

GOVERNOR EDWARD D. DiPRETE'S

STATEWIDE SUBSTANCE ABUSE PLAN

**ROBERT E. RICE,
DRUG PROGRAM DIRECTOR**

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U.S. Department of Justice
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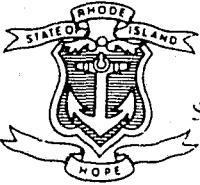
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D R U G S

We've been pushed too far.

JANUARY 9, 1990



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Executive Department
Drug Program
ROBERT E. RICE
DIRECTOR
119 State House
Providence, RI 02903

130104
January 9, 1990

The Honorable Edward D. DiPrete
Governor
State House
Providence, R.I. 02903

Dear Governor DiPrete:

This is a plan for all Rhode Islanders.

Developed in two months by five staff members, GOVERNOR DIPRETE'S STATEWIDE SUBSTANCE ABUSE PLAN relied on the counsel of hundreds of experts and private citizens.

It is now our sincere hope that this plan will address the drug and alcohol problems of thousands of Rhode Islanders -- and the many more forced to live in daily fear of this epidemic.

The Governor's Drug Program Office was created by Executive Order 89-23. On October 3, 1989, you appointed me to the position of Governor's Drug Program Director and instructed me to coordinate all state efforts in drug and alcohol abuse.

Since then, this office has worked principally with the Governor's Interagency Task Force on Drugs to develop a plan consisting of 78 separate proposals, most of which fall into the three areas of prevention/education, treatment and enforcement. Financing for the \$4.9 million plan relies on federal funds and state surcharges on moving violations.

The theme of our work has remained "Drugs: We've Been Pushed Too Far." This plan asks all Rhode Islanders to get involved by pushing back in their neighborhoods, schools, and families.

In six months, this office will issue an updated state plan. We look forward to your response to our proposals.

Sincerely,

A handwritten signature in black ink that reads "Robert E. Rice".

Robert E. Rice
Drug Program Director

GOVERNOR DIPRETE'S STATEWIDE SUBSTANCE ABUSE PLAN

The Governor's Drug Program Office
Robert E. Rice, Director
January 9, 1990

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GOVERNOR DIPRETE'S STATEWIDE SUBSTANCE ABUSE PLAN

EXECUTIVE SUMMARY

Governor DiPrete's Statewide Substance Abuse Plan contains 78 initiatives. Of these, 35 require funding and 43 do not have any immediate cost. The full implementation of this plan would require 27 legislative initiatives, which this office has proposed as the Governor's 1990 Omnibus Drug Bill.

Full implementation would further require \$4.9 million in funding in the first year. Of that amount, approximately \$2.8 million can be paid for with federal money. This office proposes that the remaining \$2.1 million be paid with state funds provided by an increase in fines for moving vehicle violations.

As outlined in the PROGRAM FUNDING section (page 7), this plan would augment funding in future years by a voluntary income tax "checkoff" and by appropriate additional funding sources to be identified by this office during the next few months.

In general, the plan assesses the state of current substance abuse services, including their strengths and weaknesses, and develops an action plan for the next two years. It also attempts to highlight areas for further study, to be included in an update of this state plan in six months.

Most of the initiatives are contained in one of three sections of this plan, PREVENTION/EDUCATION, TREATMENT and ENFORCEMENT (pages 22, 34 and 43, respectively). Each of these sections lists first those initiatives requiring no immediate allocation of resources, followed by funding priorities in that area, as recommended by the Drug Program Office.

Education is listed first because it was identified by Governor DiPrete in the charge to this office as his number one priority in fighting the war against drugs. This priority is further reflected in a proposal that the Governor co-sponsor the Fifth New England Conference on School Issues, to take place in Newport on March 19 through 21, 1990. Finally, a proposal is included to develop a State Prevention/Education Plan (listed in COORDINATION, page 18) that articulates a coordinated effort in this area.

The Treatment section sets the state on a clear path for achieving Treatment on Demand. And the Enforcement section holds both casual users and drug dealers responsible for the drug problems on our streets.

This plan addresses the concerns of Governor DiPrete as expressed in the EXECUTIVE ORDER and LETTER TO BOB RICE (Appendix E, pages 72 and 75, respectively) that created this office.

Included in that charge was a call to involve all Rhode Islanders in a total community effort against drugs. This office recommends a PRIVATE COALITION (page 15) of community leaders to spearhead this involvement and to develop a comprehensive public awareness campaign to turn public opinion and behavior against drugs.

DRUG-USE REDUCTION GOALS (Appendix A, page 58), while preliminary, are included in this plan; more comprehensive goals will be established as necessary data is generated.

The formation of this plan was made possible by the contributions of hundreds of Rhode Islanders, as well as officials from other states and those on the federal level, as compiled in ACKNOWLEDGEMENTS/CONTRIBUTORS (Appendix C, page 63) and in the membership list of the INTERAGENCY TASK FORCE ON DRUGS (Appendix D, page 67), which advised this office throughout the preparation of this plan. In conjunction with the Interagency Task Force, this office developed a MISSION STATEMENT (Appendix B, page 62) to guide our collective efforts in this area.

GOVERNOR DIPRETE'S STATEWIDE SUBSTANCE ABUSE PLAN

FUNDING

Funding Introduction

Solutions to the problem of substance abuse will come neither quickly nor cheaply. A statewide effort against drugs and alcohol abuse must be a sustained one requiring substantial investments.

Spending totals in this area are already sizable. Rhode Island currently spends more than \$26 million a year in state and federal money on substance abuse efforts, as estimated by the Governor's Justice Commission.

Yet the problem is of such magnitude as to call for both an expanded governmental commitment and total community involvement, including that of federal and state officials, private corporations, neighborhood groups, and even individual family members. The Governor's Drug Program is convinced that the success of any effort against substance abuse depends on the willingness of each Rhode Islander to make a committed effort against substance abuse.

The program that follows contains significant new funding proposals, balanced between prevention/education, treatment and enforcement. In all, Governor DiPrete's Statewide Substance Abuse Plan recommends \$4.9 million in additional spending in the first year, to be financed from federal and state sources.

Fiscal constraints on the state level make it imperative that this office examine all available revenue sources. What follows is a proposal that attempts to balance responsibility for Rhode Island's war against drugs among the federal government, state government, and private sector. The spirit behind this report is one of wide community involvement.

The guiding principles in the effort to fund this program were as follows:

***Assure Wise Use Of Existing Dollars:** Current and future expenditures must be examined closely to assure that money is being spent effectively, efficiently and addressing the highest unmet priorities in the state.

In August, Governor DiPrete commissioned a Substance Abuse Planning and Coordination Study to pinpoint present sources of funding for this effort. That study, being conducted by the Governor's Justice Commission, will help the state identify overlapping programs, gaps in services and opportunities for greater coordination. It is to be completed in early spring.

***Greater Federal And Private Dollars Must Be Sought:** Federal funding of substance abuse programs this year has provided Rhode Island with increased dollars. Additional federal funds, awarded on a competitive basis, will be available. In addition, charitable trusts and foundations nationwide offer grants to fight drugs. To tap these dollars, and ensure that they are used wisely as part of the state's overall plan, the state must more aggressively seek those competitive grants that aid public and private agencies.

***Seek Alternative Financing:** Where state money is necessary in this effort, creative methods of finding that money must be sought. Fines related to vehicle moving violations should be increased to help pay for this effort and voluntary donations should be sought. In the future, this office will continue the search for appropriate financing methods -- including the possibility of issuing drug war bonds -- and report to the Governor.

Expenditure Summary

The Governor's Statewide Drug Program is a package of 78 initiatives. Of those, 37 are initiatives with no immediate cost. They do, however, require legislation, an executive order or direction from the Governor. Three of these initiatives, contained at the end of this section, will generate revenue in the war against drugs.

The remaining 35 initiatives represent a total \$4.9 million in proposed first year spending from state and federal sources. "First year," in this case, refers generally to state FY 1991, although some of the initiatives funded federally will start in FY 1990.

"Second year" figures are estimates totaling about \$8.1 million. This second year figure, which could change considerably as the plan progresses, represents a continuation of first year spending in the amount of \$4.9 million plus \$3.2 million in proposed new spending the second year.

The total first year request of \$4,937,100, to be paid for from both state and federal sources, can be broken down as follows:

*Prevention/education: \$1,566,000 of the total request will improve the prevention/education efforts in the state (See page 29).

*Treatment: \$2,212,000 of the total request will improve treatment services (See page 34).

*Enforcement: \$1,159,100 of the total request will improve enforcement programs (See page 53).

Priorities for funding in each of the three areas of prevention/education, treatment, and enforcement are listed in order at the end of each main section. Program costs were determined using general funding formulas as estimated by this office in cooperation with the Department of Administration. Some of the first year figures are estimates for fewer than 12 months, depending on the projected start date. Actual program costs may vary when programs are implemented.

State Expectations

The spending history in Rhode Island points to a strong commitment on the part of our state in the area of substance abuse.

Rhode Island today ranks fourth nationally in per capita state dollars invested in alcohol and drug abuse services, according to the National Association of State Alcohol and Drug Abuse Directors. In funding from all sources for alcohol and drug treatment services, the state ranks tenth.

The Governor's Justice Commission gives the following estimates of state spending in the area of substance abuse. The numbers are based on preliminary information compiled as part of Governor DiPrete's Substance Abuse Survey, to be completed in early spring.

*Total estimated state expenditures on substance abuse programs increased by 13% (\$1,934,000) from \$15,124,000 in FY 1989 to \$17,058,000 in FY 1990.

*These funds are administered by 10 agencies and support 147 public and private programs. Of the latter, 74 are for prevention/education; 70 are for treatment; and 3 are for enforcement.

What follows is a breakdown of federal and state revenues that this office recommends fund this effort.

Federal Expectations

On the federal level, the Justice Commission gave the following estimates of major federal program spending on substance abuse in Rhode Island. These figures are also preliminary (Miscellaneous federal grants are not included in these totals).

*Estimated major federal program spending in Rhode Island increased by 75% (\$4,056,000) from \$5,423,000 in FY 1989 to \$9,479,000 in FY 1990.

*These funds support approximately 195 substance abuse programs in Rhode Island. Of those, 71 are in enforcement, 75 are in prevention/education, and 49 are in treatment. Many of these programs also receive state money.

*Major federal spending is administered by the following state departments or agencies:

1. Department of Mental Health, Retardation and Hospitals (MHRH), Division of Substance Abuse, administers block grants from the U.S. Department of Health and Human Services aimed at prevention, treatment and rehabilitation programs. Total funding is expected to increase 55% (\$1,739,000) from \$3,136,000 in FY 1989 to \$4,875,000 in FY 1990.

2. Department of Education and the Governor's Office administer Drug Free Schools money, which is designed to aid local school districts and private schools and provide general prevention/education dollars with emphasis on at-risk youth. Total funding is expected to increase 59% (\$840,000) from \$1.42 million in FY 1989 to \$2.26 million in FY 1990.

3. Governor's Justice Commission administers the Drug Control Grant Program, which assists state and local governments in improving the functioning of the criminal justice system. Total funding is expected to increase by 171% (\$1,479,000) from \$866,000 in FY 1990 to \$2.345 million in FY 1991.

Like many states, Rhode Island is expected to receive substantial new federal dollars to combat drugs, about \$4 million more in FY 1990 than in FY 1989. However, much of the money will not fund new state programs, because it has been targeted for local governments.

Offering estimates at this time is made more difficult by the fact that the U.S. Congress passed the FY 1990 budget little more than a month ago. As a result, federal award letters and applications for funds are only now being processed. The amounts made available to the Governor's Justice Commission are considered final. As a result, the Enforcement section of this report has detailed funding information. However, funding levels administered by MHRH and the Department of Education are less certain, and some of these amounts may change when Congress reconvenes this month. As a result, the Education and Treatment sections of this report indicate only total federal funding anticipated in those areas.

With these uncertainties in mind, this office has attempted to make general estimates of how many new dollars will be available to state departments and agencies to initiate programs in each of three areas: education, treatment and enforcement.

Of the \$4,056,000 in new federal money expected to be available to Rhode Island, this office estimates that \$1,263,100 has been earmarked to local governments by the federal government and is not available to the state.*

What remains to initiate new programs on the state level is \$2,792,900, which the federal government has directed be used as following:

- *\$600,000 more will be available for state-funded prevention/education programs.
- *\$1,391,000 more will be available for state-funded treatment programs.
- *\$801,900 more will be available for state-funded enforcement programs.

