# AGENDA

<table>
<thead>
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<th>Meeting Type:</th>
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<tbody>
<tr>
<td>Date</td>
<td>11-20-1990</td>
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<tr>
<td>SUBJECT</td>
<td>Joint Meeting – City &amp; County</td>
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City of Charlotte, City Clerk’s Office
11/30/90  12:15 p.m.

Mayor /
Campbell / Andrews /
Chappell / Autry /
Hammond / Blackman /
Joe Cross / Kerby /
Maguire / Ledwos /
Martin / Walter /
Matthews /
Porteus /
Scharpicky / Battle /
Vasort / Bicard /
White / Burgess /
Bynum /
Guffie Jr. / Martin Jr.
McIntyre Dave /
Richards /
J Tate III John /

Mayor

Sherron Spurlock invested
Curtis Tarleton
Mayor

Steve Newman

Jerry Hoy

Count Manager

1. Local public task force
2. 24-hr drug, alcohol hotline
3. Awareness program
4. CFC business assistance
5. Educational seminars

Huffner

United Way


Martin
Tarleton
Martin
Tarleton
Mayor
Tarleton
Mayor
McCoy
curfew for young boys
Mayor
De Phy
Mayor
Newson
De Phy
Mayor
Mayor
Mayor
Mayor
Mayor
Mayor

Any other business
Not agree for new notice
Information only/no action
Agenda adjourn
proposed gesture (see attached)

Duffy

Loy

McCary

Marlow

Mayor

Green

Mathen

Almy

Dr. Pye

Antley

Andrews

Hammond

Richard

Mayor

Rockwood

Bynum

Andrews

Mayor

Andrews

Mayor
May 28

My regards.

De Puy

May 28

De Puy

May 28

De Puy

May 28 working on profile

De Puy

May 28

M. Casey

Griffins (change typo)

M. Casey

May 28

De Puy

around 105 pm
MEMORANDUM

November 20, 1990

TO: Mecklenburg County Board of County Commissioners
    Charlotte-Mecklenburg School Board

FROM: Sue Myrick
    Mayor

SUBJECT: One-Quarter Cent Sales Tax for Drug Prevention, Drug
        Enforcement, and Drug Rehabilitation

During the Council Retreat, City Council discussed a possible
one-quarter cent sales tax increase for drug prevention,
enforcement, and rehabilitation. I want to give you some
background on this proposal. This is suggested as a last resort
idea. As you are aware, three years ago we implemented many cost
saving efficiencies and we have not raised taxes since 1986.

This idea is not new to American cities. I first heard of this
tax from the Mayor of Kansas City at a U.S. Conference of Mayor’s
meeting in February 1990. I thought this tax might be a good idea
for Charlotte-Mecklenburg. However, staff advised that we delay
action until the regular legislative session because of the need
to concentrate our lobbying efforts on the Convention Center
during the short session of the Legislature.

During the City Council's discussion at the retreat, there were a
variety of opinions expressed about this tax. However, a
consensus developed on the following points:

1. It is premature to talk about the specifics of this tax
   until after a community-wide crime symposium to develop
   a consensus on action steps to meet the Criminal Justice
   System's needs. The City Council will be asking the
   Charlotte-Mecklenburg Citizens Criminal Justice
   Commission to conduct such a symposium in early February
   1991. I hope that you will join us in support of this
   effort.

2. If such a tax were levied, it should be levied
   County-wide. This point is important since the funds
   raised by this tax could fund activities administered by
   the County and schools such as rehabilitation,
   prevention, and jails. Therefore, Council believes that
   any tax of this kind should be a County-wide tax.
Depending upon the formula, a County-wide one-quarter cent sales tax would annually raise $14.5 million if based upon point of collection, or $7 million if based on per capita population. The law in Kansas City also had a seven year sunset provision and a voter referendum. If, after the crime symposium, we decide to pursue this tax, I would hope we would include those provisions in the legislation.

bs

cc: City Council
   O. Wendell White
MODEL DIAGRAM
DRUG AND ALCOHOL COMMISSION

This Commission would serve as a citizen advocacy and advisory body to provide leadership for a comprehensive community-wide response to the problems of alcohol and other drugs. It would develop community awareness of the problem of substance abuse, and facilitate the coordination of a comprehensive action plan to achieve a drug free community.
CHARLOTTE/MECKLENBURG
DRUG AND ALCOHOL COMMISSION

