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REPORT TO CONGRESS AND THE WHITE HOUSE ON THE NATURE AND EFFECTIVENESS OF FEDERAL, STATE, AND LOCAL DRUG PREVENTION/EDUCATION PROGRAMS

Prepared in Response to Section 4132(d) of the Drug-Free Schools and Communities Act, Public Law 99-570

by

U.S. Department of Education
in conjunction with
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Report to Congress on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs

Executive Summary

EXECUTIVE SUMMARY

Section 4132(d) of the Drug-Free Schools and Communities Act, P.L. 99-570, directs the U.S. Department of Education, in cooperation with the U.S. Department of Health and Human Services, to report to Congress on the nature and effectiveness of federal, state, and local programs of drug prevention. This report, prepared in response to the Congressional mandate, covers two broad areas: (1) the current research on the effectiveness of prevention programs and (2) surveys of prevention activities at the federal, state, and local levels.

RESEARCH ON EFFECTIVENESS

The report, in describing the research on effectiveness, finds that:

- The causes of substance abuse include factors at all levels of society--the individual, family, peer group, schools, community, and the larger social environment.

- Traditionally, most prevention programs have focused only on the individual in an attempt to remedy perceived deficiencies of knowledge, coping skills, or behavior. More recently, prevention has begun to address the individual within the context of peers, families, schools, and communities.

- Comprehensive programs that address a number of factors influencing drug use are likely to hold the most promise for prevention. Prevention efforts that focus on only one or two factors are unlikely to be successful.

Evaluation Findings

Evaluations of prevention programs show mixed results. Key findings from such evaluations appear below, organized by program type:

- Programs focused on the individual most commonly attempt to increase knowledge about the detrimental effects of drugs, change beliefs, or meet social and psychological needs.

  -- Prevention programs that are exclusively designed to impart knowledge have not proven to be effective in changing behavior associated with substance use or substance use and related behavior. The contribution of "knowledge" components to more comprehensive programs is not yet known.

  -- Programs to change beliefs (by teaching that substance abuse is wrong and that it is not the norm) have not yet been adequately evaluated.

-- Evidence about the success of programs to meet social or psychological needs is mixed. Among them are programs to improve such "life skills" as decision-making and self-esteem. Where "life skills" strategies have affected substance abuse, the results tend to be small or of short duration.

- Programs focused on the family offer promise for drug prevention, particularly if dysfunctional families could be targeted for help. Too often, however, family programs reach only the most motivated parents.

- Programs that address peer group influences are widespread. Their results have been mixed, with positive results when the strategies are applied to cigarette smoking, but less success with other substances.

- Programs that focus on the school environment may hold promise for drug prevention. To date, some positive results have been found from schoolwide strategies such as the enforcement of school anti-drug policies and related activities, but evaluation in this area has been limited.

- Communitywide efforts to reduce drug use are difficult to evaluate. However, reduced incidences of driving while intoxicated and reduced consumption of alcohol have resulted from raising the legal drinking age and from increasing prices.

Recommendations

The report states that comprehensive programs hold the most promise for preventing drug use by young people. Specifically, the author of the review of program effectiveness makes recommendations to policy makers and educators such as the following:

- Plan and implement coordinated school and communitywide prevention efforts, taking care to set specific, concrete objectives so that a comprehensive program does not become overly diffuse.

- Design broad-based school initiatives: Curriculum packages cannot be effective in a vacuum. Curriculum should be only one component of a broader strategy that includes such elements as parent education and consistent enforcement of school anti-drug policies.

- Develop stronger linkages between theory, program activities, and the evaluation of results. Programs should be clear in their purpose and intended benefits.

- Strengthen the implementation of prevention programs. The aim of drug education is to deter initial drug use and reduce the number of users. This is a complex process that requires continuing effort. A unit on drugs or a short skills training program is unlikely to achieve lasting results.

- Consider the maturity of students, including their cognitive capabilities and moral or social perspectives, in designing program activities. A "one size fits all" approach to prevention is unlikely to succeed.

- Target high-risk youth and their parents by focusing more attention on their needs and developing strategies for reaching them.

FEDERAL, STATE, AND LOCAL PREVENTION ACTIVITIES

The report also surveys the federal government, states, and local school districts, finding that they are actively engaged in efforts to prevent drug use by school-aged children. Highlights of these findings follow.

Federal Agency Programs

- Eight federal government agencies spent about $300 million in fiscal year 1987 for 65 prevention programs directed toward young people, their families, schools, and communities.

- About 130 federal employees work in prevention programs.

- The Departments of Education and Health and Human Services administer the largest amounts of funds: nearly $200 million and $70 million, respectively.

- The majority of federal programs focus on technical assistance and training, the dissemination of information, and research.

- Federal agency programs address multiple and diverse audiences. In addition to young people, many programs target the schools and their employees (51 percent), families (48 percent), community/ professional groups (29 percent), and special populations (18 percent).

- Sixty percent of federal programs are being undertaken in conjunction with other federal agencies.

- Sixty-eight percent of federal programs report private sector participation, with more than 80 percent of these programs receiving financial contributions.

State Education Agency Activities

- Three-fourths of the states require the schools to teach about substance abuse.
- Three-fifths of the states issue standards to be followed in implementing local programs.
- More than half of the states that require substance abuse education specify that it be taught in health education classes.
- State education agency staff most often handle prevention activities on a part-time basis: 28 states report no staff working full-time on prevention.
- Nearly all state education agencies provide technical assistance to local districts and schools, most commonly through guides to resources, help in coordinating efforts with community groups, and help in developing effective programs. These are also the areas in which local districts report the greatest need for assistance.
- Until recently, technical assistance to improve services to high-risk youth has not been a top priority for state education officials. Only 24 states report this service.
- Sixteen states have adopted curriculum packages for statewide use. Although some are commercially produced, many states have developed their own materials.
- Less than half of the state education agencies report that they collect information on the extent of substance abuse among schoolchildren.
- Only 23 states offer technical assistance in evaluation to schools and districts, but another 19 are planning to provide such assistance.
- The majority of states report a high degree of coordination with state alcohol and drug abuse agencies, other state health agencies, and governors' offices.
- Officials in 21 states report that the drug problem has decreased over the past two years and those in 15 states that it has increased. For alcohol, however, 23 officials perceive the problem has grown worse; only 10 believe that alcohol use is decreasing.

State Alcohol and Drug Abuse Agency Activities

- These state agencies are active in prevention, including assistance to the schools.

- In fiscal 1986, the state agencies administered almost $130 million for prevention, based on reports from 50 states, D.C., and four territories. They administered an additional $100 million for a combination of prevention and early intervention services.

- State agency prevention coordinators provide services to the schools similar to that provided by state education agencies. However, these agencies place greater emphasis on services to high-risk youth than do education agencies.

- State agency officials report that programs in their states most commonly include providing knowledge about substance abuse, improving students' self-esteem, and developing students' skills to resist peer pressure. Of these, over 60 percent of the state prevention coordinators believe that the focus on self-esteem and on peer pressure resistance are among the most effective strategies. Only 20 percent believe that the knowledge component is among the most effective.

Local School District Activities

- Nearly three-fourths of local school districts have a written policy on drugs. In spite of the prevalence of formal policies, however, only 20 percent of district officials believe that enforcement of policy is among the most effective prevention strategies.

- Only 4 percent of districts have drug-testing programs.

- Sixty-three percent of districts require schools to teach about substance abuse. Virtually all schools, however, offer instruction in prevention.

- The most common vehicle for teaching is the health education curriculum (nearly 85 percent).

- Nearly all drug education programs stress knowledge about substance abuse, improving self-esteem, and teaching about laws regarding substance abuse. Almost 90 percent also offer training in resisting peer pressure, while 84 percent offer counseling.

- The only listed component not offered by a majority of districts is services to high-risk youth.

- Districts perceive a need for more help with evaluation.

- The majority of district officials believe the problem of alcohol has remained the same over the past two years (56 percent) or worsened (29 percent). For drugs, 47 percent perceive a decrease, while 42 percent believe the problem has remained the same.

Report to Congress on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs

Part 1: Overview

U.S. Department of Education
Office of Planning, Budget and Evaluation

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INTRODUCTION

Section 4132(d) of the Drug-Free Schools and Communities Act, P.L. 99-570, directs the U.S. Department of Education to study the nature and effectiveness of federal, state, and local programs of drug prevention, working in cooperation with the U.S. Department of Health and Human Services. This report is to be submitted to Congress and the White House within a year following enactment of P.L. 99-570.

To comply with this request, the Departments of Education (ED) and Health and Human Services (HHS) developed a memorandum of understanding outlining the responsibilities of the two agencies in conducting the report (see Appendix A at the end of the entire report). They initiated a series of small studies in late 1986, which included the following:

- An assessment of research on school-based prevention programs, including recommendations for the future.
- A survey of federal agency prevention activities. Seven cabinet-level departments, one independent agency, and 65 major programs are included in the survey results.
- A review of state agency prevention activities, which has two components: (1) a survey of state education agency involvement undertaken through ED's Fast Response Survey System, and (2) information about prevention activities of state alcohol and drug abuse agencies obtained from the National Association of State Alcohol and Drug Abuse Directors.
- A survey of local school district prevention activities, also undertaken through ED's Fast Response Survey System.

FOCUS OF THIS REPORT

This report focuses on prevention, or education, activities directed toward school-age youth, mainly those between the ages of 5 and 18. The terms prevention and education are used interchangeably to refer to activities designed to reduce the extent of substance use among youth and to prevent alcohol- and drug-related problems.[1] When the term drug is used, it refers to the use of illegal substances by youth, including alcohol.

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[1]The report does not encompass early intervention and treatment, that is, programs intended to identify and treat substance abusers. Some of the programs included in this report, however, cover a range of objectives that may include early intervention and treatment referral, although their major emphasis is prevention.

This portion of the report provides an overview of the study's results. It is divided into two sections--one presenting research findings on the nature and effectiveness of prevention programs, the other describing current prevention activities at the federal, state, and local levels. Attached is a separate report assessing prevention research as well as reports on the surveys of federal, state, and local program activities.

SECTION I--SUMMARY OF AN ASSESSMENT OF THE RESEARCH ON SCHOOL-BASED PREVENTION PROGRAMS

BACKGROUND

Although the detrimental effects of drug and alcohol use on learning and the school environment provide a strong impetus for the schools to find effective solutions to this problem, schools seeking to design their own prevention programs confront a variety of conflicting claims concerning the "best" program strategies. This review of prevention research[2] is designed to inform policy makers and educators about what appears to work and what does not as they attempt to improve and expand drug prevention programs.

Measuring Effectiveness

Traditionally, researchers have measured the effectiveness of prevention programs by three types of outcomes:

- Changes in drug and alcohol knowledge;
- Changes in drug- and alcohol-related attitudes; and
- Changes in drug and alcohol use.

In general, existing research suggests that increases in knowledge are relatively easy to obtain, changes in attitude are more difficult, and changes in behavior, particularly lasting changes, are rare. Although changes in knowledge and attitudes may be important precursors to behavior change, the ultimate test of a prevention program is evidence of reduced drug and alcohol use and related problems.

Theoretical Underpinnings

Current prevention theorists recognize that substance use and related problems have multiple and interrelated causes. Moreover, the influences that increase or decrease the probability that young people will use substances are found at all levels of society, including the individual user, the peer group, the family, the school, the community, and the larger society. Although a particularly potent negative influence at a single level (e.g., a family history of alcoholism) may place individuals at risk for

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[2]The assessment of research on school-based prevention programs was prepared by Dr. Michael Klitzner, Center for Advanced Health Studies, Vienna, Virginia.

substance use, it is the complex interaction among influences at many levels that determines the probability that a given youth will or will not become a substance user.

Historically, prevention programs have focused on a single level of influence (e.g., the child, the peer group) and have directed their emphasis to one or more factors within that level. The next section of this research summary discusses the effectiveness of some of the most common prevention programs, organized according to the level of influence that they address.

PROGRAMS FOCUSED ON THE INDIVIDUAL

Strategies focused on the individual are the most common category of prevention initiatives. Some types of programs that are widely used are--

- Programs to increase knowledge,
- Programs to change beliefs, and
- Programs to meet social or psychological needs.

Despite the popularity of such programs, the evidence of their effectiveness is, at best, mixed.

Programs to Increase Knowledge

Among the first prevention efforts were programs to provide youth with information about the detrimental effects of drugs so that they would make "responsible" decisions about drug use.

- Extensive evaluations of these "knowledge" programs provide little evidence to suggest that they have any effect on substance-related behavior.
- The contribution of "knowledge" components to larger, more comprehensive programs has not been adequately assessed.

Programs to Change Beliefs

Research findings suggest that substance use is related to children's beliefs concerning the acceptability and prevalence of drug use. Consequently, some programs attempt to inculcate the belief that substance abuse is wrong, and that it is not the norm. Few evaluations have been conducted of these strategies.

Programs to Meet Social or Psychological Needs

- "Alternatives." Some theorists believe that substance use results from adolescents' need to seek new sensations. Others believe it stems from feelings of alienation. "Alternatives" programs offer drug-free ways of meeting these needs or overcoming these feelings either through extracurricular activities or through community service, peer leadership opportunities, and the like. The evidence for the effectiveness of alternatives is, at best, mixed. Program success may depend on the types of alternative offered and the types of students who engage in such activities.

- "Life Skills." Other theorists suggest that the roots of substance abuse are found in personal deficiencies such as low self-esteem or poor decision-making skills. Programs to improve "life skills" have remained popular since their introduction in the 1970s.

  Available research data show that where these programs affect substance use, the results tend to be small or of short duration. It is possible, however, that implementation of these programs has been inadequate and that exposure needs to be more intense and longer-term.

PROGRAMS FOCUSED ON THE FAMILY

There has been little systematic research on family-level approaches to prevention of substance abuse among youth. Yet this strategy offers some promise, particularly if dysfunctional families could be better targeted for help.

- Programs aimed at improving family relationships and parenthood skills have shown success in altering both parental behavior and some behaviors on the part of children that may be precursors to substance involvement.

- Programs to increase parents' awareness of their role in shaping children's attitudes and behavior about drugs have not been formally evaluated.

- Programs to increase parents' control over their children are a focus of the parent movement in drug prevention. Recent data provide preliminary support for the claim that parents who participate in groups to prevent substance abuse increase their social control over their children, but the relationship between this control and drug use remains unproven.

- Family programs have been plagued by high attrition; they have also been criticized for reaching only the most motivated parents.

PROGRAMS FOCUSED ON THE PEER GROUP

In the 1980s, many school-based prevention efforts have focused on peer group influences. Particularly popular are strategies to teach students how to resist peer influence; these strategies are based on the theory that youth use drugs because they are under pressure from their peers.

- The results from peer resistance programs have been mixed, with positive results in the prevention of cigarette smoking, but less success with other substances.

PROGRAMS FOCUSED ON THE SCHOOL ENVIRONMENT

The development and enforcement of school policies enable schools to state their expectations regarding drug use, develop procedures for handling drug-related problems, and limit the availability of drugs on campus.

- Few evaluations have been conducted of this approach. One study, based on a national sample of high school administrators, provides preliminary support for the view that widespread enforcement of school policies is associated with a reduction in drug-related problems, as do selected case studies of schools that have succeeded in reducing drug use.

PROGRAMS FOCUSED ON THE COMMUNITY

Grass-roots parent and community groups have attempted to alter community norms to provide a consistent "no use" message through such mechanisms as reducing the availability of illegal substances or mounting coordinated community efforts to reduce drug use.

- The effects of community programs are difficult to evaluate; there is little evidence to date either to support or refute the benefits of such programs.

- There are two exceptions: (1) Increases in the minimum purchase age are consistently associated with reductions in driving while intoxicated (DWI) and (2) price increases are associated with reduced consumption of alcohol and cigarettes and reduced DWI by youth.

GENERAL PROBLEMS OF PREVENTION PROGRAMS

A review of the research on prevention indicates some general problems that need to be dealt with in order to improve the effectiveness of prevention efforts. Among them are the following:

Inadequate Use of Theory

Many programs fail to specify adequately the rationale underlying program activities. Program planners need to articulate the relationships between causes of substance-related problems, program activities, and risk reduction.

Failure to Consider Differences in the Causes of Use of Specific Substances

Tobacco, alcohol, marijuana, and other substances differ in their pharmacology and effects, the economics of their production and distribution, their roles in society, societal attitudes towards them, and the laws that govern their possession or use. Yet numerous attempts have been made to apply programs specifically developed for one substance to the prevention of another substance, often with little success. Some program strategies may be generic, yet others are likely to be substance-specific in their effects.

Failure to Consider Individual Differences of Students

The introduction of prevention programs is frequently based on information about when students start using substances. Thus, if students start experimenting with alcohol in grade six, programs are implemented for fifth graders. However, in doing this, insufficient attention is paid to the cognitive capabilities or moral and social perspectives of the fifth grader. The tendency to employ a "one size fits all" approach to prevention programming limits its effectiveness.

Failure to Reach High-Risk Youth

Many prevention strategies fail to reach those children who are most at risk. Where program participation or exposure is voluntary, high-risk youth or their parents may be least likely to become involved.

Inherently Weak Interventions

Behavior change is an extremely complex process. Attempts to change behavior require considerable and continuing effort. A single unit on drugs and alcohol presented in a health class, a two-week "skills training" program, or a prevention "club" that meets sporadically cannot be expected to have lasting effects.

Weak Program Evaluations

Current knowledge about the prevention of drug and alcohol use is limited by the weaknesses of most evaluation studies. They demonstrate a rush to judge programs before they are stable enough to be evaluated. In addition, they are often characterized by weak measures of program outcomes, poor research designs, inadequate information about how programs are implemented, and an emphasis on statistical significance to the neglect of policy and programmatic significance.

SUMMARY OF EVALUATION RESEARCH

Available evaluation research suggests weak, inconsistent, and short-term effects, or, more commonly, no effects at all. In some cases, evaluations have even suggested reverse effects (i.e., increased use). At the same time, a number of approaches either appear promising based on preliminary data or are theoretically appealing but have not yet been adequately evaluated. And most evaluations have examined curriculum or other single-strategy programs, leaving unknown the effects of factors in the broader social climate that have an important, if indirect, influence on drug use.

RECOMMENDATIONS

Short-Term

To overcome the problems that have plagued past prevention efforts and to build on the most promising strategies and theoretical insights, the author of this report on evaluation research makes these short-term recommendations to policy makers and educators:

- Plan and implement coordinated school and communitywide prevention efforts with the assistance of advisory committees composed of school and community members.
- Develop and implement school discipline and drug policies.
- Make education of parents and collaboration with local parent groups integral parts of the schools' prevention efforts.
- Do not implement prevention strategies in a vacuum. Curriculum packages, for example, should be used as just one component of a broader strategy for preventing substance abuse.
- Select or develop curriculum materials that--
  - -- State that any drug and alcohol use by youth is unacceptable to the school and community;

-- Do not treat substance use by youth as a matter of personal choice;

-- Are appropriate to the maturity of the students to be taught, including their cognitive capabilities and moral perspectives; and

-- Meet the needs of both high-risk and low-risk youth.

Long-Term

To advance the state of the art in prevention programming, the report also recommends research and development in the following areas:

- o Strategies to inculcate the message that substance use by youth is unacceptable.
- o Strategies for strengthening children's relationships with parents, teachers, and other adults so that the no-use message these persons communicate will be meaningful.
- o Exploration of how school drug and alcohol policies can best contribute to reducing student drug and alcohol use.
- o Programs specifically designed for high-risk youth, and methods to involve high-risk youth in prevention activities.
- o Strategies for attracting and maintaining the involvement of parents from all backgrounds in school-based prevention activities.

Although the available research provides limited support for current prevention strategies, there is little evidence to challenge the basic premise that prevention is the most humane and cost-effective response to drug and alcohol use and related problems among youth.

For the complete report, An Assessment of the Research on School-Based Prevention Programs, see Part 2.

SECTION II--SUMMARY OF FEDERAL, STATE, AND LOCAL PREVENTION PROGRAMS

BACKGROUND

The next section of this overview describes activities in the field of prevention at the federal, state, and local levels. Based mainly on surveys that were conducted in spring 1987, the data indicate that the schools are actively engaged in teaching about substance abuse. The surveys also show that the states and federal government are supporting school prevention efforts, through the setting of standards, provision of technical assistance, or provision of financial aid.

Section II is divided into three parts:

1. Prevention programs of federal agencies,
2. Prevention at the state level (with reports from state education agencies and state alcohol and drug abuse agencies), and
3. Prevention at the local level.

Separate reports describing each of the surveys follow this section of the overview.

PREVENTION PROGRAMS OF FEDERAL AGENCIES

The extent of federal activity has grown substantially since passage of the Anti-Drug Abuse Act of 1986.[3]

- Eight federal departments or agencies are currently involved in substance abuse prevention.
- Federal agencies spent approximately $300 million on prevention in fiscal year 1987.
- About 130 staff personnel work on prevention programs.
- Federal agencies conduct 65 programs designed to help reduce substance abuse among youth.[4]

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[3]This summary is based on a survey of federal agency programs conducted for the U.S. Department of Education by Donna Ruane Morrison and June Sivilli of Decision Resources Corporation, Washington, D.C. The survey was initiated in spring 1987. The full report appears in Part 3.

[4]This figure includes both legislated programs and major projects of federal departments and agencies.

- The Departments of Education and Health and Human Services administer the largest amounts of funds: nearly $200 million and $70 million, respectively.

Activities

The most common activities of federal programs include technical assistance, training, dissemination of information, and research.

- Three-quarters of federal agency prevention programs emphasize technical assistance and training to build a national capacity for combatting substance abuse. Closely tied to these activities are other programs aimed at improving curricula (18 percent of the total) and at identifying and publicizing model programs (12 percent).

- A large number of federal programs seek to build awareness of the problem of substance abuse by youth, primarily by providing information through the media--both print and audio-visual--and in some cases through public hearings. More than half (52 percent) of all agency programs fall into this category. Programs of the Departments of Defense, Interior, and Treasury place heavy emphasis on awareness activities.

- Research constitutes the third largest federal activity, with more than one-third of all programs falling into this category. Many programs conducted by the Department of Health and Human Services are focused on research.

- A small number of federal program activities fall outside these major categories. They include activities to notify clients of referral services for drug-related programs and those to enlist volunteers in prevention programs.

Audience

Federal agency prevention programs address diverse audiences, perhaps in order to take into account the multiple determinants of substance abuse by youth. Thus, although school-age youth are the intended audience of prevention programs, their families, schools, communities, and broader environment are also seen as playing important roles in persuading young people to use or not to use drugs.

- The greatest number of programs target youth--83 percent. More than 90 percent of the programs in the Departments of Defense, Health and Human Services, Justice, and ACTION fall into this category.

- Slightly more than half of the programs target the schools and their employees. More than three-quarters of the Department of

Education's programs fall into this category, as does a program of the Department of Defense carried out within its school systems at home and abroad.

- Forty-eight percent of the programs include objectives directed at families--parents and siblings.
- Less common are programs that target community and professional groups (29 percent) and special populations (18 percent).
- Most programs, however, address multiple audiences.

Interagency Cooperation

Most agencies report some interagency cooperation on prevention programs.

- Sixty percent of the programs are being undertaken in conjunction with other agencies.
- Of the 39 programs reporting interagency efforts, 37 receive programmatic support from other agencies and 22 receive financial support.

Private Sector Participation

Private sector participation is the cornerstone of many federal prevention efforts.

- Sixty-eight percent of the federal programs have private sector involvement.
- Of these, 86 percent receive financial contributions. In addition, the private sector is involved programmatically in 31 percent of the federal programs.

PREVENTION AT THE STATE LEVEL

State Education Agencies

Even before passage of the Anti-Drug Abuse Act of 1986, state education agencies were actively promoting prevention programs in the public schools. State education agencies set standards, require schools to teach about substance abuse, and provide

technical and financial assistance to schools and districts. They reported relatively low levels of funding and staffing.[5]

Standards

States set substance abuse standards through (1) their requirements for teaching about substance abuse; (2) their requirements of substance abuse education as a prerequisite for teacher certification; and (3) the minimum curriculum standards they set for districts to follow. State legislatures and education agencies are active in all three areas.

- Three-fourths of the states require their schools to teach about substance abuse.
- Most frequently this requirement results from legislation (79 percent of the states that have such a mandate) or a state board of education policy (18 percent).
- More than half of the states that require substance abuse education specify that it be taught in health education classes. For senior high school students in 21 percent of these states, drug prevention is also to be taught in driver education. Thirty-six percent do not specify how districts should incorporate prevention within the curriculum.

In addition to requiring substance abuse education, about three-fifths of the states provide minimum curriculum standards or guidelines for local districts to follow. Some states (22 percent) require training in substance abuse as a prerequisite for teacher certification.

- Twenty-eight states both mandate substance abuse education and issue minimum standards to be followed in implementing local programs. Seven of these also require teacher preparation in substance abuse education.
- Thirty-two states currently provide minimum curriculum standards; another five are planning to issue such standards.
- Similarly, 11 states have teacher certification requirements in substance abuse, and another nine are planning such a prerequisite.

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[5]The information that appears in this part of the overview is based on a survey of all 50 states and D.C., performed by Westat, Inc., Rockville, Md., for the U.S. Department of Education, through its Fast Response Survey System. The survey was distributed in May 1987 and the response rate was 100 percent. For the full report, see Part 4.

Resources

According to the respondents, state education agencies do not directly devote many resources to substance abuse; prevention activities are most often handled part-time. In addition, respondents report relatively low funding for substance abuse.

