTING BACK NATIONAL PROGRAM

Fourteen communities across America are carrying out long term programs aimed at reducing the demand for illegal drugs and alcohol. Each community has competed against more than 300 other communities for major funding, has completed a two-year planning and development process, and has begun a five-year implementation plan to achieve a complex set of ambitious objectives. The 14 communities are:

Charlotte, NC
Columbia, SC
Gallup, NM
Kansas City, MO
Little Rock, AR
Milwaukee, WI
New Haven, CT

Newark, NJ
Oakland, CA
San Antonio, TX
Santa Barbara, CA
Vallejo, CA
Washington, DC
Worcester, MA

Purpose:

To demonstrate that communities can achieve substantial reductions in the demand and use of illegal drugs and alcohol by consolidating resources and creating a single community-wide system of prevention, early identification, treatment and after-care.

Background:

Drug and Alcohol abuse is a major public health problem in the United States. It takes its toll on human life in terms of deaths, illness, injury, disability, health effects on infants whose mothers used drugs or alcohol during pregnancy and in the mental health consequences of disordered lives. The social costs are enormous: diminished productivity, increased demands on our health care system, law enforcement, judicial, and corrections systems; drug-related violence; and the undermining of our educational and social welfare programs.

Communities increasingly recognize that substance abuse must be combated by reducing demand as well as supply, and that reducing demand will require a community-wide consensus and commitment to prevention and treatment. However, communities are often faced with several obstacles:

- the lack of community leadership to get priorities and articulate community norms with regard to substance abuse;
- inadequate public awareness of the local substance abuse problem;
- overreliance on law enforcement as the only means of reducing use and abuse; and
- fragmented, scanty resources for prevention and treatment

Program Goal: To help bring about significant reductions in illegal drug use and alcohol abuse in up to 14 communities that have serious substance abuse problems. The outcomes expected include:

- a reduction in the initiation of drug and alcohol use among children and adolescents;
- a reduction in drug and alcohol-related deaths and injuries, especially among children, adolescents, and young adults;
- a decline in health problems related to drug and alcohol abuse;
- a reduction in on-the-job problems and injuries related to substance abuse; and
- a reduction in drug-related crime.

Strategies: Chosen communities will implement a single, community-wide system of prevention and treatment that includes, at a minimum, the following four elements:

- a highly visible public awareness campaign designed to generate broad-based community support for efforts to reduce demand.
- a multifaceted prevention effort targeted especially at young children, adolescent, and young adults.
- well-defined program policies and procedures for the early identification, assessment, and initial referral into treatment of people with drug or alcohol problems.
- a broad range of accessible options for treatment and relapse prevention.

To ensure effective coordination of efforts, communities were required to establish:

- a citizens' task force on drug and alcohol abuse to provide oversight, guidance, and support.
- a community-wide consortium of all of the institutions, organizations, and public and private agencies whose participation is required to implement the program.

The Fighting Back National Program Office
2553 The Vanderbilt Clinic
Nashville, TN 37232-5305
(615) 936-0678
FAX (615) 936-0676

The Fighting Back National Program Office Staff

Anderson Spickard, Jr., M.D.
Director

Jacqueline Jones
Communications Director

Gregory L. Dixon
Deputy Director

Mary Kay Hamel
Administrator

Frankie Sarver
Associate Director

Alma Catlin
Secretary

FIGHTING BACK CHARLOTTE, NC

NEIGHBORHOOD BY NEIGHBORHOOD

Fighting Back's goal is to reduce the demand of illegal drugs and alcohol in County Commission District II. Neighborhoods have joined with Fighting Back by working with service providers and the whole community in order to increase the capacity of residents in their effective response to neighborhood problems.

Fighting Back is focused on winning neighborhoods through the active participation of its residents. Of the eighty distinctive neighborhoods in District II, twenty-seven have been targeted for services within the first 18 months of program. The remaining fifty-three neighborhoods will be phased in during the five-year grant period.

Fighting Back will also work to increase the awareness of the general community about substance abuse problems and build community support in reducing the demand for illegal drugs and alcohol consumption throughout Charlotte-Mecklenburg.

Fighting Back cannot be successful without the support of the entire community - *"It takes a whole village to raise a child."*

OBJECTIVES AND STRATEGIES

The five-year goals of the Fighting Back Initiative are to:

- Decrease the percentages of persons who indicate that they use or have started using drugs and alcohol in District II;
- Decrease the number of drug and alcohol-related crimes until they are equal to or less than those for the community as a whole;
- Increase the number of citizen-based neighborhood organizations involved in improving the quality of life for their residents;
- Increase the number of partnerships between neighborhood organizations and broader community organizations and institutions for services within the respective neighborhoods;
- Increase the number of persons successfully completing treatment programs; and,
- Increase the length of successful involvement in recovery programs until it exceeds the average for the community as a whole.

GETTING INVOLVED

Residents of District II must be fully involved in each stage of Fighting Back program activities. Neighborhood organizations and their residents will have majority say in what goes on in their communities through Fighting Back

Neighborhood Planning Team

Fighting Back programs and activities will be planned and coordinated by a team of residents consisting of representatives from neighborhood organizations, resident/tenant associations, churches, and neighborhood businesses. Program activities will be administered through neighborhood Fighting Back Centers.

Neighborhood Advisory Board

An Advisory Board will be appointed to represent each of the Fighting Back Centers. It will consist of all neighborhood groups, organizations, churches, businesses, agencies, and private individuals interested in Fighting Back activities. The Advisory Board will meet periodically to assist Fighting Back Planning Teams in the development of Fighting Back activities.

Neighborhood Youth Council

The Youth Council will play a vital role in determining the focus of neighborhood's activities for children, adolescents, and young adults. The Youth Council will fight back to make a real difference in their neighborhoods.

Contact: Nathaniel Rock
Project Director
Charlotte-Mecklenburg Drug
& Alcohol Fighting Back
Commission
429 Billingsley Rd.
Charlotte, NC 28211
(704) 336-5657
FAX (704) 336-4383

Task Force Co-Chairs
Park Helms
Chairman, Mecklenburg County Board
of Commissioners
Helms, Cannon, Hamel, and Henderson
Suite 2300
Two First Union Center
Charlotte, NC 28282

Richard Vinroot
Mayor, City of Charlotte
600 East Fourth Street
Charlotte, NC 28202



Elaine Dowdy, Project Director
A Community Project of the Lexington/Richland Alcohol & Drug Abuse Council
Post Office Box 50597
Columbia, South Carolina 29250
(803) 733-1390/FAX: (803) 733-1395

Greater Columbia: A Community Uniting Against Alcohol and Other Drug Abuse

MAJOR ACCOMPLISHMENTS!*

FIGHTING BACK Simulcast

Approximately 1.5 million people in South Carolina, and bordering cities in North Carolina and Georgia were reached through an unprecedented 39 radio and television station broadcast in September 1992.

All airtime for this one-hour primetime special was donated. The program outlined not only local problems, but the goals of FIGHTING BACK.

TEENLINE

Crisis hotline for teens kicked off in January 1993 and received more than 400 calls in the first month.

Being Cool After School

After-school programs for 170 middle school students set up at five sites.

Volunteers

More than 350 citizens have enlisted as FIGHTING BACK volunteers.

Lower Richland Satellite Office

Opened in the summer of 1992 to provide services to residents in this rural community.

And much, much more!

** as of February 1993*

Over the next 5 years virtually every segment of the Greater Columbia community in Richland County will be challenged to work together to reduce our skyrocketing problems with alcohol and other drugs. Through **FIGHTING BACK**, the Lexington/Richland Alcohol and Drug Abuse Council, will ignite the goals and programs outlined by the more than 800 citizens involved in the planning process.

The target area is Richland County School District One, a geographic area of 492 square miles, which covers approximately half of Richland County. It includes most of the City of Columbia, the state's capital and its largest urban area. However, there is a large rural section known as Lower Richland where approximately 10% of the population lives. The overall population of the target area is 44% African-American and 55% white.

Alcohol is the number one drug of abuse by teens and adults in this community. Richland County has one of the highest consumption and crime rates in the state. Despite the consumption patterns, denial is a factor in some pockets of the community.

As the project moves into the implementation phase, ten committees and a Citizens Task Force will continue to work with LRADAC to ensure that programs and goals remain responsive and receptive to the needs of the community.

Goals have been developed in four areas: the community as a whole, key impactors in the community, youth, and adults. The community as a whole is the target of an extensive public awareness campaign to reach at least 90% of the residents in the target area. Almost \$1.4 million worth of media services are pledged to implement a well-coordinated sustained strategy.

With key impactors, such as clergy, physicians, school personnel, etc., the project will develop comprehensive training and technical assistance programs to improve their capability and motivation to respond to problems.

Youth strategies include after school programs for middle schoolers, mentoring programs, intensive outpatient services for adolescents, and TEENLINE, a crisis hotline dedicating certain hours just for youth. An Adopt-A-Buddy program will pair high school students with middle school students.

*"The people of our
community have the
ownership and the
commitment to fight
and win this war!"*

Community incentives will be given to grassroots organizations to develop prevention programs. Special programs will target women with addictions, pregnant women and mothers of small children, as well as populations at risk for AIDS/HIV. Parent education programs will be offered throughout the community. Rural initiatives include the establishment of a satellite office in the Lower Richland area.

Each strategy in the **FIGHTING BACK** plan reinforces the others. This movement has broad-based support from government leaders, the media, youth, and other key groups. The partnerships formed in this community are here to stay. They are real, and the people of our community have the ownership and the commitment to fight and win this war!

FIGHTING BACK GALLUP, NM

Northwestern New Mexico is a vast area of more than 15,000 square miles comprising three sparsely populated counties, a portion of which includes the Navajo Nation, the Pueblo of Zuni, Acoma, and Laguna tribes. Approximately 180,000 persons live in the area. One of the principal cities of the region, Gallup, acquired national notoriety in recent years because of the concentrated visibility of alcohol problems during weekends, especially among the Native Americans.

The Northwest New Mexico Council of Governments, a voluntary association of ten local governments, operates as the lead agency for the Fighting Back Initiative. A regional summit conference on alcohol abuse in 1990 established the broad outlines of the Fighting Back plan and more than 200 people from all sectors of the region have actively participated in designing the strategies and activities. The large geographic area and the predominant focus upon alcohol issues make this five year Fighting Back Project unique. A Citizens Task Force is chaired by local attorney Bob Rosebrough.

The plan has several major thrusts that intend to ultimately reduce the levels of harm caused by alcohol abuse. Of special concern is the very high rate of fetal alcohol syndrome. Greatly expanded efforts to reduce drinking among pregnant women during the third trimester are planned in conjunction with the Navajo Division of Health. At the systems level, Fighting Back hopes to develop a comprehensive assessment, referral, treatment, and aftercare system utilizing as a base the recently completed Gallup Alcohol Crisis Center, a new 150 bed center that is replacing the infamous Gallup Drunk Tank.

Another feature of the initiative will be an "empowering" effort that will attempt to engage the Native Americans, the Anglos, and the Hispanics in Northwest New Mexico in more frequent and more effective community action enterprises regarding alcohol abuse. The differing cultures, lack of mutual trust, and the great distances have often been barriers to communication and thoughtful collaboration. Regional offices will be set up in Cibola and San Juan Counties to promote continuing involvement from those areas and funds dedicated to increased cross cultural training among the diverse people.

Among the many collaborators to date are The Navajo Nation, Rehoboth McKinley Christian Hospital, the San Juan Community Partnership, the Four Winds Addiction Recovery Center, the District Attorney, the Marin Institute and numerous local and state political leaders.

Contact: Steve A. Darden
Project Director
Northwest New Mexico
Fighting Back Initiative
919 Metro Avenue
Gallup, NM 87301-6306
(505) 863-9953
(505) 782-2700

Task Force Chair

The Honorable Edison R. Wato, Sr.
Council, Pueblo Zuni
P.O. Box 339
Zuni, NM 87327
(505) 782-4481

FIGHTING BACK KANSAS CITY, MO

Project Neighbor-H.O.O.D. (PNH) is the response of Kansas City's leadership to the destructive consequences of drug and alcohol abuse which permeates life in this community. The purpose for the project is to develop a community-wide base of support for prevention training as a strategic means of drug demand reduction and to facilitate a collaborative effort that results in fundamental changes in the system of service delivery and outreach at the point of need.

The program is focused on five high risk target groups. The groups are the highest priority for intervention as determined by the data gathered in the four PNH advisory committees and based on recommendations by the county prosecuting attorney, youth serving agencies and neighborhood organizations. The five target groups and estimated number of individuals in each are as follows:

PROJECT NEIGHBOR-H.O.O.D. TARGET GROUPS: Children 3-12 Years - 26,000; Adolescents 13-18 - 15,700; African-American Males 19-29 - 8,700; Young Pregnant Mothers - 3,500; Women With Young Children - 3,000.

The program features several major components. they include: (1) multifaceted prevention training programs for children, adolescents and adults in the target groups which includes Project STAR and STAR BASELINE; (2) an alternative sentencing program that addresses relapse prevention in the recovering African-American male; (3) identification of individuals in need of intervention services by trained residents (designated as Mobilizers) who encourage and assist fellow residents to use prevention and treatment services; and (4) funding of neighborhood action plans to encourage innovative, self-help demand reduction initiatives from neighborhood organizations.