Cullie M. Tarleton, Chair
Charlotte/Mecklenburg Drug and Alcohol Commission

**Mecklenburg County:**

Alan T. Dickson, President
Ruddick Corporation

Rev. George Cook, Jr., Pastor
Greater Mt. Sinai Bapt. Church

C. Merrill Littlejohn, Treasurer
J. G. Blackmon & Associates

**City of Charlotte:**

Jeff Mullins,
Director of Athletics
UNC-Charlotte

Dale Halton, President
Pepsi-Cola Bottling Company

**Charlotte Chamber of Commerce:**

Kent Walker, President
Charter/Walker Company

J. W. Disher, President
Lance, Inc.

**U. W. of Central Carolinas:**

Rex N. Gribble, Jr., President
Charlotte Machine Company

Benjamin T. Tison, Vice President
North Carolina National Bank

**Junior League of Charlotte:**

Gay Dillashaw, Former President
Junior League of Charlotte

Deborah Harris, Former President
Junior League of Charlotte

Dr. Jonnie McLeod, M.D.
President, Mecklenburg County
Medical Society

**Charlotte/Mecklenburg Schools Board of Education:**

DR. John Foust, M.D.
Randolph Ear, Nose & Throat Association, P.A.

Poo Alexander, Former President
Junior League of Charlotte
Alcohol Beverage Control Board:

The Honorable Shirley L. Fulton
Superior Court Judge, District 2

Dalbert Shefte, Senior Partner
Shefte, Pinckney & Sawyner

Ex-Officio:

Dr. Robert L. Albright, President
Johnson C. Smith University

Jeanne Bohn
WSOC-TV

Staff:

Joyce Brooks, Senior Planner
United Way of Central Carolinas, Inc.

Marsha Bryant
Administrative Assistant
Charlotte/Mecklenburg
Drug and Alcohol Commission

Dr. Steve Newman
Substance Abuse Services for
Mecklenburg County
**INTRODUCTION**

In August, 1989 the United Way of Central Carolinas, Mecklenburg County Board of Commissioners, Alcohol Beverage Control Board, Charlotte City Council, Charlotte/Mecklenburg Schools Board of Education, Charlotte Chamber of Commerce, and the Junior League of Charlotte appointed a citizens' task force to determine how best to respond to the crisis of drug and alcohol abuse in the City of Charlotte and Mecklenburg County.

No single problem has more severely impacted Mecklenburg County than the prevalence of drug and alcohol use, abuse and addiction.

These same problems affect other American cities, but the Charlotte/Mecklenburg Drug and Alcohol Commission believes that it is possible to respond to these problems in Charlotte and Mecklenburg County so that citizens who live here can work and play in a drug free environment.

Meeting regularly since September, 1989, the Charlotte/Mecklenburg Drug and Alcohol Commission divided into seven sub-committees. Reports from each sub-committee were carefully studied. The findings were analyzed so that duplication was avoided. An attempt has been made to condense the ideas so that they can be easily understood and acted on.

The Report from the Charlotte/Mecklenburg Drug and Alcohol Commission is now ready. If it is only read and reported on, its value is questionnable. But if these suggestions and directions are implemented, the Charlotte/Mecklenburg Drug and Alcohol Commission is convinced that the scourge of drug and alcohol abuse which is tearing at the social fabric of this community can be eliminated.

No community can afford to see its children destroyed. No community can afford to crowd its prisons with substance abusers. No community can ignore the tragedy that inevitably follows families who become part of the drug culture. When a community does ignore, abandon and neglect social problems of this magnitude it invites catastrophe. Alcohol and drug abuse do not go away: the victims of drug and alcohol abuse move through the chain of social service agencies. They are expensive to the entire society. The need to support the habit of drug abuse evidences itself in burglaries, street violence and school disruption and it creates skyrocketing costs for medical and support services that no community can afford.

Example: Between 1983 and 1987 only two of the nation's fifty largest cities experienced a more rapid rate of increase in drug arrests than the one hundred eighty-four percent increase which occurred in Charlotte.
Example: Charlotte's homicide rate rose by nearly sixty-seven percent in 1989 to reach an all-time high of seventy-three killings. To date, there have already been seventy-eight killings in 1990 in Charlotte. Police say that cocaine (particularly crack) is a major factor in the increase.