- Twenty-eight state education agencies report no staff working full-time on prevention. Seventeen states report no staff working part-time on it.

- Those state education agencies responding to a question about funding reported spending an average of $57,100 on salaries (37 states) and an average of $81,600 for program expenses (35 states).[6]

- Only about one-third reported spending more than $40,000 for substance abuse education.

- Of the states reporting, the average expenditure per 1,000 students was $221. This statistic varied with the size of state enrollment; a higher per-student cost was reported in the less populous states.

Services That Are Generally Provided

Nearly all state education agencies provide some technical assistance on substance abuse to local districts and schools. The top three areas in which the states report assistance are as follows:

- Providing guides to resources (e.g., curriculum guides or referrals to agencies active in the field),

- Coordinating efforts with community groups and agencies, and

- Developing effective programs.

These are also the three areas in which local districts report the greatest need for further assistance (see p. 21).

In addition, about three-quarters of the states help localities develop school drug policies and provide information about legal problems associated with substance abuse.

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[6]It is difficult to obtain accurate information on resources for substance abuse education. Given the wide variation in reporting and the low respondent rate for these questions, the data should be seen as preliminary. In addition, they were collected prior to the receipt of funds under the Anti-Drug Abuse Act of 1986; beginning this fall, state resources will be substantially increased through an infusion of federal funding--approximately $161 million to state education agencies, governors, and local districts.

Services to High-Risk Youth

Until recently, technical assistance to improve services to high-risk youth has not been a priority for state education officials. Only 24 states report this service. However, an additional 19 indicate that they are planning to provide technical assistance in this area. It is likely that the mandate in the Anti-Drug Abuse Act to serve high-risk youth will increase the resources available for this target group in the near future.

Curriculum Adoption

Sixteen states report that they have adopted prevention curriculum packages for use statewide. Although some of the curricula are commercially produced, many states have also developed their own materials. The most popular program is Here's Looking at You, a comprehensive curriculum for kindergarten through 12th grade developed with funding from the Department of Health and Human Services.

Financial Assistance

Just under half of the responding state education agencies provide financial assistance to local districts and schools (23 states). Another one quarter report that they are planning to make state funds available for this purpose. (Respondents were asked not to include formula funds that flow through to local districts.)

Assessment

Assessment of prevention programs has not had a high priority at the state level, but it is receiving increasing emphasis.

- Less than half of the state education agencies (39 percent) report that they collect information on the extent of substance abuse among schoolchildren. Of these, 100 percent survey high school students, 85 percent survey the junior high, and 40 percent assess elementary school drug use.

- Of those states that collect information on the extent of the problem, more than half collected data for the 1986-87 school year.

Only 23 states report offering technical assistance in evaluation to local schools and districts, but another 19 states are planning to provide such assistance.

Coordination

Most state education agencies are cooperating with other state agencies and parent groups to develop their prevention activities.

- Forty-two report moderate or extensive coordination with state alcohol and drug abuse agencies,
- Thirty-nine report a similar level of activity with health, mental health, and social service agencies,
- Thirty work closely with the governor's office in their state.

State education officials in close to half of the states report moderate to extensive coordination with parent groups. They are, however, less involved with other private groups, such as businesses or civic groups.

Perception of the Problem

Is the problem of substance abuse lessening or increasing? Respondents were asked to assess changes in the problem of alcohol and drug abuse over the past two years.

- Officials in 21 states report that the drug problem has decreased and those in 15 states that it has increased.
- For alcohol, state respondents were more pessimistic: 23 state officials report a worsening of the problem, while only 10 state officials believe that alcohol use is decreasing among students.
- Differences were pronounced by region, with state educators in the West more likely to perceive a rise in substance abuse (62 percent--alcohol; 54 percent--drugs) and educators in the central region least likely (36 percent--alcohol; 9 percent--drugs).

Respondents from 21 states specified surveys of student drug use as a basis for their response to this question.

State Alcohol and Drug Abuse Agencies

A report on state prevention activities would not be complete unless it included the substantial activity undertaken by the state alcohol and drug abuse agencies. Although these agencies are primarily involved with health care systems designed to treat substance abuse problems, they also are active in prevention.

- In the late 1970s, the Department of Health, Education, and Welfare made direct funding available to state agencies to appoint state prevention coordinators. Some funds were also provided for training prevention specialists and mounting prevention activities.

- In 1981, Congress created an alcohol, drug abuse, and mental health services (ADMS) block grant program. At least 20 percent of these federal funds were to be spent on prevention and early intervention activities.

The state alcohol and drug abuse agencies operate statewide programs and assist prevention programs, including those in the schools. Many of the fiscal and human resources for drug prevention are located in the state alcohol and drug abuse agencies.

The information summarized in this portion of the overview is derived from reports of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), including the National Prevention Profile, which is the source for the fiscal 1986 information that follows, and an Education Poll, which was conducted in spring 1987. (See Part 5 of this report for a more complete discussion.)

Resources

According to NASADAD, in fiscal 1986 the state agencies administered almost $130 million solely for prevention.[7] This figure is based on reports from 50 states, D.C., and four territories.

- This money includes ADMS block grant funds ($50.8 million), state funds ($47.5 million), and other sources ($28 million).

- The state agencies report that 58 percent of the funds went for community-based services and 24 percent for school-based programs. The remaining funds were spent for direct services, worksite programs, and the like.

According to 1987 data from 48 states and D.C.:

- All responding agencies employ some staff members who work on prevention.

- The agencies report an average of three employees working full time and another two working part-time on prevention.

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[7]In addition to these funds, state agencies spent $69 million for early intervention services to help students assess and resolve their drug problems and another $34 million for a combination of prevention and early intervention programs.

Services

The majority of state agencies emphasize a comprehensive approach to prevention--that is, employing a mix of strategies to meet communitywide needs. Some 38 percent of their program funds went for this purpose in fiscal 1986. The state alcohol and drug abuse agencies also provide specific assistance to state education agencies, local districts, and the schools themselves.

- Virtually all state agencies assist the education sector in coordinating activities with community groups, serving high-risk youth, and helping to develop prevention programs for school children.

- Forty-four state agencies report technical assistance in teacher training and curriculum development, and 42 say they help education personnel develop drug policies.

- More than half of the state alcohol and drug abuse agencies provide financial assistance to education agencies (29 of 51) and help in program evaluation (26). Another 10 state agencies report plans to develop evaluation services.

In many areas, the work of the alcohol and drug abuse agencies parallels that of the state education agencies. The most noticeable difference between them is the priority that the alcohol and drug abuse agencies place on services to high-risk youth, a natural consequence of these agencies' primary orientation toward treatment.

Coordination

State alcohol and drug abuse agencies report a high degree of coordination with state health, mental health, and social service organizations, state education agencies, governors' offices, and parent groups. They work less closely with criminal justice and legal agencies, civic groups, and businesses.

Assessment and Evaluation

- Twenty-four alcohol and drug agencies report that their states assess the use of substances by students.

- Twenty state agencies report efforts to evaluate prevention activities in progress, and seven others are planning evaluations. The type of evaluation varies widely--including, for example, project monitoring, curriculum effectiveness studies, and student surveys.

Given nine possible components of a prevention program, state prevention coordinators were asked to list the most common, and the most effective. The most common components were as follows:

- Teaching the causes and effects of substance abuse;
- Improving students' self-esteem; and
- Developing students' skills to resist peer pressure.

Sixty-four percent of the states in which peer pressure resistance skills are commonly taught believe this program component to be among the most effective; 60 percent of states that include the improvement of self-esteem believe it to be among the most effective, while only 20 percent of the respondents whose programs emphasize teaching about the causes and effects of substance abuse believe this component to be among the most effective. Some 56 percent of those who use peer programs (such as peer counseling or Students Against Drunk Driving--SADD) believe they are among the most effective.

In most cases, these assessments were based on professional judgment rather than survey or evaluation results.

PREVENTION AT THE LOCAL LEVEL

Although state agencies can provide leadership, technical assistance, and other resources, it is at the local level that programs are designed and implemented. Local school districts are, in fact, taking an active role in substance abuse education. Based on a random, stratified sample of 700 school districts, respondents indicate that nearly three-fourths of the districts have a written policy on substance abuse and three-fifths require substance abuse education for at least some grade levels.[8]

Drug Abuse Policy

- An estimated 73 percent of school districts have written drug abuse policies, and an additional 17 percent are planning or considering such policies. Written policies are more common in urban than in rural districts, and in large than in small ones.

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[8]The information that appears in this part of the overview summarizes a survey conducted in May 1987 by Westat, Inc., Rockville, Md., under contract with the U.S. Department of Education, through its Fast Response Survey System. The response rate was 98 percent. For the complete report, see Part 6.

- The most common actions to be taken in conjunction with drug offenses are notification of parents, suspension, counseling, and notification of police. More than 90 percent of the districts report these as actions they would take in dealing with substance abuse infractions.

- Fewer districts, however, reported invoking any of these actions five or more times in the 1986-87 school year. The most common actions taken were counseling (39 percent), notification of parents (38 percent), and suspension (30 percent).

Drug Testing

Only 4 percent of school districts report having drug-testing programs. (A national survey of high schools conducted in 1986 found less than 1 percent with drug-testing programs. Responses came from officials in 36 states.)

Substance Abuse Education

- Sixty-three percent of districts require schools to teach about substance abuse at some grade level. Most common are programs that target junior high students (94 percent).

- At least 95 percent of districts indicate that substance abuse is taught in the local schools.

- The most common vehicle for teaching is the health education curriculum (nearly 85 percent). But 55 percent of the districts also offer substance abuse education to senior high school students through driver training. A minority of districts (less than 20 percent) offer separate courses in prevention.

- Very few districts--no more than 1 percent--teach drug prevention exclusively through special assemblies and events. Instead, these activities most frequently supplement formal educational efforts.

The basic elements of substance abuse education appear to be similar across the country, according to district respondents.

- Ninety percent or more of the districts report that they teach about the causes and effects of substance abuse, about ways to improve self-esteem, and about laws regarding substance abuse. Almost 90 percent also offer training in resisting peer pressure as a component of their prevention program. Eighty-four percent offer counseling.

- Given a list of eight possible components, 75 percent of the districts reported that they offer at least six. The only component not offered by a majority is services to high-risk youth.

When asked to rank the three most effective components of the substance abuse programs, 66 percent included improving self-esteem, 66 percent listed teaching about the causes and effects of substance abuse, and 55 percent ranked peer resistance skills as among the most effective strategy. All other choices ranked much lower, including, for example, counseling (32 percent) and enforcement of policies (20 percent).

Resources

Local districts devote only limited resources to substance abuse education.

- Ninety-one percent report no central office staff working full-time on substance abuse education;
- Twenty-eight percent have neither full-time nor part-time staff.

Technical Assistance

Nearly all districts receive technical assistance in substance abuse education from other agencies. Among the sources of assistance are these:

- Various local agencies--80 percent
- State education agency--78 percent
- State alcohol and drug abuse agency--50 percent
- One of the regional centers funded by the U.S. Department of Education--25 percent.

Some 75 percent of the districts report assistance from more than one of the sources listed.

The most common topics of assistance focus on guides to resources (74 percent), parent/community involvement (63 percent), general legal information (62 percent), and effective program strategies (59 percent). Seventy percent or more of the districts indicate a need for additional assistance in three of these areas--resource guides, parent/community involvement, and effective program strategies.

Evaluation

Districts perceive a need for more help with evaluation. Although only 34 percent of the districts report receiving assistance in program evaluation, 65 percent desire more assistance in this area.

Perception of the Problem

District officials were asked how the substance abuse problem has changed over the past two years.

- For alcohol, 56 percent of the districts perceive that the level has remained the same, while 29 percent perceive an increase.

- For drugs, 47 percent perceive a decrease, while 42 percent believe that the level has remained the same and 11 percent perceive an increase. Urban districts, however, show a higher rate of perceived increase in drug abuse--31 percent--than suburban districts (8 percent).

SUMMARY OF STATE AND LOCAL PROGRAM ACTIVITIES

These descriptions of state and local activity indicate that the prevention field is an active one, although of those surveyed, only the state alcohol and drug abuse agencies were putting substantial extra resources into this problem before the Anti-Drug Abuse Act of 1986 was enacted.

Prevention is widely taught, mainly by the teachers of health education. The emphasis is usually the traditional one of enhancing knowledge about the causes and effects of substance abuse, but it also extends to the psychological area (helping to improve student self-esteem as a protection against substance abuse), and to behavior (teaching skills for resisting pressure to take alcohol and drugs). All programs appear to focus mainly on the individual student, rather than on family or community prevention strategies. However, this finding in part reflects the content of the questionnaires.

Although many districts have formal policies directed against drug use, they do not necessarily believe that enforcement is an effective form of prevention. In addition, although the districts with written policies have available a variety of actions to take in the event their policies are violated, only a minority of districts report taking any of these actions more than five times last year.

Increasing numbers of agencies and groups are becoming involved in activities to prevent substance abuse. As a result, the state agencies that were surveyed report considerable coordination at the state and local levels, and districts state that they are receiving help in developing their programs from a variety of sources.

The pages that follow contain each of the reports on which this overview was based. The first considers research on a wide variety of prevention programs, exploring the types of programs available and what we do and do not know about their

effectiveness. The second summarizes federal agency activities, including brief descriptions of all major programs reported. Parts 4 through 6 contain the results of surveys on state and local activities, including summary tables and graphs. In all, the project offers policy makers and the public a glimpse of drug education and prevention activities in the schools, and provides an assessment of prevention research.

Report to Congress on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs

Part 2: An Assessment of the Research on School-based Prevention Programs

By

Michael D. Klitzner

Prepared for:

U.S. Department of Education
Office of Planning, Budget and Evaluation

Note: The opinions and suggestions expressed in this publication are those of the author and do not necessarily reflect the positions or policies of the U.S. Department of Education or the U.S. Department of Health and Human Services. Mention of trade names, commercial products, programs, organizations, ideas or suggestions does not imply endorsement by the U.S. Department of Education, the U.S. Department of Health and Human Services, or their officials.

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Michael D. Klitzner
Center for Advanced Health Studies
Vienna, Virginia

EXECUTIVE SUMMARY

This report reviews the research on school-based drug and alcohol prevention programs for youth in the United States and makes some recommendations for action by schools to make these programs more effective in the short and long term.

The report reviews prevention programs that focus on the individual, the family, the peer group, the school, the community, and the larger society. Evaluation research findings generally suggest that these programs have weak, inconsistent, or, more commonly, no effects whatever on drug and alcohol use by youth. This report identifies general difficulties that appear to contribute to the lack of effectiveness of current programs and discusses problems with current research that limit the strength of the conclusions that may be drawn from available data.

Despite the general lack of evidence for the effectiveness of currently available program models, the report concludes that a number of the approaches have produced some positive preliminary data, and that a number of other approaches are theoretically appealing but have not been adequately evaluated. The short-term recommendations concerning promising approaches are as follows:

- Schools should plan and implement coordinated school and communitywide prevention efforts.

- School discipline and drug and alcohol policies should be reexamined or newly developed. Schools should consider methods for improving the quality of program implementation.

- Schools should encourage more involvement of parents in the schools' prevention efforts by educating parents to recognize the warning signs of involvement with substances, to know what community resources exist for addressing substance-related problems, to understand the effects of parents' use on children's behavior, and to understand the importance of communicating a strong, no-use message to children. These efforts should be coordinated with local parent-led prevention groups.

- Schools should select or develop drug and alcohol curriculum materials emphasizing that any drug and alcohol use by youth is wrong and unacceptable to the school and community and that drug and alcohol use is not a matter of personal choice. The curriculum should be appropriate to the cognitive capabilities and moral understanding of the students to whom it is directed and should meet the needs of both high-risk and low-risk youth.

Prevention strategies are unlikely to be effective if they are implemented in a vacuum. Thus schools should attempt to select a comprehensive and coordinated package of strategies rather than a single strategy.

School-based prevention programming needs further development. The following areas appear promising:

- Additional development of strategies to convey the message that substance use by youth is not acceptable and to strengthen children's relationships with parents, teachers, and other adults so that the no-use message these individuals communicate will be meaningful.

- Further exploration of the content and implementation strategies of school drug and alcohol policies that contribute to a positive impact on student drug and alcohol use.

- Further development of programs specifically designed for high-risk youth, and further consideration of ways to get high-risk youth involved in prevention activities.

- More work on methods to attract and maintain parents' involvement in school-based prevention activities.

Although the available research provides meager support for current prevention strategies, there is little evidence to challenge the basic premise that prevention is the most humane and cost-effective response to drug and alcohol use and related problems among young people.

INTRODUCTION

Over the past two decades, increased public concern about drug and alcohol use in the United States has stimulated a major effort on the part of educators, researchers, policy makers, and concerned citizens to find effective strategies to deter the use of illicit drugs, including alcohol, among youth. As a result, a wide variety of substance abuse prevention programs for youth have evolved which differ in orientation, scope, methods, and purpose.

The negative effects of drug and alcohol use on the ability to learn and the disruptions in the school environment caused by students who are using drugs and alcohol provide a strong impetus for the schools to find effective solutions to drug and alcohol use among youth. The passage of Public Law 99-570--The Comprehensive Drug Abuse Prevention, Treatment, and Rehabilitation Act of 1986--has renewed the mandate and increased the funding to communities, prevention agencies, and the public schools to deal with substance abuse by young people. However, schools attempting to respond to this mandate confront a variety of conflicting claims concerning the "best" program strategies, and planners of prevention programs face a confusing array of contradictory information in attempting to chart a course for local substance abuse initiatives for youth.

This report describes the current school-based substance abuse prevention programs and strategies and, where possible, assesses their effectiveness. The report also recommends program development and research activities that can be carried out in local schools or districts.

In this report, "prevention programs" refers to any strategy aimed at reducing the frequency of use of illegal substances and related problems among youth. This definition, which is intentionally broad, is meant to include strategies that do not fit conventional notions of a social "program," such as enforcement; changes in peer, family, and community climate; and restrictions on the availability of alcohol to minors. "School-based programs" refers to prevention efforts sponsored in whole or part by the schools. Such programs need not be limited to a focus on the school itself or to curriculum or other formal learning activities.

This report is divided into five sections:

> *Section 1* presents a typology that organizes prevention programs according to the various levels of influence that may increase or

decrease the probability that youth will use illegal substances and experience related problems. This typology provides a structure within which to discuss the current prevention programming.

Section 2 describes each prevention strategy and the available data concerning its effectiveness.

Section 3 discusses the problems that limit the effectiveness of most prevention programs.

Sections 4 and 5 present short- and long-term recommendations for program selection, implementation, development, and research.

An appendix discusses the major research design problems that limit conclusions drawn from prevention evaluation data.

SECTION 1: A TYPOLOGY OF PREVENTION PROGRAMMING

Current prevention theory recognizes that substance use and related problems are complex and multiply determined. Moreover, it is increasingly apparent that the influences that increase or decrease the probability that youth will use substances are found at all levels of society including the individual user, the peer group, the family, the school, the community, and the larger society (Klitzner, Blasinsky, and Marcus, 1986; Hawkins et al., 1985; Kumpfer and DeMarsh, 1985; Huba, Wingard, and Bentler, 1980). A particularly potent negative influence on any one level (e.g., a family history of alcoholism or a highly stressful home situation) may place certain persons at considerable risk for substance use and related problems. However, even among high-risk youth, it is the complex interaction among influences at many of these levels that determines the probability that a given person will or will not become a substance user.

Historically, prevention programs have focused on a single level of influence (e.g., the individual user, the peer group) and have designed their program objectives and activities to address one or more factors within that level (e.g., individual social competencies, peer pressure resistance skills). Accordingly, one useful way to categorize prevention programs is in terms of the major level of influence the programs attempt to alter. So, for example, one may discuss programs focused largely on individual-level influences, peer-level influences, family-level influences, and so on. This typology is employed to organize the discussion of prevention programs in Section 2.

SECTION 2: NATURE AND EFFECTIVENESS OF PREVENTION PROGRAMS

HISTORICAL BACKGROUND

A brief overview of the history of school-based drug and alcohol prevention programs provides a context for understanding the diversity of current strategies and a perspective from which to evaluate the potential effectiveness of new initiatives.

Early Efforts: Scare Tactics and Drug Information

The modern history of drug and alcohol prevention programs begins with the initial responses to the "drug epidemic" of the late 1960s. Many of these early prevention programs relied on moralizing or the presenting of overblown and inaccurate information concerning the risks of drug use (so-called scare tactic programs). This technique apparently did little except impair the credibility of the adults in the eyes of youth who often knew (or thought they knew) more about drugs and their effects than the program presenters (Bukoski, 1979; Wepner, 1979). A second early approach was to present balanced, factual drug information (pharmacological, physical, psychological, and social effects and criminal justice issues) in an attempt to encourage youth to make "responsible" decisions concerning drug use (Swisher, 1979; Goodstadt, 1980).

Affective and Interpersonal Education Programs

As data on the factors associated with drug use became available in the early 1970s, programs began to focus on the psychological traits and "life skills" that appeared to distinguish users from nonusers. Prevention theorists of this period (e.g., Schaps and Slimmon, 1975) posited a relationship between drug use and variables such as low self-esteem, poor decision-making skills, and poor communication skills. These early theories of the causes of drug use, together with the then pervasive influence of the human potential movement in psychology, spawned the first "new generation" of preventive interventions--the affective education programs (Swisher, 1979). These programs sought to improve young people's self-esteem and decision-making and communication skills, and somewhat later, to help youth clarify their values regarding drug and alcohol use.

Alternative Programs

At more or less the same time the affective education programs emerged, some drug abuse theorists began to argue that the most effective way to prevent drug use

was to provide access to experiences that would meet the same needs users claimed drugs met ("mind expansion," personal growth, excitement, challenge, relief from boredom) in nonpharmacological ways (Cohen, 1980; 1968). Other theorists (e.g., Schaps and Slimmon, 1975) endorsed alternatives that created opportunities for youth to become involved in service and other community activities instead of programs that emphasized sensation seeking.

Grass-roots Prevention

In the late 1970s parents and communities across the nation began to mobilize grass-roots prevention efforts that challenged the basic assumptions of existing programs (Lindbladt, 1983). Leaders of these grass-roots efforts believed that existing prevention programs were largely ineffective and that parents and community leaders were in the best position to control the drug use of youth (Nalepka, 1984). Moreover, they believed that together they could bring pressure to bear on community institutions, including the schools, to take a stronger stance against drug use by young people (Klitzner et al., 1987a). Their activities spawned two major programmatic initiatives--the concerned-parent movement and the community prevention movement--which remain active in prevention efforts.

The "Doctrine of Responsible Use"

Throughout most of the 1970s, the objectives of prevention were often stated in terms of "responsible use" (Lindbladt, 1983; Vambito, 1985). The doctrine of responsible use held that certain substances, marijuana, in particular, were not harmful to youth so long as they were used in ways that did not interfere with social or emotional functioning. Thus the goal of prevention was to encourage youth to make responsible decisions about using substances (Schaps and Slimmon, 1975). Members of the concerned-parent movement, along with some members of the scientific community, strongly questioned this doctrine on the grounds that <u>any</u> substance use posed unnecessary risks to young people (Nalepka, 1984; DuPont, 1984; Macdonald, 1984).

By the 1980s, the doctrine of "responsible use" had largely disappeared from the prevention literature, a possible exception being discussions of alcohol, where "responsible drinking" as a goal for youth appears in some program materials. It is not at all clear, however, that the demise of the doctrine of "responsible use" has brought with it a demise in the programmatic strategies based upon it--teaching youth to make "responsible" decisions about using substances or encouraging the development of

"responsible" values. Thus many programs continue to imply that students must decide for themselves whether to use drugs and alcohol, at the same time the programs attempt to communicate a strong stance against drug and alcohol use. This emphasis on personal choice on the one hand and a "no use" message on the other has often led to conflicting or ill-defined program objectives (Coulson, 1987; Moskowitz, 1983).

Summary

The history of drug and alcohol prevention programming has been one of shifting emphasis and emerging trends rather than dramatic breakthroughs or scientific revolutions. Today's programs are composed largely of components drawn from their predecessors, and, with few exceptions (e.g., the doctrine of "responsible use"), programmatic ideas have been transformed rather than abandoned. The result has been a tapestry of programmatic approaches with no single approach emerging as dominant.

CURRENT PROGRAMS

Traditionally, researchers have measured three kinds of outcomes for prevention programs:

1. Increases in drug and alcohol knowledge.
2. Changes in drug- and alcohol-related attitudes.
3. Changes in drug and alcohol use (i.e., behavior).

In general, the research suggests that increases in knowledge are relatively easy to obtain, changes in attitudes are more difficult, and changes in behavior (particularly lasting changes) are extremely rare (Goodstadt, 1986). Changes in knowledge and attitudes may be important precursors to behavior change, but the ultimate criterion for assessing the effectiveness of a prevention program is evidence of reduced use of drugs and alcohol and related problems.

It is also important to consider a fourth outcome: the effects of prevention programs in delaying the use of drugs and alcohol. In reviewing the literature on early drug use, Hawkins et al. (1985) conclude that early use predicts involvement with a greater number of substances, extensive and persistent drug involvement, and a greater probability of criminal involvement, including selling drugs. Accordingly, programs that delay drug use may also pay long-term dividends.

Strategies Focused on the Individual

As a group, strategies focused on the individual are by far the most common category of prevention initiatives. School-based programs have been developed to address one or more of seven general categories of individual-level influences:

1. Knowledge deficits,
2. Feelings that "it can't happen to me,"
3. Beliefs concerning substance use and related behaviors,
4. Need to cope with emotions,
5. Social or psychological needs,
6. Poor "life skills," and
7. Early antisocial behavior.

