REPORT FROM THE FRONTLINE: CENTRAL NEW JERSEY'S BATTLE AGAINST DRUGS IN OUR COMMUNITITES

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE

OF THE

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT HOUSE OF REPRESENTATIVES

ONE HUNDRED FIFTH CONGRESS

FIRST SESSION

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REPORT FROM THE FRONTLINE: CENTRAL NEW JERSEY'S BATTLE AGAINST DRUGS IN OUR COMMUNITIES

MONDAY, OCTOBER 20, 1997

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NATIONAL SECURITY,
INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE,
COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT,
Freehold, NJ.

The subcommittee met, pursuant to notice, at 10:30 a.m., at the Freehold Borough High School, 85 Broadway, Freehold, NJ, Hon. J. Dennis Hastert (chairman of the subcommittee) presiding.

Present: Representatives Hastert and Pappas.

Staff present: Sean Littlefield, professional staff member; and Amy Davenport, clerk.

Mr. HASTERT. This hearing of the Committee on Government Reform and Oversight's Subcommittee on National Security, International Affairs, and Criminal Justice will come to order.

I want to wish everybody a good morning. We certainly thank everyone for coming today. Most of all, we're going to make some introductions here, but I just want to make note that Mr. Kerwin Lance has brought his class from Muetchan High School. I think that's great.

One of the things that those young people today will see is testimony coming from national level, local level about problems we're having in drugs, and just not having a hearing just to hear people talk. This hearing will take the ideas and basically the problems. And when we start to pass legislation—most notably, this week we'll be passing major drug legislation in Congress—a lot of these ideas will be commonsense ideas, try to be incorporated in that legislation.

So, I know those young folks are studying history and the Constitution and what the U.S. Government is all about, but I really appreciate, especially their teacher taking the time to bring those young folks in to see government at the frontline, how it works.

I'd also like to thank my colleague, Congressman Mike Pappas, for allowing us to come to Freehold to discuss the status of drug use in this district and this area. Congressman Pappas has worked hard on the committee to bring the problem of drug use to the forefront of this Congress.

Today we will be examining the dire threat of drugs to our communities. When people think of drugs and young people, they gen-

erally think of urban areas being victimized by crack dealers and gangs.

Just 2 or 3 days ago, I was in some of the tougher neighborhoods of Buffalo and looking at the crack houses and the tough areas and how neighborhoods were depleted by that. That's not the case here. Freehold is usually not thought of as a place where drug abuse is a problem for teenagers.

Unfortunately, times have changed. It is a sad fact, but today's teenagers in America certainly are not out of the reach of cocaine, heroin, LSD, marijuana or methamphetamines, nor is any community immune from the violence, the street gangs, or trafficking associated with illegal narcotics. No longer are these areas insulated from the problems that we used to think were confined to the big cities, such as New York, Los Angeles, and Chicago.

One only needs to read the recent news stories to realize how predominant drug use is in this country. A local study sponsored by the Commission on Substance Abuse Among America's Adolescents found that 23 percent of 12-year-olds know someone who had used drugs such as cocaine, heroin, and acid.

Similarly, close by, in Tom's River school district, they estimate that one in four sixth graders reported to know a friend or classmate who has used drugs. Last year's New Jersey survey of high school students concluded that marijuana use among 10th, 11th, and 12th graders had nearly doubled since 1992 and that heroin use had nearly tripled since 1992.

Reports show that our young people today do not realize the dangers of drug use. What has happened to the concept that using drugs is the single most irresponsible and dangerous thing that you could possibly do to damage your health, your future, and your life?

The recent surge in teen drug use is a sad commentary on how much ground we have lost over the past several years in the war on drugs. And these kids aren't someone else's kids in someone else's cities. They are our kids and in our communities.

On a positive note, communities and law enforcement all around the country are joining hands to close the gap in the drug effort. Here in Freehold, you have some excellent examples of these community efforts, including community-based antidrug groups, such as the Local Advisory Committee on Alcohol and Drug Abuse, Substance Abuse Resources, Good News Home for Women, and the Mercer Council on Alcoholism and Drug Addiction, all of which we will hear from today.

At the same time, the combined local law enforcement efforts of the sheriff's department, State police, local police, and county prosecutors, whose battles are often fought quietly, have borne even more positive results.

In the months ahead, I hope that bipartisan cooperation will continue in the war on drugs as Congress moves forward to develop a more comprehensive approach to fighting and winning the drug war. I look forward to hearing testimony today that we can bring back to Washington and will assist us in legislative initiatives to improve coordination, cooperation, and help us fight the drug fight on all fronts.

I would also say it's kind of reminiscence to some folks that it's odd that you're having a drug hearing in a wrestling room. Well,

it's places like the wrestling rooms and the choir rooms and the band rooms of high schools like this that we can best stop drug use in this country, where kids have given positive reinforcement, do the right things, give positive reinforcement to help other kids. And so, I think this is very fitting and very important.

Plus, I have an affection for wrestling rooms. I coached the sport in a local high school for 16 years and took our teams to several State championships in Illinois, which was certainly one of the most rewarding things that I've ever done.

I've also taught economics, government, and history. And that would be something that I would not trade in my experience for all of the other things that I have been able to do. So, I again appreciate the time that the education sector has contributed to this today and to be with us.

[The prepared statement of Hon. J. Dennis Hastert follows:]

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OPENING STATEMENT OF CHAIRMAN J. DENNIS HASTERT

Field Hearing of the Subcommittee on National Security, International Affairs, and Criminal Justice

"Central New Jersey's Battle Against Drugs In Our Communities"

Freehold, New Jersey
October 20, 1997

Good morning everyone, and thank you for coming. I'd like to thank my colleague Congressman Pappas for allowing us to come to Freehold to discuss the status of drug use in your district. Congressman Pappas has worked hard on the Committee to bring the problem of drug use to the forefront of this Congress.

Today, we will examine the dire threat of drugs to our communities. When people think of drugs and young people, they generally think of urban areas being victimized by crack dealers and gangs. The upper-middle class area of Freehold is usually not thought of as a place where drug abuse is a problem for teenagers. Unfortunately, times have changed. It is a sad fact, but today's teenager in America is not out of the reach of cocaine, heroin, LSD, marijuana, and methamphetamine. Nor is any community immune from the violence, street gangs, or trafficking associated with illegal narcotics. No longer are these areas insulated from the problems that we used to think were confined to big cities such as New York and Detroit.

One only needs to read the recent news stories to realize how predominant drug use is in this area. A local study sponsored by the Commission on Substance Abuse Among America's Adolescents found that 23% of 12 year-olds know someone who had used drugs such as cocaine, heroin, and acid. Similarly, in Tom's River school district, they estimate that 1 in 4 sixth graders reported to know a friend or classmate who has used drugs. Last year's New Jersey survey of high school students concluded that marijuana use among 10th, 11th, and 12th graders had nearly doubled since 1992 and that heroin use had nearly tripled.

Reports show that our young people today do not realize the dangers of drug use. What has happened to the concept that using drugs, in any form or forum, regardless of when you do so, is the single most irresponsible and dangerous thing you could possibly do to damage your health, your future, and your life? The recent surge in teen drug use is a sad commentary on how much ground we have lost over the past several years in the War on Drugs. And these kids aren't someone else's kids, in someone else's city; they are **our** kids, in **our** communities.

On a positive note, communities and law enforcement all around the country are joining hands to close the gap in the drug effort. Here, in Freehold, you have some excellent examples of these community efforts, including community based anti-drug groups such as LACADA, Substance Abuse Resources, Good News Home for Women, and the Mercer Council on Alcoholism and Drug Addiction, all of which we will hear from today. At the same time, the combined local law enforcement efforts of the sheriff's department, state police, local police, and county prosecutors, who's battles are often fought quietly, have borne even more results.

In the months ahead, I hope that the bipartisan cooperation will continue in the War on Drugs as Congress moves forward to develop a comprehensive approach to fighting and winning the Drug War. I look forward to hearing testimony today that we can bring back to Washington and will assist us in legislative initiatives to improve coordination, cooperation, and help us fight drugs on all fronts.

Mr. HASTERT. Now I'd like to turn it over to somebody who I think has made a great impact in Congress over the last year, somebody who represents this area well and has been very instrumental in bringing this hearing to this place so it also can make its mark on national legislation.

At this time I'd like to introduce Congressman Mike Pappas.

Mr. PAPPAS. Thank you very much. I want to as well thank you, Congressman Hastert, for coming to central New Jersey and participating in something here and hearing from people that I represent and people who are on the front lines of the battle against drugs in our country.

You know, an awful lot of people were involved in making this take place. Certainly our panelists who are sitting before us and those that will follow but also a number of people from the Freehold Regional school district and from Freehold Borough High School. I certainly want to acknowledge them: Dr. Carolyn Mulhare, the principal; John Tague—and I'm probably mispronouncing that—the vice principal; Donna Evangelista supervisor of the social studies department; Charles Jamison; Don Todaro; Ann Falva; and certainly everyone else who may have been a participant in this. We certainly appreciate your participation.

When I heard that Congressman Hastert was making himself available to go just about anywhere in the country to conduct a hearing such as this, I jumped at the opportunity. And I did so for a number of reasons.

One is I'm trying to use the small bully pulpit that I have as a Member of Congress to draw attention to issues that are important to the people that I represent, not just important to me but important to the future of our country.

And as I visit schools, as I do very frequently, while I'm in New Jersey or while I'm in Washington and get quite a number of students from my district that visit, I have an opportunity not just to speak to them but to have a dialog with them and ask them what's on their minds and ask them what's important to them. Nine out of ten when asked the question, What do you think is the most important issue facing you and your peers? The subject of drugs is what they say.

So, when the Congressman indicated that he was willing to visit other districts to conduct hearings such as this, I jumped at the opportunity, not just to draw the public's attention to it but also to be able to have him benefit from hearing from people in central New Jersey that are dealing with this issue on a day-to-day basis on the front lines.

And I would like to say that providing local solutions to national problems is a focus that I am trying to bring to the Congress. I know that Congressman Hastert believes in the same thing or he wouldn't be doing this and he wouldn't be here today.

A number of the initiatives that I have been undertaking can be illustrated by not just this hearing and this group of people that's here but also by the posters that you may see on the wall.

This is just a representative sampling of the response to a poster in an essay contest that I'm sponsoring. I've written to all of the principals in all of the schools in the 67 municipalities in my district and have asked them to challenge the young people to partici-

pate in this competition. The theme is, "What I can say yes to instead of drugs." We've gotten already about 65 posters, I'm told. The deadline is not until the end of this month. So those of our friends in the media who are here may want to take one of the flyers that are on just about every seat. I encourage you to include that as part of a story that you may be writing about this particular initiative.

A couple of statistics that I just want to mention which I think are telling about what our young people are facing. By the time the average teenager reaches the age of 17, 68 percent can buy marijuana within 1 day, 62 percent have friends who use marijuana, 58 percent have personally been solicited to buy marijuana, 43 percent personally know someone with a serious drug problem, 42 percent say that they can buy marijuana easier than beer or cigarettes. That means our youngsters can purchase banned, illegal, and dangerous substances easier than they can purchase something that is freely sold in many of our markets and stores throughout central New Jersey.

As I also hear from these young folks, they expressed frustration with, at times, parents of friends who may want to ignore this issue, may want to turn their head, may not want to be, "embarrassed" by the recognition that maybe their kids are involved and may not want to or feel that they can cope with that.

Each of us, whether we're in government, whether we're in law enforcement, education, or people that are just interested in the future of our country and our communities, need to play a role. I certainly hope that this effort and this hearing will encourage those in central New Jersey who may not have considered that they do have a responsibility and at the same time to encourage those that are fighting a good fight.

Congressman Hastert referred to a piece of legislation that we're going to be dealing with. Well, he had an awful lot to do with forwarding this and offering it. I commend him for his leadership in trying to set a goal which, I believe as well, is an achievable goal, reducing significantly drug use among teenagers in our country by the year 2001.

We need to, as a nation, take that as a challenge and do whatever we can and to ask a question of young people, Where do you see yourself in 5 years, in 10 years, in 15 years? The choices that you make now as young people and the choices that adults make and what we choose to do, or not do, can certainly have a great impact upon that.

In concluding, I also want to thank the gentleman, whom I'm glad is here, from, I believe he's from Eatontown, Mr. Lindenman. Mr. Lindenman is a constituent of mine who had written to me early in the year and had suggested that someone like myself and the Congress take as a goal designating a particular month to stop using drugs.

Mr. Lindenman, your letter to me helped prompt my interest in having this hearing. And it helped precipitate the drug and essay contest that has been undertaken in the district.

So, for those adults, especially the young people, in the audience to think that your idea that you may have writing to your Member of Congress doesn't get to them and doesn't necessarily prompt a

reaction, well, that gentleman's letter to me earlier in this year is partially why we're all here today. And I thank you very much.

Why don't we give him a round of applause? [Applause.]

So, with that, Mr. Chairman, I yield back to you.

[The prepared statement of Hon. Michael Pappas follows:]

Hon. Michael Pappas
Opening Statement
October 20, 1997
Government Reform & Oversight Committee
Subcommittee on National Security, International Affairs and Criminal Justice
Field Hearing
"Report from the Front Line: Central New Jersey's Battle against Drugs"
Freehold Borough High School
Freehold, New Jersey

Mr. Chairman,

I want to thank the committee for holding this hearing in the twelfth congressional district to address the very serious problem of drug use that is plaguing our youth and our nation. Furthermore, I want to thank you, Mr. Chairman for your continued effort to reach out into communities all over our country to gain a greater understanding of our nation's drug problem and to seek out solutions that make sense and will have a real impact.

It is very fitting that we are holding this hearing here in the wrestling room of the Freehold High School. This room is the site where students try, through training, perseverance and strength, to triumph over their opponent. In the process, they learn a great deal about themselves.

Likewise, today, those on the front lines of this nationwide battle will try to help us meet the challenge of drug abuse head on and emerge victoriously.

I believe that what has been termed as our nation's "War on drugs," is truly just that. We are fighting for the survival our nation's children — their future and the future of our nation.

In my capacity as this district's Congressman, I often have the opportunity to meet with school groups, teachers and parents. I have also formed focus groups on crime, education and health care. Hands down the number one issue all of these groups talk about is drugs.

During meetings of my 12th District Crime Task Force, I have heard first hand from those in law enforcement including many police chiefs, sheriffs and prosecutors of the struggles that they face on the front line of our collective war on drugs.

I know we are probably going to hear many statistics today but I have just a few that I would like to share with you:

A report from a Columbia University study states that 41% of high school students say they can get drugs easier in their schools than on the street.

By the time the average teenager reaches 17:

68% can buy marijuana within one day
62% have friends who use marijuana
58% have personally been solicited to buy marijuana
43% personally know someone with a serious drug problem

42% say that they can buy marijuana easier than beer and cigarettes — That means that our youngsters can purchase banned, illegal and dangerous substances easier than they can purchase something that is freely sold in our local stores and markets.

And the number of teenagers using drugs is not decreasing:

39% percent of teens now say that they know someone who uses acid, cocaine, or heroin — (that number was 17% in 1995).

In 1995, 86% of teenagers said that they would never use illegal drugs — (last year that number dropped to 51%).

And by the time teens reach 15 to 17 years of age, the percent who say that illegal drugs are prevalent in their schools, climbs to 72%!

These statistics are staggering to me.

But there is light at the end of the tunnel.

On the bright side, more than 80% of teens say that if their classmates agreed, they too would make a pledge promising not to smoke, drink, or use illegal drugs at school.

The question then becomes what can we do — and by we I mean, me, you, parents, elected officials, law enforcement, school officials and children to work together to change the current attitudes associated with drugs. We need to make it uncool to do it.

Beyond any other program or initiative — parents play the largest role in deterring teenage drug use. Government sponsored and supported initiatives needs to be supportive of parents. Parents need to make drugs a discussion topic in their homes; they need to give their children clear directives, and strong messages saying they want to expect their children to be drug free.

This problem is not going to be (and should not be solved in Washington) — it is going to be solved in the homes, schools, churches, synagogues and neighborhoods right here in New Jersey. This is not a one size fits all problem that Washington can solve — we all need to play a role.

The safest teens are those who have parents who take responsibility for drug free schools. Parents more than anyone have the largest influence on the behavior of their children.

Whenever I ask students why they do not use drugs, they reply that the consequences of doing them is too great. When I further ask what consequence they are speaking of they usually reply that letting down their parents or their parent's reaction is the underlying factor. These teens also speak about their hopes and dreams for a successful future.

By linking it to our children's future, not only is it socially, legally and morally deplorable to use drugs, it will destroy our youngster's future. I have sponsored a poster and essay contest for all students in the district titled "What can I say yes to instead of drugs". This contest has created a great deal of excitement and dialog in the schools as students think about what they will be submitting to my office they are writing and drawing about hobbies, sports, families and careers. All wonderful dreams that can be snuffed out by drugs.

Before I conclude I want to ask you to think for just a minute about what this country would look like, if on the first a day of the new century, we were truly drug free. Let's us set a goal that by the year 2001, we will have a 50% drop in drug use.

We need to ask just one question to our state's and nation's youth:
"Where do you see yourself?" — tomorrow, next week, in ten years? Truly think about how their actions will color the answer to that question.

I truly believe that with the commitment of our nation's parents, the dedication of our teachers, the work of law enforcement and the flexibility of government to allow for programs to work — that this war will be won.

If we all work together, parents, public officials, and kids — we can ensure that the lives of our children are safer, more productive, and free of the drugs that cripple the mind and destroy the soul.

Again, thank you Mr. Chairman for your work in highlighting this very important issue and I look forward to hearing from the very knowledgeable people of the 12th district here today.

Mr. HASTERT. Thanks, Mike.

At this time I'd like to welcome our first panel. We're privileged to have Greg Williams with us today. Greg is the Chief of Domestic Operations of the Drug Enforcement Administration, Washington, DC. Accompanying him is John Coleman, special agent in charge of the Drug Enforcement Agency, in Newark, NJ. Also, we have John Kaye, the Monmouth County prosecutor—thank you, Mr. Kaye, for being with us today—Michael Paquette, chief of the South Brunswick Police; and Captain Howard Butt, representing the narcotics division of the New Jersey State Police. I welcome all of you and thank you for coming.

It's a rule of our committee that we'll swear in all of our witnesses. Please stand and raise your right hand. Do you solemnly swear that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth?

Mr. WILLIAMS. Yes.

Mr. COLEMAN. I do.

Mr. KAYE. I do.

Mr. PAQUETTE. I do.

Mr. HASTERT. Let the record show that the witnesses answered in the affirmative. Please be seated. Mr. Williams, would you please proceed with your opening statement?

Mr. WILLIAMS. Thank you very much.

STATEMENTS OF GREG WILLIAMS, CHIEF OF DOMESTIC OPERATIONS, DRUG ENFORCEMENT ADMINISTRATION; JOHN COLEMAN, SPECIAL AGENT IN CHARGE, DRUG ENFORCEMENT ADMINISTRATION; JOHN KAYE, MONMOUTH COUNTY PROSECUTOR; MICHAEL PAQUETTE, CHIEF, SOUTH BRUNSWICK POLICE; AND CAPTAIN HOWARD BUTT, NARCOTICS DIVISION, NEW JERSEY STATE POLICE

Mr. WILLIAMS. Mr. Chairman, members of the subcommittee, I appreciate the opportunity to appear before you today as the DEA Chief of Domestic Operations. My comments today will entail an objective assessment of the threat that we face in the United States from the organized criminal drug syndicates from Mexico and Colombia who control the drug trade in the Western Hemisphere and the effect that they have on our day-to-day lives.

I am accompanied by Mr. John Coleman, special agent in charge of the DEA's Newark Field Division, who will discuss the impact these organized criminal groups have had on this region and the steps that DEA is taking to address the drug situation in New Jersey.

Although the Colombian traffickers still control and facilitate significant portions of the cocaine trade in the Western Hemisphere, the sophisticated, organized criminal groups from Mexico have eclipsed the drug trafficking criminals from Cali and Medellin, Colombia as the greatest law enforcement threat facing the United States today. The leaders of these Mexican groups are simply the 1990's versions of the traditional organized crime leaders that United States law enforcement has fought to dismantle since the turn of the century.

Since the early 1970's, drug traffickers from Colombia have been smuggling hundreds of tons of cocaine and marijuana into the

United States, mostly through the Caribbean Basin and south Florida.

Just as traditional organized crime was addressed over time in the United States by exposing its leaders and systematically stripping away the pretense that they were legitimate businessmen, the organized criminal groups of Colombia have been eviscerated and are now a fragment of what they once were.

I'd like to talk about the emergence of the new trafficking threats in the Western Hemisphere. As a result of law enforcement attention, the Colombians turned to the Mexican crime families well versed in the smuggling of contraband, who received shipments of cocaine from the Cali syndicate and then smuggled them across the United States-Mexican border, where they were turned over to Colombian distribution cells.

Amado Carrillo-Fuentes and the other major traffickers quickly amassed fortunes and changed the face of the drug trade in the United States. Without question, the organized crime families of Mexico have eclipsed the Colombian traffickers as the most dominant figures in the cocaine trade today.

The criminal groups from Mexico now control virtually all cocaine sold in the western half of the United States and for the first time we are seeing a concerted effort on their part to expand into the lucrative east coast market.

The following major trafficking organizations represent the highest echelons of organized crime in Mexico. Amado Carrillo-Fuentes until his death on July 4, 1997, in Mexico City from medical complications following plastic surgery to hide his true identity was considered the most powerful trafficker in Mexico.

Carrillo-Fuentes allegedly had ties to the former Commissioner of the INCD in Mexico, Gutierrez-Rebollo, and was supplied by the Rodriguez-Orejuela syndicate in Colombia. The Carrillo-Fuentes organization generated billions of dollars a year in illegal profits and was reportedly forwarding $20 to $30 million to Colombia for each major cocaine smuggling operation.

The Arellano-Felix brothers, headed by Benjamin Arellano-Felix, are the leaders of a trafficking organization which operates in Tijuana, Baja, California, and parts of the States of Sinaba, Sonora, and Jalisco, and most recently Tamaulipas. Ramon Arellano-Felix is now one of the FBI's Ten Most Wanted.

They are arguably the most violent of the Mexican trafficking organizations and were involved in the murder of Cardinal Posadas-Ocampo at the Guadelajara Airport in 1993.

Miguel Caro-Quintero's organization focuses on trafficking in cocaine and marijuana. His brother is currently jailed for his role in the murder of DEA Special Agent Enrique Camarena in 1985. Despite the organization's specialization in marijuana trafficking, like many of the other trafficking organizations in Mexico, they are also involved in the trafficking of cocaine and methamphetamine.

Jesus Amezcua heads the Amezcua-Contreras brothers organization, based in Guadelajara. They currently are the world's largest smugglers of ephedrine and clandestine producers of methamphetamine, which they supply to methamphetamine labs in Mexico and in the United States.

Joaquin Guzman-Loera began to make a name for himself in his drug trafficking career as an air and logistics expert for Miguel Felix-Gallardo. Although he is presently incarcerated in Mexico, Guzman-Loera's brother Arturo has assumed the leadership role. The organization remains active in Mexico, along the Southwest border, in the western and midwestern regions of the United States, as well as in Central America. The organization also has involvements in the smuggling, storage, and distribution of Colombian cocaine, Mexican marijuana, and Mexican and Southeast Asian heroin.

I'd like to talk about the new Colombian groups that are surfacing. While the Mexican groups are beginning to make their presence felt in drug trafficking on the United States east coast, Colombian traffickers, whether splinters of the Cali organization or new groups, dominate the movement of cocaine from the jungles of Bolivia and Peru to the large cocaine hydrochloride conversion factories in southern Colombia.

The following traffickers are among the most wealthy and powerful criminals operating in Colombia today.

The Henao Montoya brothers, Arcangel de Jesus, and Jose Orlando, run trafficking operations out of the northern Valle del Cauca region. The Henao Montoyas run the most powerful of the various independent trafficking groups that comprise the North Valle drug mafia.

Diego Montoya Sanchez heads a North Valley trafficking organization that transports cocaine base from Peru to Colombia and produces multiton quantities of cocaine hydrochloride for export to the United States and Europe. DEA considers Montoya Sanchez to be one of the most significant cocaine traffickers in Colombia today.

In March 1996, Juan Carlos Ramirez Abadia, aka Chupeta, surrendered to Colombian authorities. Chupeta is believed to have surrendered, in part, due to his fear for his personal safety and to be eligible for a more lenient prison sentence. In 1996, Chupeta was sentenced to 24 years in prison but may actually serve as little as 7½ years due to Colombia's lenient sentencing laws.

Alberto Orlando Gamboa, also known as Caracol, runs the most powerful drug trafficking organization on the north coast of Colombia, exploiting maritime and air routes to the Dominican Republic, Haiti, Puerto Rico, and other Caribbean islands to smuggle multiton quantities of cocaine and marijuana into the United States.

Most of these new groups as well as the splinter groups from Cali organization have turned to the traditional smuggling routes in the Caribbean to transport their cocaine and heroin to markets on the United States populous east coast.

We also now speak to the Dominican trafficking groups. These new organized criminal groups from Colombia have enlisted the aid of traffickers and smugglers from the Dominican Republic to deliver their products to the market. The leaders of these new Colombian groups are adopting a less monolithic approach in their operations, effectively amputating one to two levels of the Colombian cell system and forcing the Colombians to relinquish some profits and control.

The 20- to 30-percent fee charged by Dominican and Puerto Rican transportation groups gives them a competitive edge over the

groups in Mexico, who are still demanding 50 percent of each shipment.

The new breed of Dominican trafficker functions as a smuggler, transporter, and wholesaler in many cities on the east coast and is able through direct links to the Colombian drug traffickers to dominate a significant portion of the market in major east coast cities.

DEA's Heroin Signature Program data from 1995, the most recent data available, reveals that 62 percent of the heroin seized in the United States was from South America, up from 32 percent the year before.

Abuse of high-quality Colombian heroin, which can easily be snorted or smoked, rather than injected, the traditional method of administration, has significantly increased over the last several years. Unfortunately, its use has become fashionable for many young people.

To shield America's Southwest border, the DEA and the FBI have launched the Southwest Border Initiative, which dismantles the sophisticated leadership of criminal groups from Mexico by targeting their command and control functions and building cases on the surrogate members and their United States-based infrastructure.

The effectiveness of this strategy is only hampered by the difficulty of incarcerating the leadership of these trafficking empires who hide in foreign safe havens, like Colombia and Mexico.

Recently two such investigations, Operation Reciprocity and Operation Limelight, demonstrated the importance of DEA's ability to successfully target the communications of the upper echelon of international criminal organizations.

In these two operations, DEA, with the cooperation of other Federal and State law enforcement agencies, targeted cocaine distribution cells commanded by the Amado Carrillo-Fuentes organization. The organizations that were taken apart in these two operations show that the traffickers from Mexico are expanding their reach across the United States, as far as New York City.

We started Operation Reciprocity, nearly a year ago, in October 1996, by identifying the command elements of the Amado Carrillo-Fuentes organization dealing drugs in New York and Los Angeles. We identified how the traffickers transported cocaine across the country in tractor-trailer loads and returned the illicit profits to Mexico in the form of bulk cash. Reciprocity resulted in 40 arrests and the seizure of over $11 million in cash and 7.4 tons of cocaine and 2,700 pounds of marijuana.

Operation Limelight began in August 1996 in Imperial County, CA and focused on the Alberto Beltran transportation and distribution cell of the Amado Carrillo-Fuentes organization.

Again, by targeting the command and control systems of this group, we identified cross-country smuggling routes that employed tractor-trailers that hauled tons of cocaine to California, Texas, Pennsylvania, Illinois, and New York. Limelight resulted in the seizure of 4,012 kilograms of cocaine, 10,846 pounds of marijuana, over $7 million in cash, and the arrest of 48 persons.

Operations Limelight and Reciprocity, like their predecessors Operations Zorro I and II, demonstrated that law enforcement can

strike major blows against these foreign drug syndicates who control the drug trade in our country. However, we will only be able to do so if we maintain the technological ability to target their command and control communications and continue to have access to these communications, even if they are ineffective.

These international traffickers have acted with impunity for many years and believe that they are beyond the reach of law enforcement. The brazen attacks on American law enforcement along our Southwest border and in our cities and towns must not be tolerated and must continue to be met with coordinated investigative strategies that will ultimately lead to the demise of the international organized crime and its destructive influence on our streets.

Applying a multiagency approach to attack these organized trafficking groups will continue to be our strongest asset in dismantling the organized criminal syndicates that control the drug trade in the United States. We must continue working with foreign counterparts to target the criminal leaders as well as their surrogates who bring violence to our communities as they poison our children.

My colleague, Special Agent John Coleman from the New York Division, will now discuss local trends and the steps DEA is taking to address the drug trafficking situation in New Jersey.

[The prepared statement of Mr. Williams follows:]

Statement of
Gregory K. Wiliams,
Chief of Domestic Operations
and
John Coleman,
Special Agent in Charge,
Newark Divisional Office
Drug Enforcement Administration
before the Subcommittee on National Security,
International Affairs, and Criminal Justice
October 20, 1997

Mr. Chairman, Members of the Subcommittee: I appreciate the opportunity to appear before you today to address the issue of drug trafficking in the Western Hemisphere and specifically New Jersey's efforts in the War on Drugs. As the DEA Chief of Domestic Operations, my comments today will entail an objective assessment of the threat that we face in the United States from the organized criminal drug syndicates from Mexico and Colombia who control the drug trade in the Western Hemisphere and the effect they have on our day-to-day lives in the United States. I will provide an overview of these criminal trafficking organizations which control the manufacture, smuggling and distribution of much of the cocaine, heroin, and methamphetamine in the Western Hemisphere. I am accompanied by Mr. John Coleman, the Special Agent in Charge of DEA's Newark Field Division, who will discuss the impact these organized criminal groups have had on this region and the steps DEA is taking to address the drug trafficking situation in New Jersey.

Although Colombian traffickers still control and facilitate significant portions of the cocaine trade in the Western Hemisphere, the sophisticated, organized criminal groups from Mexico have eclipsed the drug trafficking criminals from Cali and Medellin, Colombia, as the greatest law enforcement threat facing the United States today. The leaders of these Mexican groups--the Amezcua's, Miguel Caro-Quintero, the Arrellano-Felix brothers, and until this summer, Amado Carrillo-Fuentes simply the 1990s versions of the traditional organized crime leaders that U.S. law enforcement has fought to dismantle since

the turn of the century. But the influence of American organized crime pales in comparison to the violence, corruption and power that is exhibited by today's criminal syndicate leaders.

In the 20th Century, "Traditional Organized Crime" in America rose to what was then considered unparalleled heights. These organizations were built around a hierarchy of leaders and members of immigrant background rooted on American soil. From our earliest exposure to "Traditional Organized Crime," a common thread has been, and continues to be, the violence with which these organizations are operated, expanded, and controlled. But these traditional organized criminal groups pale in comparison to the organized crime groups operating today from Mexico and Colombia. The "new mobsters" are far more wealthy, powerful, and violent than their predecessors.

Since the early 1970s, drug traffickers from Colombia have been smuggling hundreds of tons of cocaine and marijuana into the United States mostly through the Caribbean Corridor and south Florida. As a result of their growing notoriety and brazen actions throughout this region, law enforcement attention to the activities of the Colombians intensified. With increased law enforcement presence and enforcement in the Caribbean and South Florida, the Colombians turned to experienced Mexican drug smugglers to move their products to American markets through Mexico.

