



*State of New Jersey
Commission of Investigation*

COCAINE

March 1989

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COMMISSION OF INVESTIGATION

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March, 1989

Governor Thomas H. Kean
The President and Members of the Senate
The Speaker and Members of the General Assembly

The State Commission of Investigation herewith formally submits, pursuant to N.J.S.A. 52:9M, a report with recommendations regarding its public hearing and investigation into the cocaine problem in New Jersey

Respectfully,

Henry S. Patterson, II
Chairman

James R. Zazzali

Barry H. Evenchick

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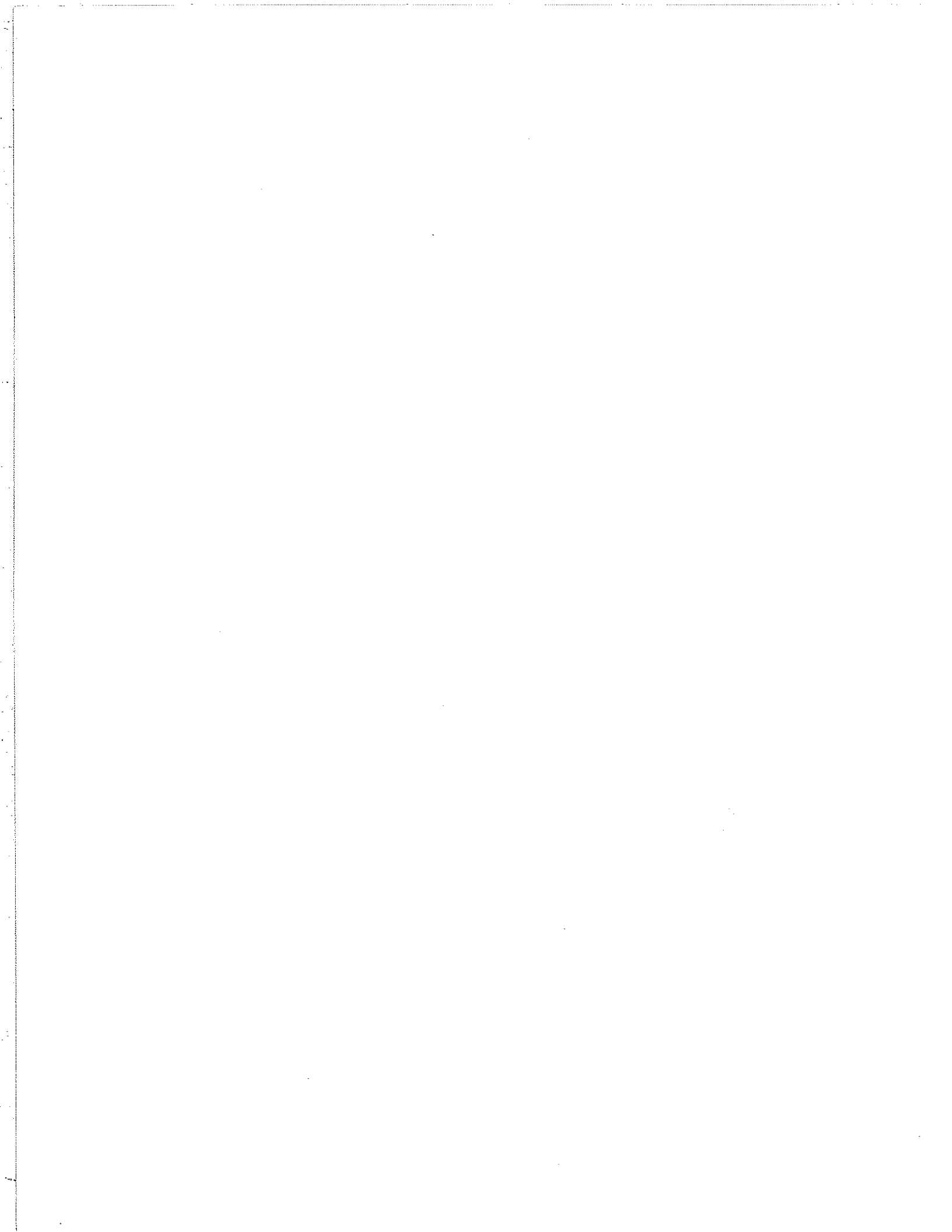


TABLE OF CONTENTS

	Page
INTRODUCTION	3
THE STATISTICS	5
THE HEALTH PROBLEM: AN EPIDEMIC OF ADDICTION	9
<i>Cocaine's Progression Through Society 9/Cocaine Use 9/ Treatment 11/Drug Testing 12/Profile of the Cocaine User 14/ Reality of Cocaine Addiction 14/Cocaine's Legacy 17</i>	
NEW JERSEY: MICROCOSM OF A COMMERCIAL SYSTEM SUPPORTING COCAINE DISTRIBUTION	19
<i>Port Newark 19/New Jersey Airports 20/New Jersey Highways 21/ New Jersey Chemical Companies 21</i>	
COCAINE TRAFFICKING IN NEW JERSEY	23
COLOMBIAN CARTELS	24
<i>History of Cocaine Trafficking 24/From Coca Leaf to Cocaine Hydrochloride to Money Laundering 26/Structure and Operation of the Cartels 27/An Insider's View 28</i>	
JAMAICAN POSSES	30
<i>History of Jamaican Posses 30/Transition From Marijuana to Cocaine Distribution 32/Operation of Jamaican Posses 32</i>	
SICILIAN MAFIA	34
THE BREEDING OF POLICE CORRUPTION	36
LAW ENFORCEMENT'S RESPONSE	39
THE COCAINE CRISIS IN NEW JERSEY'S CITIES	43
<i>Children Selling Cocaine 44/The Problem 46/Economic Revitalization as the Ultimate Weapon 47</i>	
JAIL OVERCROWDING	49
THE ROLE OF EDUCATION	53
DARE	54
DECRIMINALIZATION OF COCAINE: ILL-CONCEIVED	57
RECOMMENDATIONS	59
<i>Drug-Related Information Network 59/The Cities 59/ Education 59/Treatment 60/The Criminal Justice System 60/ Law Enforcement 61</i>	

INTRODUCTION

The State of New Jersey and the nation as a whole are engaged in a war on drugs, the outcome of which will determine the quality of our society. The one drug that has emerged as the greatest threat is cocaine. For the first time in history, government has amassed and focused resources to address the escalating cocaine problem that pervades our society. Law enforcement, health and education have all combined to advance a coordinated attack on the problem. In an innovative and far-reaching approach, Governor Thomas H. Kean issued his "Blueprint for a Drug-Free New Jersey" in October 1986. He urged "taking new directions in education, treatment, community action and law enforcement" as part of "a broad-based attack on the supply side . . . and the demand side" of drug trafficking. In addition, private citizens and groups in society have been mobilizing.

Despite this commitment, the threat presented by cocaine continues to mount. In the face of increased federal and state resources and revised strategies, law enforcement's seizures of cocaine are spiraling upward to unprecedented levels, while the price of cocaine has plummeted. Inordinate demands are being placed on drug rehabilitation and treatment facilities. Polydrug use, with cocaine as the first or second drug of choice, is now commonplace. The use of cocaine or its more highly addictive derivative, crack, has infiltrated every segment of our society. The drug dominates and controls areas of our inner cities. Police officers are being corrupted by cocaine's alluring profits.

The State Commission of Investigation undertook an examination of the dimensions of the cocaine problem in this state and an identification of those organized criminal groups responsible for its importation and distribution. Pursuant to its mandate to apprise the public of the activities of organized crime and other matters affecting the public peace and safety, the SCI presented and explored the issues at a public hearing on November 15 and 16, 1988. In his opening statement, SCI Chairman Henry S. Patterson II noted:

[W]e are facing public health and public safety emergencies that may be unparalleled in our history. Some of our urban areas are virtual battlegrounds.

* * *

By these hearings, we hope to expose to public view the operation of various ethnic gangs that bring cocaine into this country and into New Jersey. . . . Through medical testimony, we hope to be able to alert individual citizens to the truly serious dangers of using cocaine. . . . We will also discuss enforcement problems and strategies with some of those who literally are on the front lines of this battle against cocaine.

Without exception, law enforcement officers confirmed the threat and the enormity of the cocaine problem.

LAWRENCE P. MCELLYN, Assistant Special Agent in Charge of the Newark Field Division, Federal Drug Enforcement Administration:

The cocaine use and distribution in this state and in the nation are out of control.

STEVEN BERTUCELLI, Director of the Organized Crime Division, Broward County Sheriff's Office, Florida:

[W]e're not winning the war on drugs. We're not even close.

* * *

[T]he Colombian problem has been here [in New Jersey] longer than it has been in south Florida. You've had more of that problem, in-depth, for a longer period of time, than we have had.

RICHARD F. MERCIER, Special Agent in Charge of the Office of Enforcement, Newark, U.S. Customs Service:

New Jersey is a focal point for the introduction of cocaine into the United States.

RICHARD CARLEY, Division of Criminal Justice Deputy Director assigned to the Statewide Narcotics Task Force:

[C]ocaine is the drug of choice, is generating a tremendous amount of illicit dollars and, therefore, poses the number one problem that law enforcement faces in the state today.

SHARPE JAMES, Mayor of Newark:

[The cocaine problem] threatens neighborhoods, communities and an entire city.

* * *

Drugs have reached epidemic proportions in our nation and in our urban cities.

PAUL M. DEPASCALE, Prosecutor of Hudson County:

With the avalanche of cocaine coming into the country, and most significantly and most recently the advent of crack, the price for cocaine has come down so markedly that it has absolutely exploded as the drug of choice. You can buy today a vial of crack in Hudson County for \$1.

RICHARD A. LUCHERINI, Director of Public Safety for the City of Trenton:

The crack/cocaine problem is on the increase and is continuing to increase.

THE STATISTICS

The influx of cocaine both into this country and into New Jersey has dramatically risen over the years, while its price has continued to fall and its purity has increased from 38% in 1982 to approximately 70% in 1988. These trends signify the alarming availability of cocaine throughout the country. Although law enforcement agencies are seizing a greater volume of cocaine and related assets and are effecting more and more cocaine-related arrests, the supply of cocaine is increasing.

State and federal authorities concede that their seizures of cocaine represent only a small portion of what is actually coming into the state and the country. Investigations and criminal complaints related to cocaine are placing a severe burden on police agencies, the courts and the prisons. In addition, the prevalence of cocaine in our society has spawned an increase in cocaine-related deaths and hospital emergency room incidents. The statistics in each of these areas are staggering.

The national statistics on cocaine seizures by the Drug Enforcement Administration (DEA), together with the price per kilogram,¹ are as follows:

1981	1982	1983	1984	1985	1986	1987	1988
1,872 kg.	4,946 kg./ \$60,000	7,500 kg./ \$45,000- \$55,000	11,764 kg./ \$40,000- \$50,000	24,655 kg./ \$30,000- \$50,000	27,500 kg./ \$22,000- \$45,000	37,000 kg./ \$12,000- \$40,000	80,000 kg./ \$ 9,000- \$38,000

The value of the cocaine seized and currently held by the DEA is greater than the value of the gold stored at Fort Knox, according to Ralph F. Saucedo, Special Agent in Charge of the DEA's Newark Field Division. In addition, the value of

assets seized by DEA in cocaine-related investigations has risen sharply from \$170 million in 1985, to \$249 million in 1986, to \$280 million in 1987 and to \$373 million in 1988.

DEA's activities in New Jersey parallel its national drug effort. Its seizures of cocaine in this state are as follows:

1984	1985	1986	1987	1988
20 kg.	195 kg.	861 kg.	288 kg. ²	4,356 kg.

The value of assets seized by DEA from cocaine traffickers operating in New Jersey has increased, in approximate figures, from \$4 million in 1986 to \$5 million in 1987 and to \$11 million in 1988.

The statistics compiled by the state are equally alarming in demonstrating the severe cocaine problem that exists within our boundaries. Data

on drug-related arrests are contained in the Uniform Crime Reports compiled by the New Jersey State Police. Although the reports do not depict an accurate view of cocaine-related arrests because cocaine and opium are listed in the same category, the data discloses definite upward trends. From 1985 through 1987, while the number of drug-related arrests remained fairly constant, there were significant increases in the opium/cocaine category of arrests in 1986 and again in 1987. In 1987, drug-related offenses increased by 24% and arrests in the opium/cocaine category rose by 39%.

¹One kilogram is the equivalent of 2.2046 pounds.

²The quantity of cocaine seized in 1987 is less than that in 1986 because of a large and significant seizure made in 1986.

The following chart depicts the escalating seizures of cocaine made by the State Police³ since 1983, together with the corresponding street value:

1983	1984	1985	1986	1987	1988
157.4 kg./ \$8,672,855	284 kg./ \$15,650,000	525.7 kg./ \$16,738,355	731.2 kg./ \$29,663,218	490.3 kg./ \$27,416,227	375.4 kg./ \$19,135,689

During this period of time, the price of cocaine has continued to decrease. At present, cocaine sells for between \$12,000 and \$18,000 a kilogram in New Jersey. Seizures of significant numbers of crack vials by the State Police began in 1986 with 2,937 vials, rose dramatically to 15,979 vials in 1987 and increased again in 1988.

The majority of the resources of the Attorney General's Statewide Narcotics Task Force is directed toward cocaine-related investigations. Approximately 90% of the arrests by the Task Force involve cocaine. All of the 20 wiretaps that have been conducted by the Task Force since its inception have been cocaine-related.

On the county level, the Hudson County Prosecutor's Office handled approximately 9,500 indictable complaints in 1986, 11,200 in 1987 and 15,000 in 1988. Between 35% and 40% of the complaints handled in 1986 and 1987 were drug-related, while 50% of the 1988 complaints represented narcotics cases. Prosecutor DePascale termed the numbers of arrested defendants and the volume of cases dealing solely with drug charges as "staggering." Significantly, approximately 95% of all drug offenses committed in Hudson County involve cocaine. Both "street dealers" and "weight dealers"—organizations that import and distribute from 50 to 100 kilograms of cocaine weekly or biweekly—operate in the county. "Street volume trafficking is everywhere in the county," according to Prosecutor DePascale.

In Trenton, which is representative of the state's major cities, most drug arrests are cocaine-related. Additionally, between 65% and 80% of all telephone requests for police assistance involve drug-related complaints, primarily cocaine. As a result, every bureau of the police department,

whether in a direct or supporting role, is involved in enforcement of the drug laws.

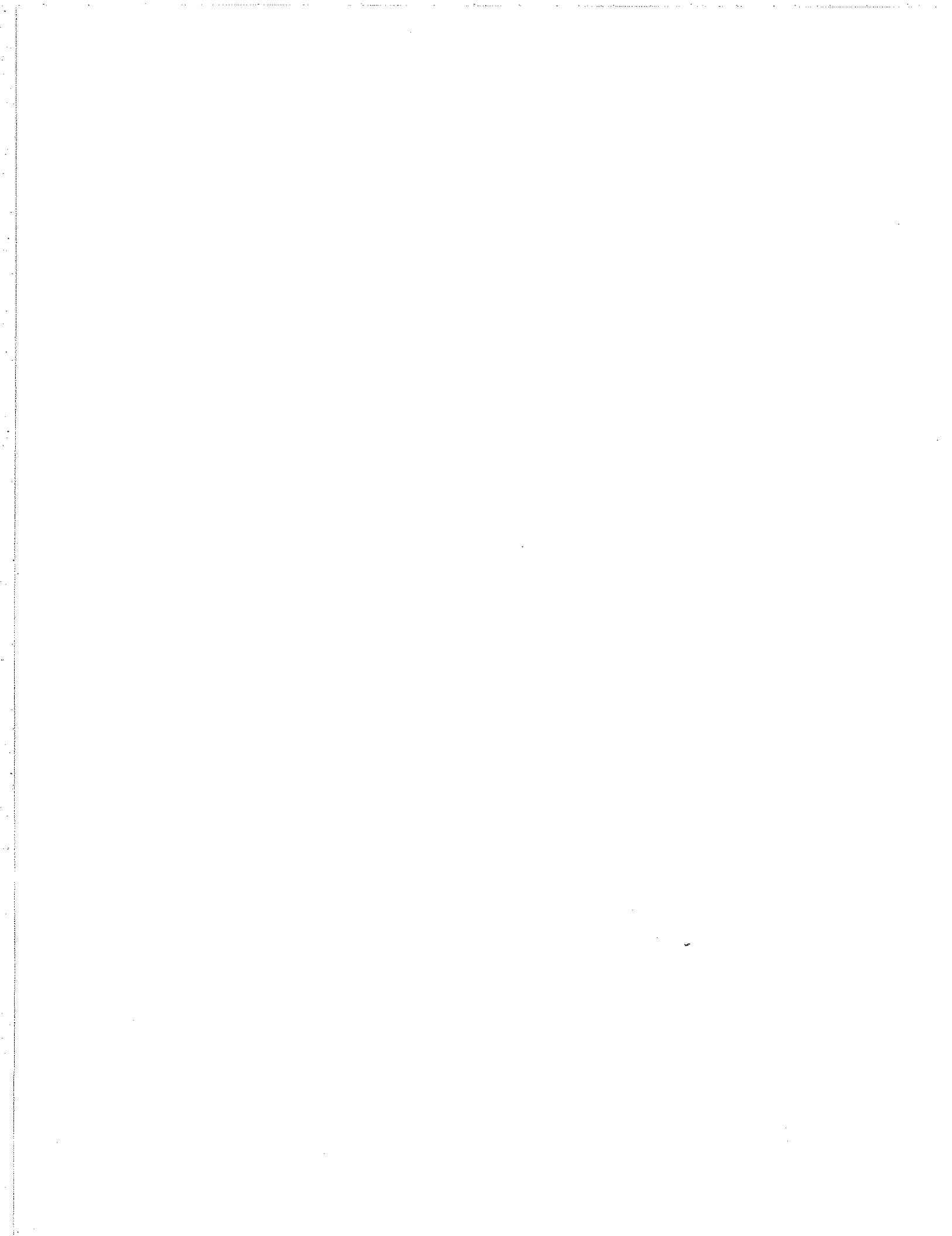
The magnitude of the cocaine problem is demonstrated further by an analysis of the data provided to the SCI by the State Medical Examiner's Office and the Drug Abuse Warning Network (DAWN), which is operated by the National Institute of Drug Abuse in the U.S. Department of Health and Human Services. Data from the Medical Examiner's Office revealed that from January 1, 1986, through September 30, 1988, toxicology tests performed on deceased subjects from every region of the state were positive for cocaine more often than for any other illicit drug. Cocaine-related deaths increased in 1986 and again in 1987 and surpassed heroin-related deaths in each year. These trends are all the more alarming in light of the fact that drug-related deaths are underreported. Not only are physicians and family members reluctant to label a death as drug-related, but the definition of cocaine-related deaths is narrowly applied. For instance, a person who dies of an apparent heart attack is not always tested for the presence of cocaine, which may have induced the heart attack. Similarly, a cocaine-related death will not be listed for a person who becomes paranoid from ingesting cocaine and dies after instigating a shooting incident.

DAWN, which provides data on drug use in selected metropolitan areas throughout the United States, receives information on drug-related emergency room episodes and drug-related deaths from the State Medical Examiner's Office and from 34 of the 106 acute-care hospitals in 10 of the state's 21 counties. A trend analysis was conducted by the SCI on the New Jersey portion of the DAWN data from 1985 through 1987. It revealed an astounding increase in cocaine-related emergency room incidents, surpassing heroin-related and marijuana-related incidents. In approximate figures, there was a 163% increase from 1985 to 1986 and a 119% increase from 1986 to 1987. When examined on a regional basis from 1985 through 1987, the southern region of the state ex-

³The figures represent the cocaine seizures made only by the Narcotics Bureau. The Field Operations Section does not compile drug seizure statistics.

had a 466% increase. These figures do not pre-
sented the greatest rise, more than 1300%, in
cocaine-related incidents, while the northern re-
gion had a 413% increase and the central region
sent the true scope of the problem in New Jersey
because the DAWN data is not received from all
hospitals. For example, a hospital in Camden
County, which does not participate in DAWN,
reported in an SCI survey in excess of 300 cocaine-
related emergency room incidents from Septem-

ber 1987 through August 1988. Based upon the
2,913 New Jersey subjects reported to DAWN in
1987, 68% were males and 32% were females; 29%
were Caucasian, 63% were black and 8% were His-
panic; 50% were between the ages of 20 and 29
years, 40% were over 29 years of age and 9% fell
within the range of six to 19 years; 43% had in-
gested only cocaine, while 57% had also consumed
another substance; 92% were cocaine-dependent,
and 1% attempted suicide.



THE HEALTH PROBLEM: AN EPIDEMIC OF ADDICTION

It is commonly accepted that 25 million of the 245 million people in the United States, or one in every 10 individuals, have tried cocaine once. Of these, at least five million, possibly six million, persons are regular users. When these proportions are applied to the people of New Jersey, it is estimated that 772,000 out of 7,720,000 people have tried cocaine and 154,000 are regular users. Based upon these statistics, a person who tries cocaine once has a one-in-five chance of becoming a regular user.