*The money earmarked for local governments includes a \$581,000 increase from FY 1989 to FY 1990 in funding to local school districts for prevention/education programs and to the Department of Education to help defray administrative costs; and a \$677,000 increase from FY 1989 to FY 1990 in funding for enforcement programs administered directly by local units of government.

To the fullest extent possible, this office recommends that these new federal dollars be allocated to the initiatives contained in Governor DiPrete's Statewide Drug Plan. The recommendations contained in this plan represent several months of work in consultation with the state's leading experts in the areas of substance abuse. This office is convinced that these initiatives represent an effective use of the new federal resources.

Financing Initiatives

The following three initiatives represent the efforts of this office to develop creative methods to identify both federal and state funding, and to call on all Rhode Islanders to contribute to the war on drugs:

1. RAISE MONEY FROM MOVING VIOLATIONS: Increase existing fines on all vehicle moving violations as follows: \$20 on all speeding violations; \$10 on all non-speeding violations; and \$25 on the fee for license reinstatement. Such an increase will yield an estimated \$2.2 million annually.

ACTION: Introduce Legislation

2. ALLOW FOR CITIZEN CONTRIBUTIONS TO WAR ON DRUGS: Establish checkoff on state income tax form allowing taxpayers to contribute \$1, \$5, \$10 or another amount of income tax refund to the effort against substance abuse. The checkoff will first appear on the 1990 tax form. A media campaign encouraging Rhode Islanders to participate in the checkoff would help to maximize revenues generated. Estimated first year receipts range from \$20,000 to \$250,000.

ACTION: Introduce Legislation

3. IDENTIFY ALL AVAILABLE FEDERAL AND PRIVATE MONEY: The Governor's Drug Program Office will assist public and private agencies in identifying and applying for available federal and charitable grants. Rhode Island should aggressively seek competitive federal grants as well as those offered by charitable trusts and foundations.

ACTION: By Drug Program Office

**Funding Summary
For First Year Programs**

This \$4.9 million plan for Rhode Island will be financed by federal and state funds, as provided below. Private donations in the form of income tax refunds will help fund efforts in future years.

SOURCE OF FUNDS:

EXPECTED FEDERAL FUNDING.....	\$2,792,900
STATE'S SHARE (FROM MOVING VIOLATION FINES).....	\$2,145,000

GOVERNOR DIPRETE'S STATEWIDE SUBSTANCE ABUSE PLAN

PRIVATE SECTOR COALITION

Program Summary

There is no single solution to the problem of substance abuse. Neither the state nor federal government alone can end the devastation of drugs in our communities.

Because the problem is of such magnitude, the entire community must be involved. This office recommends that the Governor spearhead the creation of a PRIVATE SECTOR COALITION to generate that involvement.

Broad community participation will be generated by a coalition of community leaders willing to donate their time to this effort. The Governor's Drug Program Office will work with the coalition on a cooperative basis to accomplish the following goals:

1. Involve Every Rhode Islander in the campaign against substance abuse. National surveys indicate that 50% of adults and 75% of youth are willing to volunteer their time and talent in the effort against drugs. This support must be tapped by involving citizens at all levels, including membership on a Citizens Advisory Council on Substance Abuse, as called for by the Governor. This will be an opportunity for every individual to participate in a meaningful way in the war against substance abuse.
2. Develop An Aggressive Public Awareness Campaign to call on all Rhode Islanders to get involved in the campaign against substance abuse. The public campaign that this coalition generates constitutes an essential tool in changing attitudes and behavior.
3. Work in Partnership with existing community groups, including the state's 35 Substance Abuse Community Task Forces, to empower neighborhoods, encourage community efforts, and strengthen families.
4. Raise Resources from the private sector. The coalition will call on each citizen to give to this effort in some way. Those able to give time and energy will be asked to do so, and those able to make a financial commitment will be asked to do so.

5. Promote Key Initiatives included in this plan, including encouraging all Rhode Islanders to check-off a portion of their income tax refund for the drug effort, and gathering private commitments to place Drug Free School Zone signs around every school in the state. In addition, the coalition will convince citizens to utilize new and existing services, such as a Drug Hotline to the State Police (See Enforcement, page 48), and a Statewide Resource Center on drugs and alcohol (See Prevention/Education, page 29).

Private coalitions have succeeded in other states, including Florida, where a "Miami Coalition" was formed. Headed by Miami's community leaders, the coalition involved a cross section of area residents from families and neighborhoods, businesses and religious organizations. The coalition also developed a substantial public information campaign.

Private Coalition Initiative

ENCOURAGE BROAD PRIVATE INVOLVEMENT IN THE DRUG EFFORT: Generate involvement of a broad cross section of Rhode Islanders by encouraging the formation of a private coalition of community leaders willing to dedicate themselves to defeating substance abuse. The Coalition will develop methods for all Rhode Islanders to get involved, develop an aggressive public awareness campaign, work in partnership with existing coalitions, raise private dollars for the effort, and help promote key initiatives in the Governor's Statewide Drug Plan.

ACTION: Direction from the Governor

GOVERNOR DIPRETE'S STATEWIDE SUBSTANCE ABUSE PLAN**COORDINATION****Program Summary**

The Governor's Drug Program Office is in a unique position because it was charged with overseeing all state efforts in the area of substance abuse. The office has worked with the federal government and various state departments to devise methods of improving the current delivery of substance abuse services in Rhode Island.

Coordination With National Drug Control Strategy

In September, 1989, President Bush released the **National Drug Control Strategy**, which calls on government at all levels to intensify its efforts to combat drugs.

This office has worked with members of the National Drug Control Strategy staff to develop a state plan that would complement and be integrated into a national effort.

In general, the statewide plan mirrors that existing on a national level. Like the national strategy, the statewide plan attempts to balance efforts among prevention/education, treatment and enforcement. In addition, drug-use reduction goals, though not as extensive as those of the national strategy, are included in the statewide plan (See Appendix A, page 58).

The most significant difference between the two plans is in the area of alcohol abuse services. The National Drug Control Strategy did not include this aspect of the substance abuse problem. Alcohol, however, was included in the mandate for the Governor's Drug Program Office and included as often as possible in the Governor's Statewide Substance Abuse Plan. This office continues to believe that the interests of the public are best served by treating alcohol as a substance often and easily abused and therefore demanding our attention.

State Coordination

Governor DiPrete charged this office with finding ways to better coordinate existing services in Rhode Island to ensure the most efficient delivery of those services.

A number of proposals for improved coordination are included in the prevention/education, treatment and enforcement sections of this plan.

A larger coordination initiative currently underway is the Governor's Substance Abuse Planning and Coordination Study, which is being prepared by the Governor's Justice Commission for release in the spring of 1990. This study will guide all future coordination efforts in the area of substance abuse.

The study will do a number of things:

- *Inventory and describe the content and financing of all substance abuse programs offered in Rhode Island;
- *Review state legislation enacted since 1985 that impact on substance abuse; and
- *Offer general conclusions about existing gaps in services. These conclusions will be based on the above inventories, as well as interviews with key substance abuse specialists.

Preliminary findings of the commission indicate that a total of about 286 substance abuse programs exist in Rhode Island, of which 195 receive federal funds, 147 receive state funds, and 56 receive both state and federal funds. Since 1985, approximately 100 pieces of legislation have been enacted in the area of substance abuse.

In addition, Governor DiPrete's Substance Abuse Conference was held on November 13, 1989 at the Holiday Inn at the Crossings. Approximately 450 of the state's leading substance abuse specialists participated in the day-long conference, which discussed a variety of steps that can be taken to improve the state's effort against drugs. The results of the conference will be included in the Governor's Justice Commission study.

Using the results of this study and conference as tools, this office has proposed a number of coordination initiatives, to be incorporated into a single executive order, that are designed to ensure proper planning and oversight of substance abuse efforts in the future. The proposals will assure that the Governor's Justice Commission study is properly implemented.

Specifically, this office has determined that a long-range plan is lacking in the area of prevention/education. Such a planning tool is considered vital to future efforts in this area, which is widely regarded as the least coordinated area in Rhode Island's war on drugs. At the completion of the Governor's Justice Commission Substance Abuse Planning and Coordination Study, this office will revisit the issue of ensuring that state plans in each area are in place that match the changing needs of the community and therefore updated at least every two years.

In addition, to assure that every effort is being made, all departments and agencies of state government should be required to review their offerings in the area of substance abuse and develop plans to meet needs. These plans are especially important for clients of the Departments of Corrections and Children and Their Families. Finally, this office would like to assign itself the regular task of updating Governor DiPrete's Statewide Drug Plan every six months.

Coordination Initiative

COORDINATION EXECUTIVE ORDER: Improve the coordination of services and program planning in the area of substance abuse by issuing a single Executive Order. The order, to be carried out by the Governor's Drug Program Office, will do the following:

1. Call on the Governor's Justice Commission to work with the Interagency Task Force on Drugs to develop a State Prevention/Education Plan, which will compare existing resources with needs, to be completed by September 1, 1990.
2. Direct all state departments and agencies to analyze how their services are impacted by substance abuse and develop a plan for effectively addressing those needs. The Departments of Corrections and Children and Their Families will be instructed to work closely with the Governor's Drug Program Office to assure a thorough review of services impacting prisoners and wards of the state, respectively. Preliminary plans are to be submitted to the Governor's Drug Program Office by June 1, 1990. Final plans will be submitted to the Governor by September 1, 1990.
3. Direct the Governor's Drug Program Office, working with the Interagency Task Force on Drugs, to update the Governor DiPrete's Statewide Drug Program every six months, beginning in June 15, 1990. This update will be an action plan in prevention/education, treatment and enforcement based on available planning documents, proposals from various state departments, and community input.

ACTION: Executive Order

GOVERNOR DIPRETE'S STATEWIDE SUBSTANCE ABUSE PLAN**PREVENTION/EDUCATION**

"Teaching Rhode Islanders To Reject Drugs"

PROGRAM SUMMARY

Governor DiPrete identified no higher priority for the the Drug Program Office than the promotion of prevention and education efforts in the state's campaign against substance abuse.

Such an emphasis reflects the belief of this office that prevention/education efforts offer the best hope for a drug-free Rhode Island in the 21st Century.

Prevention/education efforts are necessarily long-term in nature. Improved self-esteem, fostered by quality education, will steer young people away from drug use. However, such results will only be witnessed over an extended period of time.

To adequately improve the "life skills" of young people, the Drug Program Office believes it is equally important that the education efforts extend beyond the school yards. The drug crisis is of such magnitude as to demand that efforts reach into every Rhode Island neighborhood. Businesses will be asked to participate in the effort and each family will be asked to make a commitment to values that discourage the use of drugs.

The specific charge outlined by the Governor at the start of this effort involved the improvement of education in the schools and prevention in the neighborhoods. Several initiatives outlined in the charge of this office were school-centered, including a call for stronger mandates to school districts regarding substance abuse education, and the upgrading of substance abuse training to teachers before and after certification. Each of these has been incorporated into this program.

Initiatives integrating neighborhoods with the schools, thus fostering public/private partnerships, are included in this program. They include expanding the presence of parental, business, and community organizations in the schools, and an effort to improve prevention/education efforts in public housing projects.

In addition, the Governor called on this office to integrate our initiatives with the Children's Crusade, which is slated to begin in September, 1991. This office has worked to assure that each proposal would, in some way, help Crusaders maintain the drug-free pledge each is required to take. We are convinced that programs such as the Crusade, which look at the "whole" child by including an extended network of resources in a collective effort, herald the future of prevention/education efforts.

To prepare the education initiatives that follow this summary, extensive research was done in the field of substance abuse prevention/education. Incorporated into the program are the latest approaches in the field, as well as the real-world experiences provided by those operating prevention/education programs.

This office has consulted widely with specialists in the area of prevention/education, including those in academia, state government, and community programs. The existing services, including their strengths and deficiencies, were examined in a variety of settings, including the Interagency Task Force on Drugs Subcommittee on Prevention/Education (See Appendix D, page 69).

This office drew the following general conclusions regarding substance abuse prevention/education offerings in Rhode Island:

(1) Quality Programs Exist in Many Departments: Three departments of state government focus considerable attention on substance abuse prevention/education: the Department of Elementary and Secondary Education; the Department of Mental Health, Retardation and Hospitals; and the Department of Health. Each has its own area of expertise on which it focuses available resources, as outlined best in the comprehensive Ferry Bill (86-H-8497 Sub A). For the Department of Education, the emphasis is on providing comprehensive health education for all students and the testing of public school students in grades 3, 6, 8 and 10. Components of the curriculum include teaching about alcohol and drug abuse, AIDS, family health, and community and environmental health.

