



# The Florida Senate

*Interim Project Summary 98-13*

*November 1998*

Committee on Criminal Justice

Senator Alberto "Al" Gutman, Chairman

## DEVELOPING A COMPREHENSIVE DRUG CONTROL STRATEGY FOR FLORIDA

### SUMMARY

Substance abuse continues to be a major problem in Florida, with considerable financial and non-financial costs to Florida's citizens. Adult and youth substance abuse levels have recently risen after several years of decline. The increases in youth substance abuse are especially dramatic. Florida remains a major entry point for illegal drugs. While Texas may have garnered most of the recent headlines because of the drug trafficking problem along the Texas-Mexico border, drug traffickers have hardly abandoned Florida.

Arrayed against these drug traffickers are numerous drug control efforts by the public and private sector, involving virtually every state agency in Florida, numerous federal agencies, and thousands of Florida's citizens. Millions of dollars in federal grants, state general revenue, trust funds, ad valorem taxes, and other sources of funding are devoted to limiting substance abuse. Yet, coordination of substance abuse policy and planning is limited.

Florida's policy direction on limiting substance abuse must sometimes be inferred from broad policies that do not mention drugs. Some areas of concern are not addressed; others are poorly addressed. Some policies are so equivocal that virtually any action taken with regard to substance abuse would be consistent with those policies. Florida does not have an integrated drug control strategy; rather, it has a compilation of individual agencies' strategies for limiting substance abuse.

Agency collaboration in the development and implementation of drug control strategies is also limited. Collaboration is largely the product of ad hoc arrangements that facilitate the implementation of the agencies' strategies. It is virtually nonexistent in the development of performance accountability measures and the determination of funding needs for substance abuse programs and services. Substance abuse all too

often loses as a funding issue, defocused in each agency's legislative budget requests.

A possible means of overcoming these deficiencies and enhancing coordination of substance abuse policy and planning is the development and implementation of an integrated, comprehensive, and multidisciplinary drug control strategy. Senate staff has determined that benefits may accrue from such a strategy. Potential barriers to developing this strategy have also been identified. A model for coordinating substance abuse policy and planning is offered by staff to develop such a strategy.

Staff recommends that a summit of state, local, and federal stakeholders be convened for the purpose of building an integrated, comprehensive and multidisciplinary drug control strategy. Staff further recommends law enforcement, prevention, and treatment pre-summits, be convened for the purpose of developing a framework for coordinating substance abuse policy and planning.

### BACKGROUND

Recently, the federal government and many states have focused on the need to coordinate substance abuse policy and planning because the lack of coordination can be an obstacle to dealing effectively with the problem of substance abuse. This report examines efforts in Florida to coordinate substance abuse policy and planning, in order to determine if deficiencies exist and any corrective action that should be taken.

### METHODOLOGY

The findings in this report are the result of staffs' review of numerous documents and reports, and of interviews with a wide spectrum of persons, including interviews with agency and legislative staff; public officials; law enforcement and military officials; and substance abuse prevention and treatment experts, advocates, providers,

and program managers. A workgroup of some of these persons was convened for the purpose of developing a model for coordinating substance abuse policy and planning.

Legislative oversight of this project/report was provided by Senator Locke Burt and Senator Ronald Silver.

## FINDINGS

In a recent bipartisan poll, crime and drugs tied with moral/religious issues as the number one problem facing this country today. In a recent survey of Florida's citizens by Florida State University (Chiricos, 1998), citizens expressed a high concern about the crime of drug trafficking (76 percent), ranking it second only to concern about violent crime (77 percent). Floridians, like most Americans, are concerned about the problem of substance abuse, and staffs' review of recent statistical indicators relating to substance abuse suggests that those concerns are well-founded.

According to the Department of Children and Family Services, there are an estimated 446,000 adults and 247,000 children in need of state-funded substance abuse services. In FY 1997-98, 93,500 adults and 42,000 children received such services (with 4,433 children in targeted prevention), at a combined cost of \$139 million in state and federal dollars.

In 1997, there were more cocaine-related deaths in Florida than murders. During 1996, more than 32 tons of cocaine and more than 42 tons of marijuana were seized in Florida. Overall drug arrests have increased nearly 40 percent in the last five years, and juvenile drug arrests have increased 61 percent since 1994. In 1997, drug charges and convictions reached their highest level in years. While the number of drug offenders admitted to prison has decreased significantly over the last several years, the number of drug offenders under some form of criminal justice supervision has increased. There have been dramatic increases in referrals and commitments to the Department of Juvenile Justice.

