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PROJECT SUMMARIES

National Association of State Alcohol and Drug Abuse Directors and

National Prevention Network

Under Contract with the

Office for Substance Abuse Prevention, Alcohol, Drug Abuse, and Mental Health Administration

October, 1987



Twenty Exemplary Programs for Preventing Alcohol and Other Drug Abuse

In the Spring of 1987 a national nomination and selection process was used to identify 50 particularly effective alcohol and other drug abuse prevention programs. A Project Advisory Committee, composed of representatives of national organizations and State Alcohol and Drug Agency representatives, reviewed submissions in July from throughout the United States and selected 20 exemplary programs.

This summary provides an overview of each of the selected programs. It also explains how States and national organizations nominated programs; how the Project Advisory Committee went about making the selections; and provides a look at the criteria for making the selections. The 20 selected programs are arranged in alphabetical order by State.

The project was supported by the Office for Substance Abuse Prevention (OSAP), the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and its subsidiary, the National Prevention Network (NPN).

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Project Summary "Say No" to Drugs and Alcohol

AGENCY:

City of Tempe, Arizona

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STATE PREVENTION COORDINATOR:

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Phone Number: 602/255-1170

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PROGRAM TYPE: School PROJECT ADVISORY COMMITTEE MEMBER:

Michael Cunningham

Phone Number: 916/323-2087

CLIENTELE:

Students in grades 4 through 8. During academic year 1986-87, 18,264 students and 780 teachers from 31 schools were exposed to the program (a secondary aim of the program is to encourage adults, as well as youth, to say no to substance abuse); 4,500 parents participated in parents' nights. The population includes Caucasians, American Indians, Blacks, Pacific/Asians, and Hispanics. About half the students are non-Caucasian. Many of the materials developed were bi-lingual.

MAJOR SERVICES:

- A five-day "Say No" curriculum with prevention information incorporated into other curriculum areas (i.e., reading lessons used prevention information for subject matter). "Say No" week was conducted at each school community.
- A six-week, twelve-hour, in-service training program for teachers focusing on prevention, early intervention, and the physical, psychological, and social effects of drugs and alcohol use.
- *Say No* petitions printed as full-page ads in the local newspaper, along with other media coverage.
- Monthly four-hour prevention classes for parents and teachers. Technical assistance provided to neighboring school districts on how to establish and operate similar programs. Local businesses adapted the materials for their adult employees.
 - A Youth Diversion Program for all first offenders and their parents cited for alcohol use.

During the school year 1984-85, Tempe, Arizona's Youth and Family Services Division recognized that the city faced a strong potential for growing drug abuse problems among its youth. The population was growing rapidly, and, while the population of Tempe itself was, not in serious financial trouble, the

neighboring Town of Guadalupe was suffering severe unemployment (four times the rate of Tempe). Realizing that nearly 23% of the total population of the City of Tempe was under the age of 18, planners decided to help students say no to drugs before they had ever said yes. The City of Tempe sponsored a Youth Town Hall; teens themselves hatched the idea for the program at this meeting. The Youth and Family Services Division agreed to sponsor the program, which meant that policy decisions reflected the thinking of the seven-member city council. However, all program activities were coordinated with and closely supervised by the school boards in the two participating districts, and school principals assumed responsibility for collecting evaluation data.

Financial support came from a wealth of in-kind contributions from local businesses and service organizations, city funds, a grant from the East Valley Behavioral Health Center, and funds from two school districts and civic groups.

The program has grown, diversified, and touched virtually every person in the two communities. Aggressive marketing has included imaginative incentive programs for which students could not be eligible unless they wore their free "Say No" buttons. Over 200 media kits were distributed to every print and broadcast outlet in the valley, and local network affiliates landed their helicoptrs on school grounds. The capstone of the marketing program was the award of a free trip to San Diego's Sea World for a family of four from each of the six junior high schools; all expenses were donated by the participating hotels, airlines and Sea World itself.

Although it is too soon to quantitatively evaluate the program by such hard measures as reductions in DWI for youth or in referrals or enrollments in drug and alcohol treatment programs, early effects have been deemed extremely positive as exemplified by:

- an increase in the number of requests for prevention presentations and in the amount of community support;
- the fact that students entering high school took a strong anti-drug stand during freshmen orientation sessions:
- substantial indications of comprehension and retention of prevention information during in-school instruction and of attitude change (evidenced by the fact that increasing numbers of students have asked for help on substance abuse issues).

The program, originally begun in four schools, has been replicated within the local area. A statewide conference, originally slated to accommodate 100 participants, was so popular that the number of participants was doubled; even so, nearly two hundred other applicants had to be turned away. Program staff are frequently, and increasingly, asked to provide technical assistance to other districts in the area. All the materials are written in such a way that they can be readily integrated into the curriculum of any school.

Project Summary New Connections On-Site School Program

AGENCY:

New Connections

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Concord, California 94520

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PHONE NUMBER: 415/676-1601

PROGRAM TYPE:

School

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CONGRESSPERSON:

George Miller

STATE AGENCY DIRECTOR:

Chauncey Veatch III

Phone Number: 916/445-0843

STATE PREVENTION COORDINATOR:

Michael Cunningham

Phone Number: 916/323-2087

PROJECT ADVISORY COMMITTEE MEMBER:

Michael Cunningham

Phone Number: 916/323-2087

CLIENTELE:

In the City of Concord and West Contra Costa County, 29% of the 287,371 people are under the age of 18. New Connections targets these youth and their families for their substance abuse prevention education programs and projects. About 40% of the population is Black, Hispanic, American Indian or Asian/Filipino/Pacific Islander. The percentage of families with incomes below the poverty levels ranges between 2.61% and 24.95% in the communities served by the program. On-site school programs are located in seven intermediate and senior highs in Northwest County and Concord. Although prevention activities are intended to reach broad populations, special efforts are made to attract at-risk youth to the counselling program.

MAJOR SERVICES:

Networking activities in schools - counselling (intervention) and prevention.

- Counselling for at-risk youth and prevention education classes. Training and consultation for adults who work with youth. During fiscal year 1985-86, 335 students were counselled in the schools and another 223 were seen at the community office; 2,173 students participated in drug education classes; 534 adults participated in training consultations, or parent groups.
 - A telephone hotline during normal business hours.
- Joint counselling and prevention services: with the YMCA, a weekend "ropes course" for teens; with the Youth Services Bureau, an effort directed to pregnancy and substance abuse counselling and community training: New Connections also makes meeting space available for a teen AA group and a single parent recovery group from NA, and works closely with local police.
 - A Teen Drama Group puts on skits on substance abuse, family problems, and peer pressure.

After nine years of offering recreational programs as an antidote to various youth problems, community members saw a need for a more aggressive, coherent, organized, goal-directed substance abuse prevention program. At that time, the agency focus changed to working with the schools in Northwest County. After seeing the success of this program, the City of Concord provided the funding for its expansion to their city. Funding (a total of \$200,329 in cash for fiscal year 1986-87) mixes resources from the City of Concord, the Contra Costa County Drug Program Division, the United Way of the Bay Area, the John Swett Unified School District, and client and program donations; in-kind contributions include office space, printing, and time of graduate student interns. The board of directors and professional advisory board represents a cross-section of social science disciplines, service-delivery agencies, and the private sector.

All activities are designed to enhance self-image, problem-solving skills, and to improve family relationships. The aim, broadly stated, is to increase students' knowledge about substance abuse while giving them the emotional wherewithal to refuse to abuse chemicals or to give up their abuse patterns. These ends are accomplished through school-based prevention projects, community education, in-service training for adults who work with youth, counselling in schools and at their community office. Presentations and services are evaluated by the recipients, and results have been overwhelmingly positive. No long-term impact evaluation has been undertaken due to funding limitations, but limited follow-up evaluations have shown positive results (i.e., decreases in disciplinary referrals in school, improved grades, etc).

New Connections started its school programs in Northwest Contra Costa County and then successfully replicated them in the City of Concord. As the program has received publicity, New Connections has received requests to develop their program in additional schools. The teen drama group has been the subject of a documentary filmed for local cable broadcast, and the program was identified as a local community resource in the national TV special, "Chemical People II."

Project Summary Project Opportunity, Sonora, California

AGENCY:

Mental Health Services for Tuolumne County and the Mother Lode Women's Center, Inc. GOVERNOR: George Deukmeijan

Richard Lehman

CONGRESSPERSON:

ADDRESS:

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CITY, STATE, ZIP: Sonora, CA 95370

CONTACT NAME: Lori Hogen, Program Coordinator

PHONE NUMBER:

209/532-4746

STATE AGENCY DIRECTOR:

Chauncey Veatch III

Phone Number: 916/445-0843

STATE PREVENTION COORDINATOR:

Michael Cunningham

Phone Number: 916/323-2087

PROJECT ADVISORY COMMITTEE MEMBER:

Michael Cunningham

Phone Number: 916/323-2087

PROGRAM TYPE: Targeted

CLIENTELE:

Women, primarily ages 19-39, who are at greatest risk for drug and/or alcohol abuse as a result of having experienced a major life transition (or several such transitions) based on the Holmes/Rahe scale for judging levels of personal stress because of death of a spouse, divorce or separation, domestic violence, and other such problems (relocation, unemployment, departure of child from home, etc). A minimum of 120 at-risk women receive support each year. Their participation is proportionate to the ethnic breakdown of the community of approximately 42,300 residents: 93% Caucasian, 1.1% Black, 1.8% Native American, 5.2% Hispanic, and 2.1% Asian.

MAJOR SERVICES:

All services provided are in the general areas of improving coping mechanisms for women in major transitions so that drugs and alcohol will not be used to reduce stress and re-establish emotional equilibrium. Three complete, seven-month programs begin each year; each accommodates 40 women and operates in three phases:

- Phase I: a twelve-week support education group focusing on such topics as stress management, working through "blocks," and sex-role stereotyping.
- Phase II: a series of three 12-hour classes whose content is determined by the clients' needs and action plans. Topics include transforming body image, couples communication, women's sexuality, and coping with depression.
- Phase III: a "closure" period that involves self-assessment and evaluation, goal setting, and getting information about resources and referrals.

An important aspect of this program is a three-year research study that will include both quantitative and qualitative data on the impact of the program. Objective measures, such as the Tennessee Self-Concept Scale and a chemical use survey, are being used. A control group, derived from applicants who could not be accepted because the program was full, has been established and will be measured using the same instruments at the same intervals; pre- and post-treatment scores will be available for the experimental group and these will be compared internally and with the control group receiving no treatment. The study

has been underway for only one year.

Tuolumne County is a rural area about 150 miles east of San Francisco. It is dotted by small, unincorporated towns; seventy-six percent of the land is publicly owned (national parks and forests), and low-income residents comprise 85% of the population. The local tax base is small, employment is seasonal, and wages very low. This economic picture, coupled with rural isolation, creates particular hardships for women who have even more difficulty than men in finding employment (and, not incidentally, a sense of community): most of the jobs available are "men's work" -- mining, construction, lumbering. It was with this background in mind that the California Department of Alcohol and Drug Programs targeted some (\$50,000 annually) of its special population drug prevention program funds to the increasingly at-risk population of underserved rural women. The aim is to locate and serve women at particular risk of dysfunctional coping responses, the risk being defined by the Holmes/Rahe stress factors noted above.