An eighth category of individual-level influence (biological and genetic risk factors) has received a great deal of research attention, but few programs have attempted to deal with such risk factors. For two somewhat different perspectives on this emerging area, interested readers are referred to Peele (1986) and Kumpfer (1986a, 1986b).

Programs to Remedy Lack of Knowledge

Programs based on the theory that people use drugs or alcohol because they lack accurate information about the detrimental effects of their action were among the first prevention efforts. "Knowledge deficit" programs may be simple, one-shot efforts such as pamphlets or films, or they may be segments of larger, more complex curricula. Information-based models have been rather extensively studied (Goodstadt, 1980, 1981, 1987; Hanson, 1980; Kinder, Pape, and Walfish, 1980). To date, there is little evidence to suggest that information programs have any effect on substance-related behavior; nor are there adequate data to assess the contribution of the informational component of more comprehensive programs. On the other hand, knowledge about the effects of drugs should not be discounted as one component of drug prevention. For example, national surveys of high school students have found an inverse relationship between high school seniors' perceptions of the risks of using various drugs and reported levels of use (Johnston et al., 1986). In general, providing information about drugs may be

an important component of prevention programs. Information alone, however, is unlikely to have positive effects.

Programs to Reduce Feelings That "It Can't Happen to Me."

Programs that address feelings of invulnerability proceed from the assumption that, although young people may recognize the risks of drugs and alcohol, they do not believe that these risks are applicable to them. Accordingly, a limited number of programs have attempted to motivate youth to avoid drugs and alcohol through fear arousal. Although the scare tactic programs of the early 1960s have given fear arousal a bad name, there is evidence that fear arousal that is based on scientific or legal fact, appropriately directed to the target audience, and accompanied by specific behavioral instructions can have a positive effect (Farquhar et al., 1977; Sternhal and Craig, 1974; Higbee, 1969; Leventhal, Watts, and Pagano, 1967). Some programs have attempted to overcome feelings of invulnerability by focusing on short-term risks to young people (Johnson, 1982) (e.g., the social risks of smoking, the hassle of a drunk driving arrest), rather than on long-term risks that teenagers may view as irrelevant.

Most research on fear arousal has addressed adult target populations and health risks other than alcohol and drug use. Thus, the applicability of these research findings to substance abuse prevention for youth may be questioned. Data on the effectiveness of fear arousal programs in the youth substance abuse area are extremely limited and the potential efficacy of such programs awaits further research.

Programs Addressing Beliefs About Substance Use

These programs derive from research evidence that young people's substance use and related behavior are functions of their beliefs concerning whether such behavior is right or wrong, acceptable or unacceptable (Klitzner et al., 1987b; Moskowitz, 1983, 1987a; Douglass, 1983; Krohn, et al., 1982; Lowman, 1981; Kraus et al., 1970). Indeed, some recent evidence suggests that such beliefs may be one of the most potent predictors of alcohol abuse and related problems (Klitzner et al., 1987b).

Some programs attempt to inculcate the belief that substance use is wrong and unacceptable through direct instruction, through public information, or through a public commitment (e.g., pledges) to remain drug and alcohol free. Such programs represent a significant shift from the values- and decision-oriented programs of the 1970s, as well as some current programs that emphasize children's right to "decide for themselves" (Coulson, 1987).

A somewhat different approach to altering normative perceptions is provided by Piper and Moberg (1986), who used the results of actual incidence and prevalence surveys to demonstrate that substance use is not so common as most youth believe. However, Schaps et al. (1986) failed to find that a similar strategy affected actual drug use.

In general, the effects of attempts to manipulate normative beliefs concerning substance use and related behaviors have not been adequately evaluated.

Programs Addressing Coping with Emotions

Programs based on emotional regulation theories posit that people use drugs and alcohol to cope with a variety of emotional problems including depression, anxiety, boredom, and loneliness or, similarly, that drug and alcohol abuse are secondary symptoms of primary personality disorders (Deykin et al., 1987; Glynn, Leventhal, and Hirschman, 1985). Such programs may attempt to teach students how to reduce or cope with stress, or may rely on identifying at-risk persons and providing treatment or counseling for the underlying problem. Stress reduction and coping skills are addressed as one component of a number of current school-based programs (see, for example, Botvin and Wills, 1985). Some schools developed programs that identify and refer for help those students experiencing mental health-related problems (i.e., student assistance programs) (Morehouse, 1982; Chambers and Morehouse, 1983).

Evaluations of programs that include strategies to reduce or cope with stress have not generally attempted to isolate the specific contribution of these activities to program outcomes. Morehouse (1982) reports encouraging preliminary results of a student assistance model. However, the apparent lack of a comparison or control group weakens the conclusions that may be drawn from this study. The potential efficacy of most programs based on affective regulation theories remains uncertain.

Programs Aimed at Meeting Social or Psychological Needs

As suggested earlier, some theorists have suggested that drug and alcohol use may be motivated by social or psychological needs including the need to seek new sensations (e.g., Cohen, 1980; Cohen, 1968) and the need for involvement in rewarding activities (e.g., Schaps and Slimmon, 1975). Accordingly, programs have been developed to provide alternative (to drugs and alcohol) ways of meeting these needs. Currently popular examples of such programs implemented within or by schools include peer counseling and peer tutoring programs, in which youth are trained to implement

prevention-related activities for students of the same age or younger, and drug- and alcohol-free parties offered during prom week, graduation week, and holiday periods.

Several studies of school-based alternative programs (Moskowitz et al., 1985; 1983a, 1983b; Malvin et al., 1985) have failed to find such programs affect drug or alcohol use. However, a recent study of community-based prevention efforts (Klitzner et al., 1987a) suggests that involvement in drug- and alcohol-free alternatives may affect use, although it is also possible that youth who are at lower risk are more likely to participate in such activities. Swisher and Hu (1983) argue that the specific type of alternative may be important. They suggest that alternatives based on entertainment, sports, social, extra-curricular, and vocational activities may be associated with increased use of drugs and alcohol, whereas, academic activities, religious activities, and active hobbies may be associated with decreased use.

Programs Aimed at Improving "Life Skills"

Programs that seek to remedy problems such as low self-esteem and poor decision-making or poor communication skills have continued to enjoy wide popularity since their introduction in the 1970s. Remediation of these problems is commonly combined with remediation of knowledge deficits, although some "life skills" programs deemphasize drug- and alcohol-specific content. Moskowitz (1987a) reviews several studies of such programs (Schaps et al., 1982; Moskowitz et al., 1984; Gersick et al., n.d.; Botvin et al., 1984; Botvin and Wills, 1985; Johnson et al., 1985). In general, the results of these studies are not encouraging. What effects were found, tended to be small or of short duration, and some of the programs may have stimulated rather than reduced substance use (e.g., Botvin, 1987).

But current examples of "life skills" programs may not provide an adequate test of this approach. In general, the programs evaluated to date have been short term, and leader training has generally been minimal (E. Schaps, personal communication, 1987). Thus, more intensive, longer life skills approaches, implemented by well-trained leaders, might yield better results. However, it may be that the time, effort, and expense required to implement such programs would make these initiatives unattractive or impractical for most schools. Moreover, the potential effectiveness of such intensive programs awaits further evaluation.

Programs Aimed at Remedying Early Antisocial Behavior

Programs that target early antisocial behavior are based largely on prospective studies that relate such behavior (especially behavior in school) to later drug use and other delinquency. Hawkins and Lishner (in press) and Kumpfer (1986) review a number of studies suggesting that early indications (third grade and under) of aggressiveness, disruptiveness, impatience, shyness, impulsivity, and "acting out" behaviors may predict later behavioral problems, including drug use. Demarsh and Kumpfer (1985) review a number of programs, including their own, through which people who care for young children can be trained to reduce these early behavioral problems.

Schools have attempted to remedy early behavior problems by providing special services to identified problem children, or by attempting to structure the classroom environment in such a way as to reduce the frequency of antisocial behaviors and promote socially acceptable behavior among students generally. However, the effect of reducing early behavioral problems on subsequent substance abuse and related problems has yet to be demonstrated.

Summary

In general, there is little evidence that prevention programs focused on the individual have delayed or reduced substance use. However, given the paucity of conclusive evaluation findings, there is ample room for further program development and research in this area.

Strategies Focused on the Family

A number of school-based programs have addressed family-level influences, either through programs designed specifically for parents, or, more commonly, though a parent or family component of a student-focused initiative. These programs have generally focused on one or more of four family-level influences on the substance-related behavior of youth.

1. Family functioning,
2. Negative parental modeling,
3. Lack of parental control, and
4. Substance abuse by parents.

There has been little systematic research on family-level approaches to the prevention of substance abuse among youth, although a number of studies of family-level interventions concerning other problem behavior among young people have been conducted (reviews are provided by Demarsh and Kumpfer, 1985, and Bry, 1983).

Programs Based on Family Functioning

Programs based on family functioning theories appeal to a large body of literature that associates increased risk of alcohol and drug abuse with such factors as parental inconsistency, loose family structure, use of harsh physical punishment, and poor family communication patterns (e.g., DeMarsh and Kumpfer, 1985; Kim, 1979; Jessor and Jessor, 1977; Weschler and Thum, 1973; Braucht et al., 1973). Programs have been developed to improve parenthood skills and thus indirectly to reduce the risk of substance abuse by children. Demarsh and Kumpfer (1985) and Bry (1983) review a number of programs aimed at improving family relationships and parenthood skills, and they conclude that these programs have generally improved parental behavior and altered some behaviors on the part of children that may be precursors to substance involvement.

Two interventions specifically aimed at prevention of substance abuse--parent training and family skills training--were evaluated by Kumpfer (1987). This study suggested a positive effect on school, social, emotional, and behavioral problems among 6- to 12-year-olds. In addition, preliminary evidence of short-term effects on drug and alcohol use was obtained when these two programs were combined with a program to teach the children social skills. Moskowitz (1987a) discusses another family program that focused specifically on prevention of substance abuse (Shain, Suurvali, and Kilty, 1980) and resulted in an increase in children's alcohol use. Moskowitz suggests that this effect may have stemmed from a strengthening of parental influence (an objective of the program), which, in turn, increased the likelihood that children would model their parents' drinking.

A somewhat different approach to family functioning is seen in programs that seek to prevent or remedy weak or incomplete socialization. These programs are based on the notion that the family is a major socialization agent, especially for young children, and that many modern families are failing to inculcate such basic values as self-control, self-motivation, and self-discipline (Glenn, 1981). Curricula have been developed to teach parents how to structure the home environment to increase the likelihood that children will develop these qualities (e.g., Glenn, 1984). Evaluations of

the effects of these programs, either on parental behavior or youth outcomes, have not been reported in the literature.

Programs Addressing Parental Modeling

A second group of parent education programs attempt to address negative parental modeling. These programs appeal to concepts from social learning theory that suggest that children's early notions concerning drugs and alcohol are learned by observing parents' behavior regarding alcohol, tobacco, over-the-counter and prescription drugs, and illicit substances. The goal of these programs is to make parents aware of the effect their substance-related behavior has on their children and thus to change parents' behavior as a method of reducing their children's drug and alcohol risk. Programs may encourage parents to reduce their own consumption or to avoid involving children in substance-related behavior (opening beer, pouring drinks, lighting cigarettes). Programmatic interventions based on modeling may take the form of pamphlets or one-shot presentations (e.g., at a PTA/PTO meeting) or may be part of a larger parent education program. Again, programs of this type have not been formally evaluated.

Programs to Increase Parental Control

Programs focused on parental control have emerged as one component of the activities of concerned parents. Advocates of such programs argue that modern parents have lost control of their children's drug and alcohol behavior, thus the programs seek to empower parents to reinstate social controls that will prevent or forestall experimentation with drugs and alcohol (Manatt, 1979). Although these programs were originally community based, many current programs are strongly aligned with local schools (Klitzner et al., 1987a) and some programs use existing school organizations (e.g., PTA/PTO) as their basic organizational unit. Recent data on the outcomes of concerned-parent programs (Klitzner et al., 1987a) provide preliminary support for the claim that these programs result in increased social control of children by involved parents, but the extent to which this increased control results in reduced substance use remains unproven.

Programs for Children of Substance-Abusing Parents

Persons with a family history of substance abuse are overrepresented in substance abuse treatment programs (Goodwin, 1985), and the growing body of literature on

children of substance abusers suggests that these children may differ from other children in a number of ways (DeMarsh and Kumpfer, 1985). Accordingly, programs for families in which one or both parents are substance abusers and for children of substance abusers (COSAs) are gaining in popularity. These programs may include any or all of the family-level program strategies thus far discussed. Recently developed programs in this area have shown considerable promise (Kumpfer, 1987), and anecdotal evidence suggests that COSA programs are increasingly being sponsored by schools and school districts. The current federal emphasis on funding programs for high-risk youth should stimulate additional programmatic development for substance-abusing families.

Summary

There appears to be evidence of the potential importance of family involvement in efforts to prevent substance abuse, particularly if dysfunctional families could be better targeted for help. Unfortunately, family programs to date have been plagued by lack of parental interest and high drop-out rates; they have also been criticized for reaching only the parents who are most motivated (Moskowitz, 1987a; Klitzner et al., 1987a; Demarsh and Kumpfer, 1985). Thus, future program development in this area should include strategies to ensure that parents become involved and stay involved in program activities.

Strategies Focused on the Peer Group

The emergence of peer influence as an important risk factor in drug and alcohol abuse has caused a major shift in the emphasis of many school-based prevention efforts. Indeed, the requirement that programs deal with peer influence has become almost axiomatic in the 1980s, a situation reminiscent of the "axiomatic" need to address self-esteem in the 1970s. In general, programs focused on the peer group view peer influence as operating through peer norms and peer modeling, or direct peer influence.

Programs Based on Peer Norms and Peer Modeling

These approaches derive largely from the repeated finding that substance-using youth have substance-using friends (e.g., Klitzner et al., 1987b; Norem-Hebiesen et al., 1984; Kaplan et al., 1982; Kandel and Adler, 1982; Jessor and Jessor, 1977), and that perceived behavior and attitudes of peers are important predictors of use (e.g., Kandel, Keisler, and Margulies, 1978; Jessor and Jessor, 1978). These findings, coupled with

evidence that early adolescence is a time of maximum conformity (Costanzo and Shaw, 1966) and acute self-consciousness (Elkind and Bowen, 1979; Enright, Shukla, and Lapsley, 1980) have led to the hypothesis that peer beliefs, attitudes, and behavior exert indirect control over young people's substance use.

Schools have attempted to alter peer norms or to dilute the effects of negative peer models through a number of strategies: publicity campaigns that attempt to inculcate positive health messages into the youth culture; clubs and organizations devoted to promoting a no-use life-style (e.g., Adams et al., 1985); exposure to attractive youth who do not use substances, either in person (e.g., McAlister et al., 1980) or on film (Evans et al., 1981); or exposure to selected health educators who are attractive and model the message they teach (Piper and Moberg, 1986). Programs employing models in person or on film have demonstrated some success in reducing cigarette smoking (Moskowitz, 1983; Bukoski, 1985), and Piper and Moberg (1986) report preliminary results that suggest short-term reductions in alcohol and marijuana use. However, the extent to which these effects are caused by changes in susceptibility to peer norms or negative peer models is unclear. Other methods based on peer norms (clubs, awareness campaigns) have not been adequately studied, and their potential effectiveness is unknown.

Programs Based on Direct Peer Influence

Closely related to programs based on peer norms are programs based on theories of direct peer influence. These programs proceed from the assumption that youth use drugs and alcohol because they are directly pressured to do so by peers. Accordingly, the programs teach "peer pressure resistance skills," which may range from simply saying no to drugs and alcohol (Adams et al., 1985) to more complex interventions derived from social psychological theories of communication and persuasion (e.g, McAlister et al., 1980; Perry et al., 1980; Evans, 1976). Extensive research has been conducted to assess the effectiveness of these programs, and so far the results have been mixed (Goodstadt, 1987; Moskowitz, 1987a). There has been little convincing evidence that approaches to resist peer pressure prevent drug and alcohol use, although positive results in the prevention of cigarette smoking are regularly reported (Bell and Battjes, 1985).

Summary

Despite the current popularity of programs based on peer influence, there is little evidence that such programs are any more effective than other prevention technologies. In particular, the current heavy emphasis on resisting peer pressure in school-based prevention programs is not strongly supported by available research, a possible exception being the programs focused exclusively on the prevention of cigarette smoking.

Strategies Focused on the Schools

Despite the historical reliance on the schools as sponsors and implementors of programs to prevent substance abuse, little attention has been given to factors within the schools' organization and climate that may facilitate or deter youth drug and alcohol use and related behavior. Recently, however, substance abuse theorists and program developers have begun to identify methods by which the school environment may be structured or restructured to reduce the incidence and prevalence of substance use. Current approaches in the domain of school environment include the following:

1. Detection,
2. Policy, and
3. Bonding to conventional norms and conventional behavior.

Detection Approaches

Recent surveys of student drug and alcohol use (e.g., Johnston, O'Malley, and Bachman, 1986) suggest that a significant minority of students who use drugs and alcohol do so before or during school hours or on campus after school. Moreover, several studies suggest that many students either obtain drugs and alcohol at school or report that they could obtain these substances easily at school if they so desired (Moskowitz, 1987a; Skager, Fisher, and Maddahian, 1986; Polich et al., 1984; National Institute of Education, 1978). In response, some schools have instituted programs aimed at detecting on-campus possession, use, and distribution. Two general approaches to detection have been suggested--direct and indirect.

Direct detection involves uncovering evidence of use or possession through monitoring of potential "high use" areas (e.g., parking lots, bathrooms), searches, use of specially trained dogs, and placement of undercover agents posing as students on campus (U. S. Department of Education, 1986; Bukoski, 1985). The U. S. Department

of Education (1986), which provides a review of current court decisions in this area, concludes that searches, properly conducted, have generally been upheld. However, systematic studies of the effect of school-based direct detection have not been reported in the research literature.

Perhaps the most controversial method for direct detection is urine testing. Highly accurate tests are now available for a variety of substances. However, these tests tend to be extremely expensive, and less expensive alternatives may be so unreliable that their results are of extremely limited use (Council on Scientific Affairs, American Medical Association, 1987). Moreover, all screening methods need to be sensitive to the problem of identifying false positives. Concern over accuracy and the indeterminant legal status of screening programs leaves the future role of urine testing in schools uncertain.

Indirect detection involves training parents, teachers, counselors, school health staff, and other school personnel to identify behavioral symptoms of intoxication and substance involvement. Silber (1985) reports on a successful screening program for alcohol-related problems in a college student health service. Conversely, Moskowitz (1987b) did not find a relationship between teacher training in detection and reported school alcohol or drug problems. Overall, the effectiveness of either direct or indirect detection remains unproven.

School Policy Approaches

Related to detection approaches are those involving the development, implementation, and enforcement of school drug and alcohol policies. As discussed by Moskowitz (1987b), there are a number of mechanisms by which such policies may reduce substance use: providing a public statement of norms and expectations; training parents, teachers, and staff to identify and remedy substance-related problems; and limiting the availability of substances, at least on campus. The process of developing a policy can serve to raise everyone's awareness of the school's no-use philosophy and can facilitate the development of community networks that may serve as the basis for other prevention initiatives.

There is a substantial body of literature that recommends content for school policies and the process by which such policies may be developed (e.g., U.S. Department of Education, 1986; Maryland State Department of Education, 1982; Marcus, McMillen, and Resrick, 1980; Oklahoma State Department of Education, 1980). However, systematic research on the effectiveness of such policies is sparse.

Moskowitz (1987b) surveyed a national sample of public high school administrators concerning their school policies, and concludes that "the extent of a school's problems due to student alcohol or drug use ... is affected by how well the school's overall discipline policy is implemented" (1987b), although the fact that this research was based on administrator reports (rather than actual measures of substance use and related problems) limits the strength of these conclusions. Moskowitz and Jones (in press) also found that among administrators who reported that student drug and alcohol problems had decreased over the past five years, the most common explanation provided was an improvement in the school's discipline policy or its implementation. In addition, most high school administrators expressed the conviction that discipline policies and their implementation were more effective than school-based prevention or treatment programs. In general, Moskowitz's findings are consistent with decreases in drug use reported in case studies of schools that have implemented student drug policies and related activities (U.S. Department of Education, 1986).

Bonding Approaches

A different category of school-focused approaches is those based on social bonding theory (Hawkins et al., 1985; Hirschi, 1969). Social bonding theory asserts that a person's attachment to conventional society and ability to receive reinforcement through conventional behavior constrain deviant behavior. Conversely, when such attachments are weakened, there is less to lose as a result of antisocial acts. Two elements of social bonding directly relevant to the current discussion are attachment to conventional persons and involvement in conventional activities.

According to social bonding theory, youth who have developed attachments to adults who also make clear their opposition to substance use and other antisocial acts (e.g., parents, teachers, coaches, older students) are less likely to jeopardize these relationships by engaging in deviant behavior. Similarly, youth who are experiencing success through conventional activities (academics, industrial arts, music, drama, athletics) are less likely to engage in deviant behavior that may jeopardize these successes.

Prevention strategies suggested by social bonding theory include reducing adult-to-student ratios and student anonymity, providing a variety of activities in which students may become involved, encouraging teachers to praise and reinforce positive behavior, instituting cooperative learning approaches, and clearly explaining what behavior is expected of the students. The literature about juvenile delinquency (see,

for example, Bird et al., 1978) suggests that social bonding approaches may be promising. Cooperative learning--an approach by which students must all work together to complete an academic task--is one social bonding strategy that has been used in substance abuse prevention. However, two evaluations of cooperative learning strategies failed to demonstrate a reduction in drug and alcohol use (Schaps et al., 1986).

Summary

In general, programs focused on the school deserve greater emphasis than they have received in the past. Some of these strategies (e.g., implementation of school drug and alcohol policies) are among the least expensive to implement of any discussed in this report. Although current research results must be considered preliminary, these relatively simple strategies may prove to be as effective as more complex interventions. Other school-focused strategies, such as those derived from social bonding theory, will require a higher level of commitment to implement. Additional research is required to determine whether the payoff of such strategies justifies the effort and commitment they require.

Strategies Focused on the Community

Unlike most of the prevention strategies thus far discussed, strategies focused on the community appeal largely to sociological theories of substance use and its prevention. Community-level prevention strategies have generally been aimed at three categories of influence:

1. Legal deterrence,
2. Availability of substances to youth, and
3. Community climate.

Whether such programs fit the current definition of school-based prevention is debatable. However, concerned-parent groups have worked on deterrence, availability, and community climate (Klitzner et al., 1987a), and school-affiliated groups such as PTAs/PTOs can do the same. Accordingly, these strategies are presented for consideration in planning school-sponsored prevention initiatives.

Legal Deterrence Programs

Deterrence programs were among society's earliest preventive responses to substance use; severe penalties for the use of certain substances (e.g., tobacco) were recorded as early as the 17th century (Whelan, 1984). In the 1970s, legal deterrence as a method for preventing substance use and abuse fell into disrepute, as some states liberalized their drug laws and many localities deemphasized drug enforcement. Recently, however, there has been a resurgence of interest in deterrence, and some community-based prevention groups have lobbied for new laws and ordinances, stricter enforcement, and harsh penalties for dealers (Klitzner et al., 1987a). Moskowitz (1987a) argues that formal social controls such as laws and ordinances will be effective only to the extent that they are congruent with and reinforce the moral concerns of the community. Accordingly, deterrence-based programs should be viewed as one component of a larger, communitywide response to youth substance abuse.

Reductions in Availability of Substances to Youth

Some community-based programs have attempted to reduce the availability of substances to youth. These programs proceed from the assumption that reduced availability will lead to reduced consumption. In general, availability-based programs have focused on alcohol, although attempts to reduce the availability of illicit substances (e.g., local antiparaphernalia laws) have also been reported (Klitzner et al., 1987a).

Strategies used by communities to reduce alcohol availability to youth include ordinances to control the number and types of retail outlets where alcohol can be purchased (Wittman and Hilton, in press), education and monitoring of retail clerks and retail outlet owners, training of servers in bars and restaurants (Mosher, 1983), and, most recently, crackdowns on the availability of bogus I.D. cards.

The effects of availability programs are difficult to evaluate. Moskowitz's (1987a) review of availability studies provides little evidence for effects of availability manipulations. Two exceptions appear to be increases in minimum purchase age, which have been consistently associated with reductions in driving while intoxicated (DWI) (e.g., Smith et al., 1984; Hingson et al., 1983; Wagenaar, 1983), and price increases, which are associated with reduced consumption of alcohol and cigarettes and reduced DWI by youth. In addition, Moskowitz and Jones (in press) found that school administrators reported somewhat less serious alcohol problems among students when there were fewer alcohol retail outlets within a half-mile of the school. Again,

however, conclusions drawn from Moskowitz's survey of school administrators must be considered preliminary.

Community Climate Programs

Programs based on community climate are perhaps the broadest and most diffuse of prevention efforts. Indeed, rather than being classified as "programs," manipulations of community climate are probably best conceptualized as the result of a number of strategies acting together to promote a communitywide message. Central to all the efforts to improve the community climate is a planning council or advisory committee (Bukoski, 1985; Johnson et al., 1985; Griswold-Ezekoye, 1985) composed of representatives of major community institutions including the schools, local governments, local media, and the health care sector, as well as parents, and sometimes, youth. This group is charged with assessing local needs, developing or identifying strategies to meet these needs, and coordinating the prevention efforts of the agencies they represent.