Miguel Rodriguez Orejuela, his brother Gilberto along with Jose Santa Cruz Londono created, in Cali Colombia, what was undeniably the most wealthy, sophisticated and powerful organized crime syndicate in history. Orejuela and his confederates built an enormous monolithic organization that orchestrated the manufacture of hundreds of tons of cocaine in Colombia, which were then moved through the Caribbean and later Mexico, to U.S. markets. The leadership of the Cali Cartel ruled this seven billion dollar per year business, while safely ensconced on foreign soil. In short, they became the prominent "mob leaders of the 1990's." However, they were wealthier, more influential and far more dangerous, having a more devastating impact on the day-to-day lives of the citizens of our country than either their domestic predecessors that flourished in New York and New Jersey during the first two-thirds of this century or the crime families from Medellin.

Orejuela set up an extremely well-disciplined system of compartmentalization that insulated every facet of his drug business. The organization's tentacles reached into the cities and towns of the United States, either through their U.S.-based wholesale distribution infrastructure, or their surrogates who sold crack cocaine on the streets of locations as varied as Newark, New Jersey, and Rocky Mount, North Carolina. At the height of his power, Orejuela was reportedly using as much as one-half of his seven billion dollar annual income from drug sales to bribe government officials, judges, and police officers in Colombia. Although Orejuela and his associates freely used their enormous wealth to bribe, they were just as prone to violence as the thugs from Medellin.

Just as "traditional" organized crime was addressed over time in the United States by exposing its leaders and systematically stripping away the pretense that they were legitimate businessmen, the organized criminal groups from Colombia have been eviscerated, and are now a fragment of what they once were. The Colombian National Police (CNP), through tenacity, courage and bravery that has seldom, if ever, been seen in law enforcement, faced down the most powerful organized criminal syndicates in history. Through the fearless leadership of General Rosso Serrano and Colonel Leonardo Gallego of the Colombian National Police, as well as that of General Harold Bedoya of the Colombian military, cases were built on the entire upper echelon of the Cali and Medellin drug trafficking organizations. They methodically tracked each leader down until the entire infrastructure of both mafia's was either incarcerated or dead. There is no tribute too great for the brave men and women of the CNP, who gave their lives in this effort

The Emergence of New Trafficking Threats in the Western Hemisphere

When the Cali group turned to established smuggling organizations in Mexico to move cocaine to the United States in the late 80's and early 90's, these Mexican crime families, already well versed in the smuggling of contraband, received shipments of cocaine from the Cali syndicate and then smuggled them across the U.S.- Mexico border, where they were turned over to Colombian distribution cells. First paid $1,000 to $2,000 per kilo for their services, they

ultimately began receiving between 40% to 50% of each shipment as payment. Amado Carrillo-Fuentes and the other major traffickers quickly amassed fortunes from the profits of the sale of thousands of kilograms of cocaine and systematically expanded their distribution networks. This changed the face of the drug trade in the United States and the organized criminal groups from Colombia lost their stranglehold on the U.S. wholesale market.

The ascension to power by the groups from Mexico has garnered them enormous wealth and a demonstrative expansion in their spheres of influence. Despite accurate reports indicating the Orejuelas have ready access to both pay and cellular phones in their cells, they are unable to control their once vast empire from jail. Consequently, their ability to function as the first among all others has been seriously degraded. There are many groups in Colombia and Mexico trying to fill the void left by the incarceration of the Cali leadership. Without question, the organized crime families in Mexico, most notably the Arrellano-Felix brothers, Miguel Caro-Quintero and Jesus Amezcua-Contreras, and, until his death in July, Amado Carrillo-Fuentes, have eclipsed the Colombian traffickers as the most dominant figures in the cocaine trade today. The criminal groups from Mexico now control virtually all cocaine sold in the Western half of the United States and, for the first time, we are seeing a concerted effort on their part to expand into the lucrative East Coast market. These traffickers from Mexico emulate the methods of operation the Colombians have used so successfully for the last decade and a half. They have become more structured in their organizations by adopting the Colombian "*Cell System*," which compartmentalized and insulated each function of the organization.

The majority of the cocaine entering the United States continues to come from Colombia through Mexico and across the U.S.-Mexico border. In addition to the inexhaustible supply of cocaine entering the U.S., trafficking organizations from Mexico are responsible for producing and trafficking thousands of pounds of methamphetamine annually.

A number of major trafficking organizations represent the highest echelons of organized crime in Mexico. The leaders of these organizations are under indictment in the United States on numerous charges. In order to fully expose these individuals, it is convenient to refer to them by name rather than by organization affiliation.

Amado Carrillo-Fuentes, until his death on July 4, 1997 in Mexico City from medical complications following plastic surgery to hide his true identity, was considered the most powerful trafficker in Mexico. Carrillo-Fuentes allegedly had ties to the former Commissioner of the INCD in Mexico, Gutierrez-Rebollo and was supplied by the Rodriguez-Orejuela syndicate in Colombia. The Carillo-Fuentes organization, based in Juarez, is involved in the trafficking of cocaine, heroin and marijuana, and operates in Guadalajara, Hermosillo, and Torreon, where drugs are stored in staging areas in and around El Paso, for eventual shipment into the United States. Carrillo-Fuentes' organization generates billions of dollars a year in illegal profits and was reportedly forwarding $20-30 million dollars to Colombia for each major cocaine smuggling operation. At the time of Carillo-Fuentes's death, his organization had become so powerful that he was seeking expansion into the traditional Colombian strongholds on the East Coast of the United States. From his base in Ciudad Juarez, across the border from El Paso, his organizational infrastructure developed roots deep into the state of Texas as well as many other Midwestern and Western states.

Amado Carrillo-Fuentes was a pioneer in the use of "727" aircraft to transport cocaine from Colombia to Mexico. He became known as "Lord of the Skies" and reportedly owned a fleet of aircraft and had major real estate holdings. Carrillo-Fuentes was the subject of more than 25 separate Mexican and U.S. investigations and had been indicted twice in Miami and once in Dallas, Texas, on charges including conspiracy to distribute cocaine, heroin, and marijuana.

At the present time, there appears to be no heir apparent within the organization to replace Amado, but his death has created chaos in his organization as former underlings battle for control. In a recent spate of violence, more than 18 people have been slain in Juarez since July, with most of the killings directly or indirectly tied to the drug trade.

The Arellano-Felix Brothers, headed by Benjamin Arellano-Felix, are the leaders of a trafficking organization which operates in Tijuana, Baja California, and parts of the States of Sinaloa, Sonora, Jalisco, and most recently, Tamaulipas. Benjamin coordinates the activities of the organization through his brothers; Ramon, Javier and Francisco. Ramon is now one of the FBI's "Ten Most Wanted." They are arguably the most violent of the Mexican trafficking organizations and were involved in the murder of Cardinal Posadas-Ocampo at the

Guadalajara Airport in 1993. Part of the Arrellano-Felixs' signature for violence is not only in carrying out assassinations, but torturing and dismembering their victims to send strong messages to others who would cross them in their trafficking operations.

Miguel Caro-Quintero's organization focuses on trafficking in cocaine and marijuana. His brother is currently jailed for his role in the murder of DEA Special Agent Enrique Camarena in 1985. Miguel runs the organization with his two brothers ---Jorge and Genaro--- specializing in the cultivation, production, and distribution of marijuana; a major cash crop for the trafficking organizations from Mexico. This organization is believed to own many ranches in the northern border State of Sonora, from which drug smuggling operations into the United States are staged. Despite the organization's specialization in marijuana trafficking, like many of the other trafficking organizations in Mexico, they are also involved in the trafficking of cocaine and methamphetamine.

Jesus Amezcua heads the Amezcua-Contreras brothers organization, based in Guadalajara, assisted by Adan and Luis. They currently are the world's largest smuggler of ephedrine and clandestine producer of methamphetamine. The Amezcua organization obtains large quantities of the precursor ephedrine, utilizing contacts in Thailand and India, which they supply to methamphetamine labs in Mexico and in the United States.

Joaquin Guzman-Loera began to make a name for himself in his drug trafficking career as an air and logistics expert for Miguel Felix-Gallardo. He was able to rise to the *Patron* level among the major trafficking organizations in Mexico. Although he is presently incarcerated in Mexico, Guzman-Loera is still considered a major threat by both the United States and Mexican law enforcement. His brother, Arturo, has assumed the leadership role and the organization remains active in Mexico, along the Southwest border, in the Western and Midwestern regions of the U.S., as well as in Central America. They transport cocaine from Colombia, into Mexico and the United States, for the remnants of the Cali and Medellin Cartels. The organization also has involvement in the smuggling, storage, and distribution of Colombian cocaine, Mexican marijuana, and Mexican and Southeast Asian heroin.

New Colombian Groups

While the Mexican groups are beginning to make their presence felt in drug trafficking on the U.S. East Coast, Colombian traffickers still dominate the movement of cocaine from the jungles of Bolivia and Peru to the large cocaine hydrochloride (HCL) conversion factories in Southern Colombia. Their fingerprints are on the vast majority of cocaine sold in the United States today. It is likely that the remnants of the Cali group, still directed by the Orejeulas, as well some Cali splinter groups, such as the Grajales-Urdinolas, are still using their established connections with the criminal groups in Mexico to smuggle cocaine to distribution groups in the United States. The splinter groups, as well as some of the new Colombian groups, are beginning to return to traditional smuggling routes through the Caribbean corridor.

The following traffickers are among the most wealthy and powerful criminals operating in Colombia today:

Jairo Ivan Urdinola Grajales and his brother **Julio Fabio Urdinola Grajales** head a major drug trafficking organization associated with the so-called **Northern Valle del Cauca** drug mafias. The **Urdinolas** are related by marriage to the **Henao Montoya** family. The CNP arrested **Ivan** in April 1992, while **Fabio** later surrendered to Colombian authorities in March 1994. The incarceration of the **Urdinola Grajales** brothers notwithstanding, their organization reportedly remains active in the drug trade.

The **Henao Montoya** brothers, **Arcangel de Jesus** and **Jose Orlando**, run trafficking operations out of the Northern Valle del Cauca region. The **Henao Montoyas** run the most powerful of the various independent trafficking groups that comprise the North Valle drug mafia. The major North Valle drug mafia organizations are poised to become among the most powerful drug trafficking groups in Colombia. The Henao Montoya organization has been closely linked to the paramilitary group run by **Carlos Castano,** a major cocaine trafficker in his own right.

Diego Montoya Sanchez heads a North Valle trafficking organization that transports cocaine base from Peru to Colombia and produces multi-ton quantities

of cocaine HCL for export to the United States and Europe. DEA considers **Montoya Sanchez** to be one of the most significant cocaine traffickers in Colombia today.

In March 1996, **Juan Carlos Ramirez Abadia (aka "Chupeta")**, surrendered to Colombian authorities. **Chupeta** is believed to have surrendered, in part, due to his fear for his personal safety and to be eligible for a more lenient prison sentence. In December 1996, Chupeta was sentenced to 24 years in prison, but may actually serve as little as seven and a half years due to Colombia's lenient sentencing laws. DEA and CNP reports indicate that **Chupeta** continues to direct his drug operations from prison.

Alberto Orlando Gamboa (aka "Caracol") runs the most powerful drug trafficking organization on the North Coast of Colombia. Gamboa exploits maritime and air routes to the Dominican Republic, Haiti, Puerto Rico, and other Caribbean islands, to smuggle multi-ton quantities of cocaine and marijuana into the United States.

These new independent traffickers from the Northern Valle del Cauca have risen to prominence and are responsible for huge volumes of cocaine and heroin being shipped to the United States. Most of these new groups have turned to the traditional smuggling routes in the Caribbean to transport their cocaine and heroin to markets on the United States' populous East Coast.

Dominican Trafficking Groups

These new organized criminal groups from Colombia have enlisted the aid of traffickers and smugglers from the Dominican Republic to deliver their product to market and have placed an entire command and control infrastructure in the Caribbean, predominantly in Puerto Rico, to manage the movement of cocaine throughout the Caribbean Corridor. There has been a concerted effort on the part of these Colombian groups to franchise their smuggling and transportation operations to Puerto Rican and Dominican groups in order to minimize their presence on the island. This is an example of the recent decentralization of the cocaine trade in Colombia. The leaders of these new Colombian groups are adopting a less monolithic approach in their operations, even demonstrating a willingness to franchise distribution operations in the United States.

This has effectively amputated one to two levels of the Colombian *cell system* and forced the Colombians to relinquish some profits and control. The *cell system* is still employed to provide security and compartmentalization, but it no longer exists to the extent that Colombian traffickers exert complete control over the distribution networks. They have been using Dominican trafficking groups to handle, and to some degree, control wholesale and street level distribution of cocaine and heroin in the United States. By using this approach, they may forego some profits, but they gain the insulation from U. S. justice that they desire. These new traffickers, vying for the Cali throne, understand that direct control creates vulnerability for the criminal organizations' leadership in both the United States and Colombia.

The 20 to 30 percent fee charged by Dominican and Puerto Rican transportation groups gives them a competitive edge over the groups in Mexico, who are still demanding 50 percent of each shipment. This makes using Puerto Rico and the Dominican Republic a far more profitable venture for the Colombian traffickers, and allows them to recoup part of the profits lost to franchising wholesale operations.

In the past, the Dominicans' role in illegal drug activity was limited to being "pick up crews" and couriers who assisted the Puerto Rican smugglers in their drug smuggling ventures. Much of this has changed due to the evolution of the Dominican traffickers in the drug trade. This new breed of Dominican trafficker functions as smuggler, transporter and wholesaler in many cities on the East Coast and is able, through direct links to the Colombian drug traffickers, to dominate a significant portion of the market in major East Coast cities.

Traffickers from the Dominican Republic have developed intricate trafficking networks to distribute cocaine and heroin for the Colombians in the lucrative New York/New Jersey market, as well as in cities all along the East Coast. Dominican traffickers operate with efficiency, relying heavily on counter surveillance, and operational security to ensure success. They use sophisticated communications equipment, cloned cellular communications, alarm systems, and police scanners to monitor the activity of law enforcement. They also rely heavily on the ingenious construction of vehicle "traps" to secrete and secure their drug loads for transportation in passenger vehicles or trucks for transportation to cities throughout the Northeast.

The criminal groups from the Dominican Republic also provide a natural conduit for Colombian heroin to the large addict population in New York and the Northeastern United States. DEA's Heroin Signature Program data from 1995, the most recent data available, reveal that 62 percent of the heroin seized in the U.S. was from South America, up from 32 percent the year before. Abuse of high quality Colombian heroin, which can easily be snorted or smoked rather than injected, the traditional method of administration, has significantly increased over the last several years, and its use has unfortunately become "fashionable" for many young people. The heroin trade in Colombia is controlled by independent traffickers who harvest the poppy in the mountainous areas of the Andes and produce heroin in small laboratories throughout the area. They then employ an army of couriers who smuggle the heroin into the United States via ingestion, body carries, and increasingly, in concealed compartments in luggage. The couriers enter the United States primarily at the ports of San Juan, Puerto Rico, Miami, Florida, and New York City, from where they distribute this highly addictive drug all along the East Coast. The Dominican traffickers have also come into their own right in the money laundering arena and have established a network of ***casas de cambio*** throughout the Caribbean and in New York.

Protecting our Borders and the Heartland

To shield America's Southwest border the DEA and the FBI have launched the Southwest Border Initiative (SWBI) which targets the leaders of the major Mexican trafficking groups that live in Mexico, and control the cocaine, heroin, and methamphetamine traffic on both sides of the border. This strategy is designed to dismantle the sophisticated leadership of these criminal groups from Mexico by targeting their command and control functions and building cases on the surrogate members and their U.S.-based infrastructure. The SWBI is anchored in our belief that the only way to successfully attack any organized crime syndicate is to build strong cases on the leadership by attacking their command and control functions. With the assistance of foreign governments, the long-term incarceration of the leadership will leave entire organizations in disarray.

This strategy now combines the resources of the DEA, the Federal Bureau of Investigation (FBI), the United States Attorneys' Offices, The High Intensity Drug Trafficking Area Program (HIDTA), the United States Customs Service (USCS), and a host of state and local counterparts. Through this initiative, we

have been able to harness the investigative, intelligence and operational functions of all of the members, to coordinate joint investigations against the major drug trafficking organizations. The effectiveness of this strategy is only hampered by the difficulty of incarcerating the leadership of these trafficking empires who hide in foreign safe havens like Colombia and Mexico. By continuing to target the leadership and the infrastructure of these groups, we will steadily degrade their abilities to conduct their business in the United States.

Recently two such investigations, Operation Reciprocity and Operation Limelight, demonstrated the importance of DEA's ability to successfully target the communications of the upper echelon of international criminal organizations. In these two operations, DEA, with the cooperation of other federal and state law enforcement agencies, targeted cocaine distribution cells commanded by the Amado Carrillo-Fuentes organization. The organizations that were taken apart in these two operations show that the traffickers from Mexico are expanding their reach across the United States, as far as New York City.

We started Operation Reciprocity, nearly a year ago, in October 1996, by identifying the command elements of the Amado Carrillo-Fuentes organization dealing drugs in New York and Los Angeles. Working through the multi-agency investigative approach and attacking their communication systems, we identified how the traffickers transported cocaine across the country in tractor trailer loads, and returned the illicit profits to Mexico in the form of bulk cash in the same tractor trailers, using drivers hired largely from the Grand Rapids, Michigan area. Reciprocity resulted in 40 arrests, over $ 11 Million in cash, 7.4 tons of cocaine, and 2,700 pounds of marijuana.

Operation Limelight began in August 1996, in Imperial County, California, and focused on the Alberto Beltran transportation and distribution cell of the Amado Carrillo-Fuentes organization. Again by targeting the command and control communications systems of this group, we identified cross-country smuggling routes that employed tractor trailers that hauled tons of cocaine to California, Texas, Pennsylvania, Illinois, and New York. Limelight resulted in the seizure of 4,012 kilograms of cocaine, 10,846 pounds of marijuana, over $7 Million in cash, and the arrest of 48 persons.

Operations Limelight and Reciprocity, like their predecessor operations

Zorro I and II, demonstrated that law enforcement can strike major blows against these foreign drug syndicates who control the drug trade in our country. However, we will only be able to do so if we maintain the technological ability to target their command and control communications.

These organized criminal groups, whether they are headquartered in Cali or Sonora or the homegrown versions that are predators in Newark, New York, and other cities and communities, significantly effect the American way of life. The interests and concerns of these heinous criminals lie in the advancement of their criminal enterprises, and wealth that they can derive from plying their trade. They will resort to violence, intimidation, kidnaping, and murder to accomplish their goals.

These international traffickers have acted with impunity for many years and believe that they are beyond the reach of law enforcement. This arrogance extends into their drug enterprises in the United States. As we have seen with the Arrellano-Felix brothers, these violent traffickers send assassins from Mexico into San Diego to exact their revenge on those who do not pay their drug debts or who cooperate with our efforts to put an end to their reign of terror. The brazen attacks on American law enforcement along our Southwest border and in our cities and towns must not be tolerated and must continue to be met with coordinated investigative strategies that will ultimately lead to the demise of international organized crime and its destructive influence on our streets.

Applying a multi-agency approach to attack these organized trafficking groups will continue to be our strongest asset in dismantling the organized criminal syndicates that control the drug trade in the U.S. We must continue working with foreign counterparts to target the upper echelon criminal leaders, as well as their surrogates who bring violence to our communities as they poison our children.

My colleague, Special Agent in Charge of the Newark Division John Coleman, will now discuss local trends and the steps DEA is taking to address the drug trafficking situation in New Jersey.

Although the Mexican drug trafficking organizations are considered the greatest law enforcement threat facing the United States today, and pose the greatest challenge to DEA operations, New Jersey has been, until recently, only peripherally affected by the Mexican threat. New Jersey has one of the largest Colombian populations in the United States, and continues to be a stronghold of Colombian trafficking groups. The Newark Field Division concentrates its resources on the Colombian organized crime networks and the wholesale organizations who function as surrogates for the Colombian syndicates. West Africans, in particular Nigerians, are also of great concern as they bring large quantities of high quality Southeast Asian heroin to the region for sale to our burgeoning addict population.

Even though New Jersey remains a Colombian stronghold, we are seeing the impact of the expansion of Mexican trafficking groups to the East Coast. As part of Operation Reciprocity, which Mr. Williams mentioned earlier, in June of 1997, approximately 614 kilograms of cocaine was seized in a Jersey City warehouse. This warehouse was being used by Mexican traffickers as part of their transportation network running through Chicago to New Jersey, with a final destination being the drug markets of New York City. In another recent case conducted with the U.S. Customs Service, in July of this year, more than 945 kilograms of cocaine was seized from a warehouse in Ridgefield Park, New Jersey, which was rented by a Mexican national who has been linked to several other significant cocaine seizures, including a 304 kilogram seizure of cocaine in Barcelona, Spain, in June 1997. In yet another example of the expansion of drug markets by groups from Mexico, as a part of Operation Pipeline, the Newark Division in conjunction with the Phelps County, Missouri Sheriff's Department, the Middlesex County New Jersey Prosecutor's Office, and the East Brunswick, New Jersey Police this month seized more than 750 pounds of marijuana from a Mexican organization based in El Paso Texas, and Juarez, Mexico. The marijuana was destined for a traditional Organized Crime syndicate in the New Jersey/New York area.

A recent investigation conducted by the Newark Division in conjunction with the FBI, U.S. Customs, the Costa Mesa Police, the IRS, the Hudson County, New Jersey Prosecutor's Office, and the Los Angeles HIDTA, dubbed Operation MERY-GO-ROUND clearly demonstrated that Colombian based trafficking groups remain a dominant force in the cocaine trade in this area. MERY-GO-

ROUND focused on a Colombian cell operating in New York, Miami, Dallas, Houston, Chicago, Los Angeles, and Cleveland. To date, 78 people have been arrested, including 12 in New Jersey. Through September, 1997, more than 2,100 kilograms of cocaine, 75 pounds of methamphetamine, and over $7,000 in currency have been seized. The central figure in this investigation, Mery Valencia, is currently incarcerated in Brazil awaiting extradition to the United States to stand trial in the in the Southern District of New York.

The common thread in each of these major operations, whether the groups were from Mexico or Colombia, was that they displayed a need for the cell-heads to communicate with both the syndicate leadership in Colombia and Mexico and their subordinates around the United States. These communications are critical to the efficient operation of their organizations and are, at the same, time their greatest vulnerability. However, this vulnerability will only continue as long as law enforcement has access to their communications systems. With sophisticated communication encryption equipment becoming available to these wealthy traffickers our access to their key communications could be severely limited or completely eliminated in the near future if law enforcement is not given access to encryption codes.

Heroin Trends: The Rising Tide

The cases just discussed focused on cocaine trafficking, but heroin is also a rising threat. Just a few years ago, Southeast Asian heroin dominated trafficking on the East Coast, and Colombian heroin was non-existent. As previously indicated, in 1995, 62 percent of the heroin seized in the U.S. was from South America, up from 32 percent the year before. The average purity in 1996 was 71.9 percent, while some purchases registered as high as 95.5 percent pure. Today, from New York to Miami, Colombian heroin is widely available, extremely pure and cheap. The organized criminal groups who control the Colombian heroin trade have been able to establish their substantial market share through aggressive marketing techniques, such as providing free samples to new customers, forcing cocaine customers to sell heroin or have their cocaine supply cut-off, and cutting the price of a kilogram of heroin in half, from roughly $150,000 to $90,000.

Colombian heroin is prominent all along the East Coast of the United States. Puerto Rico is increasingly being used by independent Colombian

traffickers as a conduit for heroin destined for the lucrative East Coast heroin market. Unfortunately, this is bringing high quality heroin, offered at a cheap price, to the streets of America at a time when many in the fashion and entertainment industries are seeking to glamorize heroin use. Tragically, teenagers who are ravaged by heroin abuse learn quickly that there is nothing glamorous about heroin. Many begin the abuse process by administering heroin through smoking or ingestion, which they find chic and far more palatable, but they quickly find themselves drawn to injection to satisfy what is frequently called " the hook"; the onset of addiction that happens so rapidly with heroin.

Heroin of Southeast Asian, Southwest Asian, and South American origin is readily available in the urban areas of New Jersey. Of the 21 counties, Ocean, Cape May, Atlantic, Essex, and Union have reported the ready availability of heroin. Heroin purity levels in the first and second quarters of FY97 averaged between 60 and 70%. Heroin in the Newark Division, mostly from South American sources, still ranks well above the national average in purity. Approximately 38 kilograms of heroin was seized in 39 separate incidents in New Jersey during the last half of FY97. The majority of these seizures were of heroin manufactured in Colombia and occurred at the Newark International Airport from flights originating in Colombia, Panama, and Aruba. South American heroin continues to remain in the forefront of desirability, due to both price and purity.

Dominican Traffickers Role in the Heroin and Cocaine Trade

Mr. Williams discussed the rise of Dominican groups and their growing role in drug trafficking along the U.S. East Coast. Heretofore in New Jersey, Dominicans have primarily been involved in lower level wholesale and retail drug trafficking. Recently, we have seen Dominican groups increasingly assuming a more dominate role in wholesale trafficking of both cocaine and heroin, which they receive from Colombian trafficking groups while maintaining their role in the manufacture and distribution of crack cocaine, both in New York and New Jersey.

MET Initiatives

DEA has addressed the relationship between drug trafficking and violent crime through our Mobile Enforcement Team Program (MET). When invited by local police departments, the MET program sends in a team of investigators,

specializing in the dismantling of violent drug gangs. The teams aggressively target and build cases against individuals involved in violent drug trafficking activities. This initiative attempts to address some of the factors that are believed to be responsible for the increase in violent crime; including increased teen violence, witness intimidation, violence within the criminal communities, and limited resources among state and local law enforcement components to combat this growing menace to law abiding citizens. After MET deployments have been completed, the local authorities can show solid statistics on decreased crime rates and measurable improvement in quality of life for the community.

There are now 19 METs strategically located across the country, which can be sent anywhere drug gangs are responsible for high crime rates and few crimes being solved. MET deployments help local authorities remove the most violent offenders from the streets and renew citizens confidence in the ability of government to respond to citizens' concerns: drugs and violence threatening their homes. The MET program, which was fully funded by Congress in FY 1997, is based on the belief that those who distribute drugs on the streets of the United States and commit violent activities are part of a seamless international continuum of drug trafficking organizations headquartered in Colombia, Mexico, and Southeast Asia.

During August 1997, there was a three-week, intensive MET deployment requested by the Atlantic City Police Director. Surveillance and undercover drug purchases were targeted at specific street level drug trafficking groups which had been plaguing area housing developments. The targets of the operation were felons with prior charges ranging from homicide to drugs, several were wanted in connection with local shootings. The deployment ended with the arrest of 58 violent criminals.

A MET team was deployed to Paterson in March, 1996, and concluded its operations in February 1997. The MET and Paterson police targeted several violent Dominican crack cocaine trafficking groups whose leaders were all previous felons and were responsible for most of the retail drug sales in the city. As a result of this MET deployment, targets of the investigations are now awaiting trial on homicide and weapons charges. Overall, the deployment resulted in 37 arrests on federal drug charges and homicide charges. Four and one half pounds of crack cocaine, one ounce of heroin and numerous weapons, were seized during

the course of this investigation.

A MET a deployment in Camden, New Jersey, from January 1995 to February 1996 focused on open-air drug markets, and resulted in 196 arrests and the seizure of 637 grams of crack, 74 grams of heroin, 85 grams of cocaine, and numerous weapons. According to Camden police statistics, there was a resulting decrease in the number of violent criminal acts in the Camden community.

Conclusion

Mr. Chairman and Members of the Subcommittee: the current situation in the Newark Division and other areas of the United States is serious and must continue to be addressed vigorously. Drug traffickers from Mexico and Colombia, and, increasingly, other ethnic groups, pose a major threat to the United States. Newark Division investigations show that the drug threat is not confined to border regions, or even to major cities like New York, but it is reaching even into communities such as Freehold.

Applying a multi-agency approach to attack these trafficking groups will continue to be our strongest asset in dismantling the organized criminal syndicates that control the drug trade in the U.S. We must continue working other federal law enforcement agencies, and with our state and local counterparts, just as we are working with foreign counterparts to target the upper echelon criminal leaders, and their surrogates who bring violence to our communities as they sell poison to our children.

We would like to thank you again for the opportunity to testify at this hearing, and hope that we have left you with a clearer understanding of the drug trade in the United States and how it is impacted by the organized criminals in Mexico and Colombia who control the vast majority of the trafficking networks that extend their tentacles throughout the U.S. In particular, we hope we have left you with an understanding of the drug situation in the New Jersey.

I want to emphasize that drug trafficking lies along a seamless continuum--from the source countries of Bolivia and Peru to the streets of Freehold. To be successful against these international organizations, we have to apply all of our resources to attack these groups. With your continued interest and support we will

combat this growing threat through joint investigations and efforts that will yield positive results. At this point, we will be happy to answer any questions you may have on the topic.

Mr. HASTERT. Thank you, Mr. Williams.

I'd caution all people giving testimony if you'd—all written testimony will be made part of the record. And if you'd try to summarize your testimony in about 5 or so minutes, then we'll have time for questions and move on. So, Mr. Coleman, please proceed.

Mr. COLEMAN. Thank you very much.

Good morning, Mr. Chairman and Mr. Pappas. My name is John Coleman. I'm the special agent in charge of the Drug Enforcement Administration Field Division in New Jersey headquartered in Newark, NJ. Thank you for inviting me to participate, and I will try to keep my remarks to the 5 minutes or so.

Although the Mexican drug trafficking organizations are considered to be the greatest law enforcement threat facing the United States today, New Jersey has been until very recently only peripherally affected by the Mexican organizations.

New Jersey has one of the largest Colombian populations in the United States and, therefore, continues to be a stronghold of Colombian trafficking groups. We are beginning to see, however, the impact of the expansion of Mexican trafficking groups to the east coast.

As part of Operation Reciprocity, which Mr. Williams just mentioned, in June 1997, approximately 614 kilograms of cocaine were seized in a Jersey City warehouse. This warehouse was being used by the Mexican traffickers as part of their transportation network running through Chicago to New Jersey, with a final destination being the drug markets of New York.

In yet another recent example of the expansion of drug markets by groups from Mexico, as part of an operation called Operation Pipeline, which, coincidentally, was developed many years ago by the New Jersey State Police and members of the New Mexico State Police, as part of Operation Pipeline, the Newark division in conjunction with the Phelps County, MO, sheriff's department, the Middlesex County, NJ, prosecutor's office, and the East Brunswick, NJ, police department, earlier this month seized more than 750 pounds of marijuana from a Mexican organization based in El Paso, TX, and Juarez, Mexico. The marijuana was destined for a traditional organized crime syndicate in the New Jersey/New York area.

A recent investigation conducted by the Newark division in conjunction with the FBI, U.S. Customs, the Costa Mesa Police, the Internal Revenue Service, the Hudson County, NJ, prosecutor's office; and the Los Angeles High-Intensity Drug Trafficking Area Group, which was dubbed Operation MERY-GO-ROUND, clearly demonstrates that Colombian-based trafficking groups remain a dominant force in the cocaine trade affecting this area. To date, 78 people have been arrested, including 12 in New Jersey.

Through September 1997, more than 2,100 kilograms of cocaine, 75 pounds of methamphetamine, and almost $7.5 million in currency have been seized in this one investigation.

The common thread throughout all of these operations, whether the groups are from Mexico or from Colombia, is that they display a need for the cell heads or the organizational heads to communicate with both the syndicate leadership outside the United States; that is, in Colombia and Mexico, and their subordinates

throughout the United States. These communication links are critical to the efficient operation of the organizations and are at the same time their greatest vulnerability.

With sophisticated communication encryption equipment becoming available to these traffickers, our access to their communications could be severely limited or indeed completely eliminated in the near future.

I would like to talk about the heroin trends and the rising tide. The cases just discussed focused on cocaine trafficking, but heroin is a rising threat. Just a few years ago, Southeast Asian heroin dominated trafficking on the east coast, and Colombian heroin was nonexistent.