In 1986, 140 women participated in the three-phase program; 70 children were cared for in the child care program that is part of the operation; 500 were reached at a two-day health fair; 80 attended various public presentations, and 1,500 received brochures. There is always a waiting list for the services, which are showing success as measured by the objective scales and by more informal program evaluations: on a scale of 0-4 (where 4 is excellent), program and content always receive either a 3 or 4 from participants; in 1986, 62% of the participants improved by 10% or more on the self-concept scale; 70% of all entrants completed the program, reflecting the accomplishment of the objectives they set for themselves in their action plans.

The program content and approach are derived from a careful blend of local need and theoretical models that suggest the types of interventions needed to discourage maladaptive behavior and build positive responses to stress. A number of other caregiving and educational institutions participate in Project Opportunity's planning and review processes, including the local hospital and college. An indepth, concise handbook catalogues techniques, exercises, homework assignments for Phase I and Phase III groups; Phase II classes can be managed by consultants (i.e., counselors, social workers) who are available in virtually every community. Thus, the design can be easily replicated in other communities, and has been exported to a group in Denver working with urban Native American Women.

The addition of a substantial and controlled research study will prove a valuable contribution to the state of knowledge about helping women manage stress and avoid falling into depression and dysfunctional patterns.

Project Summary Youth Who Care, Inc.

AGENCY:

Youth Who Care, Inc.

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Grand Junction, Colorado 81502

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Community

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STATE PREVENTION COORDINATOR:

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Phone Number: 303/331-8201

PROJECT ADVISORY COMMITTEE MEMBER:

Richard Hayton

Phone Number: 314/751-4942

CLIENTELE:

Primarily middle school and high school students, college students and parents, and community groups, including the police and businesses, to educate them about substance abuse.

MAJOR SERVICES:

Youth Who Care (YWC) organizes a wide-range of activities, most of them centered in the schools, and the majority of them intended to provide positive experiences that promote a "high-on-life," substance-free existence. They combine the local passion for outdoor, recreational undertakings with important educational messages.

- School-based activities including YWC clubs in seven schools, YWC 3-D (Don't Drink and Drive) teams, and a speaker's bureau. Under the auspices of these various groups, outreach, recreational and competitive activities, public awareness, and media campaigns are organized. These included:
 - Biking and skateboarding exhibitions tied to prevention messages;
 - Run Against Drugs, a 200-mile relay race to the State Capitol in Denver, where runners present
 the governor with a proclamation supporting drug-free youth (six weeks of intense training
 precede the race);
 - Preparation of a music video and various print and broadcast public service spots (produced and performed by the youth).
- Fundraising activities to allow youth to be involved in the community and to provide maximum exposure for the program. A popular event is the Christmas tuck-in service: for a small fee, teens dress as Santa's elves and visit children, passing out candy canes, reading bedtime stories, and tucking children in bed.
- Public awareness activities including a "Just Say No" parade and community service projects that involve teens as volunteers in hospitals, museums, and public events.

Workshops and seminars for adults to help them help children say no and teach them about specific drugs.

Grand Junction is located in Mesa County, about 250 miles west of Denver on the western slope of the Rockies. Unemployment in Mesa County is running at about 10% because of the bust in the oil industry: the county has the highest divorce rate in the state, and indicators of economic hard times are seen everywhere (real estate foreclosures, etc.). With this backdrop, Parents Who Care felt it was important to head off serious substance abuse problems before they started, and to create an environment that clearly opposed substance abuse. These parents saw the need to involve youth and thus Youth Who Care was created. Although the board of directors of YWC sets policy, the youth themselves are very actively involved in planning and implementing all aspects of the program, working closely with representatives from all aspects of the community: health care, law enforcement, media, alcoholic beverage industry, etc. (who are members of the board). The project operates on about \$57,000 annually, with the two main sources of funds coming from the state department of health, alcohol and drug abuse division (\$14,000) and the VISTA volunteer project (\$15,000; volunteers work as part of the project team); foundations and corporations account for another \$8,000 of the budget, and Mt. Garfield Plumbing and Heating allocates \$6,000 for office space and utilities. Importantly, fundraising activities by the youth themselves add another \$8,000 to the project's purse.

In 1984, Nancy Reagan visited Grand Junction to learn why the project had been so successful. The project has been replicated in other Colorado communities (with technical assistance from the YWC staff) and around the nation, often using a booklet developed by the YWC staff; the booklet is distributed by the Parents Resource Institute for Drug Education in Atlanta, Georgia.

In 1986, the project directly served some 10,000 people and indirectly reached another 40,000 - well over half the population of the county. Media relations are excellent, and because of the diversity and wide appeal of the programs, community support is very strong. In spite of the economic difficulties in the area, this program provides important outlets for both recreational and educational activities that involve youth in time-consuming, goal-directed, enjoyable enterprises. Not incidentally, the youth recognize the importance of both earning their keep (through fundraising activities) and giving something back to the community (through volunteering when additional hands are needed). A well-organized community effort such as this one that has the enthusiastic support of many individuals and organizations, obviously has great potential for creating an atmosphere of caring, sharing, and mutual responsibility - an atmosphere that clearly counters the self-absorbed, alienated attitudes that often foster substance abuse.

Staff find it difficult to evaluate the program; results of the above-mentioned 1986 substance abuse survey had not been tallied at the time this information was submitted. However, if retention of students in the various activities is any indicator, the project can be deemed successful, since many of the participants (from both high-risk and low-risk groups) are repeaters.

Project Summary Prevention Resource Center

AGENCY:

AH Training and Development Systems

"Prevention Resource Center"

GOVERNOR:

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ADDRESS:

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Richard I. Durbin

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STATE AGENCY DIRECTOR:

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Jackie Garner, Director

STATE PREVENTION COORDINATOR:

Alvera Stern

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PROJECT ADVISORY COMMITTEE MEMBER:

Linda Chott

Phone Number: 312/917-6846

CLIENTELE:

The clients for PRC's services are as diverse as the population of the State itself and include teachers from the public schools around the state. Demographics are always considered when PRC offers its services in any given community or geographic area.

MAJOR SERVICES:

As the major and central prevention resource, PRC combines both information and training services:

- Four hundred days of technical assistance, special retreats for prevention area coordinators (from the State's In Touch Program), and an annual two-day workshop on "Developing Prevention Programs for Children of Addicted Parents." Staff from the library conduct five seminars on using various library services. A statewide prevention conference is held annually and seven weeks of teacher training are sponsored to help teachers develop prevention action plans they can use in their schools.
- A clearinghouse providing free materials to Illinois residents, and a lending library offering over 6,000 publications (including audio-visual materials).
 - Two quarterly newsletters, and other materials, as needed.
- IPASS, a prevention program grounded in social policy strategy to change attitudes and behavior in a community, currently operated by PRC in a Chicago neighborhood; one aim of this program is to reduce the infant mortality rate by discouraging women under 20 from using tobacco, alcohol, or drugs during pregnancy.

When it began in 1980 as a small operation under the auspices of the Department of Mental Health and Developmental Disabilities, PRC had a staff of three and a budget of \$100,000. The center now enjoys a funding level of \$1,000,000 exclusively through the Illinois Department of Alcoholism and Substance Abuse. PRC's task has evolved through (1) selling the concept of prevention, (2) providing prevention services to those best positioned to implement them (i.e., school systems and parent groups), and (3) training other trainers to provide these technical assistance services to the various target groups.

In all of its work, PRC emphasizes the importance of community-wide planning and of basing prevention efforts on sound reserach (to which end PRC employs a research specialist). The aim of all PRC work is to ensure that organizations and individuals in the State have access to timely information, training, technical assistance, and resource materials that will be helpful in launching or strengthening local prevention efforts. Networking is clearly central to the success of PRC's work, and some State Agencies have contracts with PRC for specialized services. PRC staff aim to provide models for cooperation and joint planning.

In 1986, PRC provided 525 days of technical assistance, trained 125 professional school personnel in a week-long training program, and hosted over 300 participants in a statewide prevention conference. Staff also met with special interest groups, including librarians and teachers. The demand for PRC's services has grown each year, but planning, done in concert with technical advisors representative of thee types of organizations throughout the State who might use PRC's services, is always organized to ensure that particular groups are targeted for attention as the State's needs and problems change. Final approval of the annual plan lies with the Department of Alcoholism and Substance Abuse, but the project director (an employee of AH Training and Development Systems, Inc., the nonprofit organization contracted to operate PRC) is responsible for day-to-day operations.

No systematic evaluation has been completed on PRC's impact, but training and library services are carefully monitored and feedbak is regularly sought from clients about the quality and content of the services. The fact that the demand for services grows each year might indicate that PRC is serving an important function for diverse groups that are in a position to foster and aid prevention efforts for various target populations. PRC's activities can be duplicated in any locale willing and able to spend the money to organize a central resource that can educate and coordinate multiple client populations.

Project Summary Alcohol/Drug Program, Archdiocese of Louisville

AGENCY:

Office of Catholic Schools Archdioese of Louisville

ADDRESS:

1516 Hepburn Avenue

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Louisville, Kentuky 40204

CONTACT NAME:

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Community

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Martha Lavne Collins

CONGRESSPERSON:

Romano Mazzoli

STATE AGENCY DIRECTOR:

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STATE PREVENTION COORDINATOR:

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Phone Number: 502/564-2880

PROJECT ADVISORY COMMITTEE MEMBER:

Alvera Stern

Phone Number: 312/917-6397

CLIENTELE:

Seventy-nine elementary and eleven high schools in this Archidiocese serve 25,582 students, 649 of whom are Black and 1,182 of whom are not Catholic. These students and their parents are the focus of this program, but teacher/staff training is an integral part of the operation. (Thusfar, 625 elementary teachers and 114 high school teachers have been trained.) Importantly, a number of these educators have discovered, in the course of their training, that they themselves are adult children of alcoholics. Thus educators have become an unanticipated additional target population. In fact, many educators have found their participation to be personally therapeutic, and have accessed additional services on their own. This program is designed for communities and areas where there exists heavy alcohol consumption and a large group of children of alcoholics.

MAIOR SERVICES:

The CASPAR alcohol education curriculum: 739 teachers have received a 16-hour training course in CASPAR's use by staff of Copes Inc. (certified CASPAR trainers). These trained CASPAR teachers have, in turn, delivered it to 76.3% of the elementary students (another 12.1% of these students have been exposed to other alcohol education programs) and to some 60% of the high school students (another 21% are in other programs). The use of this curriculum has been augmented by:

- peer education that uses outstanding high school juniors and seniors to assist in the instruction of ninth and tenth graders;
- revisions in the school disciplinary codes so that self-referral and intervention (not expulsion) are the major modes of handling substance abuse problems (with appropriate family intervention being encouraged);
- an adaptation of Ellen Morehouse's Student Assistance Counseling Program that provides special outside training and supervision for high school counselors so that they can better serve their high-risk students and conduct COA groups, insight groups, after-care support groups as well as mandatory meetings with incoming students to discuss alcohol and drug issues; and
 - parent involvement in varying degrees on a regular basis.