The significance of these statistics is that although the number of individuals who try cocaine for the first time has not been increasing, the number of regular users has remained fairly constant. This indicates that no matter how many people are removed from that group through the treatment process, new addicts are taking their place. At present, the problems associated with cocaine use are rising more rapidly than the increase in current users. "We're not in an epidemic of use, we're in an epidemic of addiction," asserted Mark S. Gold, M.D., a nationally recognized expert and researcher in psychopharmacology and drug abuse, with an emphasis on cocaine. In testimony before the SCI, Dr. Gold elaborated:

Now, the number of new users is way down, but what is way up is the consumption per user and the age of the user. These factors—dose, duration and age—contribute to the tremendous number of problems that we now see associated with cocaine that were not evident in the 1970s.

Cocaine's Progression Through Society

The epidemic of addiction currently facing our society is explained by the history of cocaine use and its progression through society. During the middle of the 1970s, cocaine, which sold for \$150

a gram, was extremely difficult to obtain. Accordingly, its use was confined to the very wealthy. Then, as the less wealthy began to emulate the upper class, cocaine use progressed downward through each successive income group into the middle classes. In the minds of many people, cocaine was moved from its traditional place with heroin toward drugs that were considered less dangerous, such as marijuana. Therefore, the barriers that traditionally prevented its use were lowered, and people who would never have tried heroin tried cocaine. As a result, Dr. Gold noted, large numbers of people were exposed "to one of the most reinforcing, if not the most reinforcing and addicting, drugs that have ever been studied in modern medicine—cocaine." As each socio-economic class used cocaine, a portion became addicted and are now habitual users. Cocaine has "percolated through our society," testified Dr. Gold, with "almost . . . no group left." Today, the most recent users tend to be people in the cities and children. The result of cocaine's progression through society is that the number of new users is not increasing, while the associated problems are mounting.

Cocaine Use

Cocaine is described pharmacologically as a hybrid drug that is part stimulant and part topical anesthetic. Crack is freebase cocaine that has been prepackaged and is inhalable by smoking. Cocaine acts on the brain to imitate natural brain rewards. In the initial phase of use, cocaine causes the brain to release certain chemicals that reinforce its taking. It interacts with chemicals in the central nervous system, the neurotransmitters, that carry messages to various parts of the brain and interferes with these brain messengers by trapping them in the synapses. Chronic use of cocaine damages the brain neurotransmitter systems beyond repair.

The primary routes for administering cocaine include sniffing the cocaine powder, or cocaine

hydrochloride, inhalation of cocaine vapors and injection into the vein with a needle. In "speed-balling," cocaine is mixed with heroin and water and injected into the vein. With each method, cocaine enters the blood stream and produces typical effects, including elevated pulse and respiration, increased body temperature, the tendency toward irregular heartbeat and epileptic seizures, and direct damage to the heart muscle. As this physiological damage is occurring, the user experiences euphoria. In addition to the problems caused by cocaine use in general, each method of administration produces special problems. The intranasal cocaine user also develops a runny or bloody nose and can develop nasal ulcers. Because the cocaine dribbles into the throat, the user will develop swallowing and voice problems. The person who inhales cocaine vapors will have lung problems, including shortness of breath, bronchitis and black phlegm. Inhaling and injecting cocaine produce the most severe side effects, including a tendency toward heart attack, blood vessel spasms in the brain, the tendency toward stroke and profound euphoria followed quickly by depression.

It is no longer disputed that cocaine is physiologically and psychologically addictive. As stated by Dr. Gold, cocaine "changes the brain in a consistent way and stimulates its own taking," as well as triggering a "craving for the drug." Dr. Gold described cocaine's powerful effect in modifying the human make-up:

[In] the hierarchical organization of the brain, we're motivated to have friends, to have associates, to work, to interact with other people, to eat and so forth. These things have been structured into our brain and into our way of living. What cocaine does, and does better than any other drug, is to undo this hierarchical organization, first becoming equal to the most basic survival drive and then surpassing it.

The effect of cocaine ingestion has been demonstrated in animal studies where Rhesus monkeys have been able to self-administer the drug. Each monkey was placed in a room with a lever connected to an intravenous system. With each tap of the lever, the monkeys self-administered a dose of cocaine. The monkeys repeatedly hit the lever

until an epileptic seizure with loss of consciousness occurred. When the monkeys awoke, they resumed striking the lever to receive the cocaine. In contrast, the monkeys that were able to self-administer a placebo tapped the lever only once. In Dr. Gold's words, the study demonstrated that

unlimited access to cocaine was incompatible with life [and] that the monkey self-administered cocaine to the point of death.

A subsequent study divided Rhesus monkeys into two groups, one which could self-administer cocaine and the other which could self-administer heroin. Although the heroin animals exhibited reductions in various forms of survival behavior, including grooming and social interactions, the cocaine animals eliminated all forms of such behavior, including eating and sleeping, in favor of cocaine. At the conclusion of the study, the cocaine animals were generally dead and the heroin animals were alive. As Dr. Gold posited, "cocaine is a parasite that kills the host," while the user of heroin establishes "some equilibrium" with the drug. Stated differently, species-specific behavior, including survival behavior, is "a weak reinforcer compared to cocaine."

Thus, in light of the self-reinforcing and powerfully addictive properties of cocaine, together with the alarming facts that approximately 25 million people have tried cocaine and that one in five faces the likelihood of becoming a regular user, Dr. Gold admonished:

[W]hat could you expect but a disaster? And that's about what we have now. We have a disaster in terms of the dose per user, in terms of the age of the user, in terms of the hospital emergency visits, in terms of the need for treatment. It's a total disaster.

The debate on whether certain substances act as "gateway" drugs that lead to cocaine use has yet to be resolved. In September 1988, the National Institute on Drug Abuse published its findings that marijuana use predicts cocaine use. Specifically, a person who never tried marijuana has only a 0% to 0.3% risk of using cocaine in his or her lifetime. However, the risk for a person who has used marijuana five times jumps to 6%. The person who has used marijuana 200 times has in excess of a 75% chance of using cocaine.

Whether or not certain substances are likely to lead to cocaine use, it has been established that the use of more than one drug, or polydrug use, is common today. Dr. Gold has found that in most cases, a cocaine addict is also addicted to, or a regular user of, another substance. A cocaine user takes other drugs or alcohol to counteract the negative effects of the cocaine or to boost the drug's primary effects. For example, because cocaine causes a state of arousal incompatible with sleep, the user may resort to tranquilizers or sleeping pills.

Medical science does not yet understand the relationship between cocaine dose and duration and the most severe negative effects. Therefore, as Dr. Gold explained, the amount of cocaine necessary to cause an overdose differs for each person. Because there is no recognized treatment, or even a consensus on the best treatment, for cocaine overdose, treatments vary from emergency room to emergency room. Typically, and mistakenly, the symptoms are treated rather than the cause. A person who enters the emergency room with a cocaine-related seizure is likely to be given an anti-convulsant to stop the seizure. Similarly, the person with a cocaine-induced heart irregularity may be given cardiac medication. The medical conditions produced by a cocaine overdose are as varied as the treatments. Therefore, it is "critical," according to Dr. Gold, for personnel in the hospital emergency room to determine whether a patient has been using drugs. Such a fact is essential for correct diagnosis and treatment. In addition, the reporting by hospital emergency rooms of data on drug-related incidents, including the types of drugs present and the age and sex of the person, is equally critical because it provides an "early warning to identify changes in cocaine use and how they impact on the communities and on medical treatment."

Treatment

Addiction to cocaine is defined as the continued, compulsive use of the drug in the face of severe or life-threatening dangers to one's psychological and physical health, relationships and happiness and the inability to do anything about it. The treatment for addiction is "stopping," testified Dr. Gold. He continued:

The art form is in its very most primitive state. The kinds of treatments that are utilized for cocaine addiction tend to be borrowed in part from successful treatment of alcoholics, borrowed in part from therapeutic communities. But, by and large, the treatment is long, difficult. No single treatment has been reported to be so effective that there's a consensus.

Consequently, relapse is common among recovering cocaine addicts:

The data would say that relapse is now so common that it's being included in the definition of cocaine addiction and is being studied by researchers as a new acquired drive. As we have the drive for food, there may be, over time with cocaine, a new drive—the drive to read-diction. The national data suggests that no matter how quickly we treat people, other people relapse. It's not so much that there are new people joining the cocaine epidemic as much as there is this internal recycling going on.

The ultimate goal of treatment for the patient is to be drug-free without relapse. However, the factors in relapse are not comprehended. The drive toward relapse, or the "craving" for the cocaine, is so powerful a drive that it may be triggered simply by the smell of cocaine on another's apparel or by a song that is associated with the person's prior use.

Successful treatment for cocaine addiction depends upon several factors. Perhaps the most significant aspect is the motivation of the cocaine addict to seek treatment as the solution to the torment of addiction. It is widely believed that an addict is brought to the threshold of treatment only when he has "bottomed out." At the moment that the addict seeks treatment, it is imperative that treatment be afforded. If it is denied, the addict invariably returns to the drug. The desire for treatment must be met with the reality of treatment. Treatment on demand does not exist in this state. In Trenton, for example, Director Lucherini discerns "such a lack of treatment facilities . . . in comparison to the vast number of our poor who need treatment." Although the Division of Narcotics Abuse and Drug Control of

the New Jersey Department of Health funds 5,600 treatment slots for 58 residential and out-patient facilities and the clinics provide services to 9,600 drug addicts, the Division estimates that a mere 12% of those in need of treatment are actually receiving it. The SCI's survey of 32 state-funded drug treatment clinics established that, as of February 1, 1989, these clinics had a rated capacity for 3,610 slots, were treating 4,875 patients and maintained waiting lists for more than 900 additional addicts. Court-referred addicts constitute 75% of the clinics' waiting lists, while 25% are self-referred or referred by social agencies. These figures do not reflect the demand for treatment being made upon numerous private drug rehabilitation facilities.

Another factor in determining successful treatment for cocaine addiction is an individual's personal "preference" for a particular treatment. Dr. Gold cited Self-help, Narcotics Anonymous, Cocaine Anonymous, therapeutic treatment, residential treatment and outpatient treatment as various types of treatment to which individuals have responded. It bears emphasis that no one method of treatment has proved successful in treating cocaine addiction. This is not the case with heroin addiction, where there is a single, widely accepted method of treatment. To date, no study has been conducted by the New Jersey Department of Health to evaluate the various methods utilized in treating cocaine addiction and to develop and isolate the most effective form of treatment.

A final aspect in predicting successful treatment lies in the correlation between the time of diagnosis and the outcome of treatment. According to Dr. Gold, "[t]he earlier the diagnosis, the less invasive the treatment and the more successful the treatment." It is a cost-effective approach. Dr. Gold predicts greater success with a person who is diagnosed after six months of initial cocaine use and who has been employed and enjoyed a stable home life, as compared with, for example, a 17-year-old who had been using drugs since the age of 12. The 17-year-old is not able to relate to a prior stable life when drugs did not dominate and lives in an environment where drug use is prevalent.

Youth from the inner cities present difficult subjects for treatment. It has been suggested that inner city youths be treated at sites away from

their cities. However, even if they complete a residential treatment program, as Dr. Gold posited, "[w]hat environment are you going to send them back to?" Director Lucherini emphasized the importance of "[r]emoving the individual from the drug environment." The ultimate solution lies, of necessity, with the revitalization of the economically depressed metropolitan centers.

Experts in drug treatment agree that drug-screening urinalysis is a critical element of the treatment process. Frequent and monitored urine testing, with optimum testing occurring at least once a week, is essential in detecting any drug use during treatment and in evaluating a patient's progress. State regulations governing the licensure of drug treatment facilities mandate urine-testing upon admission and at least once a month thereafter. A survey conducted by the SCI of 32 of the 58 drug treatment facilities currently funded by the Department of Health demonstrated a wide variety in the frequency of monitored urine testing conducted on outpatients. Five clinics conduct monitored urine tests once a week, 17 clinics conduct tests bimonthly, eight clinics test once a month and two clinics do not test at all.

Drug Testing

Chemical tests, especially urine tests, are being utilized with increased frequency in both the public and private sectors to identify drug users. Urinalysis is being required of athletes, members of the armed forces, employees performing certain sensitive jobs and job applicants. However, little attention is being given to the use of urine testing for persons arrested or under the supervision of the criminal justice system, despite the numerous studies finding a high correlation between hard drug use and the commission of crime. Significantly, as noted by Director James K. Stewart of the National Institute of Justice, U.S. Department of Justice:

Drug abuse by criminal suspects far exceeds the estimated use in the general population . . . [and] seems to be increasing.⁴

⁴"Attorney General Announces NIJ Drug Use Forecasting System," *Research in Action*, National Institute of Justice, Washington, D.C. (March/April, 1988).

The most objective data presented in this area has been and is being compiled by the Drug Use Forecasting (DUF) Program established in 1986 by the National Institute of Justice. Originally implemented in 12 cities and now operating in 21 cities throughout the United States, DUF measures drug use by testing voluntarily obtained urine specimens from new groups of arrestees on a periodic basis. From 53% to 79% of the arrestees consistently test positive for the use of one or more illicit drugs.

A comprehensive program to determine drug use through urine-testing and to monitor the drug user was implemented in the criminal justice system in Washington, D.C. It was applied to adult arrestees in 1984 and expanded to include juvenile arrestees in 1986. The highly successful pretrial urine-testing program, which tests all arrestees in the District except those charged with federal or relatively minor offenses, has yielded a new release alternative for the courts. The drug-using criminal may be released on condition that he participate in a program of periodic urine-testing before trial, which program may be combined with drug treatment. Thus, the leverage of the criminal justice system is utilized to eliminate drug use and compel users to obtain treatment. Continued drug use by the arrestee violates a condition of pretrial release and is reported to the court, with a period of incarceration usually resulting. In 1988, 73% of the approximately 16,000 arrestees tested positive for illegal drug use. Of those who tested drug positive, 92% tested positive for cocaine and about half were positive for multiple drugs, with cocaine and opiates being the most frequent combination.

The Washington, D.C., program, the DUF Program and other studies that have assessed the relationship between hard drug use and crime have consistently found that higher levels of illegal drug use accompany higher levels of criminality; that the crimes are not restricted to drug offenses, but span a wide variety of crimes, and that drug users commit income-generating crimes at much higher rates than non-users. Studies of the Washington, D.C., program have concluded that drug use is a good predictor of pretrial rearrest. Hard drug users were found more likely than non-users to be rearrested prior to trial and to have multiple pretrial arrests.

A growing body of research indicates that those referred to treatment programs by the courts re-

main in treatment longer. With respect to heroin addicts, on whom studies have focused for a longer period of time, urine monitoring and treatment have been effective in reducing drug use and crime. Assessments of the Washington, D.C., program, in particular, have repeatedly found that drug users in treatment have lower rates of criminal activity than those who are not in treatment.

The foregoing findings lead to the inescapable conclusion that a reduction in drug use among criminals will probably reduce crimes. Eric D. Wish, a senior scientist at Narcotic and Drug Research, Inc., New York City, and a Visiting Fellow at the National Institute of Justice, has written:

If we as a society are committed to reducing drug abuse and crime, the tools now exist for launching a comprehensive urinalysis-based program for identification and treatment of drug abuse in criminals. . . . While the cost of testing large numbers of criminals may appear large, the cost of not testing is probably greater—for society as well as for the drug abuser. Urine testing of offenders, coupled with appropriate treatment and monitoring, is probably one of the most effective means available for reducing demand for drugs and associated crime. What are we waiting for?⁵

Another target group of equal importance in reducing drug use and crime is the prison population. It is estimated that at least 75% of the 14,755 inmates in New Jersey corrections facilities have a background of substance abuse. Recognizing the inextricable relationship between hard drug use and criminal activity, the Department of Corrections is beginning to address the problem. Drug treatment programs are offered at all of the state facilities, but accommodate merely 600 inmates. A program designed to place inmates in residential drug or alcohol treatment programs is conducted in cooperation with the Department of Health. Only 14 of the 58 beds under contract are being utilized. Recently, in June 1988, the Department of Corrections received a federal planning grant, which is expected to lead to an 18-month implementation grant, to target for treatment

⁵Eric D. Wish, "Urine Testing of Criminals: What Are We Waiting For?" *Journal of Policy Analysis and Management*, Vol. 7, No. 3 (Spring 1988) at 553.

those inmates who are cocaine and/or heroin users. The treatment program specifies treatment during the final six months of incarceration, followed by three months of treatment within a community environment at the beginning of parole. Initially, between 48 and 60 inmates will participate in the program. All of these programs should ultimately prove cost-effective by reducing the criminal population.

Profile of the Cocaine User

The National Cocaine Hotline was founded by Dr. Gold at the Fair Oaks Hospital, Summit, in May 1983 to collect data on cocaine use and provide information and assistance to cocaine users. Approximately one million people from all of the states telephone the National Hotline each year, with about 12% of the calls originating in New Jersey.

Demographic surveys based upon the data collected from the National Hotline disclose dramatic shifts in the profile of the cocaine user. Today, the typical user is urban, younger, less educated, poorer and more likely to be unemployed than the user in prior years. Specifically, fewer than 1% of the callers in 1983 were adolescents, compared to 10% in 1985. The average age of all users declined from the thirties in 1983 to the mid-twenties in 1987. The percentage of users who were college-educated plummeted from 50% during 1983 through 1985 to 16% in 1987. Users who were unemployed rose from 16% in 1983 through 1985 to 54% in 1987. The 54% represents a new pool of users rather than previously employed users becoming unemployed. The percentage of cocaine users with household incomes of \$25,000 or more dropped from 52% in 1983 to 27% in 1985 and to 20% in 1987. The ratio of male to female users has remained constant at from 60% to 70% male and 30% to 40% female. Finally, in 1983, 21% were inhaling cocaine vapors, while in 1987, 56% were using this mode of cocaine administration, which is the most potent and addictive form.

During the few weeks preceding the Commission's public hearing, information received from New Jersey callers to the National Hotline was culled. The statistics depict a frightening portrait of the New Jersey cocaine user: 56% are male and 44% are female, with an average age in

the mid-twenties; 74% are unemployed; 41% are daily users and 20% use less than once a month or when it is available; nearly 60% inhale cocaine vapors with freebase cocaine or crack, and 83% consume cocaine in addition to alcohol and/or marijuana. The majority of callers believed that cocaine was causing serious family problems and the employed callers believed their jobs to be in jeopardy. Two-thirds fit the classic definition of an addict in that the callers considered cocaine to be a serious threat to their psychological and physical health, relationships and happiness. When queried as to why they continued to use cocaine, the overwhelming majority replied that they were unable to stop and unable to refuse cocaine when it was made available.

There is a State Drug Hotline which was established in 1983 by the Division of Narcotics and Drug Abuse Control. The State Hotline has had a 70% increase in the number of calls from its inception to September 30, 1988. During each year of its operation, cocaine-related calls have exceeded all other drug and alcohol-related calls and most calls have come from Camden, Bergen, Passaic, Essex and Union Counties.

Reality of Cocaine Addiction

The medical testimony on cocaine use and addiction was brought into sharp focus at the public hearing through the low key, yet starkly realistic testimony of four recovering addicts with varied socio-economic backgrounds from different areas of the state. The panel consisted of Tanya, a 20-year-old who, together with three sisters and a brother, was raised by her mother in Trenton; Corey, an 18-year-old who grew up with his sister and parents in Freehold Township; Joelle, a 22-year-old who grew up in Atlantic City with his mother and three older brothers, and Bill, who is 39 years old, grew up in Paterson and is currently a state prison inmate.

These four witnesses uniformly and vividly described their own experimentation with a variety of drugs; an addiction to cocaine and, in Bill's case, heroin as well; the commission of crimes to obtain cash to buy, or goods to exchange for, cocaine; the constant battle to resist relapse, and, for those who grew up in cities, the importance of not returning to their old neighborhoods. The changes made in the lives of the three youths

illustrate what can be accomplished through treatment.

The experiences of Tanya, Corey and Joelle were similar. They testified as to the physical changes that resulted from their use of cocaine.

TANYA:

I lost weight. I started looking bad . . . I just didn't care about myself.

COREY:

I lost a lot of weight. I needed [cocaine] more than I needed food or anything else. I stopped eating, unless it was there. Eating was something I did because it was there at the time. I didn't have a need to eat. I was about the same height as I am now, about six feet, and I'm about 165, 170. When I was using cocaine, I was about 120 pounds. . . . [M]y stomach started bleeding. I'd get very nauseous at the smell of crack if I didn't have it until later that night. I became so entangled in it. It became crazy.

JOELLE:

I lost my appetite, didn't sleep at all, and I was losing weight. I was physically beat and I needed cocaine to build me back up. If I didn't have it, I wouldn't function.

With respect to their psychological reaction, the testimony was as follows:

TANYA:

When I was getting high, I'd always be looking out the window and turning around and listening to different noises, jumping at everything. I was very paranoid the whole time.

COREY:

I was very paranoid. People in taxis, we thought were cops. . . . I thought everybody was following me even to the point I thought a helicopter was following me . . . We even checked abandoned cars for bugs. We thought people were on to us.