In 1995, 30 percent of all identified substance-exposed newborns were low birth weight babies. Intravenous drug users bear most of the babies born with HIV infection. More than 30 percent of all AIDS cases in Florida have been acquired through needle sharing or sex with injection drug users.

According to the Department of Children and Family Services, drug use has become the dominant

characteristic in child protection services. Overall, it is estimated that between 50 to 80 percent of all confirmed child abuse cases and three-quarters of the child fatalities caused by parents known to the child welfare system involve some degree of drug use.

As these statistics indicate, the substance abuse problem in Florida has not abated, and its effects are pervasive. A continuing commitment to drug control efforts is vital to prevent the problem from worsening and to make positive inroads in limiting substance abuse. Additionally, the federal government and many states have focused on the need for coordinating substance abuse policy and planning because deficiencies in coordination are an obstacle to effective drug control efforts.

In its 1993 report, the bipartisan President's Commission on Model State Drug Laws (now the National Alliance for Model State Drug Laws) reported that state governments appeared to be addressing drug problems in their states without sufficient policy and planning coordination. The lack of such coordination was viewed by the Commission to be a major obstacle to dealing with the problem of substance abuse.

The Commission advocated the development and implementation of an integrated, comprehensive, and multidisciplinary drug control strategy. It recommended that the states establish and institutionalize a rational process for long-range planning, information gathering, and decision making. The Commission also advocated the creation of a central office within the executive branch of every state which would be responsible for coordination of substance abuse policy and planning. These substance abuse offices would be assisted by a statewide drug policy advisory council.

The Office of National Drug Control Policy (ONDCP) is the most well known and visible office engaged in the coordination of substance abuse policy and planning. This office is responsible for overseeing and coordinating more than 50 federal agencies and hundreds of state and local governments. Some states have an office that coordinates substance abuse policy and planning, although there are considerable differences in the composition and responsibilities of these offices. It appears that many of these offices focus their attention on substance abuse prevention and treatment. It is less clear how these states' law enforcement strategies and efforts coordinate with their prevention and treatment

strategies and efforts. The President's Commission on Model State Drug Laws clearly viewed law enforcement, prevention, and treatment strategies and efforts to be mutually supporting.

The most recent effort in Florida to create a central office responsible for coordination of substance abuse policy and planning occurred in 1988, when Governor Robert Martinez, by executive order, created the Governor's Drug Policy Task Force and appointed a Drug Policy Advisor, who chaired this task force. The task force was charged with the responsibility of developing, recommending, and whenever possible, implementing drug control strategies. The task force and Advisor had little time to respond to that charge, because the task force folded at the end of the Martinez Administration.

Several factors hampered the effectiveness of the task force and advisor. Notably, in a state where the power of the governor is weakened by an elected cabinet, the mandate for agency participation on the task force was by executive order, rather than pursuant to a legislative mandate. State strategic priorities for substance abuse efforts and funding were not clearly articulated by lawmakers. According to one study of the Drug Policy Advisor (Bowman and DeBeaugrine, 1992), his effectiveness was limited for several reasons. He did not fully utilize his skills in communicating the Governor's priorities or influencing the Legislature. His recommendations were not provided to the Legislature, nor did he assist local governments or private agencies. The advisor was notably ineffective in fund acquisition. He had little influence on legislators and legislative staff and could not identify new outside funds that were obtained.

From the folding of the Drug Policy Task Force to the present day, there has been little coordination of substance abuse policy and planning, and limited policy direction. If there is a state drug control strategy, it exists only as a compilation, rather than an integration, of the strategies of various state agencies.

Florida's policies on limiting substance abuse are, for the most part, articulated in the Statewide Comprehensive Plan, Florida's long-range planning document, which is codified in Chapter 187, F.S. Policies are placed under categories such as "Health," "Families," and "Public Safety." Policy statements on substance abuse must sometimes be inferred from broad policy statements that may not even mention drugs, such

as promoting "concepts" that stabilize families and strengthen child-parent bonds.

Substance abuse is never mentioned under the "Families" category, the "Education" category, or the "Elderly" category, though substance abuse is a problem that clearly affects families, students, and the elderly. Family substance abuse is mentioned under the "Children" category, though in the context of at-risk children rather than substance abusing parents. Schools are also mentioned under the "Children" category in the context of prevention programs in the school system and substance abuse educational programs but nothing is said about student access to drugs in the school and use of drugs on school property. Surprisingly, substance abuse is never mentioned under the "Health" category, yet hundreds of millions of dollars are being spent on educating the public about the health dangers associated with tobacco.