From an early concern that drugs and alcohol might be as problematic in Catholic schools as in the general population, has grown a deepening awareness of the extent to which children in this Archdiocese (as children in the general population) are affected by alcohol misuse themselves or within their families. Drinking and smoking (tobacco) are integral parts of social rituals. Distilled liquor and cigarettes are the second and third leading industries in Jefferson County. Mint juleps, bourbon whiskey, and beer are important symbols. Attitudes toward alcohol abuse are frequently permissive, and sometimes even indulgent.

Confronting the problem in the Catholic schools posed a particularly delicate policy question. Since the schools are dependent on the good will and tuition of the community: "Would bringing the problem into focus alienate parents?" A decision was made to confront the problem head-on and risk the consequences.

What happened were results, not consequences. Local Alcohol and Drug Abuse professionals assisted in helping to develop the skills, training and financial resources necessary for a comprehensive approach. Parent approval is essential when any curriculum or policy change is made. So in the formative years of the program nearly 3,000 parents attended a series of four nightly sessions on the nature of chemical dependency and its effects on the family. One important early outcome of this parental support for curriculum changes was that school communities voted to prohibit the sale of alcoholic beverages at events that involve grade school children. A second critical policy change is that students who are found to be using chemicals (including alcohol) are treated rather than being punished (expelled), and their parents are involved in this process whenever possible. The community at large has come to see the Catholic schools as being good for children, so good, in fact, that some students from other schools who have been in treatment are being referred to them for a recovery-supportive-environment.

Since each school is financially autonomous, data have not been compiled to track the specific costs of program implementation in each facility. Some central costs have been managed through grants: some directly to the Catholic school system, others developed and managed by local community professional service providers:

- An excess of \$50,000 a year from city and county government to COPES (The Council on Prevention and Education: Substances Inc.) enabled COPES for over 5 years to provide quality teacher training for a number of groups, including the Catholic school teachers;
- \$22,800 average (Federal money) was made available in each of the last three years for the student assistance counselor program by the Kentucky Substance Abuse Division and its local mental health center (Jefferson Alcohol and Drug Abuse Center Seven County Services);
- \$2,900 a Kentucky Department of Education set-aside allocation, has defrayed some travel, workshop, materials, etc. costs over the past several years;
- \$3,000 grant from the St. Jude Foundation purchased A-V supplements.

Because the needs of the youth are so great and the COPES' CASPAR training so valuable, schools have spent over \$40,000 hiring substitutes to free about 410 teachers for the two-day training during the school time, and while about 330 teachers donated two days of vacation or outside of school time.

Evaluation of the program is still in the data-collection stage. The need for systematic, standardized evaluation is clearly felt. Where the community and the schools themselves are receptive to the program, the level of involvement and enthusiasm has been very high. But program staff point out that, even though the CASPAR materials are highly regarded, replicating the program is difficult when either the resources or the commitment to the program are in short supply. For example, more than 20 elementary schools are currently desirous of establishing the special educational/support groups for children from alcoholic/chemically dependent families — yet resources to meet all of these needs are not available.

Project Summary Talking With Your Kids About Alcohol/ Talking With Your Students About Alcohol

AGENCY:

Prevention Research Institute, Inc.

ADDRESS:

629 North Broadway, Suite 210

CITY, STATE, ZIP:

Lexington, Kentucky 40508

CONTACT NAME:

Terry O'Bryan

PHONE NUMBER:

606/254-9489

PROGRAM TYPE:

Community

GOVERNOR:

. Martha Layne Collins

CONGRESSPERSON:

Larry J. Hopkins

STATE AGENCY DIRECTOR:

Michael Townsend

Phone Number: 502/564-2880

STATE PREVENTION COORDINATOR:

Barbara Stewart

Phone Number: 502/564-2880

PROJECT ADVISORY COMMITTEE MEMBER:

Linda Chott

Phone Number: 312/917-6846

CLIENTELE:

"Talking With Kids" is targeted for parents; "Talking With Students" is targeted for school officials, particularly teachers. The latter program, which has been used in 41 public and 11 private schools, is more specifically aimed at teachers who work with grades 5, 6, 7, 8, 9, and 10. The programs are designed for statewide use, and so reach the broad population of Kentucky, half of which lives in urban areas, one-quarter of which lives in Appalachian areas of the State. Some 15% of all families live below the poverty level; 10% of the population receives public assistance. Ninety-two percent of the population is White; 7% Black; Oriental, Native American, and Mexican-American groups comprise just over 1% of the total. This program is endorsed by the National Council on Alcoholism.

MAJOR SERVICES:

PRI's services fall into three categories:

- Training for parents; a structured, four-session training program that presents genetic, sociological, biological, and health-related facts about alcoholism and seeks to debunk commonly-held myths about its causes, manifestations, and cures so that parents can then thoughtfully discuss drinking with their children;
- Training for teachers is similar in content and focus to the parents' materials, but trains teachers in various didactic and experiential tehniques to involve students in the training program. Whenever a Talking to Students..." course is scheduled for presentation, PRI staff make the parent training available in the community because they believe that parents have both the right and responsibility to communicate about alcohol and because the support of the parents is a vital adjunct to the school curriculum.
- The development of a laboratory community project that has provided in-depth training in prevention theory, consultation theory, principles of community organization and marketing strategies for a core group of both teachers and parents who, in turn, become prevention specialists for their communities and able to implement the PRI programs. These people reflect a cross-section of community responsibilities; clergy, mental health workers, volunteers from civic organizations, and the like.

The risk-reduction model used by the programs PRI has developed is based on certain principles and

beliefs about what information, mind-set, and self-image must converge to reduce an individual's probability of becoming an alcoholic or impaired by or because of (in a traffic accident) alcohol use or abuse. At the heart of the programs are five principles: 1. Everyone has some level of risk for alcoholism: 2. Some people have an increased level of risk for alcoholism; 3. Biological factors establish only the level of risk; 4. Specific behaviors (quantity and frequency of alcohol use) can be identified that increase or decrease a person's risk of triggering alcoholism or other alcohol-related problems; 5. Psychological and social factors can influence the choices people make about the quantity and frequency of alcohol use, but cannot directly cause the problems.

Accepting these principles, the programs then seek to establish five conditions that must underpin any risk-reduction campaign. These are that:

- 1. People believe that alcoholism could happen to them and that frequency and quantity choices increase or decrease the likelihood that it will;
 - 2. People know exactly what to do to reduce THEIR risk of triggering an alcohol problem;
 - 3. People believe that others believe that making low-risk drinking choices is a good idea;
- 4. People see themselves as making low-risk choices because they value their health and happiness and because they're worth it;
 - 5. People know how to make low-risk choices at all times and under all circumstances.

Given these principles of risk reduction and the conditions that must be present to achieve it, the project materials are designed, in essence, to affect drinking choices and to establish life-long habits related to drinking by helping people establish these conditions and perceptions. The instructor's manual is a tightly sequenced text that includes a structured training format, glossary, question and answer section, and a 10-page bibliography citing research on which the program is based. It includes 44 overhead transparencies intended to help trainers manage the material in a consistent fashion and emphasize key points. Parents receive a 12-page booklet at the end of each session. School students receive materials varying in length depending on their grade level.

The only funding for PRI's efforts is through the registration fees charged for the workshops and materials, although for several years some of these costs have been defrayed for participants by scholarships provided by the Kentucky Division of Substance Abuse. Controlled evaluations of the programs have been sufficiently positive that they have been proposed by the National Council on Alcoholism as subjects for a demonstration project and controlled, longitudinal evaluation of outcome and impact. The programs have been replicated by several organizations, including: a parents' group in Colorado Springs; through the New York State Council on Alcoholism; the Arlington County (Ohio) Community Team; and under the auspices of the South Carolina Commission on Alcohol and Drug Abuse.

Project Summary Michigan Model for Comprehensive School Health Education

LEAD AGENCY:

Michigan Department of Education (6 other State Agencies sponsoring)

ADDRESS:

P.O. Box 30008

CITY, STATE, ZIP: Lansing, Michigan 48909

CONTACT NAME:
Wanda Jubb, Health Education Specialist

PHONE NUMBER: 517/373-2589

PROGRAM TYPE: School GOVERNOR:

James Blanchard

CONGRESSPERSON:

Howard Wolpe

STATE AGENCY DIRECTOR:

Robert Brook

Phone Number: 517/335-8809

STATE PREVENTION COORDINATOR:

Ilona Milke

Phone Number: 517/335-8837

PROJECT ADVISORY COMMITTEE MEMBER:

Alvera Stern

Phone Number: 312/917-6424

CLIENTELE:

The primary target for services are 1.36 million school children in grades kindergarten through eight. Roughly 81% of these children are Caucasian, 17% Black, 2% Hispanic, and the rest belong to other minority populations. Some 252,869 children between the ages of 5 and 17 were living below the poverty level in 1980. Teachers are a secondary target audience of whom there are 34,646 for K-8. The program also involves parents.

MAJOR SERVICES:

- Training: Training of teachers occurs annually for new personnel and is provided by Michigan Model Coordinators/Trainers at 26 regional sites (intermediate school districts/local school districts). This plan provides statewide coverage. Schoolteachers are trained by local and regional program coordinators and involve approximately 30 hours of training per teacher that is specific to their grade level. Training covers basic health information, practice in techniques and procedures, and assistance in materials preparation.
- Materials distribution: A comprehensive school health education Materials Center is part of the project contract. The Center handles over 260 items.
- Classroom implementation: Some 40 lessons are presented by the teachers; they cover ten topics in health (these meet the ten topic areas defined by the Education Commission of the States and the Michigan Department of Education's Goals and Performance Objectives for Health Education). Teaching students about the specific health risks of using alcohol and other drugs and giving them skills to resist pressures to use are included.
- Parent participation: Parents receive materials describing what is being taught to their children in the health education classes and providing suggestions for activities and materials that can be used at home to reinforce instruction. Parents are also invited to the schools to review materials and assist in classroom activities.
 - a Coordination and revision: Members of the Interdepartmental State Steering Committee meet bi-

weekly to direct and organize the program. Curriculum materials are updated annually after review and approval from the steering committee.

In 1982, the Governor of Michigan's Health Curriculum Task Force reviewed the health education practices in the state's schools and recommended ways that a curriculum could be devised that would respond to immediate and long-term health needs. In 1983, the State Board of Education, accepting the findings of the task force, endorsed the concept of comprehensive health education. Later that same year, the State Office of Substance Abuse Services launched a five-year prevention plan in which the development of a comprehensive school health education comonent figured largely. Thus, the stage was set and the necessary networks of players were committed to the plan on both comprehensive health education and information designed to prevent and/or arrest substance abuse. Currently, the program is an inter-agency effort sponsored by seven State agencies:

- Michigan Department of Public Health;
- Michigan Department of Education;
- Michigan Department of Mental Health;
- Michigan Department of Social Services;
- The Office of Substance Abuse Services;
- The Office of Highway Safety Planning; and
- The Office of Health and Medical Affairs.