The Department of Mental Health, Retardation and Hospitals is primarily concerned with community prevention initiatives, as well as the highly-acclaimed Student Assistance Program, which currently exists in about half of the middle/junior and senior high schools in the state.

MHRH also oversees thirty-five local Substance Abuse Task Forces and provides for a network of community-based prevention programs. The Department of Health generally provides support services to local education agencies, including "wellness checks" and teacher training institutes. Other departments, including the Department of Transportation and the Department of Elderly Affairs, also have substance abuse prevention/education programs.

(2) An Oversight System Is Needed: Although a host of quality programs exist, there is currently no oversight mechanism to assure that the variety of departments involved in substance abuse prevention/education maintain a well-coordinated effort state-wide. This can lead to some duplication of services and ineffective use of resources. Although departments communicate informally, there is no formal review of what types of programs are lacking, where new programs should be developed and housed, and whether there is currently any duplication of services.

The creation of the Drug Program Office has made this inter-departmental review possible for the first time. This office proposes a regularly-updated Prevention and Education Plan, as recommended by a 1987 Harvard study, to assess both available needs and services in the state. The plan, compiled under the direction of this office, will also recommend how to fill gaps in services, develop new initiatives where needed, and assure that there is no unnecessary duplication of services (See Coordination Initiative, page 18).

(3) Parents Must Be Taught Parenting Skills To Strengthen Families: Young substance abusers can no longer be considered apart from the home environment in which they are raised. Innovative prevention efforts around the country are beginning to recognize the need to involve the parents -- beginning prior to birth and continuing through young adulthood -- in efforts to ensure that youths reject drugs. Available evidence indicates that concerned, involved and well-informed parents are more likely to raise drug-free children. Educating parents involves teaching vital parenting skills, including how to recognize drug-use, how to respond to signs of drug use, and, most importantly, how to guide children away from trying drugs in the first place. This office recommends three initiatives to teach families how to stay drug-free, including a Parents as Teachers Program, a Parent Training Institute, and a Pre-Natal Information Program.

(4) Schools Must Reinforce Healthy Choices: Current state mandates regarding providing comprehensive health education to public school students are clearly not being met as aggressively as they should be. Although no comprehensive survey on the state of health education in the schools currently exists, there is general agreement in the prevention/education community that much more needs to be done. To ensure that school districts intensify their efforts, this office believes it is necessary to improve comprehensive health education by targeting dollars in the area of substance abuse prevention/education. This office also encourages each city and town to implement a DARE (Drug Abuse Resistance Education) Program. The innovative program currently trains officers from 11 of the state's local police departments. The officers then conduct prevention/ education sessions in the schools.

Finally, to further address the multitude of drug issues involved in the schools, this plan recommends that the Governor cosponsor the Fifth New England Conference on School Issues -- A Community Approach. The annual conference, developed by the U.S. Department of Justice, will take place in Newport on March 19-21, 1990.

(5) Professionals Must Be Better Trained: An initiative is included to begin to ensure that educators who teach health in our schools are properly trained. In addition, there is growing awareness that professionals within public and private agencies that come into contact with substance abusers need to be trained to recognize substance abuse and to respond to it in an appropriate manner. This program includes a proposal establishing training institutes for this purpose. Finally, as the number of prevention professionals grows in Rhode Island, it is important to ensure that people from at-risk backgrounds are available to fill some of those positions. To that end, a college scholarship program is included in the proposed initiatives of this office.

(6) A Strong Drug-Free Message Must Be Communicated: Coalitions of public and private individuals must form to promote drug-free values in a highly visible manner. After examining the campaigns of many other states, this office believes that promotion efforts uniting a wide cross-section of the community are essential in this effort. The message delivered must be simple, interesting, and unified. And the campaign must begin as soon as possible.

To that end, this office has proposed a statewide clearinghouse for substance abuse information services and the office has laid the groundwork for a Private Sector Coalition against substance abuse. The Coalition will both develop a strong public message against drugs and promote private involvement on all fronts in this effort (See Private Coalition, Page 15).

The 18 initiatives that follow comprise the proposed prevention/education initiatives in the Governor's Statewide Drug Plan. The first six are Immediate Prevention/Education Initiatives requiring no initial expenditures and should be implemented without delay. The remaining 12 Prevention/Education Funding Priorities require additional expenditures and are listed in this office's priority order. The total funding request for the first year is \$1,566,000. Of that total, this office anticipates that \$600,000 will be available from the federal government to fund prevention/education programs, leaving approximately \$966,000 to come from other sources. Among other things, these initiatives will in the first year train 300 more teachers, educate 475 parents, offer information services on prescription drugs to approximately 30,000 elderly citizens, and provide prevention/education programming to about 30,000 public school students.

IMMEDIATE PREVENTION/EDUCATION INITIATIVES

-- No Immediate Expenditures --
-- Implement Without Delay --

1. ESTABLISH DRUG-FREE WORKPLACE PLAN FOR ALL WORKERS: Consider innovative workplace legislation by establishing a commission comprised of public and private employees and employers to develop the guiding principles for creating a drug-free workplace act for all workers in the state. Commission will have representatives from labor and management. Components of the commission's proposal will include maintaining alcohol and drug free work sites, awareness training, and employee assistance programs.

ACTION: Executive Order

2. ENHANCE SUBSTANCE ABUSE AWARENESS SKILLS OF FUTURE TEACHERS: Improve teacher training by mandating, as a condition of certification, that all new teachers entering the Rhode Island public school system complete a three-credit-hour course on comprehensive health education, with an emphasis on substance abuse. The course requirement would go into effect in September, 1992.

ACTION: Introduce Legislation

3. DEVELOP CAMPUS SUBSTANCE ABUSE POLICY: Assure effective campus-wide policies by directing the Office of Higher Education to develop a model campus substance abuse policy for adoption by Rhode Island colleges and universities. The policy would be developed in consultation with the state's colleges and universities only after completion of a study currently underway at the University of Rhode Island on existing campus policies.

ACTION: Direction from the Governor

4. IMPROVE CREDENTIALS OF PREVENTION/ EDUCATION SPECIALISTS: Charge Interagency Task Force on Drugs with developing plan to standardize professional credentials for prevention specialists, a growing area of employment in Rhode Island. Upon implementation, effort would be self-supported by fees and administered by a professional organization.

ACTION: Executive Order

5. ENSURE ACCOUNTABILITY IN TEACHING OF COMPREHENSIVE HEALTH: Ensure proper monitoring of school district comprehensive health programs, which are mandated by state law, by requiring the Department of Education to issue annual reports to the Governor by the start of each school year beginning in September, 1990. These reports will outline deficiencies in comprehensive health education -- including substance abuse education -- in each school district.

ACTION: Direction from the Governor

6. CO-SPONSOR FIFTH NEW ENGLAND CONFERENCE ON SCHOOL ISSUES: Gather national and local experts on substance abuse in the schools for a conference in Rhode Island. The Fifth New England Conference On School Issues -- A Community Approach is organized by the Department of Justice and will focus on drugs. School issues addressed at the conference include early intervention, residential treatment, and law enforcement coordination. This initiative would have the Governor help plan and co-sponsor this conference with five other New England Governor's, police associations, public and private agencies, and the National Alliance of Business.

ACTION: Direction from the Governor

PREVENTION/EDUCATION FUNDING PRIORITIES

-- Additional Federal or State Resources Required --
-- Implement In Priority Order --

1. MAKE ADEQUATE SUBSTANCE ABUSE INFORMATION AVAILABLE TO ALL RHODE ISLANDERS: Ensure adequate substance abuse information is available for all prevention efforts by establishing Statewide Resource Center. The initiative would establish a statewide clearinghouse for all substance abuse prevention services, which will complement current 24-hour hotline service. The center will disseminate information and materials, and keep abreast of current and future substance abuse offerings, research and programming.

TOTAL NEW COSTS:

1ST YEAR	\$150,000
2ND YEAR	\$250,000

2. EXPAND COUNSELING SERVICES TARGETED AT YOUNG PEOPLE: Expand what is considered a highly-successful substance abuse initiative currently operative in about half of the state's public junior/middle and senior high schools: the Student Assistance Program. This initiative would set a five-year goal of having a Student Assistance Program in all junior/middle and senior high schools in the state. The number of schools with a Student Assistant Program will double from 45 to 90 over a five year period, with initial efforts targeting schools with a high percentage of at-risk students. Each junior/middle and senior high school will have a program by the end of the fifth year. Seven counselors will be added each year under this initiative.

TOTAL NEW COSTS:

1ST YEAR	\$250,000
2ND YEAR	\$500,000

3. ENHANCE SKILLS OF CURRENT TEACHERS: Ensure that those teaching health education are prepared to recognize and discuss the implications of substance abuse with their students by offering voluntary, in-service training courses on comprehensive health education. The courses, which would be offered on-site and after hours, would in the 1st year enable 300 teachers in grades K through 12 to receive training. In the second year, an additional 600 teachers would receive training.

Teachers would receive college or in-service credit for taking the course. The initiative complements the work of the Children's Crusade by enabling educators to help students keep their contracted promise to stay off drugs.

TOTAL NEW COSTS:

1ST YEAR	\$50,000
2ND YEAR	\$100,000

4. **HELP PARENTS BECOME BETTER TEACHERS:** Teach vital parenting skills -- including substance abuse recognition and prevention -- by expanding the Parents as Teachers Program, which currently serves up to 125 families in East Providence. This initiative, which would work cooperatively with Parent Teacher Organizations, would expand the program to six additional communities over two years, making services available to 750 more families. The long-term goal of this office is to establish such programs in all districts. The program, begun in Missouri, has been replicated in 20 states.

TOTAL NEW COSTS:

1ST YEAR	\$150,000
2ND YEAR	\$300,000

5. **HEALTH EDUCATION IMPROVEMENT ACT:** Improve program quality by establishing a Comprehensive Health Education Improvement Act, which would assist local school districts in meeting state regulations regarding the teaching of comprehensive health. First-year dollars will be targeted to improving the teaching of substance abuse. Grants will be based on need, as detailed in submission of annual evaluation reports all districts are currently required to submit detailing health education efforts. The state currently targets none of its aid to local school districts for the teaching of health.

TOTAL NEW COSTS:

1ST YEAR	\$450,000
2ND YEAR	\$450,000

6. COMMUNITY SCHOOL MODEL: Reduce unsupervised time for children K through 8 by implementing a community school model, to be held in public schools after hours. The program will be evaluated after the first year. Research indicates that unsupervised children are more susceptible to substance abuse.

Two school districts and up to four projects will begin community schools in the 1st year. Each project will provide youth, including those considered at-risk, with a multitude of after-school activities and offer opportunities for partnerships among local government, neighborhood and business volunteers, and community agencies, such as local Bramley Task Forces. This initiative complements the Children's Crusade.

TOTAL NEW COSTS:

1ST YEAR \$166,000

7. PREVENTION TRAINING FOR AT-RISK POPULATIONS: Offer 12 or more tuition scholarships in the 1st year to minorities in disadvantaged communities to train them in substance abuse prevention, enabling them to teach in communities plagued with substance abuse. The annual scholarships of up to \$4,000 would help pay for an associate, bachelor or masters degrees at state colleges and universities. Scholarship program would be evaluated after two years.

TOTAL NEW COSTS:

1ST YEAR \$50,000
2ND YEAR \$50,000

8. ENCOURAGE PARENTS TO TEACH OTHER PARENTS EARLY INTERVENTION: Develop a Parent Training Institute to train 80 parents of children pre-kindergarten through 3rd grades. The participants would become trainers of parents in their communities, offering such services as substance abuse awareness, early intervention efforts and techniques to develop self esteem. The program would be evaluated after one year.

TOTAL NEW COSTS:

1ST YEAR \$25,000

9. IMPROVE PREVENTION SKILLS OF CAREGIVERS AND OTHER PROFESSIONALS: Offer training to targeted groups of public and private professionals providing prevention/education services. In the 1st year, implement three programs, one for pre-natal caregivers, one for elderly caregivers, and a third program for public employees. In later years, training may be offered to other professionals, such as lawyers, nurses and pharmacists. A total of 1,500 professionals would be trained over a two-year period under the plan.

TOTAL NEW COSTS:

1ST YEAR	\$100,000
2ND YEAR	\$150,000

10. INFORM POTENTIAL PARENTS OF THE EFFECTS OF SUBSTANCE ABUSE: Expand much-needed pre-natal substance abuse prevention information offered to at-risk populations, including Medicaid and RIte Start clients. This initiative would help reduce the number of women giving birth to babies addicted to drugs or alcohol.