The goal of the project is to create a more relevant, sensitive service delivery system - one which has formalized networks along collaborative lines and outreach components that enhance voluntary entry into prevention and treatment, thereby decreasing the dependence on coercive law enforcement generated treatment referrals.

Major sources of support for PNH include: (1) The Robert Wood Johnson Foundation; (2) Jackson County Anti-Drug Sales Tax; (3) The Greater Kansas City Community Foundation; (4) The Hall Family Foundation; (5) United Telecom.

Contact: Keith Brown
Project Director
2104 E. 18th Street
Project Neighbor-H.O.O.D.
Kansas City, MO 64127
(816) 842-8515
FAX (816) 842-5226

James T. Nunnelly
Task Force Chair
Samuel U. Rodgers Health Clinic
825 Euclid
Kansas City, MO 64104
Telephone: 474-4920, Ext. 201
FAX: (816) 474-6475

FIGHTING BACK LITTLE ROCK, AR

In August of 1991, the City of Little Rock Fighting Back Executive Committee presented to Mayor Sharon Priest and other members of the Little Rock Fighting Back Coalition, a \$23,057,880 five-year, city-wide plan to fight substance abuse in Little Rock. This plan reflects the work of numerous planning networks, resident teams, and data analyses. This innovative and non-traditional plan proposes resident, neighborhood, and city-wide initiatives which involve multiple and unique partnerships. The partners are diverse and include civic and religious organizations, federal, regional, state and county agencies, city departments, resident organizations, media, professional association, corporations, and individual residents. The plan requires investments of 35% from the private sector, 26% from the City of Little Rock, 24% from federal sources, 13% from The Robert Wood Johnson Foundation and 2% from the State of Arkansas.

The Little Rock Fighting Back goal for city-wide alcohol and other drug abuse reduction is to:

- 1) develop more responsive public systems which provide sustaining and intensive relief to residents and neighborhoods;
- 2) restore a belief in the power of residents to make a difference;
- 3) protect the city's children from the effects and abuse of alcohol and other drugs; and,
- 4) reclaim neighborhood identity, facilities, and power against alcohol and other drug abuse.

To achieve this Fighting Back goal, twelve initiatives have been created which have:

- 1) a strong neighborhood focus;
- 2) strong participation by the private sector;
- 3) strong, intensive and sustaining public sector commitment and financial investment;
- 4) innovation and non-traditional approaches;
- 5) resident-driven neighborhood initiatives; and,

- 6) new city-wide services which assure a continuum of care for all residents who need help in recovering from alcoholism and drug addiction.

To date, the initiatives which have been implemented are the Insure the Children Program, the Neighborhood Alert System, the Neighborhood Support Centers, the Mobile Center, Fighting Back in Small Businesses and the Media Partners Campaign. Other initiatives being developed are the Women's Center, Child Care Recruitment and Referral Network, Services for Youth Who are Violent, Neighborhood Mobilization, Community Spirit Initiatives and the Fighting Back through Primary Health Care.

Contact: Wendy Thamani Salaam
Project Director
City of Little Rock Fighting
Back
500 W. Markham, Rm. 120W
Little Rock, AR 72201
(501) 399-3420

Task Force Chair
James Daily
Mayor
City of Little Rock
City Hall
500 W. Markham
Little Rock, AR 72201

FIGHTING BACK MILWAUKEE, WI

Milwaukee County Fighting Back targets a variety of alcohol/drug abuse prevention and intervention strategies to a portion of Milwaukee's central city where substance abuse problems are being felt most acutely. These strategies will be nontraditional, culturally appropriate, based in neighborhoods and are designed to build a comprehensive coordinated network for prevention, intervention, treatment and aftercare.

The Fighting Back target area is a 32 square mile portion of Milwaukee's central city where drug use and drug-related violence has escalated rapidly. It is made up of the south side zip code of 53204 and the north side zip codes of 53205, 53206, 53208, 53210 and 53212.

Fighting Back is administered by the Milwaukee County Department of Human Services; Youth Services Division. Fighting Back also receives funding from the State of Wisconsin.

In the past three years, Fighting Back has helped Milwaukee generate some 15 million dollars in new AODA resources through major partnership program initiatives that have been funded, such as the Community Partnership Program, Milwaukee Target Cities Project, Wisconsin Against Drug Environment Primary Prevention Project, and the Community Drug Awareness Project. Many of the indicators of alcohol and other drug abuse (AODA) problems are showing some change. The community now has a arsenal of anti-drug and alcohol weapons that it did not have years ago. Fighting Back is committed to empowering community-based efforts by helping to developing and support a number of key activities:

- A city-wide youth substance abuse billboard contest generating nearly \$100,000 private sector media and marketing services.
- A treatment central intake and case management process that will service some 2000 substance abusing persons annually.
- The Fighting Back Center for Substance Abuse Demand Reduction to provide education, training and technical assistance support to local substance abuse fighters.
- An annual AODA In Living Color Cultural Competency Prevention and Treatment Training Conference
- A Fighting Back Youth Congress made up of highly trained drug resistant youth
- Neighborhood and community direct action coalitions working at the block level to strengthen the neighborhood level substance abuse fight.

Milwaukee, WI
Page 2

- Fighting Back Substance Abuse Data and Information Resource System
- A major education campaign targeted at 10-12 year olds in school and out of school.

Implementation of Fighting Back is occurring at several levels. There are six work groups focusing on the areas of community prevention, research/data, public awareness, resource development, early identification and treatment and relapse prevention. Each work group sends two representatives to the Fighting Back Steering Committee. A larger group of more than 120 people, the Citizens Task Force, made up of all the Fighting Back Partners, meets every three months for an update on the progress being made.

Key players in Milwaukee's Fighting Back implementation include Milwaukee Public Schools, Milwaukee Brewers Baseball Club, the Milwaukee Target Cities Project, Social Development Commission, Neighborhood Partners Project, Wisconsin Against Drug Environment, Milwaukee Coalition Against Drug and Alcohol Abuse, Safe Group Services, Combined County Services Board, Black Health Coalition, Latino Health Coalition, Milwaukee Council on Alcohol and Drug Dependence, Career Youth Development, New Concepts/Hang Tough, YMCA, National Chapter of Heavy Hitters, City of Milwaukee and District Attorney Office; Community Drug Awareness project and the Faith Community Initiative and a host of local representatives.

Contact: James Mosley
Project Director
Fighting Back
Department of Health & Human
Services
235 West Galena, 5th Floor
Milwaukee, WI 53212
Telephone: (414) 289-6684
FAX: (414) 289-6844

Howard Fuller, Ph.D.
Task Force Chair
Superintendent, Milwaukee Public
Schools
5225 W. Vliet Street
Milwaukee, WI 53208
(414) 475-8001; FAX (414) 475-8595

Dick Hackett
Co-Chair
Vice President
Milwaukee Brewers
201 S. 46th Street
Milwaukee, WI 53214
(414) 933-4114; FAX (414) 933-7323

FIGHTING BACK NEWARK, NJ

The Newark Fighting Back Initiative is a citywide social movement of people and institutions, applying the collective capacity of families, neighborhoods and institutions to win the battle against substance abuse and drug dealing in Newark's most troubled areas. Noting that "professionals alone are not enough," the 18 month planning process involved several hundred people and more than 150 public and private sector institutions.

The Boys' and Girls' Clubs of Newark, Inc., under the direction of Barbara Wright Bell, serves as the host agency for the Newark Fighting Back program. Mayor Sharpe James is the honorary chairman and the four project co-chairs are Cary Edwards, Richard Monteilh, Rep. Donald Payne, and Edwin Stier, all major political and civic leaders in Newark.

Along with the same high levels of alcohol and cocaine use reported in other major cities, Newark also has a major heroin problem. During a recent six month period, Newark had twice as many heroin-related episodes per hundred thousand population as the next highest metropolitan area. As many as 60% of Newark's intravenous drug users are estimated to be HIV positive. Reducing the number of young people who venture into this deadly lifestyle is a major purpose of Newark Fighting Back.

A comprehensive set of goals and objectives have been developed involving neighborhood social development, prevention and redirection initiatives for youth, expanding support for treatment and recovery programs, family support initiatives, housing initiatives, community policing, economic development, and increasing public awareness of the harm associated with drug and alcohol use. One early project is linking a Fighting Back neighborhood development team with a community policing effort to rescue a blighted area from drug dealers and users. A part of the youth initiative will create an Attendance Watch dropout prevention program for 4th graders. An intensive outpatient treatment program is planned for females heads of household and the housing initiative will work on regulations to assist tenant's associations in evicting drug traffickers.

Major collaborators in Newark Fighting Back include The Victoria Foundation, Integrity House, the CLEAN Program, the Metropolitan Ecumenical Ministry, the Enterprise Foundation, the Newark Coalition for Neighborhoods, and many other civic, business, and community organizations.

Newark, NJ
Page 2

Contact: Spencer P. Ferndinand
Deputy Director
The Newark Fighting Back
Initiative
The Boys' & Girls Clubs of
Newark, Inc.
35 James Street
Newark, NJ 07102
(201) 242-8200
FAX (201) 242-8629

Task Force Chair

Barbara Wright Bell
President
Amelior Foundation
Chair, Newark Fighting Back
310 South Street
Morristown, NJ 07960
(201) 540-9148

FIGHTING BACK NEW HAVEN, CT

"In New Haven, our Fighting Back strategy is grounded in the understanding that substance abuse is born of a profound lack of hope for the future and a search for an escape from the painful realities of day-to-day life. Substance abuse will remain a problem until we see true opportunity for our citizens of all ages, the empowerment of our neighborhoods and individual citizens, and the restoration of a decent quality of life in our neighborhoods. After years of categorical approaches to our problems, we have come to realize that we must address the challenge of positive human and community development holistically."

- Mayor John C. Daniels

With a population of approximately 135,000 residents, New Haven is the seventh poorest city of its' size in the United States. Ironically, it is located in Connecticut, the state with the highest per capita income. New Haven has been struck especially hard by the national economic downturn. Unemployment, gang-related violence, and neighborhood deterioration have all contributed to increased concern about the use of drugs and alcohol in our city.

While cursed with the same issues many so many cities face, New Haven is blessed with significant resources and community involvement. The home of Yale University, six other institutions of higher learning, the community-based St. Raphael Hospital and Yale-New Haven Hospital, our city has an active citizenry involved in over 200 community-based organizations that deal with social issues. Our great challenge has been to marshal these resources in a significant way against drugs and alcohol.

The mission of New Haven Fighting Back is to enable all concerned citizens -- e.g., youth, parents, school personnel, service providers, elected officials, clergy, business owners/executives, civic leaders - to work together in a city-wide partnership and measurably reduce the demand for and use of alcohol and illegal drugs.

This conceptual thinking, together with a grass-roots movement towards greater collaboration between organized efforts and neighborhood residents, has guided the creation of new strategies for the final four years of implementation of the New Haven Fighting Back Initiative. The focus remains on youth and mothers and their children, with the understanding that we must address not only alcohol and drug issues as they exist, but the surrounding causes and effects. Current strategies include:

- The creation of **Neighborhood Advocacy Committee (NAC)** made up of a wide cross section of neighborhood leaders and residents charged with the identification and coordination of neighborhood and city-wide initiatives focused on improving living and social conditions and

addressing issues of substance abuse. Fighting Back staff (neighborhood networkers) provide support to the NAC's and to many other community based organizations.

- **Fighting Back staff placed in key areas of the community** to provide essential support and outreach. these areas include the juvenile services unit of the police department, the health department (a pilot project coordinating services for substance abusing women and their children), South Central Rehabilitation Center, INFOLINE (a drug and alcohol "hotline" with educational support to counselors), and the neighborhood networkers described above.
- **Business Volunteers For The New Haven Community (BVC)**, a joint project with The Greater New Haven Chamber of Commerce and the Regional Leadership Council created to identify small business and home ownership concerns through collaboration with community-based organizations and then match these needs to business volunteers. This program addresses drug and alcohol issues by increasing the number of "stakeholders" in the community.
- **Neighborhood Making A Difference**, a peer to peer public awareness campaign to include television, radio, print, billboards, school coordination, and a speakers bureau and focused on everyday individuals or groups overcoming personal issues with drugs and alcohol and/or reaching out to those around them.

Contact: Barbara Geller
Project Director
Fighting Back
City of New Haven
95 Orange Street
New Haven, CT 06510

Task Force Co-Chairs

John Daniels
Mayor
City of New Haven
95 Orange Street
New Haven, CT 06510

Barbara Gatison
Vice President
Southern New England Telephone
Company
310 Orange Street, Room 601
New Haven, CT 06511
(203) 771-7722

FIGHTING BACK OAKLAND, CA

As it completes a two year planning effort, East Oakland Fighting Back has targeted a 35 square mile area with 121,000 citizens with diverse cultural and linguistic backgrounds. The five year implementation phase will build upon the successful experience of the Castlemont Corridor Project in addressing the critical problems of substance abuse that have further devastated an area that has large numbers of poor and disadvantaged citizens. In addition, the larger metropolitan area of Oakland was hit hard by the earthquake at the beginning of the planning process and the Oakland fire at the end. Both events have absorbed large amounts of time, energy, and money as the city and county governments have attempted to cope with the fiscal crisis in California.

The 35 members Citizens Task Force for East Oakland Fighting Back is chaired by Supervisor Don Perata, chairman of the Alameda County Board of Supervisors, with additional leadership from Supervisor Mary King. The planning process involved more than 150 other individuals participating in a Consortium of Agencies, a series of focus groups, and a number of planning teams. An intensive research project led by Dr. Benjamin Bowser involved a block by block community survey of the entire project area. This survey has yielded valuable, detailed knowledge about the local dynamics of drug involvement and suggestions for remedies.