Curriculum development and marketing, the acquisition of funding, training of trainers, and establishment of evaluation designs then proceeded; the standardized (and thus highly replicable) curriculum was first impiemented during the 1984-85 school year in 14 regional sites that served 34 school districts. The program has since expanded to include a total of 155 local school districts and reaches 175,000 elementary (K-6) students. Substance abuse is seen as part of a larger pattern that also leads to school failure, teen pregnancy, delinquency, and other maladaptive behaviors. It is considered to be the result of other underlying social and psychological causes, and prevention, in this framework, is viewed as requiring "psychological innoculation," which includes learning to resist peer pressure, developing a strong self-concept, acquiring a diversity of coping mechanisms, etc. The curriculum focuses on the short- and long-term health effects of certain behaviors and attempts to foster attitudes that result in healthy living habits in all areas (i.e., nutrition). The curriculum uses basic principles of reinforcement theory to give students opportunities to develop and strengthen these habits. In many regards, the curriculum is patterned after the nationally validated "Growing Healthy" program developed by the National Centers for Disease Control in Atlanta. Classroom teachers who implement the curriculum are required to have up to 30 hours of training in its presentation and have constant access to regional and state-level curriculum experts. Because the curriculum is institutionalized in the schools, it is an enduring part of each student's education, not a one-shot, short-term event. An informal outcome evaluation found that 95% of the parents surveyed reported that their children had improved in at least one area of health behavior (i.e., brushing teeth more often, eating healthier snacks, being aware of the problems related to substance abuse, etc.). Other, formal evaluation procedures are underway but the results are not yet available. One such evaluation uses a School Health Education Evaluation instrument developed and validated by Abt Associates with funding from the CDC.

During fiscal year 1986-87, the State appropriated \$2.245 million for the operation of the program. \$1.8 million was administered by the education department for use by the comprehensive health program sites; the remaining \$357,000 was administered by the public health department for evaluation, operation of the materials center, and demonstration projects. A 20% local match is required from each participating site.

In FY 1987/88 use of \$3.5 million in federal Drug-Free Schools and Community Grants funding will support expansion to over 295 local school districts. Statewide, approximately 6,000 teachers will be trained and over 350,000 students will participate in the program.

Project Summary Senior Citizen Substance Abuse Prevention Project

AGENCY:

Oakland County Health Division, Substance Abuse Office

ADDRESS: 1200 North Telegraph Road

CITY, STATE, ZIP:

Pontiac, Michigan 48053

CONTACT NAME:

Kay Pochodylo, Public Health Educator

PHONE NUMBER: 313/858-0014

PROGRAM TYPE: Targeted GOVERNOR:

James Blanchard

CONGRESSPERSON:

Bob Carr

STATE AGENCY DIRECTOR:

Robert Brook

Phone Number: 517/335-8809

STATE PREVENTION COORDINATOR:

Ilona Milke

Phone Number: 517/335-8837

PROJECT ADVISORY COMMITTEE MEMBER:

Linda Chott

Phone Number: 312/917-6846

CLIENTELE:

All county residents over 65 years, which comprises 8.9% of the total population (in 1980) of 1,011,793. In 1980, 6.7% of residents over 60 had incomes below the poverty level. Caucasians account for 96.6% of all residents over 65; Blacks for 2.6%; other minorities in the area include a small community of Eskimo/Aleuts.

MAJOR SERVICES:

Primarily, the services take advantage of many media to inform senior citizens about safe drug-taking practices. To this end, the project has created print and broadcast public service campaigns, has recruited pharmacists as speakers and counselors to discuss the details of responsible drug use, has developed dramatic pieces to deliver the message, and has coordinated its efforts with seven substance abuse coordinating agencies regionally. Specifically, 17,561 people have participated in such programs as:

- Using Medicines Wisely
- Health and Aging
- MIXO: Does Medicine Mix?
- A dump contest encouraging participants to throw out outdated medications
- Talk to Your Doctor.

Training has also been provided for various groups and individuals who work with senior citizens to help them understand, recognize, and deal with the problems of medicine and alcohol misuse. Since 1979, 537 providers have benefited from this training.

A 1978 Michigan survey, stimulated by national findings that over 90% of adults 65 and over suffer adverse effects due to improper use of prescription and over-the-counter (OTC) drugs, produced the following findings:

- 71% take prescription medicines daily, on average, 3 prescriptions per person;
- 32% of these have prescriptions from more than one physician, but 77% of them never discuss with one doctor the drugs prescribed by the other(s);
 - 50% use OTC drugs at least weekly;
- more than 50% never disuss potential food/drug or drug/drug interactions with physicians or seek information from pharmacists;
- 30% save old drugs (one DUMP contest turned up a prescription from 1946 and OTC medication circa 1935);
 - 30% stop taking prescriptions early;
 - 14% change the dosage without consulting the physician;
 - 7% of the seniors surveyed had alcohol-related problems.

Given these rather alarming figures, the Health Division's Substance Abuse Office began planning public education and provider training strategies that would dramatically alter the potential for introgenic problems. Although the limited budget for the program – \$16,827 in fiscal year 1986-87 (exclusive of the director's salary) – does not allow for the collection of impact data, process and outcome evaluations show substantial changes in the participant's knowledge, attitudes, and intentions to be more careful when using medications.

The budget for the program is small, and within the means of most communities. The materials and diversity of the effort mean that it can be replicated in whole or in part and are available to any organization that wants to duplicate them. The theoretical base for the program is well documented and grounded in solid social and learning theory.

Project Summary Parents' Communication Network of Minnesota

AGENCY:

Communication Network of Parents'

Minnesota

National Federation of Parents for Drug-Free

Youth

ADDRESS:

P.O. Box 24392

CITY, STATE, ZIP:

Apple Valley, Minnesota 55124

CONTACT NAME:

Sue Blaszczak, Program Coordinator

PHONE NUMBER:

612/432-2886

PROGRAM TYPE:

Community

STATE AGENCY DIRECTOR:

Cynthia Turnure

Rudy Perpich

CONGRESSPERSON:

Bill Frenzel

GOVERNOR:

Phone Number: 612/296-4610

STATE PREVENTION COORDINATOR:

Sharon Johnson

Phone Number: 612/296-8574

PROJECT ADVISORY COMMITTEE MEMBER:

Linda Chott

Phone Number: 312/917-6846

CLIENTELE:

Parents with teenage children, now extended to reach parents whose children are still in elementary school. Estimates are that some 10,000 families throughout the State are involved in PCN's activities.

MAJOR SERVICES:

PCN is a grassroots effort to promote parent groups as the core group for a total community prevention plan. An attempt is made to train each parent group to look at awareness and attitudes regarding chemical health and chemical abuse prevention issues in their community, to assess current curriculum, programs, and activities, to assess local, state and national resources, and then use those resources to provide the programs and activities which they feel they need in their community. In each community, parents usually work in four major areas:

- Publishing directories of members, newsletters, guidelines for hosting parties, etc.
- Sponsor or co-sponsor alternate chemical-free activities;
- Encourage communication among parents, and between parents and children;
- Educate themselves on basic parenting skills, and educate themselves, their children and the community about chemical health and chemical abuse prevention.

PCN believes that parents are the missing link in chemical abuse prevention efforts, and groups are forming throughout the state. Until January 1987, the groups operated solely on donated funds; a small grant (with expenditures of \$6,000 in the first three months of its operation) has helped to defray expenses to a small degree. PCN is held together by a State steering committee that provides the information and resources to help new groups of parents become organized and take advantage of other's successes. Although impact evaluations are beyond the scope of PCN's budget, the fact that the organization continues to grow provides substantial evidence that it is deemed effective by participapnts. In the first quarter of 1987:

- 61 school districts requested information;
- 9 new chapters were formed;
- 462 new volunteers signed up, and
- 1,140 hours of service were clocked in new groups alone.

The model is simple: parents should be involved in their children's lives in positive, supportive ways, not merely as authority figures who tell them what NOT to do. The local chapters take full advantage of other resources and community groups and rely heavily on the Minnesota Prevention Resource Center's media and consultant services. Moreover, local chapters work closely with the schools and other community education services to provide parent education programs.

Project Summary A.S.A.P. - Alcohol Substance Abuse Program

AGENCY:

A.S.A.P.--Alcohol Substance Abuse Program
Toms River Regional School District

ADDRESS:

High School South Annex Hyers Street

CITY, STATE, ZIP: Toms River, New Jersey 08753

CONTACT NAME: Carolyn Hadge, Program Coordinator

PHONE NUMBER: 201/244-7370 201/341-9200, ext. 405

PROGRAM TYPE: Targeted GOVERNOR:

Thomas H. Kean

CONGRESSPERSON: James J. Howard

STATE AGENCY DIRECTOR: Riley Regan (Alcohol)

Phone Number: 609/292-8947

STATE AGENCY DIRECTOR: Richard Russo (Drugs) Phone Number: 609/292-5760

STATE PREVENTION COORDINATOR: Dorothea Harmsen (Alcohol) Phone Number: 609/292-0729

STATE PREVENTION COORDINATOR: Charles Currie (Drugs) Phone Number: 609/292-4346

PROJECT ADVISORY COMMITTEE MEMBER:
Ketty Rey

Phone Number: 518/473-0887

CLIENTELE:

16,460 students (K-12) in 16 buildings (10 of which are elementary schools). Roughly 96% of the population is Caucasian. Although the median family income for the district is \$25,000, several factors converge to put these students at risk for substance abuse: a highly mobile and rapidly growing population; a large number of latch-key children (either in single- parent families or families where both parents work); and a summer resort atmosphere (Toms River is a coastal town with a seasonal influx of beach- seekers) that encourages substance abuse. Based on a random survey of 770 high school students, program staff estimate conservatively that 10% of the students are in serious trouble with substances. In addition to the direct and indirect services aimed at students, the program also targets parents (132 were seen in one-to-one or small group sessions in 1985-86) and school personnel at all levels of school operations, including bus drivers.

MAJOR SERVICES:

- Primary prevention to help youth avoid starting to use drugs or alcohol;
 - older teens are trained to present factual information, refusal skills, coping mechanisms, selfimage enhancement to students in grades 5-7.
 - recreational activities are scheduled throughout the year;
 - a suicide awareness program has been developed to help staff and students recognize and deal with suicidal thoughts or attemtps on the part of other students;
- Secondary prevention to intervene with students who are abusing substances:

- each of the intermediate and high schools has ASAP counselors who provide direct services to youth using drugs and to those who come from families where alcoholism is a problem.
- the Crossroads program deals with students who come to school under the influence or in possession of alcohol/drugs; parents are asked to meet with ASAP staff; urine testing is conducted with parental approval; students breaking substance policy rules are suspended for five days.
- an athletic program, using some bonding principles common to Outward Bound and similar programs (i.e., wilderness adventures), encourages drug-free athletes to help team members who are in trouble; some participants from this program also are involved in primary prevention activities, working with younger children to provide role modeling and foster cohesive group action (through "new games")
- Tertiary prevention for recovering students who are dependent or who have received in- or outpatient care for substance abuse is provided in the form of three group sessions each week at the A.S.A.P. office.