Tanya had been using drugs from age 13 through age 18. She grew up in a Trenton household where her mother smoked marijuana, drank alcohol and took pills and her sister used drugs. Her mother "used to hold jobs here and there sometimes." Tanya began smoking marijuana with her mother and continued because of peer pressure. During her five years of drug use, she experimented with marijuana, barbituates, amphetamines, PCP, LSD and liquor. Cocaine and then crack became Tanya's preference and drug of addiction. She began by sniffing cocaine and then commenced freebasing cocaine on a daily basis, at a cost of between \$200 and \$300 a day. The money was obtained, at first, from her part-time job, welfare checks and selling drugs. Tanya then began breaking into houses, stealing television sets, jewelry and VCRs and exchanging the items with a drug dealer for crack.

Tanya had her first child at the age of 16 and her second child at the age of 18. She attempted suicide at 17. In April 1987, following her arrest for burglarizing a house, Tanya entered Integrity House, Newark, where she is completing a two-year residential drug treatment program. She emphasized the importance of avoiding the environment that propelled her into drug abuse by

[c]hanging people, places and things, my old friends, the places where I used to be and the things I used to do.

Corey, who grew up in an upper-middle class neighborhood in Freehold Township, began drinking at age 12 and by 13, was "drinking to be intoxicated, to be drunk." From drinking alcohol, Corey began smoking marijuana and then experimenting with LSD, mescaline and opium. He eventually tried cocaine and crack and began using it almost daily. "Definitely, cocaine was the drug that I fell in love with," Corey testified. He was using between \$500 and \$1,000 worth of cocaine every week. Corey obtained the money to supply his cocaine habit by "manipulating my

parents,” breaking into homes and stealing items and by “pimping” for some friends who were prostitutes in New York City. When he was 16, he ran away three times to Florida, where cocaine was cheap. He was mugged both in Florida and New York City, where he frequently purchased cocaine. He went into the City by sneaking out of his bedroom window at night and returning early morning or staying there overnight and sleeping under cars or in abandoned structures. Corey’s addiction had a profound effect on his life:

[School] stopped, totally. The more I used cocaine, the less I cared about everything, including school. I thought I had better things to do than school. I didn’t understand where it would take me. So, I just didn’t go.

I learned how to manipulate people. I learned how to work child study teams and different school people to the point of just getting over and not having to go, not showing up for appointments, telling them I’d be there and just stalling. And I stalled through my sixteenth year, basically.

Following his arrest and conviction in Florida for four felonies stemming from his burglarizing homes, Corey entered and completed a drug treatment program as an alternative to incarceration. He is presently a youth services worker at Jersey Shore Addiction Services in Asbury Park. He also attends a meeting of Narcotics Anonymous or Alcoholics Anonymous five nights a week.

In graphic language, Corey described how he “was always chasing the high”:

The first time I used cocaine, even though it wasn’t a great amount, there was such a rush. There was such a feeling of empowerment. It was a great feeling, the best feeling I’ve ever felt in my life and I’m sure that I’ll ever feel.

I was always chasing the high. Even knowing I could blow out my heart like [Len Bias], freeze my heart, kill myself, I still wanted that high. And if I had enough money, there were times when I would have gone ahead and done it.

Indeed, even though Corey had not used cocaine for almost two years, since December 1986, the “effects from cocaine” continue to haunt him:

As I’m talking, I know my heart is beating faster, I’m sweating a little bit more. It’s a constant fight.

Joelle’s role model, while he was growing up in Atlantic City, was an older brother who “was selling drugs, using drugs and doing a lot of things he wasn’t supposed to do.” The brother was soon killed in a drug-related shooting. Joelle’s first experience with drugs was at the age of 11 when he smoked marijuana “to be accepted by my peers around my neighborhood.” He then tried beer and other forms of alcohol. During the next 11 years, through age 21, Joelle experimented with heroin, sniffing and freebasing cocaine, smoking angel dust and “popping pills occasionally.” He became addicted to cocaine and crack. He was using cocaine three times a week at a cost of at least \$100 a day. In order to obtain the money to buy cocaine, Joelle sold drugs:

At first I was a drug seller, until my addiction got so bad I couldn’t sell drugs and get high. . . . Then I turned to crime, started taking people’s [crack]—I would say I was selling them but I would smoke them. . . . [and mugging people] on the streets, the boardwalk, pick-pocket, when they came out of the casinos.

Joelle was arrested four times as a juvenile and twice as an adult. He dropped out of high school in the ninth grade because of his addiction.

Joelle voluntarily entered the residential drug treatment program at Integrity House in Newark, where one of his older brothers had completed the program:

I kept telling myself I wanted to stop using drugs. But the more I said it, the more I got high. So, I figured I needed some professional help.

Joelle highlighted the importance of seeking treatment away from one’s environment when he explained why he did not select a program in his hometown of Atlantic City:

I figured, if I stayed in my hometown, I would see the people that I sold drugs to and I would eventually have left the program and I just would have went back out into the streets.

That is exactly what occurred when Joelle left the program and returned to Atlantic City. He relapsed because

the environment I live in is drug-infested and the city is very small and I know a lot of negative people. No matter where I go, I will run into one of them and I don't want to be involved with it.

Joelle returned to Integrity House and is presently completing the residential program.

In contrast to the three youths who experienced the devastation of cocaine use in their brief lives, Bill represented the older addict who experienced a life of addiction punctuated by incarceration and lost opportunities. He had an extensive criminal record as a juvenile and has spent 13 years of his adult life in prison.

Bill lived with his three siblings and mother in a public housing project in Paterson. He contrasted the atmosphere of his home life with that of Tanya and Joelle:

Families play a very important role. In my generation, most parents didn't use drugs, especially black people. A lot of the parents had just come up from the south, a lot of them still tried to pass on moral values to their children. My mother tried to send us to church and we were disciplined.

I think a lot of the kids today, the generation after mine, suffer greatly because their parents went through an epidemic themselves. Heroin in 1967 and 1968 became big, then marijuana and a lot of other things. And they don't use the same structure in the homes that was even provided to me, even though my mother was on welfare. I know poverty and low self-esteem had a lot to do with me starting to use drugs. I didn't feel good about myself.

Today, I think they have even less of a chance. Like Tanya said here, I couldn't imagine me or any of my peers even talking about sitting around smoking marijuana with their parents. But it seems common today.

At the age of 12, Bill began sniffing glue and then smoking marijuana. Bill's drug use progressed to heroin and he became addicted. He then used both heroin and cocaine. Bill's marriage at 17 eventually ended in divorce, which he attributes to his addiction and incarceration.

During his early incarceration, Bill obtained a GED and an associate's degree with highest honors from Mercer County Community College. When released from prison, he attended Rutgers University and earned a degree in math and science in 1980. Bill pursued a career in computer programming and became a systems analyst for several companies over a period of years. However, following his graduation from college and throughout his career, he continued to use heroin and cocaine:

Basically, I was able to function. I was able to do my job and, for a good while, nobody noticed the problem. Then the problem got worse and, eventually, my drug problem was well-known on my job. My performance suffered.

Bill is currently serving a sentence for obtaining money under false pretenses, an offense that was triggered by his need for money to supply his drug habit.

Cocaine's Legacy

Current research and findings on the effects of cocaine on the unborn fetus suggest that even if the cocaine problem were solved today, the drug's adverse impact will be with society for another generation. Dr. Gold characterized this area of research as "some of the most troubling research in the field." Apart from causing spontaneous abortions and premature births, Dr. Gold testified,

cocaine is a poison for the unborn. The net effect of cocaine on the unborn is strangulation. It reduces the oxygen at the time that the brain and the organs

are developing. . . [C]ocaine [also] causes malformations in the genito-urinary tract.

But the basic effect that's been widely seen . . . is that children are neurologically immature . . . are unable to go home with their mothers . . . and have what appears to be compromised nervous systems.

Cocaine-induced birth defects, which are being reported with increasing frequency by neonatologists, include the lack of eyes, deformed limbs, incomplete organs and blindness. According to the National Association of Perinatal Addiction Research and Education, just one use of cocaine during pregnancy places the fetus at risk. Additionally, infants born to cocaine-using women are at higher risk for sudden infant death syndrome. In a 1987 survey conducted by the National Cocaine Hotline, 20% of the female callers reported cocaine use during pregnancy. The National Association for Perinatal Addiction Research and Education estimates that 10%, or 375,000, of newborns each year had been exposed to illicit drugs in the womb. Cocaine-addicted

newborns constitute 80% of the drug-affected babies born to women enrolled in the Perinatal Center for Chemical Dependence at Northwestern Memorial Hospital, Chicago, Illinois. The costs for treating drug-addicted babies at birth can be as high as \$200,000 per baby. Some babies, because of the extent of the mental and physical deformities, will remain in institutions.

In his testimony, Dr. Gold related the findings of a study conducted in Gainesville, Florida. The study tested the delivered babies of a consecutive series of pregnant women. More than one-third of the babies were born with cocaine in their blood stream.

Dr. Gold endorses an early intervention program that would identify high risk pregnant women, provide them with drug counseling and attempt to prevent drug use during their pregnancies. Such a program would be cost-effective both in terms of future medical costs in treating the "cocaine babies" upon birth and in the societal costs that will be incurred in caring for a neurologically damaged child and adult for a lifetime.

NEW JERSEY: MICROCOSM OF A COMMERCIAL SYSTEM SUPPORTING COCAINE DISTRIBUTION

Because of its geography, commerce and transportation system, New Jersey is significant in the cocaine distribution network that has become entrenched in this country. The state is not only the destination point for cocaine shipments for use by our own residents, but it also serves as a major point of entry for cocaine's shipment to other areas of the country. New Jersey's uniqueness in this regard lies in the fact that it is "a microcosm of an entire commercial system—roads, seaports and airports," observed U.S. Customs Service Special Agent in Charge (SAC) Mercier in an interview. DEA Assistant Special Agent in Charge (ASAC) McElynn expounded upon the state's role in testimony at the public hearing:

[O]ne of the largest markets for cocaine distribution and use in the United States is the metropolitan area—New York, New Jersey, Connecticut. A vast majority of the cocaine coming into the United States comes into Florida and is then transported through New Jersey to that market. It comes to us via aircraft and via land vehicles on the highways of New Jersey.

Director Bertucelli of Broward County, Florida, confirmed the relationship between Florida and New Jersey. Through wiretaps and surveillances, the identification of cocaine transportation networks in Florida has been linked to the movement of cocaine between the two states.

Port Newark

New Jersey's involvement in the cocaine trade is due primarily to the presence of Port Newark, which is the largest sea container port in the United States and the fourth largest in the world, ranking behind the ports in Rotterdam in the Netherlands, Hong Kong and Koehsiung, South Korea. In 1988, Port Newark handled approx-

imately 6,000 cargo ships carrying 1.7 million sea containers, six times more containers than passed through southern Florida! In addition, an estimated 200,000 containers entered the port by land on trains under Customs bond from Tacoma, Washington, and Oakland and Los Angeles, California. As a result, "New Jersey is the transportation hub for the east and west coasts," asserted Customs SAC Mercier.

Of the 5,000 sea containers that enter Port Newark each day, U.S. Customs officials inspect only between 30 and 50 huge containers, which measure 40 feet by 8.5 feet by 8 feet or larger. Commercial activity at the port has been increasing and, predicted SAC Mercier, will continue to rise. Furthermore, Port Newark is the site of the largest mail facility on the east coast, with millions of parcels passing through each year. In 1988, 4,320,574 regular mail packages and 1,437,929 military mail packages went through the facility.

Cocaine constitutes in excess of 90% of all drugs seized at Port Newark. In 1988, the 2,882.6 kilograms of cocaine seized in sea containers at the port, together with the 1,045.5 kilograms seized at the Port of Camden, represented 21% of all cocaine seized in sea containers throughout the United States. DEA ASAC McElynn testified that

ships entering the Port of Newark are increasingly carrying large loads of cocaine into the state . . . [T]he commerce of New Jersey makes New Jersey a focal point for importation and distribution.

* * *

[J]ust last week, we discovered 3,000 pounds of marijuana [at Port Newark] and, through working with Customs, discovered another load of marijuana in New Orleans. That load was "taken off"

and it was destined for Newark. Contained within the marijuana shipment was another 1,300 pounds of cocaine that was destined for Port Newark. . . .

In addition to seizing cocaine, the U.S. Customs Service is also seizing drug paraphernalia, which is being shipped from Taiwan, India and Hong Kong. From November 30, 1987, through July 25, 1988, Customs seized close to one million dollars worth of drug paraphernalia, including vials and plastic bags to hold crack.

U.S. Customs inspectors have discovered cocaine concealed in plastic tubing for refrigeration, parts for diesel and maritime engines, the core of large rolls of paper, broom handles, hollowed-out ply boards, the walls and ceilings of containers, concentrated fruit juices, the walls of cardboard boxes, perishable items, such as flowers, chocolate and anchovies, and plastic bags inside the stomachs of live tropical fish. The methods by which cocaine has been smuggled into the state are diverse and, as DEA ASAC McElynn remarked, are

limited only by the imagination of the trafficker. If they can think of it, they will do it until they get caught and then change their method of importation.

* * *

It depends on the sophistication and enthusiasm of the trafficker.

An example of the ingenuity with which cocaine is smuggled into the state was demonstrated in June 1988 when the largest quantity of cocaine ever seized in the northeast was discovered at Port Newark. A vessel from Ecuador had entered the port carrying approximately 1,500 cartons of chocolate. Approximately 2,268 kilograms of cocaine were concealed within 780 of the cartons. Each carton had been prepared by placing a lead container holding five pounds of cocaine into the liquid chocolate. The combination of the use of lead and the strong odor of the chocolate effectively rendered the cocaine smell undetectable by trained dogs. The cocaine was discovered only when U.S. Customs inspectors, remembering that cocaine had been discovered recently in a shipment of chocolate, drilled into some of the cartons. Metal detectors were then employed to locate and identify all 780 cartons. The cartons were released

from Customs, but were followed by DEA agents to a warehouse on Long Island, where they were claimed by members of the Medellin Cartel, a major Colombian cocaine trafficking group.

The increased use of Port Newark to smuggle cocaine into the United States is due, in part, to heightened interdiction efforts in Florida. There has been a shift from Florida to the southwestern border of the United States and to eastern coastal ports. In addition, cocaine is being increasingly transhipped in vessels from South America to the United States through Europe. Therefore, U.S. Customs must inspect transshipments of containers in addition to those from source countries.

An increase in the smuggling of cocaine through the Port of Camden has also been noted, although to a much lesser degree than at Port Newark. All commercial activity at the Port of Camden has been increasing over the last few years. In 1988, an unprecedented 1,909 general cargo vessels, carrying 3,961 sea containers from South American countries, in addition to nearly 4,000 containers transhipped originally from South America, entered the port. Two significant seizures of cocaine were made that year by Customs officials. Approximately 453.6 kilograms of cocaine were discovered in the turbine engine of an obsolete steamship consigned to Camden Port and previously traveling repeatedly between Colombia and the United States. Subsequently, 1,170.3 kilograms were seized at the port in cans of anchovies carried on a Colombian vessel.

New Jersey Airports

New Jersey has 142 public, corporate and private airports, in addition to Newark International Airport. This air transportation system provides yet another avenue for cocaine smuggling. According to Customs SAC Mercier, intelligence data indicates that small airports are utilized as "drop-off sites for cocaine." Cocaine has been discovered in duffel bags on small commercial planes, in false-sided luggage and strapped to the bodies of passengers.

Newark International Airport, which currently has only 12 international flights a day, has not been a significant entry point for the smuggling of cocaine. However, the number of international flights is expected to rise with increasing flights

being made to, and originating from, cocaine source countries and transshipment countries. SAC Mercier anticipates a shift in cocaine smuggling activity from JFK International Airport in New York to Newark International Airport which, he predicts, will become "another conduit by which drugs will enter the state."

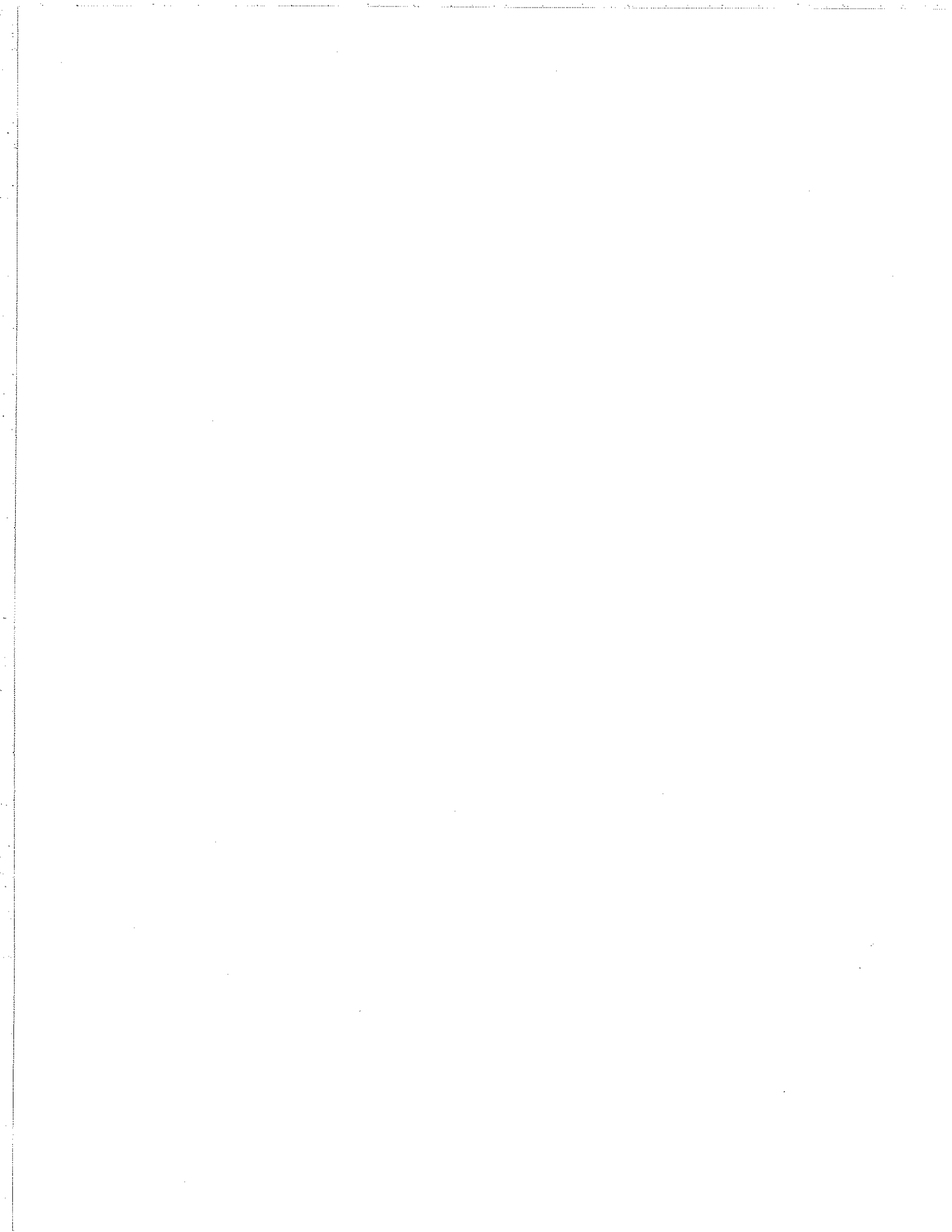
New Jersey Highways

The vast interstate and intrastate highway system, of which New Jersey can boast, makes the state an easy target for use by cocaine distributors. Indeed, New Jersey is termed the "cocaine corridor" for the northeast. Cocaine that enters the United States through the south is transported along the New Jersey Turnpike with ultimate destinations throughout the country's northeast. In addition, Interstate Highways 78 and 80 are used for the transportation of cocaine that is brought into other areas of the country and destined for consumption in New Jersey. These highways are also traveled by middlemen and dealers who purchase cocaine in the metropolitan area and then deliver it for distribution in other areas of the country. Concealment of cocaine in motor vehicles has ranged from simply placing it in duffel bags on the rear seat to ingenious locations that have included false gas tanks, a false

storage space behind the rear seat and behind the door panels. Interdiction efforts by the New Jersey State Police on the state's highways have resulted in increasing seizures of cocaine. These efforts are being expanded to the state's bus and train systems, which afford an additional means for the transportation of cocaine.

New Jersey Chemical Companies

New Jersey's industry provides another dimension to its role in the trafficking of cocaine. The state is the site of more than 360 wholesalers, manufacturers, importers and exporters of chemicals that can be diverted to the processing of cocaine. When DEA raided a major laboratory site known as Tranquilandia in southern Colombia, where 13 tons of processed cocaine were discovered, most of the 55-gallon drums of ether were found to have originated with New Jersey suppliers. DEA regularly informs companies of the potential misuse of their chemicals and solicits their cooperation in preventing this. DEA Special Agent in Charge (SAC) Saucedo stated that he receives the full cooperation of these companies in his office's efforts.