The project has four key components: 1) prevention and intervention across the continuum of care, 2) public awareness, 3) human resources and 4) economic development. Major objectives include the establishment of a residential adolescent treatment facility, a campaign against the proliferation of liquor stores and the reduction of billboard advertising of cigarettes and alcohol, increased training for multi-cultural paraprofessionals to work in anti-drug programs, the expanded training of primary care physicians regarding substance abuse, and the expansion of job readiness and vocational training programs for youth.

Major collaborators in East Oakland include the Oakland Unified School District, the Asian Community Mental Health Services Agency, the Oakland Private Industries Council, the Police Activities League, the Native American Health Center, the East Oakland Youth Development Center, Xanthos, Inc., Fifty Black Men, and the Children's Hospital of Oakland.

Contact: Mark Allen
East Oakland Fighting Back
Executive Director
10 Eastman Mall, Suite 8
Oakland, CA 94605
(510) 568-7848
FAX (510) 568-1956

Task Force Chair
Don Perata
Alameda County Supervisor
1221 Oak Street, Suite 536
Oakland, CA 94612
(510) 272-6693

FIGHTING BACK SAN ANTONIO, TX

San Antonio Fighting Back is a comprehensive drug prevention program of the United Way of San Antonio and The Robert Wood Johnson Foundation. The goal of this program is to establish a continuum of care to effectively address alcohol and other drug abuse through a comprehensive prevention, intervention, treatment, and relapse prevention program. This program will demonstrate that by consolidating resources and creating a single community-wide system of prevention, early identification, treatment and aftercare, communities can, overtime, achieve a reduction in the demand for-and consequently the illegal use of-alcohol and other drugs. San Antonio Fighting Back, in collaboration and partnership with the community, will "reweave the fabric of community." This will be facilitated by a team of Community Coordinators and Neighborhood Networkers.

NEIGHBORHOOD RESOURCE CENTERS

Three neighborhood resource centers are located throughout the target area. These neighborhood resource centers provide training, coordination, support, resource development, and technical assistance for community activities. The resource centers are being utilized by community residents to accomplish the goals and objectives of San Antonio Fighting Back.

COMMUNITY INITIATIVES TO REDUCE DEMAND FOR ILLEGAL DRUGS AND ALCOHOL

San Antonio Fighting Back assists, promotes, and facilitates drug prevention efforts including: 1) community coalitions, 2) parent and youth groups, 3) mentor programs with the schools, 4) court watch committees, 5) community events, 6) chemical free celebrations, and 7) local, regional, and state conferences.

Provides training in: 1) community mobilization, 2) drugs in the workplace, 3) conflict resolution and mediation skills, 4) law enforcement, 5) positive parenting, 6) accessing resources, 7) student drug awareness training (K-12 and College), 8) an in-service on drug prevention for teachers, and 9) school staff leadership development.

Provides Supportive Services Through: 1) culturally competent family intervention and counseling, 2) individual assessment, placement, and advocacy counseling, 3) culturally competent intervention and treatment referral services, 4) after-care services involving support groups, occupational and supported-living services, and on-going education.

COMMUNITY EMPOWERMENT THROUGH:

Community presentations on drug prevention, intervention, treatment and relapse prevention strategies and activities.

San Antonio Fighting Back

Page 2

Collaborative efforts with other organizations, boards, committees, and task forces to provide a comprehensive continuum of care services to address prevention, intervention, treatment and relapse prevention activities.

Providing accurate and up-to-date information on alcohol and other drugs through our resource centers.

Assisting communities to "fight back" against the unlawful use of alcohol and other drugs and the impact within their neighborhoods through advocacy training.

Supporting and providing assistance to existing community organizations to enhance drug prevention, intervention, treatment and relapse prevention efforts.

Promoting a culturally specific and relevant public awareness and health promotion campaign.

Providing a culturally specific and relevant public awareness and health promotion campaign.

Providing community newsletters high-lighting successful neighborhood prevention, intervention, treatment, and relapse prevention activities and messages.

YOUTH LEADERSHIP AND MENTORSHIP PROGRAM

San Antonio Fighting Back provides support to young people who want to prevent alcohol and other drug use in their families, schools, and communities. San Antonio Fighting Back empowers youth through training in leadership skills, self-esteem building, decision-making, negative peer pressure reversal, conflict resolution, and mediation skills. San Antonio Fighting Back continues the support of our youth through mentorship and other positive and cultural activities.

COMMUNITY EMPOWERMENT

San Antonio Fighting Back provides comprehensive training designed to mobilize and empower resident to "take back" their neighborhoods. This objective will be accomplished through education, leadership development, and advocacy training. San Antonio Fighting Back will not duplicate existing programs. It will proactively coordinate, collaborate, and cooperate with other organizations to enhance and assist with job training, economic development, intervention, treatment and relapse prevention, child care, transportation, and other services necessary to effectively work with the individual, family, and community.

PUBLIC AWARENESS

San Antonio Fighting Back recognizes the power of the media in shaping and influencing behaviors. Therefore, this program will establish partnerships with diverse media outlets to actively promote positive, healthy, and drug-free youth and community role models through various media such as newspaper, radio, television, and other printed material. Additionally, neighborhoods newsletters will be distributed highlighting successful prevention, intervention, treatment, and relapse prevention activities through personal stories about community residents. San Antonio Fighting Back will also provide accurate and up-to-date factual information on alcohol, other drugs, and related issues.

WEED AND SEED

The San Antonio Weed and Seed Program is the community policing strategy. "Human Renewal" rather than urban renewal will be our main focus for the "Seed" strategies. Coordinated law enforcement initiatives as well as united resources of social, community, and private entities will enhance and strengthen existing community policing, detection, apprehension, and prosecuting efforts in narcotics trafficking, weapons, violations, and violent crimes through a multi-agency approach.

LA SALIDA PROGRAM

San Antonio Fighting Back has formed a collaboration with the U.S. Army at Ft. Sam Houston in providing a "way out" for participating youths who will be entering middle school through the La Salida Program. The La Salida Program is a program developed by the U.S. Army at Ft. Sam Houston to meet the community needs of San Antonio. It was created and is directed by Sergeant Major Daniel Treviño. La Salida is a two day, weekend, program designed to prepare youths for real life challenges and develop self-esteem and confidence. La Salida prepares these youths for the transition from elementary school "innocence" to the positives and negatives they will be exposed to in middle school.

REQUEST FOR PROPOSALS

San Antonio Fighting Back is requesting proposals to provide intervention, treatment referral and family intervention and support services to enhance the quality of life for children, family, and communities. Services should be culturally sensitive, relevant, and appropriate, innovative, multifaceted, comprehensive services for intervention, pre-treatment, treatment referral and placement services, and family intervention and support services. In this collaborative venture, a lead organization or group may be designated

WEATHERIZATION PROGRAM

San Antonio Fighting Back in collaboration with the Women's Chamber of Texas have been awarded a grant from the Governor's Energy Office of Texas to provide employment opportunities to persons who have completed treatment were high school dropouts or are single mothers. This program will train participants in weatherizations and provide up to six months of employment. This will be done in conjunction with the Women's Chamber of Commerce of Texas who will provide life skills training for all participants and a mentorship program for women.

SAFE HAVEN

The Weed and Seed Office of San Antonio has been awarded a grant from Cities in Schools to provide "Safe Havens" in the target area. These "safe havens" would be a place for youth to go to get help on homework and learn other skills, such as computer programs. A collaboration has been formed with Weed and Seed to provide this service to the San Antonio Fighting Back target area.

Contact: Beverly Watts Davis
Project Director
San Antonio Fighting Back
P.O. Box 340295
San Antonio, TX 78234
(512) 299-1057
FAX (512) 228-0288

Task Force Chair
Leonard E. Lawrence, M.D.
7703 Floyd Curl Drive
San Antonio, TX 78284
(512) 567-4429
(FAX) (512) 567-6962

FIGHTING BACK SANTA BARBARA, CA

The skeletal infrastructure of Santa Barbara's Fighting Back is firmly established and most of the project staff have been hired, trained and are implementing our objectives. We have established a Community Service Coordination System, Youth Prevention System, and a Public Awareness Campaign. Fighting Back is in the jails, on the streets, in the youth clubs, shelters and hospitals. We are in the schools, the hospital and about to start with the police department. We are reaching may hundreds of young people and adults in both Spanish and English.

The Public Awareness Campaign in promoting one drug prevention news story two days and informing people where to get help for their problems. The Santa Barbara News-Press publishes listings of referral phone numbers several times weekly and KEYT Television is now flagging alcohol and drug-related news events with the Fighting Back signature to increase public awareness. Upcoming activities include an intensely increased Fighting Back PSA campaign by local radio stations on both English and Spanish radio as well as Spanish language television. Our local Spanish language newspaper will be running quarter-page ads in each issue to tie-in with the radio campaign.

Fighting Back Community Service Coordinators have established connections with more than 90 of the community's treatment agencies and organizations and have provided case management to more than one thousand people who would otherwise have slipped through the cracks in the system. Special emphasis includes providing case management for dual diagnosis clients, clergy training workshops and opening up treatment to members of our Latino, homeless, and gay and lesbian community.

Early Identification System. Working with our Community Service System, a Fighting Back Early Identification Specialist has been in place at Cottage Hospital for two months working in the emergency room on Friday and Saturday nights and available for referrals from health care professionals during the week. During this brief time the E-ID has intervned on 36 clients, one-third of them Latino or other minority. Nine of these clients have been placed into residential treatment, three have begun individual counseling with a therapist, two went through outpatient detox, and four were turned over to the Fighting Back Community Service Coordinators for more intensive case management. There was a single referral to criminal justice and seventeen individuals were guided into Twelve Step Programs such as Alcoholics Anonymous. In two months, thirty-six people did not fall through the cracks in the system. Next month a Fighting Back Early Identification Specialist begins work at the Santa Barbara Police Department to implement a Roll-Out Intervention Team on Friday and Saturday nights and to be available for referrals, trainings and follow-up care during the week.

Youth Prevention Services have provided over one hundred new drug prevention events in the schools these past few months, have helped strengthen dozens of other agencies' events through their participation, have helped more than two dozen school employees get counseling help and have generated drug-free awareness through over fifty schools and organizations through the Red Ribbon Campaign. We have established an Employee Assistance Program for school employees and Fighting Back's Youth Services Specialists have raised memberships in on-campus and anti-drug clubs from less than a dozen each to more than one hundred per campus. Our YSS are also providing the first Spanish-language drug prevention youth clubs on our community's school campuses. Youth services are centered in Fighting Back's on-campus Teen Canteens which also provide drop-in crisis counseling for the students. Following a summer training program for teachers, Peer Counseling classes for students will begin for academic credit in the Fall.

Contact: Penny Jenkins
Project Director
Fighting Back
P.O. Box 28
Santa Barbara, CA 93102
(805) 963-1433
FAX (805) 963-4099

Task Force Chair

Joseph S. Tarrer, III
President and Publisher
Santa Barbara News-Press
De La Guerra Plaza
Santa Barbara, CA 93101
(805) 564-5235
FAX (805) 966-6258

FIGHTING BACK VALLEJO, CA

The City of Vallejo, behind the leadership of Councilwoman Cynthia Kay, has united in designing a five year plan to achieve a measurable, sustainable reduction in alcohol and drug use, and in their consequences, among residents of the city. Located north of San Francisco Bay, Vallejo is a city of 110,000 persons and, like most U.S. cities, has high levels of substance abuse. For example, the publicly supported perinatal program reports that 35% of women in the program abuse alcohol or drugs during pregnancy and the juvenile court states that 55% of juvenile offenders are found to be using alcohol and other drugs.

Building on the accomplishments of the local Red Ribbon Committee, the Citizens Task Force created a set of program intended to 1) decrease the number of drug-related arrests and the incidence of driving under the influence of alcohol, 2) reduce perinatal exposure to drugs and alcohol and 3) reduce drug and alcohol use among public school youth. With detailed outcome targets in mind, one interesting feature of the Vallejo program will be to integrate data on health and human services with the current criminal justice data collected by the Police Departments Geographic Information System.

Vallejo has also acquired a community partnership grant from the federal Office of Substance Abuse Programs to support many of its youth prevention activities thus enabling subsequent foundation funds to greatly expand adult activities and services. A new Recovery Center will greatly enhance local after-care efforts and a new treatment program in the county jail will attempt to break the cycle of addiction and crime that is paralyzing criminal justice systems in so many cities. Three sober living residences are planned during the first 30 months with each housing 8-10 persons in recovery. Replicating an interesting detoxification program in Santa Barbara, Vallejo will experiment with an acupuncture detox component along with more traditional approaches. A Master Trainer program will establish a pool of quality trainers on alcohol and drug topics for use by businesses, churches, civic, and neighborhood groups.

Other collaborators in Vallejo include Marine World Africa, U.S.A., the Kaiser Permanente Hospital, Costco, Genesis House, the Children's Network of Solano County, the Solano County Probation Dept., the South Solano Neighborhood Association, and numerous other business, civic, and community agencies and organizations.