One example of a community-based approach is the U.S. Department of Education's School Team Approach (U.S. Department of Education, 1982; Marshall et al., 1985). Other examples include the recent activities of concerned-parent groups, many of which have evolved into broad-based, communitywide prevention efforts (Klitzner et al., 1987a); Pentz et al.'s (1986) community demonstration project; and the Chemical People project, which attempted to couple national media with local planning efforts. Unfortunately, the Chemical People project, although well funded and highly publicized, has never been adequately evaluated.

Like availability programs, social climate programs are extremely difficult to evaluate, so there is little research evidence to support or refute their efficacy. However, a number of community demonstration projects that are funded by the National Institute on Drug Abuse and are now under way may shed light on the effectiveness of this approach. In addition, several theorists have suggested that the efficacy of recent smoking prevention and cessation programs owes as much to changes in community norms and values as it does to the specific strategies employed (Polich et al., 1984; Moskowitz, 1983; Leventhal and Cleary, 1980). It may also be the case that reductions in the use of some substances since the late 1970s are in part based on a shift in public opinion concerning the acceptability and risks of taking drugs. In general, the research suggests that comprehensive programs aimed at manipulating community climate are promising and worthy of further consideration.

Summary

Community-based prevention programs are theoretically appealing because they provide an opportunity to communicate a consistent "no use" message through a number of different channels. Moreover, community-based prevention programs reach many youth at relatively low cost. This is especially the case when such programs rely, in part, on volunteer efforts (e.g., community planning councils, concerned-parent groups). On the other hand, community-based programs need to set concrete objectives or run the risk of becoming amorphous activities with little likelihood of longevity or impact.

Strategies Focused on the Larger Social Environment

Like community-based programs, strategies aimed at controlling drug and alcohol influences in the larger society generally appeal to sociological explanations of substance-related behavior. Indeed, many of the program models described under community programs (i.e., legal deterrence, availability, social climate) have been applied to the larger social environment; the major difference is one of institutional focus (e.g., federal laws as opposed to local ordinances). One category of influences on substance use within the larger social environment--those associated with mass media--may be amenable to school-based intervention. These include influences associated with the advertising of psychoactive substances and the portrayal of substance use in the media. Both these influences have been occasionally addressed in school-sponsored programs.

Programs Aimed at Counteracting the Effects of Advertising

The role of advertising in promoting drug and alcohol use and abuse is debatable, and research studies provide contradictory evidence (Atkin, Hocking, and Block, 1984; Robertson, 1980; Atkin, 1978). Some instructional programs (e.g., Botvin et al., 1984) have attempted to educate youth about advertising techniques and help them dissect the persuasive messages in ads. A different approach to advertising influences is suggested by Wallack (1985), who has urged educators and parents to become more involved in consumer action to review advertising, especially advertising aimed at children, and to work with policy makers to develop strategies and guidelines for improved advertising practices. To date, there has been too little research on advertising education or advocacy to allow an assessment of its potential effectiveness.

Programs Aimed at Counteracting the Portrayal of Substance Use in the Media

Recently, scientific and popular concern has grown concerning the portrayal of substance use in mass media. This concern derives, in part, from the sheer number of hours young people devote to watching television, and, in part from the social modeling concerns discussed earlier (i.e., that children learn substance use behavior by watching and imitating others). Content analyses of prime-time television have suggested that the portrayal of alcohol use does not generally provide a balanced view of the positive and negative aspects of drinking, although the most recent reviews suggest that portrayals of drinking are becoming more neutral (Wallack, 1985).

Strategies to counteract negative media messages are similar to those described for advertising--that is, educating youth to be more critical consumers of television and advocacy approaches to improve television content. Again, neither approach has been well studied. Breed and De Foe (1982) report success in attaining change in prime-time television portrayals of alcohol, but the effect of these changes on the rates of substance abuse has not been demonstrated; nor is it clear that Breed and De Foe's methods can be successfully implemented by local educators and parents. But some of the concerned-parent groups studied by Klitzner et al. (1987a) report considerable success in enlisting local media in prevention activities, and one component of a school-based program reported by Solomon et al. (1985) includes educating parents and children to enable them be more selective consumers of television. Again, however, effects on substance use await future documentation.

Summary

At present, both theory and practice associated with prevention strategies to address influences in the mass media are underdeveloped. However, the pervasiveness of mass media in the lives of children suggests that this area deserves further consideration.

Summary of the Research on Prevention Programs

There is currently no "magic bullet" to prevent substance abuse by young people. Evaluation research suggests that prevention programs have weak, inconsistent, and short-term effects, or, more commonly, no effects whatever on drug or alcohol use. In some instances, research studies have suggested reverse effects (i.e., increased use after exposure to a program). Of course, the scientific weaknesses of most evaluation

studies leave open the possibility that programs are working to some extent, but the research has been incapable of detecting these effects. However, if this explanation is correct, program effects are probably so small as to have limited policy significance.

Despite the lack of evidence for the effectiveness of currently available program models, there are reasons for optimism. First, although research provides meager support for current prevention strategies, there is little evidence to challenge the basic premise that prevention is the most humane and cost-effective response to drug and alcohol use and related problems among youth.

Second, there are a number of approaches that appear promising on the basis of preliminary data or that are theoretically appealing but have not been adequately evaluated. Thus there is ample room for further development of programs to realize the potential promise of these strategies.

Third, most evaluations have examined curriculum and other single-strategy programs, leaving unknown the effects of factors in the broader social climate that also exert an important, if indirect, influence on drug use. Future research may reveal the efficacy of broader programs and of programs that explore domains outside those that have been traditionally evaluated.

Fourth, prevention theorists (e.g., Goodstadt, 1987) have begun to argue that any given approach may be more appropriate for some people than for others. More careful matching of program approaches to target audiences may increase success.

Finally, studies of the causes of drug and alcohol use and related problems continue to reveal new linkages between individual and environmental factors and drug and alcohol use among youth. The continued interaction between drug and alcohol research and the development of prevention programs may lead to a refinement of current strategies and to the development of new strategies that may be more effective.

SECTION 3: SOME GENERAL PROBLEMS OF PREVENTION PROGRAMMING

Before turning to specific recommendations, it is important to consider some general problems in prevention programming suggested by the preceding review. If future efforts are to be more effective than their predecessors, these general problems should be dealt with.

INADEQUATE USE OF THEORY IN PREVENTION PLANNING

Many programs are still plagued by a failure to specify adequately the rationale underlying program activities. Although considerable prevention research has been conducted, most prevention concepts remain largely unformulated. In some cases, it is not clear that program planners have attempted, or are able, to articulate the relationships between hypothesized causes of substance-related problems, program activities, and risk reduction (Klitzner et al., 1985). Even those programs that claim to be based on theory rely on questionable assumptions about the causes of substance use and abuse and on untested assumptions about relationships between the specific activities undertaken and the reduction of substance-related risk. Rational program planning and evaluation must be grounded on adequate program rationale.

It is also important for substance abuse researchers and program planners to consider theory and research drawn from other disciplines. Considerable relevant prevention research has been conducted in such areas as mental health, disease control, and juvenile delinquency. Consideration of this broader literature can suggest strategies that may be applicable to substance abuse prevention and can help reduce the amount of time and effort expended in exploring strategies that may already be well developed in other areas.

FAILURE TO CONSIDER DIFFERENCES IN THE CAUSES OF USE OF DIFFERENT SUBSTANCES

Another general problem is a lack of attention to possible differences in the causes and prevention of use of specific categories of drugs. Tobacco, alcohol, marijuana, and other substances differ in their pharmacology and effects, the economics of their production and distribution, their roles in society, societal attitudes towards them, and the laws that govern their possession or use. Yet numerous attempts have been made to apply concepts and strategies specifically developed for one substance to the prevention of use or abuse of another substance. This has been especially the case

in recent years, when strategies originally developed to prevent cigarette smoking have been applied, sometimes uncritically, to prevent other substance-related behavior. The general failure of these programs to prevent the use of substances other than cigarettes suggests that further consideration must be given to the factors underlying the use of specific substances to which a given prevention program is directed. Although some prevention strategies may be "generic," others may turn out to be highly substance-specific in their effects.

FAILURE TO CONSIDER INDIVIDUAL DIFFERENCES IN PROGRAM DEVELOPMENT

Considerable discussion has been devoted to the "best" or "most appropriate" time to implement various prevention strategies. However, these discussions tend to rely solely on data concerning the epidemiology of use. Thus, if experimentation with alcohol begins on the average in grade six, it is recommended that programs be implemented in grade five. Although this recommendation has some merit, little attention is usually paid to the cognitive capabilities or moral and social perspectives of the fifth grader in planning the specific intervention.

Educators have long recognized that children of differing ages have differing abilities to reason, to grasp abstractions, and to relate to moral issues. Moreover, children from differing ethnic and religious backgrounds may bring some different perspectives to discussions of drug and alcohol use. Yet there has been a tendency to employ a "one size fits all" approach in developing prevention programs.

Even within a relatively homogeneous classroom or school, there may be considerable differences in the experiences that students have already had with drugs. Early work by Blum et al. (1978) suggests that the effects of drug prevention strategies may vary as a function of the amount of drug use and the age at which drugs are first used. Moreover, Goodstadt (1987) has recently argued that "no single prevention strategy is likely to be effective for all drugs and all stages of drug use." These theorists question the logic of providing a uniform prevention program for all students, because they question the assumption that all students will respond identically to the same program.

Finally, most assessments of prevention programs have been conducted with white, middle-class youth. The applicability of these programs to other races, classes, and cultural groups is uncertain. This issue cannot be resolved without an increased

emphasis on those groups that have not, to date, been actively targeted by most prevention efforts.

FAILURE TO REACH HIGH-RISK YOUTH

A fourth general problem is the apparent failure of many prevention strategies to reach those youth who are most at risk. Where program participation or exposure is voluntary, high-risk youth or their parents may be least likely to become involved. This criticism has been raised about prevention-oriented "clubs" (Klitzner et al., 1987b), parent education programs (Moskowitz, 1987a; DeMarsh and Kumpfer, 1985), and community programs such as the concerned-parent movement (Klitzner et al., 1987a). Rarely have special efforts been made to recruit high-risk youth or their families into such programs. The development of innovative strategies to get high-risk youth and their parents involved in prevention-related activities constitutes a major challenge for future program research.

INHERENTLY WEAK INTERVENTIONS

Behavior change is an extremely complex process (Ajzen and Fishbein, 1985). Attempts to change behavior may require considerable resources and effort, as well as the repeated administration of a series of interventions. From this perspective, many prevention programs must be considered inherently weak. A single unit on drugs and alcohol presented in a health class, a two-week "skills training" program, or a prevention "club" that meets sporadically cannot be expected to have dramatic or lasting effects.

WEAK IMPLEMENTATION

Weak program implementation would appear to be endemic in all types of prevention programming discussed in this report. Research on program implementation (e.g., Klitzner et al., 1985) suggests that high-quality program implementation requires considerable training of program or school staff and a high level of supervision and feedback. Moreover, it is clear that well-implemented programs require considerable commitment on the part of program staff and the sponsoring institution, as well as broad-based community support in order to ensure program continuity.

NARROW FOCUS

Prevention programs tend to be too narrowly focused. Researchers now agree that the programs that are most likely to be effective are those that deal with multiple levels of substance-related influence (Goodstadt, 1986; Huba et al., 1980). For example, efforts to educate youth about legal sanctions against substance use may be most effective when these sanctions are supported by parents and schools and vigorously enforced. Similarly, the antidrug messages of large national media campaigns can be effectively reinforced if similar and consistent messages are communicated by parents, teachers, and other community leaders such as clergy and health professionals. As Huba et al. (1980) have argued, "Any effective primary prevention program will have to address themes in many... [domains] ...since the influences combine in many different ways to cause or preclude the initiation of use."

Of course, the current trend toward comprehensive prevention efforts also presents important challenges. Because of their complexity, such programs may be even more difficult to implement and evaluate than are single focused programs. Moreover, comprehensive efforts run the risk of becoming diffuse and difficult to sustain over the long-term because of the large number of individuals and groups whose cooperation is required.

WEAK PROGRAM EVALUATIONS

Current knowledge about prevention of drug and alcohol abuse is limited by the weaknesses of most evaluation studies. These studies demonstrate a rush to judge programs before they are stable enough to be evaluated. In addition, they are often characterized by weak measures of program outcomes, poor research designs, inadequate assessments of how programs are implemented, and an almost exclusive focus on statistical significance to the neglect of policy and programmatic significance (a more detailed discussion of these evaluation issues is presented in the appendix).

As a result, it is often difficult to draw conclusions beyond the fact that neither program effectiveness nor ineffectiveness may be considered proven. Clearly, if the state of the art in prevention is to improve, the research studies by which the effectiveness of programs is determined also must be improved.

SECTION 4: SHORT-TERM RECOMMENDATIONS

The current research into prevention programs does not provide clear guidance for school-based program planners. Although no single strategy or combination of strategies is sufficiently well supported by research evidence to warrant a recommendation for widespread replication, this section presents a number of promising strategies for schools, most of which can be implemented without great expense.

BROAD-BASED COMMUNITY PROGRAMS

Schools should plan and implement coordinated school and communitywide prevention efforts. One mechanism for coordinating a broad-based program is the development of prevention advisory committees composed of representatives of the school administration, teachers, pupil services personnel, parents, students, and community representatives. Where possible, primary schools, middle schools, and high schools that serve the same student population should consider sharing a single advisory committee or have overlapping membership in order to facilitate continuity. Comprehensive programs should set specific, concrete objectives so that the program does not become overly diffuse.

SCHOOL DISCIPLINE AND DRUG AND ALCOHOL POLICIES

Schools and districts should consider either a reexamination of existing discipline and drug and alcohol abuse policies or the development of new policies (Moskowitz, 1987b). However, merely having a policy on the books is not likely to reduce student alcohol and drug use. Accordingly, schools should consider methods for improving the quality of policy implementation.

If appropriate, schools may also consider providing school nurses and disciplinarians with specific training regarding the signs of intoxication and substance involvement.

PARENT INVOLVEMENT

Schools should consider implementing strategies to get parents involved in the schools' efforts to prevent substance abuse. At a minimum, presentations can be offered to alert parents to the warning signs of youth's involvement with alcohol and drugs, to provide information on community resources for dealing with substance-related problems of young people, to educate parents about the effects of their own

substance use on their children's behavior, and to emphasize the importance of communicating a strong no-use message.

Schools willing to devote additional resources to parent involvement are encouraged to consider more comprehensive parent education activities, although, as has been repeatedly noted, generating and maintaining parent interest in such programs is a continuing problem. Finally, schools should consider working closely with concerned-parent groups in their communities, or, if such groups do not exist, fostering their development through the activities of the prevention advisory committees described earlier.

CURRICULUM

Many schools are under pressure to adopt or develop a curriculum to prevent substance use. Two important issues should be noted in this regard. First, no curriculum is likely to be effective if implemented in a vacuum. Rather, a curriculum should be part of a larger, comprehensive prevention effort. Second, the research evidence on curriculum effectiveness does not justify recommending any of the commercially available curriculum packages including comprehensive (kindergarten through twelfth grade) and grade-specific drug and alcohol education packages, decision-making curricula, social skills training packages, and "peer resistance" training packages. There is no evidence that any of these packages implemented alone results in significant or lasting reductions in drug or alcohol use, and there is evidence that some packages may increase use.

For those schools planning to adopt a curriculum, the following guidelines are suggested:

- The primary message of the curriculum should be that any use of illicit substances by youth is wrong and unacceptable to the school and community. Thus the curriculum should emphasize that drug and alcohol use by youth is not a matter of personal values, personal decisionmaking, or individual choice.

- The curriculum should be appropriate to the cognitive capabilities and moral understanding of the children to whom it is directed.

- The curriculum should recognize that most classrooms are composed of both high-risk and low-risk children and should provide material appropriate to both or indicate the group for which the curriculum is primarily intended.

Schools considering the adoption of a specific curriculum or strategy should examine original research reports as well as promotional materials. Promotional

materials are likely to cast research findings in the most favorable light and may report only those findings that suggest that the curriculum or strategy is effective. Research reports must also be examined to determine whether the research design, methods, and results support the conclusions. Accordingly, schools may wish to seek technical assistance from state agencies or local districts in evaluating the evidence about a particular curriculum or strategy.

SECTION 5: LONG-TERM RECOMMENDATIONS

New school-based prevention programs need to be developed. There is general agreement that a comprehensive approach to prevention involving the school, parents, youth, and the community is required. Available research and theory suggest several promising avenues for further development of potentially effective strategies to apply within such a comprehensive structure.

FURTHER STUDY OF IMPLEMENTATION ISSUES

More work is needed on the factors that facilitate high-quality program implementation. Implementation problems are common to all the strategies reviewed in this report. No matter how thoughtfully designed and theoretically appealing, prevention strategies will not demonstrate increased effectiveness unless they are well delivered. Current research suggests that training of program staff and methods of monitoring programs are generally inadequate, given the complexity of many prevention strategies.

GREATER EMPHASIS ON YOUTH'S BASIC ORIENTATION TO SUBSTANCE USE

The mounting evidence that young people's basic orientation to substance use (i.e., whether it is right or wrong) is a powerful predictor of behavior suggests the need for further development of strategies to inculcate the message that substance use by youth is unacceptable. Such strategies may not be successful in isolation, however. They may require greater emphasis on helping young people develop moral understanding and a commitment to socially acceptable values, and strengthen their tendencies to behave in more socially acceptable ways. It may be necessary to consider strategies for strengthening children's relationships with parents, teachers, and other adults so that the no-use message these individuals communicate will be meaningful. As suggested, youth who develop positive and valued relationships with adults may be less likely to jeopardize these relationships through unacceptable behavior.

FURTHER DEVELOPMENT OF SCHOOL POLICY

There is a need to investigate further the content and implementation practices of school drug and alcohol policies that contribute to a positive effect. Research provides some guidelines in this area, but further direction is crucial. As more schools develop

drug and alcohol policies, a sharing of content and implementation strategies and a comparison of reported effectiveness can improve programs.

PROGRAMS FOR HIGH-RISK YOUTH

There is a need to develop strategies to involve high-risk youth in prevention-related activities. Many current strategies appear to be unable to reach such youth; the positive results reported by some programs may reflect the type of youth involved rather than the efficacy of the specific strategy employed. Preliminary results of programs that have been specially designed for high-risk youth (e.g., children of abusers and children who manifest early behavioral problems) are promising, but more work in this area is needed.

GREATER INVOLVEMENT OF PARENTS

More work is needed on methods to get parents involved in school-based prevention activities. Evaluations of programs involving parents have generally been favorable, but participation levels are usually low. Accordingly, the development of strategies to obtain and keep a broader spectrum of parents involved in these activities should be a priority.

CONCLUSION

The need to address drug and alcohol abuse is pressing, as is the need for the schools to participate in this important national effort. The ultimate solution to the nation's drug and alcohol use problem obviously lies in prevention, but the technology of prevention is currently underdeveloped. Although the mandate to proceed is clear, it is equally clear that we need to proceed thoughtfully and carefully, avoiding past false starts and blind alleys. In short, we must make haste, but make haste cautiously, toward the ultimate goal of a drug- and alcohol-free generation of American youth.

APPENDIX: LIMITATIONS OF CURRENT EVALUATIONS OF PREVENTION PROGRAMS

This section briefly discusses some of the major problems that limit the value of the conclusions that may be drawn from current prevention program evaluation data. Although not all studies suffer from all the weaknesses discussed, these problems are sufficiently widespread that they may be considered general weaknesses in the current evaluations of prevention programs.

WEAK EXPERIMENTAL DESIGNS FOR THE MEASUREMENT OF OUTCOMES

A primary weakness of many evaluations of prevention programs is the failure to employ scientifically defensible designs for the measurement of program outcomes. At the very least, some sort of control or comparison group should be employed in order to rule out alternative explanations of the changes (if any) observed in student program participants. However, even among evaluation designs that meet this criterion, numerous other design problems (e.g., small sample sizes, loss of students through attrition, inappropriate statistical analyses) severely weaken the strength of conclusions that may be drawn from the research results (Moskowitz, 1987a, 1984, 1983). Recent experience with well-funded, university-sponsored evaluation studies suggests that although these studies began with designs that were stronger than in past studies, they ultimately yielded results that were just as equivocal (Moskowitz, 1987a; Flay, 1985).

There are no simple solutions to the problems inherent in the design of the evaluation studies, but it is unlikely the most effective strategies can be identified until an improvement in prevention evaluation research designs is realized.

THE "RUSH TO JUDGMENT"

Too often, prevention programs are evaluated prematurely. Given the pressing need to develop effective prevention strategies, there has been a tendency in recent years to conduct complex and large-scale studies of the outcomes of new programs before basic questions concerning program feasibility and implementation have been addressed. It is well known that all social programs, including drug and alcohol prevention programs, must go through a period of evolution before they are sufficiently stable to allow outcome evaluations (Tharp and Gallimore, 1979; Patton, 1978; Klitzner, Herrell, and Herrell, 1982). Attempts to conduct outcome studies of evolving programs will always yield equivocal results because the program will change while the evaluation

is being conducted. Although program change and refinement are natural and desirable processes, outcome evaluations should be deferred until programs have been in existence long enough to reach a relatively stable state.

LACK OF ATTENTION TO PROCESS EVALUATION

Another major weakness in many prevention evaluation studies is a failure to document program process and implementation. It is now well understood that most school-based prevention programs are not implemented as planned and that poor implementation is a major cause of program failure (Klitzner et al., 1985; Klitzner et al., 1982; Moskowitz, Schaps, and Malvin, 1982; Wittman, 1982). Yet, the process and implementation analysis conducted in most prevention program evaluations is so minimal that it is impossible to ascertain whether the program was sufficiently well implemented to provide an adequate test of program effectiveness. Moreover, without careful process analysis, even effective programs can never be adequately replicated, because it will not be clear precisely what the "program" entailed.

INATTENTION TO RISK FACTORS AND INTERVENING VARIABLES

A fourth weakness with many prevention program evaluations is a failure to measure the intervening variables that are hypothesized to decrease the risk that youth will become substance involved. For example, a program that teaches life skills should measure changes in the specific skills the program is designed to alter. Similarly, if a program attempts to alter school climate, the evaluation should assess whether teachers and students perceive that a change in climate has occurred. When, as is often the case, evaluations focus on drug use outcomes without careful attention to intervening variables, little is learned about why the program succeeds or fails in altering drug use behavior (McCaul and Glasgow, 1985). Moreover, without attention to intervening variables, it is impossible to determine whether a program failure reflects a failure to alter important risk factors or a failure of the basic theory on which the program is based (i.e., the risk factors addressed do not, in fact, contribute to drug or alcohol use).

To investigate intervening variables in prevention evaluation research, of course, it is necessary to have a theory specifying the particular risk factors with which the program is designed to deal and a theory concerning the relationship between these

risk factors and substance use. Unfortunately, programs based on a well-specified theory of substance use are currently rare (Goodstadt, 1986; Klitzner et al., 1985).

WEAK MEASURES OF DRUG USE OUTCOMES

A fifth weakness of most prevention evaluations is their exclusive reliance on self-reports of drug use. The validity of self-reports in epidemiologic studies (i.e., studies of use in a given population) is fairly well established (O'Malley, Bachman, and Johnston, unpublished; Smith-Donals and Klitzner, 1985). However, the validity of self-reports in evaluation studies is less clear (Malvin and Moskowitz, 1983), in part because a desire to please the researchers or program staff (who, after all, have worked hard to present a high-quality program) may cause students to report lower levels of drug use in tests conducted after exposure to the program.

This is not to suggest that self-reports of substance use, properly employed, cannot be a valuable tool in prevention program evaluation. Indeed, self-reports probably have greater validity than any other practical alternative (Smith-Donals and Klitzner, 1985; Johnston et al, 1984), and the value of physiologic measures (e.g., saliva assessments in smoking research) has probably been oversold. However, few program evaluations pay sufficient attention to measurement issues, and thus, many results based on self-reports must be considered suspect.

STATISTICAL VS. POLICY SIGNIFICANCE

A final problem with many prevention program evaluations is their focus on the statistical significance of results to the exclusion of consideration of the programmatic and policy significance of these results. If four students out of 200 exposed to a prevention program report marijuana use, as compared with eight students out of 200 who are not exposed, this result may reach statistical significance. However, the absolute magnitude of this effect is small and may not justify a wide dissemination of the program model, particularly if the model is expensive to implement. A related problem is the tendency to report results in terms of percentage differences. This practice makes it difficult to assess the probable effect on students if the program is replicated (i.e., does the program have a large effect on a few students or a small effect on many?).

SUMMARY

Although much time and effort have been devoted to evaluating prevention programs, the results of most of these studies are, at best, inconclusive. The problems with these studies that have just been discussed make it difficult to draw conclusions beyond the fact that neither program effectiveness nor ineffectiveness may be considered proven. Accordingly, claims that a given prevention strategy is "effective" must be viewed with considerable skepticism, and the research methods upon which claims of effectiveness are based must be critically examined before such claims are accepted.

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Report to Congress on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs

Part 3: A Summary of Federal Drug Abuse Education and Prevention Programs for Youth

By

Donna Ruane Morrison
June Sivilli

Decision Resources Corporation

Prepared for:

U.S. Department of Education
Office of Planning, Budget and Evaluation

Note: The opinions and suggestions expressed in this publication are those of the author and do not necessarily reflect the positions or policies of the U.S. Department of Education or the U.S. Department of Health and Human Services. Mention of trade names, commercial products, programs, organizations, ideas or suggestions does not imply endorsement by the U.S. Department of Education, the U.S. Department of Health and Human Services, or their officials.