The average purity of heroin in 1996 was 71.9 percent while some purchases registered as high as 95.5 percent pure. Today, from New York to Miami, Colombian heroin is widely available, extremely pure and remarkably cheap.

The organized criminal groups controlling the Colombian heroin trade have been able to establish their substantial market share through aggressive marketing techniques, such as providing free samples to new customers, forcing cocaine customers to sell heroin or have their cocaine supplies cutoff, and cutting the price of a kilogram of heroin in half, from roughly $150,000 to as low as $90,000.

Unfortunately, high-quality heroin is being offered at a cheap price on the streets of America at a time when some in the fashion and entertainment industries are seeking to glamorize heroin use. Tragically, teenagers who are ravaged by heroin begin the abuse process by administering the heroin through smoking or nasal ingestion, but they quickly find themselves drawn to injection to satisfy what is frequently called, "the hook," the onset of addiction that happens so rapidly and so frequently with heroin.

Heroin of Southeast Asian, Southwest Asian, and South American origin is readily available throughout all of the urban areas of New Jersey. Of the 21 counties in New Jersey, in a recent commanders' meeting of the county narcotics task force commanders, well over half the counties reported the emergence of heroin. And, most alarmingly, in some of these areas, the heroin was emerging in the high schools.

Heroin purity levels in the first and second quarters of fiscal year 1997 have averaged between 60 and 70 percent. Heroin throughout the New Jersey area, mostly from South American sources, still ranks well above the national average in terms of purity. South American heroin continues to remain in the forefront of desirability, due as a result of price, availability, and purity.

Heretofore, New Jersey Dominicans have primarily been involved in lower-level wholesale and retail drug distribution. Recently, however, we have seen Dominican groups increasingly assuming a more dominant role in the wholesale trafficking of cocaine and heroin, which they, in turn, receive from their Colombian competitors.

One of the things that I'd like to talk to you about is the MET initiatives. DEA has addressed the relationship between drug trafficking and violent crime through the Mobile Enforcement Team Program. When invited by local police departments or sheriff's offices, or prosecutors, the MET team, as it's called, will send in a team of specially trained investigators with specialized equipment

and resources to work with the local authorities to dismantle the most violent groups operating as drug traffickers and gangs.

The teams aggressively target and build cases against these individuals. And after the MET deployments have been completed, local authorities generally report decreased crime rates and measurable improvement in quality of life in the communities affected.

During August 1997, for example, there was a 3-week intensive MET deployment requested by the Atlantic City Police Director. This deployment ended with the arrest of 29 out of a total of 71 suspects. To date, followup investigations have arrested additional suspects, for a total of 58 of the 71 suspects arrested.

A MET team was deployed to Paterson in March 1996, and concluded its operation there in February 1997. The MET and Paterson Police Department targeted several violent Dominican crack cocaine trafficking groups whose leaders were previous felons and responsible for most of the retail drug sales in the city.

Overall, the deployment resulted in 37 arrests on Federal drug charges with 4 defendants facing homicide charges. Four and a half pounds of crack cocaine, an ounce of heroin, and numerous weapons were seized during this particular investigation.

Finally, a MET deployment in Camden, NJ, from January 1995 to February 1996 focused on open air drug markets and resulted in 196 arrests and the seizure of 637 grams of crack, 74 grams of heroin, 85 grams of cocaine, and numerous weapons.

In conclusion, Mr. Chairman and members of the subcommittee, the current situation in Newark division, throughout New Jersey and other areas of the United States is serious and must continue to be addressed vigorously.

Newark Division investigations show that the drug threat is not confined to border regions or even to major cities like New York. It is reaching even into small communities, such as Freehold.

Applying a multiagency approach to attack these trafficking groups will continue to be our strongest asset and principal strategy in dismantling the organized criminal syndicates that control the drug trade throughout the United States and throughout the State of New Jersey.

We would like to thank you once again for the opportunity to testify at this hearing and hope that we have left you with a clear understanding of the drug trade here in the State of New Jersey. In particular, with your continued interest and support, we will attempt to combat this growing threat through joint investigations and efforts that will yield positive results.

At this point, I will conclude my statements.

Mr. HASTERT. Thank you, Mr. Coleman.

At this time, Mr. Kaye. Here's a little different point of view as a prosecutor.

Mr. KAYE. Mr. Chairman, Mr. Pappas, I also have given an outline of testimony, but I'd just like to highlight a few things. The first one is we are greatly honored that you came here to this community to listen to us, rather than us trying to take the train to Washington when an Amtrak strike was threatening for Wednesday.

This is the suburbs. You can't miss that on your way in. Your earlier comment showed about the houses. They are single-family

homes with lawns. They show a lot of private ownership. But the drug problem is very little different here than it is in any other place in the country.

The population in this county is roughly 700,000 people, just about the same as in Middlesex County. This is one of the largest prosecuting jurisdictions in the United States. The only things that we don't have in common with the cities are violent gangs and drive-by shootings. Other than that, everything else is pretty much the same, even the demographics of the population the same.

I was president of the National District Attorneys Association last year. I'm now the chairman of the board. I travel all around the country, and I see these different DAs' offices, prosecuting offices. There's something very unique about New Jersey.

We have a law enforcement structure unlike any other State. It's very pyramid-shaped. Essentially the attorney general of the State sits at the top. Then in each county, the county prosecutor sits at the top. And we work ourselves down, so that we are very, very unified when we approach a problem.

Everyone on this table here is a law enforcement person. Something has happened in the last 5 or 6 years in regard to what we do. And that is we've changed our emphasis. Even though we have all these programs and these law enforcement initiatives that result in arrest, the fact is that most of us have changed our emphasis toward prevention and prevention takes two parts.

The first part is you don't start. The second part is if you start and you're already there, then you get some kind of treatment. There are lots of different ways you can approach this. My belief in the don't start business is you deal with kids and you educate them or inform them or through some manner of information, you provide them with enough information so that they can make the decision not to start.

Schools are doing a great job. I don't think there's any question that kids get more antidrug messages in school than they get anywhere else in the community. As Congressman Pappas has sort of alluded to, they don't get very good information about that from their parents. The household surveys on drug use show that, in fact, parents give them the least amount of antidrug information.

I believe personally that we need more juvenile officers than police departments. Juvenile officers fill a very, very special function in a police department.

For example, in my county, I have 48 police departments, the largest of which is perhaps 100 officers. Of those 100 officers, there may be no more than 2 or 3 juveniles. Yet, half the population of the community are juveniles.

Community policing is very, very important. It's helped a lot of places. The community police are not the same as juvenile officers, who know every kid in town, know their habits, can actually act like surrogate parents.

The next part on treatment is that treatment often doesn't work. It's hard. You've got to keep going back and going back and going back. I see that Guy Polican from the prison is in the audience here. We're starting to open up some treatment opportunities in our jails.

Here's my thoughts on treatment and something that you ought to bear in the back of your mind when you're voting on appropriations. There's been a dispute between law enforcement and treatment facilitators for years over where the money goes. There's less and less Federal money all the time. The argument is over who is going to get it.

We favor treatment. We strongly favor treatment. But nobody goes into treatment without us. If it weren't for law enforcement, people wouldn't be in treatment.

The idea that if somebody wakes up on Monday morning and says, "Gee, it's really a beautiful, sunny day. I think I'll just go down and start my treatment" is baloney. They start treatment because they failed, they're arrested, they've had their car taken, they've had their house forfeited, they've had their money taken. And it's happened not once but twice or three times.

Finally their family is fed up with them and everybody is sick and tired of them. Then they go into treatment and maybe they failed. But then they should go back again and again. We favor that, but it doesn't happen without us.

One last quick point or maybe two if you don't mind. One is how we measure our success. We measure our success by a standard: How many people are taking drugs; how many people are being arrested; how many crimes are being committed? The problem is that we've readily had a tremendous failure in that regard nationwide.

The FBI's statistics only cover seven major felonies. They do not cover drugs. They do not cover juveniles. Department of Justice statistics with their victimization surveys do not cover anyone under 12 years old.

In anticipation of coming here, I looked at the national household survey on drug abuse in 1996, which quotes from Donna Shalala, which says that the level of drug use remains the same but that overall drug use has fallen 50 percent in the last 15 years.

I then get another report 1 month later from the National Parents Resource Institute for Drug Education, which says we are now at the highest level in 9 years and 1 out of every 5 high school seniors weekly uses drugs, 1 out of every 10 daily, and the arrest rate is at its highest level since the survey began in 1987.

These numbers are all over the place. When it comes to juveniles, the police fill out a uniform crime report. Uniform crime report goes into the State, does not go to the Federal offices when it comes to juveniles. The State then tries to figure out who got convicted of what later on.

And the record is hierarchical so that if you committed as a juvenile five or six different crimes, what you would eventually be convicted of would be one crime. It's a very, very misleading indication of where we are and how we're doing.

The problem is that it also gives us difficulty in figuring out where we're spending the money. What are we doing? Are we putting our resources in the right place?

I would suggest that sometime, gentlemen, there be an effort to create a commission to develop a national picture of crime, which would include drug use as about 40 percent of the crime in the country, that is accurate, that all of us can use, and that will be

more beneficial to not only law enforcement but to the people in treatment and socially.

One last line to echo Special Agent Coleman. Encryption is a very, very important thing for us. If we lose the battle which you gentlemen will be voting on soon for encryption, the communication information between drug dealers and terrorists will be totally out of our realm, we will have no ability to do anything about it.

Thank you.

[The prepared statement of Mr. Kaye follows:]

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Date: Monday, October 20, 1997

Outline by: JOHN KAYE, PROSECUTOR MONMOUTH COUNTY

Hearing entitled:

Report From the Frontline

I. NATURE OF THE PROBLEM.

A. No community or area is exempt.

B. We are a drug-oriented society.

1. Media bombardment, indicating that there is a pill or a drug to take for any ailment or discomfort.

http://www.prosecutor.co.monmouth.nj.us
e-mail prosecutor@prosecutor.co.monmouth.nj.us

2. The message is that "if we don't feel good, we need to take something and, therefore, we will feel better right away."

3. We are an impatient society that does not want to persevere or endure or work through any type of problem -- we demand the quick fix, the easy solution.

4. It is not a large step then to go from recommended use to abuse. If a little is good, more will be better -- be it pills, medicine, alcohol, tobacco or controlled dangerous substances.

C. Concerning controlled dangerous substances, our geographical location is a major factor contributing to our problem and its peculiarities.

1. We are close to major points where CDS enters the country.

   a. New York City
   b. Newark
   c. Philadelphia

2. Major highways and mass transit make access easy and inexpensive to these points. This also creates jurisdictional problems for local law enforcement efforts.

3. Prices for CDS at major urban cities are less than the prices in suburban areas. This encourages trips to obtain the CDS.

   a. Schedule A attached details the prices for CDS in Monmouth County. In New York City, the price is generally one-half the cost the substance is being sold for in this county.

   b. This encourages the development of many entrepreneurs whose initial "stake" does not have to be that great, and can then enable one to double their money upon a return to this area..

4. In central New Jersey, we have many dealers -- users -- who sell to continue their own habit, and this applies to all CDS substances.

    a. This also works to facilitate young people in undertaking distribution to supplement their own use.

5. In central suburban New Jersey, it is not necessary to stockpile large quantities of controlled dangerous substances. Our dealers commute!

    a. This also helps to lessen their criminal exposure by not having to have large quantities on hand, should they be stopped en route or raided.

    b. The quantities most often encountered by the Narcotic Strike Force and Tactical Narcotic Team Units are gram weights, one eighth ounce weights, ounces and pound quantities of marijuana (generally under five pounds).

    c. Kilo quantities are rare for our suburban area.

D. We have limited open-air drug markets.

1. Distribution operations are most often closed circles of relatively few people who know each other.

    a. This makes infiltration by law enforcement difficult, as dealers are wary of people they do not know or who suddenly appear on the scene seeking to obtain CDS.

2. The open air markets that we have serve to supply users easily with small quantities of CDS.

    a. In Monmouth County, the most significant and notorious area is Asbury Park. This is a one-mile square ocean-front town of 16,000 people.

b. Substantial assets, in terms of money and manpower, have been devoted by law enforcement in this County to this location, but the problems continue. (See Schedule D, attached).

c. Asbury Park is within a thirty-minute car drive from any area in Monmouth County and, also as a coastal community, has mass transit -- rail and bus -- accessibility.

3. Users go to Asbury Park and quickly return to their own communities --homes -- where the CDS is consumed and shared behind closed doors.

a. This requires time and manpower intensive investigations to develop provable cases.

b. Investigations almost exclusively depend upon cooperating informants to provide a basis for the obtaining of search warrants.

E. Trends in Use.

1. All CDS is present and available in Monmouth County to include marijuana, cocaine, heroin, LSD, methamphetamine, ecstasy, ketamine, etc.

a. The most prevalent CDS is cocaine, followed closely by marijuana.

b. Users are becoming younger (see Schedule C, attached).

c. Heroin has taken an upturn in popularity (See Schedule D, attached).

(1) Purity - 80%-90% pure.

(2) Manner of ingestion - snort/inhale - users do not have to begin their use with a substance by using needles.

This is a result of the increased purity of the heroin available, and has opened up a whole new market to young middle-aged suburban people.

(3) Availability - four major sources.

(a) Southeast Asian heroin
(b) Southwest Asian heroin
(c) Mexican heroin
(d) Colombian heroin - very pure, wholesale price.

(4) Price.

(a) A "bundle" of heroin is New York City constitutes ten bags of heroin. The cost for the ten bags is $100.00. In Monmouth County, each bag sells for $20.00 per bag.

(5) Results.

(a) More overdose cases and the victims are younger individuals.

(b) Once an individual commences to use heroin, it is easy to turn to the use of injections as such a method of ingestion uses less CDS, thereby saving money, wasting less and still packing the same high.

(c) Turning to the process of injection by the use of needles facilitates disease transmission and, specifically, AIDS.

(d) Ecstasy - a methamphetamine derivative - and Ketamine - a cat tranquilizer - are being used by young people ages 13 through mid-20's, especially at "RAVE" parties held at teen clubs.

1) The popularity of these two substances necessitated the adding of them to the list of controlled dangerous substances.This was done first by the FDA and New Jersey followed the lead and added them to the State CDS schedules, making their possession an indictable offense, where it had been only a disorderly persons violation for Possession of a Prescription Legend Drug without a Prescription.

(e) The mainstay and gateway substances, however, are constant.

1) Alcohol and tobacco are the dominant gateway substances of abuse (see Schedule C, attached).

2) Our approach to these substances as society determines our effectiveness in dealing with the drug problem. (See IID).

II. STEPS THE FEDERAL GOVERNMENT HAS TAKEN AND CAN TAKE TO MAKE THE TASK OF SUBURBAN LAW ENFORCEMENT MORE EFFECTIVE

A. The federal government needs to keep abreast of new developing abusive substances.

1. Federal leadership here is crucial, as states will follow, categorizing for their own laws the substances that the federal government classifies as controlled dangerous substances.

2. The example of ketamine, rophynol (date rape drug), and ecstasy highlight this point.

3. The federal government needs to be able to respond quickly to the changes in patterns and uses of substances.

B. Continued encouragement of cooperative investigations between federal enforcement agencies and state and local law enforcement.

1. Our County Narcotic Strike Force and Tactical Narcotic Teams over recent years have worked actively and constructively with the DEA, FBI, ATF, Postal authorities and Customs.

2. Drug trafficking can present jurisdictional problems in this metropolitan/suburban area that not only involves towns within a County, but different counties and, indeed, different states.

a. Federal jurisdiction is a great asset, enabling law enforcement To put an entire operation within one prosecuting authority.

3. In this area, Congress needs to look at the threshold levels for prosecution by the United States Attorney General's Office.

a. Often, federal thresholds are so high in terms of the nature of the substance, i.e. powdered cocaine versus crack cocaine, or sheer weight of the substance, as in marijuana, that cooperative investigations that could best be handled by the federal authorities come back to the

counties.

b. The problem developed is that the standards of the investigation under federal law are less onerous to law enforcement as opposed to state law, and especially New Jersey law. For example, the law in the areas of discovery, wiretaps and search and seizure issues.

c. There is a need to see a greater willingness of the United States Attorney to take good cases against significant local targets that may not specifically meet existing threshold standards.

d. The distinction under federal law as to powdered cocaine versus crack is a good example.

(1) Our Task Force has found that when working a cooperative case, the federal insistence upon obtaining crack can hinder the investigation by eventually tipping off the target that federal authorities are involved.

(2) Cocaine is bad, regardless of its form. Congress should revisit the reasons for the distinction and perhaps upgrade powdered cocaine to the same level as exists for crack cocaine.

C. Funding support from the federal government is crucial to the ability of New Jersey and other states to mount solid offenses against drug trafficking.

1. Byrne grants are essential to maintain state narcotic task forces because of local budget crunches.

a. Such grants are crucial in providing a basis to keep task forces equipped with new sophisticated equipment

needed to keep abreast of the criminals and equal to their firepower and technology.

b. Task forces are capable community policing agents which directly impact upon the quality of life in our communities.

c. Task forces also zero in on gangs, weapons and violence that go hand-in-hand with drug investigations.

2. OCDETF (Organized Crime Drug Enforcement Task Force) funding is likewise vital to state and local prosecutions. The Monmouth County Prosecutor's Office is able to work two to three significant investigations a year because of the assistance of this task Force and its funding.

3. Funding for the creation and developing of drug analysis labs for counties would be of substantial assistance to local law enforcement.

a. This would increase the speed of analysis, as this state and other states are cutting back on a number of labs available, thus increasing the time it takes to have drugs analyzed for law enforcement and prosecution matters.

D. Leadership.

1. The most significant step that the federal government can take in addressing the drug problem in the United States which is, indeed, a drug use problem, is to provide clear, unequivocable leadership from the top on down that proclaims the message that drug use is wrong and must not be tolerated.

2. This must be a clear message and a continuing one.

3. The ultimate solution to the "drug problem" is to eliminate the abuse of substances.

4. There are four elements for a "four corners offense" to achieve this goal.

   a. Law enforcement needs to maintain its efforts and priorities, as indicated above.

      (1) Law enforcement does work, it provides deterrents encourages treatment, protects the public by removing offenders from society and provides punishment to the individual offender.

   b. Education efforts must be supported in our schools - kindergarten through college.

   c. Treatment must be available to end the cycle of dependency by addressing the reason for individual abuse in the first place.

   d. Public awareness must be kept at the forefront. This drum must be beat as continuously as the person in Cleveland beats the drum for that ball team.

5. The children of this nation are our most precious resource. We can not allow them to turn to substance abuse.

   a. Contact with our children and schools shows clearly that the gateway drugs of abuse are alcohol and tobacco (see Schedule C).
   The ages of first exposure are getting younger and younger as New Jersey's Middle School Survey on Substance Use disclosed.

   b. The federal government has recently dealt effectively with the tobacco industry and the message of the danger of tobacco use must be continued.

   c. The same approach now needs to be directed at the

alcohol industry, especially as to beer.

(1) Our children are bombarded by beer ads in the print media and especially by the commercials on television. All major sports are heavily sponsored on television by beer companies. The commercials they produce are the best; they are the funniest; and it is clear that they target our children. Ads feature talking frogs, lizards, "jiving crocodiles" and all ads associate consumption of the product with good times. We can no longer afford to encourage the use of a substance that has such an immediate and devastating impact upon our society as alcohol.

(2) Well over 50% of the crimes we prosecute day in and day out are committed when the offender was under the influence of a substance and, most frequently, that substance is alcohol.

(3) One need think only of the area of domestic violence and the impact that that offense has on our nation, and realize how often alcohol abuse is a major factor underlying the commission of crime.

(4) Think again of the toll on our highways in terms of loss of life and medical expenses generated by alcohol-involved accidents.

d. We must target the gateway drugs because the steps are clear that from alcohol and tobacco use our children go to marijuana, cocaine and then to all other substances. Drug abusers indicate that every time they use a substance, they did not get into trouble, but every time they got into trouble, they were using or trying to get a substance to use.

e. A massive federal-led campaign against alcohol is needed. When the federal government leads, the states will follow.

Mr. HASTERT. Mr. Paquette—Chief.

Mr. PAQUETTE. Mr. Chairman, Congressman Pappas, I'd like to thank you for the opportunity to appear before you today. I consider it an honor and a privilege.

Much like Mr. Kaye has already stated, the demographics of Middlesex County are really the same when we talk about suburban New Jersey. South Brunswick Township is located in the southern portion of Middlesex County, which is centrally located within the State of New Jersey. This county has an approximate population of 700,000 residents.

Due to the proximity of this county to both New York City and the city of Philadelphia, it has become a conduit for the transportation of narcotics. It has been established in recent years that both cities figure prominently in the importation of large shipments of cocaine, heroin, and marijuana.

Numerous trends have been identified, but one, in particular, illuminates a monumental problem when we speak of narcotics use. The age of experimentation has decreased. Although all trends represent problems for law enforcement and our country as a whole, I don't believe any are more disturbing than a study that revealed adolescents are using drugs at an earlier age. Drug use among our young people age 12 to 17 years old rose 105 percent from 1992 to 1995.

At a local level when we talk about addressing this problem, I really look at it as a prevention strategy and an enforcement strategy. The first prevention strategy available to law enforcement is the philosophy of community policing. It is the only option that can be classified as both a preventative tool and an enforcement option.

In its purest form, community policing is best known for its ability to interact and problem-solve. In its most effective form, it combines the assets of prevention with the possibility of enforcement because not all areas of concern are amenable to positive preventative interaction.

The second prevention strategy available to local law enforcement is the D.A.R.E. Program. This is conducted in conjunction with the local school district and is incorporated into the school curriculum at the fifth or sixth grade level. This program deals with issues such as peer pressure, the ability to say no, self-esteem, and many others.

The third prevention strategy available to local law enforcement is a general one that is best utilized and done in cooperation with the local school district. This is a program that identifies 30 assets a young person should have in order to grow up healthy, caring, and responsible.

The strength of this prevention strategy is the community itself. When the results of the survey are released and problem areas are identified, it becomes a community initiative to develop solutions.

The first area to be discussed when speaking of enforcement strategies is again the philosophy of community policing. As mentioned previously, community policing does not equate to diminishing one of our main functions—arresting offenders. Rather, community policing recognizes the need to keep all options available to law enforcement.

The second area I would like to discuss as an enforcement technique is the utilization of the task force in narcotics enforcement. The task force investigates primarily those individuals involved in the crimes of possession of a controlled dangerous substance and possession with intent to distribute. This is done through cooperation with multiple law enforcement agencies.

The third area of enforcement that is critical to narcotics enforcement is drug interdiction programs. It is particularly relevant to this county to have such types of directed patrol because of the number of highways in the area, the access to major cities, and the need for a coordinated effort to be successful.

Inclusive of strategies at a local level, the Federal Government has an integral part in the total enforcement process in relation to narcotics. From a local standpoint, one of the Federal Government's greatest successes has been their ability to tackle source interdiction and production eradication on an international level.

The biggest area of Federal involvement has been in the development and implementation of block grants for local law enforcement. These grants have allowed municipalities to apply directly to the Federal Government in the form of Cops Fast, Cops More, and the Cops Universal grants. Without these grants applied directly to local police agencies, most would not be in a position to hire officers, assign juvenile detectives, or hire civilians to help combat the drug problem.

As a result of the research, in my opinion, in this area, I submit the following recommendations at a local level for local law enforcement.

First, police departments should adopt a philosophy of community policing because it brings the community into the process and makes them a part of, not apart from, the needed solutions.

Second, aggressive enforcement of all drug laws by law enforcement. There must be a rebirth of the belief that drugs are illegal and possession of any amount will result in arrest and prosecution.

Third, aggressive prosecution, strengthening of drug laws, and stronger sentencing, coupled with uniform guidelines could greatly enhance law enforcement's ability and capability to make a difference.

Fourth, expansion and aggressive utilization of the task force concept for narcotics enforcement.

Fifth, better communication between law enforcement agencies and the need to constantly evaluate and recognize that at times investigations would grow beyond our individual capabilities.

Sixth, more interaction with school districts to provide meaningful programs with consistent reinforcement to students from grammar school through high school.

Seventh, continued utilization of deterrence to possession of narcotics, even if the method is known and suspected. The use of canine dogs trained to identify and locate narcotics is quite successful in school locker sniffs and reducing the amount of narcotics kept in the school environment.

I also have three recommendations for the Federal Government in their interaction at the local law enforcement level. The first and probably one of the most important is the continued use and expansion of grant programs. Block grants to municipalities for the hir-

ing of additional police officers have been the impetus of hiring of police officers at the local level and allow towns to take the initiative in addressing areas of concern that they may not be in a position to do otherwise.

Continued concentration on source reduction and narcotic eradication at an international level with a continued emphasis on interdiction at points of entry.

And, third—this is echoed both from the Federal level and from the county level with Mr. Kaye—a recognition that technology has changed the ability of law enforcement to have all the tools we need to be successful. There must be constant evaluation of technological advances and their impact on law enforcement.

The result must be timely changes in the laws to allow law enforcement to do our job. In particular, what we're talking about is the encryption and the ability to conduct successful wire taps.

I'd like to thank you for the opportunity to be here today. I hope I have given you some insight from a local law enforcement perspective, and I appreciate it.

[The prepared statement of Mr. Paquette follows:]

I would like to take this opportunity to thank the members of the SubCommittee on National Security, International Affairs and Criminal Justice of the Government Reform and Oversight Committee and Representative Michael Pappas for allowing me to testify before you to discuss this very important and critical issue. Narcotics is a problem that every police chief and police department has to deal with, because it doesn't recognize borders or social class. Middlesex County does not exist in a vacuum, and as a result we are no different than any other jurisdiction in our dealings with narcotics. In preparing this testimony, I have taken the liberty of not only relating problems and successes relevant to South Brunswick, but have also included research and data relevant to Middlesex County. It is my position that this makes my report and testimony more comprehensive and demonstrates the problems associated with narcotics on a wider scale and specific to Central New Jersey.

Preparation for this testimony would not have been possible without the assistance of many people and agencies from Middlesex County. I am proud to state that our law enforcement agencies have risen to the challenge and supplied me with vast amounts of current information concerning this issue. I would like to thank the following people for their unselfish involvement in this testimony: Middlesex County Prosecutor Robert Gluck, Chief Thomas D. Rizzo of the Middlesex County Prosecutor's Office, Captain Jeffrey A. Greczyn and Sgt. Ronald Kushner of the Middlesex County Prosecutor's Office Narcotics Task Force; Director Thomas Maltese of the North Brunswick Police Department; and the members of my Command Staff.

DEMOGRAPHICS

South Brunswick Township is located in the southern portion of Middlesex County in the State of New Jersey. The Township encompasses an area of approximately 43 square miles which categorizes it as one of the largest incorporated townships in the state. Due to the proximity of South Brunswick to both New York City and the City of Philadelphia, it has become a conduit for the transportation of narcotics. This problem is exacerbated because two major highways afford direct connection between the previously mentioned cities: Route 1 and the New Jersey Turnpike. Our location in Central New Jersey, coupled with easy access to major roadways makes this community a prime region for all types of development, including commercial, industrial, office, residential and warehousing.

In 1964, South Brunswick was a rural farming community with a population of approximately 13,000 residents and a compliment of approximately ten police officers. Today, South Brunswick is a suburban community with an estimated population of 35,000 residents and a police force comprised of sixty eight officers. In 1960, South Brunswick was the sixteenth largest of twenty five municipalities in Middlesex County, and by 1990, it had become the tenth largest. Today it is the second fastest growing community in Middlesex County.

The crime rate in South Brunswick is relatively low, (the latest UCR report lists this jurisdiction's crime rate at approximately 6%). However, our community experiences all types of problems and this agency has investigated all types of crimes. Juvenile problems account for approximately 40% of our total workload and it is our prediction

this will increase over time because South Brunswick is a growth community. The 1997 graduating class from our high school had about 300 students, the incoming kindergarten class for this year is 600 students. Many of these children are from families who have moved from more urban environments to South Brunswick because of quality of life concerns. However, it has resulted in an increase in calls for service, more narcotic investigations, more arrests and we believe this trend will continue to increase.

Narcotic investigations in suburban environments are difficult to initiate because of the method of conducting business. In jurisdictions similar to South Brunswick, law enforcement does not deal with the typical street sale(s) of narcotics. Over time, we have found that most dealers buy their product from one of the nearby cities: New York, Philadelphia, Trenton or New Brunswick. This product is then sold clandestinely to users who are known to the dealer and the transaction takes place out of public view. This allows a perception to develop that particular municipalities do not have "drug problems". South Brunswick is not unlike any other town in New Jersey or the United States: Narcotics are present and the battle is far from over.

Middlesex County is located centrally within the State of New Jersey and has an approximate resident population of 700,000 citizens. As stated previously, the close location to major East Coast cities and various highways makes this area a conduit for individuals distributing various types of controlled dangerous substances. It has been established in recent years that both cities figure prominently in the importation of large shipments of cocaine, heroin and marijuana. This county has a varied demographic make-up. The northern through the central areas of the county are comprised of urban and suburban type housing and business tracts. This area includes three cities: New

Brunswick, Perth Amboy and South Amboy. The central through the southern portions of Middlesex County includes suburban types of housing and business tracts as well as areas which are largely rural in nature.

In the past, the area from Philadelphia north to the Bucks County area of Pennsylvania has directly impacted the methamphetamine and methamphetamine derivative trade throughout Middlesex County. The vast majority of the individuals distributing those narcotics within Middlesex County would procure them from clandestine laboratories operating within those areas.

The New York City area has become the major northeastern point of importation for various controlled dangerous substances and has become the main destination for Middlesex County based on distributors wishing to purchase amounts for re-distribution in our area. A vast majority of the cocaine, heroin and marijuana seized within the county originates from New York City. The low overhead associated with traveling to the City has facilitated this problem. The most frequent modes of transportation being utilized are the motor vehicle and public transportation which consists of buses and trains.

There are numerous major roadways dissecting Middlesex County which are used for the transportation of the narcotics. This includes not only the New Jersey Turnpike but also the Garden State Parkway. Both Amtrak and New Jersey Transit operate railheads with several major commuter terminals located within Middlesex County. This includes stations within the cities of New Brunswick, Perth Amboy and South Amboy as well as several in the larger suburban areas such as Edison, Woodbridge and Metuchen. These rail lines are also being utilized to facilitate the procurement and re-distribution of

the controlled dangerous substances between New York City and Middlesex County.

Middlesex County is also located very close to City of Newark. In recent years, there has been growing indications that some individuals elect to travel to this city rather than to New York City to make their purchases. The northern most portion of our county is only ten miles from the City of Newark. In addition, the Port Newark/Port Elizabeth container shipping terminals is one of the largest and busiest in this country.

There are four international airports all in close proximity to Middlesex County: Newark International, Philadelphia, LaGuardia and Kennedy airports. Major portions of the county can be directly accessed by the Atlantic Ocean. The towns of Sayreville, South River and the City of New Brunswick lie along the Raritan River. The cities of Perth Amboy, South Amboy as well as the towns of Cartaret and Woodbridge are accessed by the Arthur Kill which is a deep water channel.

TRENDS AND TYPES OF NARCOTICS

The types of narcotics that are most prevalent in Central New Jersey are varied and, unfortunately, easy to acquire. Intelligence reveals that pricing is dictated not only by supply and demand but also the location of the transaction. The low end of the price range occurs at wholesale price locations such as New York City and the City of Newark. The middle of the range takes place in the urban areas of Middlesex County such as New Brunswick and Perth Amboy while suburban transactions are the most expensive such as in East Brunswick, South Brunswick and Cranbury.