TOTAL NEW COSTS:

1ST YEAR	\$25,000
2ND YEAR	\$25,000

11. PROTECT ELDERLY AGAINST SUBSTANCE ABUSE: Improve the health of senior citizens by expanding the present Elderly Medication Program, which informs the elderly about mixing over-the-counter and prescription drugs. Under the program, presentations are made in senior citizen centers and public housing units across the state. It is estimated that the program would reach about 30,000 of the state's seniors, one quarter of the population over 65.

TOTAL NEW COSTS:

1ST YEAR	\$100,000
2ND YEAR	\$100,000

12. EXTEND PREVENTION EFFORTS INTO PUBLIC HOUSING PROJECT: Offer innovative prevention services by adapting the Student Assistance Program to target at-risk youth, including drop-outs and substance abusers, within a public housing project. Program would be evaluated after one year.

TOTAL NEW COSTS:

1ST YEAR \$50,000

GOVERNOR DIPRETE'S STATEWIDE SUBSTANCE ABUSE PLAN**TREATMENT**

"Helping Substance Abusers Get Back On Their Feet"

PROGRAM SUMMARY

The program outlined by Governor DiPrete upon the creation of the Drug Program Office included a clear directive in the area of treatment for those abusing alcohol and drugs: provide them with Treatment on Demand.

That goal is a long-term one, but one that this office believes is achievable and, indeed, vital in any effective assault on substance abuse in Rhode Island.

Providing the necessary services means that quality substance abuse treatment must be made available and accessible to all people in Rhode Island, regardless of their ability to pay.

Specifically, the Governor directed this office to focus initial treatment resources in three additional areas:

- *Programs for pregnant women;
- *Services targeting minorities; and
- *Efforts to assure close cooperation between AIDS programs and drug programs.

Each of these priorities, and additional proposals, are incorporated in the initiatives listed at the end of this section. The initiatives that follow begin to address the immediate needs for treatment expansion in Rhode Island and set the state on the path of achieving Treatment on Demand.

Also included are initiatives that will significantly improve alcohol abuse services offered in the state. Current research and experience has demonstrated that clients are better served when alcohol and drug treatment services are integrated. The typical substance abuser in the 1990s will likely have multiple addictions, and substance abuse services are increasingly being designed to meet this challenge.

To closely examine the current status of treatment services in Rhode Island and consider available options, this office has undertaken the following:

- (1)Worked on a regular basis with Rhode Island's leading experts in the area of substance abuse treatment, including the **Interagency Task Force on Drugs Treatment Subcommittee** (See Appendix D , page 70) to explore how best to approach Treatment on Demand.
- (2)Met with treatment providers, both non-profit and proprietary, to assess their needs, gather their suggestions, and determine the degree of need for treatment services.
- (3)Closely integrated recommendations from the Harvard and Brown studies into this report. In December, 1985, Brown University produced the Substance Abuse Treatment in Rhode Island: Population Needs and Program Development to assess all alcohol treatment needs in Rhode Island. A similar study of drug treatment needs in Rhode Island entitled, A Drug Abuse Treatment and Intervention Plan for Rhode Island, was released in March, 1988 by the Harvard School of Public Health. Finally, the results of both studies were integrated into the Rhode Island Integrated Alcohol and Drug Treatment Program Matrix, produced in June, 1989.

While needs and services in the state change rapidly, the studies provide the most comprehensive review of Rhode Island's substance abuse treatment needs to date. The studies clearly outline the following:

- *Treatment services of all kinds need to be expanded.
- *To meet the goals of the survey, the state needs to expand the number of treatment slots by 2,225 over what is currently in place. Much of the earlier goals of the survey have been met.
- *Treatment needs and offerings often change rapidly. Continuous monitoring is needed to assure that resources are being directed appropriately.

- (4)Analyzed programs and data from other states and federal authorities.

Several concerns dominated our discussions and have consumed much of this office's investigations, and represent the general conclusions of the Drug Program Office. They can be summarized as follows:

(1) The Quality of Current Services is Excellent Compared to Many States. Rhode Island presently has a sophisticated and professional network of licensed drug and alcohol treatment facilities covering a variety of approaches to treatment of substance abusers. The state currently has 49 public and 16 private facilities providing treatment and detoxification services to approximately 14,671 substance abusers a year, a figure that does not meet current demand but is nevertheless substantial. The facilities are licensed and monitored by the Department of Mental Health, Retardation and Hospitals or other recognized authorities (such as the Veterans Administration) and are staffed by professionals certified by a board of peers.

(2) Demand is Not Currently Being Met. Most treatment programs report significant waiting lists for those seeking services. Although the exact figures fluctuate by program and by changes in drug-use patterns, there is a clear need for a substantial increase in services. While treatment needs in Rhode Island are broad-based, this office has determined that the need is most pressing in the following areas:

- *Services for pregnant women and women with children;
- *Residential care for adolescents; and
- *Services in disadvantaged areas hit hard by drugs.

(3) Adequate Long-Range Planning is Essential: The Drug Program Office cautions that Treatment on Demand must be approached in a careful, deliberate manner to assure that empty beds or unfilled outpatient slots do not go waiting for clients. To assure a careful match between the supply of treatment services and the demand for those services, it is essential that both are clearly defined and reviewed by this office on a regular basis. In addition, it is generally agreed that the state needs to develop quality assurance standards. This office will work in the future to ensure regular updates of the Brown and Harvard studies (See Coordination, page 18).

(4) Barriers to Treatment Improvement and Expansion Must be Removed. There is great concern among treatment providers that low counselor salaries hamper improvement in treatment quality. Salaries at publicly financed programs are so low that turnover is reported to be continuous, and many of our most able young people are turning to more lucrative professions. For example, a masters-level counselor with several years of experience makes an average of \$16,000 a year. To remedy this problem, it is imperative that salaries be raised, which will require state and federal monies.

In addition, we recommend a number of initiatives that can be undertaken with no immediate expenditure to encourage expansion of both public and private services in the state. These proposals include amending the current zoning laws to facilitate siting of facilities, some of which have been needlessly delayed for up to two years. In addition, this office recommends that the issue of expanding health insurance coverage for currently excluded treatment services be studied; and that tax incentives be offered to private facilities willing to establish new programs in the state. Finally, fees charged to those convicted of DWI must be increased to remove the current treatment backlog and assure that offenders receive treatment in a timely fashion.

The 18 initiatives that follow comprise the Treatment portion of the Governor's Statewide Drug Program. If all are implemented, they will offer annual drug and alcohol treatment service of some kind to an additional 2,100 clients. In conjunction with previous efforts, these additions will bring the state into 30% compliance with the goals of the Harvard and Brown studies, as outlined in the Treatment Matrix. These efforts will advance the state significantly toward the goal of Treatment on Demand.

The eight initiatives listed first are Immediate Treatment Initiatives. They require no immediate expenditures and should be implemented without delay. The remaining ten are Treatment Funding Priorities, totaling \$2,212,000 in the first year. This office estimates that \$1,391,000 in federal money will be available to fund these programs, leaving approximately \$821,000 to come from other sources. They are listed in order of importance to meeting critical treatment needs, as determined by the Drug Program Office.

IMMEDIATE TREATMENT INITIATIVES

-- No Immediate Expenditures --
-- Implement Without Delay --

1. SPEED SITING OF NECESSARY FACILITIES: Allow for easier siting of substance abuse treatment facilities by exempting such facilities from local zoning laws. Legislation would require instead that all sites be approved by a Siting Review Committee.

ACTION: Introduce Legislation

2. FACILITATE DWI TREATMENT SERVICES: Reduce treatment backlog for those convicted of DWI by doubling assessment fee on those convicted from \$250 to \$500.

ACTION: Introduce Legislation

3. ENTICE NEW PRIVATE FACILITIES TO OPEN: Encourage the establishment of new treatment facilities in Rhode Island by providing corporate income tax incentives for the first five years of operation to new private treatment programs.

ACTION: Introduce Legislation

4. FOCUS DETOXIFICATION SERVICES FOR PREGNANT WOMEN AND WOMEN WITH CHILDREN: Strengthen single parent households by directing that women, often forced to raise families alone, are given preference at detox facilities. Such action will allow them to bypass lengthy waiting lists, thereby receiving necessary services without delay.

ACTION: Direction from the Governor

5. CONSOLIDATE METHADONE MAINTENANCE PROGRAMS: Better coordinate substance abuse efforts and save administrative costs by transferring \$400,000 in funding for methadone maintenance from DOH to MHRH, which currently oversees the majority of such funding.

ACTION: Introduce Legislation

6. STUDY WAYS TO EXPAND TREATMENT COVERAGE: Charge Governor's Insurance Commission with studying ways to expand insurance coverage of treatment services and report back to the Governor in December, 1990. Services currently excluded from insurance coverage include long-term residential treatment facilities and therapeutic communities.

ACTION: Direction from the Governor

7. IMPROVE TREATMENT SERVICES BY STUDYING WAYS TO RAISE COMPENSATION FOR TREATMENT PROFESSIONALS: Charge Interagency Task Force on Drugs with examining salaries of substance abuse treatment professionals in publicly-funded treatment programs. By providing fair compensation, turnover of staff will be reduced and program quality will improve.

ACTION: Executive Order

8. HOSPICE CARE FOR PEOPLE WITH AIDS: Direct Department of Health HIV Program Advisory Committee to study ways to expand hospice care for people dying of AIDS, which is often contracted by IV drug users. Such care is less costly than hospital care.

ACTION: Direction from the Governor

TREATMENT FUNDING PRIORITIES

-- Additional Federal or State Resources Required --
 -- Implement In Priority Order --

1. HELP PREGNANT WOMEN ADDICTED TO DRUGS OR ALCOHOL:
 Expand services by establishing a residential substance abuse treatment facility for pregnant women and their children with a capacity of 12 women and 12 children. Funds for three months of operation provided in first year.

TOTAL NEW COSTS:

1ST YEAR	\$125,000
2ND YEAR	\$519,000

2. EXPAND ADOLESCENT TREATMENT: Help young people addicted to drugs and alcohol become drug-free by opening the state's first two residential facilities for male adolescents (total of 24 beds) in 1st year. First year operating costs for these facilities will be derived from existing revenue sources, specifically a tax on cigarettes as provided for in the Ferry Bill. In the 2nd year, this initiative would increase the number of female adolescent beds by 12 and pay full operating costs for the male facilities.

TOTAL NEW COSTS:

1ST YEAR	-0-
2ND YEAR	\$570,000

3. OFFER ADDICTED WOMEN MORE TREATMENT SERVICES:
 Expand much-needed services to women by increasing day treatment (20 slots for women and 40 for children) and residential treatment (14 beds for women) in 1st year. In 2nd year, expand outpatient treatment services to women by 40 slots.

TOTAL NEW COSTS:

1ST YEAR	\$530,000
2ND YEAR	\$630,000

4. HELP THOSE LIVING IN DISADVANTAGED AREAS DEFEAT DRUGS: Focus services to minorities in disadvantaged areas to help alleviate pressing needs. This initiative would double residential services in those communities in 1st year by adding 12 beds. Outpatient services in these areas would be increased by 30 slots in 1st year and 30 in 2nd year.

TOTAL NEW COSTS:

1ST YEAR	\$313,000
2ND YEAR	\$446,000

5. INCREASE THE NUMBER OF BEDS IN RESIDENTIAL TREATMENT FACILITIES: Offer residential services to more addicts by increasing the number of beds in existing residential treatment facilities and therapeutic communities (add 20 in 1st year and 16 in 2nd year). There are currently 146 beds in residential treatment facilities and 66 in therapeutic communities.

TOTAL NEW COSTS:

1ST YEAR	\$340,000
2ND YEAR	\$612,000

6. OFFER GREATER DETOXIFICATION SERVICES: Assist a greater number of addicts with initial treatment services and reduce current waiting lists at detoxification centers. This initiative would expand "social setting" detoxification beds -- a treatment service that administers no drugs to patients -- by 10 the 1st year and 20 the 2nd year. There are currently 20 social setting detox beds.

TOTAL NEW COSTS:

1ST YEAR	\$225,500
2ND YEAR	\$736,500

7. IMPROVE THE QUALITY OF EXISTING TREATMENT SERVICES: Improve the quality of treatment services offered to substance abusers by adjusting the state reimbursement rate to the nine publicly-funded residential treatment programs and one detoxification facility. Current rates range from \$3.42 to \$35.92 a day, depending on the type of service provided. It is widely recognized in the treatment community that current programs are suffering from lack of adequate funding. The increased rates will be phased in over six years to help cover actual costs to these facilities. The additional funds will be targeted at standardizing provider salaries.