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INTRODUCTION

Section 4132(d) of the Drug-Free Schools and Communities Act requires the U.S. Department of Education to study the "nature and effectiveness of federal, state, and local" drug education and prevention programs. The current survey was conducted in response to this congressional mandate.

This study is concerned with federal projects and activities designed to prevent and reduce substance abuse by school-age youth (ages 5 to 22). It does not deal with enforcement programs (i.e., reduction of the supply of drugs) or activities that are targeted to the workplace or to adults (persons age 22 and above), unless the primary purpose of such programs is to reduce drug use among youth. Although the study does not focus on programs to diagnose, treat, or rehabilitate substance abusers, it does include programs designed to prevent substance abuse among both high- and low-risk youth, and some programs that provide the full gamut of services from primary prevention to treatment.

The analysis that follows examines current federal drug prevention and education programs in terms of their major target audiences, the nature of their activities, and the amount of resources set aside for these efforts.

The report is organized into three parts. The first part describes the sample membership and response rate. The second presents an overview of federal drug abuse education and prevention programs. The third provides tables summarizing the resources, target audiences, and activities of federal drug prevention and education initiatives. A description of the survey methods, the survey instruments, and brief descriptions of reported programs appear in Appendixes A, B, and C at the end of this report.

SAMPLE MEMBERSHIP AND RESPONSE RATE

The survey was initially administered in March 1987 through members of the National Drug Policy Board. The Board consists of staff from various federal agencies who oversee federal initiatives related to drug enforcement (supply reduction) and drug abuse prevention (demand reduction). The survey results were updated in August 1987 in order to add programs that had only been in the planning stages when the survey was first distributed. In all, data were received from 8 departments or agencies, representing a total of 65 federal drug education and prevention programs for youth.

OVERVIEW OF FEDERAL DRUG ABUSE EDUCATION AND PREVENTION PROGRAMS FOR YOUTH

As part of a national effort to reduce the problem of drug abuse, eight federal agencies report administering a total of 65 drug education or prevention programs. The agencies include: ACTION, Department of Defense, Department of Education, Department of Health and Human Services, Department of the Interior, Department of Justice, Department of Transportation, and Department of the Treasury. The programs and major projects by office and federal agency are listed in table 1.

As shown in table 2, current federal resources for youth-oriented drug education and prevention initiatives approach $300 million. The Department of Education accounts for the largest share of these efforts, with a fiscal 1987 budget approaching $200 million. The Department of Health and Human Services ranks next in programs directed at youth, with nearly $70 million reported. ACTION has the third largest fiscal 1987 budget, over $8 million.

Approximately one-half of these federal funds goes to a single activity -- State and Local Programs -- a formula grant program newly authorized under the Anti-Drug Abuse Act of 1986 and administered by the Department of Education. Through this program, some $161 million are distributed to education agencies and governors' offices of the 50 states, the District of Columbia, the territories, and local school districts.

These programs address all aspects of prevention including the following:

- Both basic and applied research to determine the causes of drug abuse, the extent of its prevalence among youth, and workable strategies for its reduction;
- Public awareness activities, such as public service announcements and conferences;
- Programs to develop or disseminate model approaches to prevention in schools and communities;
- Technical assistance and training to develop the local capacity to design and operate prevention programs;
- Resource coordination among the diverse groups with an interest in reducing substance abuse among youth; and
- Information dissemination through a clearinghouse, publications, and audio-visuals.

Target Audiences for Programs

Increasingly, researchers, educators, and policymakers have recognized that the determinants of drug use among youth are multiple and interrelated in complex ways. Factors that influence the probability that an individual young person will become a substance abuser are to be found within the individual, peer group, family, school, community, and broader social environment. As a result, there is a growing consensus that the most effective way to prevent young people from using drugs is for those who influence them to provide a consistent message that to use drugs is dangerous and unacceptable.

Although, historically, drug abuse prevention efforts have tended to focus on a single audience, such as the individual user or potential user, there is some evidence that current programs tend to be broader.

As a measure of the scope of current federal initiatives, programs were classified according to whether they target a single audience or multiple audiences. Using this criterion, nearly two-thirds (64 percent) of the reported programs target multiple audiences. One example is a joint project of the Departments of Justice and Transportation -- Introduction of Effective Strategies Systemwide. This project aims to reduce substance abuse by mobilizing school and community resources, and providing special training in prevention to juvenile court judges and student leaders.

In addition to establishing the extent to which federal drug abuse prevention and education programs are comprehensive, it is also informative to examine the extent to which particular audiences are addressed. Table 3 displays the percentage of agency programs that target each of five populations: youth, school staff, families, communities/professional groups, and special populations.

Youth

Young people are the target audience cited by the vast majority of the drug education and prevention programs reported (83 percent). These programs vary in emphasis. For example:

- Some programs are information-oriented, designed to provide youth with facts on the effects of substance abuse. For example, the objective of the nearly $600,000 multimedia Cocaine Abuse Prevention Campaign of the National Institute on Drug Abuse (NIDA) of the Department of Health and Human Services is to educate older teenagers and young adults about the addictive qualities of cocaine and its potential for producing severe health consequences. Through radio and television public service

announcements and print ads the campaign features descriptions by cocaine addicts of the devastating effect that cocaine addiction has had on their health, careers, and relationships.

- Other programs are designed to provide chemical-free alternatives to activities usually associated with alcohol or drug consumption. For example, Project Graduation, a Department of Transportation program, encourages chemical-free parties and events during the high school graduation season.

- A number of youth-focused programs aim at reaching young people through local youth groups. The Boy Scouts, Boys Clubs of America, and Future Farmers of America are examples of three groups presently working with federally-sponsored prevention programs.

School Staff

The second most prevalent focus of federal drug education and prevention programs is the school environment. More than half (51 percent) of the programs attempt to reach school staff, to help them create drug-free schools.

The largest single program designed to target schools is the formula grant program administered by the Department of Education. This program is designed to help states and local districts plan and implement comprehensive drug prevention (and treatment) programs. The specific nature of these programs will be determined by local needs. Other activities also sponsored by the Department of Education will complement the formula grant program. Among these are the Drug-Free Schools Recognition Program, which will provide national recognition for schools that have been successful in reducing student drug use, and a grant program to higher education institutions for teacher training and development aimed at elementary and secondary schools.

In addition, the Department of Defense is initiating a comprehensive program designed to make its school systems drug-free. This seven-year undertaking includes a survey of drug use, policy and curriculum development, and training for school staff.

Other federal programs directed at the school environment feature curriculum development -- teaching young people how to resist peer pressure is one popular approach -- or include a component aimed at training school staff to deliver prevention programs. The Department of Justice, for example, administers the Sports Drug Awareness Program, which attempts to reduce drug use by high school athletes through

a training program targeted at coaches. A number of private organizations cosponsor the activity.

Families

Another focus of federal drug education and prevention programs is the family. Families are cited as the target audience of nearly half (48 percent) of the reported programs. ACTION, in particular, provides funding for parent groups that have coalesced around the issue of substance abuse by children. One of ACTION's grantees is PRIDE, a national organization that helps parents start and maintain local antidrug groups, runs a clearinghouse, and operates a toll-free number. Other federal programs include parents as one component of a broad-based prevention effort. For example, one result of a Department of Health and Human Services program of conferences and technical assistance will be a training package for use by parents and parent groups active in the prevention field.

Communities/Professional Groups

In recognition of the influence of community values on the decisions of youth about using drugs, nearly a third (29 percent) of the programs include the general public and community and professional groups as their target audience. Many programs enlist the support of community leaders, volunteers, and grass-roots action groups to reduce drug use. For example, the Techniques of Effective Alcohol Management project of the National Highway Traffic Safety Administration works with private organizations to curtail the use or sale of alcoholic beverages to persons under the legal drinking age at public sports or entertainment events.

Special Populations

Special populations, such as youth in detention and other high-risk youth as well as members of ethnic and racial minority populations, are targeted by about one-fifth (18 percent) of the programs. Activities are designed to reach populations that suffer from a disproportionately high percentage of drug abuse, and those that are particularly difficult to reach. Illustrative programs include the following:

- The Bureau of Indian Affairs of the Department of the Interior administers a $5.9 million program to improve resources and services for drug prevention, intervention, and treatment of

American Indians. The program includes such elements as community training, identification and assessment of existing resources, development of a curriculum for grades 1-12.

- The Office of Juvenile Justice and Drug Prevention (Department of Justice) and the National Institute on Drug Abuse (Department of Health and Human Services) are cooperatively supporting a research program to analyze the extent, nature, and causes of drug abuse among ethnic and minority populations. The project also involves the development of strategies for preventing drug abuse among these populations.

- A $1.5 million program administered by the Office of Substance Abuse Prevention of the Department of Health and Human Services is designed to raise awareness and concern among ethnic minority groups about the drug problem and to help them operate prevention programs.

Types of Program Activities

Among the types of activities currently included in drug education and prevention projects, the most prevalent are technical assistance and training and dissemination of information. As table 4 shows, 75 percent of drug education and prevention programs provide technical assistance and training through conferences, workshops and seminars. These activities are generally designed to build the capacity of individuals at the local level to plan and operate prevention programs, or to raise public awareness of the need to combat substance abuse. One of the oldest of these is the Department of Education's Regional Centers program. First established in 1972, this program was expanded under the Anti-Drug Abuse Act. The five centers train school community teams to operate their own local prevention programs, and they provide assistance at the state and local levels to improve prevention activities and train personnel to work in them.

Over half (52 percent) of the programs included in the survey report an informational component. Among these activities are films, publications, public service announcements, public hearings, skits performed by students, clearinghouses, and other information networks. Specific examples of projects aimed at information dissemination include the following:

- The National Clearinghouse for Alcohol and Drug Information (NCADI) is a major federal initiative to ensure coordination and dissemination of information. Operated by the Department of Health and Human Services, clearinghouse activities include the preparation and distribution of publications, reference and referral services, films and

videotapes for loan, and support for a network of state clearinghouses. Not only does NCADI receive interagency funding from the Department of Education, but also it will be operated with assistance from an Interagency Steering Committee. Composed of representatives from nine federal agencies, the group will coordinate resources and provide guidance for the project.

- The Challenge campaign, sponsored by the Department of Education and 14 national organizations, invites schools and communities to start or expand prevention programs based on principles articulated in the Department's handbook Schools Without Drugs. Members receive a bimonthly newsletter and have access to information about other schools that are active in prevention efforts. The Department of Education is also establishing a network of colleges committed to eliminating drugs from their campuses.

Research is the next most prevalent drug prevention activity at the federal level. Forty percent of the surveyed programs have a research component. Some examples of the kinds of research efforts reported are etiological research, comparisons of the effectiveness of intervention strategies, as well as nationally representative surveys of drug use among American youth. The final products of these efforts include publications in professional journals, conference presentations, curriculum packages, and reports. Examples of major research efforts are the following.

- The Drug Use and Lifestyles of American Youth (High School Senior Survey) is a project done under a grant to the Institute for Social Research, University of Michigan. This nationally representative survey, which began in 1975, provides annual trend data regarding the use of psychoactive drugs, attitudes and beliefs about drug use, and a wide range of other related psychosocial factors.

- One of the National Alcohol Research Centers of the Department of Health and Human Services focuses on environmental approaches to prevention. It stimulates and synthesizes prevention research with an emphasis on environmental factors that influence drinking rather than on the individual drinker. Among the topics are a pilot program to train bartenders to mitigate alcohol-related problems, studies of the relationship between changes in the minimum drinking age and alcohol-related traffic accidents, and an examination of how high school alcohol policies are implemented in real-life situations.

Curriculum development is a part of 18 percent of the reported programs. These curricula often emphasize the health risks associated with drug use, as well as the

development of effective strategies for resisting drugs. Illustrative programs include the following:

- The Drug Abuse Resistance Education (DARE) program developed by the Los Angeles Police Department focuses on enhancing students' ability to say no to drugs as well as building students' self-esteem. The Department of Justice is developing a manual to be used in adapting DARE, and the Department of Defense is pilot-testing the program in its schools.

- The Department of Education, with assistance from a 15-member expert panel, plans to develop a guide for schools to use in selecting and implementing curricula.

Fifteen percent of the programs rely on the participation of volunteers. ACTION, an organization founded on the principle of volunteerism, relies heavily upon the use of volunteers in its initiatives. For example:

- The Volunteers in Service to America (VISTA) program utilizes the services of volunteers in 69 existing drug abuse prevention projects, and

- Over 5,000 Retired Senior Volunteer Program (RSVP) participants volunteer in 129 existing drug abuse prevention and treatment projects.

Service referral is a component of 12 percent of the reported programs. For example, one goal of the Model Community-Based Prevention Program of the Office of Substance Abuse Prevention (Department of Health and Human Services) is to increase the community's awareness of local prevention and treatment resources for alcohol and drug abuse.

Twelve percent of agency activities focus on developing or disseminating model prevention programs. A number of projects administered by the National Highway Traffic Safety Administration (NHTSA) of the Department of Transportation, fall into this category. Through conferences, public hearings, and publications, NHTSA programs seek to demonstrate what is known about ways to reduce drug-related traffic accidents among youth.

Interagency Cooperation

The National Drug Policy Board is the keystone of federal government efforts to coordinate policy and programs. Formed in February 1987, and chaired by the Attorney General, its responsibilities are to do the following:

- Review, evaluate, and develop federal drug control program policy, strategy, and resources in order to eliminate illegal drug use.
- Facilitate coordination of federal efforts to reduce drug trafficking and abuse.
- Coordinate collection and evaluation of information necessary to implement federal drug control policy.
- Provide policy guidance to appropriate agencies and facilitate resolution of interagency disagreements.

The Prevention and Health Coordinating Group was established in March 1987; the activities of its Prevention Education Subcommittee are directed by Department of Education staff.

Many of the current federal drug abuse education and prevention programs for youth included in this survey involve interagency cooperation. As shown in table 5, 60 percent of the reported programs include some interagency collaboration. For the vast majority of programs (95 percent) these efforts are programmatic, but over half (56 percent) involve joint funding or transfers of funds. An example of an interagency funding agreement is found in the Prevention and Control of Juvenile Delinquency and Drug Abuse in Public Housing program of the Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP).

- The program, which seeks to prevent youth who are living in public housing authority sites from becoming involved in drug use, involves funds from three departments: the Department of Justice, the Department of Housing and Urban Development, and the Department of Health and Human Services. The program, which is currently funding the Boys Clubs of America for the development and implementation of curricula and technical assistance, receives $400,000 from each of the three agencies.

Private Sector Participation

The participation of individuals and organizations from the private sector is the cornerstone of many of the federal drug abuse prevention efforts. Sixty-eight percent of the programs reported some form of private sector participation (see table 6). The majority (86 percent) of the programs receive financial contributions from private sector organizations, but many of the programs report in-kind contributions as well. Programmatic involvement from the private sector was reported by 31 percent of the programs.

Program Evaluation

Except for programs with specific research agendas, few of the programs report recent or planned evaluations. When asked to report on evaluation efforts, a number of the agencies mentioned project monitoring or the use of descriptive statistics to determine program success (e.g., the number of activities held, the number of persons reached). But few reported evaluating the impact of their programs on alcohol and drug use.

SUMMARY

Approximately $300 million in federal funds was spent in fiscal 1987 on drug abuse education and prevention. Eight federal agencies administered a total of 65 youth-oriented initiatives. Although the reported programs represent a diversity of approaches, there are a number of similarities. The majority of the programs address multiple audiences. Most federal agencies attempt to combat the drug problem by extending the emphasis of their programs beyond youth to their families, schools and the broader community. Second, the two most common activities of current programs are technical assistance or training, and information dissemination. The primary contribution of many of the programs is in training parents, school staff, health professionals, law enforcement officials and community groups how to reduce most effectively substance abuse among school-aged youth. Another strong emphasis is on enhancing public awareness of the hazards associated with substance abuse. Media campaigns, including public service announcements, prevention guidebooks, films and posters are prevalent. Finally, the amount of private sector participation in these federally-sponsored initiatives is noteworthy. A majority of the programs reported receiving programmatic support or financial contributions from private sector organizations or individuals. For a description of individual programs included in the survey, see appendix C.

TABLE 1

Federal Agency Drug Abuse Education and Prevention Programs for Youth, by Federal Agency and Office

Programs and Major Projects

ACTION

Drug Alliance Office

- o Community-Based Volunteer Demonstration Grants
- o Demonstrations Projects (other)
- o Prevention Programs
- o Support and Public Awareness Efforts
- o Title I, Part C Demonstration Grants

Office of Domestic and Antipoverty Operations

- o Foster Grandparents Program
- o Retired Senior Volunteer Program (RSVP)
- o Volunteers in Service to America (VISTA)

Department of Defense

Office of Dependent School Policy

- o Drug Prevention Program for Department of Defense Schools

Department of Education

Office of Educational Research and Improvement

- o A Guide for the Selection and Implementation of K-12 Substance Abuse Curricula
- o Drug-Free School Recognition Program
- o Network to Promote Drug-Free Colleges and Universities
- o New Research Perspectives on Student Drug Abuse

Office of Elementary and Secondary Education

- o Drug-Free Schools and Communities -- Hawaiian Natives Program
- o Drug-Free Schools and Communities -- Program for Indian Youth
- o Drug-Free Schools and Communities -- Regional Centers Programs
- o Drug-Free Schools and Communities -- State and Local Programs

Office of Intergovernmental and Interagency Affairs

- o Schools Without Drugs: The Challenge

Office of Planning, Budget and Evaluation

- o Audiovisual Materials Program

(continued)

Table 1 (continued)

Programs and Major Projects

Department of Education (cont.)

Office of Postsecondary Education

- Drug Prevention Program for Students Enrolled in Institutions of Higher Education

Secretary's Discretionary Fund

- Federal Activities Grants Program
- Training and Demonstration Grants to Institutions of Higher Education

Department of Health and Human Services

Alcohol, Drug Abuse, and Mental Health Administration

National Institute on Alcohol Abuse and Alcoholism

- Alcohol Prevention Program
- National Alcohol Research Center

National Institute on Drug Abuse

- AIDS and IV Drug Use Public Education Program
- Drug Use and Lifestyles of American Youth (High School Survey)
- Medical Specialty Contracts
- National Conference on Preventing Alcohol and Drug Abuse in Black Communities
- National Media Cocaine Prevention Campaign
- Nature and Extent of Drug Use
- 1990 Prevention Objectives
- Prevention Research

National Institute of Mental Health

- The Dynamics of Delinquent Behavior -- A National Survey
- Epidemiological Prevention Center for Early Risk Behaviors
- Pathways to Adaptive and Maladaptive Outcomes in Adolescence
- Puerto Rican Delinquency Patterns in the South Bronx
- Understanding and Prediction of Antisocial Behavior and Substance Abuse
- Vulnerability to Psychopathology and Substance Abuse

Office of Substance Abuse Prevention

- Alcohol and Drug Abuse Demonstration Grants Program
- Be Smart Don't Start, Just Say No

(continued)

Table 1 (continued)

Programs and Major Projects

Department of Health and Human Services (cont.)

Alcohol, Drug Abuse, and Mental Health Administration (cont.)

Office of Substance Abuse Prevention (cont.)

- o Media and Materials
- o Model Community-Based Prevention Program
- o National Clearinghouse for Alcohol and Drug Information
- o Technical Assistance and Conferences for Parents, Youth and the Community
- o Technical Assistance and Conferences for Parents, Youth and the Community (School Initiatives)
- o Technical Assistance and Training Workshops for Ethnic Minorities

Department of the Interior

Bureau of Indian Affairs

- o Prevention Education Programs

Department of Justice

U.S. Attorneys' Office

- o Drug Abuse Education and Prevention Projects[1]

Drug Enforcement Administration

- o Drug Abuse Education and Prevention Publications
- o Sports Drug Awareness Program

National Institute of Justice

- o Safe Schools Program

Office of Juvenile Justice and Delinquency Prevention

- o Cities in Schools
- o National School Safety Center

[1]Note: The U.S. Attorneys' Office has various local programs that are determined by district U.S. Attorneys' offices based on local needs. These programs receive no federal subsidies and for the purposes of this evaluation, these programs are grouped and referred to as a single program.

(continued)

Table 1 (continued)

Programs and Major Projects

Department of Justice (cont.)

Office of Juvenile Justice and Delinquency Prevention (cont.)

- o Prevention and Control of Juvenile Delinquency and Drug Abuse in Public Housing
- o Promising Approaches for the Prevention, Intervention and Treatment of Drug and Alcohol Abuse Among Juveniles
- o Research on Drug Use Among Juveniles
- o Research on the Etiology of Drug Abuse Among Ethnic and Minority Juvenile Populations
- o Substance Abuse Prevention
- o Youth Drug and Alcohol Abuse: Introduction to Effective Strategies Systemwide

Department of Transportation

Coast Guard

- o Just Say No Curriculum Development

National Highway Traffic Safety Administration

- o Alcohol Programs Division -- Youth Program
- o Alcohol Programs Division -- Prevention/Intervention Program
- o Techniques for Effective Alcohol Management (TEAM)

Department of the Treasury

Customs Office

- o Users Become Losers
- o You Can Help! Drug Education Campaign

Table 2

Summary of Resources and Activities of Federal Agency Drug Abuse Education and Prevention Programs for Youth

FEDERAL AGENCY Office	FISCAL 1987 BUDGET	NUMBER FTE STAFF	PROGRAMS REPORTED	PROGRAM ACTIVITIES	AUDIENCE	PRIVATE SECTOR PARTICIPATION
ACTION						
Drug Alliance Office	$3,500,000	5.7	5	Information Dissemination Research Technical Assistance Volunteers	Youth Families School Staff Communities Special Populations	X
Office of Domestic and Antipoverty Operations	$4,580,000	NA	3	Volunteers	Youth	X
AGENCY TOTAL	$8,080,000	5.7	8			
DEPARTMENT OF DEFENSE						
Office of Dependent School Policy	$1,702,000	19.1	1	Information Dissemination Research Technical Assistance Curriculum Development	Youth Families School Staff Communities	X
AGENCY TOTAL	$1,702,000	19.1	1			
DEPARTMENT OF EDUCATION						
Office of Educational Research and Improvement	$1,250,000	2.0	4	Information Dissemination Research Technical Assistance	Youth Families School Staff	
Office of Elementary and Secondary Education	$172,086,000	8.0	4	Information Dissemination Research Model Programs Technical Assistance Curriculum Development	Youth Families School Staff Special Populations	
Office of Intergovernmental and Interagency Affairs	$450,000	5.0	1	Information Dissemination Technical Assistance	Youth Families School Staff Communities	X
Office of Planning, Budget and Evaluation	$5,500,000	3.0	1	Curriculum Development	Youth School Staff	

(continued)

Table 2
(cont.)

FEDERAL AGENCY Office	FISCAL 1987 BUDGET	NUMBER FTE STAFF	NUMBER PROGRAMS REPORTED	PROGRAM ACTIVITIES	AUDIENCE	PRIVATE SECTOR PARTICIPATION
DEPARTMENT OF EDUCATION (cont.)						
Office of Postsecondary Education	$7,780,000	3.0	1	Model Programs Technical Assistance	School Staff	X
Secretary's Discretionary Fund	$12,780,000	2.0	2	Model Programs Technical Assistance	Youth Families	
AGENCY TOTAL	$199,846,000	23.0	13	Curriculum Development	School Staff	
DEPARTMENT OF HEALTH AND HUMAN SERVICES						
ADAMHA						
National Institute on Alcohol Abuse and Alcoholism	$4,729,945	2.0	2	Information Dissemination Research Technical Assistance	Youth Families School Staff Communities Special Populations	
National Institute on Drug Abuse	$26,511,675 a/	10.75	8	Information Dissemination Research Technical Assistance Service Referral Volunteers Curriculum Development	Youth Families School Staff Communities Special Populations	X
National Institute of Mental Health	$1,633,772 b/	2.99	6	Research	Youth Families Special Populations	X
Office of Substance Abuse Prevention	$36,690,000	10.5	8	Information Dissemination Research Model Programs Technical Assistance Service Referral	Youth Families School Staff Communities Special Populations	X
AGENCY TOTAL	$69,565,392	26.24	24			
DEPARTMENT OF THE INTERIOR						
Bureau of Indian Affairs	$5,900,000	0.25	1	Information Dissemination Technical Assistance Service Referral Curriculum Development	Special Populations	
AGENCY TOTAL	$5,900,000	0.25	1			

(continued)

Table 2
(cont.)

FEDERAL AGENCY Office	FISCAL 1987 BUDGET	NUMBER FTE STAFF	NUMBER PROJECTS REPORTED	PROGRAM ACTIVITIES	AUDIENCE	PRIVATE SECTOR PARTICIPATION
DEPARTMENT OF JUSTICE						
U.S. Attorneys' Office	NA	NA	1 c/	Information Dissemination Research Model Programs Technical Assistance Service Referral Curriculum Development	Youth Families School Staff Communities	X
Drug Enforcement Administration	$560,000	4.0	2	Information Dissemination Technical Assistance	Youth Families School Staff Communities	X
National Institute of Justice	$250,000	NA	1	Information Dissemination Research Technical Assistance	School Staff	X
Office of Juvenile Justice and Delinquency Prevention	$2,755,000	21.0	8	Information Dissemination Research Technical Assistance Service Referral Curriculum Development	Youth Families School Staff Communities Special Populations	X
AGENCY TOTAL d/	$3,565,000	25.0	12			
DEPARTMENT OF TRANSPORTATION						
Coast Guard	$250,000	1.0	1	Information Dissemination Research Technical Assistance Service Referral Curriculum Development	Youth Families School Staff	X
National Highway Traffic Safety Administration	$1,042,000	21.32	3	Information Dissemination Model Programs Technical Assistance Volunteers Curriculum Development	Youth Families School Staff Communities	X
AGENCY TOTAL	$1,292,000	22.32	4			

(continued)

Table 2
(cont.)

