YOUTH AND THE LAW - Fact Sheet

The original grant was for about \$38,000.

State Board of Education has indicated an interest in having the books used as supplementary material in the public schools. This will involve some 120,000 copies, some of which already are printed and available. Additional books will be provided by a grant of about \$21,000 from the Law and Order Committee.

This grant has received tentative approval. This grant will also enable us to write a teachers guide and to pay for distribution to the 150 school units in the State. It is uncertain when the books will be introduced into the public schools but we hope it will be in the Spring of 1973.

Immediately following the election, approximately 5500 copies of the paperback edition were distributed to newsstands and magazine outlets throughout the State. These went on sale about two weeks later. This timing was to avoid charges that the book was a political manuever. The book will remain on the stands until mid-February when unsold copies will be returned to this office.

<u>PRICING</u> The selling price is \$1.00. This represents our cost in printing and distributing the book plus $50 \not e$ average distributing cost. Proceeds will be put in a revolving fund for the printing of additional books.

PURPOSE OF DISTRIBUTION

The distribution is primarily to create interest in a program in criminal law education which will soon be made a part of the cirriculum in our public schools. This curriculum addition will most probably be made at the middle school level, and the book will be used as the text for it.

This being so, a lot of students will miss studying the book and this commercial distribution hopefully will reach part of them. Equally as important, the commercial distribution will reach interested parents and increase emphasis on criminal law education in the home, and create support for the program in the school, as well as support for follow up programs both in the school and in the community.

Youth and the Law Fact Sheet

Speech by ROBERT MORGAN, Attorney General Greensboro Area Safety Meeting Southern Railway December 19, 1972

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DRUG ABUSE IN NORTH CAROLINA

I want to thank you for giving me this opportunity to speak with you this evening. The topic suggested is one which continues to cause a great deal of concern in our state and nation. The topic is drug abuse.

What do we mean when we say drug abuse? It is interesting to note that the most widely abused drug in our country has been and remains to be alcohol. Five million Americans, five per cent of the adult population, are alcoholics. The majority of them drive.

Statistics, though inadequate to measure the amount of personal anguish consequent to alcoholism, emphasize dramatically the havoc and devastation to all portions of our society: one-half of all automobile deaths are alcohol related; a quarter of all male admissions to mental hospitals and one-half of all general hospital admissions are associated with alcohol; and nearly one-half of all non-traffic arrests are for the "crime" of public intoxication. The amount of money lost in our national economy through alcohol-induced unproductivity each year is almost beyond imagination. So you see, when we speak of drug abuse a great enemy continues to be alcohol.

In many states and even at the national level, there have been efforts to consolidate efforts against the problems of alcohol abuse with what we more commonly think of as drug abuse problems. This appears to be the trend of the future, since many specialists believe many of the problems which confront alcohol abusers also confront traditional drug abusers.

This evening, however, I will address myself primarily to what we traditionally think of as drug abuse problems. When we speak of drugs -- and from now on I will be talking about the type drugs you take in capsule form or inject or sniff -- we speak of four major types of drugs: stimulants, depressants, hallucinogenics, and narcotics.

-2-

The most common types of stimulants are amphetamines and methamphetamines. Amphetamines are diet pills, dexamil, dexadrin - pills usually taken by truckdrivers and athletes. During the past two and one half years, there have been 651 arrests in North Carolina for illegal possession of amphetamines. Methamphetamines, more commonly known as "speed", is a concentrated form of amphetamines. Speed is usually injected and has a severe impact on the body. An individual under the influence of a stimulant drug will be hyperactive.

The most common types of depressants are barbiturates. These are the tranquilizers, some of the more common types being phenabarbital, meprobamate and librium. Sleeping pills are also barbiturates. A person under the influence of a depressant will seem very dull and sluggish. There have been 644 convictions growing out of the illegal possession of barbiturates in North Carolina in the past two and one-half years.

