An Action Plan to Reduce Teen Alcohol, Drug & Tobacco Use & Drug-Related Crime: A Comprehensive Approach

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NCADD
New Jersey

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**Note:** This document is the second edition of "An Action Plan to Reduce Teen Alcohol, Drug & Tobacco Use & Drug-Related Crime: A Comprehensive Approach." The first edition was published in December 1996 under the agency's former name, New Jersey Council on Alcoholism and Drug Abuse.
INTRODUCTION

As advocates for the prevention and treatment of alcohol, tobacco, and other drug dependence, the National Council on Alcoholism and Drug Dependence-New Jersey is ready to be an active participant in the “strong partnership between government agencies and the private sector” as referenced by Governor Christie Whitman when she announced The Governor’s Drug Enforcement, Education and Awareness Program in October 1996. She cited the need to achieve an appropriate balance between education and enforcement initiatives and we agree.

We applaud the Governor’s recently announced program to renew government efforts to reduce substance abuse and drug-related crime in New Jersey. We agree with her strategies to reduce the supply of drugs by stepping up law enforcement efforts and strongly support her desire to reduce demand through education as well as community and parental outreach. We join the Governor’s and state leaders’ efforts to address these issues by presenting a comprehensive set of policy recommendations to reduce teen alcohol, tobacco and other drug use and drug-related crime in New Jersey.

NCADD-New Jersey shares the Governor’s alarm over the prevalence of alcohol and tobacco use by middle school students and the increased illicit drug use by adolescents, as was reported in Middle School Survey on Substance Abuse (1995) and Drug and Alcohol Abuse Among High School Students - 1996. The middle school study found 14% of students had already tried marijuana, and by that age, 57% had used alcohol and 40% had smoked cigarettes. (1) In high school, nearly 80% of the students reported that they had used alcohol. The high school study also reported that over the past three years there was a 15.1% rise in the percentage of students who have tried marijuana, a 9.9% rise in the percentage of students who have tried inhalants, and a 1.2% rise in the percentage of students who have tried heroin. (2)

We also share the Governor’s concern about drug-related crime. The high correlation between substance abuse and criminal behavior has been well documented in the last decade. Drug-using offenders account for a disproportionate share of all crime and violence in the nation. Of the New Jersey prison population, 58% are incarcerated for crimes that are alcohol- or drug-related and 72% of the adult prison population reported regular drug use prior to their incarceration. (3) Nationally, 33% of all murders or manslaughter incidents are related to drug and alcohol use. Over 50% of spousal murders are drug- or alcohol-related. (4) Nearly 40% of the youth incarcerated in long-term, state-operated facilities in 1994 said they were under the influence of drugs at the time of their offense. (5)
The statistics that show children are using substances at earlier and earlier ages are especially alarming. Studies show that early first use is a leading indicator of future alcohol and drug dependence which later generates huge societal costs. Alcohol, tobacco and other drug problems impact on health care, the criminal justice system and the workplace. Disease, crime, incarceration, injury, premature death, lost productivity and birth defects are among the costly consequences of addiction and abuse. In New Jersey, the cost of untreated addiction totals nearly $10.4 billion annually with the cost per person for every man, woman and child in the state of $1,335 per year. (6)

Studies of treatment and prevention have concluded that there are enormous cost savings from effective treatment and prevention programs. In Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA), researchers found that for every $1 spent on treatment, $7 are saved in future societal costs. (7) Additionally, Center for Substance Abuse Prevention reports that for each $1 spent on prevention, $11 are saved in future societal costs. (8)

Prevention and treatment programs have been studied and are shown to significantly reduce addiction, crime and disease. Prevention programs have proven to be most effective when they address certain key elements such as: identifying individual and community risk factors; shaping community, family and individual attitudes towards alcohol and drugs; involving parents and schools; and developing healthy peer groups. Treatment programs have proven to be most effective in helping addicts and alcoholics stay clean and sober when certain key elements are addressed, such as: length of time in treatment, intensity of treatment and effective aftercare. (9)