FEDERAL AGENCY Office	FISCAL 1987 BUDGET	NUMBER FTE STAFF	NUMBER PROGRAMS REPORTED	PROGRAM ACTIVITIES	AUDIENCE	PRIVATE SECTOR PARTICIPATION
DEPARTMENT OF THE TREASURY						
Customs Office	$380,000	5.85	2	Information Technical Assistance	Families Communities	
AGENCY TOTAL	$380,000	5.85	2			
GRAND TOTAL	$290,330,392	127.46	65			

NOTES: 1. Data not available signified by NA.
2. The information category under program activities includes media, publications, and public hearings.
3. The technical assistance category under program activities also includes training, workshops, and seminars.
4. Because FTE staff information was unavailable in some cases, FTE staff may be underestimated.
5. Survey data were collected in March 1987 and updated in August 1987 thus in some cases FY 1987 budget and FTE data are estimates only.

a. Budget information is unavailable for one program.
b. Budget information for one program is for the period July 1986 thru July 1987.
c. The U.S. Attorneys' Office has various local programs that are determined by district U.S. Attorneys' Offices based on local needs. These programs receive no federal subsidies, and, for the purposes of this evaluation, these programs are grouped and referred to as a single program.
d. Budget information is not available for one program, as program is proposed for 1988.
e. Agency totals do not include programs of the U.S. Attorneys' Office.

Table 3

Federal Drug Abuse Education and Prevention Programs for Youth, by Agency and Audience

Program Audience	All	Percent of Federal Agency Programs							
		ACTION	Defense	Education	Health & Human Services	Interior	Justice	Transportation	Treasury
Number of Programs	(65)	(8)	(1)	(13)	(24)	(1)	(12) a/	(4)	(2)
Youth	83%	100%	100%	69%	92%	0%	92%	75%	0%
School Staff	51	13	100	77	46	0	58	75	0
Families	48	13	100	54	46	0	67	50	50
Communities/Professional Groups	29	25	100	8	38	0	25	75	50
Special Populations	18	13	0	17	29	100	8	0	0

NOTE: Percentages may not sum to 100 because of multiple responses.

a. The U.S. Attorneys' Office has various local programs that are determined by district U.S. Attorneys' offices based on local needs. These programs receive no federal subsidies, and for the purposes of this evaluation they are grouped and referred to as a single program.

Table 4

Federal Drug Abuse Education and Prevention Programs for Youth, by Agency and Activity

Program Activity	All	Percent of Federal Agency Programs							
		ACTION	Defense	Education	Health & Human Services	Interior	Justice	Transportation	Treasury
Number of Programs	(65)	(8)	(1)	(13)	(24)	(1)	(12) a/	(4)	(2)
Technical Assistance/Training	75%	63%	100%	85%	71%	100%	75%	100%	50%
Dissemination of Information	52	25	100	38	50	100	67	75	100
Research	40	13	100	23	63	0	42	25	0
Curriculum Development	18	0	100	38	4	100	17	50	0
Volunteers	15	88	0	0	8	0	0	25	0
Service Referral	12	0	0	0	17	100	17	25	0
Model Programs	12	0	0	31	8	0	8	25	0

NOTE: Percentages may not sum to 100 because of multiple responses.

a. The U.S. Attorneys' Office has various local programs that are determined by district U.S. Attorneys' offices based on local needs. These progams receive no federal subsidies, and for the purposes of this evaluation they are grouped and referred to as a single program.

Table 5

Interagency Cooperation on Federal Agency Drug Abuse Prevention Programs by Agency

	Percent of Federal Agency Programs								
	All	ACTION	Defense	Education	Health & Human Services	Interior	Justice	Transportation	Treasury
Total Number of Programs	(65)	(8)	(1)	(13)	(24)	(1)	(12) a/	(4)	(2)
Interagency Cooperation on Programs	60%	13%	100%	69%	58%	100%	75%	75%	50%
Type of Interagency Cooperation:									
Programmatic	95	100	100	100	86	100	100	100	100
Financial	56	100	0	22	57	100	78	100	0

NOTE: 1. Percentages may not sum to 100 because of multiple responses.

a. The U.S. Attorneys' Office has various local programs that are determined by district U.S. Attorneys' offices based on local needs. These programs receive no federal subsidies, and for the purposes of this evaluation, these programs are grouped together and referred to as a single program.

Table 6

Private Sector Participation in Federal Agency Drug Abuse Prevention Programs, by Agency

	Percent of Federal Agency Programs								
	All	ACTION	Defense	Education	Health & Human Services	Interior	Justice	Transportation	Treasury
Number of Programs	(62)	(8)	(1)	(13)	(22)	(1)	(11) a/	(4)	(2)
Private Sector Participation	68%	100%	100%	15%	82%	100%	73%	100%	0%
Type of Private Sector Participation									
Programmatic	31	13	100	50	22	0	38	75	0
Financial	86	100	100	100	78	100	75	100	0

NOTES: 1. Percentages may not sum to 100 because of multiple responses.
2. Table values based on the 62 out of 65 programs for which private sector participation information was available.

a. The U.S. Attorneys' Office has various local programs that are determined by district U.S. Attorneys' offices based on local needs. These programs receive no federal subsidies, and for the purposes of this evaluation, these various U.S. Attorneys' Office programs are grouped together and referred to as a single program.

APPENDIX A

SURVEY METHODS

SURVEY METHODS

Instrument Design

The survey package was designed to allow for flexibility in responses. Survey respondents were requested to provide three items: (1) a brief summary (two pages maximum) of the agency's prevention programs addressing the needs of school-age youth; (2) a summary of each major alcohol and drug use prevention project conducted or planned during 1987 according to a specified format (see appendix B); and (3) a short, one-page information checklist for each project summarized (see appendix B).

Variable Creation and Coding

The unit of analysis in this study is drug education or prevention program. Programs are summarized according to the federal agency and the office in which they are administered. When projects are interagency efforts, the project is included under the lead federal or independent agency in which the program is actually administered.

Although the majority of respondents were very specific about the target audience of their program(s)--for example, American Indian youth, student athletes and coaches, or juvenile court judges, for analytical purposes the various project audiences were collapsed into five categories: youth, families, schools, community/professional groups and special populations. Youth includes young persons, both in and out of school, ranging in age from 5 to 22. Families include parents and siblings of drug abusers or potential abusers. The school category is composed of school administrators, teachers, coaches, and counselors. The community/professional groups category includes business and community leaders, civic groups, health professionals, law enforcement officials, judges, and the general public. Finally, the special population category comprises of specific ethnic or minority populations, high-risk youth, and disabled persons. Many programs were classified by more than one audience.

Like the responses to program audience, responses related to program activity were broad, but they were collapsed into seven categories: information (i.e., media, publications, public hearings), research, model programs, technical assistance or training, service referral, volunteers, and curriculum development. The majority of programs were classified by more than one activity.

Project appropriations or budget requests were sought for fiscal years 1986, 1987, and 1988. Low response rates for 1986 and 1988 made it unfeasible to analyze budget information for these years. Information reported for 1987 are for the federal fiscal year, with one exception. Since these data were initially collected in the spring of 1987 in some cases fiscal 1987 budget figures are estimates only.

The full-time-equivalent (FTE) staff variable describes the number of FTE employees who are allocated for administration of the program. Because this information was not available for a number of programs, actual FTEs may be underestimated for some agencies. Moreover, since this information was collected before the close of FY 1987 in some cases FTE staff figures are estimates only.

Private sector participation and interagency cooperation can be financial or programmatic. Programs were classified as having financial participation from another agency or organization if they reported joint funding, transfers of funds, or payments in kind, such as donated air space for public service announcements. Programs were classified as receiving programmatic support if they received technical assistance from other agencies or organizations.

APPENDIX B

SURVEY INSTRUMENTS

SUBSTANCE ABUSE PREVENTION PROJECT SUMMARY

SAMPLE FORMAT

AGENCY:	Name of reporting department, agency, or organization
PROJECT:	Name of agency project (NOTE: Please prepare a separate summary for each project.)
CONTACT:	Name, title, address, and telephone number of agency contact
PROJECT PERIOD:	Date project initiated and expected duration
BUDGET:	Project appropriation or budget request for fiscal years 1986, 1987, and 1988
PRIVATE SECTOR COOPERATION:	Brief description of private sector cooperation (financial or programmatic)
INTERAGENCY COOPERATION:	Brief description of interagency cooperation (financial or programmatic)
DESCRIPTION:	Brief description of project, including objectives, operations, and plans for fiscal year 1987
ASSESSMENT OF EFFECTIVENESS:	Brief description of any recent objective assessments of project effectiveness, including source of that assessment

NOTE: Please limit your response to a maximum of two pages per project.

INFORMATION CHECKLIST

SAMPLE FORMAT

1. How many staff work on this substance abuse prevention project? ____ FTE

2. Who is the target population? (Check all that apply)

Children in grades K-6	_____
Children in grades 7-12	_____
Youth (both in and out of school), ages 19-22	_____
Parents	_____
School staff	_____
Other (specify) _____	_____

3. What types of activities are included in the project?

Research	_____
Financial assistance	_____
Technical assistance	_____
Publications	_____
Media campaigns	_____
Other (specify) _____	_____

4. Does your agency work with other federal agencies on this?
   Yes ____ No ____ (Go to Question 5)

   Which agencies: _____

   Nature of coordination: (Check all that apply)

Program planning	_____
Joint funding	_____
Joint technical assistance	_____
Sponsoring conferences or projects	_____
Other (specify) _____	____

5. Have any evaluations been done on this project since 1980?
   Yes ____ No ____ No, but planned for fiscal year 198_ ____

   If yes: Date of evaluation(s) ____

Agency: _____

Name of project: _____

Person completing form: _____ Tel: _____

APPENDIX C

PROGRAM DESCRIPTIONS

ACTION

ACTION sponsors a wide variety of projects that support private sector involvement in drug abuse prevention efforts. In addition to assisting projects specifically designed to address the problem of drug abuse among school-age youth, components of several of ACTION's existing volunteer programs are involved in the anti-drug campaign.

Drug Alliance Office

ACTION provides over $1 million in financial support to a number of independent agencies throughout the country for a variety of projects designed to prevent substance abuse by school-age youth. Two examples of **Prevention Programs** funded by the Drug Alliance Office in FY 1987 are the following: first, the Substance Abuse Project is a $50,000 effort of the Colorado Federation of Parents for Drug Free Youth to organize and train parent, youth, and community groups throughout the state (including low income and minority populations) to establish Be Smart - Don't Start Clubs; second, the Just Say No Foundation of Walnut Creek, California received $50,000 to encourage community-based service organizations to support Just Say No clubs in elementary schools. ACTION sponsors many other diverse initiatives aimed at drug abuse prevention among youth. Over $500,000 was budgeted in FY 1987 for **Title I Part C Demonstration Grants** for drug abuse prevention activities. Additionally, $1.5 million was designated for **Community-Based Volunteer Demonstration Grants.** A total of $285,114 was funded for **Other Demonstration Projects,** and $127,000 was allocated for **Support and Public Awareness Efforts.**

Fiscal 1987 Budget: $3,500,000

Activities: information, research, technical assistance/training volunteers

Target Population(s): youth, families, school staff, communities/ professional groups, special populations

Office of Domestic and Antipoverty Operations

Foster Grandparents Program

The Foster Grandparents Program addresses drug prevention and education among school-age youth by assigning 458 Foster Grandparents in 47 separate projects to drug abuse rehabilitation sites.

Fiscal 1987 Budget: $2,100,000

Activities: volunteers

Target Population(s): youth

ACTION (cont.)

Office of Domestic and Antipoverty Operations (cont.)

Retired Senior Volunteer Program (RSVP)

A total of 5,790 RSVP volunteers in 129 projects are involved in the drug abuse prevention and treatment. These volunteers contribute over 1 million hours of service toward this initiative.

Fiscal 1987 Budget: $480,000

Activities: volunteers

Target Population(s): youth

Volunteers in Service to America (VISTA)

Over the past year, VISTA volunteers have served on 69 alcohol and drug abuse prevention projects representing 320 VISTA service years.

Fiscal 1987 Budget: $2,000,000

Activities: volunteers

Target Population(s): youth

DEPARTMENT OF DEFENSE

In response to the drug-free schools initiative inaugurated by President Reagan, a Drug Prevention Program for schools operated by the Department of Defense is underway. The Department of Defense operates Department of Defense Dependents School overseas and Section 6 Schools in the United States and Puerto Rico. The Secretaries of Education and Defense are working cooperatively to develop a model drug prevention program in these schools.

Office of Dependent School Policy

A Drug Prevention Program for Department of Defense (DOD) Schools

Begun in 1986 and continuing through 1992, the Drug Prevention Program has four main objectives: (1) to improve the ability to determine the extent and character of drug use by monitoring use on a continuing basis; (2) to establish specific rules regarding drug possession, use, and distribution that include corrective actions; (3) to enforce established policies against drug use and implement security measures to eliminate drugs on school premises and at school functions; and (4) to reach out to the community for support and assistance in making the schools' anti-drug policy and program work. In addition, DOD schools will be participating in the Department of Education's The Challenge Program as well as piloting the DARE Program, developed by the Los Angeles Police Department. DARE is a primary prevention program which helps students develop resistance skills and enhance their self-esteem. This program features the use of law enforcement officers as teachers. Implementation of the pilot is scheduled for the second semester of the 1987-1988 school year. Additionally, the Department of Defense, in association with the University of Michigan, Institute for Social Research, will be implementing a survey of drug use for individual schools within the DOD school systems.

Fiscal 1987 Budget: $1,780,000

Activities: information, research, model programs, technical assistance/ training, curriculum development

Target Population(s): youth, families, school staff, communities/ professional groups

DEPARTMENT OF EDUCATION

The Department of Education helps states, local education agencies and schools develop comprehensive programs to reduce student drug usage. Comprehensive programs include parent and community participation, as well as strong school policies, enforcement of those policies, and a curriculum that teaches that drug use is wrong and harmful. The measurement of success of these programs is the reduction of student drug use. The Department provides information and technical assistance to assist local populations; however, the success of these programs is directly proportional to local commitment. Programs must be monitored and evaluated periodically and revised as necessary.

Office of Educational Research and Improvement

A Guide for the Selection and Implementation of K-12 Substance Abuse Curricula

The Selection and Implementation of K-12 Substance Abuse Curricula Project intends to develop, produce, and disseminate a guide to help school and district staff select and implement substance abuse curricula for elementary and secondary schools. Specifically the guide will: (1) direct attention to a number of critical issues that research indicates should be considered in the selection and implementation of substance abuse curricula; (2) provide a typology to serve as a framework for school districts to classify, review, and evaluate substance abuse curricula relative to those issues; (3) provide criteria or standards for evaluating substance abuse curricula; and (4) suggest strategies which have proven effective for translating curricula into effective practice in classrooms and schools.

Fiscal 1987 Budget: $300,000

Activities: information, research

Target Population(s): youth, families, school staff

Drug-Free Schools Recognition Program

The Drug-Free Schools Recognition Program will recognize both public and private, elementary and secondary schools with exemplary drug prevention programs. Schools will be nominated for recognition by State Departments of Education, private school organizations, and community organizations involved in the prevention and elimination of drug abuse. Nomination forms will be reviewed by a panel composed of law enforcement personnel, counselors, educators, clergy, parents, and community leaders. Panel members will also visit and select schools for recognition. Schools selected for recognition will be honored at ceremonies in Washington, D.C.

Fiscal 1987 Budget: $750,000

Activities: technical assistance/training, model programs

Target Population(s): youth, families, school staff

Network to Promote Drug Free Colleges and Universities

The Network to Promote Drug Free Colleges and Universities will support development of a national network of institutions committed to eliminating drug abuse on their campuses. Initial networking efforts will focus on four-year residential colleges.

A core group of 15 representatives from higher education has been convened to formulate goals and strategies for the development of the network. The network will be supported by existing research and expertise that will be shared through newsletters, conferences, and forums.

Fiscal 1987 Budget: $100,000

Activities: information, technical assistance/training

Target Population(s): youth

New Research Perspectives on Student Drug Abuse

The New Research Perspectives on Student Drug Abuse Project will provide support for a series of commissioned papers prepared by about 10 leading scholars and researchers. They will be asked to examine drug issues anew and to contribute to the development of a research agenda that will assist the effort to eliminate drug abuse in schools.

Several tutorial workshops will be convened to provide a forum to present the commissioned papers, as well as to review and discuss the status of research in the area of student drug abuse, promising research directions, and problems or issues requiring immediate resolution.

Fiscal 1987 Budget: $100,000

Activities: information, research, technical assistance/training

Target Population(s): youth, school staff

Office of Elementary and Secondary Education

Drug-Free Schools and Communities -- Hawaiian Natives Program

The Drug-Free Schools and Communities -- Hawaiian Natives Program provides financial assistance to organizations primarily serving and representing Hawaiian natives that are recognized by the Governor of the State of Hawaii. Funds must be used to plan, conduct, and administer alcohol and drug abuse education and prevention programs that are consistent with the legislation.

Fiscal 1987 Budget: $389,000

Activities: technical assistance/training, curriculum development

Target Population(s): special populations

Drug-Free Schools and Communities -- Programs for Indian Youth

The Drug-Free Schools and Communities -- Programs for Indian Youth calls for the Secretary of Education to develop an agreement with the Secretary of the Department of the Interior for provision of services to Indian children. A memorandum of agreement is being negotiated.

This program provides funds for alcohol and drug abuse education and prevention programs for Indian children on reservations attending elementary and secondary schools operated by the Bureau of Indian Affairs. The law also permits grants or contracts with recognized Indian tribes.

Fiscal 1987 Budget: $1,945,000

Activities: technical assistance/training, curriculum development

Target Population(s): special populations

Drug-Free Schools and Communities -- Regional Centers Programs

The Drug-Free Schools and Communities -- Regional Centers Program authorizes the Department of Education to maintain five regional centers to: (1) train school teams to assess and combat drug and alcohol abuse problems; (2) assist State educational agencies in coordinating and strengthening alcohol and drug abuse education and prevention programs; (3) assist local educational agencies and institutions of higher education in developing and maintaining programs for educational personnel; and (4) evaluate and disseminate effective substance abuse prevention programs.

Fiscal 1987 Budget: $8,752,000

Activities: information, research, technical assistance/training

Target Population(s): youth, families, school staff

Office of Elementary and Secondary Education (cont.)

Drug-Free Schools and Communities -- State and Local Programs

The Drug-Free Schools and Communities -- State and Local Programs are formula grant programs which allocate funds to States and territories based on their school-age populations. Each State's allocation is divided between the State education agency (70 percent) and the Office of the Governor (30 percent). The SEA must allot at least 90 percent of the funds it receives to local education agencies to improve alcohol and drug abuse education, prevention, early intervention, and rehabilitation referral programs. The Governor provides financial support for alcohol and drug abuse programs in community-based organizations. At least 50 percent of the Governors' funds must be used for high-risk youth programs.

Fiscal 1987 Budget: $161,000,000

Activities: technical assistance/training

Target Population(s): youth, families, school staff

Office of Interagency and Intergovernmental Affairs

Schools Without Drugs: The Challenge

The Challenge is a follow-up to the Department of Education's handbook, Schools Without Drugs and is sponsored by the Department of Education and 14 national educational, law enforcement, and parent associations. The Challenge program invites schools and communities to establish or sustain an alcohol and drug program based on the principles of the Schools Without Drugs handbook. The objective is to mobilize the schools and local communities to combine the efforts of students, parents, teachers, school administrators, law enforcement agencies, and community organizations to get alcohol and drugs out of schools.

The Challenge can provide names and locations of schools close to a new member, or provide the name of a contact person within a school where special activities have been helpful in the anti-drug efforts. The Challenge provides a bimonthly newsletter which describes successful anti-drug programs, what other schools are doing, and information on current research.

Fiscal 1987 Budget: $450,000

Activities: information

Target Population(s): youth, families, schools, communities/ professional groups

Office of Planning, Budget and Evaluation

Audiovisual Materials Program

This grant program is designed to develop audiovisual materials for drug abuse and prevention activities in the schools. The materials will include videotapes and print materials for students as well as teachers' guides. The two-year grants include the design, production, and distribution of materials.

Fiscal 1987 Budget: $5,500,000

Activities: curriculum development

Target Population(s): youth, school staff

Office of Postsecondary Education

Drug Prevention Program for Students Enrolled in Institutions of Higher Education

The Drug Prevention Program is designed to encourage institutions of higher education to attack the problem of how to prevent substance abuse among students and staff. The program focuses on primary prevention and seeks to improve both the institution's and the community's prevention efforts through collaboration. Institutions of higher education compete for two year grants with a new two year cohort starting each year.

Fiscal 1987 Budget: $7,780,000

Activities: model programs, technical assistance/training

Target Population(s): school staff

Secretary's Discretionary Fund

Federal Activities Grants Program

The Drug-Free Schools and Communities Program -- Federal Activities Grants Program supports model development, dissemination, technical assistance, and curriculum development activities for drug and alcohol abuse education and prevention. Awards are made to State educational agencies, local educational agencies, institutions of higher education, and other nonprofit agencies, organizations, and institutions.

Fiscal 1987 Budget: $5,000,000

Activities: model programs, technical assistance/training, curriculum development

Target Population(s): youth, families, school staff, communities/ professional groups

Training and Demonstration Grants to Institutions of Higher Education

The Drug-Free Schools and Communities Program -- Training and Demonstration Grants to Institutions of Higher Education supports preservice or inservice personnel training, or curriculum demonstration for elementary and secondary schools. Institutions of higher education are the only eligible applicants. It is estimated that 50-60 awards averaging $125,000 each will be made from the $7.7 million available.

Fiscal 1987 Budget: $7,780,000

Activities: model programs, technical assistance/training, curriculum development

Target Population(s): families, school staff

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The youth-oriented drug education and prevention programs provided by the Department of Health and Human Services are administered by Institutes and Offices under HHS's Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). The four primary institutes and offices are: National Institute of Alcohol and Alcoholism (NIAAA), National Institute of Drug Abuse (NIDA), National Institute of Mental Health (NIMH) and the Office of Substance Abuse Prevention (OSAP).

The initiatives sponsored by the institutes are largely research oriented. Most subjects are aimed at reducing the incidence and prevalence of alcohol or drug abuse among both high-risk and the general youth population by determining the nature and extent of drug and alcohol use, their epidemiology, and effective strategies for intervention.

One major emphasis of programs sponsored by the Office of Substance Abuse Prevention is on implementing community- and school-based prevention efforts. Many of OSAP's initiatives seek to increase community awareness of available resources and promote linkages between local governments, professional organizations, business and industry, and the media. In addition, another major activity is sponsorship of demonstration grants for high-risk youth.

Alcohol, Drug Abuse, and Mental Health Administration

National Institute on Alcohol Abuse and Alcoholism

Alcohol Prevention Program

The Alcohol Prevention Program supports studies aimed at reducing the incidence and prevalence of alcohol abuse and alcoholism through interventions, such as school based programs for children and adolescents. These programs are developed, tested, implemented, and evaluated especially for youth populations and high-risk groups such as the children of alcoholics. Other studies have examined the effectiveness of employee assistance programs, the influence of laws and policies on drinking attitudes and behavior among the general population, and alcohol prevention among college students and young adults.

Fiscal 1987 Budget: $4,186,000

Activities: information, research, technical assistance/training

Target Population(s): youth, special populations

Alcohol, Drug Abuse, and Mental Health Administration (cont.)

National Institute on Alcohol Abuse and Alcoholism (cont.)

National Alcohol Research Center

As one of the nine NIAAA supported Alcohol Research Centers, the major focus of this Center is on prevention research. In addition to conducting research studies relating to environmental factors and individual behavior, the center also trains new researchers in the alcohol field. To this end, research programs are organized into five priorities (1) server intervention; (2) alcohol-related traffic accidents; (3) school alcohol policies; (4) family level cultural model; (5) alcohol and the mass media. Findings from these various studies are disseminated widely through presentations and the media. Begun in September 1983, the projects are scheduled to be re-evaluated in late 1987.

Fiscal 1987 Budget: $543,945

Activities: information, research, technical assistance/training

Target Population(s): youth, families, school staff, communities/ professional groups

National Institute on Drug Abuse

AIDS and IV Drug Use Public Education Program

Begun in September 1986 and continuing through August 1988, the AIDS and IV Drug Use Public Education Program includes two projects to educate the public about the threat of AIDS and IV drug use. The first project seeks to identify the best means of reaching IV drug users, and to develop, produce, and distribute appropriate materials to them. Current plans include developing media materials as well as encouraging the use of the NIDA toll free number for referrals to local drug abuse treatment programs. The second project has four objectives: (1) to identify local contact people in target cities who can disseminate program information to IV users; (2) to encourage community contacts to develop local coalitions among appropriate organizations; (3) to develop a videotape depicting what communities are doing about AIDS and IV drug use; (4) to conduct five regional training workshops featuring the videotape and other prevention/intervention techniques.