The following reimbursement goals will be monitored by this office, as it develops a regular mechanism for assessing treatment services:

*Increase reimbursement rate over a six year period from current average for residential treatment programs of \$20 a day per client to \$36 per day.

*Increase current reimbursement rate over a six year period for "social setting" detoxification facility -- which uses no drugs on patients -- from current average of \$53 a day per client to \$70 per day.

TOTAL NEW COSTS:

1ST YEAR	\$267,000
2ND YEAR	\$534,000

8. FIGHT SUBSTANCE ABUSE AND THE SPREAD OF AIDS: Expand methadone maintenance services from approximately 800 current slots to 1,100 (100 in 1st year, 200 in 2nd year). Increased services are necessary to help fight both the drug epidemic and AIDS, which is often associated with IV drug use.

TOTAL NEW COSTS:

1ST YEAR	\$260,000
2ND YEAR	\$780,000

9. EXPAND TREATMENT TO AIDS PATIENTS: Increase outreach and substance abuse treatment services for people with AIDS and those who test positive for the AIDS virus by adding two counseling outreach positions to existing state-funded programs.

TOTAL NEW COSTS:

1ST YEAR	\$76,500
2ND YEAR	\$76,500

10. EXPAND TRAINING FOR TREATMENT PROFESSIONALS: Increase training for treatment professionals in the areas of substance abuse, human services, and health care. This initiative would increase number of professionals trained each year in one-week session from current 102 a year to 616.

TOTAL NEW COSTS:

1ST YEAR	\$75,000
2ND YEAR	\$125,000

GOVERNOR DIPRETE'S STATEWIDE SUBSTANCE ABUSE PLAN

ENFORCEMENT

"Making Neighborhoods Safe For Families"

PROGRAM SUMMARY

From its inception, the Drug Program Office has operated under the following enforcement objective from Governor DiPrete: citizens in Rhode Island should not have to live with drug use and dealing in their neighborhoods.

It has become clear in the 1980s that street dealing is more than an eyesore and that there is nothing "casual" about drug use. This office is convinced that the only way to bring an end to the enormous problems associated with substance abuse is to make it clear -- by enacting tougher drug laws -- that every user supports the actions of those who murder in the course of a drug deal, break into homes and businesses to raise heroin money, and harass our young people to make sell crack.

The Governor called on this office to consider the effectiveness of programs to crack down on casual users, expand confiscation laws, fine parents of drug users, suspend licenses of casual users, and offer a jail or treatment option to first-time users.

After careful consideration of these options, this office has incorporated all but two of these options into the present program. The first option not included, offering awards for tips by private citizens leading to drug convictions, is complex and requires greater study by this office. The second option not included, the fining of parents of those convicted of drug use, was modified after much study to require parents of those convicted of drug possession in Family Court to participate in their child's drug treatment. This initiative recognizes the need for total family involvement in the campaign against substance abuse.

Other initiatives this office was called on to investigate included the following: a ban on beepers in the schools, strengthening drug free school zones around the schools, establishing a drug-tip hot line to the State Police, expanding home confinement, increasing the involvement of the National Guard in the drug effort, deporting illegal aliens in the prison system, and keeping public housing projects clear of drugs. Each of these initiatives has been incorporated into this report.

In addition, this office has sought to emphasize that the consumption of alcohol, while not criminal, can become criminal under certain conditions. To that end, this program includes harsher penalties for drunk drivers, including juvenile DWI cases, which would automatically be transferred to District Court under this program.

In order to explore the variety of initiatives offered at the start of this program and others that have been suggested, the Drug Program Office has taken the following steps:

(1)Met on a regular basis with law enforcement leaders on the local, state and federal levels. These meetings included regular gatherings of the Interagency Task Force on Drugs Enforcement Subcommittee (See Appendix D, page 71), to consider initiatives outlined by the Governor and to develop others that were worthy. In addition, this office met with officers around the state, business and community leaders, and public school students to understand conditions on the street and gather ideas for change.

(2)Reviewed the dramatic change in the area of enforcement legislation from 1982 to the present. In addition, this office reviewed legislative proposals that were considered but not enacted. Numerous discussions with judges, legislators and criminal lawyers were held regarding these proposals.

(3)Contacted narcotics experts and law enforcement officers in states across the country to informally compare Rhode Island's laws and examine model programs. The goal of the office has been to incorporate successful legislation in other states into the Statewide Drug Plan.

After conducting the review outlined, the following general conclusions were reached:

(1)Enforcement Efforts Are Improving: Enforcement has received increased emphasis in Rhode Island over the last five years. A variety of indicators demonstrate this change. The General Laws require significantly harsher penalties for drug offenses today than they did in the 1970s. Fines have been increased substantially in recent years. Mandatory sentencing laws have become routine for the first time.

At the same time, police units report that the number of officers assigned to narcotics squads has more than doubled in the 1980s. Significant manpower increases have also been made in the State Police Narcotics Unit and the Attorney General's Strike Force. The Drug Enforcement Administration and the Federal Bureau of Investigation have also taken a lead role in the intensified statewide effort.

(2) The Drug Problem Continues To Grow: Rhode Island continues to be a primary distribution point for illegal drugs in the Northeast and profits among major dealers are estimated to be higher than ever. While enforcement alone will not result in success in the drug effort, this office remains convinced that strong enforcement is essential to ensure the safety of Rhode Island communities. Despite evidence that the drug problem continues to worsen, sweeps by local police departments have had limited successes in cleaning up various neighborhoods and making others habitable again, thus improving the lives of Rhode Islanders. In addition, informal indicators point to a simple truth: many people are deterred from trying drugs when there is the threat of swift punishment.

(3) Interdiction Efforts Must Be Intensified By Law Enforcement, With The Assistance Of Expanded Neighborhood Crime Prevention Efforts: Closing the interstate highways, airports and other avenues to delivery of drugs has become a major concern in the law enforcement community. To work toward that end, this office recommends that a State Police Interdiction Squad be formed and the National Guard's involvement in the drug effort be expanded after appropriate study. In addition, interdiction efforts by law enforcement must be encouraged by an aware and active citizenry. Comprehensive neighborhood crime watch efforts have been shown to be an effective tool against the drug trade, and essential to reclaiming our neighborhoods. In addition, community involvement has the added benefit of making citizens in our neighborhoods feel more secure in and around their homes.

To that end, a Neighborhood Crime Prevention initiative is included in this plan. The initiative will improve the training of those involved in neighborhood crime prevention.

On June 12-15, 1990, the Governor's Justice Commission, in cooperation with the National Crime Prevention Council, will host a Planning and Managing Crime Prevention Conference to train private citizens and law enforcement officers involved in neighborhood crime prevention efforts.

In addition, a Drug Hotline for tips on drug crimes, and a public housing initiative are included in this program. This office hopes that such initiatives will reduce fear in our neighborhoods and restore a measure of pride and confidence in our citizens.

(4) Drug Dealers And Users Must Receive Harsher Punishments: There has been an emphasis in some states on bolstering fines and fine-collection mechanisms to increase revenue for the effort against substance abuse. To that end, this office is recommending that a new category of offender, "kingpin," be established for major traffickers and that fines on drug dealers and casual users be increased. As is currently done with child support payments, this office is recommending that wages be garnished from those who fail to pay their fines.

In addition, this program incorporates a series of initiatives that impose harsher penalties on a variety of groups, including juvenile criminals and those convicted of any of the following: drunk driving, use of firearms in a drug offense, murder in a drug offense, and drug activity near a school. In addition, the program includes innovative suggestions, such as developing a new drugged driving law, to serve as a model for the nation. And others are included, such as a ban on beepers in Rhode Island schools, a drunk boating initiative, and a proposal to enforce harsh penalties for drive-by shootings, which are often the result of rivalries between drug gangs.

(5) Prison Construction Efforts Must Continue: This office is aware of the impact that tougher drug laws will have on the ACI population. The current overcrowded conditions at several of the facilities at the ACI are of great concern in the law enforcement community, making increased enforcement efforts problematic. In light of this concern, this office has emphasized the need for rapid construction on new medium and intake expansion plans, both scheduled to open in the fall of 1990. This office also encourages planning to take place immediately for increasing the capacity of the ACI beyond the current expansion programs.

In addition, this office is proposing that Prison Impact Statements be required on all legislation that could impact the population at the ACI. Such a document, modeled after the fiscal notes that are currently required, will make elected leaders and the general public aware of the impact such legislation will have on already overcrowded conditions. In addition, this office is recommending alternative sentencing legislation to make Home Confinement a viable program. The office also recommends the deportation of illegal aliens currently held at the ACI.

In addition, this office has recognized the need for increased funding of treatment for inmates at the ACI and expanded the contraband program at the ACI.

(6) Coordination Efforts Must Also Improve: Numerous efforts are underway across the country to improve the sharing of information among police departments. A recent study by the Governor's Justice Commission indicates that Rhode Island has much room for improvement in this area. Legislation enacted in the 1989 Legislative Session will go a long way toward improving the network of communication by adding a \$15 million Criminal Justice Information Systems Plan, better known as Maximus. To help this effort along, this office is recommending that police departments invest in an innovative "Drug Trak" system. In addition, this plan includes initiatives to expand the processing of felony cases by the courts; and an initiative to evaluate use of the Drug Control funding from the federal government. Finally, this office will further investigate methods to regularly update a state enforcement plan (See Coordination, page 18) to ensure proper oversight in this effort.

The following are the 37 recommendations of the Drug Program Office regarding enforcement. The first 24 are Immediate Enforcement Initiatives that involve no initial expenditures and can be implemented without delay. The remaining 13 are Enforcement Funding Priorities, listed in order of importance as determined by the Drug Program Office. Because of the nature of federal funding in this area, the office is able to more accurately estimate costs of enforcement programs. Total cost of these initiatives is \$1,159,100. Of that total, it is anticipated that the federal government will pay \$801,900 and the state \$357,200 in matching and other costs.

IMMEDIATE ENFORCEMENT INITIATIVES

-- No Immediate Expenditures --
-- Implement Without Delay --

1. **TAKE CARS FROM DRUNK DRIVERS:** Mandatory vehicle confiscation should be made a penalty for second DWI conviction, rather than the fourth as provided by current law.

ACTION: Introduce Legislation

2. **EXTEND DRUG-FREE SCHOOL ZONES:** Extend Drug-Free School Zones from 500 to 1,000 feet around school property. An enforcement guide will also be produced by the education and law enforcement communities. Neighborhoods and the private sector will be asked to provide signs to be placed around every school in the state (See Private Coalition, page 15).

ACTION: Introduce Legislation

3. **PLACE HEAVY FINES ON DRUG DEALERS AND USERS:** Establish a new category of drug offender, "kingpin," for prosecution of leading drug traffickers. In addition, amend Uniform Controlled Substances Act to establish the following minimum fines: \$50,000 for drug "kingpins," \$25,000 for drug traffickers, \$10,000 for street-level dealers, \$1,000 for possession of controlled substances except for marijuana, and \$500 for possession of marijuana.

ACTION: Introduce Legislation

4. **GARNISH WAGES OF DRUG DEALERS AND USERS:** Punish convicted drug dealers and users by garnishing the wages of those who fail to pay court fines and costs. This initiative would charge the Law Enforcement Coordinating Council with developing model legislation.

ACTION: Introduce Legislation

5. **GIVE JUVENILE DEALERS ADULT PUNISHMENTS:** Punish serious drug crimes by juveniles by requiring that they appear in District or Superior Court upon being charged with a second offense involving the sale, manufacture, distribution, delivery or intent to deliver drugs.

ACTION: Introduce Legislation

6. END STATUTE OF LIMITATIONS: Eliminate the statute of limitations for the prosecution of those involved in the sale, manufacture, distribution, delivery or intent to deliver drugs. Several crimes currently have no statute of limitations, including murder, arson, burglary, forgery, robbery, rape and child molestation. Statute of limitations for drug crimes is currently three years.

ACTION: Introduce Legislation

7. FACILITATE DWI CONVICTIONS: Develop standard for conviction of DWI without reference to specific blood alcohol level. Revision in law would resolve ambiguity currently hampering DWI trials in District Court.

ACTION: Introduce Legislation

8. PUNISH DRUNK BOATERS: Draft legislation modeled after current DWI law that would punish those that drive their boats while drunk. Law would require probable cause before boats are stopped.

ACTION: Introduce Legislation

9. INCREASE PENALTIES FOR DRUG CONVICTIONS WITH FIREARMS: Increase penalties for those convicted of using firearms or explosive substances during drug offenses. Increase current minimum penalties from two years to 10 years in prison and add a minimum \$5,000 fine. On second offense, minimum sentence would be 15 years and a \$10,000 fine.