The number one illicit drug of choice throughout Middlesex County is cocaine/ "crack" cocaine. The most common purchase at street level is a gram and the price ranges

form $20 to $120 for cocaine. The purchase of "crack" ranges from $40 to $100 per gram. Heroin continues to increase in popularity rivaling cocaine as the drug of choice throughout Middlesex County. Seizures of this narcotic are taking place in urban as well as suburban municipalities in this area. The most significant factor affecting the use of this narcotic is it's purity. Not too many years ago, the purity level of heroin in this area was about 5% to 10%. Today the purity continues to rise with the average being 55% to 60% pure with a high near 97%. Part of this is attributable to the method of ingestion. Many users no longer inject the heroin, rather they snort it. In order to achieve the "high" they expect, the drug was made more pure. The increase in it's purity has not resulted in a price increase and this has certainly had an impact on it's growing popularity. In the last five years, this growth in popularity, has resulted in a 33% increase in confiscature and a 25% increase in arrests. A deck of heroin can be purchased for between $10 and $20.

Marijuana continues to be available throughout the entire Middlesex County area with usage and distribution on the rise. One gram is sold for between $10 and $20. This particular narcotic is also grown throughout the county, one does not have to go to the urban areas to purchase it. We have discovered people growing it in their homes as well as in fields where the growers believe they and their product are safe because most people will not recognize it.

L.S.D. is available in various Middlesex County jurisdictions tending to be particularly prominent in the high school and college communities. Most L.S.D. in this county is on perforated blotter type paper usually printed with some sort of design, (cartoon characters, geometric designs, etc.). A single dose of L.S.D. is referred to as a

"hit" and may be purchased for between $3 and $5.

Other narcotics that are found in this county are methamphetamine, PCP, steroids, ecstasy and Ketamine. Methamphetamine sells for approximately $100 per gram. PCP is found in some of our urban areas and can purchased for between $200 and $600 per liquid ounce. Steroids are available in this county and appear to be increasing in popularity especially among high school aged males. This drug has been seized in injectable form as well as in oral form. The drug ecstasy has been recently encountered in various towns throughout the county as well as Ketamine which is referred to as Special K, which is an animal tranquilizer.

Narcotic enforcement throughout Middlesex County has witnessed all levels of the distribution chain from street level to importer. It has also become evident over the last couple of years that some individuals are intent on setting up distribution cells within the Middlesex County area to eliminate the need for travel to and from New York City and/or Philadelphia. This has become particularly true in the heroin trade. Recent trends of note in the area of narcotics enforcement in Middlesex County are:

1. The resurgence in the use and distribution of methamphetamines and their derivatives throughout the county.

2. A rise in the amount of heroin seized and individuals arrested for heroin related offenses.

3. Increased intelligence concerning a rise in the use of marijuana, L.S.D., and ecstasy among younger adults.

4. The age of experimentation has decreased and younger children are trying narcotics for the first time at an earlier age. Studies conducted by the Governor's Office in 1995 and 1996 indicate that it is not unusual for 5th or 6th graders to try these substances.

Although all the trends represent problems for the law enforcement community and

our country as a whole, I don't believe any are more disturbing than the studies that reveal adolescents are using drugs at a earlier age. The National Household Survey on Drug Abuse shows that substance abuse among adults has not changed significantly in recent years. However, drug use among our young people, age 12-17 years old rose 105% from 1992 to 1995. In 1992, only 5.3% of young adolescents who were surveyed reported drug use, compared to 10.9% in 1995. If this current increase in the users of narcotics at a young age goes on unchecked, America will reach the peak level of recorded drug use, which occurred in 1979, in only four more years. It appears that today's youth do not view drug use as risky or harmful, and believe it's use is widespread.

One of the most disturbing revelations of the study is that marijuana is indeed a "gateway drug". Studies conducted in 1994 by the Center on Addiction and Substance Abuse at Columbia University have shown that 60 percent of children who smoke pot before the age of 15 move on to cocaine, whereas only 20 percent who first smoke pot after age 17 report using cocaine. In New Jersey this trend of acceptance was shown to be true in 1995 by a study conducted by the Division of Criminal Justice which revealed that 69.9% of the high school students surveyed had some negative view about marijuana use, down from 85.9% who had a negative view of marijuana use in 1989. These results are further verified when additional results show that high school students in New Jersey who have tried marijuana at some time in their lives was 27% in 1992 and rose to 42.1% in 1995. However, the most disturbing aspect of all the studies was identified by the Department of Health and Senior Services when results showed substance abuse is unacceptably high among 7th and 8th graders. This study reveals that well over half of all

New Jersey 7th and 8th graders, (57%), have tried alcohol, and 2 out of 5 have tried cigarettes. Fourteen percent report having tried using marijuana at least once in their lives, and eight percent report that they used marijuana in the month preceding the survey.

LAW ENFORCEMENT OPTIONS- PREVENTION

In the 1980's, the law enforcement community across the country viewed it's role as enforcement oriented with a "lock them up and throw away the key" philosophy. This type of attitude didn't work then and it certainly will not work now. Although a legitimate part of our role is enforcement, it is not our only role. Prevention is an aspect of law enforcement that must be viable and viewed as something that is positive. Prevention is another word for being proactive. Proactivity is the concept of getting involved before something happens or getting involved to get something positive to occur. In my opinion there are three major options available to local law enforcement that deal with prevention of crime and can be specifically used in the fight against drugs.

The first prevention strategy available to law enforcement is the philosophy of community policing. Community Policing is a unique option for any law enforcement agency to analyze. It is the only option that can be classified as both a preventative tool and an enforcement option. In it's purest form, community policing is best known for it's ability to interact and problem solve. In it's most effective form, it combines the assets of prevention with the possibility of enforcement because not all areas of concern or individuals are amenable to positive preventative interaction.

In order for community policing to truly have an effect on crime, there must be a de-emphasis on the police component and an emphasis on the community component. It

is unfortunate that a high percentage of citizens still view the police with some suspicion and question our motives. As a result, some citizens do not view themselves as partners in our struggle to improve everyone's quality of life. Although not a new concept in American Law Enforcement, it is one that is gaining ground and becoming the preferred method to deliver police services to our citizens. The days are long gone when law enforcement agencies can claim they are solely responsible for the quality of life in a given jurisdiction. For many reasons, the police can not operate in a vacuum and need the support and assistance of our residents. The philosophy of community policing allows us to work together in a true partnership, develop mutually agreeable strategies for identifiable problems and adopt a recognition that the community are the police and the police are the community. Community policing is not a panacea, nor will it result in every problem being solved. However, in South Brunswick, we have seen quite a change in how citizens view the police department and how the police department views itself. As a result, it is not uncommon for residents to take an active role in identifying problem areas or individuals relating to narcotics. A feeling of trust has developed not only with our residents but with our Board of Education, Municipal Government and other municipal agencies.

The second prevention strategy available to local law enforcement is the D.A.R.E. (Drug Abuse Resistance Education) program. This is conducted in conjunction with the local school district and is incorporated into the school curriculum at the fifth or sixth grade level. This program deals with many issues such as peer pressure, the ability to say no, evaluating consequences, assertiveness, understanding the effects of narcotics and

other mind altering substances, managing stress, reducing violence, recognizing positive role models, resisting gang and group violence and self esteem. The curriculum covers thirteen weeks and involves frank discussions on these substances effect on the mind and body, the students feelings about narcotics and attempts to prepare them for the temptations that lay ahead as they get older. It is my opinion that this program is a great asset to all communities and should be mandatory. Although, there has been much recent discussion concerning the merits of the program and it's long term effects, I maintain the positives vastly and significantly outweigh any possible negatives.

If there are any negatives about the D.A.R.E. program, it is not with the curriculum, it is with it's lack of consistent reinforcement. Prior to the program being offered to school children at the 5th or 6th grade level, there is probably little if any interaction with a police officer and little if any discussions with a knowledgeable adult about drugs. Without reinforcement through at least middle school and maybe even the beginning of high school, the quality and long term effects of the program are greatly diminished. It is my opinion, that the D.A.R.E. program or a modified version of it should be mandatorily provided at grades that are lower than the current program, 5th or 6th, and additional reinforcement should be given at least through the first year of high school.

In South Brunswick, and in some other county school districts, we offer an additional program at the 7th grade level called W.A.V.E. (Weapons and Violence Education), which is a natural progression from the D.A.R.E. program. This deals specifically with the attitudes about violence, the difference between real and fictional violence, conflict resolution and the effects of resorting to violence. We have found it to be a very successful program and the feedback from the students and teachers is also very

positive. Additionally, we also offer a K-4th grade program about drugs. This curriculum is similar to the traditional D.A.R.E. program but sets the stage for the students as they get older and need more than ever the ability to make good solid decisions concerning their future and the decisions they will have to make.

The third prevention strategy available to local law enforcement is again one that is best utilized when done in cooperation with the local school district at the implementation level. This is a program that identifies thirty assets a young person needs in order to have them grow up healthy, caring and responsible. The intent is to allow a community to recognize the need for all children to acquire as many of the thirty assets as possible because there is a direct correlation between the number of attained assets and high risk behavior. This high risk behavior includes the use of narcotics and is a good indicator of the young community as a whole. Once the behaviors are identified, the community can initiate a strategy to overcome the negatives. The strength of this prevention strategy is the community itself. When the results of the survey are released and problem areas are identified, it becomes a community initiative to develop solutions.

LAW ENFORCEMENT OPTIONS- ENFORCEMENT

Enforcement of narcotic laws at the local level is an option that will always be necessary. I do not believe the day will come when there will be voluntary compliance with all the laws pertaining to use and sale of narcotics. However, a more important issue than the enforcement of narcotic laws is the method law enforcement uses to be successful. Although there are countless ways to enforce the laws, I will focus on three

areas that I believe are crucial to our success. These areas are pertinent to Central New Jersey and have been very productive to date and, in my opinion, can be combined with other tactics to increase efficiency and effectiveness.

The first area to be discussed is the philosophy of community policing and it's unique application to law enforcement in general and narcotics enforcement specifically. As mentioned previously, community policing does not equate to diminishing one of our main functions, arresting offenders. Rather, community policing recognizes the need to keep all options available to law enforcement. Although voluntary compliance is the preferred method of following the law, arresting individuals for violations of the law is always an alternative.

The second area I would like to discuss as an enforcement technique is the utilization of the Task Force in narcotics enforcement. The Middlesex County Narcotics Task Force was established in 1971, and is one of the oldest such organizations in the State of New Jersey. The Task Force was initially formed to combat the growing problem of drug use and distribution throughout the Middlesex County area. The Task Force is not only comprised of County Enforcement Officers, but each individual municipality is encouraged to participate in this enforcement by assigning one officer to the task force for a specified time, up to a one year commitment. The purposes of the Task Force are:

1. The investigation, prosecution and conviction of individuals violating the New Jersey Controlled Dangerous Substance Act, in cooperation with state and federal law enforcement agencies, and to investigate drug related violence within the County.

2. Reduction in the amount of controlled dangerous substances throughout the County and reduction in the number of incidents involving drug related violence.

3. Investigation of all levels of the distribution chain, from street level dealers up to and including those involved in high level/importation.

4. Reduction in the number of duplicative investigations between concerned agencies through cooperation with those agencies.

5. Recovery of criminally attained assets in cases involving controlled dangerous substances.

6. Improvement of training in the area of narcotic investigation for municipal police officers.

7. Incorporation of the Statewide Narcotics Action Plan (SNAP) into the enforcement philosophy of the Task Force.

The Task Force investigates primarily those individuals involved in the crimes of possession of a controlled dangerous substance and possession with intent to distribute. This is done through cooperation with municipal, county, state and federal law enforcement agencies at all levels of the distribution chain. The Task Force identifies sources for the various controlled dangerous substances, infiltrates when possible by undercover investigations, conducts electronic surveillance's, identifies trends in trafficking, gathers intelligence and makes arrests and pursues convictions of offenders.

This approach is unique in that it offers the ability to gain legal advice immediately because an Assistant Prosecutor is assigned to the Task Force. In addition, there are other Assistant Prosecutors available should the need arise to review the case and give legal advice. This type of enforcement option is particularly important in our county because of the diverse make-up of the local police agencies. In Middlesex County we have police departments with as few as three police officers and departments with as many as two hundred police officers. The Task Force allows for a coordinated effort, expertise in this area of law enforcement and a larger geographical area that is not hindered by local borders.

The third area of enforcement that is critical to narcotics enforcement are drug interdiction programs. It is particularly relevant to this county to have such types of directed patrol because of the number of highways in the county, the access to major cities and the need for a coordinated effort to be successful. Large seizures have resulted from this type of enforcement and have been very successful in diminishing the amount of narcotics that reach our streets for distribution. Over time, law enforcement agencies in this county have found this type of enforcement to be most successful when there is a coordinated effort between multiple police departments. This coordinated effort utilizes saturation patrol techniques on particular roadways at specified times in order to curtail narcotic transportation through Middlesex County.

FEDERAL GOVERNMENT INVOLVEMENT

The Federal Government is an intregal part of the total enforcement process in relation the narcotics. Their involvement is critical in certain areas because of their equipment, personnel, jurisdiction and expertise. From a local standpoint, one of Federal Government's greatest successes has been their ability to tackle source interdiction on an international level. Without the federal agencies taking the lead in this measure, the narcotic problem in this country would be far greater than it is now. Local law enforcement which includes state agencies, do not have the ability, resources or authority to leave this country and take measures to halt the growing and shipment of the narcotics into this country.

The transportation of narcotics into the United States comes from many sources. Some of these originating areas are Mexico, South America and South East Asia. Law

enforcement officials in this county believe that a critical element to assist in the eradication of narcotics is source reduction. Without a continuing emphasis on this tactic, more narcotics will enter this country and the problem becomes a vicious cycle between users, dealers and police without much chance of curtailing the products availability.

The biggest area of federal involvement has been in the development and implementation of block grants for local law enforcement. These grants have allowed municipalities to apply directly to the federal government in the form of COPS FAST, COPS MORE and the COPS UNIVERSAL grants. Without these grants supplied directly to local police agencies, most would not be in a position to hire officers or civilians to help combat the drug problem. In South Brunswick, we have been able to utilize all of these grants and as a result are now an active participant in the Middlesex County Narcotics Task Force. Additionally, because of the hiring we have civilianized some positions and have been able to put more officers in assignments where their law enforcement expertise can be utilized doing police work.

RECOMMENDATIONS

In conducting the necessary research to prepare this testimony, it became evident, that law enforcement is doing the best job they can in dealing with narcotics in this country. However, it is not fair to assume that law enforcement should be viewed as the only component of the Criminal Justice System that can make a difference. Barriers must be removed, trust must be earned, long term commitment must be our hue and cry, all levels of government must be involved, citizens must become active participants and the

Criminal Justice System, as a whole, must work together.

Neither I or my colleagues place blame or point fingers, but I think everyone will agree that no matter how good a job we do in dealing with narcotics, we can always do better. If we move forward with that work ethic and credo, I don't believe there is anything we can't overcome. In that vein, I submit the following recommendations concerning narcotic enforcement:

Law Enforcement Activities

1. Police departments should adopt the philosophy of community policing because it brings the community into the process and makes them a part of not apart from the needed solutions.

2. Aggressive enforcement of all drug laws by all levels of law enforcement. This sounds too simple and in most peoples mind is taken for granted. The use and abuse of drugs in this country has developed a mentality of "casual use" which no longer brings with it social disapproval. There must be a rebirth of the belief that drugs are illegal and possession of any amount will result in arrest and prosecution.

3. Aggressive prosecution coupled with uniform guidelines would greatly enhance law enforcement's capability and ability to make a difference. Plea bargaining must constantly be reviewed and assessed because of the perception that probation, suspended sentences or alternatives to incarceration make its use and sale worth the risk. Narcotics knows no bounds and doesn't recognize borders which means we all must work together. Uniform guidelines would allow law enforcement to be more effective and successful.

4. Strengthen drug laws by assessing current penalties and making possession of specified amounts of narcotics, types of narcotics and selected methods of transactions subject to stronger sentencing.

5. Expansion and aggressive utilization of the Task Force concept for narcotic enforcement.

6. Better communication between law enforcement agencies and the need to constantly evaluate and recognize that at times investigations grow beyond our capabilities.

7. More interaction with the school districts to provide meaningful programs with consistent reinforcement to students from grammar school through high school. This allows the police to be viewed as appropriate role models and give school children access to an adult who can counter the temptations they will encounter.

8. Continued utilization of deterrents to possession of narcotics, even if the method is known and expected. The use of canine dogs trained to identify and locate narcotics are quite successful in school locker "sniffs" in reducing the amount of narcotics kept in the school environment.

Federal Government

1. Continuing use and expansion of grants.
    a. Block grants to municipalities for the hiring of additional police officers.
    b. Develop a grant to improve the utilization of the D.A.R.E. program and prevention programs in general.

2. Continued concentration on source reduction and narcotic eradication at an international level with a continued emphasis on interdiction at ports of entry.

3. A recognition that technology has changed the ability of law enforcement to have all the tools we need to be successful. There must constant evaluation of technological advances and their impact on law enforcement. The result must be timely changes in the law to allow law enforcement to do our job.

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Mr. HASTERT. Thank you. Thanks for being with us.

Captain Butt.

Mr. BUTT. Mr. Hastert, Mr. Pappas, and members of the community, thank you very much for the opportunity to testify before you today.

New Jersey's drug problems are as diverse as its population and geography. Similar narcotics activities occur throughout the 21 counties, varying only in degree and intensity. From large-scale importation and distribution networks controlled by foreign drug lords to organized street-level distribution operations monopolized by violent gangs, drugs have infiltrated every community in New Jersey.

In many of New Jersey's urban cities, areas exist where street-level drug trafficking is blatantly conspicuous and dealers operate with impunity. In these communities, open air drug markets, crack houses, and drug trafficking in public housing have become serious threats to the safety of residents and have eroded the quality of life in many neighborhoods.

Despite educational programs to promote drug abuse awareness, expanded rehabilitation and treatment efforts, and increased enforcement, drug trafficking and drug abuse in New Jersey have increased steadily. Most alarming is the widespread use of drugs among teenagers.

In 1996, there were over 61,000 arrests reported by New Jersey law enforcement agencies for drug abuse violations. Juveniles accounted for about 11,000, or 18 percent, of these arrests. It has been estimated that 65 percent of all violent crimes committed in New Jersey are drug-related.

The drug activities which occur throughout central New Jersey are part of a continuum and cannot be viewed as an isolated and localized problem. The primary transportation and courier routes utilized by traffickers to ferry narcotics into and through New Jersey from importation centers as far away as Houston, Los Angeles, and Miami, and from New Jersey's urban distribution markets in Newark, Paterson, and Camden flow through the heart of central New Jersey.

The New Jersey Turnpike, the Garden State Parkway, Interstates 95 and 195, and U.S. Route 1 are routinely traversed by couriers in the employ of foreign drug cartels and domestic traffickers alike. State highways and rural county roads ensure that narcotics which make their way from these distant locales find their way to the very heart of New Jersey's most suburban communities.

Cocaine and heroin are available in unlimited supply in New Jersey. The Colombian cocaine cartels and their Mexican allies have entrenched themselves in New Jersey and import vast quantities of cocaine into this area on a weekly basis.

More recently, the cartels have gained a strong foothold in the heroin market, importing large quantities of the drug into New Jersey in a variety of methods, including commercial airline flights, which arrive at Newark International Airport daily.

Higher purity levels and cheaper prices have created an explosion in the user population, not only in inner cities, but in communities throughout New Jersey.

Marijuana also remains a readily available controlled dangerous substance in New Jersey. While the majority of the marijuana consumed in New Jersey originates from outside sources, domestic cultivation, by indoor and outdoor clandestine growers, continues to be a significant problem for New Jersey's law enforcement.

Methamphetamine is readily available in most areas of New Jersey. Production and distribution are dominated by individuals with strong links to Philadelphia-based organized crime families and outlaw motorcycle gangs. Mexican cartels are also gaining a foothold in the northeast meth market.

Other controlled substances which remain a concern for law enforcement, health officials, and educators in New Jersey include: prescription drugs; LSD; PCP; designer drugs, such as MDMA, currently referred to as Ecstasy; Ketamine, a veterinary tranquilizer referred to in drug circles as Special K; and inhalants. While less frequently abused than cocaine, heroin, and marijuana, these substances are popular among youthful substance abusers and are widely used at rave parties.

The New Jersey State Police remain committed to leading New Jersey's war on drugs. We are actively engaged in the campaign against substance abuse on all fronts. Uniformed State troopers, who patrol New Jersey's super highways and rural back roads, are on constant vigil against traffickers and couriers who continuously replenish the State's drug supplies.

The State Police Narcotics and Organized Crime Bureau in its commitment to the Statewide Narcotics Task Force has formulated and implemented strategic initiatives which target all levels of narcotics trafficking in the Garden State.

A narcotics trafficking unit was established to target individuals and organizations engaged in the wholesale importation and distribution of narcotics. The unit focuses primarily on the trafficking activities of such large-scale organizations as the Colombian cocaine cartels, Mexican trafficking federations, and Caribbean drug syndicates.

A narcotics enforcement unit, with members stationed throughout northern, central, and southern New Jersey, targets mid-level and street-level narcotics distributors in urban, suburban, and rural areas of the State.

The most recent undertaking of the unit has been the implementation of a Quality of Life Task Force, which is designed to take back the streets in communities under siege by drug dealers and drug gangs. Open air drug markets and notorious drug hot spots, where stranger-to-stranger drug transactions are commonplace, are the primary targets of these details. All details conducted have been cooperative efforts between local, county, and State enforcement resources.

A special operations unit coordinates highly successful projects which target methamphetamine manufacturing and distribution statewide. In cooperation with the Drug Enforcement Administration, the unit coordinates special marijuana eradication efforts through the federally funded Domestic Cannabis Eradication and Suppression Program. This project includes members of the New Jersey National Guard, who provide logistical and tactical support.

An organized crime unit conducts investigations of traditional organized crime families and emerging ethnic syndicates which are engaged not only in narcotics trafficking but in a wide spectrum of criminal activities. As organized crime becomes a global concern and as more ethnic-based criminal groups gain a foothold in New Jersey, the organized crime unit is developing an expertise in meeting head on the unique challenges presented to law enforcement by these groups.

The New Jersey State Police, in cooperation with the Division of Criminal Justice, has expanded its role in addressing the problems of gang-related crime and violence in New Jersey.

One of the primary focuses of our street gang unit is the identification of gang hierarchies and their relationship with large trafficking organizations. The State Police serve as a liaison to county task forces and assist municipal and county agencies in formulating and implementing effective strategies aimed at reducing the influence of gangs in our communities.

This portrait of drug abuse in New Jersey, as detailed in my report, dramatically illustrates how this cancer is impacting upon the quality of life in our cities and towns. For our benefit, and for the benefit of future generations, New Jersey's law enforcement community must remain united with educators, community organizations, and social services to set a steady course toward reducing substance abuse in central New Jersey and the entire Garden State.

Thank you.

[The prepared statement of Mr. Butt follows:]

EXECUTIVE SUMMARY

New Jersey's drug problems are as diverse as its population and geography. Similar narcotics activities occur throughout the twenty-one counties, varying only in degree and intensity. From large-scale importation and distribution networks controlled by foreign drug lords, to organized street-level distribution operations monopolized by violent gangs, drugs have infiltrated every community in New Jersey. In many of New Jersey's urban cities, areas exist where street-level drug trafficking is blatantly conspicuous and dealers operate with impunity. In these communities, open-air drug markets, crack houses and drug trafficking in public housing have become serious threats to the safety of residents and have eroded the 'quality of life' in many neighborhoods.

Drug problems continue to plague the citizens of New Jersey. New Jersey's narcotics abuse patterns are similar statewide, yet they display a sense of diversity within each county. The counties are variously confronted with open-air drug markets, organized distribution networks, interdiction problems, street-level and mid-level dealers, marijuana cultivation, as well as the problems inherent to infiltrating diverse drug networks. Despite educational programs to promote drug abuse awareness, expanded rehabilitation and treatment efforts, and increased enforcement, drug trafficking and drug abuse in New Jersey have increased steadily. Most alarming is the widespread use of drugs among teenagers. In 1996, there were 61,416 arrests reported by New Jersey law enforcement agencies for drug abuse violations. Juveniles accounted for 11,054 (18%) of these arrests. It has been estimated that 65% of all violent crimes committed in New Jersey are drug-related. In 1996, there were 42,420 violent crimes reported to New Jersey law enforcement agencies.

The drug activities which occur throughout central New Jersey are part of a continuum, and cannot be viewed as an isolated and localized problem. The primary transportation and courier routes utilized by traffickers to ferry narcotics into and through New Jersey, from importation centers as far away as Houston, Los Angeles and Miami, and from New Jersey's urban distribution markets in Newark, Paterson and Camden, flow through the heart of central New Jersey. The New Jersey Turnpike, the Garden State Parkway, Interstate 95, Interstate 195 and U.S. Route 1 are routinely traversed by couriers in the employ of foreign drug cartels and domestic traffickers alike. State highways and rural county roads ensure that narcotics which make their way from these distant locales find their way to the very heart of New Jersey's most suburban communities.

'Crime in New Jersey', prepared by the New Jersey State Police Uniform Crime Reporting Unit, reported 61,416 arrests for drug abuse violations in the State of New Jersey in 1996. This figure represented a 4 percent increase compared to arrests in 1995. While arrest statistics revealed the presence of all forms of controlled dangerous substances in New Jersey, 97 percent of all drug violations were for possession, use, sale or manufacture of cocaine, opiates (including heroin and morphine), marijuana and hashish.

Cocaine and heroin are both available in unlimited supply in New Jersey. The Colombian cocaine cartels, which continue to dominate the cocaine market in the northeast, have entrenched themselves in New Jersey and import vast quantities of cocaine into this area on a weekly basis. More recently, the Colombian cartels have gained a strong foothold in the heroin market, importing

large quantities of the drug into New Jersey on commercial airline flights which arrive at Newark International Airport daily. Higher purity levels and cheaper prices have created an explosion in the user population, not only in inner cities, but in communities throughout New Jersey. The cocaine and heroin marketed at the wholesale level by the Colombian cartels makes its way quickly to retail distributors located in every urban community in New Jersey. Retail distribution is controlled primarily by Hispanic and African-American trafficking networks. These networks supply inner city street-level markets, as well as mid-level distributors in suburban communities and rural hamlets.

Marijuana also remains a readily available controlled dangerous substance in New Jersey. In 1996, 24,447 arrests for possession and distribution of marijuana represented 40 percent of all drug abuse violations in New Jersey. While the majority of the marijuana consumed in New Jersey originates from outside sources, domestic cultivation, by outdoor and indoor clandestine growers, continues to be a significant problem for New Jersey law enforcement.

Methamphetamine, which is readily available in most areas of New Jersey, is manufactured primarily in southern New Jersey and Pennsylvania in clandestine laboratories. Production and distribution is dominated by individuals with strong links to Philadelphia-based organized crime families and outlaw motorcycle gangs.

Other controlled substances which remain a concern for law enforcement, health officials and educators in New Jersey include: Prescription drugs (including amphetamines and barbiturates), LSD, PCP, designer drugs such as MDMA (commonly referred to as Ecstasy), Ketamine, a veterinary tranquilizer referred to in drug circles as "Special K", and inhalants. While less frequently abused than cocaine, heroin and marijuana, these substances are popular among youthful substance abusers, and are widely used at "rave parties".

The New Jersey State Police remain committed to leading New Jersey's war on drugs. We are actively engaged in the campaign against substance abuse on all fronts. Uniformed State Troopers, who patrol New Jersey's super highways and rural back roads, are on constant vigil against traffickers and couriers who continuously replenish the State's drug supplies.
The New Jersey State Police Narcotics and Organized Crime Bureau, in its commitment to the Statewide Narcotics Task Force, has formulated and implemented strategic initiatives which target all levels of narcotics trafficking in the Garden State, from street-level distribution networks which impact upon the 'quality of life' of New Jersey residents to wholesale importation and transportation operations controlled by foreign drug lords.

In 1996, recognizing the need to more effectively marshall resources from with the Division of State Police to address the growing drug threat and to combat the increasing number of emerging crime syndicates engaged in narcotics trafficking, the Narcotics and Organized Crime Bureau was streamlined and reorganized to more effectively accomplish this mission. Specialized operational units were established which are designed to target each area of drug trafficking in New Jersey.

A Narcotics Trafficking Unit was established to target individuals and organizations engaged in the wholesale importation and distribution of narcotics. The Narcotics Trafficking Unit focuses primarily on the trafficking activities of such large-scale organizations as the Colombian cocaine

cartels, Mexican trafficking federations and Caribbean drug syndicates. Members of the Unit participate in the Northern New Jersey High Intensity Drug Trafficking Area (HIDTA) project which targets heroin trafficking and its corresponding money laundering industries in Bergen, Essex, Hudson, Passaic and Union Counties.

The Narcotics Enforcement Unit, with members stationed throughout northern, central and southern New Jersey, target mid-level and street-level narcotics distributors in urban, suburban and rural areas of the State. The most recent undertaking of the Narcotics Enforcement Unit has been the implementation of a 'Quality of Life' Task Force which is designed to take back the streets in communities under siege by drug dealers and drug gangs. Open-air drug markets and notorious drug 'hot spots', where stranger-to-stranger drug transactions are commonplace, are the primary targets of these details. Since October 1996, this highly successful project has conducted over seventy 'Quality of Life' details throughout New Jersey which have resulted in nearly seven hundred arrests for various drug violations. All details have been cooperative efforts between local, county and state enforcement resources.

The Special Operations Unit coordinates several highly successful projects which target methamphetamine manufacturing and distribution and marijuana cultivation statewide. The New Jersey State Police Active Laboratory Emergency Response Team (ALERT) investigates methamphetamine trafficking by organized crime figures and outlaw motorcycle gangs, with an emphasis on locating and dismantling clandestine production laboratories. ALERT members coordinate the specialized training of state, county and municipal law enforcement personnel who investigate and respond to these highly toxic facilities. In cooperation with the Drug Enforcement Administration, the Special Operations Unit coordinates New Jersey's marijuana eradication efforts through the federally funded Domestic Cannabis Eradication and Suppression Program. This project includes members of the New Jersey National Guard who provide logistical and tactical support.

The Organized Crime Unit conducts investigations of traditional organized crime families and emerging ethnic syndicates which are engaged not only in narcotics trafficking, but in a wide spectrum of criminal activities, including banking and credit card fraud, high technology and cellular telecommunications theft, loansharking, gambling and extortion. As organized crime becomes a global concern, and as more ethnic-based criminal groups gain a foothold in New Jersey, the Organized Crime Unit is developing an expertise in meeting head on the unique challenges presented to law enforcement by these groups.

The New Jersey State Police, in cooperation with the New Jersey Division of Criminal Justice, has expanded its role in addressing the problem of gang-related crime and violence in New Jersey. Given that violent gangs control much of the street-level drug trafficking in many of New Jersey's urban areas, one of the primary focuses of the Street Gang Unit is the identification of gang hierarchies and their relationship with large trafficking organizations. The New Jersey State Police serve as a liaison to county task forces, and assist municipal and county agencies in formulating and implementing effective strategies aimed at reducing the influence of gangs in New Jersey communities.

This portrait of drug abuse in New Jersey, as detailed in this report, dramatically illustrates

how this cancer is impacting upon the quality of life in our cities and towns. For our benefit, and for the benefit of future generations, New Jersey's law enforcement community must unite with educators, community organizations and social services to set a steady course toward reducing substance abuse in the Garden State.

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DEMOGRAPHICS

New Jersey is a remarkably diverse state. There are urban centers such as Newark, Trenton and Camden, with inner city problems as challenging as any major metropolitan city. There are rural areas ranging from the mountains of Warren and Sussex counties to the Pine Barrens, marshes and beaches of South Jersey and the Jersey Shore. Between the two are sprawling suburbs; bedroom communities for people working in New York and Philadelphia. Regrettably, both of these source cities offer easy access for drug dealers looking for supplies of illicit narcotics.