Fiscal 1987 Budget: $1,522,000

Activities: information, research, technical assistance/training, service referral, volunteers

Target Population(s): youth

Drug Use and Lifestyles of American Youth (High School Survey)

The Drug Use and Lifestyles of American Youth High School Survey continues an ongoing series of surveys of young men and women begun in 1975. The survey consists of two interconnected parts: (1) an annual survey of a nationally representative sample of 16,000-18,000 seniors in 130 high schools, and (2) annual follow-up surveys mailed to a subset of each senior class (numbering nearly 1200) for the first ten years following graduation. The broad content of the study includes drug usage, attitudes, beliefs and perceptions about drug usage, and other relevant psychosocial factors. The study aims at monitoring annual trends in drug usage as well as uncovering the causes, consequences and patterns associated with drug use. Findings from the study are widely disseminated.

Fiscal 1987 Budget: $1,400,000

Activities: information, research

Target Population(s): youth

Medical Specialty Contracts

The NIDA and NIAAA have established an ongoing forum for medical educators representing different primary care specialties and psychiatry to address issues in alcohol and drug abuse education. The forum is designed to make recommendations for future directions in medical education. The Medical Specialty Contracts have been awarded to various medical schools and medical organizations to identify and assess curriculum products and current approaches to alcohol and drug abuse instruction, to develop curriculum models for physician education and residency training, and to develop a series of seminars regarding the future directions of medical and nursing education.

Fiscal 1987 Budget: $963,000

Activities: information, research, technical assistance/training, curriculum development

Target Population(s): communities/professional groups

National Conference on Preventing Alcohol and Drug Abuse in Black Communities

The National Conference on Preventing Alcohol and Drug Abuse in Black Communities, held in 1987, was organized to raise the awareness of alcohol and drug abuse among Blacks as well as to share information on prevention research, evaluation, and resources of innovative programs and their application in local Black communities. Focusing upon youth ages 13 to 16 and adult voluntary organizations, the conference brought about a new national organization which is expected to provide leadership and advocacy for the further development of alcohol and drug abuse prevention efforts in communities nationwide.

Fiscal 1987 Budget: $150,000

Activities: technical assistance/training, service referral, volunteers

Target Population(s): youth, communities/professional groups

National Media Cocaine Prevention Campaign

To counter increasing cocaine use among older teenagers and young adults, the NIDA launched a multi-media Cocaine Abuse Prevention Campaign, "Cocaine, The Big Lie," in March 1986. The public service campaign, focuses upon the addictive qualities of cocaine, its potential for producing severe health consequences, and the need to seek treatment. As part of the campaign, an 800-toll-free number, which directs users to treatment facilities in their local community, became operational in April 1986. Also included in the campaign is the publication, Cocaine Addiction, It Costs Too Much. The campaign, which features sports stars, is targeted at young adults, age 18-35, the age group that uses cocaine the most. In its first year more than 50,000 people called the toll free number for information regarding treatment programs after hearing the public service announcements.

Fiscal 1987 Budget: $576,675

Activities: information, technical assistance/training

Target Population(s): youth, communities/professional groups

Nature and Extent of Drug Use

The Division of Epidemiology and Statistical Analysis (DESA), in cooperation with three national health education associations and participating Federal agencies, has initiated the National Adolescent Student Health Survey. The survey of 8th and 10th grade students examines such issues as health-related knowledge, practices and attitudes regarding drug and alcohol use, sexually transmitted diseases, AIDS, suicide, and violence. In addition to the survey, the DESA's programs also include longitudinal studies of drug use, the consequences of drug abuse, and vulnerability to drug abuse, and etiology.

Fiscal 1987 Budget: $8,400,000

Activities: information, research, technical assistance/training

Target Population(s): communities/professional groups

1990 Prevention Objectives

1990 Prevention Objectives, begun in 1980 and continuing until 1990, is the result of the Surgeon General's 1979 report, Healthy People. The report established broad national goals for an improvement in the health of the nation by 1990. To meet these goals, research, technical assistance, and media campaigns are being initiated to reduce to levels below those of 1977, the proportion of adolescents (ages 12 to 17) and young adults (ages 18 to 25) reporting frequent use of drugs. Additionally, by 1990, it is anticipated that there will be a comprehensive data capability with which to monitor and evaluate the status and impact of alcohol and drug abuse.

Fiscal 1987 Budget: not available

Activities: information, research, technical assistance/training

Target Population(s): youth, families, school staff

Alcohol, Drug Abuse, and Mental Health Administration (cont.)

National Institute on Drug Abuse (cont.)

Prevention Research

The Prevention Research Program funds etiological, intervention, and clinical epidemiological research on psychological, genetic, and environmental factors which predispose or protect individuals from drug abuse. The special focus of this research is on early childhood and adolescent populations. Current research includes an assessment of the efficiency of drug abuse prevention programs based upon social learning theory as well as the combined effects of school and community interventions relating to drug problems. Additionally, research regarding the prevention of pediatric AIDS is also being conducted. Results of these findings are being published.

Fiscal 1987 Budget: $13,500,000

Activities: information, research, technical assistance/training

Target Population(s): youth, families, school staff, communities/ professional groups, special populations

National Institute of Mental Health

The Dynamics of Delinquent Behavior - A National Survey

The Dynamics of Delinquent Behavior is a prospective longitudinal study of a nationally representative sample of male and female Americans who were ages 11 to 17 in 1976. The study began in June of 1975 and is scheduled through May, 1989. The study was undertaken to examine the epidemiology (prevalence, frequency and course) of delinquent behaviors, including illicit drug use, using reliable and valid self-report measures, and to test a new explanatory model for such behavior. This research is the only prospective longitudinal study of its type ever undertaken in the United States.

Fiscal 1987 Budget: $391,000

Activities: research

Target Population(s): youth

Epidemiological Prevention Center for Early Risk Behaviors

The Prevention Intervention Research Center, located at John Hopkins University, is undertaking a comparative study of two types of interventions aimed at preventing conduct disorders. Children in the Baltimore City Schools are the participants in the study which was initiated in July 1984 and continues through June 1989. Substance abuse is an integral part of the disorders under investigation.

Fiscal 1987 Budget: $275,000

Activities: research

Target Population(s): youth

Pathways to Adaptive and Maladaptive Outcomes in Adolescence

Pathways to Adaptive and Maladaptive Outcomes in Adolescence, begun in May 1987 and continuing until March 1991, is a short-term longitudinal study of three cohorts of adolescents in three urban, high-risk, communities. The purposes of the project are to examine the scope of behavioral outcomes (including substance abuse) for multi-risk adolescents, to identify vulnerable and invulnerable individuals within these high-risk groups, to identify causal pathways to adaptive and maladaptive outcomes, and to explore the effects of gender and normative school transition in the evolution of these pathways.

Fiscal 1987 Budget: $275,772

Activities: research

Target Population(s): youth

Puerto Rican Delinquency Patterns in the South Bronx

The Puerto Rican Delinquency Patterns in the South Bronx study, initiated in August 1985 and continuing through June 1988, seeks to improve the understanding of the epidemiology and etiology of delinquency (including illicit drug use) in a major Hispanic urban population. The participants in the research are a representative sample of 1,000 Puerto Rican males in the South Bronx who were ages 12-19 when first interviewed. A special feature of this research is the effort to identify restraining factors that account for Puerto Rican delinquency rates in New York City that are lower than expected for the demographic and socioeconomic data on this population. It is hoped that the identification of such factors will enhance delinquency and drug use prevention strategies.

Fiscal 1987 Budget: $190,000

Activities: research

Target Population(s): youth

Understanding and Prediction of Antisocial Behavior and Substance Abuse

The overall goal of this prospective longitudinal study is to establish the basis for a cost-efficient and effective preventive intervention for youth at high-risk for chronic and serious delinquency and substance abuse. Emerging substance use and abuse are being tracked in two cohorts of 200 boys (6- to 9-year olds) over a 5-year period. Analytic attention is focused on (a) developmental stages in substance abuse, especially as they relate to concomitant development of antisocial behavior, (b) the influence of circumstantial variables (such as parents' child-rearing practices and peer/sibling substance abuse) on the initiation and continuation of substance abuse, and (c) the impact of various degrees of drug use on other behavior, such as educational performance, social relationships, psychopathology, and employment. The study began in August 1979 and continues through March 1988.

Fiscal 1987 Budget: $411,000

Activities: research

Target Population(s): youth, special populations

Alcohol, Drug Abuse, and Mental Health Administration (cont.)

National Institute of Mental Health (cont.)

Vulnerability to Psychopathology and Substance Abuse

The Vulnerability to Psychopathology and Substance Abuse project is a prospective longitudinal study of children of psychiatric inpatients and a comparison group of peers. The purpose of the study is to identify childhood precursors and environmental factors leading to the development of mental disorders (including substance abuse) in this high-risk population. Initiated in July 1984, the project is scheduled to end in September 1987.

Fiscal 1987 Budget: $91,000

Activities: research

Target Population(s): youth, families

Office of Substance Abuse Prevention

Alcohol and Drug Abuse Demonstration Grants Program

Through the Alcohol and Drug Abuse Demonstration Grants Program it is expected that much will be learned about service delivery systems in prevention, intervention, treatment, and rehabilitation of youth in each of nine high-risk groups. These groups are: (1) children of substance abusers, (2) victims of physical, sexual, or psychological abuse; (3) school dropouts; (4) pregnant teens, (5) the economically disadvantaged; (6) delinquents or those who have committed violent acts; (7) those who have experienced mental health problems; (8) those who have attempted suicide; and (9) the disabled.

Fiscal 1987 Budget: $24,000,000

Activities: research, technical assistance/training

Target Population(s): youth, families, school staff, special populations

Be Smart, Don't Start, Just Say No

Initiated in 1986 and ending in 1987, the Be Smart, Don't Start, Just Say No campaign is targeted at preteens ages 8-12, parents, teachers, and others who influence the attitudes and behavior of adolescents, before they face increased peer and societal pressure to drink. The campaign is designed not only to teach the facts about alcohol and drinking but also to mobilize local governments, professional organizations, the media, and other interested groups to take action in their local communities.

Fiscal 1987 Budget: $550,000

Activities: information, technical assistance/training

Target Population(s): youth, school staff, communities/ professional groups

Media and Materials

The Office of Substance Abuse and Prevention provides drug abuse prevention-related information targeted at youth, their families and schools through a variety of media and publications.

Fiscal 1987 Budget: $850,000

Activities: information, model programs, technical assistance/training service referral, public hearings

Target Population(s): youth, families, school staff

Model Community-Based Prevention Program

The Model Community-Based Prevention Program, which extends from 1987 to 1989, has five objectives: (1) to promote community based programs to prevent illegal alcohol and drug use; (2) to develop linkages among business, industry, the media, law enforcement officials, health professionals and local personalities in their efforts to prevent substance abuse; (3) to identify resources and respond to gaps in a community's ability to prevent the illegal use of alcohol and other drugs; (4) to reinforce the adoption of prevention messages into existing programs and channels of communication within their communities; and (5) to increase the community's awareness of local prevention and treatment resources for alcohol and drug use.

Fiscal 1987 Budget: $1,750,000

Activities: technical assistance/training

Target Population(s): youth, families, school staff

National Clearinghouse for Alcohol and Drug Information (NCADI)

The Office of Substance Abuse Prevention (OSAP) operates this new information resource for the Nation. NCADI was formed through a merger of the former National Clearinghouse for Alcohol Information and the National Clearinghouse for Drug Abuse Information, to provide improved service to the public. NCADI provides information and services to anyone with questions or concerns about all types of drug problems, including alcohol abuse, illicit drug use, and misuse of prescription drugs. Special target groups for NCADI are community leaders, those working with youth, parents, health and human service providers, and persons with alcohol or other drug-related problems. The products and services available through the Clearinghouse include the preparation and distribution of publications, reference and referral services, tours of NCADI, films and videotapes for loan, and State clearinghouse network support.

Fiscal 1987 Budget: $2,340,000

Activities: information, model programs, technical assistance/ training, service referral

Target Population(s): youth, families, schools, communities/ professional groups, special populations

Technical Assistance and Conferences for Parents, Youth, and the Community

The purpose of the Technical Assistance and Conferences for Parents, Youth, and the Community contract awarded in August 1987 is to assist communities in alcohol and drug abuse prevention. The project will include: (1) on-site technical assistance to parent and youth organizations, schools and agencies, organizations working with or comprising racial/ethnic minorities, disabled populations, and/or the elderly, (2) establishing a consultant pool of experts; (3) developing and field testing a training package for use by parents and organizations; (4) workshops and conferences for substance prevention. The contract extends through 1989.

Fiscal 1987 Budget: $2,150,000

Activities: technical assistance/training

Target Population(s): youth, families, school staff, special populations

Technical Assistance and Conferences for Parents, Youth, and the Community (School Initiatives)

The purpose of the Technical Assistance and Conferences for Parents, Youth, and the Community (School Initiatives) contract awarded in August 1987 is to support local efforts to develop drug and alcohol prevention programs. The school initiatives will be directed at teacher, parent and student substance abuse prevention programs. The project will foster partnerships with elementary, secondary and college students, parents and their respective organizations. The contract extends through 1989.

Fiscal 1987 Budget: $4,300,000

Activities: technical assistance/training

Target Population(s): youth, families, school staff

Technical Assistance and Training Workshops for Ethnic Minorities

The Technical Assistance and Training Workshops for Ethnic Minorities began in July 1987 and are scheduled for two years. The objectives are to provide on-site technical assistance, conduct workshops, training, and provide speakers, panelists, and facilities to minority groups, individuals, and organizations serving minority populations. These services will build on the programs and activities conducted in the field of substance abuse prevention by the Secretary's Task Force on Black and Minority Health and the Minority Concerns Strategy of the Alcohol, Drug Abuse, and Mental Health Administration.

Fiscal 1987 Budget: $750,000

Activities: technical assistance/training

Target Population(s): youth, families, school staff

DEPARTMENT OF THE INTERIOR

The focus of the Department of the Interior's drug education and prevention efforts is on American Indian youth as well as tribes and tribal schools funded by the Bureau of Indian Affairs (BIA). The BIA substance abuse program seeks to heighten awareness of problems of alcohol and substance abuse among American Indians as well as to make BIA-funded schools drug-free. BIA also administers a program for Indian children on reservations who attend elementary and secondary schools through a memorandum of agreement with the Department of Education.

Bureau of Indian Affairs

Prevention Education Programs

Among the goals of the programs are to develop and implement a curriculum for grades 1-12, to hire and train BIA-funded school counselors, and to initiate a temporary information clearinghouse and a newsletter. In addition, an Interagency American Indian and Alaskan Native Youth Conference is also scheduled for Spring 1988. This conference will focus on prevention and health activities to facilitate youth leadership action to address chemical dependency. In conjunction with these programs, a Memorandum of Agreement between BIA and the Indian Health Service (IHS) seeks to coordinate agency resources and services for alcohol and substance abuse prevention, intervention, treatment, and aftercare of American Indians.

Fiscal 1987 Budget: $5,900,000

Activities: information, technical assistance/training, service referral, curriculum development

Target Population(s): special populations

DEPARTMENT OF JUSTICE

The Department of Justice sponsors drug abuse education and prevention programs through the U.S. Attorneys' Office, the Drug Enforcement Administration (DEA), the National Institute of Justice (NIJ) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The largest share of the Department of Justice's over $3 million FY87 budget for youth-oriented programs is administered by OJJDP.

U.S. Attorneys' Office

Drug Abuse Education and Prevention Projects

District United States Attorneys' offices have undertaken a wide variety of activities in support of the Department of Justice drug education effort. Many district offices have helped to establish school and community-based drug education programs. The majority of the programs emphasize the importance of citizen involvement and the participation of local business and industry, law enforcement officials and schools. Public service announcements, lectures and speeches by United States Attorneys on the consequences of substance abuse are common.

Fiscal 1987 Budget: not available

Activities: information, research, model programs, technical assistance/ training, service referral, curriculum development

Target Population(s): youth, families, school staff, communities/ professional groups

Drug Enforcement Administration

Drug Abuse Education and Prevention Publications

The publications program is designed to support and complement other Drug Enforcement Administration prevention activities. Its function is to inform and educate the general public as well as special interest groups. Popular publications include "Drugs of Abuse," the DEA's standard reference which describes drug terms and symptoms, "Soozie and Katy Coloring Book," which is targeted for K-3 primary school students, "Controlled Substances: Use, Abuse and Effects," which provides descriptions of generic drugs of abuse, and "Drug Enforcement," a magazine which is issued three times annually and discusses issues which are of interest to health professionals and law enforcement officials.

Fiscal 1987 Budget: $260,000

Activities: information

Target Population(s): youth, families, school staff, communities/ professional groups

Drug Enforcement Administration (cont.)

Sports Drug Awareness Program

The Drug Enforcement Administration (DEA) launched the Sports Drug Awareness program (SDAP) in June 1984 and was joined by the Federal Bureau of Investigation (FBI) in November of that year. Currently, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) also participates in the program. The program seeks to prevent drug abuse among school age youth, with special emphasis on the role of the coach and student athlete. With the coaches' commitment to preventing drug abuse, student athletes are encouraged to become role models, using positive peer pressure to dissuade other students from abusing drugs.

The SDAP includes brochures that inform coaches and provide guidelines, and an action plan to start a drug abuse prevention program for student athletes. In addition, DEA and FBI staff join with athletes, officials from professional sports, and high school coaches who have implemented successful programs to present clinics to help coaches develop programs in their high schools. To spread the message further, public service announcements, featuring prominent sports figures, have been developed and distributed for television and radio.

Fiscal 1987 Budget: $300,000

Activities: information, technical assistance/training

Target Population(s): youth, family, school staff

National Institute of Justice

Safe Schools Program

The goal of the Safe Schools program is to provide school administrators with resources to increase the safety and stability of the school learning environment and to enhance administrator accountability. The program, which is a joint effort of the National Institute of Justice and the Office of Educational Research and Improvement of the Department of Education, uses problem-solving strategies to develop locally tailored solutions for reducing crime and disruption in schools.

Program strategies enable school administrators to differentiate between criminal and non-criminal acts, and to collect and analyze data on both types of incidents. This information is then used to design intervention and prevention strategies, to use school resource teams to address specific problems, and to coordinate policies with community law enforcement officials. The program is designed for all schools, not just those with serious safety problems.

National Institute of Justice (cont.)

Fiscal 1987 Budget: $250,000

Activities: information, research, technical assistance/training

Target Population(s): school staff

Office of Juvenile Justice and Delinquency Prevention

Cities in Schools

Cities in Schools (CIS) develops public/private partnerships in cities to determine problems in the educational system and develop a plan for improvement. CIS coordinates services and brings these services to the schools.

The goal of the new CIS substance abuse component will be to bring comprehensive drug programs to existing and new sites in conjunction with existing organizations, business and industry, and particularly with QUEST, which has over 9,000 existing drug abuse prevention task forces throughout the country.

Fiscal 1987 Budget: $250,000

Activities: information, technical assistance/training, service referral

Target Population(s): youth, families, school staff

National School Safety Center

The National School Safety Center (NSSC) initiated in January 1984 and continuing through July 1988, is a comprehensive national effort to make schools safer places in which to learn, work and teach. The project seeks to determine the magnitude of school crime and violence, identifying the ways to diminish both, and promotes campus crime prevention and school discipline restoration programs. Reducing the use of drugs in and around schools has been a focus of NSSC in all programs for the last two years. Specifically, video tapes, posters, featured articles, and advisories on drug abuse and its prevention have been widely distributed.

Fiscal 1987 Budget: $70,000

Activities: information, technical assistance

Target Population(s): youth, families, school staff

Office of Juvenile Justice and Delinquency Prevention (cont.)

Prevention and Control of Juvenile Delinquency and Drug Abuse in Public Housing

The goal of the Prevention and Control of Juvenile Delinquency and Drug Abuse in Public Housing program is to prevent youth who are living in public housing authority sites from becoming involved in juvenile delinquency and drug abuse. This program will provide intensive training and technical assistance as well as limited financial support to approximately 20 housing authority settings in order to establish Boys Club of America recreational and support services for youth residing in or adjacent to housing authority complexes. Initiated in September 1987, the project will continue through 1989.

Fiscal 1987 Budget: $400,000

Activities: technical assistance/training

Target Population(s): youth, families

Promising Approaches for the Prevention, Intervention, and Treatment of Drug and Alcohol Abuse Among Juveniles

The purpose of the Promising Approaches for the Prevention, Intervention, and Treatment of Drug and Alcohol Abuse Among Juveniles program is to assist communities experiencing high rates of adolescent drug and alcohol abuse by identifying and reviewing promising juvenile drug programs, developing and testing program prototypes, and providing training based on the prototypes. The overall goal of the program is to provide communities with the necessary skills and information to adopt and implement promising approaches for the prevention, intervention, and treatment of chronic juvenile drug and alcohol abuse. Initiated in September 1987, the program will continue through 1989.

Fiscal 1987 Budget: $1,000,000

Activities: research, technical assistance/training

Target Population(s): youth

Office of Juvenile Justice and Delinquency Prevention (cont.)

Research on Drug Use Among Juveniles

The purpose of the Research on Drug Use Among Juveniles program is to develop information on high-risk factors for drug use among youth, and on the effectiveness of interventions for the prevention or control of illegal drug use. These findings are utilized in policy and program development. The research goal is to shed light on the nature, extent and patterns of drug use by youth by supporting secondary analysis of existing data sets. Initiated in September 1987, the project will continue through March 1988.

Fiscal 1987 Budget: $125,000

Activities: research

Target Population(s): youth

Research on the Etiology of Drug Abuse Among Ethnic and Minority Juvenile Populations

The purpose of the Research on the Etiology of Drug Abuse Among Ethnic and Minority Juvenile Populations program is twofold: 1) to increase the knowledge of drug abuse among youth, and 2) to examine effective intervention for the prevention of drug abuse. The program will be co-sponsored with the National Institute on Drug Abuse. It will consist of two phases. The first phase will focus on an analysis of the nature and extent of the drug problem, the etiological and developmental factors that may play a role in determining vulnerability to drug abuse, and the identification of support systems for responding to drug problems in inner city communities composed of ethnic and minority populations. The second phase will consist of a research and development effort, including preparation of training materials. Initiated in October 1987, the project will continue through March 1988.

Fiscal 1987 Budget: $500,000

Activities: research

Target Population(s): youth, special populations

Office of Juvenile Justice and Delinquency Prevention (cont.)

Substance Abuse Prevention

In cooperation with the Bureau of Justice Assistance, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) administers the substance abuse prevention program. As part of this initiative, the National Council of Juvenile and Family Court Judges will identify effective drug prevention programs. The Metro Judges Committee will develop for courts and communities a comprehensive set of recommendations related to drug abuse, concentrating on the role of juvenile and family courts. Targeted at children in grades K-12 and their parents, the project was initiated in May 1987 and will continue through April 1988.

Fiscal 1987 Budget: $150,000

Activities: information, technical assistance/training

Target Population(s): youth, families

Youth Drug and Alcohol Abuse: Introduction of Effective Strategies Systemwide

This program is an effort to bring a variety of program concepts together into one jointly funded initiative. Technical assistance and training will be provided to jurisdictions interested in planning and implementing drug and alcohol abuse prevention and treatment programs on a systemwide basis (e.g. schools, community, law enforcement officials, and courts).

To accomplish the first major task of this program, a conference of public and private national organizations that sponsor effective anti-substance abuse programs for youth will be conducted. These programs will be focused on school, community, law enforcement, adjudication, or supervision activities.

Under the second major task, communities that are participating in the Alcohol Highway Safety Workshops for Juvenile Court Judges (developed by NHTSA with support from the National Council of Juvenile and Family Court Judges) will be approached. The judges in each state who attended these workshops will receive a brief presentation of the overall initiative.

The third task is the development of a four day residential program to train high school age children to initiate and organize anti-drug and alcohol abuse activities in their schools. The training curriculum will be tested, in the initial project period, at one city where there is a Techniques for Effective Alcohol Management (TEAM) site in operation. If successful, this student training is to be subsequently introduced to other communities.

Office of Juvenile Justice and Delinquency Prevention (cont.)

Fiscal 1987 Budget: $260,000

Activities: information, technical assistance/training, curriculum development

Target Population(s): youth, families, school staff, communities/ professional groups

DEPARTMENT OF TRANSPORTATION

The primary purpose of the majority of the drug abuse education and prevention programs sponsored by the Department of Transportation is to reduce the incidence of chemically impaired driving on our nation's highways. The National Highway Traffic Safety Administration (NHTSA) sponsors a variety of initiatives through the youth program and the prevention/intervention program, both administered through the Alcohol Programs Division. Another NHTSA initiative is TEAM, a program that promotes the safety of patrons enroute to, while in attendance at, and returning home from sports and entertainment events, as well as public hearings focused on the problem of youthful impaired driving.

U.S. Coast Guard

Just Say No Curriculum Development

The Just Say No campaign was launched in January 1987. Its goals include developing a child safety curriculum which will be utilized in child development centers, day-care homes and by individual families.

Fiscal 1987 Budget: $250,000

Activities: information, research, technical assistance/training, service referral, curriculum development

Target Population(s): youth, families, school staff

National Highway Traffic Safety Administration

Alcohol Programs Division -- Youth Program

Diverse initiatives are sponsored under the Youth Program of the Alcohol Programs Division. These include alcohol safety workshops for juvenile court judges; the development of a classroom manual and training modules by the Future Farmers of America (a group composed of 450,000 high school students nationwide); national conferences that showcase student traffic safety programs; an update to a guide on prevention curricula; Project Graduation, a project that encourages chemical-free parties and events during high school graduation season; a high school assembly program featuring professional and college athletes who provide students with an awareness of the risks associated with chemically-impaired driving; a youth compendium of program ideas; as well as public hearings.