COCAINE TRAFFICKING IN NEW JERSEY

In an extensive project spanning several years, the SCI undertook to assess the presence of organized criminal groups trafficking in cocaine in this state. The SCI project was a pioneering effort in analyzing the data and identifying the internal structure of 15 Colombian organized crime groups (in addition to other Colombian operatives not yet linked to particular groups), three Jamaican groups and a Sicilian criminal organization operating within the state. The SCI has identified 301 members and 77 associates of the Colombian groups; 184 members and associates of the Jamaican groups, and 80 members and associates of Sicilian organized crime. These numbers contrast with 256 identified members and 661 identified associates of La Cosa Nostra operating in New Jersey.

Specifically, Colombian, Jamaican and Sicilian groups have been identified as operating in particular areas of the state. As depicted in the map on page 25, 10 Colombian groups have operated in the northern part of the state and one in the central area. There are also four Colombian groups operating in Atlantic County, where the majority of their members are employed at the casino hotels in Atlantic City. Despite the arrest of many of them by the U.S. Immigration and Naturalization Service for being illegal aliens, for using false identification and, in some instances, for prior narcotics arrests, most of them continue to hold a casino license and to be employed at casino hotels.

Three Jamaican posses have been identified as operating in most of the major urban areas of the state, as shown in the map on page 31. Typically, after posse members establish themselves within Jamaican communities, they expand into other black areas by either forcing out or murdering their black, non-Jamaican competitors. The Shower Posse, which is the largest posse, has 68 members in New Jersey and operates in Essex, Union, Mercer, Burlington, Camden, Atlantic, and Cumberland Counties. In 1986, the operation of the Shower Posse became so large that several

factions, namely the Southies Posse, Strikers Posse, Nineties Posse and Martens Posse, evolved from it. The Spangler Posse, which is the second largest in the country and numbers 34 in this state, is located in Bergen, Passaic, Essex, Mercer and Camden Counties. Sixty-six members of the Dunkirk Boys Posse have been identified in New Jersey. Members have been operating in Bergen and Middlesex Counties, in particular.

In addition to the three principal posses, the presence of other posses has been noted in New Jersey, but it is unknown yet whether their operations extend into this state. For example, members of the Waterhouse Posse have been arrested in Jersey City and Mount Laurel. Members of the Rema and Jungle Posses have resided in New Jersey at various times. The Cocaine Cowboys, a recently formed separate group that targets Colombian, Dominican and Puerto Rican drug dealers for rip-offs, has been identified in Englewood, Paterson and Newark. Willingboro is the location of an operation that furnishes counterfeit documents to illegal Jamaican aliens involved in crack distribution in Philadelphia. Members of the Junglelite or Brigadista Cell, which is hired by posses in the United States in territorial battles, have been reported in Newark.

As illustrated in the map on page 35, groups of the Sicilian Mafia are located in counties throughout the state. Sicilian Mafia figures from the same locations in Sicily have tended to settle together in the same areas in this state. For example, Bergen and Middlesex Counties contain members of a Mafia group originating in Bagheria, Sicily. Members of the Gambino family from Palermo, Sicily reside and operate in Cape May County. The family's operation also extends into Camden County. Operating in Camden and Burlington Counties are the Inzerillo family of Cinisi and Palermo, and the Badalamenti family of Cinisi. The Inzerillo family also operates in Salem County. There is also a Sicilian Mafia presence in Essex, Morris, Gloucester and Atlantic Counties.

The illicit narcotics trade is a multibillion dollar criminal activity. Trafficking in narcotics, and cocaine in particular, is the primary revenue producer for the Colombian, Jamaican and Sicilian organized crime groups. Generally, estimates of the monies generated annually by all organized crime groups range between \$50 billion and \$150 billion. Most of the profits are realized from narcotics trafficking, with cocaine producing the largest share. A 1986 study compiled by the President's Organized Crime Commission fixed the total gross receipts from organized crime's narcotics activities at \$30.7 billion annually, out of \$51.4 billion for all criminal gross receipts. Thus, narcotics represents almost 60% of the revenues from organized criminal activity. The study also concluded that the profits generated by cocaine are approximately double those from heroin and marijuana combined.

COLOMBIAN CARTELS

All of the cocaine entering the United States originates in South America, particularly Peru and Bolivia, where coca leaves are grown. The capacity of South American countries to produce cocaine in its final form was estimated in 1986 to be between 306 and 377 metric tons and between 322 and 418 metric tons in 1987. The production and manufacture of cocaine, together with its delivery into the United States, is dominated by rich and powerful Colombian groups called cartels.

History of Cocaine Trafficking

In gauging and analyzing the cocaine epidemic that grips this state, it is important to understand the history of cocaine trafficking. The dominance of the Colombian cartels in the cocaine market is relatively new. During the late 1960s, the coca leaves that were grown in Bolivia and Peru were processed into cocaine in Chile. The Chileans then sold the cocaine to Cuban organized crime groups which maintained a distribution network into and throughout the United States. Chile's control ended in approximately 1974 because of the acts of its newly-elected president in cooperation with the United States. Thereafter, the Colombian cartels began to emerge, as described by DEA SAC Saucedo:

[T]hen we had an era where cocaine . . . was made available here through an innumerable number of small loads coming in. We refer to it as a mom and pop era of cocaine trafficking. . . . [S]lowly, the Colombian groups began to organize the trade, began to eliminate competition and came to dominate the cocaine trafficking.

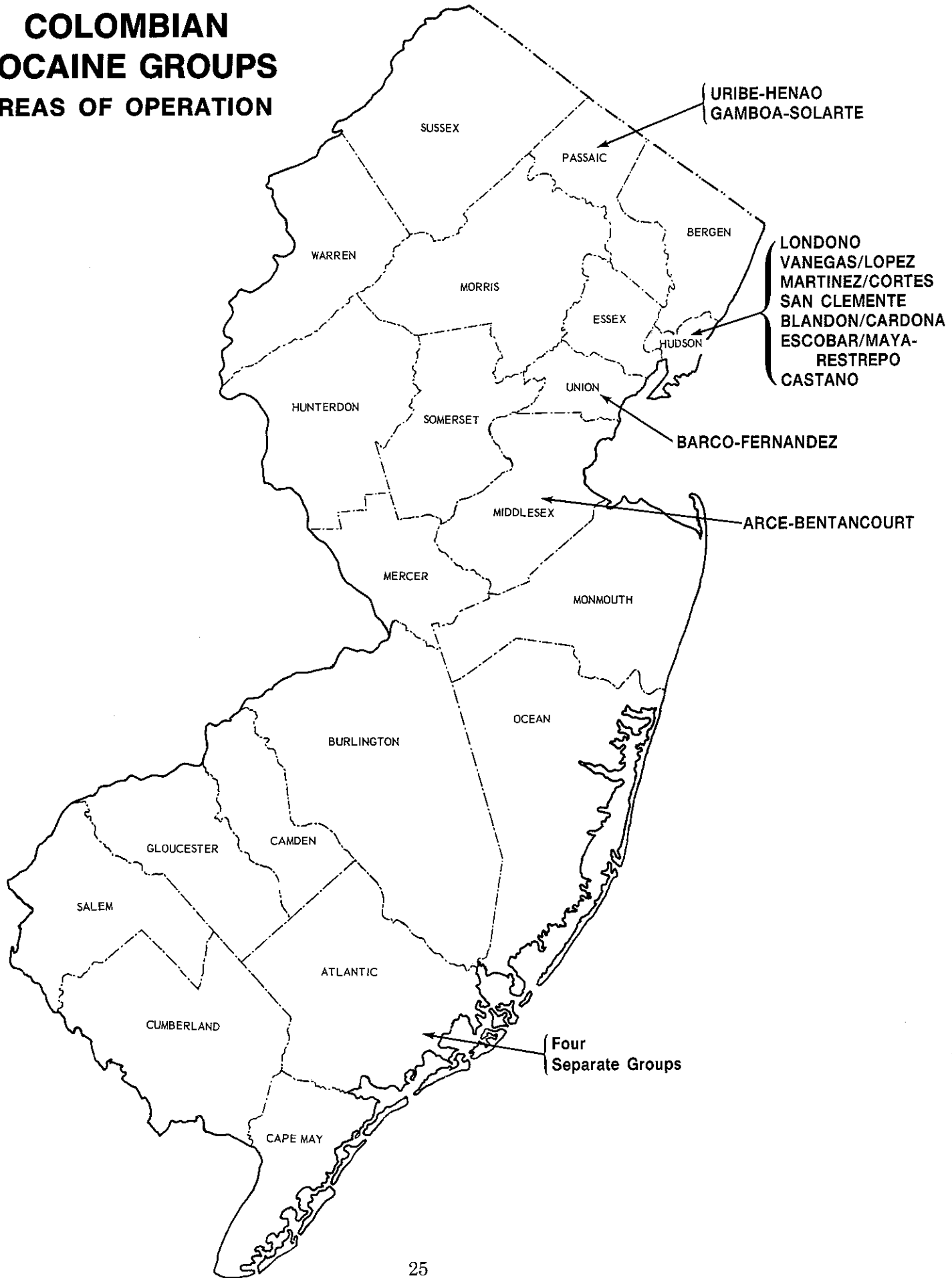
After acceding to dominance of the cocaine trade, the Colombian traffickers organized themselves into two principal cartels, the Medellin Cartel and the Cali Cartel. Smaller cartels have operated without threat from the two major ones. The Medellin Cartel was formed in 1982 following an incident in which the sister of one of the principal cocaine traffickers had been kidnapped by the M-19 terrorist group. The trafficker joined with other powerful cocaine dealers from the City of Medellin to obtain the money and arms necessary to free his sister. After this matter was settled, the traffickers began to cooperate more formally in the cocaine business. In contrast, the Cali Cartel was formed from the outset for business purposes as a competing cartel from the City of Cali.

Director Bertucelli's extensive involvement in narcotics law enforcement programs across the country has led him to conclude that "Colombian cartel involvement is showing up in most of the states in the country right now." In fact, the cartels are "growing in influence [with] no indication of a let-up." In his own state of Florida, there has been an escalation in the homicide rate, which is linked to increased Colombian cartel activity. Director Bertucelli has also discerned patterns across the country of land purchases by members of the cartels for the purpose of facilitating their nationwide drug trafficking.

Both the Medellin Cartel and the Cali Cartel operate in New Jersey. DEA ASAC McEllyn explained:

Traditionally, the Cali Cartel had control of this area. There's been feuding recently. A great deal of violence and murder has been committed as the other cartel is trying to take over distribution in this area. So, right now we are faced with the unfortunate prospect of having both cartels dumping their loads into

COLOMBIAN COCAINE GROUPS AREAS OF OPERATION



this area for distribution in the metropolitan area.

[The] Cali Cartel controlled distribution directly into the metropolitan area and the Medellin Cartel controlled distribution in Florida and California. Because the volume is so large now, the old agreements have really fallen to the wayside and they are now competing for the same market. What we are faced with is both cartels delivering their products to this metropolitan area for consumption, whereas in the past, we only had to deal with one of the cartels.

Now, that's created problems for them in the competition and their competition is a violent competition, and I think that we've seen a number of deaths occur in the metropolitan area as a result of that.

We're faced with the prospect of having more cocaine coming into this area through the land routes from Florida and directly imported into this area. . . .

From Coca Leaf to Cocaine Hydrochloride to Money Laundering

The enormous profits reaped by the cocaine traffickers is dramatized in the following scenario. The coca plant, which grows in Bolivia, Peru and other South American countries, lives up to 80 years. In Bolivia, 250 to 500 kilograms of coca leaves cost approximately \$500 to grow and harvest. This quantity of leaves can then be processed to yield 2.5 kilograms of coca paste, valued at between \$500 and \$625. From the paste, cocaine base is produced. One kilogram of cocaine base is valued at between \$1,700 and \$2,500. Colombian traffickers purchase the cocaine base in Bolivia and Peru and transport it to Colombia, where it is processed in laboratories into cocaine hydrochloride, the final product. One kilogram of cocaine hydrochloride is available in Colombia for between \$3,600 and \$4,400. It is sold in the United States at the wholesale level for between \$14,000 and \$21,000 and with a purity of 85% to 95%. The cocaine is then distributed on the street level at

between \$80 and \$120 a gram and with a purity of between 55% and 75%.

Clearly, the relatively low cost at each successive stage of cocaine production, in comparison to its ultimate sale on the street, accounts for the huge profits realized by cocaine traffickers. Indeed, one of the striking features of the cocaine trade is the inordinate amount of cash that it generates. As a result, counting the money has been replaced by weighing it. (Between two and three million dollars weighs approximately 700 pounds.) Because of the difficulties in transporting such large amounts of cash, the money is "laundered." The laundering of cash, which is the process whereby the existence, illegal source or illegal application of income is disguised in order to make the money appear legitimate, represents another aspect of the cocaine distribution operation in which individuals become specialized. According to DEA, millions of dollars in illicit revenues require laundering in the United States at any given time. It is accomplished through a myriad of techniques, from simply exchanging smaller bills for larger denominations which are body-carried or transported on private airplanes out of the country to more sophisticated methods, such as the multiple international transfers of funds by various financial institutions. One common method of money laundering, called "smurfing," was explained by DEA ASAC McElynn:

[A] large group of individuals...is given vast amounts of cash on any given day. They then take this cash and buy money orders or open checking accounts below the minimum required by law for reporting. They then obtain negotiable instruments issued to them and they bring them back to a collector. The collector will then take perhaps a half a million dollars at a time and ship it out of the country via the mails or via aircraft or make a large deposit in a bank and then just do wire transfers.

The deleterious effect of cocaine production on the economies of those South American countries involved in it is severe, although it has received little attention. Using Bolivia as an example, the income generated from coca and cocaine production exceeds that from its legal exports. Accordingly, coca and cocaine is Bolivia's primary source of revenue. The enormous quantities of

money generated by the cocaine trade enter Bolivia in two principal ways, as American dollars, thereby fanning inflation, and as inexpensive contraband, with which Bolivian products cannot compete. The situation was portrayed graphically by DEA SAC Saucedo:

There are people buying, paying for a calf, that's not born yet, \$2,000 or \$3,000 in cash. Money ceases to have a meaning. . . .

* * *

There are cheap goods coming in as contraband, not paying any duties. . . . There are American cigarettes, Japanese electronics, canned milk, razor blades, whiskey. You name it, it comes in. And it comes into an economy that cannot compete with the cheap imports. Therefore, you can buy a can of milk from the United States more cheaply than a can of milk that's produced in Bolivia.

The result is devastating to the Bolivian economy. Saucedo testified:

That means that the local manufacturer, the industrialist, cannot produce the goods and compete with the cheap imports. That is driving their industry out of business. It is totally destroying their industrial and commercial base.

Presently, Bolivia can survive that because there are huge quantities of money coming in from cocaine.

Similarly, continued Saucedo, since the demand for cocaine and, therefore, for coca leaves has skyrocketed, the lands in Peru that were once used to harvest tea, rice and fish meal have been

taken over by coca production. Now, all those items that they used to export have to be imported into the country. They don't have the capacity to feed their own population at the present time.

If efforts in this country to interdict cocaine and to reduce cocaine consumption are successful, then the cocaine-generated income flowing into

certain South American countries will also plummet, thereby threatening a collapse of their economies.

Structure and Operation of the Cartels

The core of a Colombian criminal organization is comprised, generally, of members of the same family. Not only are family members easily recruited, but their loyalty and trust in the group's illicit activities are essentially guaranteed. Female family members also participate in the cartels, with some of them holding controlling positions. For example, the principal administrator of a significant Colombian group that distributed more than 3,000 kilograms of cocaine in the New Jersey and New York area during a seven-month period was a woman. She was the first woman in the United States to be prosecuted as a drug kingpin and was sentenced to life in federal prison on November 28, 1988.

Persons from the same city or area of Colombia are also recruited by a particular group for their expected loyalty, although it might be less than that of family members. Preferred least for recruitment are those Colombians who lack family or local ties. The loyalty of these individuals is insured only because their families effectively serve as hostages who would be killed if the cartel were betrayed. Moreover, many of the Colombians who are sent to the United States to engage in cocaine trafficking are illegal aliens, whose dependence upon the cartel also insures their loyalty. Even if an illegal alien is deported, it is not uncommon for him to reenter the United States with different false identification and settle in another location. Frequently, the illegal alien will merely interchange the paternal and maternal names.

The functions performed in the trafficking network include not only transporting and distributing cocaine, but also transporting the cash profits to Colombia, delivering messages, locating stash houses and purchasing vehicles. North Americans have been employed in the cocaine networks only as pilots or money launderers.

Traditionally, Colombians have been involved principally in the higher levels of the distribution networks. However, as more and more Colombians

are migrating to this country, they are becoming involved in distributing cocaine at the street level. Colombian groups distribute cocaine to other organized criminal groups, but are not subservient and do not pay tribute to those groups.

The activities of the cartels are marked by extreme violence, which has not been demonstrated in this country to the extent that it has been in Colombia. There, the cartels have assassinated cabinet-level officials, Supreme Court justices, police officers, journalists and any member who has betrayed the cartel. The violence that has occurred in this country has resulted from feuds between the cartels or from attempts to enforce a code of silence. Florida has been the site of much violent activity, including murders in daylight, between Colombian groups and within particular groups. One example cited during the public hearing was the murder in Florida of a Colombian woman who was dragged from her home and whose head was "blown off" in front of her children.

An Insider's View

In startling testimony at the Commission's public hearing, a 25-year-old native of South America described his rise from an initial involvement in a Colombian cartel to become the operator of a cocaine distribution network in New Jersey that realized \$350,000 a week in profits. Because of the nature of his testimony, it was necessary to protect the witness' identity by disguising his appearance and electronically altering his voice. In describing himself, the witness stated that he "felt like a king, because I had a lot of power."

The witness explained his initial involvement with a Colombian cartel. Because of his family's "political problems," he had to leave his country and was placed under the protection of a family friend who "was a member of [the] cartel community." He was taken first to a "safe house" and then to a "camp" that was controlled by one of the cartels and

located in the interior of Colombia, which I believed, in the beginning, was a rebel camp because of the armed guards. But then I found out it wasn't a rebel camp. It was a camp where cocaine was processed before going to laboratories.

Shortly thereafter, he was sent "by my protector" to an "assassination school" located "underground":

When we first got there, there was people learning how to make bombs. My protector explain to me this school taught different methods of assassination. The main purpose of our school . . . is to learn how to kill people who would be against the cartel—judges, prosecutors, witnesses. You have to learn how to kill.

While at the school, he was awakened during the night on frequent occasions and taken to an airstrip where he boarded an airplane carrying a cargo of cocaine destined for the United States. He assumed the role of the son of the cocaine courier:

We land in Aruba. We fuel and we took off and land in Arizona. Before we land, we got to go around a few times for people to uncover the rocks used to mark the airfield out at nighttime so we could see.

Upon arrival at the airstrip in Arizona, men with a station wagon were waiting for us. I was with another two kids that they used as companions for another courier to make it look good. We got in station wagon, took a few minutes to get the cocaine loaded, then we went to a motel. The cocaine went into one room and we went to another. The next day the cocaine was gone. I don't know where it went, but we were taken to the same place in the desert, got on the plane and flew back to Colombia.

On his final trip to Arizona, the airplane was met by a different group of individuals who drove the witness, two couriers and a second youth to another motel. When the witness discovered that one of his companions was murdered, one of the couriers assisted the youths in fleeing and made arrangements for the witness to fly to Florida to stay with relatives. Later, the witness relocated to New Jersey where other relatives resided.

When the witness arrived in New Jersey in 1981, he worked at different jobs, but earned little money. He decided to work for a neighborhood

drug dealer who knew of his prior involvement with the cartel:

The first week I was making some money, but it wasn't that much. The first week I made \$4,500. . . . And I increase business. I increase the business up to three kilos a week. . . . I was making \$12,000 a week. But I realized I was doing all the work and he was making all the money. And I decided to change things. And I told him, "Look, I don't want to be worker, I want to be a partner. You stay home and I'll work." So I decided to start a 24-hour, seven-days-a-week selling operation.

The witness increased his volume of business by selling various quantities of cocaine throughout every day. He employed approximately 50 persons as dealers, body guards, "runners" and look-outs. He also used telephone beepers to maintain communications with his employees. He extended his cocaine distribution throughout three counties in New Jersey and into a neighboring state. He charged \$1,000 for an ounce of cocaine in New Jersey and \$2,500 an ounce when he had to travel outside the state because of the increased risk. When transporting the cocaine into the other state, the witness testified that he concealed it in fake batteries and bottles of Pepsi with false bottoms. He "never kept the money with the cocaine. Just in case [the police] find money, they don't find no cocaine." His operation realized an average profit of \$350,000 each week:

I was buying cocaine from Colombians at a good price. I was paying, those days, \$17,000 a kilo. In the street, it was like \$30,000 a kilo. So, if we played with the cocaine a little bit, we could make about 100% profit. In other words, you get your money back.