New Jersey is one of the five smallest states by area (7,496 square miles), yet it is the ninth largest state by population (7,730,200). It is the mostly densely populated state in the country, with an average population of 1,031 people per square mile. It has a transportation system which is among the nation's busiest, with superhighways which include the New Jersey Turnpike, the Garden State Parkway, the Atlantic City Expressway, Interstate-80 and Interstate-95. In addition, New Jersey has a myriad of secondary roadways which connect the interior areas of the state. Unfortunately, while this vast highway system allows easy and direct access to markets for goods produced both in the United States and abroad, these same highways permit illegal drugs and other contraband to flow into and through New Jersey virtually undetected and unimpeded.

New Jersey has two international airports located within its borders, Newark International Airport in northern New Jersey and Atlantic City International Airport in southern New Jersey, which serve as primary conduits for illegal narcotics entering the United States and for the departure of illicit proceeds returning to source countries. In addition, international travelers, including drug smugglers and couriers, have easy access to John F. Kennedy and LaGuardia International Airports in New York, and Philadelphia International Airport in Pennsylvania. New Jersey also has 51 smaller, often unregulated, airports throughout the state which are utilized to import and distribute illegal narcotics.

A significant portion of the central-eastern region of the state is composed of miles of ocean front property, bays and inlets into the Atlantic Ocean. These areas make maritime drug smuggling a profitable activity. Also, there are several commercial fishing fleets operating in the central and southern areas of the state, enhancing the possibilities for smuggling activity. Interdiction operations are on-going to curtail these illegal activities. In the northern part of the state, there are seaports in Newark, Elizabeth, and other locations along the Hudson River. In the southern part of the state, along the eastern border, there are approximately 120 miles of shoreline property along the Atlantic Ocean and Raritan Bay, and on the southwestern border there is the Delaware Bay. Along these waterways, there are hundreds of marinas allowing easy access to small boats. These marinas are often used to facilitate the importation and distribution of illicit drugs.

THE CENTRAL JERSEY PERSPECTIVE

Central New Jersey is a representative cross section of the drug problems inherent in communities throughout the Garden State. Narcotics activities which occur in Mercer, Monmouth and Hunterdon Counties, are similarly found throughout the remaining 18 counties, with variances only in intensity and frequency. According to a needs assessment survey completed by county and

municipal law enforcement agencies, the most common drug activities which occur throughout the State include: open-air drug markets, major narcotics networks and courier routes, marijuana cultivation, drug-profit money laundering, narcotics trafficking in public housing and narcotics trafficking on public transportation. Each of these narcotics-related activities can be found throughout the central New Jersey region. In urban settings, such as Trenton and Asbury Park, open-air drug markets exist where stranger-to-stranger drug transactions are commonplace. Neighborhoods exist within these communities where school age children are recruited into gangs to sell drugs on street corners and in schools, and to provide a watchful eye against encroachment by rival gangs and law enforcement.

AVAILABILITY OF DRUGS IN NEW JERSEY

According to law enforcement agencies in New Jersey, all traditional forms of narcotics are available throughout the State. A survey of county task forces completed in the fall of 1996 indicated that the most often encountered drugs include cocaine (including crack), marijuana, heroin, methamphetamine, ketamine, ecstasy and LSD. Cocaine, heroin and marijuana are available in all of New Jersey's 21 counties.

Cocaine

The New Jersey/New York metropolitan area has become a major importation and distribution center for Colombian, and more recently Mexican, cocaine cartels. In close proximity to Queens, New York, the northern counties of Bergen, Hudson, Middlesex and Union are the hub of the cartels' illicit activities in the northeast United States. Along the boulevards of these communities, cottage industries which support the drug trade, including money remitters, currency exchanges, international calling centers and multi-service agencies cater to Colombian traffickers who orchestrate the movement of large cocaine shipments. Interspersed among legitimate commercial businesses in industrial areas, cartel operatives have established shipping firms, import/export concerns and industrial supply companies which serve as 'front' companies to receive shipments of drugs from abroad and return profits to South America. Nestled on quiet streets in the surrounding suburbs, drug shipments are stored and profits are amassed and meticulously accounted for in cartel 'stash houses'.

Cocaine appears to be available in unlimited supply, and arrives weekly in massive quantities. The northern counties of Bergen, Hudson, Essex and Union comprise a thriving retail and wholesale cocaine market which, coupled with the close proximity to New York City, can easily supply the needs of the New Jersey's cocaine users. The majority of the cocaine brought to the east coast appears to be controlled by the Colombian Cartels. While the Cali Cartel dominates the Colombian drug market in New Jersey, there are no ethnic barriers in cocaine distribution.

Marijuana

Marijuana continues to be a readily available drug of choice throughout New Jersey. In 1996, 24,447 individuals were arrested for possession and/or sale of marijuana. These arrests accounted for 40% of the total number of drug arrests in New Jersey. Both domestic and

international sources of supply are available to New Jersey users. International sources of supply are most commonly linked to Jamaican and Mexican drug syndicates. Large quantities of the drug enter New Jersey through a variety of methods: via containerized cargo at Ports Newark and Elizabeth; in tractor trailers and private motor vehicles inbound from southwestern border states; in luggage arriving at Newark and Atlantic City International Airports; and in mail parcels forwarded through common carriers, such as Federal Express and the United Parcel Service. Domestically cultivated marijuana continues to be a significant source of the drug in New Jersey. Hidden within densely forested woodlands and rural farmlands of central and northern New Jersey, and scattered throughout the pine barrens and marshes of southern New Jersey, outdoor marijuana growers cultivate and harvest bountiful crops. In suburban communities, indoor marijuana growers realize enormous profits by converting basements, spare rooms and closets into highly sophisticated hydroponic marijuana production facilities.

Heroin

The geographic range of heroin, formerly associated only with certain urban areas, has grown dramatically. The drug is now found, not only in additional urban areas, but also suburban and rural counties. In October 1992, the United State Drug Enforcement Administration reported that Newark (Essex County) had the purest and cheapest heroin available for sale in the country. High purity and low cost is normally an indication of proximity to source. Newark/New York is therefore believed to be a key importation site in the United States.

Increased availability inevitably leads to increased use. The statewide resurgence of heroin is causing a great concern. This increase is likely associated with the increased availability of smokeable and snortable heroin. Many crack addicts have switched to heroin or use it in combination with crack. There has been a dramatic increase in heroin overdose incidents reported statewide. Southeast Asian, Southwest Asian and South American heroin are all readily available in New Jersey. In response to this heroin revival, the Northern New Jersey High Intensity Drug Trafficking Area (HIDTA) project has been initiated in five of the northern counties. This initiative concentrates primarily on the distribution of heroin by organized criminal groups.

Cheaper prices and higher potency levels have created an increased demand for the drug, not only among inner city residents, but in middle class circles as well. Newark Airport has become a key importation site for Colombian heroin entering the U.S. Newark also continues to be one of the most significant distribution points in the northeast. Mid-level heroin distribution is controlled primarily by Dominican and Puerto Rican drug trafficking organizations. These groups frequently employ violent gangs, such as the Latin Kings and Netas, as distributors and enforcers. African-American trafficking groups function mainly as large-scale retail suppliers, distributing heroin, as well as 'crack' and powder cocaine, from neighborhood strongholds. 'Drug sets', street corners, housing projects and neighborhood grocery stores where street-level drug sales take place, are overseen by trusted members of a trafficking group. Intimidation and violence are commonly employed to maintain security and to dissuade rivals from encroaching on a group's territorial claims.

Methamphetamine

Southern New Jersey and the Philadelphia area have a long history of methamphetamine laboratories and trafficking networks. Traditionally, this highly lucrative trade has been controlled by organized crime families and outlaw motorcycle gangs. In recent years, the law enforcement community has cited repeated instances of an alliance between Philadelphia-based LCN families and outlaw motorcycle clubs, such as the Pagans and Warlocks, to dominate not only the production of methamphetamine, but the importation of large quantities of precursor chemicals from Europe and the Far East. Recent multi-jurisdictional investigations spearheaded by the New Jersey State Police have documented the close association between clandestine methamphetamine production facilities operated by outlaw motorcycle gang members in the Pocono Mountains region and in the southern New Jersey counties of Gloucester and Camden, and distribution networks with direct ties to Philadelphia organized crime figures.

Methamphetamine is predominant in the southern areas of New Jersey, particularly in Ocean, Atlantic, Burlington Counties. It is available on a more limited basis in the other southern regions of the state.

Other Drugs

Several New Jersey counties are reporting an increased incidence of LSD abuse, with the majority of the abuse occurring among the younger generation. It appears to be based in the high schools, causing great concern to both law enforcement officials and the education community. Based upon seizures, the majority of LSD being trafficked is blotter-type and in stamp form.

The abuse of anabolic steroids remains a growing concern in New Jersey. In most instances, the sale and distribution seem to originate in fitness centers, gyms and other athletic facilities. It should be noted that the abuse of inhalants is becoming quite popular among junior and senior high school students in the more rural sections of the state.

Ketamine

Ketamine, an anesthetic for human and veterinary use, is a legitimately manufactured product that is being abused with increasing frequency. On the street, the drug is often called "K" or "Special K." It produces effects similar to those produced by picncyclidine (PCP), and the visual effects of LSD. Drug users say "Special "K" produces a better high than PCP or LSD because its effects last an hour or less. The drug, however, can affect the senses, judgement, and coordination for 18 to 24 hours. Ketamine abuse has been reported at teen "rave" parties. Law enforcement agencies are encountering ketamine abuse when stopping drivers for what appears to be driving while intoxicated.

Rohypnol

Flunitrazepam - marketed under the trade name Rohypnol - is manufactured worldwide, particularly in Europe and Latin American, in 1-and 2-milligram tablets. Of particular concern is

the drug's low cost, usually below $5 per tablet, and its growing popularity among young people. It has physiological effects similar to diazepan (commonly known by its trade name, Valium), although flunitrazepam is approximately 10 time more potent. Flunitrazepam neither is manufactured nor sold legally in the United States. It is produced and sold legally by prescription in Europe and Latin America. The drug usually is smuggled into and transported within the United States through the mail or delivery services.

THE ROLE OF THE NEW JERSEY STATE POLICE

The New Jersey State Police is spearheading New Jersey's war on drugs with strategic and innovative initiatives which target all levels of narcotics trafficking and organized crime activity in the Garden State.

Uniformed State Troopers are responsible for patrolling New Jersey's highways and are charged with interdicting the flow of narcotics into, through, and throughout the State. Additionally, in more than 70 municipalities not serviced by municipal police departments, the State Police serve as the local police agency and exercise primary narcotics enforcement responsibility within those jurisdictions. In addition, the State Police play a major narcotics enforcement role with respect to the **Forensic Laboratory System**. State, county and municipal law enforcement agencies throughout New Jersey rely on State Police forensic chemists to analyze and identify a wide spectrum of controlled dangerous substances.

The Statewide Narcotics Task Force was established by the Attorney General in 1986 by combining resources from the New Jersey State Police and the New Jersey Division of Criminal Justice. The Statewide Narcotics Task Force is responsible for the investigation and prosecution of major narcotics distribution networks and for specialized drug enforcement. The **New Jersey State Police Narcotics and Organized Crime Bureau** comprises the bulk of the investigative resources of the Task Force. From the targeting of street-level narcotics distribution networks which errode the 'quality of life' in many cities and towns, to the dismantling of wholesale narcotics importation and transportation operations controlled by foreign drug lords.

The Narcotics and Organized Crime Bureau is comprised of a Bureau Command, which asserts primary control over all of the Bureau's operational functions and which performs all of the administrative functions of the Bureau, and four specialized operational units, including the Narcotics Trafficking Unit, the Narcotics Enforcement Unit, the Special Operations Unit and the Organized Crime Unit.

The **Narcotics Trafficking Unit** conducts investigations of individuals and organizations engaged in the wholesale importation and distribution of narcotics in the northern New Jersey metropolitan area. The focus of the Narcotics Trafficking Unit's efforts is the identification, disruption and dismantling of wholesale importation and transportation networks which supply large quantities of narcotics to local distribution markets. These investigations target not only the narcotics traffickers, but those cottage industries which facilitate the laundering of drug proceeds as well. The Narcotics and Organized Crime Bureau receives supplemental funding for two of these initiatives in the form of a Byrne Memorial Grant and a HIDTA Grant from the Office of National

Drug Control Policy.

The **Narcotics Enforcement Unit** conducts investigations of mid-level and street-level retail narcotics dealers. Recently, a **"Quality of Life" Task Force** was developed and implemented to identify and close down open-air drug markets and drug 'hot spots' which have become havens for public drinking, drug consumption and violence, and which pose serious threats to the public's safety and welfare. The Task Force is designed to provide a rapid response to crime and drug trafficking occuring in a specific locale immediately upon it's identification. This response includes increased police patrols, drug sweeps of narcotics trafficking areas, and the use of undercover and confidential source infiltration. In areas where these tactics have been implemented, drug dealers and customers alike have been displaced and forced to abandon familiar and comfortable surroundings in favor of more clandestine, secretive and cumbersome means for conducting street-level drug transactions. The 'Quality of Life' Task Force provides tactical support to county task forces and local law enforcement agencies to coordinate the investigation and dismantling of street-level and mid-level narcotics trafficking operations.

During the period beginning October 1996, through August 1997, this cooperative enforcement initiative conducted approximately sixty-nine (69) "quality of life" details which resulted in 696 arrests:

Location	**Details**	**Arrests**
Asbury Park	23	129
Burlington	1	13
Camden	15	358
Egg Harbor	2	14
Glassboro	1	1
Howell	1	1
Hunterdon	1	27
Jersey City	4	30
Long Branch	4	17
Mt. Arlington	1	17
Salem City	4	41
Neptune	1	1
Newark	3	10
Passaic	1	3
Shrewsbury	1	1
Wharton	1	6
Wildwood	1	13
Meadowlands Complex	2	5
PNC Arts Center	2	9
Total	**69**	**696**

As a result of these details, bureau members arrested 696 individuals for various narcotics violatons.

In addition, the following seizures were generated:

Cocaine	571 grams	$ 57,100.00
Heroin	573 decks	$ 11,460.00
Marijuana	5897 grams	$ 58,970.00
Currency		$ 14,326.00
Weapons	8	

To enhance the capabilities of the 'Quality of Life' Task Force, the assistance of uniformed Troopers to perform in limited undercover capacities during street-level narcotics investigations was needed. Prior to their deployment, each of these members attended a forty-hour training course entitled Covert Operations in Policing Situations. This training course was developed to instruct Division members in the fundamentals of undercover narcotics investigations. During February and March of 1997, thirty-one uniformed Troopers completed the training and were subsequently deployed during 'Quality of Life' Task Force operations.

The 'Quality of Life' Task Force is a vital component of the overall New Jersey State Police's narcotics enforcement strategy. In addition to the immediate, positive and visible impact this initiative is having in targeted areas, post-arrest interviews of defendants have resulted in the development of valuable sources of information pertaining to ongoing mid-level and wholesale trafficking operations. Analysis of this information has enabled New Jersey State Police/Statewide Narcotics Task Force investigators to more effectively develop and deploy operational strategies designed to disrupt and dismantle trafficking hierarchies.

The **Special Operations Unit** conducts highly specialized narcotics-related investigations. The unit works cooperatively with other units within the Division of State Police, as well as with federal, state, county and local law enforcement agencies. The Special Operations Unit currently receives supplemental funding in the form of federal grants which support the operations of two strategic projects which target illicit marijuana cultivation and methamphetamine trafficking in New Jersey. In addition to funding provided by federal grants, Unit members also receive supplemental federal funding during participation in Organized Crime Drug Enforcement Task Force (O.C.D.E.T.F.) investigations. Staffing within the Special Operations Unit is supported by members of the New Jersey National Guard who provide assistance to the Bureau's marijuana eradication efforts, as well as valuable services in the area of foreign language interpretation and electronic surveillance tape transcription. The following initiatives are coordinated by the Special Operations Unit:

The **Patrol Response Squad** is comprised of 10 enlisted personnel, each of whom is a certified Narcotics Detection Dog handler. The primary responsibility of the Patrol Response Squad is to provide expertise and assistance to the Field Operations Section during narcotics and money laundering investigations initiated by uniformed personnel. During these investigations, Squad members conduct searches of vehicles for hidden compartments and ensure the follow-up of narcotics-related investigations initiated during uniformed traffic stops. Bureau members also provide support to law enforcement efforts nationwide through their participation in Operation Pipeline and their dissemination of intelligence to the El Paso Information Center. In addition to

these duties, the Patrol Response Squad has established a Scent Detector Dog Training Academy which has coordinated and standardized the training of canines utilized by law enforcement throughout the State. Scent Detector Dogs have become an increasingly effective tool for law enforcement, particularly in the area of narcotics enforcement. The enactment into law of a State Money Laundering statute has dramatically increased the call for narcotics detector dogs. The training provided by certified instructors of the New Jersey State Police ensures that scent dog handlers in New Jersey receive expert and standardized instruction in detection techniques, as well as current case law governing the use of scent detection dogs.

The **Domestic Cannabis Eradication and Suppression Program**, also known as **Operation Green Merchant**, is a national program which targets both indoor and outdoor marijuana cultivation activities in all 50 states. Since it's inception in 1991, Operation Green Merchant has resulted in the seizure of 23,800 live marijuana plants, the arrests of 212 individuals involved in marijuana growing operations and the seizure of assets valued in excess of $1.5 million. In cooperation with the U.S. Drug Enforcement Administration, the New Jersey National Guard Counterdrug Support Group and the twenty-one County Narcotics Task Forces, the State Police provides tactical, logistical and administrative support to this program.

The New Jersey State Police **Active Laboratory Emergency Response Team (ALERT)** targets the illicit manufacture and distribution of methamphetamine, and the investigation of clandestine methamphetamine laboratories. It is a cooperative law enforcement effort with participation from the New Jersey State Police, the U.S. Drug Enforcement Administration, the New Jersey Department of Environmental Protection and Energy, county and local law enforcement agencies and law enforcement authorities in contiguous states. Clandestine drug laboratories often contain toxic chemicals and must be carefully dismantled in accordance with federal Occupational Safety and Health Administration (OSHA) guidelines. Advanced training in the investigation and safe dismantling of clandstine drug laboratories for state, county and local law enforcement personnel is a primary responsibility of the New Jersey State Police ALERT Squad. Bureau members who are assigned to ALERT are mandated through the Statewide Narcotics Action Plan to train other Bureau members, as well as county and local law enforcement agencies, in the investigation and dismantling of these clandestine drug laboratories.

In addition, ALERT members conduct proactive investigations into illicit methamphetamine production, with specific emphasis on methamphetamine trafficking by organized crime and outlaw motorcycle gangs.

The **Organized Crime Unit** conducts investigations of individuals and groups which are engaged in traditional and non-traditional organized crime. These investigations target the illicit activities of individuals affiliated with traditional organized crime families, including narcotics trafficking, loansharking, extortion, bookmaking and racketeering. In addition, a growing number of ethnic crime groups present unique challenges to law enforcement. The political, economic and social changes occurring in the former Soviet Union and eastern block countries are providing significant opportunities for Russian organized crime groups to expand their influence in New Jersey and the surrounding metropolitan area. The densely populated and close-knit Asian communities of northern New Jersey are fertile grounds for Chinese, Korean, Japanese and Vietnamese crime

syndicates. Nigerian and Dominican narcotics traffickers have expanded their criminal operations to include banking and credit card fraud, as well as high technology and telecommunications theft. The investigative expertise of members of the Organized Crime Unit ensures the prompt and appropriate enforcement of violations of New Jersey's Criminal Code, especially violations pertaining to the Racketeering statute. In addition, Unit members provide assistance to other federal, state, county and local law enforcement authorities who are engaged in similar investigations. Noteworthy is the assignment of a Unit member to a federal task force currently targeting Nigerian organized crime and narcotics trafficking.

The New Jersey State Police formulates and implements training initiatives for narcotics officers statewide to ensure that New Jersey law enforcement remains on the cutting edge of narcotics enforcement. **Narcotics Trafficking Trends** is one such training initiative that provides law enforcement officers with the most up to date information regarding narcotics trafficking in New Jersey, as well as in other areas of the country which impact upon this State. The **Foreign Language Initiative "Spanish for Law Enforcement"** is a training program conducted in cooperation with the Defense Language Institute, Foreign Language Center. The training provides law enforcement officers with a basic knowledge and understanding of the Spanish language and cultural mores, with an emphasis on standard police command and communication skills utilized by patrol and investigative officers during their daily course of activities.

On October 30, 1996, New Jersey Attorney General Peter Verniero issued an Executive Directive announcing the allocation of federal grant monies to enhance and expand a **Street Gang Unit** within the New Jersey State Police. The responsibility of the Street Gang Unit is to respond to the emerging gang problem, and to assist local law enforcement agencies and prosecutors in identifying and prosecuting drug-related crimes committed by gang members. The Street Gang Task Force Program added State Investigators from the Division of Criminal Justice to the State Police Street Gang Unit, effectively doubling its investigative staff. Furthermore, the program entailed the creation of a county task force system which combined resources from state, county and local agencies to form dedicated, coordinated, trained and well-supported investigative entities to respond to gang-related problems throughout the state. Each county prosecutor identified a lead person within the county to serve as a liaison with the State Police Street Gang Unit. The Divisions of State Police and Criminal Justice assist the county task forces in assessing gang activity, developing and implementing individually suited operational plans which target the most violent gangs for weapons removal and prosecution, and provide training to law enforcement personnel.

NEW JERSEY STATE POLICE
NARCOTICS AND ORGANIZED CRIME BUREAU

COMMON DRUG VALUES IN NEW JERSEY - 1997

NARCOTIC	WEIGHT - SIZE - PACKAGE	AMOUNT
Cocaine (Powder)	Bag/Druggist fold (.10 gram)	$ 20.00
	Gram	$ 90.00
	Ounce	$ 1,000.00
	Pound	$ 13,000.00
	Kilogram	$ 23,000.00
Cocaine (Crack)	Ziplock or Glassine Bag (.10 gram)	$ 10.00
	Ziplock or Glassine Bag (.20 gram)	$ 20.00
	Gram	$ 100.00
	Ounce	$ 1,000.00
	Pound	$ 12,000.00
	Kilogram	$ 22,000.00
Marijuana	Blunts	$ 4.00
	1 Marijuana Cigarette (1 gram)	$ 7.00
	Laced with P2P	$ 10.00
	1" X 1" Plastic Bag	$ 10.00
	Ounce	$ 200.00
	Pound	$ 2,000.00
	Kilogram	$ 4,000.00
Sinsemilla (High grade seedless marijuana)		
	Ounce	$ 400.00
	Pound	$ 2,500.00
Hashish	Gram	$ 25.00
	Ounce	$ 400.00
	Pound	$ 2,000.00
	Hash Oil (gram)	$ 50.00
	Hash Oil (ounce)	$ 900.00

Heroin (White)	Bag/Deck/Fold/Glassine Bag (Average Weight: .10 gram)	$ 20.00
	Quarter (1/4 teaspoon/.25 gram)	$ 50.00
	Bundle (10 decks)	$ 110.00
	Brick (5 bundles)	$ 350.00
	Gram	$ 200.00
	Ounce	$ 4,000.00
	Unit (700 grams)	$ 90,000.00
	Kilogram	$175,000.00
Heroin (Brown)	Gram	$ 300.00
	Ounce	$ 8,000.00
	Pound	$ 80,000.00
	Kilogram	$150,000.00
Heroin (Black Tar)	Gram	$ 300.00
	Ounce	$ 5,000.00
	Pound	$ 80,000.00
	Kilogram	$150,000.00
Methamphetamine	Tabs or Caps (Black Beauty)	$ 5.00
	Gram	$ 80.00
	Ounce	$ 1,000.00
	Pound	$ 10,000.00
	Kilogram	$ 21,000.00
P2P (Methamphetamine Precursor)		
	Gallon	$ 27,500.00
ICE	Vial	$ 25.00
	Ounce	$ 7,000.00
LSD	Blotter/Stamp/Hit	$ 3.00
	100 Dosage Sheet	$ 200.00
PCP (Phencyclidine)	Gram	$ 25.00
	Liquid Ounce	$ 400.00
	Ounce	$ 1,200.00

Psilocybin (Mushrooms)	Gram	$	20.00
	Ounce	$	120.00
	Pound	$	1,100.00
Peyote	Button	$	2.00
	Ounce	$	60.00
	Pound	$	500.00
Methaqualone (Quaaludes)	Tablet	$	4.00
Methadone	1 Ounce Bottle (50 - 70 ml)	$	40.00
Ketamine	"Bump" - bag or fold	$	25.00
	Gram	$	10.00
Rohypnol	Pill	$	15.00
Ecstasy	Pill/Capsule	$	30.00
Other Narcotic Drugs:	Morphine, Dolophine, Demerol, Dilaudid, Codeine (per dose)	$	5.00
Other Dangerous or Prescription Legend Drugs:	Barbiturates, Depressants, Tranquilizers, (Seconal, Tuinal, Doriden, Darvon, etc. per tablet)	$	3.00

METRIC EQUIVALENTS

1 Gram	=	0.135	Ounces
1 Ounce	=	28.350	Grams
1 Pound	=	453.59237	Grams
1 Kilogram	=	2.2046	Pounds

COMPARATIVE DRUG ARRESTS BY COUNTY
1995/1996

	SALE/MANUFACTURE ARRESTS			POSSESSION/USE ARRESTS			GRAND TOTAL		
	1995	1996	PERCENT CHANGE	1995	1996	PERCENT CHANGE	1995	1996	PERCENT CHANGE
ATLANTIC	280	385	38	2,215	2,243	1	2,495	2,628	5
BERGEN	654	609	-7	3,013	2,785	-8	3,667	3,394	-7
BURLINGTON	295	322	9	1,907	1,987	4	2,202	2,309	5
CAMDEN	1,393	1,711	23	2,826	3,326	18	4,219	5,037	19
CAPE MAY	187	176	-6	987	1,124	14	1,174	1,300	11
CUMBERLAND	200	241	21	1,020	1,139	12	1,220	1,380	13
ESSEX	5,396	6,073	13	5,255	6,355	21	10,651	12,428	17
GLOUCESTER	259	215	-17	1,153	1,358	18	1,412	1,573	11
HUDSON	2,921	2,853	-2	3,486	3,293	-6	6,407	6,146	-4
HUNTERDON	87	79	-9	229	264	15	316	343	9
MERCER	1,133	691	-39	3,165	2,604	-18	4,298	3,295	-23
MIDDLESEX	803	884	10	2,603	2,485	-5	3,406	3,369	-1
MONMOUTH	662	386	-42	3,170	3,486	10	3,832	3,872	1
MORRIS	312	297	-5	1,305	1,263	-3	1,617	1,560	[illegible]
OCEAN	337	365	[illegible]	1,877	2,045	9	2,214	2,410	[illegible]
PASSAIC	1,359	1,449	[illegible]	2,394	2,698	13	3,753	4,147	[illegible]
SALEM	141	216	53	367	435	19	508	651	[illegible]
SOMERSET	60	63	5	579	687	19	639	750	[illegible]
SUSSEX	66	52	-21	254	274	8	320	326	[illegible]
UNION	777	655	-16	3,254	3,208	-1	4,031	3,863	[illegible]
WARREN	98	99	1	267	284	6	365	383	[illegible]

STATE OF NEW JERSEY
FIVE YEAR RECAPITULATION OF POSSESSION/USE-SALE/MANUFACTURE DRUG ARRESTS

1992 through 1996

	1992	1993	1994	1995	1996
Sale/Manufacture Arrests					
Opium or Cocaine and their Derivatives	14,262	13,075	13,506	13,206	13,972
Marijuana and Hashish	2,075	2,484	2,857	3,718	3,339
Synthetic Narcotics (Demerol, Methadones)	165	183	181	201	177
Other Dangerous Non-Narcotic Drugs	191	281	295	313	343
TOTAL SALE/MANUFACTURE ARRESTS	**16,693**	**16,023**	**16,839**	**17,438**	**17,831**
Possession/Use Arrests					
Opium or Cocaine and their Derivatives	18,366	17,845	19,706	20,001	20,805
Marijuana and Hashish	10,354	12,639	16,057	20,112	21,108
Synthetic Narcotics (Demerol, Methadones)	318	304	338	384	423
Other Dangerous Non-Narcotic Drugs	769	929	994	1,118	1,249
TOTAL POSSESSION/USE ARRESTS	**29,807**	**31,717**	**37,095**	**41,615**	**43,585**
Combined Drug Arrests					
Opium or Cocaine and their Derivatives	32,628	30,920	33,212	33,207	34,777
Marijuana and Hashish	12,429	15,123	18,914	23,830	24,447
Synthetic Narcotics (Demerol, Methadones)	483	487	519	585	600
Other Dangerous Non-Narcotic Drugs	960	1,210	1,289	1,431	1,592
GRAND TOTAL DRUG ARRESTS	**46,500**	**47,740**	**53,934**	**59,053**	**61,416**

Mr. HASTERT. Thank you, Captain.

We're going to take a round of questions. I'll start. Mr. Coleman, one of the things we've talked about is increasing evidence that not only the Colombians have a presence here in New Jersey but also increasing Mexican influence and trafficking and bringing cocaine, heroin, and marijuana up across the border and actually being part of the entrepreneurship of drugs. Also, you say there's a lot of Dominican presence increasing.

Is that a cooperative effort or is there competition in the field there?

Mr. COLEMAN. First of all, it's not quite as monolithic or structured as many people would expect to see. It's more amorphous than entrepreneurial. It seems to be lining up along the following routes. The Colombians are the overall masters of this trade.

Mr. HASTERT. Right.

Mr. COLEMAN. They control the growing fields in Bolivia and Peru and parts of Colombia and Ecuador and, of course, the manufacturing process in Colombia itself. They oversee and supervise the export, transport, et cetera, to the United States. There's where it begins to get——

Mr. HASTERT. I understand. I just——

Mr. COLEMAN. That's when the Mexicans operate as transporters almost as, say, a moving company would transfer your household effects from one location to another. The Mexicans get into it, transporting the drugs from one location to another, turn it back over in some cases to the Colombians or the Dominicans.

Mr. HASTERT. In some cases take half for themselves.

Mr. COLEMAN. That's correct, yes, the Mexicans, exactly, a 50 percent fee, either in product or in cash value for the service.

Mr. HASTERT. So what's the situation here? So there's no real turf problem? It's kind of a cooperative effort? People just kind of disburse into this area——

Mr. COLEMAN. Pretty much.

Mr. HASTERT. You've seen more Mexican action and also more Dominican action?

Mr. COLEMAN. Exactly. There's enough action for everybody.

Mr. HASTERT. Let me ask another question. How much cooperation in your estimation is there among DEA, county police, local police? We talk about this triangle effect. To me, probably the most effective way to stop drugs is intelligence. Find out where it's coming from, who's dealing, and everybody has their own little pocket of intelligence.

So in this triangle that's used both in the prosecutorial side and also in the law enforcement side, is that intelligence being shared with State police, with local police, with county police, as well as with DEA in your opinion?

Mr. COLEMAN. Yes, sir, it is. And I'm very pleased to be able to say that in the State of New Jersey, as Prosecutor Kaye has mentioned, there is a linear structure from the Attorney General's Office on down in the 21 counties, each with a prosecutor, each with a task force, a narcotics task force, a statewide narcotics task force program, State police, the commanders of these task forces, and the DEA.

We meet regularly. In fact, I was at a meeting just a week ago Friday of commanders, along with Captain Butt. We exchange at those meetings updates on what's happening in each county throughout New Jersey.