Example: Between November, 1988 and November 1989, one hundred and fifty of the four thousand maternity patients served by the Carolinas Medical Center admitted to using cocaine during pregnancy.

Example: The Drug Education Center's 1989 survey demonstrated once again that alcohol is the most popular and the gateway drug among school-aged youth in Charlotte/Mecklenburg. Thirteen and a half percent of local seventh through twelfth graders reported using alcohol on a daily basis. Two percent of local seventh through twelfth graders reported using cocaine on a daily or weekly basis.

But the personal tragedy of drug and alcohol abuse is the greatest. Fathers, mothers, children, whose lives are often destroyed, careers ruined, marriages broken, families torn apart, and all too often, children abused and neglected.

The public may be horrified by drug abuse but unaware that alcohol is the drug of choice for teenagers. Alcohol is a legal substance, socially acceptable and easily accessible so that the tragedy of alcohol abuse on teenagers and adults, while getting less attention, is an equally if not more serious problem.

The Charlotte/Mecklenburg Drug and Alcohol Commission is well aware of the acceptability and prevalence in American culture of alcoholic beverages. It is also aware of the sub-culture that has grown up around drug use. It knows that drug treatment is difficult and expensive. It is also true that there are many people unwilling to believe that drug and alcohol abuse can be contained and eliminated.

It is the conviction of the Charlotte/Mecklenburg Drug and Alcohol Commission that these are not unsolvable problems. Mecklenburg County has been fighting the war against alcohol and drugs under the guidance of dedicated and caring professionals. These agencies which historically treat these problems are outstanding agencies. But the increase in drug and alcohol abuse has strained their resources. This is not a battle they can fight and win alone. Unless a concerted community and individual effort is launched immediately, the continued neglect of these problems by thoughtful, caring citizens means not only that drug and alcohol abuse will continue but that such abuse will, inevitably, increase.
The horror of what we have seen, heard and been told about substance abuse has numbed many citizens: our responses may be dulled by this barrage of information and misinformation. Unless this inertia can be overcome, our tolerance for the intolerable can paralyze any effective action. The Charlotte/Mecklenburg community must recognize that each citizen, each family, each employer, each civic and religious group, must take responsibility for his or her own role in finding solutions to the substance abuse problem.

We urge all citizens to read this report: to study its recommendations for action -- thoughtfully and carefully -- in the context of their personal responsibility for solving these problems. More importantly, as these recommendations move into the public arena, all caring citizens must give the recommendations their support so that Charlotte/Mecklenburg can have a safe and wholesome environment for each of its citizens.

To that end the Charlotte/Mecklenburg Drug and Alcohol Commission submits ten recommendations for action, confident that a people who know the cost of drug and alcohol abuse to the community will be willing and eager to invest time, money and energy in the prevention of these problems.
COMMUNITY AWARENESS SUB-COMMITTEE

The Charlotte/Mecklenburg Drug and Alcohol Commission believes that the community is aware of the evils of drug and alcohol abuse. We believe there are agencies working hard to prevent and treat drug and alcohol addiction. We also believe that the public is concerned.

But the effort to influence and galvanize public opinion is fragmented; much of the public information available comes from radio, television and newspapers but little of this material is developed locally.

There is also concern that many segments of society fall outside traditional norms: there are many who do not attend school; many who do not work; and thousands who are not affiliated with church organizations; many who are illiterate and unable to utilize printed information are either ignored or the appropriate material is unavailable.

It is essential that this community do two things. First, develop a local media task force that will work to develop a locally driven media campaign that speaks to the special concerns of this community. Many hours of media time and space are graciously donated to the fight against drugs and alcohol but material should be generated locally which will be more effective because it will be designed specifically for Charlotte/Mecklenburg.

Second, although there are many services available to drug abusers and their families--good and effective agencies--some of them are difficult to access by the very people they are designed to serve. Many have historic identities, but the Charlotte/Mecklenburg Drug and Alcohol Commission is convinced that an easily identifiable twenty-four hour drug and alcohol hotline could relay information from all agencies and resources and would speed that inquiring drug or alcohol abuser to the help he or she wants and needs.