ACTION: Introduce Legislation

10. LIFE IMPRISONMENT WITHOUT PAROLE FOR MURDER CONVICTIONS IN DRUG OFFENSES: Increase the penalty for those convicted of murder in the first degree during the course of a drug-related crime to mandatory life imprisonment without parole. Current law allows for parole.

ACTION: Introduce Legislation

11. DEPORT ILLEGAL ALIENS AT THE ACI: Rhode Island should not have to pay for the incarceration of illegal aliens, a national problem. An agreement was reached in October to transfer criminal cases involving illegal aliens from the state to the federal level for prosecution. In addition, arrangements have been made to conduct deportation hearings on a regular basis at the ACI, thus facilitating the process whereby illegal aliens are removed from our prison system. The first hearings, involving four inmates, took place on December 20, 1989.

ACTION: Program Underway

12. BAN BEEPERS IN SCHOOLS: Ban essential tools of the drug trade by requiring all school districts, as a condition for receiving state aid, to prohibit students from carrying beepers on school grounds. Exceptions would be allowed for legitimate and vital need.

ACTION: Introduce Legislation

13. SUSPEND LICENSES OF THOSE CONVICTED OF DRUG OFFENSES: Conviction of possession, sale, delivery or intent to deliver controlled substances would result in automatic suspension of a driver's license for one year on first offense (current law is six months), three years for second offense (current law is one year). As a condition for return of license, the law would require submission of authorized drug test and evidence of counseling.

ACTION: Introduce Legislation

14. REQUIRE COUNSELING FOR DRUG POSSESSION: Facilitate full implementation of legislation enacted in the 1989 legislative session that requires those convicted of drug possession to undergo drug counseling. The legislation increased fines from \$125 to \$400 to defray program costs. This initiative would direct Governor's Drug Program Office to work with appropriate state departments and courts to assure quick implementation.

ACTION: Direction from the Governor

15. EXPAND NATIONAL GUARD ASSISTANCE: Involve the National Guard directly in the effort against substance abuse. This initiative would require submission of a plan from the Adjutant General of the National Guard by July 1, 1990 for expanded involvement in the effort against substance abuse.

ACTION: Direction from the Governor

16. **MAKE OUR NEIGHBORHOODS SAFE FROM DRUG GANGS:** Add to criminal code regarding drive-by shootings, which often involve rival drug gangs in the cities. Legislation would stipulate that when a person unlawfully discharges a firearm from a motor vehicle in a manner which creates a substantial risk of death or serious injury, that person shall be imprisoned for ten to twenty years and fined between \$5,000 and \$50,000.

ACTION: Introduce Legislation

17. **BAN POSSESSION OF GUNS IN CERTAIN CASES:** Close loophole in the law that allows drug and other offenders to continue to be licensed for guns after pleading nolo contendre to gun charge.

ACTION: Introduce Legislation

18. **GIVE ADULT PUNISHMENTS TO JUVENILE DWI OFFENDERS:** Require that all juvenile DWI cases be adjudicated in District Court rather than Family Court, as is currently allowed.

ACTION: Introduce Legislation

19. **MAKE OUR PUBLIC HOUSING SAFER FOR FAMILIES:** Charge Interagency Task Force on Drugs with developing proposals for reducing drug possession, dealing, and trafficking in public housing units and problem neighborhoods.

ACTION: Executive Order

20. **REQUIRE PARENTS TO PARTICIPATE IN COUNSELING:** Require parents or legal guardians of youth adjudicated in Family Court for drug offenses to participate in treatment for their child when such treatment is mandated by the court.

ACTION: Introduce Legislation

21. ESTABLISH DRUG HOTLINE TO STATE POLICE: Establish a toll-free hotline to the State Police for the public to report information regarding drug activity. This initiative would expand the existing drunk driving hotline to include drugs. NYNEX and Metro Mobile have agreed to allow users of about 8,000 cellular telephones in the state to dial a toll-free cellular car phone number to report drug information. Additionally, a post office box at the State Police will be established for mailed information. This hotline will be operating soon.

ACTION: Program Underway

22. UTILIZE "DRUG TRAK" SYSTEM: Encourage local police departments to join Warwick, Cranston, and Newport on the "Drug Trak" computerized intelligence system. The system is designed to collect data about drug offenders and to permit the sharing of information.

ACTION: Direction from the Governor

23. REQUIRE PRISON IMPACT STATEMENT: Increase awareness of conditions at the ACI by requiring a Prison Impact Statement to accompany all legislation likely to impact on the population at the ACI.

ACTION: Introduce Legislation

24. MAKE HOME CONFINEMENT A VIABLE OPTION: Increase participation in this alternative sentencing program program by allowing home confinement as a classification option for the Director of the Department of Corrections.

ACTION: Introduce Legislation

ENFORCEMENT FUNDING PRIORITIES

-- Additional Federal or State Resources Required --
-- Implement In Priority Order --

1. ESTABLISH STATE POLICE INTERDICTION SQUAD: Target the state's highways, airports and other transportation centers for intensified interdiction efforts to stem the flow of drugs into and through Rhode Island. The initiative would establish, within the State Police, a special interdiction squad of uniformed troopers, detectives, and dogs capable of detecting narcotics. The squad would consist of four members of the State Police. In addition, this initiative would provide funds to buy improved equipment for the Narcotics Unit. This office recommends that the squad be funded in the amount \$100,000, with \$25,000 of that required as a state match. The program is on a preliminary list from the Law Enforcement Coordinating Council to receive federal funding.

TOTAL NEW COSTS:

1ST YEAR	\$100,000
2ND YEAR	\$100,000

2. PUNISH "DRUGGED" DRIVING: Establish legislation that would be a national model to set standards and penalties for "drugged" driving. Legislation would allow Division of Drug Control in the Department of Health to establish detection standards for a variety of drugs, develop drug testing practices, and set up guidelines for law enforcement officers in drug recognition techniques. Current law prohibits drugged driving, but establishes no mechanism for enforcement.

TOTAL NEW COSTS:

1ST YEAR	\$40,000
2ND YEAR	\$60,000

3. **IMPROVE SCREENING AFTER CAR ACCIDENTS:** Increase funding to Forensic Toxicology Laboratory of the Department of Health, which is responsible for conducting tests for drug and alcohol use following car accidents. This office recommends that this program be funded in the amount of \$20,000, with \$5,000 of that required as a state match. This initiative is on a preliminary list of the Law Enforcement Coordinating Council to receive federal funds.

TOTAL NEW COSTS:

1ST YEAR	\$20,000
2ND YEAR	\$20,000

4. **ESTABLISH DNA LABORATORY:** Establish a model DNA laboratory at the Department of Health's Toxicology Laboratory to enhance the effectiveness and efficiency of analysis of crime-related evidence, much of which would be used in drug cases. This office recommends that this program receive \$200,000 in funding, with \$50,000 of that required as a state match. Program is on a preliminary list from the Law Enforcement Coordinating Council to receive federal funding.

TOTAL NEW COSTS:

1ST YEAR	\$200,000
2ND YEAR	\$200,000

5. **IMPROVE TREATMENT OF DRUG OFFENDERS AT ACI:** Expand current Drug Offenders Treatment Program for prisoners at the ACI to help assure that they are released drug-free. It is widely agreed that the number of repeat offenders will be reduced if drugs are removed from their lives while incarcerated. The program is currently being funded with \$260,000 in state and federal money, which has allowed 255 inmates to receive treatment. This office suggests an increase of \$140,000 over the current level of funding for the program, with \$35,000 of that required as a state match. The initiative is on a preliminary list from the Law Enforcement Coordinating Council to receive federal funding.

TOTAL NEW COSTS:

1ST YEAR	\$140,000
2ND YEAR	\$140,000

6. HIRE TREATMENT COORDINATOR FOR THE ACI: Continue current salary position for treatment coordinator at the ACI and hire consultant to evaluate the Drug Dependent Offender Treatment Program. This office is recommending funding of \$58,300 in the first year, with \$14,600 of that required as a state match. This program is on a preliminary list from the Law Enforcement Coordinating Council to receive federal funding.

TOTAL NEW COSTS:

1ST YEAR	\$58,300
2ND YEAR	\$58,300

7. PROVIDE BETTER NEIGHBORHOOD CRIME PREVENTION PROGRAMS: Help make our neighborhoods clear of drug users by increasing the resources available to existing programs. The Governor's Justice Commission will host a Planning and Managing Crime Prevention Conference from June 12-15 to train those involved in neighborhood crime prevention efforts in Rhode Island. This office is requesting funding of \$47,500 for the program, with \$11,900 of that required as a state match. This program is on a preliminary list of the Law Enforcement Coordinating Council to receive federal funds.

TOTAL NEW COSTS:

1ST YEAR	\$47,500
2ND YEAR	\$47,500

8. EXPAND PROCESSING OF FELONY CASES: Provide funding to judiciary to improve processing of felony cases filed, which have increased 74% in the past year. The majority of that increase has been in drug-related filings. This office is requesting \$111,700 in funding for this program, with \$27,900 of that required as a state match. This funding, which would allow for four new positions and purchase of two computer terminals, is on a preliminary list of the Law Enforcement Coordinating Council to receive federal funds.

TOTAL NEW COSTS:

1ST YEAR	\$111,700
2ND YEAR	\$111,700

9. REINFORCE PRISON CONTRABAND ENFORCEMENT PROGRAM: Continue funding for and expand current program designed to remove contraband from the ACI. The program is currently being funded with \$156,000 in state and federal money. This office recommends an increase of \$44,000 over the current level of funding for the program, with \$11,000 of that required as a state match. This initiative is on a list of the Law Enforcement Coordinating Council to receive federal funds.

TOTAL NEW COSTS:

1ST YEAR	\$44,000
2ND YEAR	\$44,000

10. COMBAT MIDLEVEL NARCOTICS TRAFFICKERS: Provide funds for the purchase of evidence and to pay informants at the Division of Drug Control of the Department of Health. This office recommends \$33,300 in funding for the program, with \$8,300 of that required as a state match. This program is on a preliminary list of the Law Enforcement Coordinating Council to receive federal funds.

TOTAL NEW COSTS:

1ST YEAR	\$33,300
2ND YEAR	\$33,300

11. EVALUATION COMPONENT FOR DRUG CONTROL: Provide for proper oversight and evaluation of state and local components of drug control strategy implemented two years ago. This office is recommending \$40,000 in funding for this program, with \$10,000 of that required as a state match. The program will establish an "in-house" method for future evaluations. This program is on a preliminary list of the Law Enforcement Coordinating Council to receive federal funds.

TOTAL NEW COSTS:

1ST YEAR	\$40,000
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12. INCREASE TOXICOLOGY FUNDING FOR USE IN PROSECUTIONS: Target dollars for improvement in equipment in the Forensic Sciences Section of the Department of Health, which conducts drug tests in criminal cases. Tests currently take about four weeks, delaying swift prosecution.

TOTAL NEW COSTS:

1ST YEAR	\$50,000
2ND YEAR	\$50,000

13. EXPAND ATTORNEY GENERAL'S DRUG PROSECUTION UNIT: Replace federal grants that will expire in February, 1990. These funds provide for 11 positions, including five staff attorneys, that are critical to the operation of the Narcotics Unit. The program is currently being funded with \$156,000 in state and federal money. This office recommends an increase of \$274,300 over the current level of funding for the program, with \$68,500 of that required as a state match. This initiative is on a preliminary list of the Law Enforcement Coordinating Council to receive federal funding.

TOTAL NEW COSTS:

1ST YEAR	\$274,300
2ND YEAR	\$274,300

APPENDIX A

DRUG USE REDUCTION GOALS

Program Summary

One of the greater challenges of this office over the last two months has been to establish Drug-Use Reduction Goals, as directed by Governor DiPrete on the formation of this office.

Goals are useful in that they focus the substance abuse effort on reducing the number of Rhode Islanders using drugs or alcohol.

However, in order to set meaningful standards by which to evaluate the success of the state's efforts, there must exist meaningful data from which to project. Very little of this necessary data is available at this time.

For example, ongoing surveys do not currently indicate drug availability on the streets of Rhode Island or statewide marijuana production, two of the indicators used to set nation-wide goals in the National Drug Control Strategy of President Bush.