In 1980, the Toms River School Board contracted with the National Council on Alcoholism of Ocean County to provide services one day each week for seventh and eighth grade students and their teachers. Three years later the program, under the auspices of the superintendent of schools and with assistance from some high school students, had grown to encompass primary prevention efforts for grades 5-7. Teens Educating on Alcohol Misuse* (TEAM) was then expanded to become the planning body for the entire Toms River area. A full-time director was hired in 1983; the staff now numbers seven full-time employees, two student interns, and a part-time secretary. By the 1985-1986 school year, the program was operating on a budget of \$109,400 generated from a number of sources, including the local advisory committee on alcoholism, the local beer wholesalers association, and the U.S. Department of Education's Northeast Training Institute.

In addition to having reached at least 12,000 students directly (in counseling or small group discussions) or indirectly (through curriculum materials, workshops, speaking engagements) during the 1985-86 school year ASAP has provided a minimum of six hours in-service training for all school district employees. ASAP has developed a half-dozen publications, including a handbook for coaches and a suicide brochure. The program was featured in the winter 1985 issue of the New Jersey Educational Association (*Review*) and has received media attention.

The wheels are in motion for data collection to produce useful impact information. Process and outcome evaluations are a consistent part of every activity and have been consistently used to make the program more responsive to needs expressed by both teachers and students. The program has been chosen as a model by four State Agencies, including the division of Criminal Justice because it can be operated on a low budget, and with diverse targets, by calling on students themselves to take a large share of responsibility.

Project Summary The Citizens Alliance to Prevent Drug Abuse (CAPDA)

AGENCY:

The Citizens Alliance to Prevent Drug Abuse

GOVERNOR:

Mario Cuomo

ADDRESS:

P.O. Box 8200

CONGRESSPERSON:

Samuel S. Stratton

CITY, STATE, ZIP:

Albany, New York 12203

STATE AGENCY DIRECTOR:

John Gustasson

Phone Number: 518/457-7629

CONTACT NAME:

Dr. Ernest Cannava Superintendent

Hyde Park Central School District

Administrative Offices

Haviland Road, Hyde Park, NY 12538

STATE PREVENTION COORDINATOR:

Phone Number: 518/457-7096

PHONE NUMBER:

914/229-7984

PROJECT ADVISORY COMMITTEE MEMBER:

Ketty Rey

Phone Number: 518/473-0887

PROGRAM TYPE: Statewide

CLIENTELE:

All citizens of the State of New York, especially the 14,558,500 over the age of 12, but special attention is given to programming for underserved and high-risk groups, especially youth, women, urban dwellers (especially minority urban dwellers), and people more than 60 years old.

MAJOR SERVICES:

CAPDA's services fall into two broad categories, and their realization depends in large measure on the of public awareness of the magnitude of the drug problem and resources available and necessary for its amelioration and prevention and (2) the development of resource materials that volunteers can use to create this awareness and respond to it.

In the former case, CAPDA has used traditional communications media as well as a toll-free information line, bumper stickers, and close working alliances with public broadcasting to get its message out. In the latter case, CAPDA has produced three major books in collaboration with the Division of Substance Abuse Services:

- Handbook for Parents
- Community Organization Guide
- Substance Abuse Prevention Resources for Volunteers

Since 1979, the total population of New York State has grown by only one percent a year. The substance abusing population, however, rose by 22% between 1979 and 1983, and past trends suggest it will grow by another 16% by 1988. Some 40% of the population over the age of 12 report having used substances nonmedically at some time in their lives; almost 29% of these users are between the ages of 12 and 17 (although this group comprises only slightly more than 11% of the total population of the state). With these and other alarming figures and trends in mind, and on the heels of the devastating heroin epidemic of the 1970s, it became apparent that some coordinated and yet localized prevention campaign was critical to halting the spread of substane abuse. Thus CAPDA was mandated to create a vast and diverse network of volunteers in a position to help through contributions of time, money, information, space, and access to high-risk and/or underserved populations (i.e., women and the elderly). The central premise of CAPDA philosophy is that creating a drug-free environment is everybody's responsibility.

The most recent financial information shows that CAPDA incurred \$81,200 in central office operating expenses. These were covered by a New York State Division of Substance Abuse grant totalling \$50,000 (with \$6,000 of in-kind services), a \$10,000 allocation from Narcotic Drug Research, Inc., and by \$15,000 of combined cash and in-kind donations from corporations. In spite of this rather small central budget, CAPDA estimates it reached nearly 100,000 people through direct services and local community action group undertakings in 1986 alone, excluding the 10,000 callers who used the toll-free number. Two hundred and seventy-five groups have been established through CAPDA's efforts; local groups have conduted more than 2,800 prevention activities involving nearly 631,000 participants over a six-year period. Moreover, CAPDA volunteers are instrumental in keeping local and state legislators and policymakers informed of trends in substance use and abuse.

CAPDA relies on input from local sources and on local creation and endorsement of activities they select (and, not incidentally, on locals operating the drug programs in their area). A youth advisory council is an important part of CAPDA's operations, and broad community representation is sought. With this as a model, the program can be exported to any area where people are willing to take responsibility for the welfare of their citizens.

Project Summary Early Intervention Alcohol Program

AGENCY:

Project 25, Community School District 25
Alcohol and Drug Prevention/Intervention
Program

ADDRESS:

34-65 192nd Street

CITY, STATE, ZIP: Flushing, New York 11358

CONTACT NAME:
Mrs. Alice M. Riddell, Director

PHONE NUMBER: 718/359-0823

PROGRAM TYPE: School GOVERNOR:

Mario Cuomo

CONGRESSPERSON: James H. Scheuer Gary Ackerman Mario Biaggi

STATE AGENCY DIRECTOR:

Robert V. Shear

Phone Number: 518/474-5101

STATE PREVENTION COORDINATOR:

Ketty Rey

Phone Number: 518/473-0887

PROJECT ADVISORY COMMITTEE MEMBER:

Ketty Rey

Phone Number: 518/473-0887

CLIENTELE:

Primarily, fifth and sixth graders who are from families where alcohol abuse is a problem; however, all fifth and sixth graders in four selected schools (the schools change each year) receive the classroom program. The 25th school district serves a total of 20,000 students, 49% of whom are native born Caucasians; the rest of the student body reflects a broad ethnic mix: families from over 110 foreign countries and Black Americans. The economic status in the district ranges from welfare recipients and public housing residents to high income families living in single family houses and duplexes.

MAJOR SERVICES:

Four classroom lessons on alcohol. All fifth and sixth grade teachers are involved in conferences that explain the purpose of the lessons. Teachers also participate in follow-up conferences. Students are individually screened, and, where appropriate and desirable, they may take advantage of additional services targeted specifically for children of alcoholics and intended to address some of the adjustment and emotional problems that result. These special services involve weekly self-awareness support groups and additional individual and/or family counselling.

Program staff also speak to PTAs, other community groups, other school personnel, and make referrals when necessary.

Children from families where alcoholism is a problem are themselves at high risk for problems with alcohol and other substances, for adjustment difficulties, for school problems, and for a range of psychological and emotional consequences that result from feeling guilty, helpless, different, embarassed, frightened, and inhibited. Recognizing the need that these children have for early intervention, and that family denial would weigh heavily against the children's receiving help outside the school, the prevention program staff organized services to deal specifically with these children at a very early age — during the fifth and sixth grades. Given the statistics on adult alcoholism, they expected to find 40-50 children of alcoholics in their fifth and sixth grade groups; they found 150. The cost of operating the program, since a prevention program was already funded by the district, would be negligible — involving merely the expansion of personnel services to children identified as needing more than the four-lesson curriculum.

In 1986, 817 children received the classroom lessons, 90 received counseling, 456 teachers and administrators were involved in some aspect of the program, and 5,000 community members (including parents) participated in some form of organized meeting or conference. Some evaluation conclusions seem particularly important for others wishing to replicate this program (which has not been done, but the potential is certainly there because the program is thoroughly documented):

- parents in denial do not remove their children from the program;
- children are always amazed that so many of them are living with or affected by a family member with an alcohol problem;
 - male children cannot accept the fact that their mothers are alcoholics;
- children of alcoholics have tremendous anger toward the non-alcoholic parent for not doing something about the problem;
- on pre-, post-exposure/counselling measures, all students' self-image improved; 95% of them developed trust with the group and the facilitator; and all students accepted and internalized that they were not at fault nor could they change the alcoholic.

It was also found that children of alcoholics were disproportionately represented in special education classes, yet no attention to alcohol was evident during screening, testing, or in the delivery of services.

Project Summary High-Risk Low-Risk Drinking Campaign

AGENCY:

New York State Division of Alcoholism and

Alcohol Abuse

Mario Cuomo

GOVERNOR:

ADDRESS:

194 Washington Avenue

CONGRESSPERSON: Samuel S. Stratton

CITY, STATE, ZIP:

Albany, New York 12210

STATE AGENCY DIRECTOR:

Robert V. Shear

Phone Number: 518/474-5417

CONTACT NAME:

Betsy Comstock, Assistant Director

STATE PREVENTION COORDINATOR:

Ketty Rey

Phone Number: 518/473-0887

PHONE NUMBER: 518/473-3231

PROGRAM TYPE: Statewide

PROJECT ADVISORY COMMITTEE MEMBER:

Ketty Rey

Phone Number: 518/473-0887

CLIENTELE:

In theory, all 17.7 million residents of New York State are recipients of "High-Low" services; in practice, certain target groups have been identified as being particularly at risk for alcohol abuse or problems arising from its injudicious use:

- those who use alcohol in high-risk situations boating, driving, using machinery, or in common tasks that could be dangerous if one were drinking (cooking, doing home repairs, babysitting);
- those whose use of alcohol could increase the risk of their developing alcoholism, alcohol-related physical problems, or alcohol dependence unless frequency and quantity are reduced;
 - those who belong to such high-risk groups as children of alcoholic parents.

Moreover, some campaign activities are targeted to those considered to be among low-risk groups so that they can identify signs of becoming at high-risk themselves.

MAJOR SERVICES:

This public information campaign coordinates message communication with local sources of information, referral, and assistance. Multi-media messages were developed by the Division in conjunction with advisory committees from the two agencies (New York State Council on Alcoholism and the community action project). Local alcoholism councils have distributed print information to their constituencies and local schools, churches and at other events. Broadcast messages are carried on 36 cable stations, on weekly radio programs, and on local independent and network-affiliated TV stations. An 800 number was inaugurated in 1985 to provide referral and information services (1-800-ALCALLS).

Nearly 14% of the population of New York State report drinking five or more drinks on at least one occasion each month. Nearly one million New Yorkers drink at least two drinks daily. Literally millions of people are now growing up in or grew up in alcoholic families. All of these people are at high risk for developing a range of problems with alcohol and for causing problems for other people (and themselves) if they drive, boat, work in kitchens, etc. after drinking too much. Public information campaigns on the risks of alcohol use needed to be expanded beyond the traditional caveats about drinking and driving, and people needed to understand clearly the health problems that could ensue from regularly drinking in excess of two drinks daily.

The solution, a joint creation of the division and NYSCA, was felt to lie in a massive public information campaign that would be targeted to these groups and that would take maximum advantage of communications resources and local energies and organizations. Thus, conferences, health fairs, and even the New York State Fair (which annually attracts 100,000 visitors) have become outlets for print materials developed as part of the campaign. Mechanicals of the print materials are lent to organizations that wish to reprint them (as did the State National Guard). Broadcast materials have been made available to businesses and organizations so that they can be used in-house, not just over the airwaves.