In the spirit of cooperation, we present the following policy recommendations to supplement and expand on the Governor’s program to reduce teen alcohol, tobacco and other drug use and drug-related crime. NCADD-New Jersey offers the following policy recommendations based upon the medical fact that alcoholism and other drug dependence are diseases which are preventable and treatable. (10)
POLICY RECOMMENDATIONS

Prevention/Education

A part of The Governor’s Drug Enforcement, Education and Awareness Program proposed that the State of New Jersey will:

- Develop a new statewide advertising campaign to focus attention on the drug problem and to address common myths and misconceptions about marijuana and other drug abuse.

- Initiate a campaign to help parents talk to their children about drugs, since studies show that parents can play an invaluable role in teaching their children about the perils of substance abuse.

- Establish programs to give student leaders information about drug abuse prevention, since some of the most persuasive anti-drug messages come from teens themselves. (11)

Recommendation No. 1

While we support each of these initiatives, NCADD-New Jersey recommends that in each of the above programs, an equal emphasis be placed on the use of alcohol and tobacco by students as is placed on the use of illegal drugs.

We agree with the Governor’s statement to parents to “wake up and smell the tobacco and alcohol on their son or daughter’s breath” and send a message to their children that alcohol and tobacco can be as destructive as marijuana, cocaine or heroin.

The middle school study found that usage of alcohol and cigarettes is relatively common among 7th and 8th graders. The study found that in the past month, 30% have consumed alcohol, and 20% have smoked a cigarette. Compared to alcohol and cigarette use, 8% of all 7th and 8th graders have used marijuana in the past month and about 4% have used inhalants. Cocaine and crack are still relatively unknown to 7th and 8th grade students with only 1% reporting use of each in the past month. (12)

These figures rise dramatically among high school students. The high school study found alcohol is still the number one substance of choice among high school students, with 47% of students having used alcohol in the month previous to taking the survey. About 18.5% of students reports regular or daily cigarette smoking. Compared to alcohol and cigarette use, 13% of high school students reported using one or more illegal substances regularly. (13)
A Center on Addiction and Substance Abuse at Columbia University (CASA) study found that a clear progression exists from gateway drugs that leads to cocaine use: nearly 90 percent of people who have ever tried cocaine used all three gateway substances first. More than half followed a progression from cigarettes to alcohol to marijuana and then on to cocaine. (14)

Further, while we encourage prevention programs to involve student leaders and other young people as partners in the prevention and policy-making process and recognize that all youth are at risk, we should make special efforts to target and involve higher-risk populations in the critique and development of anti-alcohol and anti-drug messages.

**Recommendation No. 2**

As such, NCADD-New Jersey recommends that higher-risk youth be actively recruited to be included in the process of establishing programs to give youth information about alcohol and drug abuse prevention.

The state should recruit higher-risk youth that include, but are not limited to, the following higher-risk categories: drop-outs, children of substance abusers, latch key students, single-parent and transitional families. State of the art prevention is risk-focused prevention, which is based on the work of J. David Hawkins, Richard F. Catalano and a team of researchers at the University of Washington. In the early 80s, the team reviewed 30 years of youth substance abuse and delinquency research and identified community, family, school and individual/peer risk factors. The categories mentioned above fit into Hawkins and Catalano’s risk factors. (15)

Another point in the Governor’s program is that the State of New Jersey will:

- Through the Department of Education, accelerate implementation of the core curriculum standard concerning substance abuse education. Teachers will be provided with appropriate materials to instruct and test students about substance abuse starting in September 1997. The department will also inform school districts about those substance abuse curricula and prevention strategies that work best. (16)

**Recommendation No. 3**

While we support this initiative, NCADD-New Jersey recommends that any implementation of the core curriculum standard concerning substance abuse education be carried out as part of a carefully planned and comprehensive effort. (17) NCADD-New Jersey recommends that this effort include:

- Careful training which prepares educators as front-line prevention professionals and appropriately trains facilitators of substance abuse prevention curriculum and programs. (18)

- Careful training of educational administrators and specialists to elicit
a high degree of commitment to planning and implementing programs, monitoring and assessing their effectiveness, and refining programs to improve their effectiveness. (19)

- Close the gaps in preventive and social competency skills programming across all grade levels.