Appropriately, substance abuse prevention and treatment are mentioned extensively in policies under the category of "Children," yet adult substance abuse is only mentioned in the context of treating offenders. Policy direction on adult substance abuse must be found elsewhere in Florida law.

Some policies under the category of "Public Safety" are so equivocal as to make any action taken on drugs, however limited or expansive, consistent with those policies. For example, one policy is to emphasize reducing drug-related crimes. A remark made by the Governor that drug offenses need to be reduced or a law that mandates the incarceration of every person in Florida who is caught in the possession of any illegal drug would be consistent with this policy.

A citizen who wants to know if Florida has a strategy addressing substance-abusing adult offenders cannot find this information in a single, comprehensive state strategy document that is comparable to the federal drug control strategy. Instead, the strategy is contained in the agency strategic plan of the Department of Corrections. If a citizen wants to know whether treatment of substance-abusing offenders is a strategic priority, she or he has to find the answer in a roundabout way by looking at certain indicators such as the amount of money appropriated for offender treatment programs.

Programs and efforts at limiting substance abuse are spread out over numerous agencies. Many, if not most, of the agencies appear to acknowledge that limiting

substance abuse requires more than simply accomplishing their own strategic goals and objectives. Yet, the development of state strategies to limit substance abuse cannot be characterized as a multiagency collaborative effort.

This lack of collaboration filters down to the local level, as illustrated by Marilyn Culp, Director of the Miami Coalition. She noted that, while doing an assessment of the Liberty City area for the Weed and Seed Program, she found that one school had several substance abuse programs under the purview of different agencies, yet the people involved in those programs were unaware of each other.

A byproduct of this limited collaboration is that each agency has only a cursory knowledge of what the other agencies are doing, except where interests may intersect or be joined in particular matters. No agency is able to provide a comprehensive picture of the substance abuse problem in Florida; the federal, state, and local efforts brought to bear upon that problem; and the sources of funding for those efforts. No one has what Thomas Jefferson described as “a view of the whole ground.” Yet, having this comprehensive picture is especially important in developing strategies to limit something as pervasive as substance abuse. This picture helps lawmakers make informed and intelligent decisions on funding substance abuse programs and services.

Given the presently limited interagency collaboration, the full potential of performance measurement may not be realized. There has been little interagency collaboration for the purpose of determining if the agencies may share some common outcomes, or for the purpose of encouraging a wider review of performance measures. One prevention service provider stated that she receives funding from three separate agencies but they have no performance measures in common. While she acknowledges that there are performance measures that will be unique to each of the agencies, she argues that these agencies do not meet to discuss whether they have measures in common.

The degree of agency collaboration necessary to develop and successfully implement a comprehensive state drug control strategy may provide for better performance accountability since it encourages development and review of performance measures by a wide spectrum of stakeholders. For example, Department of Education staff stated that the effectiveness of Safe and Drug-Free Schools-funded programs is largely determined by improved education outcomes at the schools where these

programs operate. Review of those programs by other agencies and other stakeholders would be less concerned with the department’s mission. More program-specific measurement might be required, and the programs might be more closely linked to student substance abuse outcomes (primary outcomes) rather than education outcomes (secondary outcomes).

Funding needs for substance abuse programs and services are “buried” within the legislative budget requests of the agencies where they are forced to compete with numerous other programs the agencies request to be funded. Further, it is harder to make the case for additional funding for a substance abuse program when it does not stand out as a priority for funding. In contrast, the program, if measurably effective, would be highlighted and linked to a strategy, perhaps to a strategic priority, within a comprehensive state drug control strategy.

With few exceptions, the budget process does not foster interagency collaboration in determining funding needs for substance abuse programs and services, because agencies are not working as part of a multiagency effort to accomplish an overall strategy. In contrast, to implement a comprehensive state drug control strategy, strategists must look at funding needs for substance abuse programs and services beyond individual agency boundaries.

Enhanced coordination of substance abuse policy and planning may better position Florida in the hunt for federal funding. Staff of the Center for Substance Abuse Treatment (CSAT) told committee staff that the federal government is placing increasing emphasis upon state coordination of policy and planning. The CSAT staff stated that, within the highly competitive federal grant application process, the states with the best coordination capabilities are the states that are going to be the most strongly positioned to receive federal grant funds.