Contact: Jane Callahan
Project Manager
555 Santa Clara Street
Vallejo, CA 94590
(707) 648-5230
FAX (707) 648-5212

Task Force Chair
Pelton Stewart, President
Continental of Omega Boys and Girls
Club
555 Corcoran Drive
Vallejo, CA 94589

FIGHTING BACK WASHINGTON, DC

Target Population: Wards 6 East and 7 in the District of Columbia
103,000 residents

The Marshall Heights Community Development Organization Inc. (MHCDO) "Fighting Back" program implementation represents a true comprehensive community effort to significantly reduce the demand for illegal drugs and alcohol in Wards 6 East and 7 in the District of Columbia. By conducting community surveys, needs assessments, discussions with community advisors and service providers, drug prevention consultants and treatment experts unequivocally forced the conclusion that drug use and demand can not be reduced without attacking the root causes of drug addiction. Thus, we took the fundamental approach of involving every community resident, especially youth; providing holistic services, creating new programs to address the unmet services needs of the community and improving the use and coordination of existing resources.

The implementation plan has several major components, all drawing on the strength of MHCDO and fully utilizing and incorporating existing programs and services in partnership with the District Government. This public/private partnership's major components are activities which enhance programs that promote early identification/prevention/intervention; establishment of an area intake facility that emphasizes relapse prevention, stringent analysis and data gathering, also included in the plan is a highly visible public awareness campaign. Because of the younger ages at which substance abuse begins and because of the increased participation of under age youth as drug merchants and runners, a considerable portion of the program activities are targeted towards youth.

The success of the "Fighting Back" initiative relies heavily upon the commitment of the community and its organizations, civic associations, Advisory Neighborhood Commissions, churches, businesses, service providers, the city government as well as a public and private sector commitment of resources.

MHCDO is a not-for-profit, 501(c)3 community based organization, established in October, 1978. MHCDO originated from the Marshall heights neighborhood with the belief that residents could define and control the quality of their community. Today MHCDO is engaged in housing, community and economic development, social services and senior citizens programs in the far northeast/southeast quadrant of the District of Columbia.

Washington, DC
Page 2

Contact: Loretta Tate
Project Director
3732 Minnesota Avenue, NE
Washington, DC 20019
Telephone: (202) 397-7300
FAX: (202) 397-7882

Walter Byard
Chairman, Fighting Back
5079 Just Street, NE
Washington, DC 20019

Carrie Thornhill, Chairperson
Consortium of Service Providers
Fighting Back
2059 36th Street, SE
Washington, DC 20020

FIGHTING BACK WORCESTER, MA

"Worcester, central New England's second largest city, typifies middle America: a mature urban community characterized by an economy in transition, largely middle class households, and growing racial/ethnic diversity. Substance abuse has emerged as a major public health problem in Worcester, exacting a heavy toll on those affected and generating substantial social costs because of lost productivity, increased health care expenses, drug-related crime, disintegration of family social values, and heightened demands on our public institutions."

As a community partnership, Worcester Fights Back is addressing culturally sensitive substance abuse prevention and treatment programs across age groups. Programs reach those at secondary and college ages to encourage community involvement (**Student Service Network**) and promote positive lifestyles (**Drug Free College Campuses**). **Youth A.V.E.** (Youth Achieving Volunteer Excellence), creates teams of youth from diverse cultural and socio-economic backgrounds to work at community service sites. The **Juvenile Justice Early Offender Diversion Program** is designed to prevent first-time offenders from returning to court by assessing substance abuse problems and providing appropriate service referrals.

The **Committee on Older Adult Programs** incorporates a substance abuse education component into a "wellness" program designed for seniors and has Peer Advocates who visit elders in Worcester Housing Authority buildings and at other sites.

The **Interfaith Task Force**, a joint program of Worcester Fights Back and the Worcester County Ecumenical Council, is helping the faith community eliminate barriers to substance abuse prevention and recovery.

In collaboration with insurers/payors, local employers and service providers, Worcester Fights Back is assisting in developing new models of assessment and treatment in a pilot project, set to begin this spring, that could significantly reduce health care costs. By assessing readiness to change prior to beginning treatment and providing motivational counseling to enhance readiness, the **Insurer Reimbursement/Treatment Readiness Project** is expected to demonstrate substantial improvements in treatment outcomes.

Neighborhood Initiatives works at a grass roots level (often with crime watch groups) to develop Neighborhood Action Teams that will help citizens improve their knowledge about alcohol and other drug abuse prevention.

Within Worcester Fights Back, the **Multicultural Alcohol and Other Drug Use Prevention Collaborative** seeks to build upon expertise in the Worcester community for the design of culturally competent alcohol and other drug use prevention programs.

Worcester, MA
Page 2

Public Awareness provides communications assistance to all other Worcester Fights Back efforts. A multi-media public awareness campaign is being planned for a May launch.

Contact: Walter Spencer, III
Interim Director
Worcester Fights Back
200 Mechanics Bank Tower
Worcester Center
Worcester, MA 01608
Telephone: (508) 752-0508

Howard Jackson
Task Force Chair
WFB Citizens Governing Board
Flint Farm
449 West Mail Street
Shrewsbury, MA 01545
(617) 338-2960

Thomas Gentz
Co-Chair
336 Howard Street
Northboro, MA 01532

Fighting Back Leaders Forum
March 17, 1993
Agenda

- 9:00 am Coffee and Conversation
- 9:30 am **Welcome & Introduction of Forum Participants and Special Guests**

Ruby P. Hearn, Ph.D., Chair of the Forum
Vice President, The Robert Wood Johnson Foundation
- 9:45 am **The Challenge and the Mission of Fighting Back**

Paul S. Jellinek, Ph.D.
Vice President, The Robert Wood Johnson Foundation

Anderson Spickard, Jr., M.D., Director
Fighting Back National Program Office
- 10:15 am **Topic 1: Voices of America's Community Leaders - An Open Discussion of Critical Community Issues**
- 11:00 am **Topic 2: Promising Directions and Major Challenges in Fighting Back Communities**
Fuller, Leonard & Lawrence, R. J.
- 11:45 pm **The Impact of Substance Abuse and Implications for Health Care Reform**
PC
Steven A. Schroeder, President
- 12:00 noon **Views from the Hill: Comments of Rep. Eleanor Holmes Norton (DC) and Rep. Donald Payne (NJ)**
- 12:30 pm Luncheon at The Crystal Room, The Willard Hotel
- 2:00 pm **Topic 3: What Community Leaders Want From National Leaders and National Resources**
Perata, 3 Mayors, Cynthia Kof
- 2:45 pm **Comments by Carol Rasco, Assistant to the President for Domestic Policy**
- 3:00 pm **Topic 4: Forging Stronger Political Will and Public Support to Reduce the Demand for Illegal Drugs and Alcohol**
- 3:30 pm **Forum Ends - Press Invited for Individual Interviews with Participants**

FIGHTING BACK

COMMUNITY INITIATIVES
To Reduce Demand for
Illegal Drugs and Alcohol

2553 The Vanderbilt Clinic
Nashville, TN 37232-5305
(615) 343-9603
FAX (615) 343-7397

Anderson Spickard, Jr., M.D.
Director

Gregory L. Dixon
Deputy Director

Frankie W. Sarver
Associate Director

The Fighting Back Leaders Forum March 17, 1993

**The Annenberg Washington Center
1455 Pennsylvania Avenue, Suite 200
Washington, DC**

The Fighting Back Leaders Forum brings together a small group of key leaders from 14 communities throughout the United States who are heading up major coalitions working to reduce the harm caused by substance abuse. These leaders include several mayors, county officials, a school superintendent, a publisher, a psychiatrist, retired business executives, and other prominent citizens who are committed to a new approach to alcohol and drug abuse.

The leaders come from 14 cities which have completed a two year planning and development process and have recently been awarded grants totalling more than \$3,000,000 each from The Robert Wood Johnson Foundation to implement their five-year plans. They include Columbia, SC; Charlotte, NC; Washington, DC; Newark, NJ; New Haven, CT; Worcester, MA; Milwaukee, WI; Kansas City, MO; Little Rock, AR; San Antonio, TX; Northwestern New Mexico; Santa Barbara, CA; Oakland, CA; and Vallejo, CA.

The purposes of the forum are to: 1) highlight the promising directions emerging from the early implementation stage of the local projects, 2) explore the local and national challenges that must be overcome to achieve long term success, 3) strengthen our shared resolve to build strong communities and reduce substance abuse.

As America's domestic agenda has moved into the forefront of the new administration, the communities engaged in Fighting Back initiatives are helping redefine substance abuse as a challenging but manageable set of problems requiring innovative forms of public engagement, private investment, and political leadership. This forum explores the work in progress.

The Fighting Back Leaders Forum

March 17, 1993

Fighting Back Communities

Charlotte, NC

Park Helms
Chairman, Mecklenburg County
Board of Commissioners
Helms, Cannon, Hamel, and Henderson
Suite 2300
Two First Union Center
Charlotte, NC 28282

Richard Vinroot
Mayor, City of Charlotte
600 East Fourth Street
Charlotte, NC 28202
(704) 336-2244

Columbia, SC

Bob Coble
Mayor
City of Columbia
P.O. Box 147
Columbia, SC 29217-0147
(803) 733-8221

Gallup, NM

Edison R. Wato, Sr.
Council, Pueblo Zuni
P.O. Box 339
Zuni, NM 87327
(505) 782-4481

Kansas City, MO

James T. Nunnally
Chairman
Project Neighbor-H.O.O.D.
Samuel U. Rodgers Health Clinic
825 Euclid
Kansas City, MO 64104
(816) 474-4920, Ext. 201

Little Rock

Sharon Priest
City Director
500 W. Markham
Little Rock, AR 72201

Milwaukee, WI

Howard Fuller, Ph.D.
Superintendent
Milwaukee Public Schools
5225 W. Vliet St.
Milwaukee, WI 53208
(414) 475-8001

New Haven, CT

John Daniels
Mayor
City of New Haven
95 Orange Street
New Haven, CT 06510

Barbara Gatison
Vice President
Southern New England Telephone
Company
310 Orange Street, Room 601
New Haven, CT 06511
(203) 771-7722

Newark, NJ

Ray Chambers
Chairman
Amelior Foundation
310 South Street
Morristown, NJ 07960

Barbara Wright Bell
President, Amelior Foundation
Chair, Newark Fighting Back
310 South Street
Morristown, NJ 07960
(201) 540-9148

Oakland, CA

Don Perata
Alameda County Supervisor
1221 Oak Street, Suite 536
Oakland, CA 94612
(510) 272-6693

San Antonio, TX

Nancy S. Bohman
President, San Antonio Fighting Back
312 South Walters Street
San Antonio, TX 78203-1951

Leonard E. Lawrence, M.D.
Chairman
San Antonio Fighting Back
7703 Floyd Curl Drive
San Antonio, TX 78284
(512) 567-4429

Santa Barbara

Joseph S. Tarrer, III
President and Publisher
Santa Barbara News-Press
De La Guerra Plaza
P.O. Drawer 1359
Santa Barbara, CA 93102
(805) 564-5235

Vallejo

Cynthia Kay
Council Member
Vallejo City Council
555 Santa Clara Street
Vallejo, CA 94590

Pelton Stewart
President
Continental of Omega Boys
and Girls Club
555 Corcoran Drive
Vallejo, CA 94589
(707) 643-1728

Washington, DC

Walter Byard
Chairman, Fighting Back
5079 Just Street, NE
Washington, DC 20019
(202) 396-0071

Carrie Thornhill
Chairperson
Consortium of Service Providers
Fighting Back
2059 36th Street, SE
Washington, DC 20020

Worcester, MA

Howard Jacobson
Chairman
WFB Citizens Governing Board
Flint Farm
449 West Mail Street
Shrewsbury, MA 01545
(617) 338-2960

Thomas Gentz

P6/(b)(6)

Special Guests

The White House

Ms. Carol Rasco
Assistant to the President
for Domestic Policy
The White House
Washington, DC 20500

House of Representatives

Eleanor Holmes Norton
The House of Representatives
1415 Longworth House Office Bldg.
Washington, DC 20515

Donald Payne
The House of Representatives
1631 Cannon House Office Bldg.
Washington, DC 20515

Center for Substance Abuse Treatment (CSAT)

Jerome H. Jaffe, M.D.
Associate Director
Center for Substance Abuse Treatment
5600 Fishers Lane-Rockwall II Bldg.
Rockville, MD 20857

Tom Edwards, Jr., Ph.D.
Acting Branch Chief
System Improvement Branch for CSAT
5515 Security Lane, 10th Floor
Rockwall II
Rockville, MD 20857

Saul Levin, M.D.
Director, Health Care Linkage
5600 Fishers Lane
Rockwall II Bldg, 7th Floor
Rockville, MD 20857

Mady Chalk, Ph.D.
Assistant Division Chief
Division of National Treatment
Demonstration
Center for Substance Abuse Treatment
5515 Security Lane, 10th Floor
Rockwall II
Rockville, MD 20857

Center for Substance Prevention (CASP)

Darlind Davis
Deputy Director
Division of Community Prevention
and Training
5600 Fishers Lane
Rockwall II Bldg - 9th Floor
Rockville, MD 20857

CBS Foundation

Kathryn Edmundson
President, CBS Foundation
51 West 52nd Street
New York, NY 10019

American Association for Rights & Responsibilities

Roger Conner
Executive Director, AARR
1725 K Street
Washington, DC 20066

American Bar Association

R. William Ide, III
President Elect
American Bar Association
4400 Georgia Pacific Center
133 Peachtree Street
Atlanta, GA 30303

Judy Patterson
Office of the President
American Bar Association
1800 M Street, NW
Washington, DC 20036