By most indicators, the campaign has been a success. A May 1987 survey of 2,000 people disclosed that nearly three-quarters of them had seen or heard at least one message. Calls to the ALCALLS toll-free line nearly doubled when public service announcements (PSAs) were being aired. When the messages were aired during <u>purchased</u> media time (PSAs aired for free rarely, if ever, find their way into prime time), calls increased to 2,189 a month (contrast with the PSA average of 465 each month). Beyond these preliminary figures, little impact data are yet available, although a thorough study is underway to determine the relationship of exposure to messages and attitudes and knowledge about alcohol. It would appear that the expenditure of \$648,000 to mount the purchased-time campaign paid off, but this is a very large sum of money for most States. However, materials developed by the campaign will be made available at cost to any public or private agency wishing to use them. Costs of implementing the PSA portion of the campaign were small (\$44,000, which covered production and duplication of the campaign materials and printing, as well as administrative costs); the estimate is that this aspect costs about five cents for each person exposed to the message. It is estimated that nearly 13 million people were exposed to at least one media campaign message.

Project Summary New York City Warning Poster on Drinking During Pregnancy

AGENCY:

Alcoholism Council of Greater New York

GOVERNOR:

Mario Cuomo

ADDRESS:

133 East 62nd Street

CONGRESSPERSON:

Bill Green

CITY, STATE, ZIP:

New York, New York 10021

STATE AGENCY DIRECTOR:

Robert V. Shear

Phone Number: 518/474-5417

CONTACT NAME:

PHONE NUMBER:

212/935-7075

Frank Scott, Executive Director

STATE PREVENTION COORDINATOR:

Ketty Rev

Phone Number: 518/573-0887

PROGRAM TYPE:

Targeted

PROJECT ADVISORY COMMITTEE MEMBER:

Ketty Rey

Phone Number: 518/473-0887

CLIENTELE:

Specifically, the warning poster is meant to advise women of childbearing age of the risks to the fetus of the mother's drinking. Secondarily, of course, the campaign is meant to spread the word to everyone.

MAJOR SERVICES:

The service provided by this undertaking is in two areas: first, the passage of the law mandating the FAS poster at all liquor-serving establishments, and second, its implementation. The only product is the warning poster that says: "Warning: Drinking alcoholic beverages during pregnancy can cause birth defects." Eight thousand establishments in the City of New York are required to display this poster prominently. When the poster becomes worn, the council provides a replacement copy.

Fetal Alcohol Syndrome is the third most common cause of mental retardation -- and the only one that is preventable. It also accounts for various other birth defects. Drinking during pregnancy adversely affects one out of every 100 live births, even among women who are moderate (two drinks daily) drinkers. Yet many physicians fail to discuss this risk with their pregnant clients, or fail to point out just how devastating even small amounts of alcohol might be.

With this in mind, the Alcoholism Council of Greater New York set out to win legislation that in some measure would be the alcohol counterpart of the Surgeon General's warnings on cigarette packages. After 15 months of campaigning, and with a broad base of support, the council persuaded the city council to require such warning notices at every establishment where alcohol was sold. By a vote of 28 to 4, the law passed; not only is such a warning required, but there is a \$100 fine to establishments that fail to display it.

No real costs were incurred by the Council. However, two Gallup polls have been completed to determine whether the posters have made any impact on the population; the New York City Department of Health paid \$18,000 to conduct the polls as well as to print the posters.

The Gallup evaluations were conducted on a pre- post-test model. A survey was concluded in March of 1984 just before the posters were placed and then one year later. Overall, New Yorkers' awareness of the dangers to the fetus from drinking rose from 56% to 68%; men showed a 14% gain; women, an 8%

increase. In another survey that compared responses from women of childbearing age in New York City against those of women upstate (where the posters aren't required), almost twice as many women in the city as upstate recognized pregnant women as a group at risk for "illness or other problems as a result of their use of alcohol."

Twenty-seven other communities around the country are currently exploring some version of the warning project, and similar laws have been passed - ten incorporated areas and two States.

Project Summary Texans' War on Drugs (Drug Abuse Research and Education, Inc.)

AGENCY:

Texans' War on Drugs DARE Foundation, Inc.

ADDRESS:

11044 Research Boulevard, Bldg. O, Suite 200

CITY, STATE, ZIP: Austin, Texas 78759

CONTACT NAMES:

Jo White, Administrative Assistant John McKay, Executive Director

PHONE NUMBER: 512/343-6950

PROGRAM TYPE: Statewide GOVERNOR:

Bill Clements, Jr.

CONGRESSPERSON:

J. J. Pickle

STATE AGENCY DIRECTOR:

Bob Dickson

Phone Number: 512/463-5510

STATE PREVENTION COORDINATOR:

Jim Bradley

Phone Number: 512/463-5510

PROJECT ADVISORY COMMITTEE MEMBER:

Richard Hayton

Phone Number: 314/751-4942

CLIENTELE:

The War on Drugs reaches out to every Texan with information, services, and activities that will dissuade them from abusing chemicals. Youth are singled out for particular attention. Because community involvement is central to the success of the program, emphasis is given to recruiting representatives of all aspects of community life to volunteer their time and energy, and to taking a "zero tolerance" stance with regard to illegal drug use.

Texas has a large (16 million), mobile (6.5 million of them changed residences between 1975 and 1980), ethnically diverse (Hispanics comprise 21% of the population, Blacks account for 12%, and the State ranks ninth in the Nation in its number of American Indian residents) population. Some 420,000 Texas families live in poverty, and the March 1987 unemployment rate reached 8.7%, reflecting a general downturn in the economy spurred by limited tax dollars and declining oil revenues.

MAIOR SERVICES: '

The War on Drugs is intended to alert communities to the existence of abuse problems, their medical, social, emotional, and financial consequences, and to set in motion whatever activities, coalitions, curricula, and/or services seem appropriate to preventing or ameliorating these problems. Essentially, this is a community organization effort on a grand sale. The process begins under the aegis of paid War on Drugs staff and trained volunteers; these field coordinators visit leaders in each community in their assiged region to discuss the problem and mobilize the community to do something about it. War on Drugs staff and volunteers then offer their services as resource people.

Alcohol and drug abuse cost Texas \$12.4 billion in 1986. In 1985, 442,000 people were arrested for alcohol-specific offenses. More than 300 Texans die annually from drug overdoses, and premature deaths due to alcohol abuse cost the State \$1.4 billion each year. Alcohol and drug abuse exact heavy emotional costs as well, and their elimination became a major focus for legislative concern in the late 1970s. The Texans' War on Drugs (TWOD) was established to fight major battles and minor skirmishes, and to do it with a largely volunteer army that knew each hamlet and city well and was positioned to make an imapor.

TWOD is funded nearly equally by the Governor's Office of Criminal Justice and the Texas Commission

on Alcohol and Drug Abuse, the Single State Agency for Texas. In 1986, the program was funded at nearly \$800,000, about \$4 for each of the 182,698 people served directly (or about a tenth of a penny apiece for the 59,033,516 who were served indirectly). Funding is used to pay staff salaries and travel expenses for the director and administrative staff, six regional field coordinators, three statewide coordinators (for youth, minority, and law enforcement), for publication and circulation of a quarterly newsletter, for educational materials, and for general operating expenses.

Regional coordinators are responsible for identifying and informing community leaders about substance abuse problems, but the social work principle of community organization (that each community is unique, knows its own needs, and can be responsible for and find its own solutions) is the *modus operandi* — networking and developing local coalitions and solutions are the objectives of each region. However, the regional staff, who are required to remain up-to-date on both problems and solutions, provide technical assistance to help local groups find the resources they need to implement their own solutions.

Although no substantial impact evaluation has yet been done, school-based surveys show that Texas compares favorably to other States. Data are being gathered now that will provide the baseline for other longitudinal studies.

The War on Drugs model has been replicated in other States, and specific information and technical assistance are available. Perhaps the single most important determinant of success is the strong commitment of the State legislature and the business community, coupled with the involvement of qualified professional staff who know how to effect social change.

Project Summary Hampton Intervention and Prevention Project (HIPP)

AGENCY:

Alternatives, Inc.

GOVERNOR:

Gerald L Baliles

ADDRESS:

1520 Aberdeen Road, #102

CONGRESSPERSON:

Herbert H. Bateman

CITY, STATE, ZIP:

Hampton, Virginia 23666

STATE AGENCY DIRECTOR:

Wayne Thacker

Phone Number: 804/786-3906

CONTACT NAME:

Cindy Carlson, Director of Prevention

STATE PREVENTION COORDINATOR:

Hope Seward

Phone Number: 804/786-3906

PROGRAM TYPE:

PHONE NUMBER:

804/838-2330

School

PROJECT ADVISORY COMMITTEE MEMBER:

William J. McCord

Phone Number: 803/734-9520

CLIENTELE:

The Hampton Intervention and Prevention Project (HIPP) is targeted for all students in the Hampton City Schools:

- 10,708 students K-6
- 3,003 middle school students
- 6,647 high school students

Of a total population of 124,900, 54% of the residents of this area are Caucasian. The median household income is \$21,788; 26% of the population is either an employee of the military or a military dependent.

MAJOR SERVICES:

HIPP offers specific services as follows:

- Elementary prevention for grades K-5 involving a "Keeping Healthy Kids Healthy" prevention curriculum, various activities designed to promote positive self images and peer pressure for substance-free lives, and "Just Say No" clubs in all the schools that have attracted over 2,000 members from grades 4-6.
- Secondary prevention for middle and high school students incorporating a wide range of activities and organizations, including a "Natural Helpers" group (students are trained for 30 hours to provide peer support and prevention projects for other students), and a "Friends Who Care" organization that promotes drug-free after-school events.
- Parents and community projects designed to impart information and enlist parents' cooperation (using the "Safe Homes" model, among other things) in sponsoring and chaperoning substance-free events.
- Consultation and education, provided by the HIPP staff, to school personnel and social services agencies and to communities in general.
- A student assistance program operated by HIPP counselling staff who work in the middle and high schools with students who are having problems or who have been suspended from school for substance

offenses.

Volunteer services give graduate students and other volunteers the opportunity to learn substance abuse prevention and treatment techniques and applying these in clinically supervised practice where particular attention is given to children of alcoholics.

It is the policy of the Hampton City Schools to suspend students for ten days for their first offense, or the charge of distribution of drugs carries with it the recommendation of expulsion from school. In the early 1980s, school personnel realized that these two policies required a more comprehensive approach if their effects were to be long-lasting. It was then that Alternatives, Inc., was approached to design both a treatment program (now mandatory for expelled or suspended students) and a prevention program that would not only discourage students from using substances but encourage them to participate in experiences that seem to be valuable in promoting a chemical-free existence.

Phase I of the program was fully implemented in 1983; it was evaluated two years later. One important finding: substance abuse suspensions and expulsions decreased by 32% from the 1984-85 school year to the 1985-86 school year. For the latter period, the following figures given an indication of the extent to which the community is involved with and supportive of HIPP:

- 4,874 elementary school children participated in the curriculum; 525 of their parents had direct contact with the program, and 377 teachers were trained to use the materials;
- 7,500 adults attended presentations on prevention; 78 community members volunteered to be on various steering committees and task forces, as did 285 parents;
 - 914 students and 399 parents availed themselves of student assistance program services;
- nearly 40,000 people were reached indirectly, including nearly 10,000 students who signed substance-free scrolls.