Multiagency participation in developing and implementing a comprehensive drug control strategy may also serve as an impetus for further expansion of multiagency approaches to service delivery. In the context of treatment of hardcore drug addicts, ONDCP has found that there is a greater likelihood of treatment success if multiple-system services (criminal justice services, health services, welfare services, and other

services), in addition to treatment services, are delivered in a coordinated, supportive, and integrated fashion.

To develop an integrated, comprehensive, and multidisciplinary drug control strategy, a new process for coordinating substance abuse policy and planning must be established and institutionalized. Potential barriers to developing this strategy must also be identified.

The first potential barrier is viewing the substance abuse problem only as a “law enforcement problem” or a “criminal problem,” which prevents full consideration of the substance abuse problem within the context of multiple, chronic social problems. Viewing substance abuse in this manner may work against establishing connections between different systems such as the connection between the child protection system and the drug abuse treatment system. It also may lead to an overemphasis on the law enforcement response to the substance abuse problem, which marginalizes substance abuse prevention and treatment responses. It also may result in a serious underestimation of the costs to society of substance abuse, if those costs are calculated simply as costs to the criminal justice system. The National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism estimate that, in 1992, the economic costs to this nation of substance abuse were \$246 billion. Most of those “costs” were *not* costs to the criminal justice system.

The second potential barrier is the “revolving door” of democratic-type institutions. Substance abuse is an intractable problem, and dramatic reductions in substance abuse may not be seen within a legislator’s term of office or a governor’s administration. The legislator who plants the seeds of change may not be in office when the “fruit” is harvested. Substance abuse cannot be significantly diminished if drug control efforts are subject to a roller coaster ride of commitment, in which substance abuse becomes a priority issue one year and is yesterday’s news the next year.

The third potential barrier is relying too heavily on the latest statistics that indicate progress is being made in limiting substance abuse. The danger here is that gains may be short-lived if efforts diminish because lawmakers think that the substance abuse problem has been “solved” or that the “war” has been “won.” The messages about the harmful effects of drugs must be inculcated in each new generation of Floridians.

A fourth general barrier is inhospitable public systems. An effective drug control strategy is based upon “what works.” In order to effectively implement a drug control strategy, there must be an institutional environment conducive to developing, sustaining, replicating, and scaling up from measurably effective substance abuse programs.

A fifth potential barrier is the failure to recognize that communities and families, not agency staffs, are the real agents of change. A dialogue needs to be fostered between individual families, and between those families and community organizations and state agencies. Parents need to be planners and participants in substance abuse efforts, not simply the recipients of substance abuse services. Additionally, it is imperative to look beyond the substance abuse service system itself in helping families with substance abuse problems.

The potential barriers to developing and implementing an integrated, comprehensive and multidisciplinary drug control strategy in Florida can be overcome. Coordination of substance abuse policy and planning can be improved. Staff offers a model for coordinating substance abuse policy and planning in Florida to be considered by summit participants and the Legislature.

Staff proposes the creation of a state drug control office with an executive director. The office could be placed within the Executive Office of the Governor. The director would be appointed by the Governor, subject to confirmation by the Senate. Essential to the success of this new office is the articulation in the implementing law of the internal organizational relationships between the director of the drug control office and the director of the Office of Planning and Budget (OPB). In the organizational hierarchy of the Executive Office of the Governor, the director of the drug control office would be on the same level as the director of OPB.

The director of OPB and the director of the drug control office could work together in collaboration with a statewide drug policy advisory council (described herein) and other stakeholders not represented on the council. Their responsibilities would include the following:

- ▶ Develop and make recommendations regarding the state drug control strategy. Upon the creation of a drug control office, it, along with OPB and the state agencies immediately would begin preparing the way for a comprehensive state drug control strategy. This preparation would include examining the results of the drug control summit (recommended in this report) for

policy and strategic direction, including outlined strategic priorities; initiating the process for appointing members of the statewide drug policy council; prior to the council even convening, formulating possible strategies (financial and non-financial) to address focus areas; and developing a comprehensive picture of the substance abuse problem in Florida.

Programs would be identified and linked to the state drug control strategy. They would also be broken out in terms of their effect on drug supply or demand, or both, with an understanding of what is meant by supply and demand. Realistic targets would be set and individual strategies would be prioritized.