The most commonly known hallucinogen is LSD. LSD is a very powerful synthetic drug. In some cases, it alters the mind to the extent of causing an individual to completely lost touch with reality. A person feeling the effects of

-3-

hallucinogens, such as LSD, will be completely dazed and disoriented. This is the reason there are cases of individuals under the effects of LSD or other hallucinogens who have thought they could fly or walk on water. We have had 674 convictions for possession of hallucinogens, primarily LSD, in the past two and one-half years.

-4-

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Marijuana is a hybrid. It has the properties of both hallucinogens and depressants. It serves to depress the individual using it and, therefore, cause him to lose his inhibitions in much the same way as alcohol. At the same time, it has minor hallucinogen effects which sometimes makes the individual user feel dazed or catatonic. Marijuana violations have constituted by far the greatest number of offenses in the past two and one-half years with North Carolina having 3,391 convictions for illegal possession of marijuana.

The last major category of drugs is the narcotics. Here we are speaking of heroin, morphine and codeine. An individual feeling the effects of these narcotics will act very much like an individual feeling the effects of a depressant. He will be dull and sluggish. This dull

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sensation will occur only after first undergoing a "rush", which is a short-lived "high" experienced immediately after taking the drug. There have been 1,606 narcotic convictions, primarily heroin, in the past two and one-half years in North Carolina.

There are two basic ways of an ultimate user getting illegal drugs. The first is through illegal importation. We usually find this in the narcotic drugs such as heroin, cocaine and morphine. The opium poppy flourishes in Turkey and also in the Golden Triangle of Southeast Asia which is made up of Burma, Cambodia, and Thailand.

Recently, the United States has negotiated a treaty with Turkey to curtail the growth of the opium poppy and it is felt that this will help stem the tide of illicit narcotics coming from Europe. Also, in recent months the Bureau of Narcotics and Dangerous Drugs has been instrumental in closing down five clandestine laboratories in and around Marsailles, France, which were used for the processing of the opium into heroin.

There have also been treaties made with Thailand and Cambodia concerning the Southeast Asia opium poppy problem. However, Burma seems very hesitant and, indeed is hostile to any efforts to curtail the problem in that country.

-5-

The second way illegal drugs get to the ultimate users is through illegal diversion of legally manufactured drugs. This illegal diversion occurs between the time the drug is legally manufactured at the pharmaceutical plant until the time the drug is on the shelf in the pharmacy. This diversion can come through employees at the manufacturing end, employees of the transporting trucking firm, employees of the wholesale drug distributor, or employees of the local pharmacy. Diversion can even come after this point by the pharmacist himself or by members of the medical profession.

The most often diverted drugs are the stimulants, and particularly, amphetamines such as dexamil and dexadrine. In order to counter this, the Federal Government has started putting quotas on the number of amphetamines and other drugs which can be manufactured by each pharmaceutical house in a given year. This, in turn, holds down the total number of amphetamines available for distribution throughout the country.

Now that we have an idea about what we mean when we say drugs, let us turn our attention to the question of who is abusing these drugs?

-6-

The most commonly held notion is that people who use and abuse drugs are young, have long unkempt hair, wear sloppy clothes, and are either students or unemployed. While it is true that many of the drug problems are associated with younger individuals, particularly those individuals in school, the drug problem is much more diverse and widespread than this.

In recent years, the pattern of drug abuse by the younger set has developed into one of using soft drugs, marijuana and some pills, both stimulants and depressants.

The harder drugs, narcotics, LSD, and methamphetamines, are being used primarily by hard-core drug addicts. These are people who use drugs to the extent that they are totally useless to society and expend their entire life's energy in the quest for drugs. Deaths due directly to drugs, which occur primarily in this group of disfunctional drug abusers, have increased in recent years with a total of 130 deaths occurring in 1970.

Aside from the drug abuse among the young, however, there are many, many more which you probably would not think of or recognize. I am talking about the housewives with their

-7-

diet pills, and the truckdrivers with their amphetamines to stay awake, and the businessmen who need sleeping pills in order to insure themselves a good night sleep for the next day's activities.

Our society has been convinced by the drug industry through massive advertising that a pill is the answer to everything. In one night of watching television, if you were to believe everything you heard about drugs, you would be convinced that by taking a pill you could be cured of every ailment or problem, be it physical, emotional, or mental.