Costs for the program in fiscal year 1986 totalled \$358,247, of which \$175,000 came from the City of Hampton, \$25,000 from the school system, and the rest from the Department of Criminal Justice Services, the United Way of the Virginia Peninsula, and a Federal Prevention Block Grant. In addition, in-kind services have been substantial: the Rotarians, for example, made it possible for the school system to implement the Operation Aware curriculum throughout the schools; the Department of Parks and Recreation facilitated alternative activities; the Peninsula Hospital provided consultation and printing services; and the mayor's office sponsored various events. The Hampton Police Department, while involved in control efforts, is also strongly involved in the prevention programs.

The HIPP program has been selected by the State of Virginia as a model for a statewide initiative from the Attorney General's office, and it can be duplicated (with varying combinations of services and programs) in any community where joint ownership of the drug problem and shared responsibility for its prevention can be created. The HIPP staff are developing a "how-to" manual describing school and community partnership that will be available at the end of the 1987-88 school year. All HIPP undertakings were themselves based on other proven models from around the country.

Project Summary Students Organized for Developing Attitudes (SODA)

AGENCY:

Central Virginia Community Services

GOVERNOR: Gerald L. Baliles

2235 Landover Place, P.O. Box 2497

CONGRESSPERSON: Jim Olin

CITY, STATE, ZIP:

Lynchburg, Virginia 24501-0497

STATE AGENCY DIRECTOR:

Wayne Thacker

Phone Number: 804/786-3906

CONTACT NAME:

Donna Cole Vincent, SODA Coordinator

STATE PREVENTION COORDINATOR:

Hope Seward

Phone Number: 804/786-1530

PHONE NUMBER: 804/847-8050

PROGRAM TYPE: School

PROJECT ADVISORY COMMITTEE MEMBER:

William J. McCord

Phone Number: 803/734-9520

CLIENTELE:

Currently SODA services 12 high schools and 17 elementary schools in a geographic area that comprises one city and three counties. It is designed for sixth and seventh graders and eleventh and twelfth graders (SODA partners, who are selected on the basis of high achievement and the ability to relate well with younger children). Caucasians in the area total 142,921; Blacks, 32,652. Of this total of 175,573, 6,914 people earn over \$35,000 per year, and 17,137 earn less than \$10,000; the rest fall inbetween.

MAJOR SERVICES:

The SODA program involves sixth and seventh graders in ten 40-minute sessions designed to promote self-awareness, foster cooperation, impart problem-solving skills, and enhance self-concept. The sessions are led by high school juniors and seniors who have been trained for a total of 30 hours over two weekends in how to use the materials. Each SODA partner works with four or five younger children over the entire 10-week period. The SODA coordinator from Central Virginia Community Services and classroom teachers monitor the sessions, and SODA partners have regularly-scheduled meetings and debriefings with their own faculty supervisors. Other members of the community - the police, Al-Anon, etc. - participate in the training for the partners and are available for consultation throughout the school year.

On the belief that teenagers can serve as important role models and "teachers" for younger children, the SODA program was organized around the concepts used by "Dope-Stop," the prevention education arm of the Community Organization of Drug Abuse Control (CODAC) that is in use in and around Phoenix, Arizona (and that has been widely endorsed in that State and nationally). One important message that the program seeks to broadcast to elementary school students is that one can be "straight" (i.e., drug-free and involved in community activities, as are their high school "partners") and still be well liked and respected. Two other educational aims are paramount: one is to increase the younger students' knowledge of drugs (and, not incidentally, the knowledge of the older partners) and the other is to foster the attitudes that discourage drug use.

Based on a target group of 1,630 direct participants, the program cost \$9 per student in 1986-87, but only \$0.65 of this per-student cost is borne by the schools (for purchase of the SODA manuals and activity sheet packages at \$4.00 and \$3.00 each, respectively). Other funding in 1986-87 came from Central

Virginia Community Services (about \$9,000), from donations by civic organizations (\$2,200), and from private industry donations (\$4,000).

Evaluation of the program is aimed at getting reactions from four groups: parents of the elementary students; parents of the high school partners; SODA partners themselves; and elementary school teachers. In addition, each elementary school participant writes a sentence-completion activity about his or her experiences. Students report looking forward to the sessions, and their parents report that their children's knowledge of drugs and their hazards has increased and their general attitudes have improved. Teachers were most favorable to the program and to the maturity of the partners. The program has been in operation long enough that some of the early sixth grade participants have now graduated from college; several of them have returned to teach in the school system, noting that the SODA program was the single most influential factor in this decision. A substantial impact evaluation is not planned, but assessments and adjustments in the program are an important part of day-to-day operations.

The program has quadrupled in size since its beginnings, and staff believe it can be easily replicated in any community that is committed to preventing drug abuse and willing to take the time to organize the program and train the partners.

Project Summary The Prevention and Intervention Center for Alcohol and Other Drug Abuse (PICADA)

AGENCY:

PICADA, Inc.: Comprehensive Prevention

Programming

ADDRESS:

17 North Webster Street*

CITY, STATE, ZIP:
Madison, Wisconsin 53703*

CONTACT NAME:

Judie Pfeiser, Executive Director

PHONE NUMBER:

608/255-0819*

PROGRAM TYPE:

Community

GOVERNOR:

Tommy Thompson

CONGRESSPERSON:

Robert Kastenmeier

STATE AGENCY DIRECTOR:

Larry Monson

Phone Number: 608/266-3442

STATE PREVENTION COORDINATOR:

Vince Ritacca

Phone Number: 608/266-2754

PROJECT ADVISORY COMMITTEE MEMBER:

Linda Chott

Phone Number: 312/917-6846

CLIENTELE:

PICADA seeks to reach all of Dane County's 323,545 residents with prevention information and intervention services when these are needed. Madison, the county's largest city and central campus for the University of Wisconsin, accounts for about 175,000 of the county's total population. Roughly 80% of all county residents are over the age of 13; about 8% of them are over 65. Caucasians account for 96% of the county's residents, Blacks and Asians for nearly 3%; the rest are American Indians and other ethnic groups. According to 1980 census figures, 25% of the population over 16 earned less than \$10,000 annually; on average, the income was just slightly over \$18,000 per year.

MAJOR SERVICES:

PICADA categorizes its major service areas as follows:

- Information and referral: PICADA makes available several publications and maintains a library on alcohol and drug abuse information. It responds to direct requests for information (2,951 in 1986) and maintains close ties with all media in the area.
- Education and training: PICADA works with health-care providers, parent groups and with school faculty and staff both to impart information to them and to equip them to impart this information themselves. Among other areas receiving attention, PICADA has focused on fetal alcohol syndrome, peer education and refusal programs, the sponsorship of health fairs, and the development of K-12 curricula.
- Family information and interviewing: PICADA staff work with at least one parent and his or her teenage child to prevent costly treatment or incarceration of that child for alcohol or other drug abuse. Some 100 people were seen in this program in 1986.
- Community prevention: PICADA staff provide technical assistance to local communities to create prevention programs, train community volunteers through workshops, and sponsor other activities, including helping local groups develop leadership and locate financial support for prevention programming.

■ Worksite programs: PICADA staff provide the services necessary to set up employee assistance programs and wellness programs at the workplace. In 1986, some 4,000 workers benefited from these efforts.

PICADA has a large staff -- 17 employees -- and a large budget -- \$466,800 annually, some of which comes from fees for services, the rest from county funding, private donations, and the United Way. Its broad range of services reaches into every part of the community: the schools, business and industry, community and youth groups, professional organizations, and various parts of the local government. Yet one of the organization's major efforts is to impart self-sufficiency in prevention programming to any organization that asks for its services and to ensure that prevention services are provided in a coordinated manner throughout the county. To this end, PICADA maintains cooperative agreements with all related community service organizations and staffs a number of task forces and committees.

PICADA operates on the principle that a drug-free existence is but one manifestation of a general commitment to wellness, and that physical wellness must also involve the positive sense of self necessary to take care of one's body. This is especially true in PICADA's work with school-aged clients (e.g. "Teens Teach Teens," a cross-age peer education program). Results of a survey (by the Dane County Youth Commission) first conducted in 1980 and again in 1985 indicate a slight decrease in some aspects of youth alcohol and drug abuse. Other ongoing evaluations by PICADA itself show positive responses from participants (although youth seem to show more positive results than their parents think warranted!).

PICADA provides an interesting example of the various ways in which one organization with a central mission can become an important resource for diverse populations that can affect the achievement of that mission. The county executive has proclaimed each October as Alcohol and Drug Awareness month, and during that month, PICADA not only sponsors but assists other organizations in implementing a great range of prevention activities. The program can be replicated in communities that are willing to organize around a central theme and allow one organization to become the "experts" in promulgating information and skills and generating new ideas.

^{*}After November 15, 2000 Fordem Avenue, Madison, WI 53704, (604) 246-7606.

Project Summary New Holstein Student Assistance Program (SAP)

AGENCY:

Wisconsin Office of Alcohol and Other Drug

Abuse

ADDRESS:

New Holstein Public Schools

2226 Park Street

CITY, STATE, ZIP:

New Holstein, Wisconsin 53061

CONTACT NAME:

Joseph Wieser, Elementary School Principal

and Project Coordinator

PHONE NUMBER: 414/898-4208

PROGRAM TYPE:

GOVERNOR:

Tommy Thompson

CONGRESSPERSON:

Thomas Petri

STATE AGENCY DIRECTOR:

Larry Monson

Phone Number: 608/266-3442

STATE PREVENTION COORDINATOR:

Vince Ritacca

Phone Number: 608/267-8933

PROJECT ADVISORY COMMITTEE MEMBER:

Linda Chott

Phone Number: 312/917-6846

CLIENTELE:

Approximately 6% of the K-12 school population has been involved in this program since its inception. Students are seleted on the basis of being affected by their own or another's alcohol or drug use, but youth not having such problems also receive positive benefits from the program. The school system serves about 1,600 students in this very rural community of 5,000 people, 99.2% of whom are Caucasian. About 7% of the households report farm income, and about 4.8% of all families were below poverty income in 1980.

MAJOR SERVICES:

The school-based program operates on a cycle of identification through support of students who are themselves abusing substances or concerned about another's abuse:

- Identification of youth with problems,
- Assessment of the nature and extent of the problem,
- Motivation of the student to get help,
- Referral to approriate in-school or outside agency services, and
- Provision of support for the changes the youth wants to make.

Each of these points in the process may be handled in very different ways, depending on the situation (for example, some youth are identified by teachers or community members; assessment may be as informal as observation of the student or as complex as using a battery of evaluative and diagnostic instruments; help—referral and support — may be in the form of counseling, registration in a formal in- or out-patient treatment program, or involvement of the student in ongoing support groups).

Over the five school years that SAP has been in operation, 491 students have been referred to the program and 474 of them have been involved in groups. Impetus for the program grew out of the recognition that students were having their own problems with substances but were also being affected when others in their lives had problems — in fact, the program staff often found that the behaviors and coping styles were the same in each case. Since the program was begun, the school district has noted a decrease in disciplinary referrals, an increase in attendance, and a significant increase in grade point average (up by 49% for students in the SAP program).