Recommendation One:

Create a local media task force with representatives from radio, television, print media, and local private media to design, develop, and implement a comprehensive and on-going local public service campaign to fight drug and alcohol abuse that is targeted for Charlotte/Mecklenburg.

Time Frame: December, 1990

Accountability: The Charlotte/Mecklenburg Drug and Alcohol Commission

Funding: In kind contributions of creative talent, broadcast schedules and published ads to be donated by United Way of Central Carolinas, Inc.
Recommendation Two:

Re-establish and promote a twenty-four hour drug and alcohol hotline that has an easily understood and recognizable telephone number that will be promoted in the community so that information and referrals will be centralized.

Time Frame: January, 1991

Accountability: The United Way of Central Carolinas, Inc.

Funding: The United Way of Central Carolinas, Inc.
FAMILY SUB-COMMITTEE

Parents whose personal behaviors are inconsistent -- who tell children to say "NO" but do not say "NO" themselves -- abdicate their responsibility to raise drug free children. Parents who look to the church and to the school to create a drug free environment but who do not reinforce those goals at home weaken the effort of churches and schools. Parents who expect the community to do the challenging work of parenting rather than doing it themselves are parents in name only. A drug free environment is a parent's responsibility and it must begin at home.

The family is the traditional bastion against societal evil: it is the place where the ties of love and caring are strongest. In many cases it is the place that offers the best defense against the beginning of the problem and the place where support is most often possible during treatment.

The family as we have often understood it has changed markedly in recent years. It may now consist of a single parent, a custodial parent; it may be a blended family; it may be an at-risk family. It is no longer possible to believe that a single definition of the word 'family' is possible. New ideas and approaches must be tried.

**Recommendation Three:**

Appoint a subcommittee of the Charlotte/Mecklenburg Drug and Alcohol Commission to design, develop, and implement a comprehensive campaign to educate the Charlotte/Mecklenburg community about the impact of drugs and alcohol on the family, the workplace, the schools, the criminal justice system, the law enforcement system, the religious community, the human services system and the individual.

Responsibilities of this subcommittee would also include the following:

A. To convene meetings with the appropriate substance abuse service providers to enlist their expertise and their commitment to the educational campaign.

B. To convene meetings with representatives from the advertising community to obtain their commitment to participate in the educational campaign.

C. To work jointly with the local media task force (see recommendation from the Community Awareness subcommittee) through all aspects of the planning and implementation of the educational campaign.

D. To educate the seven Charlotte/Mecklenburg Drug and Alcohol Commission sponsoring organizations about the campaign and enlist their support for and participation in the campaign.
E. To convene meetings with community leaders, representatives from the public, private and parochial schools, the presidents of local colleges and universities, and leaders from the religious community in order to create the broadest possible base of support for the campaign and for activities related to the campaign.

Time Frame: Subcommittee to be appointed and in place by November 30, 1990. Marketing plan to be developed by April 1, 1991. Educational campaign to begin in fall of 1991.

Accountability: Charlotte/Mecklenburg Drug and Alcohol Commission.

Funding: $15,000-$20,000 for technical assistance and materials from the Charlotte City Council and the Mecklenburg County Board of County Commissioners.
The tragedy of drug and alcohol abuse also evidences itself in the workplace. Employees who are drug users or who become alcoholics impact a business in many ways. Initially the user employee suffers; then his or her colleagues suffer as performance diminishes and the work burden begins to fall on others; colleagues who are aware of the problem get involved in deceit. When the problem is severe enough the employer may pay for treatment. All too often the abusing employee is dismissed which compounds the tragedy.

It is not easy to replace good employees who are caught in drug or alcohol abuse. Treatment is expensive. The company loses the experience of these employees. Morale in the workplace suffers as these employees are dismissed. Colleagues who engage in covering up eventually get angry and their own work suffers.

Employers know better than most that treatment can be effective; that employees can be salvaged; that if caught in time employees can be helped and returned to employment. Employers also know that prevention is less expensive than treatment.