I bring some of the Federal perspectives in, such as the encryption materials that we discussed earlier, et cetera. And Captain Butt brings in the statewide perspective from the entire State of New Jersey.

These are frequent opportunities to associate, to develop cases, to provide assistance, develop intelligence, and to profit from that interchange.

Mr. HASTERT. Chief Paquette, from your perspective on a daily basis, is that intelligence being shared from your perspective?

Mr. PAQUETTE. Yes.

Mr. HASTERT. Are you getting the information you need?

Mr. PAQUETTE. I think it's gotten better over time, particularly when we look at the varying levels of where the intelligence comes from. We have a great cooperative effort, not only with DEA but with the FBI, the State police.

I think at some point or some times where law enforcement could do better is particularly at the local level, when we talk about interagency cooperation at times.

One of the points I made in my recommendations was a recognition at the local level that this investigation may be beyond our capabilities. I think at times we see a following through without getting needed help going on too long. And it really hinders things in the long run.

Mr. HASTERT. Captain Butt, you're kind of in the middle here between the Federal and the local. What's your opinion?

Mr. BUTT. I agree completely with the statements that have been made. And I'd also like to add that to share intelligence has to be more than just a voice on the phone.

One thing that we do in New Jersey that's unique is we almost demand a collocation of our personnel so that on an intimate, personal basis people can get to know one another and share their intelligence more readily.

It's commonplace that information that you generate you want to try and keep close to the vest. But that information is useless unless it's utilized properly. And the best utilization is between the local, county, State, and Federal agencies working together.

We have several examples in New Jersey of collocated task forces where all personnel from all of the varying agencies report to the same building together and start their day together. And that's where the success is being generated.

Mr. HASTERT. Mr. Kaye, you talk about treatment as being most effective and that only people are getting the treatment after you have the process and give them the option of doing that or probably something else that's less desirable.

I think treatment's important, too. We've had some problems with treatment. It's very expensive. There's a lot of recidivism. And the sad part is after the fact. It's after somebody's been hooked on drugs.

Mr. KAYE. I'm talking about users, too, Congressman. I'm not talking about the Medellin Cartel here. I'm not interested in treatment for those people.

Mr. HASTERT. Right. I understand.

Mr. KAYE. I have a different treatment in mind.

Mr. HASTERT. I understand. So you're trying to move a lot of your folks into treatment, the people that you're involved with. Of those people who are the dealers—I mean, treatment of the poor kids and human beings that they've hooked on this stuff, they're the consumers. What do you see as the best lever that you have against these people who are coming into your community and bringing this stuff over and actually the dealers?

Mr. KAYE. Well, if they're dealers, they're not really interested in treatment, quite frankly. They're not interested in treatment at all. I was talking exclusively about——

Mr. HASTERT. Are tough penalties effective with these people or not?

Mr. KAYE. Well, they're pretty tough. Interestingly, Mr. Williams mentioned that Colombia has a very liberal law in that a major criminal down there was sentenced to 24 years and he got out in 7.

Ironically, in New Jersey, he would have been out in 5 because we have had always a one-fifth parole. Now Governor Whitman within the last month signed a bill which mandates 85 percent time of service, which dovetails with the Federal requirement. So that's going to——

Mr. HASTERT. So, it takes people out of circulation?

Mr. KAYE. That's exactly right. Now, that creates another problem insofar as prisons.

Mr. HASTERT. Right.

Mr. KAYE. We're about to open a new prison in the South. It will have, I'm told, 600 beds in that prison which are devoted just to treatment, which, I think, might be one of the largest in the country. But that means they're still serving time.

Mr. HASTERT. Sad commentary in my 6 years in the Illinois Legislature is that during that time, we built six prisons and no universities, which is not a very good commentary on society but necessary in many cases. So, I appreciate that.

Mr. KAYE. Yes.

Mr. HASTERT. I'm going to pass the questions over to Congressman Pappas. But before I do that, I just want to make an announcement. We're going to do something that's highly irregular in these hearings. As long as I've been here, we haven't ever done it before.

We're going to take the next panel and bring a couple of volunteers up from our student body here. We're not going to put them under oath because they haven't prepared testimony and haven't done the checking for the statistics and stuff. But in their best words, kind of their comment and ask for a few questions so we'll know. I think that's a good check and balance of what we're doing here.

Mike Pappas.

Mr. PAPPAS. Thank you. And thank you, gentlemen, for being here. I have a couple of specific questions for some of you individ-

ually but a few that I'd like comments from as many of you as would care to respond.

The first for Mr. Williams since you have the bigger picture of this on a nationwide basis, do we as a Federal Government have a similar strategy or different strategies for dealing with this in urban settings in comparison to settings such as this?

And the second part of that question, either directly related to that or maybe even a more general question: What do you think the Congress can do to enable you to have the tools that you need to do to try to combat this?

Mr. WILLIAMS. The first of that, I think when you look at the strategy for an urban setting like this, it's up to our special agent in charge, John Coleman, to work with the State and locals in his community, establish what they believe is the local impact, what does this community need for us to service the drug problem? Through working jointly in these task forces, we do address those problems.

In situations where they have violence and need more assistance, as Mr. Coleman mentioned, we have the mobile enforcement teams that will come in and work on a one-to-one basis with the local departments, make assessments with those departments to really go out and surgically try to remove a violent group or organization from that community.

What can the Federal Government do, the second part of the question, is looking to the communities, assist DEA in increasing the manpower to establish more task forces, the intelligence sharing, something that we're working on, and making sure that we can identify the local groups or drug traffickers that are working with the major drug distributors from foreign countries.

You heard about command and control. I mean, that's the thing. If we can actually go from the street dealer and follow it back through some of the techniques that use, back to the source countries, we can actually just take out the whole group of organizations. And that's really the most important thing that we could do.

Mr. PAPPAS. Thank you.

Mr. Coleman, you're probably pretty familiar with our State and the diversity that we have here. There are a number of points of entry that we have with the best transportation network and a rather extensive shoreline.

As areas such as this part of the State have changed demographically quite a bit in the last 10 or 20 years and certain areas have grown, people moving in from other parts of the country, other parts of the world, and the business infrastructure is changed as well but has seen the employment options change pretty dramatically, could you just kind of summarize your perspective as to the changes that we have seen in New Jersey, central New Jersey?

Have there been changes with regard to drug usage? And compare that with any changes in pertinent areas.

Mr. COLEMAN. Yes, sir. As you noted, the growth in New Jersey and the density of the population in the State as well as the fact that we are ranked as having the largest amount of immigrants, I believe, in the United States or if not up on top, we're close to it, these conditions produce what the people in criminological the-

ory say is strain or frustration among certain groups because they're not moving ahead in the economic stream quickly enough.

And, consequently, criminal patterns of behavior, including drug trafficking because it is an economic-based crime, will develop in those kinds of areas. And so, we have seen a shift from urban to suburban trafficking in drugs over the past number of years, 5, 10 years.

Also, the urban centers throughout New Jersey, places like Paterson, Newark, Camden, and Atlantic City, right here in Monmouth County, Asbury Park, have become minor hubs, in some cases major hubs to fill the demand in the rest of the State for drugs.

Rural areas are not without their own problems. Again, at the commanders' meeting a week ago Friday, the commander in charge of the task force in Sussex County, which is up in the northern area of the State, mostly a rural area, reported that in a tiny town called Newton, with a 5,000 population, there were four crack dealers arrested recently. This is alarming, also reports of Ketamine and heroin being available in the local high school.

When you begin to see these types of data emerge from the commanders and the other experts around the State, it tells you that the developments over the last 10 years or so moving from, again, the urban to the suburban areas of our State have been significant.

Frankly, as my fellow panel members have alluded, the response, the strategy for this is greater cooperation and greater cooperative ventures by all the different departments and jurisdictions.

Mr. PAPPAS. Thank you.

Mr. Prosecutor, you've been involved in association with your peers, not just nationally but internationally. And I'm informed that you're the U.S. representative of an organization internationally. I'm not sure what the name of that is. Could you tell——

Mr. KAYE. International Association of Prosecutors.

Mr. PAPPAS. OK. Could you tell us if you have, in that capacity, had any discussions with your peers from other countries and what gaps, if any, there are in the law that we have an effect on here in the United States that could address this international problem?

Mr. KAYE. The two biggest problems that the other prosecutors talked about—by the way, the ones that are on this association represent countries. So, I will be with the prosector for Germany or the prosecutor for France, et cetera.

There are two big problems. The first one is money laundering, which no one can seem to get a handle on. Yet, the local business people like it. The law enforcement people are very anxious to do something about it, but the banks and other places are complacent.

The second part is extradition. There is a major division between extradition and the entire world. America and Canada take one position. Other countries take another.

This is something that will have to be resolved by treaty. There has been a great deal of talk about the creation of an international criminal court, but that has run into a lot of political problems. It may happen, but if it does, it's unlikely that it will be involved with international drug smuggling, which presents a problem.

As Mr. Coleman said, the product starts in Colombia. Then it goes to Mexico. Then it goes to——

Mr. HASTERT. Starts in Peru; yes.

Mr. KAYE. Or wherever. Then the money is laundered some other place. You know, this stream runs through five, six, seven, eight different nations. And we can only go after it so far. Crime knows no borders, but we do.

Mr. HASTERT. If the gentleman will yield for a second? One of the things that I was very, very distressed at, I did a couple of speeches in Switzerland last spring. Switzerland just had a referendum that almost by 70 percent said that they shouldn't ban heroin and they should legalize heroin as well as marijuana and other things.

When that starts to develop in Switzerland, then, all of a sudden, the banking system has license to move money for what, in their country, are illegal drugs, heroin, and marijuana, which is really the source of money laundering across the world and a very, very serious problem. So your point is well taken.

Mr. PAPPAS. That was one of the questions I was going to ask of, really, everyone.

Mr. HASTERT. Sorry.

Mr. PAPPAS. No, no. That's fine. I appreciate you raising it now, the area of legalization.

I met with a group of police chiefs in Hunterdon County last week. And one of them very vehemently stated that some in our society are urging that marijuana, for instance, become a legal drug. There's a debate certainly in other States. We know what took place in California and Arizona.

I would like your comments on that, each of you. Start with Mr. Williams and just work our way down.

Mr. WILLIAMS. I'll address that, appreciate the opportunity. Being the Chief of Domestic Operations, we have been working very diligently on trying to address the Proposition 200 and 215 in Arizona and also California.

I think our position right now is until—excuse me. Let me rephrase this. I think we have to really seriously try to educate the people about the problems that we have with the legalization of marijuana or any other type of drug.

I think California right now is hanging their hat on the medical use or the benefits of marijuana to try to help seriously the dying, the people who are using. That is just basically there's not been enough research to really consider the legalization of marijuana.

And not only is it marijuana in California. In California specifically, they're looking at maybe the legalization of heroin and other things. Also with that, they look at the legalization of hemp and trying to use hemp and other byproducts of marijuana for manufacturing of clothing and things like that.

There have to be just laws changed to actually address that. And DEA's stance right now is that we're opposed to any type of laws being changed for the legalization of those two products.

Mr. PAPPAS. Mr. Coleman, do you have anything to add?

Mr. COLEMAN. The Director of the Office of National Drug Control Policy, Gen. Barry McCaffrey, several months ago, with a budget of, I think, about $2 million directed that some research be conducted by the National Institutes of Health on any medicinal claims of efficacy for marijuana, in particular.

Again, as Greg says, right now we have little more than anecdotal stories on some individuals that there is a therapeutic purpose or use for drugs such as marijuana.

The public policy on this, I believe, should be driven by empirical evidence, not anecdotal evidence. And I think this research will go a long way toward resolving the question.

The bottom line on legislation in general is the issue, which I believe is agreed to, even by proponents of legalization, that if drugs were legalized, we would have more users. That's simply a logical logistic response, not debatable.

Mr. HASTERT. My experience in Switzerland is that since their legalization, they have—for instance, in Needle Park, Zurich, they give away 15,000 needles a day. Streets and highways and sidewalks are literally littered with used needles. And that's a sharp, sharp increase from whatever they had before.

Mr. COLEMAN. Yes. It almost destroyed the tourist industry in Switzerland, and it became a magnet for drug addicts from all around Europe to flock to those parks.

So their current legalization of heroin is to be dispensed by government offices in an attempt to keep the parks clean. But, again, that's the bottom line, that legalization would lead to more users.

More users would lead to more consequences from use. And I think those are involved, not just the nexus between crime and drugs but the nexus with poverty, unemployment, and the degradation of our social environment.

Mr. KAYE. My bottom line on the legalization argument is that the drugs actually do work. We ignore the pharmacology, which is much of the experience they've had in Zurich.

I was robbed for the very first time in my life about a month ago in Amsterdam, where they have hashish and marijuana legal. The thief who robbed my wallet was the desk clerk at the hotel I was staying in after I placed it in his safekeeping to put in the safe because the sign in the room said, "Drug addicts are about. You should put your money in the safe." The thief was an addict, hashish addict. And he needed whatever he could find in my wallet, which wasn't much, to help his habit.

It's a serious problem. The stuff works.

Mr. PAPPAS. Chief.

Mr. PAQUETTE. I think anything I could say would more or less mirror what my colleagues have said. I think when we talk about drugs and narcotics use, it's been a battle. And it will continue to be a battle. And it's a battle that needs our total commitment.

To do anything other than that really means that we, as a society, capitulate that we don't feel that we can be successful in trying to diminish this. And I don't think that this country should ever be in a position of legalizing anything that the negatives vastly outweigh anything positive that you could mention.

And there is no evidence to indicate that there are any positives associated with it.

Mr. PAPPAS. OK.

Mr. BUTT. I'd like to make a comment about marijuana. Very few people start out as full-blown heroin or cocaine addicts. They start out experimenting with a lesser degree drug. Marijuana is one of

those gateway drugs toward addiction. The problem with marijuana is also its perception.

The marijuana of the 1960's, from the baby boom generation, is much different than the marijuana of the 1990's today. The active ingredient, the THC, or the tetrahydrocannabinol, is far, or five times, more potent today than it was in the 1960's. And there could be no misconception that it's not a drug that will lead to addiction.

Mr. PAPPAS. Thank you.

I just have a few more. I know we want to hear from the students, but I have just a couple of more. Mr. Prosecutor, could you either confirm or change the perception that many of us have, having been told in a regimen of different publications that many of the crimes that we have are a direct or indirect result of drug usage in our society? Would you talk about that here in this part of the State?

Mr. KAYE. Yes. A few years ago—the major crime here is burglary. This is a very wealthy county. And manufacturers have made things smaller. So they're easier to steal.

A few years ago burglary was probably our largest crime. It still is. We attributed it mostly to drug use years ago because most of the people we arrested happened to have drugs in their system when they were arrested.

The fact is, however, that—this is my opinion; Mr. Coleman will agree or disagree—drugs are cheap. They're really cheap. And you don't have to rob a house to get enough money for drugs.

My experience has been lately that it's coincidental. It also happens to be something that the burglars do. In general, we don't have violent crimes committed by people on drugs. Crack is not as prevalent here as it used to be. Heroin is increasing.

Anyway, I don't know what John thinks about that.

Mr. PAPPAS. Briefly.

Mr. COLEMAN. Again, there are a number of areas you can tack this on. One is that the crimes are associated with the drug traffickers themselves in the sense that trafficking in drugs is a crime. And there are also the crimes that drug traffickers commit to get the drugs. And then there are the crimes that are inspired or otherwise associated, correlated with criminal activity.

For example, the use of stimulant drugs, such as methamphetamine and cocaine, are more readily associated with crimes of violence, use of CNS, or central nervous system, substances, such as heroin, are less associated with crimes of violence, more associated with property crimes, for example, instead of personal crimes.

So, you have a wide variety of situations involving criminal activity and the use of drugs.

Mr. PAPPAS. My last comment, really—it's not so much a question—is for the chief that's here. I like to use the term that I like to hear about local solutions to national problems. And I certainly view people like yourself and your colleagues around this State and our Nation as really the front line of defense. And you're to be commended for that. And I certainly appreciate your testimony here today.

And I certainly want to, through you, convey to all of the local law enforcement officials in my district that my door is open. And

I certainly desire to hear from you folks very directly what are things that we in Washington can do to make your jobs easier.

You keep peace certainly in conjunction with the county prosecutor and the State police and our Federal officials that are here, but the police officer, the police detectives, the chief are the law enforcement officials that most of our citizens ever encounter, speeding tickets maybe, if you're involved in an automobile accident. But we certainly appreciate, I certainly appreciate the job that you do and the job that the other police officers do in helping make our communities a safe place.

And I certainly hope that each of you would be willing to continue to be in a dialog with us and to provide us maybe sometimes even unsolicited suggestions as to what we can do in Washington to have an effect in our communities.

Mr. HASTERT. Thank you. Sometimes the unsolicited are the best suggestions.

Just one followup question. Captain Butt, you said this and I think, Mr. Coleman, you implied that 65 percent of all violent crime that you encounter is drug related. That's amazing.

So that's theft. That's OD's. That's crime against property, theft, all those types of crimes. Is that what you're talking about?

Mr. BUTT. Yes, sir. I took those statistics from our uniform crime report. And they seem to convey a message that while drugs may be cheap, they're in plentiful supply and there's an abundance of abuse taking place.

That habit has to be supported financially, going to and from open air markets to obtain drugs, provide opportunities for the casual user to commit crimes, to be victims of crimes. And those areas are something that we're addressing with a strong commitment to eliminate, make it harder for a casual user to find drugs, No. 1.

Mr. HASTERT. Thank you very much. I want to thank this panel for their testimony today. As I said, all testimony will be made part of the record. And you're excused. Thank you very much.

The next panel that we're going to bring up, I'm not sure who they are. And, quite frankly, this is a drastic diversion from what this committee usually does. We have a unique situation. This is a hearing out in the States. And usually anybody who comes and testifies submits testimony in advance and then gives their oral testimony.

Today Mr. Kerwin Lance has brought his class from Metuchan High School. And we thought it would be unique and good for the record to bring up a couple of high school students, not to grill them but to give their, first of all, just view of how drugs affect them or whatever they want to discuss about this and open it up to a couple of questions. And let me say, let our folks come up, whoever you have chosen. I hope we've got enough chairs there. Come on in here.

What we would like you to do is, first of all, just state your name for the record and your high school and hometown and just very briefly, in a very brief statement, tell us your view of what we're doing. Drugs may affect you or your community or your high school. And then we'll open it up to a couple of questions. Because we've squeezed you in, we need to keep time constraints.

Just for the record, we usually swear in all people giving testimony. Because you haven't had the opportunity to do research and write down numbers and facts and make sure, we're not going to hold you to that swearing in. We intend and expect that your testimony is as close to the truth as you knowingly know it is.

And, with that, please start down here. Give your name, your hometown, and your high school.

Mr. BRONSTEIN. Mark Bronstein from Metuchan, and I go to Metuchan High School.

Mr. LARRIS. Andrew Larris, Metuchan High School, Metuchan.

Mr. BAUM. Brian Baum, Metuchan, Metuchan High School.

Mr. POLLOCK. Mitch Pollock, Metuchan High School.

Mr. LIPPMAN. Jordan Lippman, Metuchan, Metuchan High School.

Ms. CLOUDEN. Vanessa Clouden, Metuchan High School.

Ms. PANNONE. Samantha Pannone, Metuchan High School.

Ms. KULLAR. Ruthie Kullar, Metuchan, Metuchan High School.

Mr. HASTERT. Let's start. I'm not sure if everybody's going to speak or just a couple, how you're going to do this. Let's let you begin and a short comment. Then we'll open it up to questions.

STATEMENTS OF MARK BRONSTEIN, STUDENT, METUCHAN HIGH SCHOOL, METUCHAN, NJ; ANDREW LARRIS, BRIAN BAUM, MITCH POLLOCK, JORDAN LIPPMAN, VANESSA CLOUDEN, SAMANTHA PANNONE, AND RUTHIE KULLAR, STUDENTS, METUCHAN HIGH SCHOOL, METUCHAN, NJ

Mr. BRONSTEIN. I wanted to comment on the increasing drug trafficking, especially marijuana, between other countries and the United States. I just wondered what the Federal Government is doing to keep this under confines.

Mr. LARRIS. I was commenting on Mr. Kaye and Chief Paquette's commenting about how we should increase education in the schools about drug use. I know—I'm not going to mention names, but people who use drugs, have used drugs. And a lot of people who use drugs aren't going to listen to the educators' views on whether drugs are bad or not. They're going to do it due to peer pressure and other people who are doing it and increasing elementary kids who are doing this are doing it because they have older siblings or they have older people who are doing it and they really don't think that the education system is going to solve that problem.

Mr. BAUM. I think I differ with his opinion because, basically, I was listening to the same guy. I mean, they have enforcement in our school also. I mean, we have a security guard. We have one security guard. And we have this place outside the school known as smokers' corner. And he basically goes out there and finds people who are doing whatever sort of drug and gives them like a couple of detentions or suspension if they're repeat offenders or whatever.

I mean, that really doesn't stop them from doing it because then, I mean, they come back from their detention or their suspension. They do it again.

So, you really have to, like, get education at an earlier age to stop the drug problem and stop the desire to do it in the first place.

Mr. POLLOCK. I agree with Mr. Larris in that this issue is like smoking, where we have had assemblies beginning as early as like

fourth grade. Yet, it's still a problem, and there's nothing that's going to change that.

I don't think there are enough laws that can be passed to stop this problem. I think that it will always be there. So, I'm kind of a pessimist that way, but I think that it will always be around, no matter how hard we try to stop it.

Mr. LIPPMAN. I don't really believe that education—well, education is always good, but I don't think that education could stop anyone from doing drugs because at this stage in a person's life, they feel that they're immortal. They don't think that anything could happen to them.

So, no matter what kind of facts and whatever you say, let me just say that if you name the facts on the things that drugs can do to you kids don't think it can happen to them. I think the most important thing that will reduce the drug abuse in this country is cracking down on the amount of drug dealers.

And referring to the legalization, I think that by legalizing drugs, it will become cheaper for people to buy and it won't be as many drug dealers because they won't be making a profit on it. It will be so—I mean, it sounds radical, but it will be so easy for people to get drugs that people aren't going to want to sell them anymore. When people don't want to sell them anymore, then people don't have anywhere to get it from.

Ms. CLOUDEN. My point of view is that——

Mr. HASTERT. Speak into the mic. We can't hear you.

Ms. CLOUDEN. I think that we do need more involvement. I think that all of the adults in the community, teachers, and Congressmen and Senators, and people who are educated to work personally with the students and children more or less, telling the child, "Don't do drugs because it's bad for you."

I am against taking drugs and all, but I think that needs to get more personal with results to let them understand why they are taking drugs. And if you get to the heart of the person and realize, really, what that person is—I think that people too much they put too much effort on the way of enforcing laws. If there's somebody that takes to buy the drugs, there will be no dealers.

I think we need to put more effort in the community and people need to start working one on one. And I think that, instead of children, I think there should be more like children meeting. And like see how everyone comes around today. I think there should be more children present. And more children are taking drugs than are not taking drugs.

And I think that the children that are not taking the drugs are kind of—I know what drugs can do to a community. I just came from Brooklyn, NY. And I know how a community that was once good or considered OK can change and what drugs can do to a community.

I think that people who aren't—children who think that taking drugs is wrong should be able to—personally I would like to know how I, as a child, can do more and get out and talk to people because a lot of children, they're just miseducated. And we need to put some more effort into that.

Ms. PANNONE. Hi. I'm a sophomore at Metuchan High School. I think everybody has been talking about how we need to regulate

the amount of drugs that are coming in. But the fact is no matter how many times you talk about regulating drugs, drugs are going to be in the high schools. We really have to talk about how we can keep them out of the high schools.

There are a lot of drugs like marijuana and stuff like that that lead to other things. I think we need to stop. We need to show the students that drugs are not tolerated in schools, which means that if somebody comes into the classroom smelling of cigarette smoke, the teachers don't laugh it off and say, "If you do it again, you're going to get detention." They need to show that things, even like cigarettes, are not tolerated. And we need to keep it out of the schools.

We have smokeless facilities, like restaurants. You have specific areas for smoking and nonsmoking. And I think you need to show everybody that it has to be a nonsmoking facility and enforce that by going into the bathrooms, getting the kids that are smoking in there out of there and telling them that it's not right.

Detentions don't work. We need to show them things like suspension, I think expulsion from school for drug offenses. You need to show them really to not do it and you really need stricter rules.

Ms. KULLAR. I believe adolescents in this stage usually ignore authority. So it's up to their peers sometimes to be the adult they might listen to. So their peers are actually the ones who may aid in ending or abusing drug abuse in the school.

And harsher consequences must be enforced in order—I mean, I've seen people after a Saturday detention for smoking come out of that detention and be lighting a cigarette. The point isn't getting across.

Mr. HASTERT. Let me take an active summary. We just want to ask a couple of questions and let Mr. Pappas ask a couple of questions.

I appreciate you coming forward. We try to do a lot, Federal Government. We spend probably close to $35 billion a year in all types of drug prevention; law enforcement; interdiction; killing cocaine as it grows in places like Peru and Bolivia; and crop substitution; and stopping people on the borders; and x-ray machines for trucks; and police agencies, as we have had here; and programs in schools.

We have heard testimony that 65 percent of all violent crime has some nexus to drugs. And if it's not pharmacological crime, otherwise people are doing things, beating up on their wives and their children because they're addicted and they don't know what they're doing or they're stealing to get money to buy drugs or committing murders or actually selling drugs themselves. That's a lot of our crime. That's a lot of the capacity of our prisons.

Some 20,000 people die in this country every year, most of them kids, a lot of them in our emergency rooms because of OD, a lot of them on our street corners for gang violence. So it does affect all of us. It affects you.

And what I'm trying to understand and what you're trying to say is probably "Just say 'No'" and all of these things that we do in schools probably aren't as effective. We've heard that. We've said here maybe community, people getting together and saying, "We're not going to tolerate this anymore."

The young lady who talked about her experience in Brooklyn, how things change, and how life in a sense can become intolerable when your community becomes saturated with this, how best, and some folks here saying, "You just need to get tougher."

We need to get some sense on where we're going and what we need to do. Let me just ask you one question. Just try to simply answer it as best you can. How can we best get the message across that this isn't a good thing to do and we shouldn't do it? You know, your parents, community, churches, schools, who is the best communicator of that purpose or how do you get the results?

Let's start back. If you want to comment, fine. If you don't want to comment, that's fine, too. Go right down the line. It's easier.

Mr. LARRIS. Personally I think that it starts in the home and around the school, too. And it influences some people, not everybody. But also a lot of people who take drugs should take trips to like hospitals or drug prevention centers just to see what the future holds for them because that's basically where they're going to end up if they keep using the drugs.

We have one security guard in our school. And everybody likes him. He's a great guy. And he's doing a good job. He sees people smoking and gets them out of there. And he writes them up, gives them detention, whatever. But we only have one. I mean, I think we need more people like that in our school.

Mr. HASTERT. What about peer pressure?

Mr. LARRIS. It's a big part of this, why a lot of people start doing the drugs.

Mr. HASTERT. How about the other way?

Mr. LARRIS. The people who are already on drugs don't want to hear about it from other people who don't use the drugs. I mean, people who don't already use drugs may be influenced by that, but people who are already on drugs probably won't listen.

Mr. BAUM. I agree with what he says basically, but another security guard is not going to do it. If we had like 10 security guards patrolling every corridor and everything, it's really not going to make the difference.

If people have the desire to do these drugs, they're going to do it. I mean, if they have no common sense to realize that the drugs are going to end up killing them, what can you do about it? Just like more programs.

I'm at a loss for it. Maybe the Government can find out. Who knows?

Mr. POLLOCK. I think it definitely starts at the home. If the student is part of a strong family, then they need to know that there is somebody, a parent, that they can trust and that they can talk to about drugs. If they have a strong family, then maybe the parents can educate the children before anything can get out of hand.

I think maybe more trips can be taken to hospitals to see the effects, the firsthand experience on the effects of what drugs can do to you. Maybe that can change some people's opinions on what drugs can do because the education that we have I think is insufficient.

So I feel that we need firsthand experience to really show the effect of drugs.

Mr. LIPPMAN. I think I have two ideas. I think one is realistic and the other one just isn't. Starting with the unrealistic goal, like they were saying before, it does have to do with your home.

And I think that—well, I don't do drugs. And the reason is because I—I think the main reason is because I don't want to disappoint my parents. I think that that only begins with how you're raised and sensitivity and the way you feel about your family.

But there's no way that every family—no matter what we say, it's not going to change the way people raise their children. So I don't think that's a realistic goal.

Another thing that I see, like on TV, I see how they have like popular people, like LL CoolJ and all these people that kids look up to. And they're saying how drugs are, what they do to you, how they're not good. I think that's a positive role.

I think that kids when they see someone that they look up to and they see that they're doing the right thing, it makes them want to do that, too, especially if they're accepted by a lot of people and a lot of people think they're cool, like LL CoolJ. A lot of people think he's like a cool guy. Some people want to follow that.

I think like you asked him a question about the opposite of peer pressure. I think that the kids who don't do drugs kind of feel that they're outcasted. They think that everyone's doing it. And they think that people might think they're a dork by saying it isn't for them.

People who don't do drugs are not going to say to someone who does do drugs, "You know, I think you're doing the wrong thing" or try and persuade him to change his ways because it's just not going to happen.

Ms. CLOUDEN. I think that it does start at home. I think that if your child is on drugs or in that kind of situation and you know it and the teacher—or if you see a child, I can tell if a child is—some of the time. Some children are able to hide it. But most children you know if they're on drugs. You know if they're smoking. You know if they're in gangs. You can see by their changed behavior and stuff.

Parents need to get more involved in what their children are doing. Lots of parents have no idea what their children do in school once they leave the house. And the parents are letting them do that.

I think that children who are not taking drugs should get more involved and try to help the person by discussing it, by seeing children who take drugs and mess with their lives and other people's lives if they're on drugs and the other people around them. But I would not agree to go up to a drug dealer—well, not drug dealers, like someone that abuses drugs and try to get them to change.

I think that we need more student help, more parent help. I think that the Government now is taking too much responsibility in raising the children today. You have to stop. I saw it on TV shows. And the parents should get more involved in what their children are doing.

Ms. PANNONE. Again, I agree that the responsibility is also with the parents. You have to be looking at what your child is doing. You have to be more involved in their life. And although at this day and age teenagers want to have more independence, you need

to be involved. You need to talk to them. And you need to notice their behaviors. And if those behaviors are changing, you need to think of maybe why they're changing because they may be using drugs.

In the schools, again I think that that needs to be taken to different responsibilities. Yes, that's true. We only have one security guard. But everybody knows if you go to the bathroom, you can smoke. You can do whatever you want in there. And I think that there should be more restrictions in the bathrooms, in fact, and in the places where people are known to do drugs and smoke because people really take drugs because they want some form of escape or because they want to fit in with their peers. Basically they need to know.

They need to talk to more people that are in that situation, instead of having old people or older people educate you about the effect of drugs, maybe having somebody who is in Alcoholics Anonymous or somebody who is in that situation, talk to them about it. They might actually feel that there are people like them that support their decision.

Ms. KULLAR. I believe that since the family is very important, in fact, it should be stressed that further communication inside the family about drugs and others such as that, therefore, you can avoid drug abuse.

Also, people who use drugs they see all the education and see what could happen to them, there would be no—they think they're immortal. And if you show them that, Yes, this is going to happen to you. Otherwise, they would just continue doing it.

Mr. BRONSTEIN. I just wanted to comment if you were in my class, we'd go to take a field trip to the county jail. And I think that having a meeting with the jailer speaking to the students about what goes on at the prisons, shows what will happen if you mess with drugs and illegal things like that.

Ms. CLOUDEN. Yes. In my junior high school, they used to take us to jail. Some children were sentenced to jails far away. The parents have to go through traveling hours and miles to get to see their children.