Similarly, surveys of adolescent attitudes toward drugs and use of cocaine, also used in the National Strategy, are in their infancy in Rhode Island. A 1988 Adolescent Substance Abuse Survey of Health Risks Relating to Substance Abuse Among Adolescents, conducted by the Department of Health, provides valuable information regarding drug use among our young people. But because the ongoing survey has results only from 1988, it is not yet useful in projecting long-term trends and setting statewide goals. The survey's statewide findings, from a survey of grades 7 through 12, indicate the following:

31% got drunk at least once the previous month (49% of seniors).

39% have ever used illegal drugs (59% of seniors).

16% used marijuana in the previous month (26% of seniors).

5% of seniors think his or her drug use is a problem.

8% have ever used cocaine or crack (16% of seniors).

Clearly, more work needs to be done in this area to assure proper monitoring of substance abuse in Rhode Island. This office will include proposals to improve monitoring in future reports.

Drug-Use Reduction Goals

It was possible to project goals for the state regarding emergency room admissions related to drugs or alcohol, and cognitive understanding of comprehensive health and substance abuse issues among the state's school-age children.

1.DRUG-RELATED EMERGENCY ROOM INCIDENTS: The Department of Health began conducting annual surveys of Rhode Island Hospitals in 1987. The latest results are from 1988. This office has set the following goals relating to alcohol and drug incidents:

GOAL SUMMARY:

2-YEAR GOALS: By 1992, end the increases in alcohol-related incidents in emergency rooms, reduce cocaine-related incidents by 25%, reduce other drug-related incidents by 15%, and reduce total drug and alcohol-related incidents by 6%.

10-YEAR GOALS: By 2000, reduce the number of alcohol-related incidents in emergency rooms by 75%, reduce the number of cocaine-related incidents by 75%, reduce other drug-related incidents by 50%, and reduce total drug and alcohol-related incidents by 35%.

DETAIL:

	<u>1987</u>	<u>1988</u>	<u>CHANGE</u>	<u>2-YEAR GOAL</u>	<u>10-YEAR GOAL</u>
ALCOHOL:	289	831	+188%	831 THIS IS NO CHANGE FROM 1988	208 THIS IS -75% FROM 1988
COCAINE:	95	75	-21%	56 THIS IS -25% FROM 1988	19 THIS IS -75% FROM 1988
OTHER DRUGS:	589	510	-13%	434 THIS IS -15% FROM 1988	255 THIS IS -50% FROM 1988
TOTAL INCIDENTS:	878	1341	+53%	1261 THIS IS -6% FROM 1988	469 THIS IS -35% FROM 1988

NOTE: "Other Drugs" includes cocaine.

2. KNOWLEDGE AMONG SCHOOL-AGE CHILDREN: The Department of Health, as part of the Rhode Island State Assessment Program, surveyed grades 3,6,8 and 10 for comprehensive health knowledge, some of which focuses on substance abuse. Figures are available for the 1987/1988 and 1988/1989 school years. This office has averaged these figures and offers the following goals for understanding the issues of comprehensive health and substance abuse among our young people.

GOAL SUMMARY:

2-YEAR GOAL: Increase the number of students demonstrating knowledge of comprehensive health and substance abuse by 10%.

10-YEAR GOAL: Increase the number of students demonstrating knowledge of comprehensive health and substance abuse by 20%.

DETAIL:

<u>87/88</u>	<u>88/89</u>	<u>CHANGE</u>	<u>2-YEAR GOAL</u>	<u>10-YEAR GOAL</u>	
COMPREHENSIVE HEALTH					
KNOWLEDGE:	64.6%	69.4%	+7.4%	76% THIS IS +10% OVER CURRENT LEVEL	83% THIS IS +20% OVER CURRENT LEVEL
SUBSTANCE ABUSE					
KNOWLEDGE:	63%	67.5%	+7%	74% THIS IS +10% OVER CURRENT LEVEL	81% THIS IS +20% OVER CURRENT LEVEL

APPENDIX B

MISSION STATEMENT

The following Mission Statement was developed in cooperation with the Interagency Task Force on Drugs as a guide for our efforts:

SUBSTANCE ABUSE IS THE GREATEST THREAT
TO OUR COMMUNITY'S WELL BEING.

THEREFORE, THE GOVERNOR'S SUBSTANCE ABUSE PROGRAM
WILL PROVIDE LEADERSHIP AND COORDINATION TO
FIGHT AGAINST ANY USE OF ILLEGAL DRUGS
AND MISUSE AND ABUSE OF ALCOHOL
AND OTHER DRUGS.

WE SUPPORT THE CREATION OF AN ENVIRONMENT
WHICH FOSTERS HEALTHY LIFESTYLES
FOR ALL RHODE ISLANDERS.

APPENDIX C

ACKNOWLEDGEMENTS/CONTRIBUTORS

To the many individuals whose expertise and counsel have contributed to Governor DiPrete's Statewide Substance Abuse Plan, I want to express my deep appreciation. Any attempt to list all those who gave so willingly to this plan would surely omit key contributors, because there were so many. Included here is a list of various organizations we have met with, talked to and listened to over the past two months (See next page).

Additionally, I must single out the dedicated efforts of the Governor's Drug Program staff, who made this plan possible: Special Assistant, Andrea Bresnick, and three Assistant Program Directors, each of whom are on assignment from state departments. They are Judy Edsal, Assistant Program Director for Prevention/Education, on assignment from the Department of Elementary and Secondary Education; David Hamel, Assistant Program Director for Treatment, on assignment from MHRH; and Lt. Robert McQueeney, Assistant Program Director for Enforcement, on assignment from the State Police.

Thank you to all.

Bob Rice

The following is a list of organizations that the Drug Program Office has met or consulted with in the last two months. Each has contributed in some way to the production of this report:

58I American Federation of Teachers
AMSA (Al Masjid Shari'ah Allah, Inc.)
Barrington School Department
Bramley Legislative Oversight Commission
Brown University
CODAC
Caritas House, Inc.
Central Falls Substance Abuse Prevention Task Force
Channel One - Central Falls
Channel One - Warwick
Charlestown Police Department
Citizens Bank
City of Providence
City of Warwick
City of West Warwick
Coventry Police Department
Cranston Police Department
DAWN for Children, Inc.
Department of Administration, RI
 Planning Division
 Taxation Division
 Personnel Administraton
Department of Children and Their Families, RI
Department of Corrections, RI
Department of Elderly Affairs, RI
Department of Elementary and Secondary Education, RI
Department of Health, RI
 Health Policy
 Health Laboratories
 Family Health
Department of Human Services, RI
Department of Mental Health, Retardation and Hospitals, RI
 Division of Substance Abuse
 Program Standards, Planning and Evaluation
 Legal Office
Department of Transportation, RI
 Governor's Office on Highway Safety
Directions Advisory Council
Disabled American Veterans
District Court, RI
Drug and Alcohol Treatment Association of RI
East Greenwich Citizens Who Care
East Greenwich School Department
East Providence School Department
East Providence Substance Abuse Prevention Task Force
Eastman House, Inc.
Edgehill Newport

Family Court, RI
Federal Bureau of Investigation
Fleet/Norstar Financial Group
Foster-Gloucester Substance Abuse Council
Governor's Committee on Youth, Alcohol and Substance Abuse
Governor's Human Services Commission, RI
Governor's Justice Commission, RI
Governor's Policy Office, RI
Governor's Youth Commission
High Point
Human Ecology Associates
Human Rights Commission, RI
Johnson and Wales
Knights of Columbus
Law Enforcement Television Network
Lions Club of Newport
MADD, RI Chapter
Manisses Communications Group, Inc.
Marathon, Inc.
Metro Mobile
Middletown Substance Abuse Prevention Task Force
Minority Alcoholism Program
NYNEX
Narragansett Council, Boy Scouts of America
Narragansett Police Department
National Association of Substance Abuse Directors
National Governor's Association
National Guard, RI
North Kingstown Substance Abuse Prevention Task Force
North Smithfield Substance Abuse Prevention Task Force
Ocean State Center for Law and Citizen Education
Ocean State Charities Trust
Office of Higher Education, RI
Office of Intergovernmental Relations, RI
Office of the Attorney General, RI
Office of the General Treasurer, RI
Office of the Governor's Child Policy Coordinator, RI
Office of the Mental Health Advocate, RI
Office of the Speaker of the House, RI
Office of the U.S. Attorney for Rhode Island
Paolino Alcohol and Drug Abuse Program
Pawtucket Substance Abuse Prevention Task Force
Providence Journal
Providence Police Department
Providence School Department
Providence Substance Abuse Prevention Task Force
RI Analytical
RI Coalition on Alcohol, Drugs, and Women's Health
RI Conference on Social Services
RI Council of Community Mental Health Centers
RI Council of Ministries
RI Council on Alcoholism

RI Employee Assistance Program
RI League of Cities and Towns
Municipal Risk Management Services, Inc.
RI National Education Association
RI Police Chiefs' Association
RI Project AIDS
RI State Parent Teachers Association
RI Student Assistance Services
RI Substance Abuse Advisory Council
RI Substance Abuse Coalition
RI Teen Institute
Rhode Islanders for a Drug Free Youth
Senate Minority Office
South Kingstown Police Department
South Kingstown Substance Abuse Prevention Task Force
State Police, RI
Superior Court, RI
Supreme Court, RI
Sympatico
Talbot House
The Kaufman Foundation
The Miami Coalition
U.S. Drug Enforcement Administration
United Way of Southeastern New England
University of Rhode Island
University of Rhode Island Urban Field Center
Visiting Nurses Association of Rhode Island
WJAR-TV
Warren Police Department
Warwick School Department
Warwick Substance Abuse Prevention Task Force
West Warwick Police Department
Women & Infants Hospital
Woonsocket Harris Public Library
Workforce 2000
Youth to Youth Program
Special thanks to the states of Massachusetts,
Virginia, New Jersey, New York, Missouri, Minnesota,
Florida, Connecticut, Arizona, New Mexico, Kansas, North
Carolina, Tennessee and Texas.

APPENDIX D

GOVERNOR DIPRETE'S INTERAGENCY TASK FORCE ON DRUGS

Chairman Robert E. Rice
 Director
 Governor's Drug Program

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 Governor's Child Policy
 Coordinator

Dr. J. Troy Earhart
 Commissioner
 Department of Elementary &
 Secondary Education

Matthew Gill
 Director
 Department of Transportation

John J. Moran
 Director
 Department of Corrections

James E. O'Neil
 Rhode Island Attorney General

Dr. Americo W. Petrocelli
 Commissioner of Higher
 Education

Thomas D. Romeo
 Director
 Department of Mental Health,
 Retardation & Hospitals

Allan Stein
 Chairman
 Governor's Commission of Youth,
 Alcohol and Substance Abuse

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 Chief Forensic Sciences
 Department of Health

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 Governor's Office on Highway
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 U.S. Attorney for Rhode Island

Sally T. Dowling
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 Governor's Policy Office

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 Presiding Justice
 Rhode Island Superior Court

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 Div. of Drug Control, Health

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 Rhode Island National Guard

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 Governor's Justice Commission

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Chief Vincent Vespa, Jr.
 President
 R.I. Police Chiefs Association

Sandra DelSesto
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 Director
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Frank Fanella
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Juan Francisco
Public Member
Investigator
Human Rights Commission

Susan Wallace
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Susan Wallace
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William Rose
Executive Director
Minority Alcoholism Program

Richard Froncillo
Executive Director
Eastman House

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RI Council on Alcoholism

Steven Costantino
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Drug & Alcohol Treatment
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Robert MacDonald
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John Moran
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Rhode Island Superior Court

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U.S. Justice Department

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Chief Forensic Sciences
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Department of Corrections

Edward C. Parker, Esq.
Deputy Attorney General
RI Dept. of Attorney General



State of Rhode Island and Providence Plantations
EXECUTIVE CHAMBER, PROVIDENCE

Edward D. DiPrete
Governor

EXECUTIVE ORDER

NO. 89-23.1

NOVEMBER 17, 1989

GOVERNOR'S CAMPAIGN AGAINST SUBSTANCE ABUSE

WHEREAS, substance abuse has become the single greatest threat to the health and safety of the citizens of Rhode Island; and

WHEREAS, drug and alcohol abuse has grown into a nationwide problem, raising public concern and leaving few Rhode Islanders untouched; and

WHEREAS, no single initiative in the areas of enforcement, treatment or education/prevention will remove the scourge of drugs from our cities and towns; and

WHEREAS, a sweeping and sustained effort to combat substance abuse on all fronts is necessary, including intensified enforcement of anti-drug laws, stepped-up efforts to educate our young people to decide against drug use, and a renewed commitment to offer treatment to those in need; and

WHEREAS, all the citizens of Rhode Island are called upon to get involved in this effort, including business leaders, private citizens, and local and state elected officials; and

WHEREAS, coordination of the numerous federal, state and local agencies undertaking drug programs is vital to defeating the disease of drugs.