The program is operated by a core team of school personnel (faculty and administration) who have been trained by the Wisconsin Office of Alcohol and Other Drug Abuse (it is noteworthy, however, that the SAP planning committee has members from the police department, parents' groups, and other professional organizations). Each school building has an administrative coordinator who is responsible for that school's program and who works with the overall program coordinator and the pupil personnel services contact person to ensure the smooth and successful operation of the program. These people network with other community organizations to secure treatment and referral services, information, and program ideas. Teachers are carefully trained to identify the early warning signs of substance abuse problems so that students will find their way into the treatment loop at a very early stage of the problem. To the extent possible, families are involved in all stages of the process.

Once identified, students may take advantage of a range of services, but they all have the option of becoming involved in a school-based support group. This has been shown to be essential for youth who have been in formal treatment programs as the best hedge against recidivism.

This program has served as a model for many other similar efforts throughout Wisconsin, and staff have acted as technical resources for organizations in a dozen States. A manual has been developed to help other school districts replicate the process. The model works because people see the need for it, believe in it, and see positive results. While it may only be coinidental, it bears noting that this is one of the few school districts in the area that has had no suicides or suicide attempts among the student body.

CRITERIA & PROCEDURES

CRITERIA

The Project Advisory Committee developed a short descriptive paragraph on each of 12 important attributes of effective prevention efforts. Programs seeking consideration as an exemplary program were asked to discuss each of these attributes in their nomination document indicating the way in which the various attributes were implemented or reflected in their programming. Because of the wide diversity of program types and the varying importance of the attributes for those various types, no specific numerical weights were given to the attributes.

Prevention Programs That Work

Twelve Important Attributes of Effective Prevention Programs:

- A. <u>Program Planning Process</u>: The program is based on a sound planning process. The planning process is conducted and/or affirmed by a group which is representative of the multiple systems in the community, such as family, church, school, business, law enforcement, judicial system, media, service organizations and health delivery systems, including alcohol/drug agencies involved in referral, treatment and aftercare.
- B. Goals and Objectives: The program has developed a written document which establishes specific measurable goals and objectives that focus on alcohol and drug prevention. The goals and objectives should be based on a community needs assessment and reflect specific action plans appropriate to the target groups.
- C. <u>Multiple Activities</u>: The prevention program involves the use of multiple activities to accomplish its goals and objectives. These may include information, eduation skills development for youth and adults; training of impactors, alternatives, environmental policy and public policy segments. The public policy components may include the development of specific written school policies and/or local, State and national public policies on availability, marketing and other relevant alcohol beverage control issues.
 - The activities/strategies are implemented in sufficient quantity (no one-shot deals) to have a positive effect on the targets. The program concept may have replicability for other communities.
- D. <u>Multiple Targets/Population</u>: The prevention program includes all elements of the community and/or population served, including all ages, such as the elderly, high-risk groups, and culturally specific groups. The impact and interrelatedness of each group upon the other must be recognized and emphasized in program development, i.e., youth usage is strongly influenced by community norms and adult role models.
- E. Strong Evaluation Base: The program has a mechanism for data collection on an ongoing basis and a method of cost analysis that can be used to calculate cost effectiveness. In addition, the outcomes of the evaluation need to include a focus on behavior change and be tied back to the planning process so that appropriate programmatic changes can be made.
- F. Sensitive to Needs of All: The program takes into account the unique special needs of the community/population. The community will not adopt, without study and adaptation, the package deals of another community, but will seek to redesign and tailor prevention programs to reach the specific needs of its own individuals and cultural groups, including different ethnic and gender-specific efforts.

- G. Part of Overall Health Promotion and Health Care System: The prevention program is an integral, essential component of the health care system. It works with the other agencies who provide intervention, referral treatment and aftercare components of the continuum. It also seeks to work with other prevention agencies (e.g., HMOs, American Cancer Society) in order to build a supportive community environment for the development of healthy lifestyles and healthy lifestyle choices.
- H. Community Involvement and Ownership: The prevention program reflects the basic, essential, philosophical understanding that prevention is a shared responsibility between national, State, and local levels and that specific programs are best done at community levels. "Grassroots" ownership and responsibility are the key elements in the planning, implementation and evaluation of the program. The prevention program should enable the community to not only examine its problems, but also take ownership and responsibility for its solutions.
- I. Long-Term: The prevention program recognizes that there is no such thing as a quick fix or bottled formula or a magic curriculum that will solve the problem. The prevention program seeks to promote a long-term commitment that is flexible and adaptable and responds to a changing environment. The prevention program seeks to build upon its successes and continually enhance its efforts toward its goal. The long-term process integrates prevention activities into existing organizations and institutions such as families, schools, and communities. The long-term nature of the program ensures that interventions begin early and continue through the life cycle.
- J. Multiple Systems/Levels: The prevention program utilizes multiple social systems and levels within the community in a collaborative effort. Each system's involvement is necessary but not sufficient for the success of the program. In order to impact a full range of target populations, all the social systems that are involved must be included. (For example, a program targeted to Hispanic youth must involve family, church, school, community youth recreation, and the law enforcement system.)
- K. Marketing/Promotion: The prevention program needs to include a marketing approach that showcases the positive effects that prevention has within the community and the effects it has on the various individuals and systems within the community. Policymakers are key targets for the marketing strategy. (For example, in marketing youth prevention programs, the involvement of policymakers in the marketing strategy may ensure the continuation of that prevention program.) Mechanisms by which programs can achieve self-sufficiency should be built into the design.
- L Replicability: The prevention program has documented its philosophy, theory, methods, and procedures in sufficient detail and clarity to permit other organizations to assess its utility and applicability in their setting and to permit orderly development of a similar or related program in a new and (somewhat) different setting.

Separate Category for Targeted Programs

Prevention programs which are targeted to specific populations and needs would be at a disadvantage if they were held to Criteria C, D, and J above which call for "multiple activities," "multiple targets," and "multiple social systems/levels" respectively. Such programs requested consideration in a separate category by writing "targeted program" under the program name on the rating sheet. Reviewers considered only the remaining nine criteria when rating entries in the "Targeted Program" category.

RATING PROCEDURE

State Agency personnel and national organizations submitting nominations were asked to complete a "State & National Organization Program Rating Scale: on each nominee. Thus, for each nomination reaching NASADAD/NPN, there was a self-rating by the nominee which indicated where data supporting each of the ratings was to be found in the nomination, plus a State or National Organization rating form for that program. For each attribute a specific numerical score was indicated.

Nominations were submitted to NASADAD/NN, Suite 520, Hall of the States, 444 North Capitol Street, N.W., Washington, D.C. 20001.

Upon receipt, the original of the nomination with the nominator's rating sheet attached, was filed in the NASADAD/NPN central file. Two additional copies were assigned to rating teams composed of Project Advisory Committee members and promptly shipped to them. The rating team members carefully reviewed and rated the program descriptions. Their signed rating sheets were attached to the submission and returned to the NASADAD/NPN office.

NPN staff prepared a combined rating sheet for each program which indicated the submittor's rating, the team member's ratings, and a rating given by NASADAD/NPN central office readers.

The Project Advisory Committee met in July to study all the nominations. They selected a representative set of 20 programs that reflect an appropriate mix of geographic and cultural variables and a cross-section of program types and sponsoring organizations.

PROJECT ADVISORY COMMITTEE MEMBERS

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Dr. Ketty Rey is the Deputy Director of the Prevention/Intervention Group of the New York Division of Alcoholism and Alcohol Abuse, and N.Y.'s National Prevention Network Representative; N.Y.D.A.A.A., 194 Washington Avenue, Albany, NY 12210; (518) 473-3460.

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DRUG FREE WORKPLACE PREVENTION EDUCATION "WHAT WORKS"

- 1. Development and Dissemination of Clearly Articulated Policy which informs employees of the hazards of drug use, the availability of assistance, and provides assurance that personal dignity and privacy will be respected in reaching the goal of a drug-free workplace. The policy should set forth expectations regarding drug use and the action to be anticipated in response to identified drug use.
- 2. Education for Employees and their families covering the following:
 - o prevention education
 - o types and effects of drugs
 - symptoms of drug use
 - o availability and description of services available at the worksite, including employee assistance program
 - o treatment, rehabilitation, and confidentiality issues
 - o all of the components of a drug-free workplace plan and the role and responsibility of each employee
- 3. Supervisor Training provides information to assist supervisors and managers in preventing, recognizing and addressing drug use by employees. Purpose of the training is to assist supervisors in their understanding of:
 - prevention education methods for employees and their families
 - o ways to use employee assistance programs (EAP)
 - o responsibilities of offering EAP services
 - o company policies and procedures relevant to work performance problems, drug use and the EAP
 - o how the EAP is linked to the performance appraisal and the disciplinary process
 - o the process of reintegrating employees into the workforce
 - o factors effecting work performance

- 4. Establishment and Availability of an Employee Assistance Program (EAP) to:
 - o provide education and training on types and effects of drugs, symptoms of drug use and its impact on performance and conduct; relationship of the EAP to other components of a drug-free workplace program; and other related issues including confidentiality
 - o provide counseling and assistance to employees who seek help with a drug problem; this includes monitoring the employees' progress through treatment and rehabilitation and successful re-entry into the workplace

DRUG FREE COMMUNITY PREVENTION PROGRAMS "WHAT WORKS"

Prevention programs impacting their communities have demonstrated some common characteristics.* Whether a community is establishing their fist prevention efforts or strengthening their ongoing programs, the following qualities will contribute to the success of a community's prevention program.

- o The program planning process seeks input from the community such as family, church, school, business, law enforcement, judicial system, media, service organizations, and health delivery systems.
- o The program establishs measurable goals and objectives based on the community's needs.
- o The program involves the use of multiple activities to accomplish its goals and objectives, such as information dissemination, education skills, training, alternative activities, and policy development.
- o The program is founded on and presents current information on drug and alcohol abuse.
- o The program will serve the many populations and elements within the community such as youth, elderly, high risk groups and culturally specific groups.
- o The program has a way to collect information to evaluate their impact and cost effectiveness. The evaluation contributes to the program's planning process and assists in establishing future goals and objectives.
- o The program is sensitive to unique needs of their community designing prevention programs to meet the needs.
- o The program is a part of the community's health care system and seeks to interact with other prevention efforts to build healthy lifestyles.
- o The community is involved with the program and shares the responsibility for finding solutions to their drug and alcohol abuse problems.
- o The program and the community recognizes their commitment to drug and alcohol abuse prevention is long term and that there are no quick solutions for the problem.

- o The program brings together the many components of the community in a collaborative prevention effort.
- o The program needs to promote the positive effects their prevention efforts have had within the community.
- o The program has documented its philosophy, theory, methods, and procedures permitting others to develop similar or related programs.

^{*} Much of the above information comes from Twenty Prevention Programs: "Helping Communities to Help Themselves," by the National Association of State Alcohol and Drug Abuse Directors and the National Prevention Network under a contract with the Office of Substance Abuse Prevention, Alcohol, Drug Abuse, and Mental Health Administration.