A study by Rutgers University professor Maurice Elias, Ph.D., Preventive and Social Competence Programs in Use in New Jersey Public Schools: Findings from a Statewide Survey, concluded that there is no coherent or consistent policy or implicit practice in the way in which students are provided with preventive programs. The study also reports that those who implement such programs agree that just bringing in a curriculum to satisfy a mandate is unlikely to lead to successful outcomes. (20)

It is critically important to the children and youth of New Jersey, to parents, and to policy makers to understand the nature of the implementation and the impact of programs intended to prevent substance abuse; only by so doing can we more accurately formulate intelligent procedures for disseminating the best and most cost-effective programs to protect and strengthen our children in the face of many risks they can and will encounter. (21)

NCADD-New Jersey also recommends the following:

**Recommendation No. 4**

Prioritize prevention programs which target specific risk factors associated with drug and alcohol abuse that can be modified by intervention.

There is agreement among prevention researchers that certain kinds of prevention programs are not effective, namely information dissemination or knowledge-based programs which have been the traditional approaches to drug education. (22) Research indicates that the risk factors that can be influenced by prevention programs are peer influences, erroneous normative beliefs, and incompetence in interpersonal relationships. As such, it is important to implement prevention programs that address these risk factors and incorporate strategies which will have the most impact on reducing teen alcohol, tobacco, and other drug use.

**Recommendation No. 5**

Solicit television, radio and cable operators, print and other media to provide media time and space for counter-advertisements portraying the health risks associated with alcohol and tobacco that is equal to the time and space spent promoting alcohol and tobacco.

The alcohol industry spends over $2 billion a year promoting its products. It is also reported
that the tobacco industry spends $4.8 billion annually. (23) Advertising glamorizes drinking and smoking, associating them with success, sophistication, athletic ability and sex. Among those most influenced by alcohol and tobacco advertising are adolescents. Although advertising is not solely to blame for teen drinking and smoking, it offers constant reinforcement of the notion that these activities equal the good life. And, while print and broadcast media are brimming with this advertising, they offer almost nothing showing the negative effects of alcohol and tobacco.

Evidence of the direct effect of alcohol advertising on children was shown when fourth and fifth graders reported more familiarity with the Budweiser frogs than with Tony the Tiger, Smokey Bear or the Power Rangers, according to a recent Center on Alcohol Advertising study. This study also showed that among boys, recall of Bugs Bunny’s, “What’s up, Doc?”, was equal to that for the Budweiser frogs. (24)

**TREATMENT**

In the area of treatment, a part of the Governor’s program proposed that the State of New Jersey will:

- Determine how best to support drug court programs, which aim to stop the revolving door of justice by addressing offenders’ addictions by diverting nonviolent offenders from prison to court-supervised treatment.

- Encourage County Youth Services Commissions to use their state grant funds to support substance abuse programs for young people. (25)

While we support these points, NCADD-New Jersey recommends the following:

**Recommendation No. 6**

Establish county-based drug court programs in every county.

**Recommendation No. 7**

Require County Youth Service Commissions to use a percentage of their state grant funds to support substance abuse programs for juvenile offenders.