**The Partnership For A Drug-Free
America**

Thomas Hedrick, Jr.
President
Partnership For A Drug Free America
405 Lexington Avenue
New York, NY 10174

Bernard Gross
Senior Vice President
Partnership For A Drug-Free America
405 Lexington Avenue
New York, NY 10174

Chuck Wexler
Partnership For A Drug-Free America
2300 N. Street, NW, Suite 800
Washington, DC 20037

**The Center on Addiction and
Substance Abuse**

Herbert D. Kleber, M.D.
Executive Vice President
CASA
152 West 57th Street
New York, NY 10019

Jeffrey C. Merrill
Vice President & Director of Policy
Research and Analysis
CASA, Center on Addiction & Substance
Abuse at Columbia University
152 West 57th Street, 12th Floor
New York, NY 10019

Corporation Against Drug Abuse

Lawrence Hewes, III
Chief Executive Officer
Corporation Against Drug Abuse
1010 Wisconsin Avenue, NW
Suite 250
Washington, DC 20007

Melvin Forbes
Executive Vice President & Chief
Operating Officer
MCI Telecommunication Corporation
1010 Wisconsin Avenue, NW
Suite 250
Washington, DC 20007

Richard W. Snowden, III, Esq.
Trainum, Snowden, Highland, & Deane
1317 F Street, NW
Suite 550
Washington, DC 20004

Judith Willis
President, Credential, Information &
Verification Services
950 N. Washington Street
Alexandria, VA 22314

Connie Bush
Community Prevention Director
CADA
3732 Minnesota Avenue, NE
Washington, DC 20019

Susan Berger
Vice President, Workplace Program
CEO, Washington Employer Resource
Consortium
Washington, DC

**National Association of State
Alcohol & Drug Abuse Directors**

William Butynski, Ph.D.
Executive Director
National Association of State Alcohol
& Drug Abuse Directors
444 N. Capitol St., N.W. Suite, 642
Washington, DC 20001

Kathleen M. Sheehan
Director of Public Policy
National Association of State Alcohol
& Drug Abuse Directors
444 N. Capitol St., N.W., Suite 642
Washington, DC 20001

**National Council on Alcoholism & Drug
Dependence**

Paul Wood, Ph.D.
President
National Council on Alcoholism &
Drug Dependence, Inc.
12 West 21st Street
New York, NY 10010

Join Together

David Rosenbloom, Ph.D.
Director
Join Together
441 Stuart Street, 5th Floor
Boston, MA 02116

Roberta Leis
Director of Technical Assistance
Join Together
414 Stuart Street, 6th Floor
Boston, MA 02116

Diane Barry
Communications Director
Join Together
414 Stuart Street, 6th Floor
Boston, MA 02116

Jane Stein
Editor
Join Together Strategies
414 Stuart Street, 6th Floor
Boston, MA 02116

SEEDCO

Thomas V. Seessel
President
SEEDCO
10 East 21 Street
New York, NY 10010

VSA Educational Services

Susan Flowers
Vice President
VSA Education Services
1331 F Street, NW
Suite 800
Washington, DC 20004

**National Center for Children
in Poverty**

Judith E. Jones
Director & Associate Clinical
Professor of Public Health
National Center for Children
in Poverty
154 Haven Avenue, 3rd Floor
New York, NY 10032

Houston Crackdown

Janice Ford Griffin
Director
Houston Crackdown
P.O. Box 1562
Houston, TX 77251

**Marshall Heights Community
Development Organization**

Lloyd Smith
Executive Director
Marshall Heights Community
Development Organization
3732 Minnesota Avenue, NE
Washington, DC 20019

Loretta Tate
Project Director
Fighting Back
Marshall Heights Community
Development Organization
3732 Minnesota Avenue, NE
Washington, DC 20019

Rose Strickland
Public Relations Director
Fighting Back
Marshall Heights Community
Development Organization
3732 Minnesota Avenue, NE
Washington, DC 20019

Pacific Institute for Research and
Evaluation

Susan N. Labin, Ph.D.
Senior Co-Investigator
Pacific Institute for Research and
Evaluation
Air Rights Center
7315 Wisconsin Avenue
Suite 900 East
Bethesda, MD 20814

The Robert Wood Johnson Foundation

Steven A. Schroeder, M.D.
President
The Robert Wood Johnson Foundation
P.O. Box 2316
Princeton, NJ 08543-2316

Paul S. Jellinek, Ph.D.
Vice President
The Robert Wood Johnson Foundation
P.O. Box 2316
Princeton, NJ 08543-2316

Ruby P. Hearn, Ph.D.
Vice President
The Robert Wood Johnson Foundation
P.O. Box 2316
Princeton, NJ 08543-2316

Tito Coleman
Program Officer
The Robert Wood Johnson Foundation
P.O. Box 2316
Princeton, NJ 08543-2316

The Fighting Back National Program Office

Anderson Spickard, Jr., M.D.
Director
The Fighting Back National Program
Office
2553 The Vanderbilt Clinic
Nashville, TN 37232-5305

Frankie Sarver
Associate Director
The Fighting Back National Program
Office
2553 The Vanderbilt Clinic
Nashville, TN 37232-5305
(615) 936-0675

Gregory L. Dixon
Deputy Director
The Fighting Back National Program
Office
2553 The Vanderbilt Clinic
Nashville, TN 37232-5305
(615) 936-0679

Jacqueline Jones
Communications Director
The Fighting Back National Program
Office
2553 The Vanderbilt Clinic
Nashville, TN 37232-5305
(615) 936-0678

Office of Domestic Policy

TO: Jose

FROM: Carol H. Rasco

SUBJ: Speech/Meeting/Interview

Brief remarks

DATE of speech 3/17

Attached is the background information I have to date on the function listed. I would appreciate briefing materials by ~~noon~~ close of business today, 3/16.

Sorry the short notice, it crept up on me! I know this group well, Frankie used to work in Little Rock.

Please send me a copy of the notes you previously prepared for TV interview (they got real wet that rainy day) & that should do it unless you have other, additional ideas.

FIGHTING BACK

COMMUNITY INITIATIVES
To Reduce Demand for
Illegal Drugs and Alcohol

2553 The Vanderbilt Clinic
Nashville, TN 37232-5305
(615) 343-9603
FAX (615) 343-7397

February 22, 1993

Ms. Carol Rasco
Assistant to the President for Domestic Policy
The White House
Washington, D.C. 20500

Dear Carol:

This letter follows my prior invitation to you to attend the Leaders Forum on Wednesday, March 17, 1993, hosted by Dr. Steven A. Schroeder, President of The Robert Wood Johnson Foundation with national and local leaders in the Fighting Back initiative.

This nationwide forum will take place at The Annenberg Washington Center, 1455 Pennsylvania Avenue, Suite 200 (in the Willard Hotel Complex). Leaders of the Fighting Back coalitions in fourteen major cities will attend. These cities include Columbia, SC; Washington, D.C.; Newark, NJ; New Haven, CT; Worcester, MA; Milwaukee, WI; Kansas City, MO; Little Rock, AR; San Antonio, TX; Northwestern New Mexico; Charlotte, NC; Santa Barbara, CA; Oakland, CA; and Vallejo, CA. You will see on the attached list that several mayors and some of the most prominent leaders in these cities will be attending.

The overall purpose of the meeting is to discuss local and national challenges in our efforts to achieve long term success in reducing the demand for illegal drugs and alcohol. The Fighting Back program is the most comprehensive approach to the problems of substance abuse in our country. I believe its broad-based, community-wide, consensus-building philosophy offers our greatest chance for success.

The meeting will give you an opportunity to formally meet with The Foundation representatives and community leaders and to begin a positive working relationship and dialogue with a major national private/public partnership effort to fight substance abuse.

Economic opportunity, affordable health care and safety are critical issues woven throughout the challenges and successful strategies in fighting substance abuse. Conversely, the harms of substance abuse are woven throughout these three major domestic problems which seriously affect the future of our country. One of the greatest strengths of the national Fighting Back program has been its ability to focus on substance abuse as a high priority without viewing it as an isolated effort. Given this, I hope the meeting will have far-reaching value to you in your new position.

① Roz

Call & tell Frankie
that the 2 p.m.
session is when

I can be there, must leave
just before 3 p.m. My remarks
will be brief, I'd like to listen
above all. Tell her I've
sent letter to Hillary's scheduling
office. CFR

② ^{xx} Patty Solis - see * on pg. 2.

Anderson Spickard, Jr., M.D.
Director

Gregory L. Dixon
Deputy Director

Frankie W. Sarver
Associate Director

I don't think
it critical
that HR
attend.
all

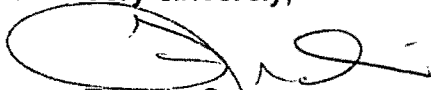
Reducing substance abuse is one of the three major grantmaking goals for The Robert Wood Johnson Foundation in the 1990s. As the largest national health care philanthropy, The Foundation will likely be included in the discussions of the Task Force on National Health Care. I understand that some discussions have already taken place in regard to the issue of substance abuse in the development of a national health care strategy. Do you think there is a possibility that Hillary would be available to make an appearance at any time during the day? A brief attendance and show of concern would be useful if her schedule allows. This would seem to be an excellent opportunity for her to acknowledge the work of the largest health care philanthropy and to acknowledge the serious problem of substance abuse in the development of a national health care plan. Dr. Schroeder will certainly make a formal request if you think this would be more appropriate or necessary.

You will see on the attached agenda that Rep. Eleanor Holmes Norton and Rep. Donald Payne will be making presentations at noon. Also, representatives from media have been invited to interview at the close of the session. You may or may not want to be present for these presentations. In addition, we have invited several observers to attend the meeting. You may wish to invite persons whom you believe would benefit from hearing the issues discussed in this meeting. If so, please have someone call with their names so that we may include them in introductions.

If possible, please let me know a general time period when you will be able to attend. I understand that it may be necessary for you to wait until shortly before the meeting day to do this. Know that we will adjust our agenda in any way necessary to accommodate your and/or Hillary's schedule. I will be so happy to see you and I so much appreciate your willingness to attend this important meeting.

The address on the economic package was absolutely outstanding. People I have talked with were very impressed with that address and also with his question and answer session with the children last weekend. He was at his best and I know this means you and others did a superb preparation job. Congratulations!

Very sincerely,



Frankie Sarver
Associate Director

cc: Steven A. Schroeder, President,
The Robert Wood Johnson Foundation
Anderson Spickard, Jr., M.D., National Program Director,
Fighting Back National Program Office

The Fighting Back Leaders Forum

March 17, 1993

**The Honorable Bob Coble
Mayor
City of Columbia
P.O. Box 147
Columbia, SC 29217-0147
(803) 733-8221**

**Mr. James T. Nunnally
Chairman
Project Neighbor-H.O.O.D.
Samuel U. Rodgers Health Clinic
825 Euclid
Kansas City, MO 64104
(816) 474-4920, Ext. 201**

**The Honorable James Daily
Mayor, City of Little Rock
500 W. Markham
Little Rock, AR 72201**

**Dr. Howard Fuller
Superintendent
Milwaukee Public Schools
5225 W. Vliet St.
Milwaukee, WI 53208
(414) 475-8001**

**Mr. Ray Chambers
Chairman
Amelior Foundation
310 South Street
Morristown, NJ 07960**

**Ms. Barbara Gatison
Vice President
Southern New England Telephone
Company
310 Orange Street, Room 601
New Haven, CT 06511
(203) 771-7722**

**Mr. Don Perata
Alameda County Supervisor
1221 Oak Street, Suite 536
Oakland, CA 94612
(510) 272-6693**

**Leonard E. Lawrence, M.D.
Chairman
San Antonio Fighting Back
7703 Floyd Curl Drive
San Antonio, TX 78284
(512) 567-4429**

**Mr. Walter Byard
Chairman, Fighting Back
5079 Just Street, NE
Washington, DC 20019
(202) 396-0071**

**Dr. Howard Jacobson
Chairman
WFB Citizens Governing Board
Flint Farm
449 West Mail Street
Shrewsbury, MA 01545
(617) 338-2960**

**Mr. Joseph S. Tarrer, III
President and Publisher
Santa Barbara Newspress
De La Guerra Plaza
Santa Barbara, CA 93101
(805) 564-5235**

**Mr. Pelton Stewart
President
Continental of Omega Boys
and Girls Club
555 Corcoran Drive
Vallejo, CA 94589
(707) 643-1728**

Ms. Barbara Wright Bell
President
Amelior Foundation
310 South Street
Morristown, NJ 07960

Mr. Park Helms
Helms, Cannon, Hamel, and Henderson
Suite 2300
Two First Union Center
Charlotte, NC 28282

The Honorable John Daniels
Mayor
City of New Haven
95 Orange Street
New Haven, CT 06510

Ms. Cynthia Kay
Council Member
Vallejo City Council
555 Santa Clara Street
Vallejo, CA 94590

The Honorable Edison R. Wato, Sr.
Council, Pueblo Zuni
P.O. Box 339
Zuni, NM 87327
(505) 782-4481

The Honorable Richard Vinroot
Mayor, City of Charlotte
600 East Fourth Street
Charlotte, NC 28202
(704) 336-2244

Ms. Carrie Thornhill
Chairperson
Consortium of Service Providers
Fighting Back
2059 36th Street, SE
Washington, DC 20020

The Honorable Sharon Pratt-Kelly
Mayor
District of Columbia
1 Judiciary Square
441 4th Street, NW, Suite 1100
Washington, DC 2001

**The Fighting Back Leaders Forum
March 17, 1993**

**The Annenberg Washington Center
1455 Pennsylvania Avenue, Suite 200
Washington, DC**

The Fighting Back Leaders Forum brings together a small group of key leaders from 14 communities throughout the United States who are heading up major coalitions working to reduce the harm caused by substance abuse. These leaders include several mayors, county officials, a school superintendent, a publisher, a psychiatrist, retired business executives, and other prominent citizens who are committed to a new approach to alcohol and drug abuse.