The witness described his cocaine operation as follows:

[W]e call it a corporation. I was the president. I was the owner. So, I give cocaine to the dealers. The dealer have to give me the money when he finished selling it. If he gets into trouble, I go and help him. If he needs anything, I help him. I be his superior. Whatever he does,

he's got to tell me. He's got to let me know what he's doing. And I always protect him.

He protected his operation by using different pay phones to arrange the cocaine deals and by changing the locations of the sales. He purchased buildings and used them as the base of operation:

The reason that I was purchasing buildings is because the tenants, they were my people that worked for me. So I can put cocaine in one room. The next day I will have it in some other room. The next day I will have it in the basement. That's to confuse the police so they wouldn't know where I keep my stuff. But that's not the whole thing. That's what I keep, what I sell during the day. I don't keep large amounts of cocaine in the building. That's just what I sell during the day.

A typical cocaine sale was described as follows:

Whenever a buyer goes to our buildings, he goes inside with a runner who takes the money and hands over the money to the dealer. The dealer hands over the coke to the buyer and the buyer goes back to the street with the runner just to make sure nothing happens to him.

By operating his cocaine business out of the buildings that he owned, the witness was afforded the additional advantage of security:

When I was there doing business, we had lookout men on the roof, on the street. And if they see any strange persons, strange car, they would let me know by phone or walkie-talkie if something suspicious was going on out in the street. And I would get out of the building before they get to me.

The witness' main suppliers of cocaine were Colombians, but he also purchased from Dominicans and Cubans:

My main connection was Colombians, but I had to keep good relations with the other dealers because sometimes my main connections run out of coke and I couldn't afford to stop dealing. So, I go to another connection.

The prevalence of violence in cocaine trafficking was vividly depicted by the witness. On one occasion when he was purchasing cocaine, he witnessed the killing of another person who "didn't pay off the dealers" for his supply of cocaine. The witness explained how he handled someone who did not want to pay for the cocaine:

Say the guy didn't want to pay. He has kids. I just tell him, "Do you like the way they look? You want to see your kids grown up? Do you want your kids to be in good health? You just got to pay me." Something like that. I don't tell him directly, "I'm going to kill your kids." But I wait for them to pay me before I do anything wrong to the kids.

Ultimately, if the money were not paid,

we . . . take care of him by killing him or doing something to his family.

The witness laundered his money at different offices of a single banking institution with the assistance of seven cashiers and three managers, whom he paid "with cocaine because they were users." He explained his system of money laundering:

I go to a bank, change the money from small bills to hundred dollar bills. I did it every day, four or five times a day and keep the large bills . . . I [then] take it to the place that I used to compress the cocaine. I use the same machine to compress the cocaine to make a small package of hundred dollar bills.

According to the witness, the cocaine distribution activities that he described are not atypical. Such activity occurs throughout the state's major cities.

JAMAICAN POSSES

While Colombian cartels control the production and importation into the United States of cocaine, other ethnic groups are involved in the retail and street level sales to the ultimate consumers. The Jamaican posses represent one recently emerging ethnic group that is establishing and fortifying cocaine distribution networks throughout the country. Their involvement is primarily with

crack distribution. The posses are regarded by many law enforcement officers as among the most violent cocaine traffickers.

History of the Posses

Jamaican organized crime groups have adopted the name "posse" to refer to each group. Posses originated as street gangs in the ghetto areas of Kingston, Jamaica. Their formation was based upon sameness of neighborhood, political affiliation or reputation. For example, members of the Waterhouse Posse are from the Waterhouse area of Kingston and the Shower Posse is reputed to "shower" its victims with bullets. Posses draw easily from Jamaicans for membership because of the perceived, if not actual, wealth of posse members. Because of the poverty in Jamaica, posse members who return there wearing gold jewelry and driving expensive motor vehicles become role models.

Forty posses, consisting of between 7,000 and 10,000 members, have been documented as operating in the United States. The two primary areas of posse activity are the New York/New Jersey metropolitan area and south Florida. Of the 40 posses operating throughout the country, 26 are active in the New York/New Jersey metropolitan area. The Shower Posse and the Spangler Posse are the oldest, the best organized, the largest and the most violent of the posses, with the others believed to be spin-offs.

Indications that Jamaican organized crime groups pose a threat appeared as early as the middle 1970s, when approximately 100 Jamaicans were identified operating a marijuana distribution network in Kansas City, Kansas. Then, in 1979, Jamaican gangs began stealing drugs and money from other drug dealers in south Florida. By 1981, law enforcement authorities in some northeastern communities, particularly New York City and Boston, noted the significant increase of Jamaicans involved in narcotics trafficking and their transition from marijuana to cocaine distribution.

Thereafter, incidents of great violence erupted. At a raggaie dance in Fort Lauderdale in 1984 and at a soccer game in Miami in 1985, posse members, targeting other posse members, fired weapons indiscriminately into the crowds and killed innocent bystanders. On August 4, 1985, the

affluent community of Oakland, New Jersey, was the site of a drug battle between posses. A social gathering of more than 2,000 Jamaican nationals, including a large number of Shower Posse members, was raided by the Dog and Spangler Posses. Three people, including the leader of the Dog Posse, were killed, 19 people were wounded and more than 33 weapons, 13 of which had been purchased in Florida, were recovered. The weapons, which included 9 millimeter automatic pistols, .45 caliber semi-automatic handguns and .357 magnum handguns, were discovered in ice chests, pocketbooks and bushes. More than 1,000 spent shell casings were found. With the Oakland incident, certain law enforcement agencies began to recognize and appreciate the threat posed by Jamaican posses.

Following the Oakland incident, coupled with similar incidents elsewhere, law enforcement agencies in Miami, New York City and Boston began investigating and targeting Jamaican criminal activities. However, investigation was confined to those areas and did not extend into New Jersey. It was not until 1987 that a few local police agencies began to identify and link posse activity with the distribution of cocaine and crack within their communities.

Transition From Marijuana to Cocaine Distribution

Jamaican posses are involved primarily with drugs, firearms and murder. The posses' involvement with drugs commenced with marijuana. Marijuana routes to the United States were established in the early 1970s. Jamaican police have documented 44 clandestine air strips on the island of Jamaica used in smuggling marijuana into the United States. Today, Jamaican posses are responsible for 20% of the marijuana that is brought into this country. Jamaican posse drug activity has now extended to cocaine, particularly crack, and was facilitated by the established smuggling routes. Posses currently control approximately 30% of the crack trade in this country.

Originally, the Jamaican posses purchased the cocaine in the United States from Colombians. Posses also obtained cocaine from "home invasion robberies," whereby posses targeted other criminal groups, such as Colombian or Cuban groups,

waited until the group had cocaine or cash at a location and then conducted an armed assault on the location to steal it. In fact, the Spangler Posse began its operation in Trenton and Newark in 1986 with an initial supply of cocaine that had been stolen from a Colombian freighter in Miami. Because of the posses' propensity toward violence and drug rip-offs, Colombian traffickers became reluctant to deal with them. Forced then to acquire another source for the cocaine, posses commenced demanding payment in cocaine rather than cash when a load of cocaine is transhipped from Colombia, through Jamaica, to the United States. As Captain Alfred Lamberti, the Deputy Director of the Organized Crime Division of the Broward County Sheriff's Office, Florida, and an expert on Jamaican posses, observed, "If you draw a line from Colombia to the United States, it will go right through Jamaica." He explained the posses' new source for cocaine as follows:

[I]f a load of 500 kilos comes in through Jamaica to be transhipped to the United States, the posses will take 10% or 50 kilos. Now they will have a ready supply of cocaine that they do not have to buy. They just have to smuggle it into the United States.

The posses utilize the 44 air strips, originally established to further the marijuana trade, to smuggle cocaine into the United States.

Operation of Jamaican Posses

Illegal aliens from Jamaica are typically employed to staff the drug distribution networks. Their loyalty is insured by threats of violence to them and their families. Captain Lamberti cited documented incidents of what is called "jointing" of an individual who does cooperate with law enforcement:

What the posse will do to an informer is cut up his body at the joints with a hacksaw and send the pieces to the family in Jamaica.

Within major urban areas, the illegal aliens reside at the locations where the drugs are sold, called "gates" or "gatehouses." In New Jersey, following two or three arrests because of raids on the gatehouses or undercover operations, the illegal alien is moved by the posse to another area in the

state or to another state. Black American juveniles are also employed by posses in the urban areas of New Jersey to sell crack in their own neighborhoods.

Jamaican posses store their supplies of cocaine at locations called "stash houses." On a daily basis, small quantities of cocaine are taken from the stash houses to the gatehouses or for street sales. The international transportation of cocaine is made in a similar manner in small quantities. By this method, the posses attract less attention and minimize both their losses and potential criminal penalties upon detection by law enforcement officials. As a result, there have been no significant cocaine seizures from Jamaican nationals, unlike the experience with couriers for Colombian traffickers.

Jamaican posse drug activity is conducted with extreme violence. The posses are more violent in their operations than the Colombian cartels and traditional organized crime, such as La Cosa Nostra. Since 1985, approximately 1400 homicides in the United States have been attributed to posse drug dealing. In New Jersey, there have been 17 posse-related murders since January 1987. In excess of 200 posse-related killings occurred in New York City during 1988. In Philadelphia, there have been more than 40 posse-related homicides since October 1986. The posses engage in indiscriminate shooting sprees, even though only one person may be the target, and often assassinate the entire family of a targeted victim. Captain Lamberti asserted:

They are more vicious than any other group that we've had to deal with. . . . The value of life is worthless to them.

Essential to the posses' use of violence and intimidation is the possession of firearms. As Captain Lamberti explained, "They're a symbol of their machoism. The bigger the gun, the more powerful the person." Posse members brandish a variety of weapons, including 9 millimeter and .45 caliber semi-automatic handguns, Uzi semi-automatic carbines, Mack 10-type firearms and sub-machine guns. It is common practice for posse members, utilizing fraudulent identification, to purchase weapons in the United States and ship them to other parts of the country or to Jamaica to support their violent activities. Captain Lamberti's office investigated a Jamaican posse

member who purchased more than 80 weapons in the United States in 1988.

Equally essential to the posses' operation in this country is their use of aliases, nicknames and false identification. For example, Shower Posse figure George Bogle utilizes the alias Maxwell Bogel and is known by the nickname "Ike Box." Captain Lamberti explained posses' use of bogus identification:

They are masters at fraudulent identification. They are very adept at obtaining phony driver's licenses, birth certificates, passports, citizenship cards, naturalization certificates—anything and everything.

Most of the [posse members] who enter this country are here illegally and they do possess fraudulent identification.

He related one case where he arrested a Jamaican national carrying three different sets of identification. The arrestee was under two terms of probation, each in a different name. The use of bogus identification is highlighted by a scheme whereby posse members enter Canada under their Jamaican passports, because both countries are Commonwealth countries, and there, obtain false Canadian citizenship cards with which to gain access to the United States. Once in this country, they acquire false United States identification.

Jamaican posses are also highly mobile, as illustrated by Shower Posse figure Bogle's history. In 1986, he operated a cocaine and crack distribution network in Philadelphia. During 1987, he was operating in Atlantic County to recruit black American females as "mules" for transportation of cocaine and crack between New York City and Philadelphia. In the beginning of 1988, he was operating a cocaine and crack network in Anchorage, Alaska.

Enormous profits are being realized by Jamaican posses in the crack trade. Captain Lamberti testified:

They have taken the dealing of drugs to the most profitable level, and that is at the street level. That's where the profit is.

For example, a Jamaican posse may purchase a kilogram of cocaine for \$15,000 from a south

Florida Colombian trafficker, who had invested \$5,000 for the production and transportation of the cocaine and realizes a profit of \$10,000. The posse will transport the kilogram of cocaine to the northeast, where it will produce between 15,000 and 20,000 rocks of crack from the kilogram of cocaine. The crack will be sold for a total of \$125,000. Thus, from one kilogram of cocaine, the posse will have a profit of \$110,000, as compared to \$10,000 for the Colombian.

Captain Lamberti predicted:

Over a period of time, we're going to see the Jamaicans becoming more and more prominent as far as the accumulation of wealth is concerned.

Indeed, some of the monies derived from cocaine trafficking are being invested by the posses in legitimate businesses, as has been done by traditional organized crime groups. The businesses have included grocery stores, record shops, music production companies, independent car leasing companies and trucking companies.

SICILIAN MAFIA

Historically, the Sicilian Mafia's involvement in drug trafficking was confined to heroin. During the early 1980s, however, the Mafia began to expand its operation to include cocaine. In the last few years, the Mafia's drug distribution network in the United States has consisted primarily of cocaine.

The Mafia, which dates back to the 1800s in western Sicily, was formed by leaders of the Camorra, the powerful criminal organization rooted in Naples, but was transplanted to Sicily following the invasion of Italy by Spain. The Mafia began with an agrarian power base that became entrenched in the political system. Numerous attempts were made by the Italian government to displace the Mafia, most notably in the 1960s, thereby causing many Mafiosi to relocate elsewhere in Italy and throughout the United States, Canada and South America. Mafiosi who went to South America in exile established, in time, a convenient base for the current partnership between the Mafia and Colombian cocaine traffickers.

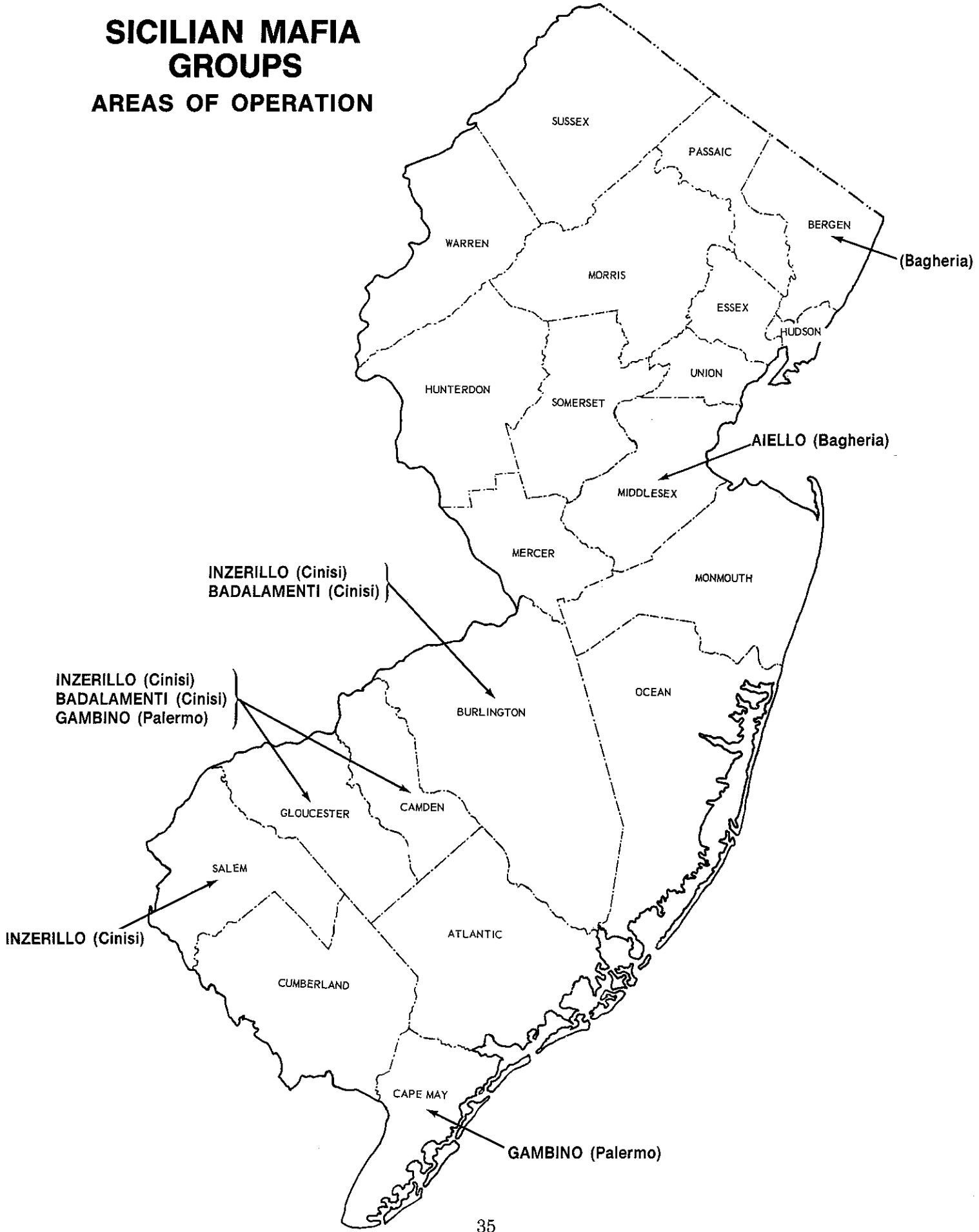
The Sicilian Mafia's operation extends throughout the United States as a coalition of cooperating groups that are controlled ultimately by leaders in Sicily. The base structure of the Mafia is the family unit that is linked to a particular geographic area of Sicily. Most of the Mafia's members and associates are concentrated in the northeastern United States.

In the United States, the Sicilian Mafia, which numbers in excess of 3,000 persons, cooperates and coordinates in matters of mutual benefit with La Cosa Nostra (LCN), which is frequently but mistakenly called the Mafia. The Mafia is neither subordinate to nor directed by the LCN. In fact, the Mafia's overall strength is greater than that of the LCN. The main distinction between the LCN and the Sicilian Mafia lies in their respective spheres of influence and propensity toward violence. The Mafia in Sicily is more dominant and more vicious against its opponents, including police officers, prosecutors, magistrates and journalists, than is the LCN in this country. The Mafia's viciousness has not been brought to this country except with respect to informants, whose entire families have been murdered. The Sicilian Mafia is further distinguished by its involvement of family members, including women, in illicit activities. Women are frequently used as couriers of narcotics, money and messages. In addition, marriage between Mafia groups is utilized frequently as a means to solidify alliances.

The Sicilian Mafia's increasing participation in the cocaine trade is attributable to the vigorous prosecution of Mafia members and associates by the federal government for their activities in heroin trafficking, the Mafia's recognition that there is a broader market for cocaine in the United States and western Europe and the expansion of the Mafia's base into South America. The transition from heroin to cocaine was facilitated because of the vast distribution network already in place and the Mafia's expertise in smuggling schemes. The Mafia's entrance into the cocaine market was demonstrated in the federal indictment filed in the Pizza Connection II case in March 1988. That case involves a massive scheme by the Mafia and another Italian criminal organization, the N'Drangheta, to transport cocaine from the United States to Italy in exchange for heroin that was then smuggled into the United States. The scheme produced tremendous profits

SICILIAN MAFIA GROUPS

AREAS OF OPERATION



() = Town In Sicily

because cocaine was more valuable in Europe, while heroin was more profitable in this country.

In another case, announced on December 1, 1988, the federal government uncovered a multi-million dollar, international cocaine and heroin smuggling and distribution ring. The case involves not only the exchange of heroin and cocaine, but also the distribution of each drug in this country and in New Jersey. Arrested and indicted were more than 200 Sicilian Mafia members and associates in the United States and in Italy. Included in this number were 18 defendants who resided in the South Jersey/Philadelphia area—nine in New Jersey—and who operated a cocaine distribution network in that area.

THE BREEDING OF POLICE CORRUPTION

In comparison to the prevalence of police corruption bred by cocaine trafficking in South American countries, DEA SAC Saucedo testified, “[t]he amount of corruption in the United States, I think, has been remarkably low.” Nevertheless, incidents of police corruption have erupted throughout the country, most notably in Florida. Director Bertucelli opined that the problem of corruption has not yet been revealed “to the [full] extent that it exists.”

The temptations presented by cocaine traffickers were detailed by Bertucelli:

When an officer opens up the trunk of a car and sees \$100,000, and the subject says, “You go your way and I’ll go mine,” some of them are going to take it. . . . That temptation is great.

Whether the temptation is presented by the cocaine trafficker or created by circumstance, as when an officer is transporting large quantities of seized cocaine or cash to the property room, “[i]t’s the realities of the business that you have to deal with,” according to Director Bertucelli. The “pattern of corruption” discerned by him in areas of Florida has been increasingly marked by “violence . . . extortion . . . shakedowns and riding shotgun for opposition groups in the Colombian trafficking.” Corruption has also extended to the property rooms of police departments where elaborate

schemes have been devised to remove some of the cocaine.

Indeed, during the past 25 years that Bertucelli has been involved in the investigation of police corruption, from shakedowns of prostitutes to house burglaries, he has never experienced

the level of corruption we’re seeing now. . . . It’s the movement toward violence the riding of the shotgun, protection of loads. We even had them on homicide division where they would battle over the drugs and leave the body on the street. It can deteriorate quickly.

He warned that cocaine-linked corruption is “a constant problem in most jurisdictions, [but] they may not acknowledge it.” The experience of Florida is not unique, the potential existing for New Jersey to experience the type of police corruption that Florida has. Bertucelli asserted:

It’s the same potential in New Jersey, New York or Pennsylvania that you have in Florida. I think what we have to learn from Florida is volume. We have experience because of what we’ve done in the last 10 or 15 years. We got loaded front end in having to deal with it on the streets, so we’ve had to devise systems to respond to that. We’ve had to respond in the midst of crisis and the crisis is the surfacing of the corruption problem.