And we have had things where the children would come, and they would be crying when they were at jail because of what was going on. And the inmates would do a good job of explaining how harsh it is in jail. It really had a significant effect on the children.

Mr. PAPPAS. I just want to ask a quick question, one that you don't necessarily have to respond to now, and then make a couple of comments. One is that I had written to all of the principals at the schools in our district, areas such as yours, and asked for principals to nominate some kids to serve on a youth council that we're establishing to do some of what we're doing right here, to allow people like me to hear from you as to how you think we can make our communities a better place. So that's something that maybe your teacher could provide you more information on.

The other is I guess just a comment. So much of what you have said are things that Mr. Hastert and I believe are important for more than just two of us to hear. And you have our word that we're going to convey directly to our colleagues, people that represent

people like you all over our country, your perspective, which is very valuable to us.

And we know the family is crucially important. So many of you have said that. And we all know that sometimes there are young people who, through no fault of their own, do not have supportive families. And I'm sure people like you are ones that try to intervene wherever you can.

You certainly want to continue. We would encourage you and the other young people who are here that it's important for each of us to try to do whatever we can I'm sure because you're here and because you volunteered. I hope you volunteered to come up and speak. You're probably people that do that.

I'm very pleased that you're here and glad that the chairman gave you a chance to add your comments.

Mr. HASTERT. OK. I just want to thank you, certainly thank your teacher. I taught myself for a long time. It takes a lot of hassle to take kids out of school, to get into a place like this, and to listen.

So I think you should appreciate what your teacher is doing for you and giving you this type of exposure. That's enough of a break for you. But, anyway, it's very important. We appreciate your input and ability to give some input today. Believe me, it will be well-taken.

Thank you very much.

At this time I'd like to ask our second panel to come forward. As you come forward, I'm going to introduce you. First of all, we have Elliot White, who is the director of LACADA, which is the Local Advisory Committee on Alcohol and Drug Abuse. I'd also like to introduce Ms. Mary Pat Angelini, who is the executive director of Substance Abuse Resources. I'd like to introduce Ms. Ernestine Winfrey, director of Good News Home for Women. I'd like to introduce Scott Sechrist, executive director of the Mercer Council on Alcoholism and Drug Addiction. And he is joined by Randy Stewart. Mr. Stewart was recently enrolled in the Mercer County Program.

At this time, I want to welcome all of you. Would you please stand and raise your right hand? Do you solemnly swear that the testimony that you are about to receive will be the truth, the whole truth, and nothing but the truth?

Mr. WHITE. Yes.

Ms. ANGELINI. Yes.

Ms. WINFREY. Yes.

Mr. SECHRIST. I do.

Mr. STEWART. Yes.

Mr. HASTERT. Let the record show that the witnesses answered in the affirmative. Mr. White, would you please proceed with your opening statement? Again, if you could hold it to about 5 minutes? And then we'll come back for questions.

Mr. WHITE. Thank you, Congressman.

STATEMENTS OF ELLIOT WHITE, DIRECTOR, LOCAL ADVISORY COMMITTEE ON ALCOHOL AND DRUG ABUSE; MARY PAT ANGELINI, EXECUTIVE DIRECTOR, SUBSTANCE ABUSE RESOURCES; ERNESTINE WINFREY, DIRECTOR, GOOD NEWS HOME FOR WOMEN; SCOTT SECHRIST, EXECUTIVE DIRECTOR, MERCER COUNCIL ON ALCOHOLISM & DRUG ADDICTION; AND RANDY STEWART, ALCOHOLIC AND DRUG ADDICT

Mr. WHITE. As the other speakers have mentioned, I, too, appreciate the opportunity to address you both this morning concerning a problem that is growing in alarming proportions in New Jersey and in the country. And it's good that our Federal legislators take time to hear from the local community as to what their perception of the problem is and how best to deal with it.

Before I begin my remarks, if I may, just a comment and a recommendation to you for the next time you do this. Your first panel was made up primarily of persons dealing with the law enforcement aspect of this issue. I would respectfully submit that, while they are a part of the front line, they don't necessarily represent the whole front line of this issue.

You may want to address in your next panel a mother, for example, who has had frustration in getting her child into treatment and being turned away because there's no available bed or a social worker who is dealing with domestic violence which is drug or alcohol-related or a clergyman who is dealing with a congregation that has that as an issue and have that kind of first. That may give you a better perception from the public as to what this problem is. Just a recommendation.

Mr. HASTERT. Well, we've done that, for the record, yes.

Mr. WHITE. OK. I have four basic areas that I want to comment on. I'll comment briefly on each. First, I think that it's important for there to be a national consensus that we are dealing here with an issue that is a disease. Looking at addiction at a disease may help us begin to solve this problem.

I was fascinated by the questions and comments that came from the students about what needed to be done. I would like to challenge some of them with a question of my own. How many of them would in walking down the hall one day seeing someone lean across the locker with red blotches on their face and sweating profusely run to the nurse and get aid for that person? Probably everybody would say yes because they would perceive this as being a very serious issue.

Yet, how many of those students would raise their hand and say, "Yes" if they were asked to turn in a friend who was on drugs or doing something illegal? Probably you'd get less response.

And therein lies a problem, not that the kids are a problem in that reaction, but it's a problem nationally that we don't see this as a serious enough issue because it takes so long to develop.

It's not like meningitis, which can kill you very quickly. It's an issue that develops over the years. And people feel, "Well, eventually it will either take care of itself or something will happen that that person will deal with it on their own." And by then it's usually too late. And either law enforcement or we get these people, we meaning people in treatment.

Approaching this as a disease and fighting it as a disease I think will begin to help in the areas that you deal with and locally in the areas that we deal with.

Second, I think it's important that if we are going to fight this as a war, we coordinate all levels of service in this battle. I was fascinated by the comments that were made by the law enforcement representatives.

And I must dispute Prosecutor Kaye's assertion that people don't go to treatment unless they're forced by law enforcement. That is, in fact, not the case as we see it in Middlesex County. The vast majority of our referrals are self-referrals or we get people who are referred by schools or by EAP representatives on the job.

It has reached an issue where nobody who is an addict is stupid. They're very clever. And they get to be an addict by being clever and avoiding law enforcement complications.

So it's important for us to coordinate, as I see it—and I also speak for colleagues of mine in the field—that we coordinate all the levels of service, especially social services, in fighting this battle.

We get more and more clients now who will bring to us more than just drug problems. And it's important for us to deal with all the problems that they present because if we don't, then we ask them to prioritize what's most important for them in their lives.

If, for example, we're dealing with a single mother who has child care issues, she's going to want to have her children taken care of before she admits herself to a long-term treatment program. And the disease isn't going to stop because she's taken time to deal with her kids. It's going to continue to grow. This monster has many heads. You have to deal with all of them, not just one or two, if we're going to win this war.

Another problem that we see is that not enough people are coming into the field professionally. If you know anything about drug treatment and alcoholism treatment over the years in this country, in the early years, it was staffed and manned by people who were in recovery. Most folks are beginning to retire or die off.

This is not a field that is attractive to people coming in as a profession because: First, you don't make a lot of money at it. You don't find a lot of people who want to live every day in the misery and grief of other people's lives.

In fact, that's what happens when you come to a treatment facility. You have people who have dedicated themselves to dealing with those hard-core issues and are duty-bound professionally and emotionally to see that some kind of recovery is in place so that these people can return to society in some kind of useful fashion. It's not a glamorous job, but it's a job that needs to be done.

The last point I want to talk about is funding. When all is said and done, dealing with this issue is going to be one of bottom line dollars and cents. You spoke about spending $35 billion annually to deal with this problem. I would daresay the people who are supplying drugs spend twice as much to get them into our country.

If we matched dollar for dollar, we may have a better chance for success, but right now we're underspending compared to the people who want to continue this lucrative business in this country as a source of making revenues for themselves.

You also spoke earlier of the fact that treatment was very expensive. Well, here in Monmouth County, there's a rehabilitation center that we use on a regular basis that charges $122 a day for treatment. The hospital-based stays for the same kind of treatment would probably be three to five times more expensive.

So we see treatment at the nonprofit, freestanding facilities as being very cost-effective and in the long term most effective in terms of facilities where useful and long-lasting rehabilitation can take place.

States tend not to support these kinds of efforts across the Nation and federally. It costs the States money that was to be shifted to other areas or dwindle, whatever the reason. I'm not saying that those reasons are unjustified, but the bottom line is the kinds of clients that we see on a regular basis number-wise tend to increase. And the dollars are decreasing. Our dollars are most important because a facility can't operate and be there to help people if it doesn't have the funds to do what it needs to do.

So I'll end my remarks because my colleagues I'm sure they have other things they wish to address to you. But, again, thank you very much for the opportunity to come. And I hope to be able to answer any questions you have.

[The prepared statement of Mr. White follows:]

October 20, 1997

The Honorable J. Dennis Hastert
Chairman, Subcommittee on National
Security, International Affairs, and
Criminal Justice

Mr. Chairman, and Subcommittee Members:

My name is Elliot A. White. I am the Director of the Division of Alcoholism and Drug Abuse Services for Middlesex County. I have served in this capacity for the past eight years.

I wish to thank you for the opportunity to speak this morning concerning the ongoing battle with drugs and alcohol in the communities of Central New Jersey. I doubt whether I will tell you anything that is surprising or that other speakers will not say in their statements to you. That in itself should be troublesome, because it shows how deeply rooted this epidemic is in America, and in New Jersey.

It is interesting that you named this session "Central New Jersey's Battle Against Drugs", because that is in deed the case. This is a war like any other war this country has fought. And it's a war we are losing. If I had to describe our status, I would call us POW's. For whatever the reason we seem to not have the resolve to fight this war to win. Look at the facts:

FACT: Most of the crime and cases of violence reported in New Jersey are drug or alcohol related.

FACT: Junior High and High School students report an increase in the first use of alcohol, marijuana, tobacco products and controlled drugs.

FACT: The funding for addiction treatment has decreased during the past five years, yet the number of persons seeking assistance for addictions has risen during that period.

FACT: Persons presenting themselves for treatment assistance tend to be younger, and with a greater level of addiction severity.

FACT: The number of programs providing addictions services is decreasing, making it virtually impossible to ever "catch up".

FACT: More and more persons are coming to clinics for help with multiple addictions and mental health issues.

Several key issues are present here that must be resolved before this "Battle" can show significant progress. First, we all must agree that addiction is a disease, like any other abnormal medical condition. There is a wealth of data supporting this, yet to date there is no national consensus. Addiction still is thought of as "That person's problem, let them deal with it". As a result, funding for addictions treatment is not equal to that for mental health problems, and reimbursement for these services in non-hospital settings is not enough to support quality programs. Insurance companies and plans that do provide some level of coverage for these services do so only on a limited basis, usually ending payments long before effective, lasting intervention has taken place.

If we are going to call our efforts against addiction a "Battle", let us fight it from a realistic perspective. We need to agree that we are fighting a war. We need to allocate our resources so that there is a chance to win. Right now we treat roughly 10% of the addicts and people who need help. Ninety percent of the people who could benefit from some form of treatment never make it through the front door, because they are told there is a waiting list of three months . We need to treat more people then we jail. You know the cost of incarceration, did you know that for every dollar you spend on treatment, there is a seven dollar saving to society ? People will be in treatment a shorter length of time, and will seek help in neighborhood clinics instead of hospital emergency rooms. We need to license treatment facilities and professionals, and stop thinking that just anyone with good intentions can do the work that these men and women do everyday. We also need to realize that treatment alone is not the answer, neither is arrest or imprisonment or prevention/ education. We must emphasize all these things in greater proportions, and with more long range planning if we are to ever make our streets and communities truly drug free.

Mr. HASTERT. Ms. Angelini.

Ms. ANGELINI. Thank you very much for giving me this opportunity to speak to you. And I want to take this opportunity to welcome you to Monmouth County. My agency, Substance Abuse Resources, has served in Monmouth County since 1967. Welcome to Monmouth County.

As I read the title of this hearing, "Central Jersey's Battle Against Drugs in Our Community," I must confess that I was a bit disappointed. The play on words derived from the war on drugs is tired and overused. The citizen walking down the street feels immune from the societal damage and destruction caused by drugs. They don't see a war.

I face the daily challenge of keeping this topic alive. And in that respect I am grateful for your attempt to bring this matter to the public's attention through this hearing. But I begin to lose patience when I realize that this war on drugs was set up to fail from its beginning.

This was a war that was never taken seriously on all fronts. There were sporadic fighting initiatives but no consistency. Victory in this war is not a priority, but when one sees the devastating effects, one wonders why that it's not a priority. This war needs to be strategically fought on all fronts simultaneously.

Recent studies have shown us that more young people are using marijuana today and at younger ages, that there is widespread binge drinking on college campuses, that heroin and hallucinogen use is on the rise, and that the perception of the dangers of drug use has declined among our youth. In Monmouth County alone, the estimated annual cost of alcohol and drug use is a staggering $537 million.

Shall we just retreat and go home? I don't think so. I do think that we are beginning to see a change in this battle, we now realize that preventing substance abuse, especially among our youth, is cost-effective.

For many years, prevention efforts consisted of passing fads, rather than scientific, professional strategies. Prevention efforts were seen as hit or miss efforts. We tried a little bit of everything and were left with the remains: Increased alcohol and drug use among our youth.

Nineteen ninety-seven is a different day, a new day. The field of prevention is gaining respect. What has changed? Well, first we learned what doesn't work, such as those one-shot deals using charismatic speakers in assemblies with no followup. They waste money and time and accomplish nothing toward making a lasting impact.

What else have we learned? We have learned that healthy messages need to be consistent and continuous. Just as those beer commercials seem to be consistent and certainly continuous, our positive prevention messages must do the same.

We have learned that mixed messages confuse our kids. We have learned that the media plays an integral role in our children's perception about the dangers of alcohol, tobacco, and other drugs. Our children are being bombarded with talking frogs and smoking camels to sell a beer, to make a dollar. The children are the innocent victims of this war because they are being recruited subliminally.

In my opinion, glamorization of drug usage is hideous and unethical in any medium.

We have learned to isolate risk factors that put certain children at a higher risk of using alcohol and drugs and develop programs that address those factors. We have learned that in order to make a lasting difference with our children and our communities, we must first change knowledge, attitudes, and behaviors surrounding drug and alcohol use.

We have also learned that parents and care-givers play an invaluable role in preventing drug use among their children. Study after study has pointed out that those parents and/or care-givers, who talk to their children about the dangers of drugs make a lasting impact on their children's decision to use or not to use. Parents need to be reassured that they hold a very important place in their child's life and that a simple thing like talking to their children on a regular basis does make a difference.

We have also learned that appropriately applied prevention strategies work to reduce illicit drug and alcohol use, just as immunizations work to reduce the spread of other diseases. However, much of the progress we have made against illicit drugs and excessive alcohol use in the last decade is at risk if we do not continue existing prevention efforts. And in order for prevention to become more effective, all sectors of a community must work together.

New Jersey is lucky enough to have a grass root system called the Alliances. In other States, they are called coalitions. But the idea is the same: pulling together local stakeholders, those that care about their community, police officers, school teachers and administrators, prevention professionals, parents, faith communities, legislators, et cetera, and have them sit at the same table with the same goal in mind: to reduce substance abuse in their community.

We must act today, because the population of 12- to 20-year-olds is projected to increase by 21 percent over the next 13 years. There will be 6 million more youths to be reached and benefited by prevention policies and programs in 2010 than there are in 1997.

We as a prevention field, as a community, as a country have learned that progress is most humane and cost-effective when we apply our efforts to preventing problems, rather than seeking solutions to fix them after the fact.

I implore you to continue prevention efforts at a Federal level. Government can serve as a catalyst and a partner in establishing healthy communities. It can direct resources to support positive development. Perhaps its ultimate role is to help a community of people define the common good of the shared responsibilities for the well-being of their youngest generation.

Earlier I quoted a figure that reflects the impact of alcohol and drug use. I would like to end with another figure. According to the Center for Substance Abuse Prevention, for every $1 spent on prevention, $11 is saved in future societal costs. Investing in prevention is good business for ourselves, our communities, and our country if we indeed want to win the war on drugs.

Thank you.

[The prepared statement of Ms. Angelini follows:]

Testimony Presented to
Subcommittee on National Security, International Affairs and Criminal Justice
of the
Congressional Committee on Government Reform and Oversight
by
Mary Pat Angelini on October 20, 1997
Report from the Frontline: Central New Jersey's Battle Against Drugs in Our Communities

As I read the title of this hearing -- Central New Jersey's Battle Against Drugs in Our Communities, I must confess that I was a bit disappointed. The play on words derived from the War on Drugs is tired and over used. The citizen walking down the street feels immune from the societal damage and destruction caused by drugs - they don't see a war. I face the daily challenge of keeping this topic alive, and in that respect I am grateful for your attempt to bring this matter to the public's attention through this hearing. But I begin to lose patience when I realize that this War on Drugs was set up to fail from its beginning. This war was never taken seriously on all fronts. There were sporadic fighting initiatives but no consistency. Victory in this war is not a priority -- but when one sees the devastating effects -- one wonders why it is not a priority. This war needs to be strategically fought on all fronts --simultaneously.

Recent studies have shown us that

- more young people are using marijuana today at younger ages
- there is widespread binge drinking on college campuses
- heroin and hallucinogen use is on the rise.
- the perception of the dangers of drug use has declined among our youth
- and in Monmouth County alone, the estimated annual cost of alcohol and drug use is a staggering $537 million.

Shall we just retreat and go home? I don't think so. I do think that we are beginning to see a change in this battle - we now realize that preventing substance abuse, especially among our youth is cost effective. For many years, prevention efforts consisted of passing fads rather then a scientific, professional field. Prevention efforts were seen as hit or miss efforts - we tried a little bit of everything and were left with the remains - increased alcohol and drug use among our youth.

1997 is a different day - a new day. The field of prevention is gaining respect. What has changed? Well, first we learned what doesn't work - such as one shot deals using charismatic speakers in assemblies with no follow up - wastes money and time and accomplishes nothing towards making a lasting impact.

What else have we learned? We have learned that healthy messages need to be consistent and continuous - just as those beer commercials seem to be consistent and certainly continuous - our positive, prevention messages must do the same. We have learned that mixed messages confuse our kids. We have learned that the media plays an integral role in our children's perception about the dangers of alcohol, tobacco and other drugs. Our children are being

bombarded with talking frogs and smoking camels - to sell a beer - to make a dollar. The children are the innocent victims of this war - because they are being recruited subliminally. In my opinion, glamorization of drug usage is hideous and unethical in any medium.

We have learned to isolate risk factors that put certain children at a higher risk of using alcohol and drugs and develop programs that address those factors. We have learned that in order to make a lasting difference with our children and our communities, we must change knowledge, attitudes and behaviors surrounding drug and alcohol use.

We have also learned that parents and caregivers play an invaluable role in preventing drug use among their children - study after study has pointed out that those parents and/or caregivers, who talk to their children about the dangers of drugs make a lasting impact on their children's decision to use or not to use. Parents need to be re-assured that they hold a very important place in their child's life and that a simple thing like talking to their children on a regular basis makes a big difference.

We have also learned that appropriately applied prevention strategies work to reduce illicit drug and alcohol use -- just as immunizations work to reduce the spread of other diseases. However, much of the progress we have made against illicit drugs and excessive alcohol use in the last decade is at risk if we do not continue existing prevention efforts. And in order for prevention to be more effective, all sectors of a community must work together. New Jersey is lucky to have a grassroot system called the Alliances, in other states, they are called coalitions. But the idea is the same - pulling together local stake holders - those that care about their community - police officers, school teachers and administrators, prevention professionals, parents, faith communities, legislators, etc. and have them sit at the same table with the same goal in mind - to reduce substance abuse in their community.

We must act today, because the population of 12- to 20-year-olds is projected to increase by 21% over the next 13 years. There will be over 6 million more youths to be reached and benefited by prevention policies and programs in 2010 than there are in 1997.

We as a prevention field, as a community, as a country have learned that progress is most humane and cost effective when we apply our efforts to preventing problems rather then seeking solutions to fix them, after the fact. I implore you to continue and expand prevention initiatives at the federal level.

Earlier I quoted a figure that reflects the impact of alcohol and drug use, I would like to end with another figure - according to the Center for Substance Abuse Prevention - for every $1.00 spent on prevention, $11.00 is saved in future societal costs. Investing in prevention is good business for our selves, our communities and our country if we indeed want to win the war on drugs.

Thank you.

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MARY PAT ANGELINI

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Ocean, New Jersey 07712

(732) 922-6307
Email: ncadd@monmouth.com

PROFESSIONAL EXPERIENCE

Substance Abuse Resources, Inc. *(formerly NCADD of Monmouth)* 1992 to Present
Oakhurst, New Jersey 07755

EXECUTIVE DIRECTOR

- Responsible for the management and direction of major substance abuse prevention agency
- Establishes current and long-range objectives, strategic plan and internal policies
- Develop and implement fiscal procedures
- Develop and implement personnel policies
- Oversee adequacy and soundness of agency financial structure
- Negotiate contracts with funding sources
- Research grant availability; develop grant programs and proposals
- Develop and implement agency marketing and fundraising activities
- Develop and monitor agency programs
- Manage and supervise professional and consulting staff
- Establish and maintain effective system of communications throughout the agency
- Actively promote the agency and its mission to the public as well as to business, community, governmental, and educational organizations

County of Monmouth 1987 to 1992
Board of Alcohol and Drug Abuse Services
Freehold, New Jersey 07728

COORDINATOR OF MONMOUTH COUNTY ALLIANCES

- Coordinated all 22 Monmouth County Alliances, including programmatic and fiscal issues
- Reviewed and evaluated drug and alcohol program funding proposals
- Designed and prepared Request for Proposals and funding applications
- Negotiated and developed annual contracts with funded agencies and municipalities
- Provided technical assistance to funded agencies regarding program /fiscal issues
- Provided community organization assistance to coalitions (Alliances)
- Responsible for developing monitoring system for the Alcoholism and Drug Abuse Services Plan
- Developed and monitored the County Alliance Plan to Prevent Alcoholism and Drug Abuse
- Developed and monitored management information system for requests for help

Monmouth Medical Center
Pollak Clinic - Vocational Services 1983 to 1987
Long Branch, New Jersey 07740

COORDINATOR OF VOCATIONAL SERVICES

- Worked with seriously mentally ill clients in developing vocational skills
- Performed and interpreted a variety of vocational tests
- Placed clients in community jobs and provided case management services

Mt. Rogers Community Services Board — 1981 to 1983
Friendship House - Psycho-Social Program
Marion, Virginia 24354

ASSISTANT DIRECTOR

- Responsible for administration of psycho-social rehabilitation program for psychiatric clients
- Supervised professional staff
- Developed quality assurance program
- Maintained fiscal and programmatic records

EDUCATION

MASTER OF PUBLIC ADMINISTRATION

Fairleigh Dickinson University — May, 1993
Rutherford, New Jersey

BACHELOR OF SOCIAL WELFARE

East Tennessee State University — December, 1977
Johnson City, Tennessee

Certified Prevention Specialist (CPS) (New Jersey) — December, 1996

PROFESSIONAL AFFILIATIONS

- American Society for Public Administration
- Asbury Park Chamber of Commerce
- County Inter-Agency Coordinating Committee of Monmouth County
- Greater Roles & Opportunities for Women, Inc.
- Healthquest of Monmouth County
- Human Services Advisory Council on Monmouth County
- Leadership Shore - Class of 1997
- Monmouth County Urban League
- Monmouth Ocean Development Council
- National Council on Alcoholism and Drug Dependence of New Jersey - Board of Trustees
- New Jersey Business and Industry Association
- Ocean Township Chamber of Commerce
- Professional Advisory Committee - Mental Health Board of Monmouth County
- Professional Advisory Committee -County Division of Alcohol and Drug Abuse Services.
- Western Monmouth Chamber of Commerce
- Youth Services Commission of Monmouth County

MEDIA EXPERIENCE

- Produce and host weekly cable television show "Issues of Substance"
- Frequent guest on local cable television and radio shows

REFERENCES FURNISHED UPON REQUEST

Substance Abuse Resources

Your Prevention & Education Network

Mary Ann Martin
President

Mary Pat Angelini
Executive Director

The following are federal grants that Substance Abuse Resources have received in the last two years via different government units:

New Jersey Department of Health and Senior Services
Division of Addiction

$174,000

Juvenile Justice Delinquency Prevention Grant
via New Jersey Juvenile Justice Commission

$92,000

Housing and Urban Development
via Monmouth County Board of Chosen Freeholders

$10,000

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A United Way Agency affiliated with the National Council on Alcoholism and Drug Dependence

Mr. HASTERT. Ms. Winfrey.

Ms. WINFREY. Good morning, Mr. Chairman.

Mr. HASTERT. Do you want to use the mic? We want to hear what you have to say.

Ms. WINFREY. OK. Good morning, Mr. Chairman and Congressman Pappas. Also, thank you for inviting me here.

I don't represent prevention. I represent the far end of the problem. And that's after it's become a problem in society and has cost a lot of money. What do we do to help the people, the victims?

I am the executive director of the Good News Home for Women. It's a long-term Christian rehab facility.

Mr. HASTERT. If you could speak a little closer to the mic? People are holding their hands behind their ears. Thank you.

Ms. WINFREY. I am the executive director of the Good News Home for Women, which is a long-term Christian residential drug and alcohol treatment center located in Flemington.

My view of the substance abuse problem, that it is serious in Hunterdon, is supported by friends living in the community, police reports, community agencies, and the newspapers. However, my experience exposure in listening to the panelists on the first phase of this testimony allowed me to speak from that broader community to say that it is, in fact, a problem throughout our Nation.

We all know the facts, and I'm not going to bore you and spend time repeating them again. It is staggering, the statistics that have been cited by other members, even the panelist to my right, and people who are involved in this problem. However, I have not heard anyone who directs a population that I think is really lost. And that is the abuse of prescription medication by the adult population. And their use of it in conjunction with alcohol.

Even as primary education and prevention programs are developed to address the substance abuse problem, little is being done to address the needs of the adult user/abuser and chronic drug-dependent population.

This was spoken of earlier, and I'm going to reiterate, by the children that it does start at home. Unfortunately, the media and parents model behaviors that would support drug use at an early age, taking and abusing prescription medicine, leading to media personification that drinking is just the coolest thing to do. That high has been looked for at an even increasing intensity as children get older. If you start at 6 or 7 drinking beer, I assure you at 12 it's not going to be the thing to do. It's not going to produce the same effects.

Many parents still have that "It's not my child" attitude. I've talked to parents of children in Somerset County, where I live. And it's Oh, it's not my child. My child is not involved in drugs. They don't use drugs. And it's their kids who are in the office being detained. Also, the adult community still tries to hide their heads and pretend like it just doesn't exist.

We also need to look at those who are making the decisions about the length of time and type of treatment. The old method of bandaging the problem has put such a drain on the health care providers that they have reduced or limited access to reimbursable treatment. This type of thinking penalizes those in need; that is, the victim. Instead of giving them the assistance they require, they

set them up; that is, the user, for failure. This is not the way to control the cost of substance abuse or to provide effective treatment paradigms.

Viable resolutions to the substance abuse problem can include: education/prevention programs, which we discussed to some degree, which must include the adult community and targeted to those who have not yet experimented with mood-altering drugs.

The second thing that I would suggest is interventions for those who are users but not addicted and not yet in crisis. This should also not be limited just to young people.

Finally, more aggressive long-term treatment programs for those who are in the late stages of addiction and chronic relapses need to be funded, developed, and expanded.

At the Good News Home for Women, our long-term program is a holistic, nonsectarian, comprehensive program with an emphasis on providing healing for the mind, spirit/soul, and the body. The program includes bible study, addiction classes, Christian 12 steps, NA and AA support group meetings, group and individual counseling, work therapy programs, and continual education opportunities.

We have a success rate for those women—and it is for women only. Our measure of success is based on the number of persons who have completed our program over the 10 years that we have been in operation and to date still are clean. This ratio is 70 percent. What I'm saying is there are 7 out of 10 women who have completed the program who are able to return to their environment and their family and become productive members of their society that they were before the addiction problem became a problem. But we only have 12 beds. And I have a waiting list.

Mr. HASTERT. How long?

Ms. WINFREY. It's about seven people. And, actually, I don't take them any longer than that because we refer them off to other agencies if we can find them.

Our community at large needs to acknowledge that there are few programs that meet the needs of women and none that meet the needs of women veterans. By the way, I spent 3 years working for the VA Hospital with women veterans and men veterans who are addicted. There are no facilities for women veterans who are seeking long-term rehabilitative processes.

Substance abuse is so pervasive it is hard to ignore all the negative effects on family and community. If I had time, I could give you stories of how the lives of communities, families, and the abusers themselves are destroyed. This parasite drains our Nation of both human and financial resources. We need to take our heads out of the sand and put our resources into stopping this insidious epidemic once and for all.

This committee's decision to have this meeting was great. And I think it's the beginning of going back to the drawing board and implementing creative ways to remove drugs from our community.

It is good to have education/prevention programs, interventions, and aggressive long-term treatment programs. But I want to and don't you want to live in a country where there are no drugs draining our limited resources? Yes. It would put me and other people like ourselves out of business. But that's not so bad if it returns

to the community people who are free to fully contribute their talents and gifts to our society.

And I need to add onto that that the young people who sat at this table a few minutes ago, it was really heart-wrenching to think that they thought for the most part it was a hopeless, hopeless problem. And we need to as adults really think that situation through.

Mr. HASTERT. Let me just comment. You know, when you bring a panel up, you don't know what the results are going to be, especially if you don't have any testimony beforehand. But for us, that opens our eyes. I think that's a wake-up call.

Ms. WINFREY. Yes.

Mr. HASTERT. So we have to understand that. You know, without that, we have all kinds of good ideas, but we can't ignore what reality is. And we need to be able to deal with that as well. So I appreciate your comment.

Ms. WINFREY. And in closing, if I may just say one more thing? Just yesterday—I have a class that I teach in my church, a Sunday school class. That very same comment came up. We're talking about just the sexual revolution. But it was hopeless.

The younger class coming in, the freshmen coming in, at the local high school were so involved that they had what was called an A to Z club. Four or five of these young ladies had an A date tonight, the B date tomorrow night, the C–D date the next night, and making a record of maybe making three at a time.

That's just how prevalent drugs and sex are in our community with our young people.

[The prepared statement of Ms. Winfrey follows:]

COMMITTEE on GOVERNMENT REFORM and OVERSIGHT

SPEAKER BACKGROUND

Good morning, my name is Ernestine Winfrey. I am the Executive director of Good News Home for Women, which is a Christian residential drug and alcohol treatment center located in Flemington. Prior to coming to this program, I worked with chemically dependant male and female veterans, diagnosed with HIV/AIDS, at the East Orange and Lyons VA Medical Center. In addition, I am a Licensed Clinical Social Worker and Certified Chaplain with a Masters of Divinity degree from Princeton Theological Seminary.

RESPONSE

My view of the substance abuse problem in the Hunterdon county community is compiled from friends living in the community, local newspapers, police reports, and community agencies. My conclusion is that the substance abuse problem IS SERIOUS in Hunterdon county. **Yet my experience and exposure allows me to speak from the broader community base of the state and I contend that the illness and degradation from chemical dependency and/or abuse is destroying our communities and families across the nation.**

We all know the facts:[1]

- ❖ Alcohol use has been the #1 abused drug.
- ❖ Marijuana use is almost as common as cigarettes.
- ❖ Cocaine and LSD use/abuse has escalated.
- ❖ Heroin is the fastest rising illicit drug at this time.
- ❖ Abuse of prescription medication by the adult community with the use of alcohol is the most hidden problem facing our communities.