Recommendation Four:

Ask the Charlotte Chamber of Commerce to establish and staff a Business Assistance Program to manage drug and alcohol programs for the entire business community including non-Chamber members. The functions of the Business Assistance Program would be to:

A. Develop and adopt coordinated communications programs addressing the elements of prevention, treatment and education.

B. Educate employers about available prevention strategies.

C. Effectively communicate the value and impact of intervention to employers and employees.

D. Provide informational resources that are clearly directed toward effective intervention.

E. Encourage pre-employment drug testing programs for employees of both large and small companies.

F. Encourage cultural change in organizations regarding the use of alcohol and other substances.

G. Encourage community leaders to promote responsible use of alcohol and discuss issues relating to alcohol distribution and promotion.
Action Steps: Meet with the Charlotte Chamber of Commerce board members to implement program.

Upon approval by the Board, establish, fund and staff a committee within the Chamber.

Time Frame: Staff committee by 3/31/91 and implement the Business Assistance Program by 6/30/91.

Accountability: The Charlotte Chamber of Commerce with the Charlotte/Mecklenburg Drug and Alcohol Commission oversight.

Funding: The Charlotte Chamber of Commerce, with a view to cost recovery through fees for the Business Assistance Program.
RELIGION SUB-COMMITTEE

Charlotte/Mecklenburg is rightfully proud of its religious institutions. Religious convictions form most of the standards and community responses this city and county make to social issues.

Because drug abuse and alcohol abuse are perceived as self-inflicted evils many religious institutions are reluctant to educate about drug use and abuse or offer the support necessary for the abuser and his/her family. Because of the criminal implications of drug abuse many religious people are reluctant to respond to those suffering from drug and alcohol addiction with the same compassion they would extend to other medical problems.

For many Charlotteans the church, synagogue, or mosque is the focal point of their lives. Here they develop relationships and participate in community life at the deepest level. Because of the importance of the relationship of religious institutions to their congregations, religious leaders have a special Divine imperative to speak to the problem of drug and alcohol abuse when and where it evidences itself in their congregation, their neighborhoods and the society they minister to.

**Recommendation Five:**

Organize an educational seminar for Charlotte/Mecklenburg congregational leaders and clergy. The goals of the seminar are to:

A. Develop a draft position statement on the role of the religious community in the area of alcohol and other drugs.

B. Establish committees and programs on alcohol and other drug abuse in Charlotte/Mecklenburg religious congregations.

C. Identify a person in each congregation who will work in his or her own congregation to educate and create awareness about drug and alcohol abuse.

**Time Frame:** September, 1991.

**Accountability:** Charlotte/Mecklenburg Drug and Alcohol Commission and the Religion Subcommittee.

**Funding:** To be determined by the Charlotte/Mecklenburg Drug and Alcohol Commission.

**Follow-up:** Charlotte/Mecklenburg Drug and Alcohol Commission and the Religion Subcommittee.
SCHOOLS/UNIVERSITIES/EDUCATION SUB-COMMITTEE

Schools and universities are the traditional places where men and women learn to live together in society: where they learn what society values, honors and rewards. If the experience of education at the elementary, secondary or university levels does not do this, society is weakened. The use of drugs in educational institutions severely damages the ability of any educational institution to effectively teach its students.

The presence in schools of teachers or students who use alcohol, marijuana, cocaine, crack, or heroin weakens the learning environment for all students. Students or teachers who come to school as users spread a contagion about them. If students, they put pressure on their peers to become users; if teachers, they fail to set the example that is rightfully expected of those who lead young people. The use of drugs in school or in the school environment creates distrust, encourages deceit, and cripples the ability of students and faculty to work together effectively during the school day.

Teaching and learning cannot go forward in a school that is not drug free.

We have been too ready to assume that schools are drug free; that all existing drug programs are effective; that all students are being reached by drug education, and that no matter how severe the problem it has somehow escaped the school that 'my children' attend.

Although there are many effective programs and many students are reached, drug education is not now the single responsibility of any school administrator. The programs in place are good programs, effective programs, but in a big school system it is easy for even the best programs and activities to be lost or overlooked.

To this end the Schools/Universities/Education Sub-committee makes its primary recommendation.