We are definitely the "turned-on" society. The problems our country has with drug abuse are prevalent in every segment of our society -- in every socio-economic group and in every geographic section. Drug abuse comes about through the desire of individuals to avoid the realities of life. To escape from reality, people turn to the abuse of drugs.

This problem has become more prevalent in recent years and the response across the nation has been profound. At every level of government from the city council to the White House, the drug abuse problem has been dealt with.

-8-

At the national level, we have had the President's Commission on Marijuana and Drug Abuse, which was an in-depth, eighteen-month study of the drug abuse problem in the nation. The President also established a Special Action Office for Drug Abuse Prevention, which was subsequently approved and budgeted by the U.S. Congress. This office has been given the authority to spend a billion dollars over the next three years to fight drug abuse in the United States. This money will be funnelled to a single state agency in each of the fifty states. This agency will then spend the money in the State. It has not been determined in North Carolina where this money will be spent, but it is anticipated it will go to areas of the State now lacking treatment and rehabilitation capabilities.

In spite of our efforts to date, violations of drug laws or crimes committed incident to drug abuse are rising more rapidly than any other category in North Carolina. It is impossible to determine the number of robberies which have been committed by individuals desperate for the means with which to feed their habit.

Federal Bureau of Investigation statistics show that property crimes in the South Atlantic states rose by 6.8% from 1970 to 1971. During this same time, larceny offenses increased by 8.9%. This rise is directly related to increased drug abuse during this time.

-9-

It is interesting to note that automobile tape decks are very costly to insure because they are so readily taken from a car. We have witnessed a growing number of break-ins of houses and stores involving larceny of items easily fenced. It is felt that many of these have drug abuse as an underlying cause.

North Carolina has been actively involved in the fight against drug abuse with additional emphasis yearly. I was very interested in seeing that practically every individual running for office in the State this year mentioned the drug problem in their campaigns. It is interesting that many, due to no fault of their own, were not as sufficiently informed and proposed laws which are already on the books in North Carolina or programs which the State already has started.

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The 1971 North Carolina General Assembly enacted the North Carolina Controlled Substances Act. This was a complete revision and rewriting of all of North Carolina's drug laws. Our new drug law is patterned after a uniform act drafted by the Bureau of Narcotics and Dangerous Drugs. This act set forth very clearly which substances are proscribed. This was not the case under the old law, where most proscribed drugs hinged on the definition of "narcotic."

-10-

Under our new Act, the State through the North Carolina Drug Authority, an agency established by the 1971 General Assembly, registers all wholesalers, manufacturers, distributors, and researchers of controlled substances.

The North Carolina Drug Authority also licenses all "rap" houses. This is to insure that these houses meet certain standards and if they do not, they are not allowed to operate within the State. These houses to date in many instances have been very effective in countering the drug abuse problem at the local level.

The new law also sets forth new penalties for violations of the drug law. These penalties are much more realistic than those found under the old law. As an example, they provide that an individual under twenty-one years of age who possesses some of the soft drugs (e.g. marijuana, barbiturates), will not necessarily serve an active sentence and, indeed, can have his record expunged upon successful completion of his probation term. This insures that many youngsters who experiment with drugs will not have a criminal record due to their one-time involvement.

-11-

The North Carolina Drug Authority is given the general mandate to coordinate and control all drug abuse programs in the State. This means we now have a single state agency overseeing all drug abuse programs throughout the State. The Drug Authority does not have primary responsibility for directing the programs, but rather through knowledge of them is in a position to see and correct weaknesses in programs throughout the State.

On the prevention side, we have an individual in the Department of Public Instruction who is responsible solely for drug education across the State. Many individuals believe drug education is the answer to drug abuse. As an aside, however, it is interesting to note that certain studies have proved that groups of youngsters who have been given drug education, particularly at the elementary school level, have had a higher instance of drug abuse than peer groups which were not given instruction in drug education. It appears some programs have merely whitted their appetites. Therefore, it is easy to see why we must be very careful to present sound, well-thought-out drug education programs.