The input and efforts of communities, families, and other local stakeholders are critical to the development and implementation of a state drug control strategy. Clear and meaningful lines of communication must exist between the local stakeholders and the drug control office and statewide drug policy advisory council. Comments, criticisms, and recommendations from local stakeholders who do not sit on the council should be discussed and debated.

- ▶ Review and make recommendations on funding substance abuse programs, services, and efforts. This review would occur after the development of the state drug control strategy. Substance abuse programs and services would be broken out from the legislative budget requests of the individual agencies. One workgroup member proposed a Drug Performance Plan and Budget, which is not a budget document but a document that shows all of the substance abuse programs and services for which funding has been requested, applicable performance measures, the agencies responsible for those programs and services, and the amount of funding requested.

Coincident with the budget review process would be an examination of the programs that may be funded. Initially, attributes shared by all or most successful substance abuse programs, indeed all or most successful programs, should be identified. Next, the programs should be examined in the context of extant institutions and systems to determine if they are undermining the programs.

- ▶ Review substance abuse programs and their performance measures to determine if those measures are sufficient to determine program outcomes, and recommending, where needed, changes to performance measures or additional performance measures.

Methodologies for measuring achievement of outcome indicators would be evaluated. Review would also include examining performance measures for programs across agencies to determine if programs in different agencies have common outcomes. Data on a program's outcomes, if available, would also be reviewed.

- ▶ Review other states' drug control strategies, programs, and efforts, as well as those of the federal government, and review relevant research.

- ▶ Recommend necessary research projects that take advantage of the research capabilities of institutions within this state, such as research provided through a consortia of Florida's universities.

- ▶ Recommend changes to federal and state laws that remove barriers to or enhance implementation of the state drug control strategy, and recommend the inclusion or deletion of substances in Florida's controlled substance schedules.

- ▶ Recommend the type of public campaigns (including advertising) that should be conducted in Florida, how these campaigns should be funded, and the amount of such funding.

The state drug control office and statewide drug policy advisory council would also assist communities and families in pooling their knowledge and experiences, so that they can avoid repeating the mistakes others have made and benefit from each other's successes. For communities, this pooling of knowledge may provide useful information on developing, sustaining, replicating, and scaling up from successful substance abuse programs. The drug control office and the council would supplement this information with information on programs that have been proven to be successful in Florida or elsewhere, and information on sources of funding of which communities may not be aware.

Forums for communities and families would also be created to exchange ideas and experiences. State agencies responsible for programs and efforts to limit substance abuse should work together to foster a dialogue with community organizations regarding research and practices and how to deal with problems that arise regarding funding, staffing, training,

neighborhood and parental involvement, and other issues. To maximize the effectiveness of these forums, there would be multiagency participation.

A dialogue should also be fostered between individual families, and between those families and community organizations and state agencies, through the creation of family forums in which multiple agencies participate. In addition to these forums would be training, though these forums would also serve as training sites. Trainers could provide information to families about strategies that have been proven to work; tie what parents do to what is being done at the community, state, and national level; aid children, parents, agency staffs and other participants in improving their cognitive, communication, and decision making skills; provide parents with techniques for resolving conflicts, communicating, and cultivating a meaningful relationship with their children, and for establishing guidelines for their children; and educate parents about drug-free programs and activities in which they can serve as both participants and planners. Training for agency staffs and program managers could help them understand how to develop sustained, trusting relationships with families. Agency staffs and program managers should be familiar with the curricula that trainers are providing to parents.

Additional responsibilities of the director of the state drug control office would include the following:

- ▶ Coordinate drug control efforts and enlist the assistance of all public and private agencies involved in substance abuse programs and services. Part of this coordination would be the leadership exercised by the drug policy director as chair of the statewide drug policy advisory council. Regarding the state agencies, if the implementing law mandates their participation in strategy development and implementation, and clearly specifies what the participating agencies are required to do, the director should not have to seek the agencies' participation but simply ensure that such participation is, in fact, taking place, and alert the Governor and the Legislature when it is not.
- ▶ Keep the public informed about the problem of substance abuse and the efforts directed against this problem, and keep the whole issue of substance abuse continuously visible. As the state's chief drug control strategist, the director is the most visible spokesperson on issues relating to substance abuse. The director would issue press releases, provide interviews to the press, attend and/or speak at conferences and events relating to

substance abuse efforts, and deliver public service messages.