The leaders come from 14 cities which have completed a two year planning and development process and have recently been awarded grants totalling more than \$3,000,000 each from The Robert Wood Johnson Foundation to implement their five-year plans. They include Columbia, SC; Charlotte, NC; Washington, DC; Newark, NJ; New Haven, CT; Worcester, MA; Milwaukee, WI; Kansas City, MO; Little Rock, AR; San Antonio, TX; Northwestern New Mexico; Santa Barbara, CA; Oakland, CA; and Vallejo, CA.

The purposes of the forum are to: 1) highlight the promising directions emerging from the early implementation stage of the local projects, 2) explore the local and national challenges that must be overcome to achieve long term success, 3) strengthen our shared resolve to build strong communities and reduce substance abuse.

Agenda Summary

9:00 am	Coffee and Conversation
9:30 am	Topic 1: The Challenge and the Mission of Fighting Back
10:30 am	Topic 2: Voices of America's Community Leaders - An Open Discussion of Critical Issues and Choices
11:15 am	Topic 3: Early Successes and Promising Directions from Fighting Back Communities
11:50 pm	The RWJ Foundation Investment in the Problems of Substance Abuse-Steven A. Schroeder, President
12:00 noon	Views from the Hill: Comments of Rep. Eleanor Holmes Norton (DC) and Rep. Donald Payne (NJ)
12:30 pm	Lunch
2:00 pm	Topic 4: What Community Leaders Want From National Leaders
2:45 pm	Topic 5: Forging Political Will and Public Support to Reduce Substance Abuse
3:30 pm	Forum Ends - Press Invited for Individual Interviews with Participants

TO: Carol Rasco
FR: Jose Cerda III

Enclosed please find the talking points you requested. I have also included a general fact sheet that touches on some of the issues that may come up in your interview.

To keep things simple, I have kept the facts and arguments in the talking points general. If you require a detailed analysis on any particular treatment program, funding level, etc., please let me know.

SUBSTANCE ABUSE TREATMENT -- TALKING POINTS

Affirmative

- Perhaps the best way to increase drug treatment is to include it as one of the basic services to be offered by a national health plan. The Task Force is now examining the interplay between substance abuse treatment and health care reform.
- President Clinton pledged to increase drug treatment, and his economic package includes a \$1.5 billion investment over the next four years to do so.
- President Clinton expressed his support for court-mandated drug testing programs to augment drug treatment for released offenders, and his nominee for the position of Attorney General is a recognized innovator in this area. Janet Reno helped launch the Miami Drug Court, a program where drug offenders are offered a strictly regimented drug treatment program as an alternative to prison. Some 60% of the programs successful participants remain "arrest free".
- The President's plan to put 100,000 new police officers on the street and dramatically increase community policing will help to identify drug offenders and get them into treatment.

Defensive

- **Drug Treatment is "soft on crime".**
- Next to prison, drug treatment is the most effective way to reduce an addicts criminality -- and treatment is infinitely less expensive. More and better drug treatment is good health policy, good drug policy, good crime policy, and good urban policy.
- **President Clinton is going to slash drug interdiction and enforcement to fund increased drug treatment.**
- The President is committed to increased drug treatment availability, but his overall funding levels will be based on programs that work. For too long our drug policy has been politicized and polarized by the argument over arbitrary funding ratios (supply/demand ratio). The treatment and law enforcement communities have come to realize that they both have a role to play in fighting illegal drugs -- and that good and bad programs exists in both sectors.
- **President Clinton's Budget (\$12.366 billion) is no different than former President Bush's (\$12.037). Its overall increase is less than inflation, and it effectively retains the 70/30 supply/demand ratio.**
- NO -- if drug treatment is incorporated as a basic service in a national health care plan, we will have done more to increase treatment availability than ever before. Also, the new ONDCP director will be reviewing our national drug strategy and recommending appropriate changes in policy and funding levels.

SUBSTANCE ABUSE TREATMENT -- FACT SHEET

Major Clinton Promises

- Provide "treatment on demand".
- Support court-mandated drug testing programs to augment drug treatment for released offenders.
- Reaching children with drug and alcohol programs through school-based efforts.
- Targeting pregnant addicts for treatment.

Drug Treatment Spending

- **Total FY93 Anti-Drug Budget = \$12.037 billion.** (Approximately 70% for supply reduction and 30% for demand reduction.)
- Total national spending on drug treatment -- including private sector -- is about \$8 billion. Total Federal spending is \$2.2 billion.
- President's proposed spending increase (for treatment and prevention): \$1.5 billion over four years.

"Treatment Shortfall"

- The National Institute on Drug Abuse (NIDA) estimates that 6.5 million people abuse drugs.
- A 1990 Institute of Medicine (IOM) study estimated that 5.5 million people need drug treatment -- with 2.5 million clearly in need of treatment (1.1 million in the criminal justice system) and 3 million probably in need of treatment.
- In 1992, the Office of National Drug Control Policy (ONDCP) estimated that there are 2.77 million drug users who can benefit from drug treatment.
- Assuming an annual treatment capacity of 1.7 to 2 million, the treatment shortfall can be estimated to be about 800,000 to 1 million -- for treatable addicts. This is a conservative estimate; some believe the shortfall to be three times as high.
- Alternatively, a 1990 National Academy of Sciences study, "Treating Drug Problems," estimated that a \$1.3 billion increase over current levels -- and a one-time capital investment of \$1 billion -- would be required to implement a comprehensive drug treatment system.

Major Clinton Options

- Include substance abuse treatment among the basic services offered by a national health insurance plan. This is the best way to dramatically -- and cost effectively -- expand drug treatment.
- If inclusion in the health plan is a long-term prospect, the proposed four-year, \$1.5 billion increase should be targeted to juveniles and pregnant users, and then to the criminal justice system on the next priority.
- While some drug treatment advocates have called for dramatic increases in federal drug treatment spending, this is not necessarily a viable option. An equally dramatic capital investment would be required for the treatment infrastructure to be able to absorb such an increase.

Office of National Drug Control Policy (ONDCP)

- ONDCP was established by Congress in the 1988 Anti-Drug Abuse Act. It was created to bring coherence to drug abuse policy. Currently more than three dozen federal agencies are involved in some aspect of drug control -- and some 75 committees and subcommittees in Congress share jurisdiction over drug issues.
- ONDCP has the responsibility of compiling an annual national drug strategy and budget, which has been past due since February 1, 1993.
- ONDCP was a Democratic creation. Reagan vetoed the original bill, but Democrats attached it to major drug legislation.
- The first ONDCP Director ("Drug Czar"), William Bennett was in the cabinet. But the second Czar, Bob Martinez, was demoted from the cabinet and physically moved from the Old Executive Office Building to nearby commercial offices.
- The President has proposed cutting ONDCP from 146 employees to 25 employees. Formerly, some 50% of ONDCP's employees were political appointees with little or no drug policy experience.
- As a result of ONDCP's reorganization, its budget has been cut from \$118.5 million to \$91.8 million.
- ONDCP never succeeded in bringing coherence to federal drug policy. Hopefully, a more "nimble" policy and planning shop will be able to do so.
- ONDCP's authorization expires on November 18, 1993. Additional changes to the office will be considered at that time.

OUTLINE FOR SUBSTANCE ABUSE TREATMENT BRIEFING

I. Successful Approaches to Treatment

A. Household Addicts -- estimates indicate that there are at least 1.4 million treatable drug addicts in the country, many of whom do not receive any type of treatment.

Perspectives on Treatment -- Treatment in the US is a funny thing. We expect more from drug addicts than we do other addicts. If someone tries to quit smoking or drinking, we can appreciate if they "cut back" or "fall of the wagon". We understand that -- like controlling your blood pressure -- it takes time and effort, and you improve as you progress. Not so with drugs. Our society views drug addicts as criminals, and we can't understand why they can't cure themselves in a thirty-day program. And despite the fact that treatment is proven to reduce the criminality and drug use of addicts, we have difficulty accepting anything less than abstinence.

Effective Treatments -- Must be lengthy. At least three months, maybe a year. We know that the longer an addict stays in treatment, the more likely he/she is to stay off drugs. Intensive and highly-structured treatment helps. Like the e.g. of acupuncture that gives addicts a concrete form of treatment. Also, educational and employment opportunities help. Give addict a "turning point". Unfortunately, we always expect addicts to become typical middle class society members -- but most of them never were. We must have realistic criteria of success.

Methadone Maintenance -- When other forms of treatment don't work methadone may. While it has the potential to simply substitute one addiction for the next, it has been around since 1964 and is the most evaluated treatment. According to a recent study, over 85% of those who stay on for two years quit heroin for good. NB: Methadone treatment was recently the subject of a critical 60 minutes story. From time to time, methadone programs have come under fire for not being properly administered.

B. Criminal Addicts -- estimates indicate that there are some 1.4 million drug users in our criminal justice system. More than half of the federal inmate population consists of drug offenders -- and this number is expected to jump to 90% by 1995. More than 3/4's of all state inmates are drug abusers. Still, very few prisoner receive effective drug treatment.

Effective Prison Treatments -- inmates are separated from the general population; attended by well-trained staff; treatment last at least six months, preferably just prior to release; prerelease planning and aftercare essential. These elements can be included in expanded boot camp efforts.

Drug Courts -- faced with rising caseloads, over capacity prisons, and not wanting to use valuable prison space for minor drug offenders, some criminal courts have found ways to put drug offenders in treatment (Miami Drug Court). Other courts require intense education, drug testing, and AA/NA classes (Oakland). Treatment is not

necessary for every offender, and this method helps ferret out who truly needs residential treatment. More importantly, in drug courts the defendants can't be passive recipients of punishment, they must be active participants in their own rehabilitation.

II. Meeting the treatment demand

A. Treatment shortfall -- no matter whose numbers you use, there are a paucity of treatment slots in the country. At best, the shortfall is about 800,000; at worst, it's more than 3 million. Moreover, the demand for treatment cannot simply be met by increasing funds; it would be a waste of money due to the lack of infrastructure to absorb the funds. A major expansion would have to be phased in to maximize effectiveness. (Treatment facilities are a patchwork of state, local, private and federal programs and efforts.)

B. Prioritizing -- Certain critical populations are obvious targets of priority: pregnant women, at risk youth, correctional inmates and persons under criminal justice supervision (probation and parole), and individuals at risk for HIV.

Pregnant Women -- Some 554,400 to 739,200 drug-exposed babies are born each year (1 in 10 new births). Daily health costs for a drug-exposed baby is \$5,500, and aggregate first-year costs estimates range from a minimum of \$51 million to as high as \$1 billion.

At-Risk Youth -- According to NIDA, individuals with less than 12 years of education have an incidence of drug use 67% higher than the general public, which often translates into criminal activity. We must target high school dropouts.

C. Accountability -- Drug treatment is not a single entity, but many (e.g., methadone, therapeutic communities, outpatient, 28 day chemical dependency, etc.). The Federal Government has failed in establishing standard guidelines, providing technical assistance, and in engaging in long-term, strategic planning that keeps treatment research and methods current to the problem. Some of these concerns should be addressed by the 1992 ADAMHA Reorganization Act.

FIGHTING BACK

COMMUNITY INITIATIVES
To Reduce Demand for
Illegal Drugs and Alcohol

2553 The Vanderbilt Clinic
Nashville, TN 37232-5305
(615) 343-9603
FAX (615) 343-7397

orig: Bruce Lindsey

*This looks
like a real
possibility!?!*

Anderson Spickard, Jr., M.D.
Director

Gregory L. Dixon
Deputy Director

Frankie W. Sarver
Associate Director

*cc: CHR (Frankie's
letter only)*

February 12, 1993

Ms. Carol Rasco
Assistant to the President for Domestic Policy
The White House
Washington, D.C. 20500

*Also: Frankie was the Clinton Drug Office
Director in Ark. 1983*

*forward for several yrs,
very good, I really respect
her opinion. CHR*

Dear Carol:

Congratulations! What an incredible honor and opportunity to have such an assignment. You are certainly deserving and the President could not have made a better selection. I did go to the inauguration and it was such a moving and thrilling experience. It is difficult to put into words. I just hope you know how incredibly proud I and others back home are of you and our President.

Thank you for returning my phone call. I can imagine your busy schedule and the numerous tasks during your day. I will especially appreciate your following up with an interview for Dr. Ruby Hearn for the cabinet-level position of national drug expert. I have worked with Ruby for three years and it has been a most valuable and treasured experience.

*I just
told her
I would
pass
resume along.*

It has been a long time since I have been impressed with anyone in a leadership capacity in the substance abuse field and I am very impressed with Ruby. In the past twelve years, this field has been diminished during a time when the problem has been increasing at astronomical rates, and penetrating and destroying the cores of all our institutions and many of our valued freedoms. The Reagan and Bush administrations not only never responded in any meaningful way, they were harmful. Sadly for our government, the first meaningful national effort came from the private sector, The Robert Wood Johnson Foundation, which invested more than \$70 million to develop a comprehensive and effective demand reduction strategy for communities. Ruby Hearn created, developed, promoted and leads this effort from The Robert Wood Johnson Foundation. She can bring an incredibly valuable and beneficial perspective to the President's national strategy.