On the enforcement side, the State through LEAA funds, has been actively seeking drug pushers and drug dealers and those who hook others on drugs. The SBI has trippled its

-12-

number of agents during the past four years and the number of drug arrests by the SBI has increased 500% during this same time. In addition to the SBI and numerous local law enforcement agencies, the Federal Government, through BNDD, also has enforcement personnel in North Carolina.

On the treatment side, Guilford, Forsyth and Durham counties have all received large grants from the Federal Government to finance treatment programs in their areas. The last General Assembly also gave five hundred thousand dollars to the Department of Mental Health to work out treatment programs in local communities through the forty-one local mental health centers. Other miscellaneous grants around the State are providing smaller treatment programs in a number of communities. However, the amount of money appropriated thus far by the North Carolina General Assembly is small in relation to the enormity of the problem and the public opinion which overwhelmingly indicates concern with drug abuse.

While I believe we need to be more realistic in our spending for drug abuse, I nevertheless feel that the drug abuse problem in one which cannot be solved in Washington or in Raleigh. It must be solved in the local community where individuals have day-to-day contact with their fellow

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-13-

workers, friends and relatives. The drug problem is really a people problem. It is a problem of learning to accept and cope with the realities of life. It is the problem of not turning to some synthetic crutch every time things do not go the right way. It is a problem of finding meaning, values, and direction in life.

Therefore, it seems to me that local communities can get involved in the drug abuse problem and aid in a significant way. First of all, they can establish a Drug Action Committee. This committee must have a very broad-base of community support. This would include law enforcement, medical personnel, ministers, youth, the old, the young, the black, the white, etc. It is very important to have law enforcement involved in these community drug action groups because these officers are the people who many times have the first contact with a drug abuser.

This local drug action committee could set up a board of directors to be responsible for the overall operation, hire an executive secretary to be a full-time employee, and then have a house director and volunteer staff for the rap house or half-way house which the local community would establish.

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Through this rap house and through the volunteers in the community, the comprehensive community wide program should include such things as drug education, drug treatment, drug rehabilitation and a crises information center.

The community drug action committee should also be instrumental in establishing working relationships with the courts and with the law enforcement authorities. In a very broad way, the local community drug action committee must establish an open working relationship of trust and rapport with abusers in the community. The community must get the abusers into the treatment facilities in order to treat and educate them about the harmful results coming from the abuse of drugs.

At the present time in North Carolina, we have 25 local community drug action committees or agencies. We also have 22 rap houses presently operating across our State. Every geographic area of the State has drug action committees and rap houses. This indicates the heartening response of our citizens to the problems of drug abuse.

-15-

For many years, a majority of the American public reacted to mental health with the ostrich syndrome - they just very conveniently put their head in the sand and ignored it. We have come to realize in the last couple of decades that this is not the proper reaction and attitude to have concerning mental health. However, this same attitude permeated the drug abuse problem. Many people refused to admit that it existed. Or if they did admit that it existed, they refused to admit that it existed in their community or that there was anything that could be done about it or surely that there was anything they could do about it.

This has changed. We have at long last become aware of the severity of the drug abuse problem. My speaking to you tonight on the topic of drug abuse is a very real example of this. We also see drug abuse mentioned in every magazine and newspaper and we either see it frequently mentioned on the television newscasts or as the plot of some television program. Now that we are no longer trying to hide the fact that the problem exists, we must get ourselves in the proper mental attitude to understand what causes drug abuse. Once this is done, we must then work to correct the voids in our society which cause people to turn to drugs.

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Our attitudes toward the drug abuse problem can be most instrumental in our long-range fight to overcome this menace. If we feel that all drug abusers should be locked away for life, then we are not being positive in our approach and are not going to improve the situation. We must realize that drug abusers are sick individuals and they need our help and compassion, much as those individuals who are mentally ill.

-17-

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Drug abusers need to find the answers to their problems and to life in areas other than drugs. We can provide these answers and give them the direction they need by our actions and attitudes toward drug abuse. In an even more positive way, we can help by getting involved in our local community with drug action committees.

There are, of course, no pat answers for the drug abuse problem. But if each of us tries individually to understand drug abuse, then we will be a long way toward bringing this menace to an end.

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