That same system works into every jurisdiction that you go into. It may not be acknowledged. It’s also not pleasant for an administrator to say, “Yes, I’ve got a problem in the corruption area,” but taking a strong stand is absolutely essential in having to deal with it. Because of your crime, your groups, your Colombian groups, your traditional organized crime, . . . you probably had a continuing problem over a period of years. . . .

[I]f you take a good look at it, you’re not going to like what you find, and if you don’t structure it, then you’re going to have some difficulty and it’s going to be the process of cleaning out or having some outside agency clean it out for you and that’s not the best way to proceed.

In order to identify police corruption, law enforcement agencies investigating cocaine trafficking must, advised Bertucelli, "start looking in depth as to what moves it, what protects it, what provides its security."

The potential for police to be corrupted by the cocaine trade has become a reality in New Jersey, as illustrated in the testimony of the witness who operated a cocaine distribution network and as evidenced by recent arrests and convictions of police officers in other cases. The disguised witness testified about the existence of various forms of police corruption. He described numerous occasions when he was stopped either in his automobile or on foot by the police and searched for drugs. The police found no narcotics, but did discover cash in amounts ranging from \$2,000 to \$20,000. The witness was presented with the alternatives of "tak[ing] a walk" and the police would take the money, or of being arrested and incarcerated for 72 hours. The witness invariably selected the first alternative because

I couldn't afford to go to jail for 72 hours because for me to lose \$10,000, \$20,000 wasn't that much, because I was making more money on the street, being on the street. If I go to jail, I lose money.

The witness claimed to have been stopped on more than 10 occasions by approximately 12 different officers in two counties:

[I]t was always the same people . . . they take money from me and sometimes they lock me up, but they don't report the money or they report less money.

According to the witness, search warrants were executed twice at his apartment. During one search, the police found in excess of \$200,000 on the table:

I was counting the money, putting it together so I could change the money. They walked into the house with a search warrant. They asked me like, "Where you get the money?" I didn't answer them. They said . . . "Do you want me to bring it to the IRS and you tell them where you get this money?" And I didn't respond to that question. So, what they did, they took the money . . . they just take off with the money.

The witness testified that during the execution of the second warrant, the police stole \$2,000.

The witness related that he had also utilized police officers to provide protection to his cocaine operation. At times, when he was transporting a quantity of cocaine, he stated, he had a police officer "pick me up so I could travel safely." On other occasions, he continued, when he traveled in a particular area "to do some business in their town and I didn't want to get pulled over, I didn't want to get in any trouble, so I called them up and tell them to pick me up." The witness testified that he had paid the cops with cocaine or money and had to pay one cop "10% of whatever I make while he was with me."

When asked about the frequency of the foregoing incidents, the witness responded:

Well, to tell you the truth, it's common. It doesn't happen all the time, like some cops are good, some cops not good. . . . Decent cops, they knew I have money, but they didn't went in my pockets to look for money. They let me go because they didn't have no proof that the money was from drugs. So, they didn't want to bother with me. They just let me go. But then some cops, they knew what it was from, the money was from drugs. They just take the money, let me take a walk.

Although the Commission has no evidence of widespread police corruption, documented events confirm incidents similar to those related by the disguised witness. For instance, in June 1985, a police officer with East Windsor Township pleaded guilty to stealing drugs valued at \$40,000 from the evidence property room. In October 1987, three Jersey City police officers were arrested and are awaiting trial on charges stemming from their alleged robbery of cash and drugs from dealers and subsequent distribution of the stolen drugs. In June 1988, the director of the Jersey City Police Department's car pound, along with two police officers, were arrested in connection with distributing cocaine. In December 1988, three police officers with the City of Orange pleaded guilty to federal charges arising from their extortion of drug dealers during 1987. During the same month, a sergeant with the Narcotics Unit of the Jersey City Police Department, three police officers and an

investigator with the Hudson County Prosecutor's Office were arrested for their 1987 involvement with a cocaine distribution network. The defendants allegedly delivered cocaine for the dealers and provided information to the traffickers on ac-

tive narcotics investigations. In addition, several corrections officers from Atlantic, Mercer and Middlesex Counties have been arrested for and some were convicted of distributing narcotics to inmates.

LAW ENFORCEMENT'S RESPONSE

Colombian, Jamaican and Sicilian organized crime groups have been operating cocaine trafficking networks in New Jersey. Few law enforcement agencies have made concerted efforts to obtain and develop intelligence information on Jamaican posse operations. Investigations and prosecutions of Colombian organized criminal groups have been conducted primarily by the Hudson County Prosecutor's Office in cooperation with DEA. These investigations were usually directed at buy-bust operations without identifying the hierarchy of the groups. However, even when the investigations did identify the internal structure of the group's hierarchy, there was little follow-up to ascertain the subsequent operational status of the groups.

The state's definitive law enforcement strategy to address the drug problem is outlined in the State Narcotics Action Plan, which was announced in October 1987. The plan sets forth the respective duties and responsibilities of the state, counties and municipalities in the area of enforcement of the narcotics laws. The creation by the Attorney General of the Statewide Narcotics Task Force in July 1986 represented the state's first comprehensive law enforcement approach to the narcotics problem. The Task Force was designed "to attack drug distribution networks."⁶ Its mission was articulated in the following language:

[E]nforcement must transcend the highway and street patrol "buy-bust" operations. Narcotic investigations require an upper level of sophistication, utilizing analytical tools to uncover the convoluted distribution networks, locating the major operatives, and tracing the enormous financial assets.⁷

⁶"Directive: Statewide Narcotics Task Force," W. Cary Edwards, Attorney General (January 5, 1989); "Executive Summary: New Jersey's Comprehensive Narcotics Enforcement Strategy," issued by the Office of the Attorney General under letter dated September 29, 1988.

⁷*Id.*

At the public hearing and during a prior interview, officials of the Statewide Narcotics Task Force identified Colombians as the organized crime group principally responsible for bringing cocaine into the state. They also acknowledged that Jamaican posses operate within the state and "have a presence in some cities." The Task Force has identified and investigated one Colombian group in an investigation titled "Operation Kingpin" that was conducted in cooperation with DEA and the Bergen County Narcotics Task Force. There is also a current investigation involving an identified Colombian group. Because the State Task Force has emphasized buy-bust operations, most of its arrests have been the result of this strategy.

According to the public hearing testimony of Richard Carley, the Division of Criminal Justice Deputy Director in charge of narcotics,

The Analytical Bureau [of the Task Force] is now going around surveying every arrest in the state that has involved someone associated with the Colombian cartels and within a number of months, we will have a picture of exactly who all those historical people are. This goes back to the need for the NOMAD system.

NOMAD, the acronym for Narcotics and Organized Crime Management and Analysis Data Base, is a computerized information system which is still in its infancy. According to Deputy Director Carley, it represents

the single mechanism to capture all narcotics-related data with respect to investigations and prosecutions. . . . We anticipate that over the next several years, every time that there's a narcotics arrest, the information relative to that arrest will be put into the NOMAD system. The data then will be available from that point forward for all police agencies around the state to run any cur-

rent investigation that they have against that data base to look for commonalities.

NOMAD will not only enhance the capabilities of the Task Force and the 21 county narcotics task forces to obtain data on drug offenders, but it will also alert different agencies engaged in similar investigative areas to coordinate with each other.

Although NOMAD will assist narcotics investigators throughout the state, it is a computer data base, not an intelligence system. In order to target drug distribution networks, emphasis needs to be placed on developing the capability in the existing intelligence system to collect, evaluate, collate and analyze data from which to develop meaningful strategic and tactical assessments for policy makers and operational units. This process requires intelligence investigators with excellent criminal sources who provide useful data to professional analysts. From the data, the analysts can make tactical and strategic assessments on the major organized crime networks and narcotics problem areas. Such assessments assist law enforcement in selecting targets, establishing priorities and recommending solutions, including preventive measures.

There is no doubt that investigation of Colombian groups and Jamaican posses is made difficult by a number of factors intrinsic to their operations. For example, Colombian and Jamaican traffickers use aliases and bogus identification. In addition, posse members are highly mobile. They frequently travel in motor vehicles leased by third persons and reside in or conduct business from apartments and houses rented by third parties. Finally, the continual threat of violence by Colombian groups and Jamaican posses against insiders or their families makes them reluctant to cooperate with the police. Nevertheless, it is a lack of knowledge on how Colombian and Jamaican groups operate, combined with weaknesses in the arrest-reporting system, a failure to recruit minority and bilingual investigators and, primarily, a lack of detailed intelligence on the Colombian, Jamaican and Sicilian criminal groups, that hamper law enforcement's efforts in investigating these groups' narcotics activities.

The absence of sufficient numbers of Hispanics and blacks in police agencies is one factor limiting law enforcement's ability to develop confidential

informants and to conduct undercover operations against Colombian cocaine trafficking groups and Jamaican posses. Moreover, the temporary assignment of the few minority or Hispanic officers depletes their own bureaus. An insufficient number of Hispanics also adversely affects the ability to conduct electronic surveillance, an indispensable tool in investigating Colombian traffickers. It should be noted that the hiring of Hispanic translators to monitor wiretaps has proved more cost-effective for the Hudson County Prosecutor's Office than assigning this task to Hispanic investigators, whose talents are better utilized operationally on the streets.

Weaknesses in the requirements for reporting arrests in New Jersey drastically limit law enforcement's ability to ascertain the identity and number of Colombian and Jamaican cocaine traffickers operating in the state. For example, the arrest-reporting system does not differentiate arrests for heroin, cocaine, crack and marijuana, thereby making it difficult to isolate those trafficking in cocaine. Additionally, the State Uniform Crime Reporting System differentiates races, not nationalities. Therefore, a Colombian arrested on a drug offense is classified sometimes as white, sometimes as Hispanic. Similarly, a Jamaican is classified only as black.

A lack of detailed intelligence on Colombian, Jamaican and Sicilian organized crime groups limits law enforcement's efforts against these non-traditional groups. The significance of intelligence data in controlling organized crime was summarized in the testimony of Justin J. Dintino, Chief of Organized Crime Intelligence for the SCI and an organized crime expert of national repute:

The first step is developing an intelligence and analytical component. We must develop networks of the organized criminal groups operating within our state. With good strategic and tactical assessments, we then can prioritize targets and develop organized crime strategies.

Recognizing the utility of intelligence data in addressing the narcotics problem, U.S. Attorney General Richard Thornburgh, on October 8, 1988, directed the U.S. Attorneys to report on the corporate structures underpinning drug trafficking in their districts. Such reports will represent the first

assessment of drug trafficking in each district. In a speech at the U.S. Attorneys' Conference in Charleston, S.C., the Attorney General stated:

I want to know the ins and outs of the drug enterprise. I want a "Who's Who" of the drug world.

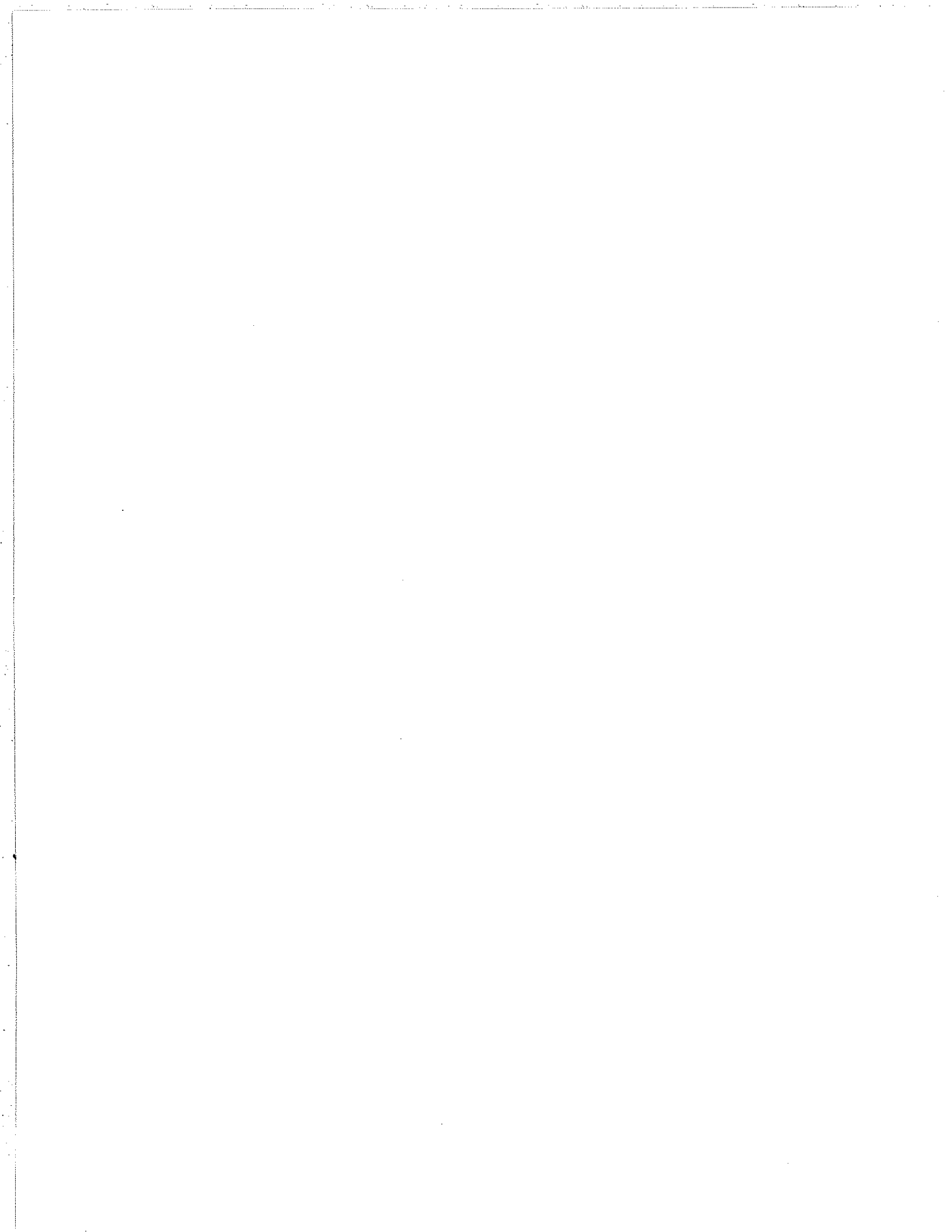
The reason underlying the lack of intelligence data on the Colombian, Jamaican and Sicilian cocaine trafficking groups may be attributed to the fact that law enforcement has not made the same commitment to nontraditional groups as it has to La Cosa Nostra. Although the cocaine problem has been recognized as law enforcement's number one priority and although the cocaine distribution networks in this state are operated primarily by Colombian groups and Jamaican posses, the bulk of law enforcement's organized crime resources remains directed to the LCN.

Law enforcement agencies have recognized the importance of intelligence data in the war on narcotics. Indeed, in addition to the recommendation of the Commission that the Statewide Narcotics Task Force develop a substantial analytical and intelligence component, the Attorney General has recently caused the State Police Intelligence Bureau to be combined with the Task Force.

Access to an intelligence component that focuses on the organized criminal groups operating cocaine distribution networks in this state will

enable the Task Force to shift from a predominantly buy-bust operation and to formulate strategic and tactical assessments in fulfilling its mandate "to attack drug distribution networks." In recognition of the importance of investigating the networks, FBI Director William S. Sessions cited the federal case, discussed previously, that unravelled the Sicilian Mafia's international cocaine and heroin distribution operation as an example of "building strong cases against top leaders." "This was no simple 'buy-bust' case," he stated.

The enhanced effort of the Task Force in identifying and investigating the cocaine trafficking networks requires a corresponding increase in personnel. The State Police Narcotics Bureau, which has been absorbed into the Task Force, comprises the investigative arm of the Task Force. Although its number has been increased in the last few years, it barely exceeds the complement of the Narcotics Bureau between 1970 and 1985, when the narcotics problem was not as critical. The priority commitment made by the state to the pervasive drug problem requires, at the very least, that the current number of investigative personnel assigned to the Task Force be competitive with the resources assigned to other state law enforcement functions and be significantly greater than previous numbers in the Narcotics Bureau when the drug problem paled in comparison to that of today.



THE COCAINE CRISIS IN NEW JERSEY'S CITIES

New Jersey's cities are communities under siege. They are being held hostage by cocaine, primarily crack. The SCI's survey of prosecutors and police chiefs throughout the state confirmed that the cocaine problem in the counties emanates from their urban centers. Testimony portraying the impact of the cocaine problem on some of the state's major cities was presented at the public hearing. Several of the witnesses, having lived from childhood in particular cities, offered historical and insightful perspectives on the changed atmosphere in the cities. Significantly, the experiences in Camden, Trenton, Newark and Jersey City parallel one another. The testimony concerning the cocaine epidemic in these cities impels the conclusion that the urban centers are the key to remedying the cocaine problem in the state.

Wayne R. Bryant has been the State Assemblyman since 1982 for the fifth legislative district, of which the City of Camden comprises about 40%. He has also been the solicitor to the Housing Authority of Camden County since 1985, a former Camden County Freeholder and a lifetime resident of a town located within four miles of Camden City. He characterized the effects of cocaine and crack upon the City of Camden as "very tragic," the trafficking as "very ruthless" and the traffickers as people who "will not only take over property, but will do bodily harm." In stark terms, he described the city:

The City of Camden and most of the cities in New Jersey are in what I call a crisis situation. It is unfortunate to see a city that 20 years ago, when I was a young man, flourished with stores and was a major shopping area for all of Camden County . . . decline to where the major industry, besides RCA, is the major industry of crack and cocaine.

What has happened over those years is that this state, from an economic standpoint, has allowed our cities to decline. I always believed that there's going to be

some economy that's going to take its place. That economy has been cocaine and crack.

* * *

[Cocaine] is pervasive in north Camden, which used to be the pride and pearl of Camden City.

. . . I can come to Camden with my official tag [legislator's license plate] . . . and be stopped at almost every corner to be asked to buy drugs. That's how pervasive it is. . . No fear.

Sharpe James, the Mayor of Newark since July 1986 and a former Newark Councilman for 16 years, confirmed the prevalence of drug trafficking in Newark:

[Cocaine dealers] stand on any corner where there is traffic.

* * *

It is on the street corners throughout the city.

Hudson County Prosecutor DePascale asserted that cocaine and "narcotics move the inner city":

[W]hile you and I may look at a Dow Jones and the GNP as measures of an economy, that economy may as well be the economy on Saturn as far as that relates to how cash affects Hudson County. . . .

The simple fact is that there is more money available more quickly, with less effort, in dealing drugs than there is in going to school, becoming a professional or running a business.

Trenton Public Safety Director Lucherini, a 25-year veteran of the Trenton Police Department and Director since November 1984, has witnessed the deterioration of the city's neighborhoods because of cocaine and crack:

The City of Trenton, as are most of the other urban communities throughout the state and country, is presently facing . . . an illegal drug epidemic. Most definitely, crack is the number one problem.

He described the inner city areas of Trenton, which are populated primarily by the poor and elderly, as having been "infiltrated" by cocaine dealers who have "taken over the streets." The 12 public housing projects and one high-rise project make the city a "prime territory for the lawless."

In his testimony, Bill, the 39-year-old recovering addict, contrasted the City of Paterson in which he grew up with the city that exists today:

When I was younger, drugs certainly weren't as available as they are today. I started using drugs at an early age, but they were very difficult for me to get, as compared to what it is now. When I first started using drugs, I couldn't even buy them because, at my age, people who were selling it wouldn't sell it to me or anybody my age, unless they were known already to be addicted. . . . You had to get somebody else that could purchase it.

Today, it's ridiculous, especially in the inner city. I live in Paterson. There's nowhere you can go without being almost accosted by people trying to sell drugs. It's a business.

The cocaine and crack problem is not confined to the cities, but has enveloped the surrounding suburbs. Ronald L. Rice, a State Senator representing Newark since 1986, a Newark Councilman since 1982, a six-year veteran of the Newark Police Department and a native of the city, stated in an interview:

The [only] difference is, it's sold in Newark [and the other cities]. When we in the City of Newark go out to the corners . . . it becomes obvious that a lot of the purchasers and dealers are coming from out of town.

Residents of the suburbs enter the cities to purchase cocaine or crack either for personal consumption or for distribution in the neighboring towns. In fact, Director Lucherini has observed the influx into Trenton of residents from neighboring Pennsylvania towns to purchase cocaine.

Assemblyman Bryant candidly assessed the role of the suburbs in the cocaine crisis, which now pervades the entire County of Camden. As cocaine and crack initially swept over the City of Camden, he testified, "no one paid attention because that was on the reservations . . . the poor, the outcast of our society and no one cared." However, as "the outlying suburbs are getting inundated with crack and cocaine" and a "crime wave starting to pick up," the crisis is being recognized and addressed.

Children Selling Cocaine

If the major urban centers of New Jersey are the key to addressing the cocaine problem, then the inner city youths lie at the core of the cocaine crisis in the inner cities. Further, the juvenile problem is inexorably linked to the overcrowding in the county correctional facilities.