After I talked with you when you were moving out of the state Capitol, I wrote a letter to the Transition Office about my concerns about the national substance abuse demand reduction strategy which we have discussed. This was before you went to Washington

and I do not know where the letter likely landed so I am attaching a copy. If Dr. Hearn is appointed to the position of national drug expert, I would be confident that the concerns in my letter about our national effort would be addressed in a swift and progressive manner.

Some words which describe Ruby Hearn are incredibly articulate, committed, bottom-line, crisp thinker, smart, organized, efficient, creative, impressive, assertive, sometimes intimidating, polished, always learning, absolutely no BS, intuitive, a leader, a role model, and a professional and loyal colleague.

Her knowledge and experience in the field of substance abuse are evident in the creation of the national Fighting Back program. This program was copied by CSAP in a rather haphazard way and I believe even the Feds would say Fighting Back has the best potential for success of any strategy in the substance abuse field. Fighting Back's reputation is excellent because it had an unsurpassed solid foundation, clear philosophy, broad-based sensitivity, solution-oriented design and an intellectual understanding of the problem of substance abuse at its inception. This is directly attributable to Dr. Hearn and her colleague, Dr. Paul Jellinek, who at that time was her subordinate but is now a Vice President of The Foundation. Three years later, Ruby enjoys the admiration and respect of the leaders in the fourteen Fighting Back communities which, as you know, includes Little Rock.

As the first female national drug expert, she will bring an understanding of women's issues and concerns. Her true understanding of substance abuse among women, barriers to treatment which include child care and finances, drug-addicted infants, and family deterioration are vitally important when, for the first time in our country's history, substance abuse among mothers, children and babies is escalating out of control. Imagine Ruby and Joycelyn Elders joining forces! This depth of sensitivity can be added to her understanding of inner city and minority issues. Put all this with superb academic credentials and there is no one better?

From the supply side of this effort, Ruby is tough as nails and you may even be able to reduce what I understand is a \$1 million security force for the position. Or, as I think about it, she's so tough you may have to increase it.

Other facts which carry equal weight with me, but, likely not in the selection process, include the fact that she was born and grew up in Pine Bluff, Arkansas. She moved away as a young girl and has lived on the east coast much of her life but, occasionally out of her mouth, come some phrases only an Arkansan would know or understand.

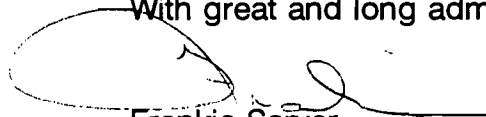
And, equally important to me, but less important in the selection process, is the fact that she has always been a vocal and active Democrat and campaigner for Bill. Back in the early, painful days of the campaign, Ruby and I would be in meetings with all others in the party declaring him dead. We would have to hold our own, which we did. She started out as a supporter and believer in Bill Clinton and she was not one of those late arrivals.

As you will see in her attached resume, she has very impressive educational and work experience. She graduated from Yale, she is Vice President of the nation's largest health care philanthropy, and she serves on the boards of some of the most nationally impressive academic and service organizations and associations in our country. Even if she is not selected for this position, I would encourage President Clinton, Hillary and you to meet and get to know her. I believe a mutual respect and friendship would occur.

If I do not shut it up, others will start believing her mother wrote this letter and I am much too young! Thank you so much, Carol, for working this through the process. I and others in the field of substance abuse will be very grateful if Dr. Hearn receives an interview and we will be overjoyed and very encouraged if she is selected. A photograph and her resume are attached which include the address and phone number where she can be reached.

Thank you for agreeing to come to the March 17, 1993, meeting of The Robert Wood Johnson Foundation and the Fighting Back community mayors and leaders. I am sending you a separate letter regarding the details of this meeting. As I have said, I am so very proud of you. You, our President, Hillary (and Chelsea) have made Arkansas very proud. Give 'em hell and direct us out of the mess. I believe in you and I know, shortly, the country will as well.

With great and long admiration,



Frankie Sarver
Associate Director,
Fighting Back National Program Office
Vanderbilt University

FS/ac

202 783-4374

NASADAD

direct

KATHLEEN M. SHEEHAN
DIRECTOR OF PUBLIC POLICY

NATIONAL ASSOCIATION OF STATE ALCOHOL
AND DRUG ABUSE DIRECTORS
444 N. CAPITOL ST., NW, SUITE 642
WASHINGTON, D.C. 20001
(202) 783-6868



National Association of State Alcohol and Drug Abuse Directors, Inc.

PRIORITY ALCOHOL AND OTHER DRUG ABUSE ISSUES FOR 1993

NATIONAL HEALTH CARE

It is essential that comprehensive coverage for alcohol and other drug dependency prevention and treatment services be included as part of the core benefit in any national health care reform legislation. In 1990, the Institute of Medicine reported that each year, 2 to 3 million people with alcohol and other drug problems need but cannot obtain treatment. Studies indicate that prevention and treatment services can help to reduce overall health care costs that inevitably result if alcohol and other drug problems are not prevented or treated.

The costs of untreated alcohol and other drug problems are enormous. A Department of Health and Human Services Report, entitled *The Economic Costs of Alcohol and Drug Abuse and Mental Illness*, noted that in 1988 the cost of alcohol and other drug problems was \$144.1 billion.

Prevention and treatment will save lives, families, and money. A University of California study found that every \$1 spent on alcohol and other drug treatment saves \$11.54 in health care and criminal justice costs, and lost productivity for business. Providing prevention, early intervention and treatment coverage for alcohol and other drug problems is cost effective and helps to reduce illnesses and deaths from a myriad of related diseases as well as accidents and physical abuse.

COORDINATION OF SERVICES AND DOLLARS

Programs funded through various Federal agencies including the Departments of Health and Human Services, Education, Justice, Housing and Urban Development, Labor, and Transportation should require coordination with State Alcohol and Drug Agencies to ensure the success of the programs and the effective use of dollars. The current fragmented system often results in a duplication of effort and a proliferation of sometimes conflicting policies.

MEDICAID FUNDING FOR RESIDENTIAL TREATMENT PROGRAMS

The Institution for Mental Diseases (IMD) exclusion must be amended so that alcohol and other drug dependency treatment services, provided by State-licensed and/or approved facilities with more than 16 beds, are not automatically excluded from reimbursement. Alcohol and other drug dependency problems are illnesses in their own right and should not be subsumed under the auspices of mental disease. Federal Medicaid reimbursement should be made available to State-approved, free-standing alcohol and other drug treatment facilities as long as the individuals served meet Medicaid eligibility requirements. Currently, Medicaid-eligible individuals seeking such services are forced to become patients of a hospital at a substantially higher cost to both the Federal and State governments.

INCREASED FUNDS FOR PREVENTION AND TREATMENT

Additional Federal funding must be provided to State programs to alleviate long waiting lists for individuals seeking treatment for alcohol and other drug dependency problems. Presently, according to the Office of National Drug Control Policy (ONDCP), only about 30 percent of Federal dollars are directed to reducing the demand for drugs (prevention, education, treatment, and research) while 70 percent of Federal dollars are directed to reducing the supply of drugs (interdiction of drugs and law enforcement).

In *Putting People First*, President Clinton and Vice President Gore noted that additional Federal funding to support treatment on demand "will help communities dramatically increase their ability to offer drug treatment to everyone who needs help." Individuals who are forced to languish on long waiting lists are not able to begin the road to recovery as responsible tax-paying citizens, and their families and communities suffer. A more equitable division of Federal resources with at least 50 percent of dollars going to reducing the demand for alcohol and other drugs is required. Funding for both prevention and treatment services must be significantly increased.

HIV/AIDS/TUBERCULOSIS TREATMENT AND PREVENTION

Adequate funding should be directed to State Alcohol and Drug Agencies to deal with the serious national health problems of HIV/AIDS and emerging concerns such as the spread of tuberculosis. In addition, national HIV/AIDS policies and programs must recognize the strong link between alcohol and other drug problem behaviors leading to the spread of HIV/AIDS and tuberculosis in the heterosexual population.

In addition, no HIV/AIDS policy can be effective without attention to the adolescent population including education, training, early intervention, and treatment. Federal funding to State Alcohol and Drug Agencies can help to address these problems in a cost-effective manner. Finally, State Directors also support funding for programs to treat and support individuals with HIV/AIDS and tuberculosis.

COMMUNITY-BASED TREATMENT AND PREVENTION

State Alcohol and Drug Agency capacity to link with community and grassroots treatment and prevention programs should be supported. Legislation providing direct prevention and treatment funding to community organizations can increase program effectiveness by either passing dollars through State Agencies or mandating coordination of services with State Agencies. For example, recently mandated coordination of the Women, Infants, and Children (WIC) Nutrition Program and Medicaid has been demonstrated to be desirable in improving the quality of services to women and children and in reducing the overall costs of both programs. Similar coordination of Medicaid and other alcohol and other drug services would also have a positive impact. This approach ensures that community services are considered through a statewide strategic planning process. Such coordination also enables community-based programs to receive essential State training and technical assistance and maximizes research and evaluation potential.

PREVENTION

A renewed Federal commitment to prevention programs along with dollars to develop and expand comprehensive community-based prevention services is needed. State Alcohol and Drug Abuse Agencies wish to increase their capacity to disseminate information, provide education and other prevention services, and identify alcohol and other drug problems early so that appropriate referrals may be made. State Agencies also wish to develop alternative activities programs and assist communities in addressing these problems through a variety of behavioral and environmental approaches.

To ensure the success of comprehensive prevention programs and systems, NASADAD endorses increased Federal incentives to strengthen and expand linkages with a variety of State Agencies including education, housing, criminal justice, highway and traffic safety, Governors' and Attorney Generals' offices, research agencies, and volunteer groups. Comprehensive community-based prevention programs will help to decrease health costs and other problems such as school dropouts, teen pregnancy, and family violence. NASADAD strongly believes that prevention programs can make a life-saving difference to individuals, families, and communities.

YOUTH AND ADULT CRIMINAL OFFENDERS

Both correctional alcohol and other drug abuse treatment services and community-based offender treatment programs should be expanded with Federal funding flowing through the State Alcohol and Drug Agencies. To maximize the success rates of offender programs, correctional treatment programs should mandate supervised community aftercare as well as relapse prevention and intervention. The appropriate funding for followup must be provided, and State Agencies, which already provide these kinds of services, should either operate or coordinate these programs.

State Alcohol and Drug Agencies should also be called upon to assist with the essential recruitment and training of staff who work with offenders in correctional and community-based settings. Care should be taken to ensure that such staff reflect the diversity of the offender population.

Finally, State Agencies should be involved in helping to establish and maintain cooperation and coordination of services between probation and parole, Treatment Alternatives to Street Crime, and community-based services.

YOUTH

The number one killer of teens and young adults is alcohol- and other drug-related highway deaths. Alcohol and other drug use is also associated with homicides, suicides, and drownings -the other three leading causes of death among youth. Additional funding should be provided through State Alcohol and Drug Agencies to enable outreach programs to serve youth through schools and community activities. In addition, Federal programs should target services for youth through community-based programs and the juvenile justice system. Prevention programs and access to medical and other health care programs will also assist in reducing youth alcohol and other drug problems. Federal funding should be provided for both training for school professionals and for the establishment and support of Student Assistance Programs. Comprehensive prevention, early intervention, and treatment services must be available to adolescents, including information on the dangers of alcohol and other drugs, AIDS, and perinatal exposure to drugs.

ALCOHOL AND OTHER DRUG PROBLEMS AMONG WOMEN AND CHILDREN

Alcohol and other drug problems among females, especially pregnant women and new mothers, have disastrous consequences for both children and the Nation's health care system. Comprehensive prevention and treatment prenatal services are essential to reduce the number of children born with alcohol- and other drug-related problems. Federal Medicaid reimbursement must be provided for free-standing alcohol and other drug treatment facilities that serve pregnant and postpartum women and their children. Also, Federal resources must be made available to train physicians and other health care personnel in the identification of alcohol and other drug problems among pregnant women. Finally, cooperative agreements must be established at both Federal and State levels among Alcohol and Other Drug Agencies and Maternal and Child Health Agencies to ensure appropriate identification, referral, and care for pregnant women and their children.

LOW INCOME HOUSING

Federal funding for low income housing that is alcohol and drug free must be expanded to assist individuals in the recovery process. A secure and stable post-treatment environment enhances long-term recovery. Linkage of such housing programs with alcohol, other drug, and primary health care service providers is essential for the prevention of Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects (FAE), and "crack babies." Similarly, alcohol and other drug education and intervention services for high-risk youth are also essential. These programs should all be coordinated through the State Alcohol and Drug Agencies.

February 16, 1993

THE WHITE HOUSE
WASHINGTON

Jose

1) Thank you for ded. to this task - ^{LR} S. Carolina

4) ~~1)~~ Hallmarks: 2) Faces of Hope

↳ 6th grader who couldn't read
2 children I drove around with

Coordination/Collab.

Community & States
Accountability

2) Agenda:

Heart Care ^{in some ways diff. to sep. out}
~~Return~~ Comprehensive plan

- HIPC
- must ~~to~~ have assessment component
4 bullet pts.