NOW, THEREFORE, I, Edward D. DiPrete, by the authority vested in me as Governor of the State of Rhode Island and Providence Plantations, do hereby order as follows:

1. There is hereby established the Office of Governor's Drug Program Director and the Director thereof is hereby charged with responsibility for all state efforts to combat substance abuse, including illicit drugs and alcohol.

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2. Assistant Drug Program Directors shall be designated, with approval of the Governor, from each of the following departments: State Police (Assistant Drug Program Director for Enforcement); Mental Health, Retardation & Hospitals (Assistant Drug Program Director for Treatment); and Elementary and Secondary Education (Assistant Drug Program Director for Education/Prevention).

3. The Assistant Drug Program Directors shall work under the direct supervision of the Drug Program Director.

4. The Governor's Inter-Agency Task Force on Drugs shall be called to meet at least once a month by the Drug Program Director, who shall chair that committee as a full voting member.

5. The Governor's Inter-Agency Task Force on Drugs shall advise the Drug Program Director on all substance abuse matters that come before them and shall issue written reports to the Governor of its findings and recommendations on at least a quarterly basis.

6. The State Drug Program Director and Inter-Agency Task Force on Drugs shall develop the Governor's Statewide Drug Program for presentation by December 15, 1989, and shall include, but not be restricted to, the following elements:

- * Innovative legislative proposals in the areas of enforcement, treatment and education/prevention that complement President Bush's National Drug Control Strategy;
- * Measurable and achievable drug-use-reduction goals for Rhode Island that complement those established by President Bush's National Drug Control Strategy;
- * Recommendation to better coordinate Rhode Island's varied efforts to fight drugs, as outlined in Governor DiPrete's Substance Abuse Study being conducted by the Governor's Justice Commission and supervised by the Drug Program Director.

7. The Drug Program Director shall oversee preparations made by the Governor's Justice Commission for Governor DiPrete's Substance Abuse Conference to be held in November.

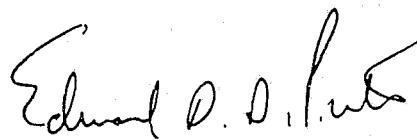
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8. the Drug Program Director shall appoint, with the Governor's approval, a Citizens Advisory Council on Substance Abuse with the charge of developing a strategy for enlisting citizen volunteers on a wide scale in the fight against drugs.

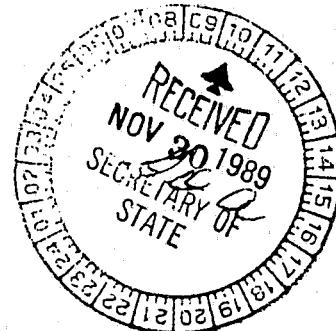
9. The Governor's Inter-Agency Task Force on Drugs shall be comprised of the following:

- Director of the Department of Health or Designee
- Director of the Department of Mental Health, Retardation & Hospitals or Designee
- Director of the Department of Education or Designee
- Director of the Department of Corrections or Designee
- Director of the Department for Children & Their Families or Designee
- President of the Police Chiefs Association or Designee
- Governor's Director of Policy or Designee
- Executive Director of the Governor's Justice Commission
- Chair of the Governor's Commission on Youth, Alcohol and Substance Abuse
- Governor's Child Policy Coordinator
- Adjutant General or Designee
- Attorney General or Designee
- Superintendent of the State Police or Designee
- Presiding Justice of Superior Court or Designee
- U.S. Attorney for Rhode Island or Designee
- Chief Chemist, Health Laboratory
- 5 Public Members to be selected by the Governor

All designees must be assigned as permanent members of the Governor's Inter-Agency Task Force after approval by the Governor.



Edward D. DiPrete
Governor





State of Rhode Island and Providence Plantations

EXECUTIVE CHAMBER, PROVIDENCE

Edward D. DiPrete
Governor

October 3, 1989

Robert E. Rice
Governor's Drug Program Director
State House
Providence, RI 02903

Dear Bob:

Less than a month ago, President George Bush spoke about the gravest threat facing our nation: drugs.

He called on us to raise our sights, intensify our efforts and renew our commitment to winning the war against the scourge of substance abuse.

In response to that call, I am today appointing you as the Governor's Drug Program Director to coordinate all state efforts in the area of drug and alcohol abuse. I have every confidence that you will provide the energy and commitment as well as the steady hand and balanced approach necessary to win this war.

To help you coordinate that effort, I have provided you with the resources of the Governor's Inter-Agency Task Force on Drugs, made up of the state's leaders in the field of substance abuse.

In addition, I have assigned you three full-time staff members, each an expert in one of three areas I believe are crucial in the war against drugs: enforcement, treatment and education/prevention.

These assignments reflect my belief that a successful effort will reject the idea that there is any single tactic or easy answer to the drug problem. To assure maximum success, I am asking you to balance the state's efforts in these three key areas.

I expect you to call on all Rhode Islanders to offer a helping hand, for an effective fight against drugs will know no jurisdictional boundaries.

A fully integrated approach will extend to the federal level, several state departments, state and local officials, dozens of private agencies, our state's top business leaders and, of course, our concerned and active citizen volunteers.

To assure that this is a bipartisan effort that includes all Rhode Islanders in the effort to defeat substance abuse, I am asking you to oversee Governor DiPrete's Substance Abuse Study and its companion conference, Governor DiPrete's Substance Abuse Conference, scheduled for November 13.

Both these efforts are being coordinated by the Governor's Justice Commission. The study, which will inventory all substance abuse services offered by the state in an effort to pinpoint duplication or gaps in those services, was originally proposed in April, 1989 and is now long underway.

The conference, planning for which also began in April, will allow the state's major participants in the field of substance abuse to convene for discussions on coordination of the drug effort.

The most pressing task you will undertake over the next two months will be to work with the Governor's Inter-Agency Task Force to develop of the Governor's State-Wide Drug Program by December 15.

I have directed that program to include, but not be restricted to, the following elements:

1. Measurable and achievable drug-use-reduction goals for Rhode Island that complement those established by President Bush's National Drug Control Strategy.
2. Recommendation on how to better coordinate Rhode Island's varied efforts to fight drug and alcohol abuse, as outlined in the Governor's Substance Abuse Coordination and Planning Study being conducted by the Governor's Justice Commission.
3. Innovative legislative proposals in the areas of enforcement, treatment and education/prevention.

As part of your efforts to develop specific legislative proposals in enforcement, treatment and education/prevention, I am asking you to consider the following initiatives and offer recommendations in the Governor's State-Wide Drug Program.

1. Enforcement

It is vital that we keep our neighborhoods, schools, and public areas free from the ravages of the drug trade.

At the same time, we must make it perfectly clear that no drugs are "recreational" or "casual." Each drug user, no matter how infrequent, contributes to murder, addiction and fear on our streets.

During the past few months, my staff has met with a number of leaders in the effort to interdict drugs, both on the state and federal level. During the course of those meetings, the following interdiction initiatives were suggested.

Please examine these enforcement initiatives and report back to me on their feasibility in the Governor's State-Wide Drug Program:

- ** Expand Confiscation Laws. Allow, for example, for the confiscation of vehicles used by recreational drug users in routine transactions. Forfeiture laws enabling the seizure of assets of drug dealers should be strengthened.
- ** Augmented Parental Responsibility. A fine of up to \$5,000 would be imposed on parents of drug users, based on their ability to pay, upon a determination that they knew or should have known of a juvenile's drug activities. Fines would be applied to drug enforcement, education and treatment efforts.
- ** Beeper Ban. Require all school districts, as a condition of receiving state aid, to ban beepers (an essential tool of drug dealers) on school premises.
- ** Drug Free School Zones. Augmented penalties for drug dealing are currently applied to school grounds. This territory should be expanded to include 1000 feet around each school.
- ** Drug Hot Line to State Police. Establish a toll free number for citizen reporting of any drug law violation.

- ** Rewards. Provide rewards up to \$1,000 or more for tips leading to the conviction of drug dealers. Rewards would be paid from proceeds of seized assets.
- ** Jail or Treatment Option. Give first-time offenders for possession and utilization of drugs a choice: a jail term or enrollment in a basic drug treatment program.
- ** Expand Home Confinement. Expanding the home confinement program to include categories of substance abusers who would currently be fined but not jailed.
- ** Casual User Crackdown. Institute a program similar to DWI efforts, including heavy fines and community service for convicted recreational drug users.
- ** Expand National Guard Role. Direct National Guard to assist State Police in surveillance efforts and staffing needs.
- ** License Suspension. Suspend driver's license of any person convicted in drug offense. Require drug test as a condition of reinstatement.
- ** Deportation of Aliens in the Prison System. Work with the Immigration and Naturalization Service and the Executive Office of Immigration Review to develop a plan for the timely deportation of aliens currently in our prison system.
- ** Keep Public Housing Clear of Drugs. Consider strengthening laws against drug selling or use in public housing units.

2.Treatment

Unless we are both tough on drug offenders and compassionate toward those wanting to reform their lives, we will not make adequate progress against drugs.

As the drug and alcohol problem has grown in this decade, so have the waiting lists at treatment facilities across the country. Rhode Island has not been immune to this shortage of treatment slots.

To that end, it is my desire to establish a long-term goal for the state: Treatment on Demand.

This is a vital goal and, I believe, an achievable goal. But we must plan now toward that long-term end.

Please examine the following treatment initiatives and report back to me in the Governor's State-Wide Drug Program:

- ** Treatment on Demand. Develop a realistic timetable for achieving treatment on demand for all Rhode Islanders. This includes identification of the number of treatment facilities necessary and the development of a plan to obtain them. Priorities in the area of treatment include the following:
- ** 1) Programs for Expectant Mothers Who Abuse Drugs. Because an increasing number of babies across the country are born with severe birth defects as a result of drug abuse by expectant mothers, treatment of these mothers deserves our highest priority.
- ** 2) Treatment Facilities in Minority Communities. Because minority communities have been severely impacted by the drug crisis, treatment facilities are vital in these areas.
- ** 3) AIDS and Drugs. Because these two issues are so closely linked, all efforts must be made to ensure that treatment efforts are closely coordinated.

3.Education/Prevention

The most effective method in fighting substance abuse over the long term is guaranteeing that the next generation of Rhode Islanders rejects the use of drugs.

We must convince all of our children not to try drugs in the first place.

This can only be done by convincing our youth, in schools and out, that drugs and alcohol ravage your body and mind. We must also teach kids the coping skills necessary to reject the temptation and peer pressure associated with drug use.

Please examine the following education initiatives and report back to me in the Governor's State-Wide Drug Program:

- ** Strengthen Mandates to School Districts. Thoroughly review requirements to school districts to ensure there is a uniformity in approach to the what is being taught regarding substance abuse. Consider strengthening the guidelines to include the teaching of such skills as decision making, stress management, communication, assertiveness and improvement of self concept.
- ** Upgrade Pre-Service and In-Service Teacher Training for Substance Abuse. Require all teachers to learn about substance abuse before being certified and then on an on-going basis thereafter.
- ** Expand Parental and Community Involvement. Develop initiatives to increase parental and community involvement in schools.
- ** Expand Public/Private Partnerships. Expand the presence in the schools of private businesses and non-profit organizations interested in substance abuse, as is currently done in the Student Assistance Program.
- ** Public Housing Initiatives. Bring prevention programs to public housing developments. Such programs have the potential of reaching a broad range of people, including students who have dropped out of school.
- ** Children's Crusade. Develop specific proposals to be integrated into the Children's Crusade to assure that at-risk youth enrolled in the program receive the information and counseling on substance abuse they need to decide against drugs.

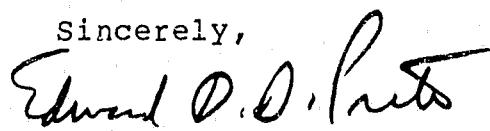
The above proposals should be taken as suggestions for your consideration. They should not limit your activities. Rather, they should act as a catalyst to generate more ideas in all key areas in the fight against substance abuse.

Finally I call upon you to devise creative strategies for funding this effort. State government alone cannot and should not bear the burden. I have assigned staff support to assist you in identifying and obtaining federal funds and stand ready to assist personally in that effort.

I urge you to expand the level of private participation as well. This truly should be a public/private partnership.

As always, I will be available to discuss these matters with you and assure that state agencies and departments give these issues the attention they deserve.

Sincerely,



Edward D. DiPrete
Governor