Recommendation Six:

Create 'drug free schools' and 'drug free students' by creating the position of Assistant to Deputy Superintendent for Substance Abuse in the Charlotte/Mecklenburg Schools whose responsibilities will be the following:

A. Complete a comprehensive Kindergarten through twelfth grade integrated curriculum on substance abuse.

B. Strengthen and complete the student assistance program which will identify, assess and provide referral services for students needing substance abuse services.
C. Structure a mechanism so the five Area Substance Abuse Coordinators report directly to the Assistant to Deputy Superintendent.

D. Utilize the existing Charlotte/Mecklenburg School Health Advisory Council to strengthen communication among parents, teachers and the community.

E. Require accountability through on-going evaluation of all substance abuse programs, personnel and needs.

F. Ensure a safe environment for students and faculty at every school in the Charlotte/Mecklenburg School System by enforcing existing policies and refusing to tolerate use or distribution of drugs on property owned and operated by the Charlotte/Mecklenburg Schools.

G. Re-examine suspension policies and develop programs for drug abusing students.

H. Ensure a safe and supportive environment for drug abusing students who re-enter school during and following treatment by teaching self-esteem and providing peer support groups.

Time Frame: To be hired and in place by Fall of 1991.

Accountability: Charlotte/Mecklenburg Schools Board of Education.

Funding: Charlotte/Mecklenburg Schools Board of Education.
The problem of substance abuse evidences itself not only among its users but in society as a whole. The buying and selling of illegal substances is a criminal matter.

This means that thousands of drug users move through the legal system. The police and the court system are overburdened with the sheer number of people who are involved in the criminal justice system. Whether the arrest is the first or one of many, whether the addict is arrested and moved to jail or hospital, the infrastructure of this community has limited resources. As the problem worsens public confidence in the criminal justice system weakens. The public sees drug users arrested and shortly thereafter the same drug users released. It sees the limitations on what and how punishment is delivered.

In making the following recommendations, the Criminal Justice Subcommittee wishes to go on record as recognizing that jails and criminal indictments are not the answer to the problems of alcohol and drug abuse and the consequences thereof. But these recommendations do represent a step in the right direction. Until funding is found to implement the recommendations already made by many groups and until the recommendations of this Commission can be implemented so that education, treatment and a change in public attitudes can take hold, action is needed and it is needed now. The Criminal Justice Subcommittee is convinced that its recommendations provide a feasible way to begin this task.

**Recommendation Seven:**

Encourage the Mecklenburg County Board of Commissioners to implement the Jail Policy Advisory Group's recommendations to have two thousand jail beds locally. This will require the creation of approximately twelve hundred new jail beds. It is further recommended that approximately thirty percent of the beds be reserved for drug related offenders.

**Time Frame:**

The Mecklenburg County Board of Commissioners to act on the Jail Detention Master Plan, as a major priority, including dedicated beds for drug related offenses.

**Accountability:**

The Mecklenburg County Board of Commissioners with the Charlotte/Mecklenburg Drug and Alcohol Commission to monitor progress.

**Funding:**

County Government, Drug and Alcohol Commission to support referendum.
**Recommendation Eight:**

Create the Charlotte City Council and the Mecklenburg County Board of Commissioners committee of representatives from the highest levels of law enforcement, courts, treatment groups, District Attorney's office and other appropriate agencies to evaluate current procedures and policies regarding drug related criminal activities; and to recommend both changes in existing procedures and the creation of new procedures toward the development of a demand reduction program similar to the Phoenix, Arizona, "DO DRUGS DO TIME" program.

**Time Frame:** Task Force established by 12/31/90 by law enforcement agencies.

**Accountability:** The Charlotte City Council and the Mecklenburg County Board of Commissioners with Charlotte/Mecklenburg Drug and Alcohol Commission monitoring.

**Funding:** No additional funding foreseen.
TREATMENT SUB-COMMITTEE

Treating drug and alcohol abuse is expensive. Because both diseases are less easily understood than many traditional illnesses, the public is reluctant and sometimes unwilling to accept drug abuse and alcohol abuse as illnesses.

In addition, we have accustomed ourselves to think of both illnesses as individually induced: people who choose not to use drugs don't become abusers; people who don't use alcohol don't become alcoholics.

But the illness of addiction is difficult to understand and treat. There are no age, race, or sex limitations to drug abuse. It can strike anyone. But the youngest and the poorest are often in the most desperate need of treatment. Some employers make quality treatment programs available to their employees, but those without those kinds of support have a difficult time finding and affording treatment programs. The adolescent population is most at risk whether alcohol or drug abuser. Yet there is a woeful lack of programs and facilities for adolescents' special problems.