3) Dry Dir. - Victim of expectations



Daniels

Inf. Mortality
Teen pregnancy
Collaboration

Sub. abuse

"Victim of
Expectations"

Jobs

Dr. Fuller

① Funding - amts.

② Manner of funding

③ Flexibility > outcome
criteria

Chap 1 \$'s

Infrastructure - roads,
bridges, jobs

Carré

Thornhill > DC

Human development

Local solutions, in lieu of Federal Rx

Larry Hines (Corp. Against Drug Abuse)

role of priv. business sector

Lenny Lawrence, ^{MP} San Antonio

Racism

Elitism

Must speak for the people

Dr. David Rosenbaum
Join Together

Biggest problem / Barriers / Pub. Policy problems

2000 groups at community level
that are coalitions

1. Send \$ for treatment for
groups denied access
req women / adols / people of color

2. Improve coord. of \$s already
coming
Chg rules on funding streams

3. Pay attn to issues on alcohol

4. Substantially imp. law
enforcement at local
levels

Lucy Peres
Health Care Reform

Joe Sarnon

Treatment — Think about treatment in
↓
Fed prisons

Don Perata - Oakland
Brady bill
Gun violence

Ban alcohol advertising
Wine tax - I've seen lots of this.

Asian community

Mental health services

Reverse RFP's

John Merrill

No better among local / State / Fed : in coord.
work among all substances

Cynthia Kay - Vallejo, CA

Education

Housing

Fed \$ don't match the need

Early intervention

Nerli Kleber, CASA

20% set aside for prevention to
state - is it happening?

John Seaman
Non-profit / private → my background - in Am. we wouldn't
Community Model.

SUBSTANCE ABUSE TREATMENT -- FACT SHEET

Major Clinton Promises

- Provide "treatment on demand".
- Support court-mandated drug testing programs to augment drug treatment for released offenders.
- Reaching children with drug and alcohol programs through school-based efforts.
- Targeting pregnant addicts for treatment.

Drug Treatment Spending

- **Total FY93 Anti-Drug Budget = \$12.037 billion.** (Approximately 70% for supply reduction and 30% for demand reduction.)
- Total national spending on drug treatment -- including private sector -- is about \$8 billion. Total Federal spending is \$2.2 billion.
- President's proposed spending increase (for treatment and prevention): \$1.5 billion over four years.
- While the proposed budget for FY 1994 does not depart sharply from the FY 1993 budget, it is only a "placeholder" until a new ONDCP Director drafts a new National Drug Control Strategy and Budget.

"Treatment Shortfall"

- The National Institute on Drug Abuse (NIDA) estimates that 6.5 million people abuse drugs.
- A 1990 Institute of Medicine (IOM) study estimated that 5.5 million people need drug treatment -- with 2.5 million clearly in need of treatment (1.1 million in the criminal justice system) and 3 million probably in need of treatment.
- In 1992, the Office of National Drug Control Policy (ONDCP) estimated that there are 2.77 million drug users who can benefit from drug treatment.
- A 1990 National Academy of Sciences study, "Treating Drug Problems," estimated that a \$1.3 billion increase over current levels -- and a one-time capital investment of \$1 billion -- would be required to implement a comprehensive drug treatment system.

Major Clinton Options

- Include substance abuse treatment among the basic services offered by a national health insurance plan. This is the best way to dramatically -- and cost effectively -- expand drug treatment.
- If inclusion in the health plan is a long-term prospect, the proposed four-year, \$1.5 billion increase should be targeted to juveniles and pregnant users, and then to the criminal justice system on the next priority.
- While some drug treatment advocates have called for dramatic increases in federal drug treatment spending, this is not necessarily a viable option. An equally dramatic capital investment would be required for the treatment infrastructure to be able to absorb such an increase.

Office of National Drug Control Policy (ONDCP)

- ONDCP was established by Congress in the 1988 Anti-Drug Abuse Act. It was created to bring coherence to drug abuse policy. Currently more than three dozen federal agencies are involved in some aspect of drug control -- and some 75 committees and subcommittees in Congress share jurisdiction over drug issues.
- ONDCP has the responsibility of compiling an annual national drug strategy and budget, which has been past due since February 1, 1993.
- ONDCP was a Democratic creation. Reagan vetoed the original bill, but Democrats attached it to major drug legislation.
- The first ONDCP Director ("Drug Czar"), William Bennett was in the cabinet. But the second Czar, Bob Martinez, was demoted from the cabinet and physically moved from the Old Executive Office Building to nearby commercial offices.
- The President has proposed cutting ONDCP from 146 employees to 25 employees. Formerly, some 50% of ONDCP's employees were political appointees with little or no drug policy experience.
- As a result of ONDCP's reorganization, its budget has been cut from \$118.5 million to \$91.8 million.
- ONDCP never succeeded in bringing coherence to federal drug policy. Hopefully, a more "nimble" policy and planning shop will be able to do so.
- ONDCP's authorization expires on November 18, 1993. Additional changes to the office will be considered at that time.

SUBSTANCE ABUSE TREATMENT -- TALKING POINTS

- Perhaps the best way to increase drug treatment is to include it as one of the basic services to be offered by a national health plan. The Task Force is now examining the interplay between substance abuse treatment and health care reform.
- President Clinton pledged to increase drug treatment, and his economic package includes a \$1.5 billion investment over the next four years to do so.
- President Clinton expressed his support for court-mandated drug testing programs to augment drug treatment for released offenders, and his nominee for the position of Attorney General is a recognized innovator in this area. Janet Reno helped launch the Miami Drug Court, a program where drug offenders are offered a strictly regimented drug treatment program as an alternative to prison. Some 60% of the programs successful participants remain "arrest free".
- While drug use among the general population, and among certain adolescent students, is down, hard-core drug use is on the rise. These hard-core users are responsible for much of the drug-related crime. We must demand that they get treatment.
- Next to prison, drug treatment is the most effective way to reduce an addict's criminality -- and treatment is infinitely less expensive. More and better drug treatment is good health policy, good drug policy, good crime policy, and good urban policy. Former OMB Director Richard Darman estimated drugs, in the aggregate, put as a \$300 billion drain on the economy.
- The President is committed to increased drug treatment availability, but his overall funding levels will be based on programs that work. For too long our drug policy has been politicized and polarized by the argument over arbitrary funding ratios (supply/demand ratio). The treatment and law enforcement communities have come to realize that they both have a role to play in fighting illegal drugs.
- **President Clinton's Budget (\$12.366 billion) is no different than former President Bush's (\$12.037). Its overall increase is less than inflation, and it effectively retains the 70/30 supply/demand ratio.**
- NO -- if drug treatment is incorporated as a basic service in a national health care plan, we will have done more to increase treatment availability than ever before. Also, the new ONDCP director will be reviewing our national drug strategy and recommending appropriate changes in policy and funding levels.
- **The President has gutted ONDCP and demoted the "War on Drugs" as a priority.**
- NO -- the President's organization will help revitalize the office. First, he has reformed the office from being a political dumping ground to a more focused policy and planning office. While ONDCP was meant to give coherence to drug policy, it has not succeeded in its mission. Second, the new ONDCP director will be elevated to the Cabinet level; the previous Administration demoted the ONDCP director from his cabinet status.

OUTLINE FOR SUBSTANCE ABUSE TREATMENT BRIEFING

I. Successful Approaches to Treatment

A. Household Addicts -- estimates indicate that there are at least 1.4 million treatable drug addicts in the country, many of whom do not receive any type of treatment.

1. Perspectives on Treatment

US treatment perspectives are an odd thing. We expect more from drug addicts than we do from other addicts. If someone tries to quit smoking or drinking, we can appreciate if they "cut back" or "fall of the wagon". We understand that -- like controlling your blood pressure -- it takes time and effort, and you improve as you progress. Not so with drugs. Our society views drug addicts as criminals, and we can't understand why they can't cure themselves in a thirty-day program. And despite the fact that treatment is proven to reduce the criminality and drug use of addicts, we have difficulty accepting anything less than abstinence.

2. Effective Treatments

Must be lengthy. At least three months, maybe a year. We know that the longer an addict stays in treatment, the more likely he/she is to stay off drugs. Intensive and highly-structured treatment helps. Like the e.g. of acupuncture that gives addicts a concrete form of treatment. Also, educational and employment opportunities help. Give addict a "turning point". Unfortunately, we always expect addicts to become typical middle class society members -- but most of them never were. We must have realistic criteria of success.

3. Methadone Maintenance

When other forms of treatment don't work methadone may. While it has the potential to simply substitute one addiction for the next, it has been around since 1964 and is the most evaluated treatment. According to a recent study, over 85% of those who stay on for two years quit heroin for good. NB: Methadone treatment was recently the subject of a critical 60 minutes story. From time to time, methadone programs have come under fire for not being properly administered.

B. Criminal Addicts -- estimates indicate that there are some 1.4 million drug users in our criminal justice system. More than half of the federal inmate population consists of drug offenders -- and this number is expected to jump to 90% by 1995. More than 3/4's of all state inmates are drug abusers. Still, very few prisoner receive effective drug treatment.

1. Effective Prison Treatments

Inmates are separated from the general population; attended by well-trained staff; treatment last at least six months, preferably just prior to release;

prerelease planning and aftercare essential. These elements can be included in expanded boot camp efforts.

2. Drug Courts

Faced with rising caseloads, over capacity prisons, and not wanting to use valuable prison space for minor drug offenders, some criminal courts have found ways to put drug offenders in treatment (Miami Drug Court). Other courts require intense education, drug testing, and AA/NA classes (Oakland). Treatment is not necessary for every offender, and this method helps ferret out who truly needs residential treatment. More importantly, in drug courts the defendants can't be passive recipients of punishment, they must be active participants in their own rehabilitation.

II. Meeting the Treatment Demand

A. Treatment shortfall -- no matter whose numbers you use, there are a paucity of treatment slots in the country. At best, the shortfall is about 800,000; at worst, it's more than 3 million. Moreover, the demand for treatment cannot simply be met by increasing funds; it would be a waste of money due to the lack of infrastructure to absorb the funds. A major expansion would have to be phased in to maximize effectiveness. (Treatment facilities are a patchwork of state, local, private and federal programs and efforts.)

B. Prioritizing -- Certain critical populations are obvious targets of priority: pregnant women, at risk youth, correctional inmates and persons under criminal justice supervision (probation and parole), and individuals at risk for HIV.

1. Pregnant Women

Some 554,400 to 739,200 drug-exposed babies are born each year (1 in 10 new births). Daily health costs for a drug-exposed baby is \$5,500, and aggregate first-year costs estimates range from a minimum of \$51 million to as high as \$1 billion.

2. At-Risk Youth

According to NIDA, individuals with less than 12 years of education have an incidence of drug use 67% higher than the general public, which often translates into criminal activity. We must target high school dropouts.

3. Correction Inmates, etc.

See above listing.

4. At-Risk for HIV

IV drug users have the greatest risk of contracting the HIV virus, and AIDS groups in particular have expressed support for "clean needle" or "needle exchange" programs to fight against AIDS. Currently, however, states are effectively banned from using federal funds to implement such programs until

the Surgeon General makes a determination that they are effective and do not encourage drug use. Title VII of the ADAMHA reorganization legislation required the National Academy of Sciences (NAS) to study needle-exchange programs. NAS's study is due by no later than January 10, 1994. If NAS's findings are supportive of needle exchange programs, the (new) Surgeon General could easily lift the current prohibition.

C. Accountability -- Drug treatment is not a single entity, but many (e.g., methadone, therapeutic communities, outpatient, 28 day chemical dependency, etc.). The Federal Government has failed in establishing standard guidelines, providing technical assistance, and in engaging in long-term, strategic planning that keeps treatment research and methods current to the problem. Some of these concern should be addressed by the 1992 ADAMHA Reorganization Act.

Brief Remarks

Date: March 17, 1993

Time: 2:00 pm

BACKGROUND

On March 17th, the Robert Wood Johnson Foundation is holding a "Fighting Back" leaders forum. Since 1989, the Foundation's "Fighting Back" program has awarded some \$30 million to 14 community coalitions to stimulate comprehensive responses to alcohol and drug abuse that involve prevention, treatment and the criminal justice system. The forum will give twenty leaders from these communities an opportunity to explore the early successes and future challenges of these 14 local projects.

Two points of interest: (1) Little Rock, AR, is one of the 14 Fighting Back sights, and Mayor Jim Daily will be in attendance; and (2) Fighting Back in Oakland, CA, includes a "drug court" program similar to the one in Miami, FL, which is strongly supported by the President and our new Attorney General.

FIGHTING BACK'S EXPECTATION'S ABOUT YOUR REMARKS

You are scheduled to speak during the 45-minute time slot entitled, "What Community Leaders Want From National Leaders." I expect that -- as in your previous interview -- remarks touching on the importance of a "holistic" and long-term approach to drug treatment and prevention would be both welcome and appropriate.

Also, there is a considerable amount of uneasiness in the drug treatment and prevention communities about the absence of a Director at ONDCP. Since the election, there has been an expectation among these individuals that the new President's approach would be visibly more pro-treatment and pro-prevention -- a more "balanced" approach to drug policy. But with no ONDCP Director, the speculation is that the new administration may be hesitating about taking this new policy direction. Thus, forum participants will want to be reassured by the Administration that a new drug policy is a priority, and that it will reflect a more "balanced" and reasonable approach than the previous administration's "drug war".

attachments: fact sheet
talking points
treatment outline