- ▶ Act as the Governor's liaison with ONDCP and other federal agencies, state agencies, state and federal governments, and the public and private sector, on drug control matters. In this capacity, the director would work to secure both financial and non-financial support for Florida's drug control efforts, foster relationships and encourage collaborative efforts, seek out ideas and information that can be useful in the coordination of substance abuse policy and planning, and share with other states and the federal government information regarding successful substance abuse programs in Florida.

A statewide drug policy council could be created and chaired by the director of the state drug control office. The director of OPB would sit on this council. Both of these officials would sit as non-voting members. The council's role would be advisory in nature. The council's recommendations would be submitted to the Governor and Legislature. The directors of the state drug control office and OPB would not be bound by the council's recommendations. However, the directors, in their consultation with the Governor on the Governor's recommendations, would act jointly in endorsing or disapproving any of the council's recommendations and in offering any recommendations that do not appear in the council's recommendations. In relation to the council, the directors would be superordinate, but one director would not be superordinate to the other. The Governor's recommendations would be submitted to the Legislature.

Based upon staff's review of statewide councils in other states, staff concludes that a council of 21 to 25 members would be reasonable. The implementing law should have a noninclusive list of the kind of professions, occupations, positions, disciplines, and interests that are to be represented on the council by persons who are not agency representatives or representatives from the legislative and judicial branches. Since virtually every agency has some role in limiting substance abuse, if only in maintaining a drug-free workplace, the law should designate which agencies are to be represented on the council. The agencies so designated are lead agencies. The composition of the council should be not so weighted toward the agencies that they effectively dictate the council's recommendations.

The Governor should appoint council members who are not lead agency representatives or representatives from the legislative and judicial branches. There would be at least one representative from the House, appointed by the House Speaker; at least one representative from the Senate, appointed by the Senate President; and at least one representative from the courts, appointed by the Chief Justice of the Florida Supreme Court. The council would develop workgroups of those agencies which do not have a seat on the council (contributing agencies) in order to solicit their input and recommendations. The implementing law should also clearly specify the authority of the director of the drug control office to convene necessary workgroups.

The council would issue its recommendations in the form of one or more reports to the Governor and Legislature. The state drug control office would issue one or more reports to the Governor and Legislature that provide the latest information on Florida’s substance abuse problem, programs and efforts to address this problem, and funding of these programs and efforts; identify barriers to the development and implementation of the state drug control strategy; and assess where Florida stands in meeting substance abuse targets. The Governor would issue his or her recommendations in the form of a report to Legislature.

The Legislature would oversee the state drug control office, which would be required to periodically report to the Legislature through whatever oversight body is deemed appropriate by the Senate President and House Speaker. The implementing law should require that the drug control office develop performance accountability measures for that office, which would be reviewed by the Legislature.

The Legislature would examine budget recommendations for funding substance abuse programs and services from both a financial and substantive point

of view. Strategies and measures would be laid out so that legislators could determine if programs and services are consistent with the state drug control strategy, performing effectively, and are contributing to the achievement of substance abuse targets.

While current deficits exist in coordinating substance abuse policy and planning, they are not as grave as the deficits described in the report of the President’s Commission on Model State Drug Laws. However, without a legislative mandate to develop and implement an integrated, comprehensive, and multidisciplinary drug control strategy, Florida will continue to have a patchwork approach to the problem of substance abuse.

**RECOMMENDATIONS**

Staff recommends that a summit of state, local, and federal stakeholders be convened for the purpose of building an integrated, comprehensive, and multidisciplinary drug control strategy. Staff further recommends that law enforcement, prevention, and treatment pre-summits be convened for the purpose of creating a framework for coordinating substance policy and planning. Pre-summit participants should: identify strategic priorities, agree on the nature and the extent of the substance abuse problem in Florida and some of the programs and efforts which have made positive inroads in limiting substance abuse, identify the major barriers to the development and implementation of a comprehensive state drug control strategy, determine some of the means by which these barriers may be overcome, agree on the roles and responsibilities of the state agencies and other stakeholders, and identify some broad indicators of success and reasonable targets for success.

**COMMITTEE(S) INVOLVED IN REPORT** *(Contact first committee for more information.)*  
 Committee on Criminal Justice, 404 South Monroe Street, Tallahassee, FL 32399-1100, (850) 487-5192 SunCom 277-5192  
 Committee on Education  
 Committee on Community Affairs  
 Committee on Ways and Means, Subcommittee D

**MEMBER OVERSIGHT**  
 Senators Locke Burt and Ronald Silver