Regardless of the crime charged, the majority of all offenders have serious alcohol and drug problems. In 1994, drug testing of adult male arrestees revealed drug positives ranging from 48% in Houston to 82% in Manhattan. Among juveniles, 40% arrested in 1994 tested positive
A 1995 study of the University of Maryland’s Center for Substance Abuse Research (CESAR) found that nearly one in five of all drug offenders in state prisons has no previous criminal history. These low-level drug offenders accounted for 3.4% of the total state prison population in 1991, or as many as 48,000 inmates based on the current prison census. The annual cost of incarcerating these offenders exceeds $1.2 billion a year based on an annual average per prisoner cost of $25,000. (27)

Drug courts are proving cost-effective in cities across the nation. These courts show much lower re-arrest rates for program participants at a fraction of the cost of incarceration (28), less than $2,000 annually for each offender who participates in even the most comprehensive drug court system. (29) One such program in Rochester, N.Y. was started in January 1995. In less than a year, of 172 participants, only 12 have been rearrested. In all, only 27 defendants have quit or been released from the drug court program and sent back to the traditional criminal justice system. (30)

In addition to the Governor’s proposal, NCADD-New Jersey recommends the following:

**Recommendation No. 8**

**Establish treatment of criminal offenders as a key part of the entire criminal justice system.**

Utilization of drug court programs alone will not suffice. Compelling every substance abuser who passes through the system to participate in treatment and rehabilitation has been shown to stop the revolving door of incarceration and release. For offenders sentenced to prison, treatment should be made part of the sentence. For those on probation or parole, treatment should be a condition of release. Treatment reduces the amount of criminal activity by substance abusers. The CALDATA study reported illegal activity in the state dropped by 43.3% after treatment and they found the longer individuals remained in treatment, the greater the reduction in criminal activity. (31)

**Recommendation No. 9**

**Every person who has an addiction should be able to access treatment.**

Particular attention should be given to ensuring immediately accessible and appropriate treatment services for youth. NCADD-New Jersey recommends the following:

- Third-party insurance coverage for substance abuse be the same as that for other treatable diseases. (32)
- Train and require medical care providers to take an affirmative role in intervention and referral. Other community organizations, as well, should create mechanisms for early assessment and intervention. (33)

- Require American Society of Addiction Medicine (ASAM) criteria be used by managed care and third party payers to insure appropriate clinical criteria are the method by which patients are placed and continuing care decisions are made.

Treatment is the most cost-effective method to reduce drug abuse and related crime among adults and youth. Also, treating the parents and guardians of our nation’s youth will reduce the number of “children of substance abusers” which is a leading indicator and risk factor related to use of, and subsequent addiction to, alcohol, tobacco, and drugs by youth. For these reasons, we must ensure that every substance abuser receives treatment. Although treatment saves money and improves the quality of life for all of us, only a small percentage of substance abusers receive it today. There are an estimated 23 million people who require treatment for drug problems, alcohol abuse or both. But in 1991, only 4% of these people were enrolled in treatment programs. (34) In New Jersey, the Department of Health and Senior Services reports that 7.7% of the adult population (454,799 people) is in need of treatment for alcohol abuse or dependence and 3.5% of the adult population (228,201) is in need of treatment for drug abuse or dependence. (35)

FUNDING/RESOURCES

NCADD-New Jersey supports using the existing substance abuse treatment and prevention funding dollars in the most effective and efficient manner possible. The state has made great strides in establishing a solid foundation in using existing resources in a more efficient and effective manner. Despite these efforts, a study released in October 1996 by the Government Accounting Office (GAO) found that New Jersey has spent less on substance abuse treatment in the 1990’s than any of the states in the Northeast. (36)

NCADD-New Jersey supports continuing efforts to maximize the use of existing prevention and treatment dollars, but also recognizes the need to add additional funds for this purpose.

As such, NCADD-New Jersey recommends the following:

Recommendation No. 10

Adopt recommendations made in Johnson, Bassin & Shaw, Inc.’s report on the “Effectiveness of the Governor’s Council on Alcoholism and Drug Abuse and
the New Jersey Division of Alcoholism, Drug Abuse and Addiction Services” to develop and incorporate similar components of the prevention unification process in treatment funding, planning and program implementation. Treatment unification should be based on needs assessment, viable treatment strategies, county and regional needs assessments, and outcome measures. (37)

The prevention unification process is a system of planning and funding local and county-wide prevention activities. Two key features of the system are agreement by participants to use the same outcome-based prevention strategies and target specific identified needs.