The 'treatment community' cannot agree among themselves what is needed. One thing we know is that this community--the largest in the Carolinas--should not have to rely on treatment facilities located outside Charlotte/Mecklenburg.

Recommendation Nine:

Ask the United Way to fund the hiring of a consultant from outside Mecklenburg County to:

A. Evaluate and make recommendations concerning existing facilities for twenty-four hour adolescent and indigent adult care.

B. Establish a uniform criteria for community-wide usage in assessing addiction.

Accountability: The Charlotte/Mecklenburg Drug and Alcohol Commission
The Charlotte/Mecklenburg Drug and Alcohol Commission was formed to bring together a group of highly motivated objective citizens to look at the issue of substance abuse in Charlotte/Mecklenburg and to make recommendations addressing problems caused by drug and alcohol use and abuse.

The need for such a commission remains. No group of citizens, however well informed and motivated, can address the depth of the problem in a community the size of Charlotte/Mecklenburg in a single year.

Substance abuse is not a static issue. Recommendations must be continually assessed. New developments in the field will call for new recommendations.

The Charlotte/Mecklenburg community will be well served by an on-going Charlotte/Mecklenburg Drug and Alcohol Commission.

**Recommendation Ten:**

The Charlotte/Mecklenburg Drug and Alcohol Commission be an on-going body.

**Time Frame:** November 15, 1990

**Accountability:** The seven sponsoring organizations.
THE CHARLOTTE/MECKLENBURG DRUG AND ALCOHOL COMMISSION RECOMMENDATIONS

1. Create a local media task force with representatives from radio, television, print media, and local private media to design, develop, and implement a comprehensive and on-going local public service campaign to fight drug and alcohol abuse that is targeted for Charlotte/Mecklenburg.

2. Re-establish and promote a twenty-four hour drug and alcohol hotline that has an easily understood and recognizable telephone number that will be promoted in the community so that information and referrals will be centralized.

3. Appoint a subcommittee of the Charlotte/Mecklenburg Drug and Alcohol Commission to design, develop, and implement a comprehensive campaign to educate the Charlotte/Mecklenburg community about the impact of drugs and alcohol on the family, the workplace, the schools, the criminal justice system, the law enforcement system, the religious community, the human services system and the individual.

4. Ask the Charlotte Chamber of Commerce to establish and staff a Business Assistance Program to manage drug and alcohol programs for the entire business community including non-Chamber members.

5. Organize an educational seminar for Charlotte/Mecklenburg congregational leaders and clergy.

6. Create 'drug free schools' and 'drug free students' by creating the position of Assistant to Deputy Superintendent for Substance Abuse in the Charlotte/Mecklenburg Schools.

7. Encourage the Mecklenburg County Board of Commissioners to implement the Jail Policy Advisory Group's recommendations to have two thousand jail beds locally. This will require the creation of approximately twelve hundred new jail beds. It is further recommended that approximately thirty percent of the beds be reserved for drug related offenders.

8. Create the Charlotte City Council and the Mecklenburg County Board of Commissioners committee of representatives from the highest levels of law enforcement, courts, treatment groups, District Attorney's office and other appropriate agencies to evaluate current procedures and policies regarding drug related criminal activities; and to recommend both changes in existing procedures and the creation of new procedures toward the development of a demand reduction program similar to the Phoenix, Arizona, "DO DRUGS DO TIME" program.
9. Ask the United Way to fund the hiring of a consultant from outside Mecklenburg County to:

A. Evaluate and make recommendations concerning existing facilities for twenty-four hour adolescent and indigent adult care.

B. Establish a uniform criteria for community-wide usage in assessing addiction.

10. The Charlotte/Mecklenburg Drug and Alcohol Commission be an on-going body.
The Charlotte/Mecklenburg Drug and Alcohol Commission has been charged with the tasks of developing community awareness of the problem of substance abuse, recommending a comprehensive action plan and subsequently facilitating the plan's implementation.