Even as primary education and prevention programs are developed to address the substance abuse problem, little is being done to address the needs of the adult user/abuser and chronic dependent population. Many parents still have the "not my child" attitude and the adult community continue to "hide their heads in the sand."

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[1] National Council on Alcohol and Drug Dependence, of NJ 1996. Drug and Alcohol Use Among New Jersey High School Students, 1996, LPS New Jersey Department of Law & Public Safety.

We also may need to look at who is making the decisions about the length of time and type of treatment. The old methods of bandaging the problem have put such a drain on the health care providers that they have reduced or limited access to reimbursable treatment. This type of thinking penalizes those in need (i.e. the victim). Instead of giving them the assistance they require they set them up for continual failure. This is not the way to control the cost of substance abuse.

Viable resolution to the substance abuse problem can include:

- ❖ Assessment of individual needs.
- ❖ Education/prevention programs, which must include the adult community, targeted to those who have not yet experimented with mood altering drugs.
- ❖ Interventions for those who are users but not addicted and not yet in crisis. This should not be limited to the young adult community.
- ❖ Finally, more aggressive LONG-TERM treatment programs for those who are in the late stages of addiction and chronic relapsers need to be developed/expanded.

At the Good News Home for Women, our long-term program is a holistic, non-sectarian, comprehensive program with emphasis on providing healing for the mind, spirit/soul, and body. The program includes bible studies, addiction classes, Christian 12 steps and NA/AA support group meetings, group and individual counseling, work therapy programs and continual education opportunities. **BUT**, we only have 12 beds with a waiting list! Our community at large needs to acknowledge that there are few programs that meet the needs of women and none that meet the needs of women vets.

Substance abuse is so pervasive it is hard to ignore all the negative effects on family and community. If I had time I could give you stories of how the lives of communities, families, and the abuser themselves are destroyed. This parasite drains our nations of both human and financial resources. We need to take our heads out of the sand and put our resources into stopping this insidious epidemic once and for all.

It seems to me that we need to go back to the drawing board and implement creative ways to remove drugs from our community. It is good to have education/prevention programs, interventions and aggressive long-term treatment programs. **But**, I want to and **don't you want to** live in a country where there are no drugs draining our limited resources. **Yes**, it would put me and other such programs out of business. But, that's not so bad, if it returns to the community people who are free to fully contribute their talents and gifts to our society.

Mr. HASTERT. Mr. Sechrist.

Mr. SECHRIST. Good morning. I would like to thank this committee for taking the time to gather together to discuss the national health problem of alcoholism and drug abuse. Perhaps no other issue could command as much time or should command as much time from your schedules as this one.

I doubt that anything that you hear today will be unique but, rather, testimony that could be heard in other schools, in other towns, and the other States. I can only hope that what you hear today will make an immediate and lasting impact, not only on you personally, but on how you relate to and view substance abuse throughout your life and political career.

Recently, I had the opportunity to moderate a roundtable discussion for the Mercer County Prosecutor's Office consisting of 11 high school students, representing 9 different private and public school districts. Even though I have been working in the field of addiction for a number of years, I was still shocked to hear that 10 of 11 of these young people said that fully 90 percent of all their friends consume alcohol. Keep in mind this is also an illegal activity. And they consume it on a regular basis.

In New Jersey, 57 percent of all 7th and 8th graders state that they have already used alcohol, and the age of first use of alcohol in the State is 10 to 11, even younger than the first use of tobacco products, which is 12 to 13.

Just as shocking to me was the description of their drinking. It mimics the binge drinking phenomenon we have seen in our college campuses that resulted in the recent death of a student at MIT and LSU, both under age, both caught up in the binge drinking frenzy of today.

Normally, when we speak of binge drinking, we mean four to five drinks at a time. However, both the testimony of these young people, as well as the stories related to these two recent deaths relate drinking in quantities large enough to slam the body past euphoria, to numbness, respiratory failure, and death.

Amazingly, my students said that they all attended parties where drinking occurred, they all had been passengers in cars driven by other young people who were drinking and impaired. Were they scared? Yes. But they do it all the same: A tragedy waiting to happen.

With regard to substances other than alcohol, from 60 to 70 percent of their friends use drugs of one sort or another, most often marijuana. These discussions again mirrored the results of the New Jersey middle school survey in that there is a lessening of fear associated with the use of alcohol and marijuana. They are seen as co-equals, not dangerous substances to be feared and avoided. By their own admissions, these students reported we aren't doing enough or starting early enough in preventing this tremendous problem of alcohol and drug abuse.

New Jersey clearly has a major health problem on its hands. Addiction costs New Jersey $10.4 billion annually, and the State estimated a population of 674,630 in need of alcohol and drug treatment in 1993.

Statewide, 43 percent of all New Jerseyans drink daily 3 to 4 days per week or 1 to 2 days per week. And, as you heard earlier,

65 percent of the current prison population are there due to alcohol or other drug use that precipitated their crime, and 46 percent of all parolees have a drug offense as their base crime.

Just imagine, at a cost to benefit ratio of $11 returned to society by every dollar spent on prevention, what spending only one-tenth of the cost of addiction, that $10.4 billion, could mean just for New Jersey; not to mention the rest of the country.

Finally, I urge you to do more. We are only beginning to see the benefits of prevention programs. It is a new field, a new science, and in need of an increase of and continued funding.

Make health care companies responsible for health. Since prevention saves care dollars, legislation mandating health care companies to route even one-half of 1 percent of their profits into local and national prevention programs would result in substantial cost reduction in health care. Also, this initiative should help fulfill their supposed mission of using preventive measures to help cut health care cost. Why not use this rationale in the area of alcoholism and substance abuse?

Second, mandate that all companies who do business with the Government have employee assistance programs in place, a proven prevention and early intervention tool and a cost saver to the work force at a nominal cost.

Third, increase the dollars available through the safe and drug-free school funds so every district and private school in every State can afford full-time student assistance counselors to deal with the 50 percent of the student population using substances.

In the ninth largest school district in New Jersey, 3 student assistance counselors held 3,622 individual and family sessions last year. They do not have enough time to see all of those affected by alcohol and drugs. The district needs more aid to hire more counselors.

Fourth, mandate substance abuse evaluation and assessment of each person entering the criminal justice system. Do it at the front end of admission to the system so prevention and treatment can be orchestrated and given concurrently with punishment.

Fifth, tie Federal highway funds to a mandatory 0.08 blood alcohol level in each State's drunk driving law, as proposed by New Jersey's Senator Lautenberg. In essence, start early, stay longer with prevention and funding.

Thank you for this opportunity.

[The prepared statement of Mr. Sechrist follows:]

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Testimony for Congressional Hearings relating to substance abuse October 20, 1997

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Even though I have been working in the field of addiction for a number of years, I was still shocked to hear that 10 of these 11 young people said that fully 90% of all their friends consume alcohol (keep in mind this is also an illegal activity) on a regular basis.

In New Jersey, 57% of all 7th and 8th graders state they have already used alcohol, and the age of first use in the state is 10-11, even younger than the first use of tobacco products (12-13).

Just as shocking to me was the description of their drinking - it mimics the binge drinking phenomenon we see on our college campus' that resulted in the recent death of a student at MIT, and LSU - both underage, both caught up in the binge drinking frenzy of today.

Normally, when we speak of binge drinking, we mean 4-5 drinks at a time; however, both the testimony of these young people, as well as the stories of these two deaths, relate drinking in quantities large enough to slam the body past euphoria, to numbness, respiratory failure and death.

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Amazingly my students said they all attended parties where drinking occurred, and they all had been passengers in cars driven by other young people who were drinking and impaired. Are they scared? Yes. But they do it all the same - tragedy waiting to happen.

With regard to substances other than alcohol - from 40-60% of their friends use drugs of one sort or another - most often marijuana. These discussions mirrored the results of the New Jersey Middle School Survey, in that there is a lessening of fear associated with the use of alcohol and marijuana - they are seen as co-equals, not dangerous substances to be feared and avoided.

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Finally, I urge you to do more. We are only beginning to see the benefits of prevention programs, it is a new field, a new science, and in need of an increase of, and continued funding.

1. Make health care companies responsible <u>for</u> health - since prevention saves care dollars, legislation mandating health care companies to route even one-half of one percent of profits into local/national prevention programs would result in substantial cost reduction in health care. Also this initiative should help fulfill their supposed mission of using preventive measures to help cut health care cost - why not use this rationale in the area of alcoholism and substance abuse?

2. Mandate that all companies who do business with the government have employee assistance programs in place - a proven prevention and early intervention tool, and a cost saver to the work force, at a nominal cost.

3. Increase the dollars available through the Safe and Drug Free School Funds so every district and private school, in every state can afford full-time student assistance counselors to deal with the 50% of the student population using substances. In the 9th largest school district in New Jersey, 3 student assistance counselors held 3,622 individual and family sessions last year. They do not have enough time to see all those affected by alcohol and drugs. The district needs more aid to hire more counselors.

4. Mandate substance abuse evaluation and assessment of each person entering the criminal justice system - do it at the front end of admission to the system so prevention and treatment can be orchestrated and given, concurrently with punishment.

5. Tie Federal Highway funds to a mandatory .08 blood alcohol level in each state's driving-while-intoxicated law, as proposed by New Jersey's Senator Lautenberg.

In essence, start early and stay longer with prevention programs and funding.

Thank you for this opportunity.

Respectfully submitted,

Scott B. Sechrist, MSM, CAC, CCDS
Executive Director

SBS:swp

Mr. HASTERT. Would you please introduce Mr. Stewart?

Mr. SECHRIST. Mr. Stewart is a member of one of our local congregational assistance program teams, a concept where we train groups of 5 to 10 parishioners in local communities to be the first line of defense in education and prevention in Mercer County.

Mr. Stewart has made himself known to me as a recovering alcoholic and drug addict, has been through one of our programs by mandate some time back. So Randy has been a great benefit not only to the council personally but to the recovering community in Mercer County and has been willing to provide testimony here today.

Mr. HASTERT. Mr. Stewart.

Mr. STEWART. Chairman and Congressman Pappas, I thank you for——

Mr. HASTERT. Pull that mic up a little closer, too.

Mr. STEWART. And I'd also thank Mr. Sechrist for inviting me. I feel very privileged to be able to sit here with officers of the law. If it wasn't for them, I wouldn't be sitting here today. And I applaud you.

My name is Randy Stewart. I'm an alcoholic and a drug addict. And yes, I've been in hell. I have a little over 8 years clean and sober. This is what has worked for me. In 1987, I was arrested for possession with intent to distribute, and I got pre-trial intervention which sent me through a couple of things for evaluation. And my drinking was questioned, but I was in denial. I didn't have a problem. My grandfather had a problem.

Six months later, I was arrested for drunk driving, and I lost my license for 6 months. And what I did, I had to have—the State of New Jersey has a mandatory—it's like going to jail for 2 days. It's what they call IDRC, which is the Intoxicated Driver Resource Center. I had to go through this if I planned to get my license back.

What I like or should I say what I liked about this was the resources. They had some literature, films. The people who were running it were very knowledgeable. One of my favorite films was called "Father Martin's Chalk Talk," which had about all of the different things. I had seen it about five or six times. It really stuck in my head. I ended up buying it. I have it in my video collection.

There was a questionnaire that IDRC gave me that had approximately, I think, 209 questions on it, if I'm not mistaken. It was all about questions about my drinking. The majority of it I lied on.

The next day I was evaluated by the gentleman who sat there and looked me dead in the eye and told me that I had a drinking problem and I was in denial about it.

I cursed him out. And he told me that I had to do a mandatory followup counseling, which was at the Mercer Council on Alcoholism and Drug Addiction, which lasted 16 weeks.

When I started this, I was told that I had to go to two mandatory Alcoholics Anonymous meetings a week while I was going through this counseling and I would need signatures to prove that I was there.

Also, while I was doing this counseling, there were other gentlemen there, and there was, I think, one lady or two ladies. And we had these roundtable talks every week when we met. And we used to talk about our lives and different things. Our counselor, I believe

the person who was our counselor, was in recovery also. I'm the type of person I like to hear it from somebody who's been there.

One of the things that I had to have was an open mind. I was told this when I was attending AA meetings, and I heard what the Lord wanted me to hear. I identified, and I did not compare. One suggestion was getting and using a sponsor. A sponsor is a person who has at least 2 more years than yourself to help guide you through the program.

One of the suggestions that the sponsor told me to do was getting and staying active in AA, which involves setting up for meetings, making coffee, chairing meetings, and going on commitments, which is speaking to people and telling them how you were staying clean and sober.

Some of the things I do today is, I continue to work in the community, whether it's in church or government or just in the regular community. I go to prisons and I speak. I talk to youths. I give back what I have freely received through the program. I need to do this to be reminded, and I need to see where I have come from.

Some of the different things that I do, I also go help people—I've been down in Georgia. I've been down in Washington, DC, feeding the homeless because this is somewhere that I could be today because of my drug and alcohol addiction.

One of the last things that has helped me is the money that I spend. I spent between $10,000 and $12,000 in fines and surcharges, and I don't want to spend any more money with the insurance companies and State. Actually, I can't afford it. I'm working two jobs now. I've got a baby on the way. So, I don't want to get another DWI. I want to stay clean and sober. My life has changed because of it.

Some of the things that I believe may help others get sober is educating the children early on alcohol and drug abuse, not just in junior and senior high school but earlier age, and to teach classes on self-esteem because that was one of my biggest problems. I had a very low self-esteem. And I drank to accept what I saw in the mirror, and I did drugs to accept what I saw in the mirror because of that low self-esteem.

Another thing is to educate teachers, doctors, nurses, clergymen, anyone who deals with the public on how to spot signs and to see when a problem is occurring in a child or in the parents, and to have them seek some type of counseling.

One of the things I have liked that I've seen in the past is the Scared Straight that some of the kids were talking about or D.A.R.E. at a higher grade level. I heard D.A.R.E. is only at the lower grade levels and may continue into the higher grade levels and to get kids from these D.A.R.E. things to help out and get active in them.

One of the things I believe that maybe DWI offenders need to do is a lot of community service, to go in and serve in these soup kitchens and see where they could be, to volunteer in wet-brain wards, say, at Trenton Psychiatric Hospital, to see where the drugs and alcohol took these people.

A mandatory 90 meetings in 90 days. A mandatory Al-Anon meeting for the family or friends of these people and Al-Ateen for the kids. And, I believe maybe, to help make them account for what

the people are doing for them is to have mandatory drug and alcohol tests and interventions where necessary.

I believe today's parents were from that age in Woodstock. And they believe as long as the kid is doing it at home it's OK. It's not OK. We've got to make kids realize that they can get through life without it and to get people like me just to share what they had, what they've done, and what they don't have to do.

I'm a youth group leader of my church. And I have some kids that really love me today because of that. I get emotional on something like this. I'm glad I can show it because before I used to numb it. I have kids in my youth group because of things that I share with them, they won't go through all that. And that's a blessing.

Thank you.

[The prepared statement of Mr. Stewart follows:]

Congressional Testimony
by
Randy Stewart
October 20, 1997

My name is Randy Stewart and I'm an alcoholic and drug addict, and I have a little over 8 years clean and sober. This is what has worked for me. In 1987 I was arrested for possession with intent to distribute and I got pre-trial intervention which sent me through a couple of things, and my drinking was questioned but I was in denial. Six months later I was arrested for drunk driving and I lost my license for 6 months. And what I had to do was I had a mandatory 2 days at IDRC which is the Intoxicated Drivers Resource Center if I planned to get my license back. What I liked, or should I say what was done here was all of its resources, whether it was literature, films, the people running the show there, one of my favorite films was Father's Martin's Chalk Talk. There was a questionnaire, I believe, that had 200 some odd questions on it about my drinking. The majority of it I lied on. Then I was evaluated by the people who were running this thing, and upon their evaluation they thought I had a drinking problem, which they sent me to a mandatory follow-up counseling at the Mercer Council on Alcoholism and Drug Addiction, which lasted 16 weeks.

When I started this, I was told that I would have to go to 2 mandatory Alcoholics Anonymous meetings a week, while I was going through this counseling, and I would need signatures to prove that I was at these meetings. Also while we were doing this counseling, there was another gentleman there, and I believe there was one lady, and we had these roundtable talks that we talked about different things in our lives. Our counselor, I believe, was a person who had been there. I believe he was in recovery and that was a plus, because I'm an uptight person that I need to hear from somebody's who's been there.

One of the things that I had to have was an open mind. I was told that while I was attending these AA meetings, and I heard what the lord wanted me to hear. I identified and I did not compare. Getting and using a sponsor was suggested. A sponsor is a person who has more time, at least 2 year more than yourself, to guide you through the program. And one of the suggestions the sponsor told me to do was getting and staying active in AA, which involves setting up for meetings, making coffee, chairing meetings, going on commitments - speak to people, telling them how I was staying clean and sober. Some of the things I do today is that I continue to work with the community, whether it's the church or the government. I go to prisons and I speak. I talk to youths. I give back what I have freely received through the program, and I need to do this to be reminded, and I need to see where I'm coming from. I've done different things: help feed homeless in different states, not only just Jersey, but I've gone away to Washington DC and Georgia to see where alcohol and drugs has taken people. And one of the last things that has helped me is the money that I spend - I spend about 10, 12, maybe more than that, thousands of dollars in fines and surcharges for the state, and insurance, and I don't want to spend any more money. It was the best money I ever spent because my life is a lot better today because of it.

Congressional Testimony by
Randy Stewart
October 20, 1997

These are just some of things that I believe that might help others get sober. One, I believe in educating the children on alcohol and drug abuse at any early age, not just in junior and senior highs, but earlier age. And to teach classes on self-esteem because that was one of the problems I had when I was little. I had a very low self-esteem of myself. Another thing is the educate teachers, doctors, nurses, clergy - anyone who deals with the public on how to spot signs and to see when a problem is occurring in a child or in the parents, and to have them seek some type of counseling. One of the things I liked is the Scared Straight Program, or DARE, at a higher grade level. I hear DARE only does it at lower grade levels but they continue it. One of the things I believe that maybe the DWI offenders do community service, in soup kitchens, or homeless shelters, or wet-brain wards at say like Trenton Psychiatric Hospital, to see where alcohol and drug addiction can take you. A mandatory 90 AA meetings in 90 days. Mandatory Al-Anon meetings for the family or friends of these people, and Al-Ateen for the kids. And I believe maybe to help make them accountable for what the people are doing for them is to have drug and alcohol testing, and interventions, if necessary.

It's very weird for me to have to write this down or tape it to present it to you. The reason being is I usually speak from my heart and I'm sure more things will come up while I am speaking to you in person. I hope in any other way that I may help you to help others. I thank you for your time.

Respectfully submitted,

Randy Stewart

Randy Stewart

Mr. HASTERT. Thank you, Mr. Stewart. That's pretty tough testimony, pretty tough things we have to do, too.

Mr. Pappas, I'm going to ask you to do the first round of questions.

Mr. PAPPAS. Thank you, Mr. Chairman. Ladies and gentlemen, thank you very much. I want to thank you very much for coming and for your participation today and what you do every day.

Before I was elected to Congress last year, I was over in Somerset County and was in charge of our Human Services Program. So I'm very familiar with the LACADA and the Alliances and stuff. I had served in Somerset as the first cochair of the Alliances several years ago. In those roles and just as the liaison, I, for more than 10 years, interacted with community-based organizations that do so much to provide services for so many clients.

So much of what you do in the programs that you're involved in are connected with State government, much more than the Federal Government. But I'm wondering if each of you could provide any comments that you might have as to what Federal Government program or regulation or mandate works and what doesn't in your current capacity, any observation that you would have, and also what—if you had one thing that you could change, you had the ability to make some change—and it may not—obviously we want to focus on the Federal Government.

It may not just be focuses on that. I don't view these hearings as opportunities just to gather information. If it can be passed on to another governmental entity, I'd certainly be happy to do that.

Mr. White, I'm wondering if you would begin.

Mr. WHITE. Addressing your first concern, what works and what doesn't work, at the Federal level, I believe that the results of the kinds of initiatives that the gentlemen from DEA were discussing are beginning to work.

Early on, it did not appear that they were as aggressive as they needed to be to begin to close the borders of the United States to these particular problems. I think they've reached epidemic proportions now and that they are addressing it in the manner which will ultimately prove to be more successful. If you're going to fight, fight to win or don't fight at all.

In terms of what I would do if I had one thing that I could change, coming back to what Mrs. Angelini said, I think ultimately our solution here has to do with prevention. I would start prevention efforts in the home, in the schools, everywhere you could at as early an age as possible because, we as adults, have failed the society that we are raising our children in.

We give them bad examples. We tell them not to do things that we continue to do. And we don't give them viable solutions to problems that they're going to be confronted with. Yet, we expect them to be successful.

So, I think if we're going to do anything that's going to be meaningful in our society, at least make education and prevention top flight and give our kids a chance to grow up in a community that's going to be drug free ultimately some day with our help and their help.

Ms. ANGELINI. As far as efforts of the Federal Government, my agency actually does receive one Federal grant. What I have found

in looking at Federal initiatives is that many times the right hand doesn't know what the left hand is doing as far as what's in the different departments.

Many times we deal with the Juvenile Justice Commission at the State level, but it's Federal funding that comes through them. And many times—not many times. They are very, very good about micromanaging the grants. So, if you ask, I'll give you that if I could change one thing.

Giving the local communities the funds to do the task that we said we were going to do is one thing. Micromanaging it is another thing. But I think, as I mentioned before, getting these different departments to know what initiatives they are doing because in many of the departments across Federal Government as well as the State government, there are many types of substance abuse efforts, workplace efforts maybe under the Department of Labor, juvenile justice efforts under the juvenile corrections, criminal justice area.

So, I think getting those folks to talk to each other as far as what initiatives they are doing out in the community I think would go a long way to local providers.

Ms. WINFREY. What's not needed is a short 10-day program, which is just a glorified detox. What does work is long-term, comprehensive programs that are directed at those in need and the underlying cause of the addiction: disease.

We are not receiving Federal funding to either support or expand existing facilities. And I think you've heard throughout all of the attendants that there are not enough facilities within this State to correct the problem.

I agree with Mr. White that prevention and education are the key, but we still have to address the people who have it.

Mr. SECHRIST. I think on a Federal level what is certainly working is that we have tremendous, at least I feel we have tremendous, resources in the Center for Substance Abuse Prevention and also its partner agency, the Center for Substance Abuse Treatment, and through them something called the National Clearinghouse on Alcoholism and Drug Information. It provides probably the most recent, up-to-date information that anyone can have anywhere in the world. And we have access to it. My fear would be that those programs would somehow be defunded or lose the ability to provide that information to those of us who distribute it.

Last year, for example, the last 18 months, my particular agency distributed over 100,000 pieces of material just out of my little office in Trenton. And most of that came through NCADI, the national clearinghouse. That has been a tremendous benefit to the local community.

If I had a wish list, I would like to be able to set up a program in a township which would provide a full continuum of prevention, care, and education, the whole way from kindergarten through 12th grade that would incorporate the local church, would also incorporate the local businesses—through employee assistance programs—to really do prevention as it should be done in an area where we have unlimited resources. And let's really see if it works. And out of that, let's learn and let's do it.

We may have to do that community to community to really impact the problem.

Mr. HASTERT. Could I just interrupt you for a minute? We just passed a couple of months ago—and I was chief sponsor—the community-based prevention in trying to coordinate faith-based organizations in those. And I'm sure Congressman Pappas would help you in trying to pull together that area.

Mr. SECHRIST. Thank you.

Mr. STEWART. Just I myself—these are professional folks, but this is an answer to your question. I know with the job that I have, with the insurance benefits, the way things are being cut down now and stuff like that, if companies can realize that they need better insurance for people to be set for care. Just everything is being cut, cut, cut, cut.

If they can just, like, have an awareness, that they can be aware that if this person is going out to lunch and coming back drunk, they're not producing, the bottom line.

The place that I used to work at, I used to have a boss who at lunchtime would go out and get drunk. And the only thing they would do about it was if he tot his hands and unfolded them or something, then they could do something. I don't know if that's a law or just their policy, but I thought it was pretty stupid. He would come back and be very verbally abusive to people, but that was OK.

Thank you.

Mr. PAPPAS. Mr. Chairman, I have two other questions, but I know we have to conclude this because you have to catch a train. And I'm going to hold these and correspond with these witnesses. And I was wondering if I could incorporate that into the record.

Mr. HASTERT. Absolutely. I would like to stay a couple of minutes. I don't know how long it takes to catch a train around here anyway.

I just want to say I really appreciate it. I wish we had another hour because I think we could have this interrogatory go on and on and on. There's valuable stuff out there.

Ms. Winfrey, I want to say that I was sobered by those kids. And I taught for 16 years. And I never know what to expect to come out. But the attitude that you just were young and you can't teach us anything and we're indestructible, I think that probably permeates a lot of these young people.

I'd like to ask you a lot of questions, but one of the things quickly, we talked about Mr. Stewart, Mr. Sechrist's faith-based organizations. One of the things we found in doing this is that sometimes that is the best way. There's no best way, but that's one of the most successful ways of getting to people and caring through a long-term process. Do you agree with that?

Ms. WINFREY. I totally agree. Our facility is long term.

Mr. HASTERT. Mr. Stewart, do you agree with that or is that something that's helpful to you?

Mr. STEWART. Well, I started—I always believed there was something up there protecting me or whatever. I started getting active in the church. I belong to a church that's very, very recovery oriented. We have approximately eight to nine recovery-type meetings at our church weekly.

Mr. HASTERT. One of the things the kids said was that we're probably wasting our time, given the message of the kids. I prob-

ably disagree with them. I don't think we waste our time doing that. We have to do more of it and try to do a better job of it.

But also one of the things that came, the kids who don't use drugs talk about the family-based organizations, the strength of the family. Very briefly because there's not much time, how do you get the message to parents in your opinion?

Ms. ANGELINI. If I might, we have to empower parents to know that: No. 1, they can make a difference with their children. As I mentioned in my remarks, study after study has shown that those children—if you interview kids that don't use and you ask them why, one of the reasons will be, Because I don't want to disappoint my parents.

Mr. HASTERT. We heard that today.

Ms. ANGELINI. And that's true. We need to get that message out. It's such a simple thing, such as talking to your kids about using drugs. It's a simple thing. It doesn't cost a lot of money.

I mean, certainly there is literature out there that we could get to the parents if they're interested but giving them the empowerment to know that they can make a difference and that just talking to their kids does make a difference.

Ms. WINFREY. I'd like to add only one thing to that, and that is parenting skill classes. Some parents don't know how to communicate with their child and they're afraid they're going to drive them away if they try talking to them. So parenting skill classes I think.

Ms. ANGELINI. If I could just briefly add, I say parents. I mean parents and care-givers because many children live in homes where there aren't parents per se. But those adults that do interact with children, they can make a difference.

Mr. HASTERT. I want to conclude. I just want to say again we could carry on this discussion I think easily for another hour. And we'd all learn something, especially me.

I've taken on this task. I'm kind of the point man for drugs in the U.S. House of Representatives. I've gotten the support of the Speaker. We've tried to do for the first time, to coordinate budgets, the money's there for the things that we need. We also try to coordinate all the law enforcement in the other agencies.

The message is out there. For the first time, we have appropriated almost $200 million to get messages out through TV. I don't know if that's a good thing or a bad thing or if it's wasted or not wasted, but we'll find out. The problem is there's no way to measure where success is.

One of the things that this Congress has made a commitment and I have made a commitment and the Speaker has made a commitment and the leadership in this Congress has made a commitment is to try to reduce drugs across the board from 6 percent to 2 percent by the year 2001 and to put the facilities and the resources into place to make that happen.

Now, that's a tough commitment for Congress to make, for a party to make, for an individual to make. And we run the risk of failing. But we all run a risk of failing. And if we don't try, we'll never succeed.

I appreciate the efforts that you people are putting forward. I hope you can carry on that dialog with Congressman Pappas be-

cause he's going to be one of our top people in carrying out this fight. We have a long way to go. I hope we can come back here in the year 2001 and say that we succeeded with your help. Thank you very much for being with us today.

Mr. Pappas, I'll let you have the last word.

Mr. PAPPAS. Mr. Chairman, I want to thank you for coming here and thank both your staff and my staff for helping to make this possible. Dr. Mulhare and those back in the room, thank you very much for hosting it, thank all of the panelists.

I just want to make one more plug. I have sponsored a resolution. There are copies of it, House Joint Resolution 267. It's basically a sense of the Congress resolution just stating the Congress' recognition that this is a very important issue, especially for our young people. I encourage you to get a copy of it and write to anyone that's maybe not on this if he's an original cosponsor to encourage them to support it.

[H. Res. 267 follows:]

105TH CONGRESS
1ST SESSION

H. RES. 267

Expressing the sense of the House of Representatives that the citizens of the United States must remain committed to combat the distribution, sale, and use of illegal drugs by the Nation's youth.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 9, 1997

Mr. PAPPAS (for himself, Mr. ENSIGN, Mr. PORTMAN, Mr. HASTERT, Mr. BARRETT of Nebraska, Mrs. LINDA SMITH of Washington, Mr. WATTS of Oklahoma, Mr. REDMOND, Mrs. CHENOWETH, Mr. HYDE, Mr. RILEY, Mr. HALL of Texas, Mr. SUNUNU, and Mr. HUTCHINSON) submitted the following resolution: which was referred to the Committee on Education and the Workforce

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RESOLUTION

Expressing the sense of the House of Representatives that the citizens of the United States must remain committed to combat the distribution, sale, and use of illegal drugs by the Nation's youth.

Whereas recently revealed statistics demonstrate that America is not winning the battle to keep young Americans drug-free;

Whereas the results of these studies show that 29 percent of high school students state that a student in their school died from a drug-related or an alcohol-related incident in the last year;

Whereas 76 percent of high school students and 46 percent of middle school students claim drugs are kept, used, or sold on their school grounds;

Whereas studies show that 66 percent of high school students claim they can buy drugs within 1 day and 44 percent claim they can buy drugs within 1 hour or less;

Whereas it is reported that the use of heroin is increasing and that 90 percent of new heroin users are under 26 years old;

Whereas the use of drugs at a young age dramatically increases the risk of failure to complete high school, increases the likelihood of committing crimes, and reduces future prospects in education, athletics, and careers;

Whereas it is known that safe, drug-free, and orderly classrooms are key to an effective learning environment;

Whereas parental involvement in education is critical to a healthy learning environment;

Whereas violent crime rates across the United States have declined due to strong parental involvement and cooperation among local, State, and Federal law enforcement agencies;

Whereas the same unified effort and commitment are needed to fight drugs in our schools, playgrounds, and communities; and

Whereas Congress has the unique ability to provide leadership on this issue by raising awareness of the dangers of drugs in schools in every community across this great Nation: Now, therefore, be it

Resolved, That it is the sense of the Congress that—

(1) all schools should be drug-free;

(2) the distribution, sale, and use of illegal drugs in the Nation's schools is unacceptable;

(3) all Federal, State, and local drug fighting agencies should work together with schools and parents to ensure that a renewed effort is made to fight the distribution, sale, and use of illegal drugs in our schools and to America's youth;

(4) all governmental leaders and parents share a role in raising the awareness of this issue and offering constructive alternatives to illegal drug use; and

(5) Congress and the President should set a goal to end the distribution, sale, and use of illegal drugs in the Nation's schools by the year 2000 and, work with local communities and parents to implement meaningful policies to achieve this goal.

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Thank you very much.

Mr. HASTERT. Thank you. I, too, would like to thank Dr. Mulhare for making this facility available. It was certainly very, very helpful. And I want to thank all of our distinguished witnesses. I would like to say I think it's been very helpful.

The Subcommittee on National Security, International Affairs, and Criminal Justice is hereby adjourned.

[Whereupon, at 1:30 p.m., the subcommittee was adjourned.]

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