The cocaine trade has been marked by the participation of juveniles in the inner cities throughout the state. Youths are involved in low-level transactions of cocaine trafficking. "What they move is street-level narcotics," testified Hudson County Prosecutor DePascale. From January through October 1988, 546 juveniles, between the ages of 10 and 17, were arrested in Trenton for drug offenses. It is not uncommon for inner city youths, including those in their early or pre-teens, to own expensive motor vehicles, to carry large sums of money and to wear expensive jewelry and clothing. The reason for this phenomenon is twofold—juveniles are both attractive to and attracted by the cocaine trafficker. Cocaine dealers utilize juveniles as a source of cheap and, until recently, relatively risk-free labor. Street-level distributions expose to police apprehension only the juveniles, who are at minimum risk in the criminal justice system, and not the dealer. In addition, juveniles are drawn to cocaine trafficking by the allure and reality of quick and easy money.

According to Trenton Director Lucherini, it has become "profitable" and virtually "risk-free" in Trenton for traffickers to utilize juveniles because

the adult dealer realiz[es] that the juvenile under 18 years of age will not be required to post bail after an arrest, most likely will not serve time after an arrest.

DEA ASAC McEllyn concurred:

Unfortunately, the older people in our society are using the younger people for their ability to conceal drugs, the lack of attention that most people pay to them and the fact that they make cheap labor.

The plight of inner city youths who perceive a bleak future, in terms of financial and social advancement, compels them to join the world of cocaine trafficking. Their role model has become the drug dealer. The juvenile "observes the easy and the fast profit" and emulates the cocaine trafficker who "exhibits the large quantities of cash, the fancy auto, the expensive jewelry," stated Director Lucherini. In addition, he continued, the "juvenile observes the dealer being arrested and shortly thereafter returning to continue the drug deals." ASAC McEllyn explained the choice confronting the juvenile:

[J]uveniles are finding out that it doesn't make sense to stay in school, to become good, upstanding citizens and develop a sense of morality. They're finding that staying in school and postponing all of their immediate goals for future goals doesn't pay because they can get more money right now by stopping to go to school and being involved in drug trafficking.

Mayor James and Prosecutor DePascale portrayed the harsh reality of inner city youths when they are told to "say no to drugs."

MAYOR JAMES:

[B]ecause they say yes [to drugs], they can have money in their pockets, buy luxury automobiles, have jewelry and fine clothes. . . .

[S]aying no and going to work in a fast food place for \$3.60 an hour will lose out against clothes, jewelry, a car and \$1,500 a day or a week selling crack on street corners. You can't win that war.

PROSECUTOR DEPASCALE:

[F]ive years ago, a kid couldn't find a job or a summer job. It was tough. Today, you can drive down [and] find that any minimum wage business that employs juveniles is starving for help. They can't get them. They simply won't take the work because they make more money on the street, dramatically more money. We're picking up 15-, 16-year-old kids with \$1,500 in cash in their pockets.

* * *

. . . It is commonplace. I don't think that we've picked up anybody with less than \$400 or \$500.

The attitude of youths reaping rewards from cocaine trafficking was depicted by Prosecutor DePascale in an incident where a juvenile taunted the officer who arrested him:

"Is that a polyester sportcoat you have there? What do you make? \$4,500 a month? I make that on Friday."

The absence of parental presence and corrective action with children who are making so much money is glaring. Prosecutor DePascale testified:

No child, no 15-year-old or 16-year-old can have \$400 or \$600 a day in profit without his parents knowing about it. That kid has cars and he has leather jackets and he has expensive accoutrements of all kinds. There's no way. He's not working. The parents know what's going on, but they are not stopping it because they're benefitting from it.

Juveniles who traffic in cocaine appear to do so with impunity. Witnesses at the public hearing uniformly cited the lack of a deterrent as the reason and recommended that there be a certainty of punishment for the juvenile cocaine dealer. But the juvenile justice system is archaic with respect to the "new" cocaine-trafficking juvenile. Prosecutor DePascale estimated that fewer than 1% of the juveniles arrested for drug distribution in Hudson County are actually incarcerated:

There is no deterrent in force for juveniles who get involved in cocaine traffick-

ing. The likelihood of a juvenile being incarcerated for dealing narcotics on the streets in Hudson County is almost too small to calculate.

The Prosecutor cited one example of a juvenile who, following his eighteenth arrest for cocaine distribution, was adjudicated a delinquent and placed in a drug treatment facility by the court, although he had no history of drug use.

The Problem

Patently, the cocaine crisis is acute in New Jersey's major cities. Nevertheless, the cities' arsenals are ill-equipped to respond adequately to the crisis. A police presence does not pervade in the cities, although uniformed officers do cover the 24 hours in a day. The Newark Police Department numbers 1,128 officers, compared to 1,453 in 1978 and 1,565 in 1975, when the drug and crime problems were not as egregious. The 288 officers in the Camden Police Department compare to 378 in 1977 and 397 in 1975. The number of officers in the Trenton Police Department has remained fairly constant between 334 in 1976 and 367, the current figure. The reduction in police strength has also diminished the coverage and effectiveness of the narcotics units. Newark, Trenton and Camden do not have full-time narcotics squads. The 36-officer narcotics unit in Newark does not cover the 3:00 a.m. to 9:00 a.m. shift on weekdays or from 11:00 p.m. to 3:00 p.m. on weekends. The narcotics unit in Camden contains 10 detectives who work only one eight-hour shift a day and provide no coverage on weekends. In Trenton, the two units totalling 44 officers who provide narcotics enforcement, among other responsibilities, do not cover the hours from 3:00 a.m. to 8:00 a.m. on Monday through Saturday and do not work on Sundays. Assemblyman Bryant noted that cocaine trafficking is a 24-hour-a-day business:

[Y]ou can't stop crack eight hours a day. . . . [W]hen you're not there, they come out at night. . . . It is there from morning through night.

State Senator Rice recommended that "at a minimum, the [Newark] Police Department should be no less in terms of personnel than it was back in 1972 and the early 1980s when I came into the department." The result of decreased vigilance in

the inner cities has been to transform them into what Assemblyman Bryant has termed a "free haven" for drug pushers.

The major cities have not been favored in the recent allocations of state and federal monies designated for narcotics enforcement. The bulk of the monies has been channeled to state and county agencies, with a mere token amount reserved for only six of the 15 major cities. The six largest cities of Newark, Camden, Trenton, Paterson, Elizabeth and Jersey City were to receive \$32,000 each in 1988. This amount of money, observed Director Lucherini, was insufficient to meet the salary of one additional police officer for one year. No funding was provided to the cities in the prior two years. Several witnesses did not agree with the allocation of the narcotics funding. State Senator Rice urged "a reassessment of how the dollars are being spent." Mayor James favored "direct funding" to the urban centers "where the war is being fought":

I believe that if the problem is in the cities, if it's on the streets in the City of Newark, then the City of Newark should be given those direct dollars in order to fight that problem.

* * *

What we're doing is that we're saying to the pushers and we're saying to the users that a life of crime does pay, because they're not stopping. They're laughing at us.

He recommended

a special task force of individuals who will be assigned exclusively to deal with the narcotics traffic . . . and to continue that 24-hour presence and 24-hour fight that is needed if we are to save our cities and to make them an attractive place to live.

Assemblyman Bryant concurred:

[T]he first line of defense is your city policemen. Part of the problem I have is that we pay a lot of lip service and everybody's posturing, but nobody's really dealing with what I call the crucial issue.

The crucial issue is that we need folks on the street. Let me re-emphasize that. I don't see how you stop the crack problem in Camden City unless you have at least the minimum of 50 people full-time just on narcotics, and you probably need 100 over and above the regular police department. You can't do that by giving money to the county or the state.

Economic Revitalization as the Ultimate Weapon

The cocaine crisis is perhaps the most serious symptom of a greater problem that continues to plague our major cities. Deterioration and decay are words commonly used to characterize the conditions of our cities. Ultimately, the solution to the cocaine crisis lies with the economic development and revitalization of the urban centers. Such a solution would prove cost-effective in the future. Mayor James stressed that inner city youths who develop "feelings of hopelessness and despair" must be offered an alternative to the "choice of drugs as a way out." State Senator Rice agreed with the need to provide alternatives:

When we talk about education, you have to talk about the economics of a town, too. So, when you tell folks, "You shouldn't do this. You shouldn't sell drugs. You shouldn't use drugs," that's fine to say, but what are you going to say to a person who's competing with the economics of his time, a young person driving around with a BMW or a Mercedes, wearing all the gold. . . . [T]he reality is that those who are doing it are doing better . . . and when you educate folks and say, "Don't do these

things," then what alternatives are you giving them? . . . Our kids are very mature. Our kids know the harmful effects of drugs. Believe me, they know that. They can tell you more about it than you can tell them. That's not what they're looking for there. [They're] looking for alternatives to doing drugs, being involved with drugs.

Assemblyman Bryant elaborated:

You need education. You need the police. But you also need to do something economically to give folks hope that there's a job, that there's a reason to live. Let me tell you why these kids, in my estimation, are dealing with this. When you grow up in an inner city and go to high school and junior high school, there's no hope. They have no hope. They're not living with our middle class values . . . of going to college or law school or something else. They can't even see a job at the end of the road. They know that those who quit school, high school, are unemployed and those who have graduated from high school are unemployed. They understand that. They don't think they're going to live a long life. They're living in a jungle. Therefore, they might as well take as much money and have as much fun or be blown out of their minds during the short life.

* * *

I really don't think that they really want to be in it, but they don't know of anything else. It's the only way to operate within their sphere of where they're living.



JAIL OVERCROWDING

The cocaine crisis has stretched every component of our criminal justice system beyond its limit. With the onslaught of cocaine trafficking upon society, each stage in the system, from the arrest through incarceration, has placed an undue burden on the next stage. Accordingly, an effective resolution can single out no one component, but must address each one. The great increase in drug arrests has produced a tremendous volume in criminal cases that has caused a surging backlog in an already overburdened system. In a statement to the Conference of Criminal Presiding Judges on January 9, 1989, Chief Justice Robert N. Wilentz stated:

Indictments are up over 20% from last year, the backlog of criminal cases that are already older than called for by the Supreme Court's speedy trial goals has nearly doubled in just a few years, and trial lists have become unmanageable.

A solution will not be realized "without a dramatic infusion of resources in terms of" additional prosecutors, judges and jail cells, testified Prosecutor DePascale. The plea for across-the-board increases in resources has been echoed by judges, public defenders, private attorneys and law enforcement officials throughout the state. However, the final stage of incarceration emerged uniformly in the testimony of various witnesses as the one component that warrants initial and immediate attention. Former Attorney General Edwards asserted:

[I]t is vitally important to the success of any drug program that there be a sufficient number of jail cells to deal with every arrest that's made.

In Hudson County, testified Prosecutor DePascale, when the approximately 7,000 defendants charged with narcotics offenses are measured against the paucity of available jail cells, "you get some idea of the magnitude of the fight that's being waged." Director Lucherini stated:

If the sewer is stopped up at the end, you can add all the water you want and it's not going to go anywhere. It's going to end up backing up on us. So, no matter how many arrests we make, unless we have an outlet for those arrests, it's going to solve no problem and we're going to continue on with the frustrations that we live with now.

The severity of overcrowding in the county jails is clearly evident when the rated capacity of each jail is compared to the number of inmates actually incarcerated. It is noted that the rated capacity for the jails has been elevated repeatedly. Nearly 3,000 inmates of the state prison system are serving their sentences in county jails because of a lack of space in state facilities. This situation aggravates, if not creates, the overcrowded conditions in the county jails. The 3,046 state prison beds, which will be constructed by the end of 1990 pursuant to a 1987 prison bond issue, are intended primarily to relieve overcrowding in the state prisons and will have minimal impact on the county jails, according to an official with the Department of Corrections. The following chart sets forth these figures, which may fluctuate daily, as of February 2, 1989:

Bill, the recovering addict who related his experiences with drug addiction, is a state prison inmate who was initially incarcerated in a county jail. He testified about the "day rooms" that contained 30 beds, but housed 70 to 75 inmates:

You are provided with a mat when you come and there's nowhere to place your mat. You have to sleep in shifts in order to be able to lay out prone and be able to sleep.

He described the violent activities of the inmates, most of whom are between the ages of 18 and 22 years and who "have nothing to do":

They become bored. They start looking for ways to entertain themselves. It becomes very violent. Today's youth run

County Jail	Rated Capacity	Total Population	State Prisoners
Atlantic	395	664	130
Bergen	420	824	303
Burlington			
Jail	117	195	16
Minimum Security	100	108	1
Camden	450	1,072	350
Cape May	165	170	52
Cumberland	168	376	155
Essex			
Jail	594	782	69
Annex	909	941	28
Gloucester			
Jail	108	215	65
Minimum Security	44	40	0
Hudson			
Jail	546	662	17
Annex	320	320	8
Hunterdon	74	93	19
Mercer			
Detention	385	433	54
Correctional Facility	292	395	256
Middlesex	550	930	132
Monmouth	615	668	119
Morris	144	283	53
Ocean	363	345	92
Passaic	455	1,513	522
Salem	105	221	54
Somerset	68	237	77
Sussex	88	132	49
Union	574	716	78
Warren	76	104	30
Total	8,125	12,439	2,729

what they call posses. They team up for their own protection and for strength to prey on other people. They . . . entertain themselves by setting people on fire while they are asleep. They will beat up somebody just to take their tray of food.

Overcrowded jails at both the county and municipal levels have created a "revolving door" syndrome. As a result, drug traffickers are being released on minimum bail following arrest and, on conviction and sentencing, are receiving minimum custodial terms or are being released early from incarceration. Director Lucherini pointed to

the priorities in setting high bail that are based on which arrestee committed the more serious offense, such as whether a defendant had "five bags, 10 bags or 20 bags" of cocaine. Prosecutor DePascale's experience in Hudson County is similar:

We're in a situation where bails are being reviewed daily by the judiciary in individual cases . . . and unless that case is moved for trial or some dramatic effect has taken place during the course of that week on that case, bails are reduced. They get progressively reduced, I submit, not because that amount of

money is sufficient to ensure the attendance of a particular defendant at the time of trial, but because the jail is overcrowded. There's more people coming in the jail, so we've got to get more people out of the jail.

To illustrate the adverse impact of cocaine trafficking upon the criminal justice system, Director Lucherini provided the following analysis of 19 subjects who had been arrested in Trenton for drug offenses. All but four of the subjects were first arrested in the 1980s and all were arrested during 1988. The subjects, whose ages ranged from 18 years to 41 years, with an average age of 26 years, were arrested an aggregate of 282 times on a total of 710 criminal charges. Of the 710 charges, 354, or approximately 50%, were drug-related. Thirteen of the 19 subjects were charged with school zone drug offenses. At the time of the public hearing, only four of the 19 subjects were incarcerated, 10 had never been incarcerated and four had served less than nine months each. Director Lucherini interpreted the figures to signify that

the criminal justice system is not geared up to address the epidemic which our cities are facing. The branches of the system are not adequate enough to support enforcement. I believe that enforcement is doing the job that it has been designed to do. I believe that the number of arrests should bear out that we are making the arrests, we are attacking the problem in the streets. However, the judicial system and corrections are not geared up to handle the volume that we are bringing in and handling it on a daily, weekly, monthly basis.

The effect of severe overcrowding in the county jails has been to remove the threat of punishment as a deterrent to cocaine trafficking. Director Lucherini testified:

Law enforcement can arrest by the thousands and if there is not certainty of punishment, it's going to make no dent into the problem at all.

The practical effect of the early release of defendants and arrestees, in particular, is to create frustration not only among the police, but also in the community. The frustration of the community is

combined with a reluctance to cooperate with law enforcement officers by reporting drug dealing. According to Mayor James, citizens do not want to participate in the "war against crime" out of fear that they will be victimized by those who are arrested and immediately released. Assemblyman Bryant described the dilemma:

The community says, "Hold it. Why should I cooperate with the police in terms of telling them about folks dealing in drugs and eight hours later, no more than a day, these same folks are back on the corners intimidating me, trying to find out . . . who was the one who was providing the information about the drug dealing?"

He related his experience of participating in a drug march in Camden City, where many residents were fearful to join in the march or appear at their windows:

[W]e were actually asking them to come out and "show your support," and folks said, "We're scared. We're scared to come out because those folks might see us"—those folks meaning the drug dealers, drug addicts—"that we are in support of an anti-drug movement." And why is that? They'll tell you, "See those folks there? They will blow up your car. They'll do physical violence to you, intimidate your children."

The result of jail overcrowding has been to "make [the cocaine problem] a joke on the system," making it "the community [that] is really in jail within its own neighborhood," asserted Assemblyman Bryant. Director Lucherini agreed that the drug dealers and users "have imprisoned our citizens within their own homes." The state cannot permit overcrowded jails and court calendar problems if they result in plea bargaining with probationary terms, admonished Prosecutor DePascale. Custodial sentences, whether imposed following a guilty plea or conviction by jury trial, must be a certainty. To create a certainty of incarceration, additional jail cells are needed.

MAYOR JAMES:

It's overcrowded. But I take the posture that if it's overcrowded, build more.

PROSECUTOR DEPASCALE:

[B]uild jail cells and jail cells and jail cells and jail cells and jail cells, because as long as we keep this effort up, if we're going to make it effective, it's got to be real.

Expedient solutions offered to ameliorate the jail overcrowding ranged from Director Lucherini's proposal to convert to prison use the excess capacity of federal military bases in the state to Mayor James' proposed "public work force":

[W]e are losing sight of perhaps the greatest work force available in the State of New Jersey. . . . [W]e ought to take that drug trafficker, the pusher and the user and make them the work force and probably you can reduce the Department of Transportation's budget.

The Mayor applauded the success of Working Inmates Network Program, known as "WIN," which utilizes minimum security prisoners in Newark to assist in cleaning the city.

THE ROLE OF EDUCATION

Children in New Jersey, as well as across the country, are becoming involved in the drug culture at earlier ages and in growing numbers. They are using drugs and selling drugs. Former U.S. Secretary of Education William J. Bennett, who is currently Director of the Office of National Drug Control Policy, recognized that "the most serious threat to the health and well-being of our children is drug abuse." In New Jersey, in excess of 15,000 high school seniors have drug and alcohol dependencies and 17% of all high school students are regular users of drugs and/or alcohol, according to a 1986 survey by the New Jersey Department of Education and the Division of Criminal Justice. During the 1987-1988 school year, in only half of the school districts, an outstanding number of 7,323 students were referred for substance abuse treatment, according to a Department of Education survey. The state's success in reducing and, ultimately, in eliminating the demand for drugs rests with future generations who grow up drug-free. At the elementary school level, substance abuse curricula must emphasize prevention, while intervention, treatment and prevention must be the focus of curricula in the high schools.

The New Jersey Department of Education is pursuing new measures and has promulgated guidelines on substance abuse prevention and identification of drug use among students. Although a substance abuse program is mandated for kindergarten through grade 12, both the methods and implementation of prevention education are fragmented. In secondary school grades, decisions on the type of program to be provided and its implementation rest with the district school boards, as long as the program meets the 10-hour minimum teaching requirement. With respect to elementary schools, each school board decides not only which program to implement, but also whether and to what extent one is warranted. Although Department officials "believe" or "assume" that school districts have formulated comprehensive programs in the elementary and secondary schools on substance abuse prevention, intervention and treatment, they acknowledge that there is no adequate

monitoring of the districts or their programs. Although the Department has formulated and provides in-service training for teachers on recognizing and responding to substance abuse by pupils, there is no Department requirement that teachers attend these programs and no monitoring of who attends the sessions. Notwithstanding the Department's statutory mandate to issue guidelines for substance abuse programs to be offered by the boards of education to the parents or guardians of students, no guidelines have been formulated.

As a result of the broad discretion vested with the local school boards, as well as the Department's inability to dictate otherwise, there is no consistency in substance abuse prevention education offered in the state's 593 school districts, according to both Department officials and experts in drug education and counseling. The absence of an effective monitoring system in the Department of Education to assess the needs of the districts and evaluate the programs formulated to insure compliance with its extensive regulations and guidelines serves to exacerbate the situation. While many districts in the state implement sound programs, many have weak and ineffective programs or no program at all. Further, a 1987-1988 survey of school districts conducted by the Department of Education, with 563 districts responding, revealed that despite the fact that prevention education must dominate the programs at the elementary school level, more elementary schools than secondary schools in the state have intervention programs; few school districts or schools have a formal agreement regarding the disposition of students with substance-related problems; students who are substance abusers were referred for treatment during the 1987-1988 school year in only half of the school districts, and only 72 school districts operate employee assistance programs.

The reasons attributed for school board systems being "dysfunctional," the term employed by one expert in drug treatment and counseling, are varied. Generally, schools remain "very reactive,

not proactive," according to an official with the Department of Education. The attitude that educators are concerned with educating students and that substance abuse prevention is a matter for law enforcement and parents still prevails among many, if not most, school teachers and administrators. Consequently, they are not interested in teaching or incorporating substance abuse education into their courses. Additionally, many school administrators and school boards continue to deny the existence of a substance abuse problem in their own schools. Another reason is that many school boards endorse a "hype-type show" that is of brief duration, without any follow-up program. Finally, there is arising a flood of "experts in drug awareness," without the necessary background and training to instruct students.