In order to carry out its charge, the Commission has established seven sub-committees:

- Community Awareness,
- Family,
- Workplace,
- Religion,
- Schools/Universities/Education,
- Criminal Justice/Law Enforcement/Legislation,
- Treatment.

Commission members will serve on and chair each of the seven sub-committees. The Commission will also invite representatives from the community-at-large to serve on and/or provide information to each of the sub-committees.

Each sub-committee will look in-depth at the problems caused by the use of drugs, including alcohol, from the perspective of the particular sub-committee and then recommend an action plan, including possible legislation, to the full Commission spelling out what needs to be done now and in the future to improve the community's awareness of and response to the problem.

Most sub-committee action plans will include a focus, as appropriate to the subject of the sub-committee, on prevention/education, intervention, treatment, and after-care and on the coordination of services that already exist.

Each sub-committee's action plan will be reviewed by the full Commission. The Commission will then integrate all of the approved recommendations into one action plan and establish strategies that will support the plan's implementation. The strategies will include plans to involve action on the part of the United Way, the Mecklenburg County Board of Commissioners, the Charlotte City Council, the Junior League of Charlotte, the Charlotte/Mecklenburg Schools Board of Education, the Charlotte Chamber of Commerce, and the Mecklenburg County Alcohol Beverage Control Board.
<table>
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<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Dale Halton</td>
<td>Chairperson\nPresident - Pepsi-Cola Bottling Company</td>
</tr>
<tr>
<td>David Belton</td>
<td>Assistant to the President - Winthrop College</td>
</tr>
<tr>
<td>Jeanne Bohn</td>
<td>Community Affairs Director - WSOC-TV</td>
</tr>
<tr>
<td>Michael Brown</td>
<td>EAP Counselor - Council on Health Costs, Health Intervention, a Program of Council on Health Costs</td>
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<tr>
<td>Ruth Castleberry</td>
<td>Owner - Castleberry &amp; Company</td>
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<tr>
<td>Gwen Cunningham</td>
<td>Community Volunteer</td>
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<tr>
<td>Harvey Gantt</td>
<td>FAIA, Gantt Huberman Architects</td>
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<tr>
<td>Ray Gooding</td>
<td>Community Affairs, Director - WBT-AM/FM</td>
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<tr>
<td>John Hayes</td>
<td>President and General Manager - WCNC-TV</td>
</tr>
<tr>
<td>Gerald Johnson</td>
<td>Publisher - The Charlotte Post</td>
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<tr>
<td>Jon Speckman</td>
<td>President - Alcohol &amp; Drug Abuse Testing Centers, Inc.</td>
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<tr>
<td>Mark Wilfley</td>
<td>Director Circulation &amp; Marketing - The Charlotte Observer</td>
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CHARLOTTE/MECKLENBURG DRUG AND ALCOHOL COMMISSION
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Former President - Charlotte Junior
League

John Crowell             Executive Director of Parents for
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Dr. Griggs Dickson     Pediatrician

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Irma Hoffman             Director of Client Services, Charlotte
Council on Alcoholism and Chemical
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Adelaide Hunt            Getheseomane Enrichment Program

Dr. Wilhelmenia Rembert  Associate Professor and Chair of the
Department of Social Work -
Winthrop College

Jan Sweetenburg          Community Volunteer

Catherine Wilson         Retired Social Worker
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President - Lance, Inc.

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Bob Bisanar Associate General Counsel - Duke Power Company

Randy Godfrey Personnel Director - Lance, Inc.

Michele Labounty Employee Assistance Manager - The Charlotte Observer

Merrill Littlejohn Treasurer - J. G. Blackmon & Associates

Michael Millwood Vice President Operations - The Bissell Companies

Gerry Smith Plant Manager - Lance, Inc.

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Pastor - Greater Mt. Sinai Baptist Church

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Reverend Dale Mullennix Minister of Congregational Care -
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Mary Rinehart President - First Personal Financial Services

Reverend Jane Summey Associate Minister -
Myers Park Presbyterian Church

Herman Thomas, Ph.D. Associate Professor of Religious Studies,
University of North Carolina at
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Baptist Church West

Reverend Gordon Weekly Executive Director - Rebound
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President, Mecklenburg County Medical Society

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Manager - Community Service Work Program, Mecklenburg County

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Chief - Mecklenburg County Police Department

Senator Jim Richardson
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