**Recommendation No. 11**

**Enhance collections of fines assessed on persons convicted of certain drug-related crimes.**

Persons convicted of certain drug-related crimes are assessed monetary fines that are deposited in the Drug Enforcement and Demand Reduction Fund. The Administrative Office of the Courts reports a 40.6% collection rate of fines assessed in court year 1996. Since the inception of this fund in court year 1988, over $109 million in assessed fines are uncollected. (38)

**Recommendation No. 12**

**Certify fines collected and deposited in the Drug Enforcement and Demand Reduction Fund annually and dedicate any unallocated funds to alcohol and drug abuse prevention and treatment programs.**

Moneys in this fund have been appropriated on an annual basis for the purposes of funding in the following order of priority: (1) the Alliance to Prevent Alcoholism and Drug Abuse; (2) the “Alcoholism and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled”; and (3) other alcohol and drug abuse programs. The Governor’s Council on Alcoholism and Drug Abuse expects higher than anticipated revenues to be deposited in this fund.

**Recommendation No. 13**

**Certify revenues collected as a result of the enactment of Advanced Public Law, Chapter 29, 1996 and allocate these funds for drug abuse treatment, as required by this law.**

These funds are generated through the collection of third-party liability recoveries which will be transferred to the Health Care Subsidy Fund. This law also authorizes the Division of Addiction Services to use the revenues collected to fund community-based drug abuse treatment programs in the following order of priority: residential, inpatient, intensive day and outpatient treatment.
Recommendation No. 14

Dedicate a portion of the increased revenue generated by alcoholic beverage taxes to the Alcohol Education, Rehabilitation and Enforcement Fund to provide an adequate and stable funding source for a statewide network of prevention resource centers.

Taxes collected on alcoholic beverages have increased by more than 61% ($90 million) over the last 10 years, while moneys from these taxes to address the problems caused by the use of alcohol and illicit drugs has fallen by almost 3%. In addition to this percentage increase, in fiscal year 1996, New Jersey collected $50 million in extra alcoholic beverage taxes, up from a projected $30 million, through tighter retail reporting requirements of bar and restaurant owners. (39) Existing funds for the services of the statewide network of prevention resource centers have been threatened and are not stable enough to ensure the continued existence of the statewide system, or to support the increased demand for prevention services.

Recommendation No. 15

Dedicate a portion of the increased revenue generated by alcoholic beverage taxes to the Alcohol Education, Rehabilitation and Enforcement Fund for additional prevention and treatment services.

As above, taxes collected on alcoholic beverages have increased by more than 61% ($90 million) over the last 10 years, while moneys from these taxes to address the problems caused by the use of alcohol and illicit drugs has fallen by almost 3%. In addition to this percentage increase, in fiscal year 1996, New Jersey collected $50 million in extra alcoholic beverage taxes, up from a projected $30 million, through tighter retail reporting requirements of bar and restaurant owners. In general, this source of funding needs to support prevention and treatment services in the state. (40)

Recommendation No. 16

Increase taxes on alcohol and tobacco and earmark these revenues for substance abuse prevention and treatment.

There is now a wealth of data demonstrating that increases in federal, state and local taxes on alcoholic beverages and tobacco reduce their consumption and related injuries and deaths, particularly among adolescents. For example, a 1994 Surgeon General report, “Preventing Tobacco Use Among Young People,” concluded that price increases at the state and national levels significantly reduced cigarette smoking among youth and adults. In addition, a study by the U.S. Department of Health and Human Services predicted that increases in alcoholic beverage prices would lead to substantial reductions both in the frequency of youth alcohol consumption and in heavy drinking among the young. (41)
Alcohol and tobacco use adds substantially to the nation’s total health care bill. Forty per-
cent of all patients in general hospitals are hospitalized due to complications related to alcohol-
ism. Problem drinkers average four times as many days in the hospital as non-drinkers, mostly
because of alcohol-related injuries. (42) Further, on the average, untreated alcoholics generally
incur general health care costs that are at least 100% higher than those of the non-alcoholic. In
the last 12 months before treatment, the alcoholic’s cost are close to 33% higher. (43)