DARE

It is axiomatic that prevention efforts are most successful with young children who are still in their formative years and, therefore, are unlikely to have made a conscious decision regarding drug use. Accordingly, the Los Angeles Police Department, in cooperation with the school district, developed the Drug Abuse Resistance Education (DARE) Program in 1983 as a primary prevention program designed for elementary school children who have not yet experimented with drugs. DARE has been widely implemented throughout the country. In 1988, approximately 1.5 million children received instruction. Currently, a pilot high school curriculum is being tested.

With the objective of reducing drug abuse among children, DARE uses a prevention curriculum presented by specially selected and trained uniformed police officers. The curriculum focuses on dissemination of accurate information on drugs and alcohol, development of decision-making skills, instruction on resisting peer pressure and formulation of alternatives to drug use. Ancillary lessons are directed at personal safety, improving one's concept of self and developing respect for the law. DARE officers routinely interact with parent groups and school administrators, teachers, counselors and nurses.

DARE constitutes a comprehensive approach to prevention education by successfully involving the school community, parents and law enforcement.

The value of utilizing the police in the classroom to educate the youth on the dangers of drug use was emphasized by Assemblyman Bryant, who believes that there "should be a coordinated effort" between law enforcement and education. He questioned the wisdom of attempting to provide drug education solely through the educational system with consultants or teachers "who have read some nice fancy books . . . and are going to try to teach the young kids about the perils of drug involvement." The injection of the police officer into drug education in the schools accomplishes several objectives, testified Assemblyman Bryant:

[W]e need to re-connect the community with what I call the blue uniform—that it is a positive, good person that is behind the blue uniform. Policemen can do that in a classroom when kids are in the first and second grades.

Secondly, [police officers] are our first line of defense. They know that the problem out there is not something that they just read in a book. And I don't say that they shouldn't have training, but it's not just what they read. They can tell them about the real problems out on the street.

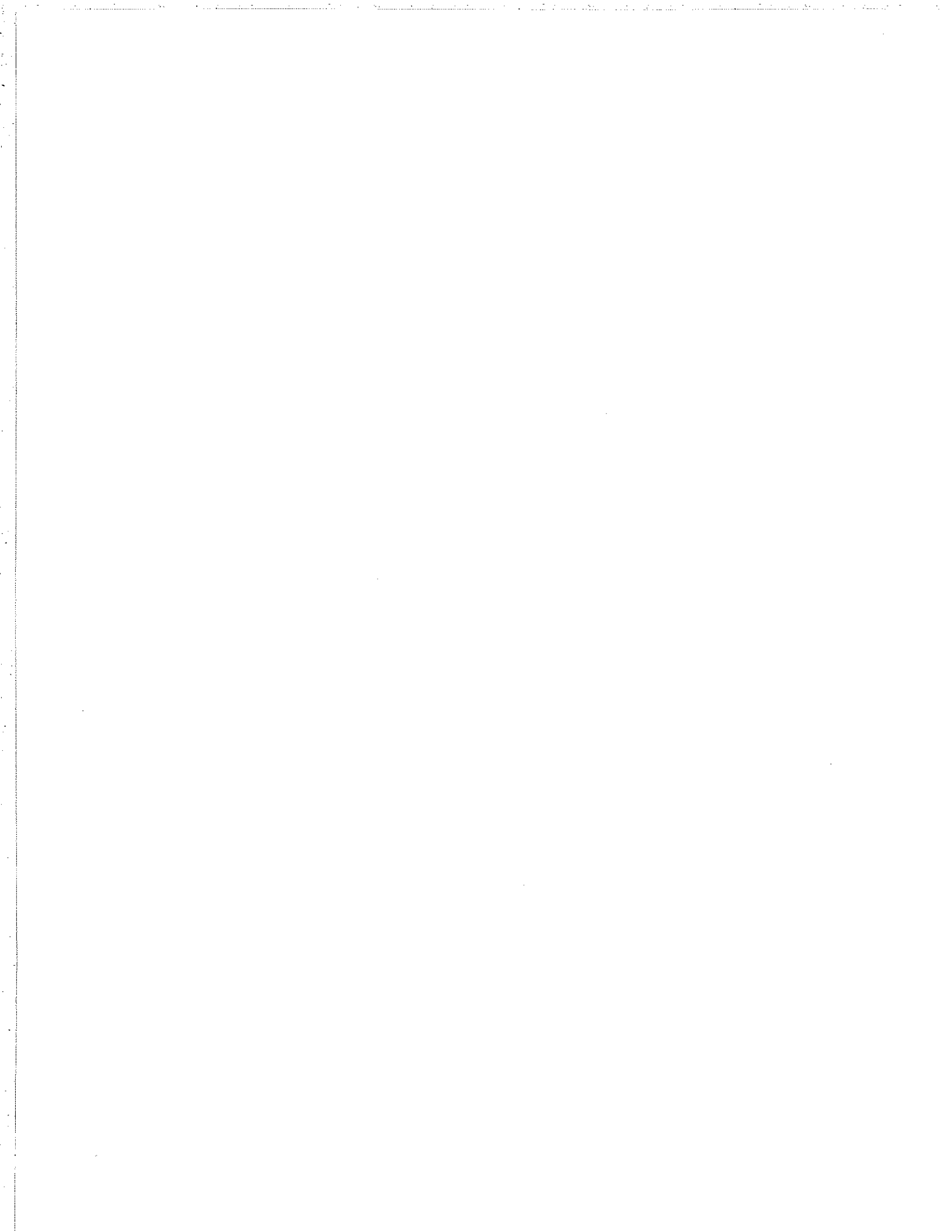
[T]hirdly, [police officers] can also say to the kids, "If, in fact, you don't believe what I'm telling you, you will face me, the ultimate authority, to deal with those problems."

An independent, three-year evaluation of the DARE program has been completed and a seven-year evaluation is in progress. The evaluations so far have concluded that the DARE program has substantially improved students' attitudes toward themselves, increased their sense of responsibility for themselves, enhanced their value structure and strengthened their resistance to drug use. The program's effectiveness was demonstrated by higher grades in school and by reductions in student drug use, suspensions, expulsions and vandalism. In addition, the program proved successful in educating parents about drugs, the symptoms of drug use and ways to promote family communication.

DARE has served as a model for law enforcement agencies throughout the country. A training

seminar developed by the Los Angeles Police Department has trained 1,123 law enforcement officers from 48 states on the implementation of DARE. A number of states have adopted the DARE program. Six New Jersey State Police troopers, for instance, have received instruction for presentation of the DARE program in rural

areas. In the Spring of 1989, a DARE training seminar, sponsored by the Bergen County Prosecutor's Office, will be conducted at the Bergen County Police Academy for representatives from 30 of the county's police departments. DARE training for all police departments in the county is planned.



DECRIMINALIZATION OF COCAINE: ILL-CONCEIVED

The debate in recent months on whether cocaine should be decriminalized in some manner detracts from the massive and coordinated efforts being made in this state and throughout the nation to combat the cocaine problem. It also delivers a confusing signal to those being targeted for prevention or treatment. No person interviewed by the Commission or appearing at the public hearing endorsed the concept of legalization.

DIRECTOR BERTUCELLI:

Drugs are too harmful. . . . It won't solve the problem. It will accelerate the health care costs and social problems by making it available.

MAYOR JAMES:

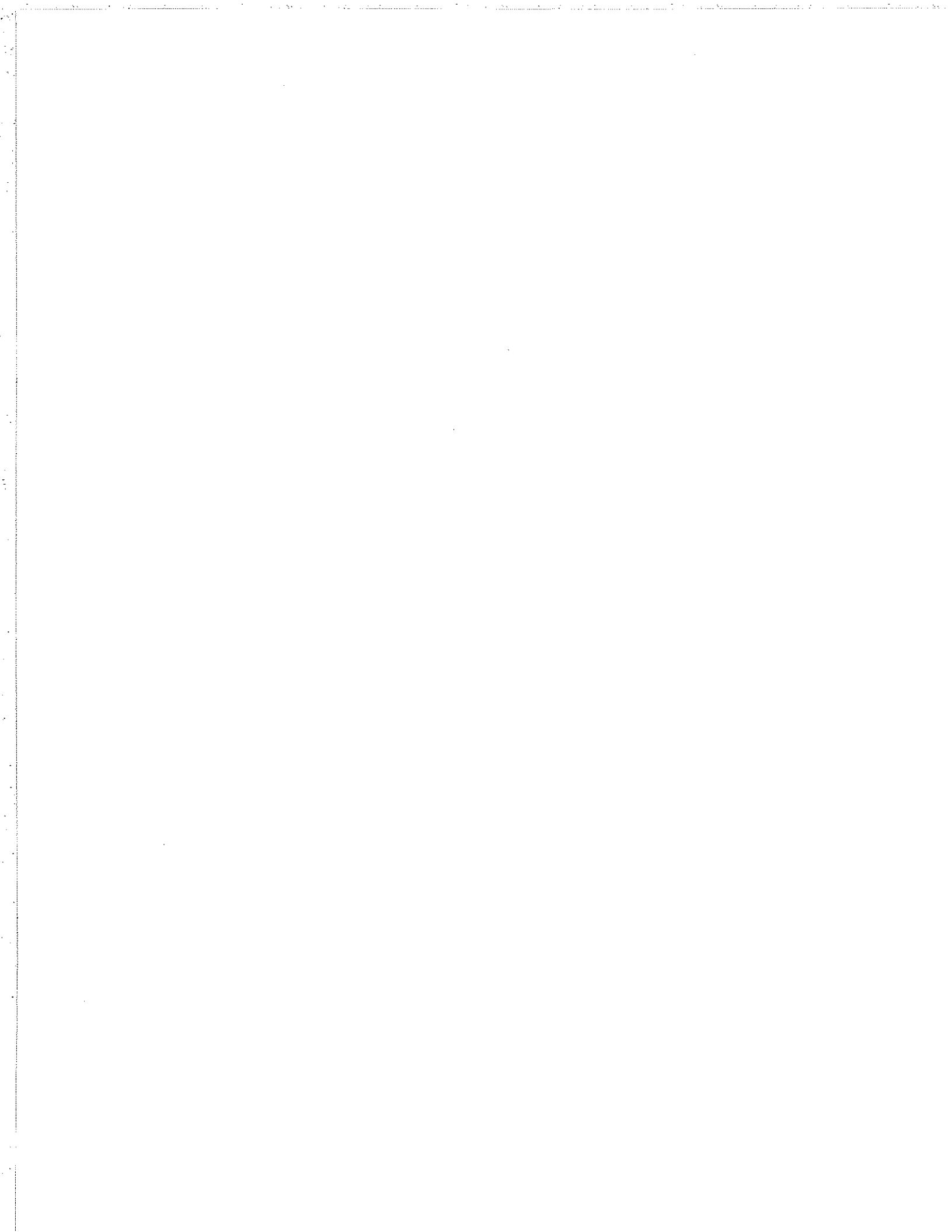
The end of prohibition did not turn mobsters into model citizens. Nor did the establishment of state lotteries and legalized casinos put an end to illegal gambling.

I think it is naive, therefore, to predict that peace and order will prevail in all our cities as soon as we can buy crack as easily as Cracker Jacks. So that's a cop-out. It's an easy way [of] trying to find a quick fix to a terrible national problem, and that's the worst thing we could do. That's a cop-out. It will not work.

ASSEMBLYMAN BRYANT:

If we're going to be competitive in the year 2000, we have to have fresh, good minds. We have to have kids who are willing to learn. You can't do that on cocaine and crack. To give in to cocaine and crack is showing that as a society, we have problems, [but] that we're not sophisticated and not committed. . . .

In addressing the issue of decriminalization of cocaine, Dr. Gold referred to "some reasonable models to answer the question." He pointed to the experience with amphetamines which, at one time, were legally prescribed for diet and weight control. The individuals to whom they were prescribed became paranoid, suspicious and addicted. As addiction to amphetamines became increasingly common, the drug was brought under stricter regulation. Today, amphetamines can no longer be prescribed for diet and weight control. In addition, Dr. Gold summarily dispelled any analogy drawn between the decriminalization of cocaine and the legalization of alcohol following Prohibition. Generally, he stated, every person in this country has tried or has had one alcoholic drink and only approximately 8% require treatment. In stark contrast, of the 25 million people who have had one dose of cocaine, five million are in need of treatment. Finally, Dr. Gold postulated that those who are on the borderline of cocaine addiction will die, because "given what we know from animals, unlimited access to a potent, cheap stimulant, like cocaine, is incompatible with life."



RECOMMENDATIONS

In light of the grave drug problem that continues to plague our society, the Commission concludes that the war on drugs, especially cocaine, must be escalated if it is to succeed. The commitment to reducing the supply of and demand for cocaine must meet the enormity of the crisis. Theorizing about decriminalization of cocaine must be rejected as a diversion from the mission at hand. Having recognized the seriousness of the drug problem and ranked it as the number one priority, the state must devote significantly more resources to meet the challenge. It is imperative that a meaningful and long-range commitment of resources be effectuated and applied with equal degree to the areas of law enforcement, treatment and prevention. No one area can be sacrificed in favor of another. To commit less and to do less will result, in time, in increased costs—in terms of crime, violence, public corruption, diminished economic productivity and health problems—to both society and government in the long run.

Drug-Related Information Network

The state should accumulate the data necessary to enable law enforcement, education and health officials to identify trends in drug use, to target groups and areas for appropriate action and to formulate strategies. A data system must be developed whereby a state agency, most appropriately the Department of Health, would receive mandated statistics from the State Medical Examiner's Office on drug-related deaths and from hospital emergency rooms and admissions on drug-related overdoses and deaths. In each instance, information should be provided on the type of drug used and the demographic characteristics of the user. Physicians and emergency rooms should become attentive to the possibility of the presence of drugs in a person's system and must test for it. Accurate statistics will depend upon correctly identifying drug overdoses and drug-related causes of death. In addition, the agency should collect demographic information

from the State's Drug Hotline. All of this data should be analyzed and made available to improve law enforcement, prevention and treatment strategies.

The Cities

The state must recognize the crucial role of the urban centers in formulating a strategy to reduce and eradicate the drug problem. The major cities must be saturated with resources for increased enforcement of drug laws, as well as for enhanced treatment facilities and prevention programs in the schools. The police force in each city should be expanded immediately in order to create a real police presence throughout the neighborhoods that are now besieged by cocaine and crack. The countywide narcotics task forces, together with the State Police where necessary, should focus their attention on supplementing the efforts of the police forces in the cities in order to displace the drug traffickers.

Tackling the cocaine problem in the cities should encompass broader measures to rejuvenate their economies. Those who reside in the cities must be provided with a reasonable alternative to the use and trafficking of drugs.

Education

The state should mandate a specific, all encompassing curriculum on substance abuse prevention for the elementary schools. The exercise of broad discretion by local school boards must be replaced with strong direction by the Department of Education. Consideration of the DARE program as the focal point around which supporting and follow-up programs are developed is urged by the Commission. The Department should develop a system to monitor implementation of prevention programs by schools in order to insure full and effective compliance. It bears emphasis that a future of drug-free citizens demands early orientation against drug use.

While prevention education becomes an integral part of every elementary school, a system for intervention and treatment must be mandated in all secondary schools. Although prevention programs should be implemented to reinforce the instruction provided in the elementary schools, the vast number of students who are using drugs and alcohol in the secondary schools must be identified and referred for appropriate treatment. Again, the Department of Education should establish a system of oversight to insure compliance.

Attention should also be given to addressing drug use by school teachers and administrators. The Department should mandate employee assistance programs in all school districts.

Treatment

The state must set as a goal "treatment on demand." Comprehensive drug treatment must be available to those who need it. Accordingly, additional funding should be channeled immediately to drug treatment facilities to enable them to provide complete services to persons already in treatment. The quality of treatment service can no longer be sacrificed to accommodate swelling admissions. Funding must also be provided for the expansion of existing facilities or the establishment of new facilities to meet the increasing demand for treatment from all sectors, including the school system and the criminal justice system.

In order to maximize the effectiveness of the treatment process, the Department of Health must mandate, as a minimum, weekly drug testing of individuals in out-patient programs. Further, the Department's monitoring process should be as extensive as necessary to insure full and effective treatment service for each patient. Finally, the Department should initiate a study to determine and formulate the most effective treatment plan for cocaine use.

The inner city youth pose a unique problem in the area of drug treatment. The Commission recommends that drug treatment facilities be established on the acreage assigned to the Department of Corrections or Department of Human Services for these youths, whether they are referred for treatment through social or educational agencies or through the criminal justice system. By removing them from their drug infested environment, their chances for successful treatment will be im-

proved. However, it bears emphasis that ultimate success is tied to economic opportunities in their communities.

The state must respond to the alarming rise in the number of pregnant women who use cocaine and the number of "cocaine babies" nationwide. The Department of Health must assess the extent of the problem in New Jersey and then formulate and implement a high-risk pregnancy program directed at reducing the use of drugs by pregnant women.

The Criminal Justice System

The criminal justice system must be bolstered with additional personnel at every level before it becomes paralyzed by the proliferation of drug trafficking. Certainty of prosecution and punishment for those who deal in drugs is essential. The juvenile justice system must be updated to mete out appropriate sanctions for the juvenile drug dealer.

Although each segment of the criminal justice system requires fortification, immediate relief must be afforded the county jails. State prisoners should be removed from the county jails in order to relieve the overcrowded conditions and accommodate additional county inmates. Measures must be pursued to expand existing county and state facilities where possible and to construct new facilities where needed. Consideration should be given to constructing new sites on the extensive, vacant acreage of the facilities of the Department of Corrections and the Department of Human Services. Of the approximate 4,400 acres assigned to the Department of Corrections, fewer than 1,200 acres constitute actual institutional acreage. In addition, 8,296 acres assigned to the Department of Human Services are deemed disposable acreage and 30 buildings, comprising nearly 850,000 square feet, are not being utilized. The state must also pursue vigorously the continued and expanded use of facilities on federal bases to house state prison inmates.

Drug abusers, who are under the supervision of the courts or on probation or parole, constitute a captive group for treatment that can no longer be ignored. Specific programs must be implemented to address the high rate of drug addiction among the criminal population that has entered the

criminal justice system. Such programs will serve to reduce drug use and the commission of crimes, surface public health problems and monitor community drug trends. The Commission recommends that the state initiate a program whereby all adults and juveniles arrested for criminal offenses would be tested for drug use. Where the arrestee is drug positive and placed on bail, urine monitoring and, if appropriate, drug treatment would be required. Following conviction and placement on probation or parole, the defendant would be subject to a program of regular urine monitoring and drug treatment. The cost for drug-testing should be borne by those convicted of crimes.

Further, it is recommended that the county jails and the state prison system expand the drug treatment capacity for the increasing numbers of drug abusing inmates, with a mandated intensive program for prisoners prior to their release. Private, self-help organizations should be encouraged to conduct regular meetings at the jails and prisons. The Department of Health should be involved in formulating programs, with follow-up measures, for prisoners who are approaching release.

Law Enforcement

All law enforcement agencies, including the Statewide Narcotics Task Force, must focus more of their resources in targeting, investigating and prosecuting the organized criminal groups involved in drug trafficking. The Task Force will enhance its effectiveness by assigning greater numbers of narcotics officers to investigations, training more black and Hispanic narcotics officers, developing an extensive intelligence system on the nontraditional organized crime groups and acquiring an expertise on the structure and methods of operation of these groups.

To assist all law enforcement agencies in targeting and analyzing drug trafficking organizations,

the state must compile specific information on drug arrests. Therefore, the Uniform Crime Reports must distinguish among arrests for cocaine, crack and opiates. In addition, the Uniform Crime Reporting System and all arrest-reporting procedures must classify the full name, race, nationality and place of birth of the arrestee. Specifically, the full name of the individual arrested must be obtained, with the knowledge that a Spanish name is composed of two last names—a paternal name and a maternal name—and that the primary family name does not appear as the final unit of the full name. The full and correct name, together with the arrestee's nationality and city of origin, will enable law enforcement to discern relationships and associations among individuals. Familial relationships among Colombians are particularly important to establish because of the involvement of family members in cocaine trafficking.

In order to insure the highest integrity of those who enforce the laws, every law enforcement agency must assess the potential for corruption because of the drug trade and must establish safeguarding measures both in the preemployment process and during employment. There must be vigilance in implementing internal controls in order to minimize the possibility of corruption.

The SCI's investigative team for this report was headed by Justin J. Dintino, Chief of Organized Crime Intelligence, and Counsel Ileana N. Saros and included Special Agents Paul P. Andrews, Jr., Bruce C. Best, Francis A. Betzler, Wendy A. Bostwick, Robert Diszler, Dennis McGuigan, William P. Rooney, George Sahlin, Kurt Schmid and James J. Sweeney and Intelligence Analyst Debra A. Sowney.