Additionally, the alcoholics’ family health care costs are significantly higher than other fami-
lies. Children of alcoholics have higher rates of inpatient hospital admissions, spend more days in
hospitals, incur greater hospital charges and are more susceptible to specific illnesses than other
children. It is estimated that children of alcoholics’ health care costs are $2 billion to $3 billion
higher annually than other children’s care. (44)

The Centers for Disease Control recently found that there are currently 1.1 million adult
smokers with the state, with the highest percentage falling within the 25-44 year old age group.
As to the health care effects of smoking by New Jersey citizens, the study indicates that, in 1990,
12,605 deaths were related to smoking and total medical costs in excess of $1.1 billion. (45)

**Law Enforcement**

In general, NCADD-New Jersey supports public policy initiatives which would serve to
eliminate access to alcohol and tobacco by minors and hold all individuals reasonably account-
able for the consequences of their alcohol, tobacco, and drug use.

To this end, we applaud the state’s enactment and/or implementation of the following:

- Advanced Public Law 1995, Chapter 31 approved on February 23, 1995. This law was
  enacted to curb drinking by underage persons on private property by establishing a disorderly
  persons offense for anyone who makes real property he/she owns or controls available to an-
  other person, with the knowledge that alcoholic beverages will be served to, or consumed by,
  minors while they are on the property. In addition, this law also strengthens the existing prohibi-
  tion against knowingly offering or serving an alcoholic beverage to a person under the legal
  drinking age. The law also expands application of penalties to a person who not only “entices”
  but “encourages” such drinking by a person under the legal drinking age.

- Advanced Public Law 1995, Chapter 320 approved on January 5, 1996. This law was
  enacted to fund enforcement of New Jersey’s tobacco age-of-sale laws by local public health
  officers through increased fees for tobacco vending licenses. In addition to enforcement of
  existing laws, this law is especially noteworthy because it allows for funds to address the need to
  reduce teenage use of addictive substances through prevention and education beginning in 1999.

- Implementation of the Cops in Shops program in which law enforcement officers join forces
with local retail establishments to deter the sale of alcohol to underage individuals, and to stop adults from attempting to purchase alcohol for people under the legal age. Besides the number of arrests and enforcement aspects, this program also serves as a deterrent for young people attempting to purchase alcohol and will help to cut down on illegal underage consumption in New Jersey.

NCADD-New Jersey recommends the following:

**Recommendation No. 17**

Prohibit possession or consumption of alcoholic beverages on private property by persons under the legal drinking age.

Adoption of such a measure would send a consistent message of “zero tolerance” and that underage drinking in New Jersey is against the law anywhere it occurs. The New Jersey State Association of Chiefs of Police strongly supports such a measure because it gives law enforcement officers authority to hold persons under the legal drinking age reasonably accountable for their alcohol use on private property.

**Recommendation No. 18**

Expand the use of drug-free zones to include, but not be limited to, parks and playgrounds, colleges and universities, housing projects, and other public areas.

Drug-free zones create a geographic area which eliminates the negative exploitative atmosphere of illegal drug activity. Often in areas of open drug activity, community attitudes link drug sales to social status, respect, and material goods. Drug-free zones provide windows of opportunity to change those attitudes. In the President’s Commission on Model State Drug Laws report, it’s noted that these safe havens must include all areas where school children tend to congregate. (46)
ENDNOTES


(6) Substance Abuse and Mental Health Services Administration (SAMSHA), Center for Substance Abuse Prevention (CSAP)


(8) Op. Cit., CSAP.


(17) Elias, Maurice J. Ph.D. et. al, “School Intervention Implementation Study, Pre-


(19) Ibid.


(27) Ibid.

(28) Ibid.


(33) Ibid.

(34) Ibid.


(40) Ibid.

(41) Ibid.

(42) Ibid.