Fiscal 1987 Budget: $849,000

Activities: information, model programs, technical assistance/training, curriculum development

Target Population(s): youth, families, school staff, communities/ professional groups

National Highway Traffic Safety Administration (cont.)

Alcohol Programs Division -- Prevention/Intervention Program

Youth-oriented prevention/intervention efforts include the development of an alcohol, drug and traffic safety manual for college campuses; an assessment of educational programs related to traffic safety (drinking and driving) currently offered in public schools; development of a traffic safety manual for high school student leaders; and sponsorship of National Drunk and Drugged Driving Prevention Week.

Fiscal 1987 Budget: $53,000

Activities: information, technical assistance/training, curriculum development

Target Population(s): youth, school staff, communities/professional groups

Techniques for Effective Alcohol Management (TEAM)

The goals of the Techniques of Effective Alcohol Management (TEAM) are to create a more enjoyable entertainment atmosphere, to promote effective crowd control, and to address the issue of the safety of patrons enroute to, attending, and returning home from sporting and entertainment events in public assembly facilities. Special emphasis is placed on curtailing the use or sale of alcoholic beverages to those under the legal drinking age. The project was initiated in June 1985 and is scheduled to continue through 1989.

Fiscal 1987 Budget: $140,000

Activities: information, technical assistance/training

Target Population(s): communities/professional groups

DEPARTMENT OF THE TREASURY

Through the U.S. Customs Office the Department of the Treasury provides two programs aimed at public awareness of the negative effects of illegal drug use--the Users Become Losers public service announcements campaign, and the You Can Help! Drug Education Campaign.

Customs Office

Users Become Losers

The Users Become Losers anti-drug public service announcements launched in October 1984 feature individuals who have had someone close to them die or have serious negative consequences as a result of illegal drug use. These radio, television, and print announcements have been distributed to stations throughout the country as a way to alert individuals to the dangers of drug abuse. It was thought that people who have experienced the trauma of illegal drug use would have a greater impact through the announcements than would actors or government officials. To date, 155 television stations, 118 radio stations and 67 publications have carried the Users Become Losers announcements.

Fiscal 1987 Budget: $25,000

Activities: information

Target Population(s): communities/professional groups

You Can Help! Drug Education Campaign

Launched in October 1986, the You Can Help! Drug Education Campaign includes a slide show, audio visual equipment and a Customs Drug Awareness Kit aimed primarily at parents and adults to make them more knowledgeable about the drug problem in their community and schools. The campaign also seeks to educate the public on the Customs Office's mission relating to drug smuggling and how citizens can assist Customs enforcement efforts. To date, more than 1200 presentations and 35,000 individual contacts have been made, and as of July 1987, the Drug Awareness Kit was made available from the Consumer Information Center in Pueblo, Colorado.

Fiscal 1987 Budget: $355,000

Activities: information, technical assistance/training

Target Population(s): families

Report to Congress on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs

Part 4: Prevention Activities of State Education Agencies

By

Bradford Chaney
Elizabeth Farris
Westat, Inc.

Prepared for:

U.S. Department of Education
Center for Education Statistics and
Office of Planning, Budget and Evaluation

Note: The opinions and suggestions expressed in this publication are those of the author and do not necessarily reflect the positions or policies of the U.S. Department of Education or the U.S. Department of Health and Human Services. Mention of trade names, commercial products, programs, organizations, ideas or suggestions does not imply endorsement by the U.S. Department of Education, the U.S. Department of Health and Human Services, or their officials.

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PREVENTION ACTIVITIES OF STATE EDUCATION AGENCIES

State education agencies (SEAs) provide both assistance and direction to local school districts concerning substance abuse education. Three-fourths of all states require substance abuse education, and three-fifths also provide minimum curriculum standards for substance abuse education. A majority of states offer technical assistance to districts, with the most common areas of assistance being guides to resources, coordination with community groups and agencies, development of effective program strategies, development of school policies, and provision of information on common legal issues. Reports of trends in substance abuse are mixed: SEA officials generally report that drug use has declined over the last two years, but that alcohol use has increased.

These are some of the findings of a recent survey performed under contract with Westat, Inc., for the Center for Education Statistics (CES), U.S. Department of Education, through its Fast Response Survey System (FRSS).[1] The survey was requested by the Planning and Evaluation Service within the Office of Planning, Budget and Evaluation (OPBE). The survey discussed in this report was sent to state education agencies and reflects their activities only; however, it might be noted that states may also perform substance abuse education activities through other agencies (e.g., state alcohol and drug abuse agencies). In fact, SEAs sometimes choose not to carry out a particular action because they do not wish to duplicate an action already performed by a different state agency. Thus, statements in this report should not be interpreted as explaining the full extent of state activities.

STATE REQUIREMENTS FOR DISTRICTS

States were surveyed about their requirements for districts in three areas: offering substance abuse education, setting minimum curriculum standards, and establishing certification requirements for teachers. A majority of states have requirements in the first two of these areas, but certification requirements are much less common.

Substance abuse education is required by 76 percent of all states (see table 1 at the end of this report). For 79 percent of these states, the requirement is based on

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[1]CES's Fast Response Survey System is a special service that, upon request, quickly obtains nationally representative, policy-relevant data from small surveys to meet the needs of U.S. Department of Education policy officials. This survey was sent to the 50 States and the District of Columbia, and received a 100 percent response rate.

legislation; for 18 percent of them, the requirement is based on a State Board of Education policy.[2] The requirement of substance abuse education is most common in the Northeast region, where 100 percent of the states have a requirement; in the remaining regions, 67 to 75 percent have a requirement.[3]

Among those states with a requirement, slightly over half require substance abuse education to be taught in the health curriculum, whereas 14 states do not specify a teaching format for fulfilling the requirement (table 2). The only other common format for substance abuse education is driver training (senior high school level), where eight states have a requirement.[4]

The variations between states by enrollment and region are normally not great, and the differences would often disappear with the change in response of one or two states. One exception is that Southeastern states with a substance abuse education requirement always specify the location in the curriculum as well, whereas 33 to 60 percent of the states with substance abuse education requirements in the other regions do not specify a format.

Most states (63 percent) also set minimum curriculum standards for substance abuse education in 1986-87 (table 1). Minimum curriculum standards are more common in the Southeast (75 percent) than in the Central region (42 percent).

A less common area for state mandates concerning substance abuse education is a requirement for all teachers to be certified in substance abuse education. Only 22 percent of all states require certification; the requirement is more common in states with large enrollments[5] (36 percent) than in those with small enrollments (12 percent), and more common in the Central region (42 percent) than in the West (7 percent).

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[2]Some states indicated that both legislation and a State Board of Education policy are bases for their requirement. In these cases, they are counted as basing their requirement on legislation, while the 18 percent reported here are states whose only source for a requirement is State Board of Education policy.

[3]These regions are defined in Appendix A. The Northeast, Central, and Southeast regions each have 12 states, and the West has 15 states.

[4]States may require substance abuse education to be offered in more than one place in the curriculum, so these numbers may add to more than 51.

[5]Large states are defined as those with 1 million or more elementary and secondary students enrolled in public schools in fall 1985; medium-sized states as having 400,000-999,999 enrolled; and small states as having less than 400,000 students enrolled. There are 11 large states, 23 medium-sized, and 17 small states.

Overall, seven states have no requirements in these three areas, and another seven states have requirements in all three (table 3). The single most common pattern is to require both substance abuse education and minimum curriculum standards, but not certification (21 states).

STATE ASSISTANCE TO DISTRICTS

State education agencies make a variety of types of assistance available to districts and schools. Almost half of all states offer financial assistance, and a large majority offer technical assistance in many areas. A third of the states also have adopted a curriculum package for districts. Typically, the use of the curricula is mandatory but in some cases they may be used at the districts' option.

Financial assistance is offered by 45 percent of the states (table 4). It is more likely to be offered in the Northeast and Central regions (67 percent and 58 percent, respectively) than in the Southeast or West (33 percent and 27 percent).

Technical assistance is offered by most states, with the most common forms of technical assistance being guides to resources (43 states), coordination with community groups and agencies (41 states), effective program strategies (40 states), and school policy development (39 states). Only services to high-risk students (24 states) and program evaluation (23 states) are not provided by a majority of states.

Some patterns can be detected in the types of technical assistance offered. Of nine listed services, states provide an average of six. Critical components of prevention programs are the development of school policies, enforcement provisions and procedures, guides to resources, effective program strategies, program evaluation, and coordination with community groups and agencies; 15 states provide technical assistance in all these areas.

Sixteen states have adopted a curriculum package for use by districts (table 4). Such a package might either be mandated for local use or recommended for adoption. A variety of curricula are in use. Only one package has been adopted by more than one state; this is the package "Here's Looking at You, II," and its more recent version, "Here's Looking at You, 2000," which has been adopted by five states. Most states with a package (9 of 16) have at least one publication that has been developed by that state.

The adoption of statewide curriculum packages is related to other state activities in substance abuse education. Thus, 75 percent of those states that have a curriculum package also have minimum curriculum standards; 57 percent of the remaining states

have minimum curriculum standards. On the other hand, states with a curriculum package have certification requirements (6 percent) less often than the remaining states (29 percent).

STATE RESOURCES FOR SUBSTANCE ABUSE EDUCATION

Most state education agencies (55 percent) have no staff with full-time responsibilities in substance abuse education, and 33 percent have no staff with part-time responsibilities. Five state education agencies have no staff with either full-time or part-time responsibilities in substance abuse education. The average number of full-time staff per state is 1.5 (table 5). Similarly, the average number of part-time staff per state is 1.2.

State education agencies report devoting limited financial resources to substance abuse education. Here, however, the data must be viewed with caution, because many states were not able to supply funding information, and other states that supplied information were uncertain about the total amounts. Roughly half of the responding states (18 of 37) indicate total expenditures on salaries of $20,000 or below, and 16 of the 35 states that reported program expenditures indicate total program funds of $5,000 or below. The average expenditures per state were $57,100 on total salaries and $81,600 on total program funds, or $78 and $112 respectively per 1,000 students (table 6). States were asked not to report federal or state funds sent to local districts. Further, it is likely that funds will be greater in 1987-88, as a result of funds distributed through the Drug Free Schools and Communities Act of 1986.

Coordination with Other Agencies

State education agencies report either an extensive or moderate degree of coordination with several state agencies, and less coordination with state legal agencies and private groups. The greatest degree of coordination is reported with the state alcohol and drug abuse agency; 22 states report extensive coordination and an additional 20 report moderate coordination (table 7). A majority of states also reported extensive or moderate coordination with the health, mental health, and social service agencies (39 states), and the governor's office (30 states). Coordination was less with state legal agencies, with 22 states showing either moderate or extensive coordination.

Private groups tend to have either limited or moderate involvement with the states; extensive coordination is relatively rare. For example, parent groups have

moderate coordination with 18 states and limited coordination with 16 states, while extensive coordination exists with only seven states. Business groups and civic groups are less likely to have extensive or moderate coordination, with almost half of the states reporting limited coordination.

EXTENT OF SUBSTANCE ABUSE

A total of 20 state education agencies collect information on the extent of substance abuse among students (table 8). (Some states also collect such information through other state agencies, such as the state alcohol and drug abuse agency.) This information is relatively recent, with seven states having collected information within the last year, and another 13 within the past two years. In all cases, senior high schools are included in the collection of information, whereas junior high schools are included by 17 states and elementary schools by eight states.

States in the Northeast (58 percent) are more likely to collect information than those in the West (20 percent). The collection of information shows a relationship to staff size, with 41 percent of states with one or more full-time staff collecting information, as compared with 29 percent with no full-time staff.

State officials perceive different trends in the use of alcohol and drugs in the last two years. For alcohol, 23 officials perceive an increase in use, whereas 10 perceive a decrease, and 15 reported no change (table 9). For drugs, fewer officials perceive an increase (15), whereas 21 perceive a decrease, and 12 perceive no change. These judgments are based on multiple sources, including student surveys (21 states), formal evaluations (9 states), and professional judgment (40 states).[6]

Perceived increases in alcohol abuse are most likely in the West (62 percent) and least likely in the Central region (36 percent). The same pattern is also true for drug abuse, except that the number of states reporting an increase is lower; 54 percent in the West see an increase in drug abuse, compared with 9 percent in the Central region.

[6]Responses add to more than 51 because SEA officials were allowed to specify more than one basis for their judgment.

Table 1

Percent of states with various substance abuse education requirements and source of requirement, by state characteristics

State Characteristic	Total Number of States[a]	Percent with Various Requirements: Substance Abuse Education	Minimum Curriculum Standards	Certification for All Teachers	Source of Education Requirement[b]: Board of Education	Legislation	Other[c]
Total	51	76	63	22	18	79	3
Enrollment							
Less than 400,000	17	71	59	12	25	75	0
400,000-999,999	23	78	61	22	17	83	0
1,000,000 or more	11	82	73	36	11	78	11
Region							
Northeast	12	100	67	25	17	83	0
Central	12	67	42	42	0	88	13
Southeast	12	75	75	17	22	78	0
West	15	67	67	7	30	70	0

a/ Fifty states and the District of Columbia.

b/ Percentages are based on responses from the 39 states that require substance abuse education.

c/ State Board of Education Adopted Standards.

Table 2

Percent of states requiring substance abuse education which specify where it should fit in the curriculum, by school level and state characteristics

School Level and State Characteristic	No Requirement at Grade Level	Percent of States Requiring Substance Abuse Education[a/]				
		Format Not Specified	Taught in Health Curriculum	Taught in Driver Training	Taught as a Separate Course	Other[b/]
Elementary (total)	8	36	56	NA	0	5
Enrollment						
Less than 400,000	0	33	67	NA	0	8
400,000-999,999	6	44	44	NA	0	6
1,000,000 or more	22	22	67	NA	0	0
Region						
Northeast	8	33	58	NA	0	0
Central	13	50	38	NA	0	0
Southeast	11	0	78	NA	0	22
West	0	60	50	NA	0	0
Junior High (total)	8	36	56	3	3	5
Enrollment						
Less than 400,000	0	33	67	0	0	8
400,000-999,999	6	44	44	6	0	6
1,000,000 or more	22	22	67	0	11	0
Region						
Northeast	8	33	58	0	0	0
Central	13	50	38	0	0	0
Southeast	11	0	78	11	0	22
West	0	60	50	0	10	0

Table 2 (continued)

School Level and State Characteristic	No Requirement at Grade Level	Percent of States Requiring Substance Abuse Education[a/]: Format Not Specified	Taught in Health Curriculum	Taught in Driver Training	Taught as a Separate Course	Other[b/]
Senior High (total)	8	36	54	21	5	3
Enrollment						
Less than 400,000	8	33	58	8	0	0
400,000-999,999	0	44	44	22	6	6
1,000,000 or more	22	22	67	33	11	0
Region						
Northeast	17	33	50	8	0	0
Central	0	50	38	25	13	0
Southeast	11	0	78	33	11	11
West	0	60	50	20	0	0

a/ Percentages are based on responses from the 39 states that require substance abuse education.

b/ Includes safety (grades K-4), science classes, one week of annual instruction (grades 6-12).

Table 3

Requirements on substance abuse education, minimum curriculum standards, and teacher certification, by state

State	State Requires Substance Abuse Education	Minimum Curriculum Standards Provided	Certification Requirement in Substance Abuse Education for All Teachers
Alabama	Yes	Yes	No
Alaska	No	Yes	No
Arizona	Yes	Yes	No
Arkansas	Yes	Yes	Yes
California	Yes	Yes	No
Colorado	Yes	Yes	No
Connecticut	Yes	No	No
Delaware	Yes	Yes	No
District of Columbia	Yes	Yes	Yes
Florida	Yes	Yes	No
Georgia	Yes	Yes	No
Hawaii	No	Yes	No
Idaho	Yes	No	No
Illinois	Yes	Yes	Yes
Indiana	Yes	No	Yes
Iowa	Yes	Yes	No
Kansas	No	No	No
Kentucky	Yes	Yes	Yes
Louisiana	Yes	Yes	No
Maine	Yes	Yes	No
Maryland	Yes	Yes	No
Massachusetts	Yes	No	No
Michigan	No	Yes	No
Minnesota	Yes	Yes	Yes
Mississippi	No	No	No
Missouri	No	No	Yes
Montana	No	No	No
Nebraska	Yes	No	No
Nevada	Yes	Yes	Yes
New Hampshire	Yes	No	No
New Jersey	Yes	No	Yes
New Mexico	Yes	Yes	No
New York	Yes	Yes	Yes
North Carolina	No	No	No
North Dakota	Yes	No	No
Ohio	Yes	No	Yes
Oklahoma	No	No	No
Oregon	Yes	No	No

Table 3 (continued)

State	State Requires Substance Abuse Education	Minimum Curriculum Standards Provided	Certification Requirement in Substance Abuse Education for All Teachers
Pennsylvania	Yes	Yes	No
Rhode Island	Yes	Yes	No
South Carolina	Yes	No	No
South Dakota	No	No	No
Tennessee	No	Yes	No
Texas	Yes	Yes	No
Utah	Yes	Yes	No
Vermont	Yes	Yes	No
Virginia	Yes	Yes	No
Washington	Yes	Yes	No
West Virginia	Yes	Yes	No
Wisconsin	Yes	Yes	No
Wyoming	No	No	No
Total number with requirement	39	32	11

Table 4

Percent of states offering different forms of assistance, by state characteristics

State Characteristic	Percent of States Offering Technical Assistance										
	Development of School Policies	Enforcement Provisions and Procedures	General Information on Legal Issues	Advice on Specific Legal Problems	Guides to Resources	Effective Program Strategies	Program Evaluation	Services to High-Risk Students	Coordination with Community Groups	Financial Assistance	Statewide Curriculum Packages
Total	76	55	75	61	84	78	45	47	80	45	31
Enrollment											
Less than 400,000	88	71	71	53	88	71	59	41	82	47	29
400,000-999,999	65	43	83	61	87	83	39	52	78	43	26
1,000,000 or more	82	55	64	73	73	82	36	45	82	45	45
Region											
Northeast	92	75	83	67	92	83	58	50	92	67	42
Central	75	50	67	50	75	75	50	33	67	58	17
Southeast	67	33	83	75	83	83	33	58	75	33	33
West	73	60	67	53	87	73	40	47	87	27	33

Table 5

Total and average number of staff per 1 million students with full-time or part-time responsibilities concerning substance abuse education, by state characteristics

State Characteristic	Total Staff and Average Number of Staff Per 1 Million Students			
	Full-time		Part-time	
	Total	Average	Total	Average
Total	79	2.0	60	1.5
Enrollment				
Less than 400,000	26	9.3	30	10.7
400,000-999,999	27	1.8	18	1.2
1,000,000 or more	26	1.2	12	0.6
Region				
Northeast	39	4.8	14	1.7
Central	9	0.9	15	1.5
Southeast	25	2.6	12	1.3
West	6	0.5	19	1.6

Table 6

Average expenditures per state and per 1,000 students by state education agencies for substance abuse education, by state characteristics

State Characteristic	Number of States		Average Expenditure Per State*			Average Expenditures Per 1,000 Students*		
	Salaries	Program Funds	Salaries	Program Funds	Combined Expenditures	Salaries	Program Funds	Combined Expenditures
Total	37	35	$57,100	$81,600	$140,600	$ 78	$112	$221
Enrollment								
Less than 400,000	12	11	62,400	67,700	131,600	392	416	808
400,000-999,999	19	19	45,700	49,800	95,500	70	76	167
1,000,000 or more	6	5	83,000	233,000	332,000	39	103	173
Region								
Northeast	11	11	96,900	91,600	188,500	132	125	256
Central	8	7	41,300	34,200	74,800	61	45	164
Southeast	7	6	54,700	55,800	119,200	66	78	226
West	11	11	30,500	115,900	146,400	43	164	207

* Based on states providing the information.

Table 7

Percent of state education agencies reporting various degrees of coordination with state agencies and private groups

	Percent of SEAs Reporting Each Degree of Coordination				
	No Coordination	Coordination Being Planned	Limited Coordination	Moderate Coordination	Extensive Coordination
State Agencies					
Alcohol and drug abuse agency	0	4	14	39	43
Governor's office	2	8	31	27	31
Health, mental health, & social service agencies	2	4	18	47	29
Legal agencies	12	8	37	27	16
Other	0	0	10	38	52
Private Groups					
Parent groups	10	10	31	35	14
Business groups	20	12	47	16	6
Civic groups	12	10	45	25	8

Table 8

The collection of information by state education agencies on the extent of substance abuse among students, by state characteristics

State Characteristic	Total Number of States	Percent Collecting Information	Last Collected in 1986 or 1987	Percent Collecting for Each*		
				Elementary	Junior High	Senior High
Total	51	39	70	40	85	100
Enrollment						
Less than 400,000	17	41	86	43	86	100
400,000-999,999	23	43	50	50	90	100
1,000,000 or more	11	27	100	0	67	100
Region						
Northeast	12	58	86	14	71	100
Central	12	33	25	25	75	100
Southeast	12	50	100	67	100	100
West	15	20	33	67	100	100

* Percentages are based on responses from the 20 states that collect information on the extent of student substance abuse.

Table 9

Perceptions of state officials regarding changes in the past two years in the rate of substance abuse among students, by state characteristics

State Characteristic	Alcohol			Drugs		
	Decreased	Remained the Same	Increased	Decreased	Remained the Same	Increased
	(Percent of states reporting changes)					
Total	21	31	48	44	25	31
Enrollment						
Less than 400,000	13	38	50	44	13	44
400,000-999,999	27	27	45	45	36	18
1,000,000 or more	20	30	50	40	20	40
Region						
Northeast	33	25	42	42	17	42
Central	18	45	36	45	45	9
Southeast	25	25	50	75	8	17
West	8	31	62	15	31	54

Note: Percentages may not add to 100 because of rounding.

APPENDIX A

SURVEY METHODOLOGY, DATA RELIABILITY, AND QUESTIONNAIRE

SURVEY METHODOLOGY, DATA RELIABILITY, AND QUESTIONNAIRE

In May 1987, questionnaires were mailed to the 50 states and the District of Columbia. The survey was a mail survey with telephone follow-up. The questionnaires were sent to each state's coordinator of alcohol and drug abuse education, who was asked to have it completed by the person most knowledgeable about the state's substance abuse activities. Data collection was completed in June with a response rate of 100 percent.

Because this survey was a census and had a 100 percent response rate, sampling error is not a factor in this survey. However, survey estimates are also subject to errors of reporting and errors made in the collection of the data. These errors, called nonsampling errors, can sometimes bias the data. Nonsampling errors are not easy to measure and usually require that an experiment be conducted as part of the data collection procedures or that data be used external to the study.

Nonsampling errors may include such things as differences in the interpretation of the questions by the respondents, differences related to the particular time the survey was conducted, or errors in data preparation. During the design of the survey and survey pretest, an effort was made to check for consistency of interpretation of questions and to eliminate ambiguous items. The questionnaire was reviewed by respondents like those who completed the survey, and the questionnaire and instructions were extensively reviewed by Center for Education Statistics (CES), the Committee for Evaluation and Information Systems of the Council of Chief State School Officers, and several other persons concerned with federal and state policies on substance abuse. Manual and machine editing of the questionnaire forms was conducted to check the data for accuracy and consistency, and extensive data retrieval was performed on missing or inconsistent items. Thus it appears unlikely that nonsampling errors severely biased the data from this survey.

Data are presented for all states and by the following state characteristics: enrollment size and region. State enrollment was divided into three categories (less than 400,000, 400,000-999,999, 1,000,000 or more). It was based on fall 1985 enrollment in public elementary and secondary schools, as reported by the U.S. Department of Education, Center for Education Statistics, in Digest of Education Statistics, 1985-86. Region classifications are those used by the Bureau of Economic Analysis of the U.S. Department of Commerce, the National Assessment of Educational Progress, and the National Education Association. The Northeast includes Connecticut, Delaware, District

of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. The Central region includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. The Southeast includes Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia. The West includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oklahoma, Oregon, Texas, Utah, Washington, and Wyoming.

The survey was performed under contract with Westat, Inc., using the Fast Response Survey System (FRSS). Westat's Project Director was Elizabeth Farris, and the Survey Manager was Bradford Chaney. Helen Ashwick was the CES Project Officer, and Ralph Lee was the CES Survey Manager. The OPBE data requester, who participated in the design and analyses, was Elizabeth Farquhar. FRSS was established by CES to collect quickly, and with minimum burden on respondents, small quantities of data needed for education planning and policy.

QUESTIONNAIRE

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF THE ASSISTANT SECRETARY
FOR EDUCATIONAL RESEARCH AND IMPROVEMENT

CENTER FOR EDUCATION STATISTICS

May 1987

Dear State coordinator of alcohol and drug abuse education:

We request your cooperation in completing a national survey of State programs concerning substance abuse education and prevention. The purpose of the survey is to obtain current information on the severity of substance abuse and what States have been doing to prevent it. The survey was requested by the Department of Education's Office of Planning, Budget and Evaluation in direct response to a Congressional mandate to collect information on existing State and local substance abuse prevention activities. We are seeking information on the kinds of activities States have undertaken or planned prior to the Federal assistance available under the Drug Free Schools and Communities Act of 1986.

All 50 States and the District of Columbia are included in this survey. The survey has been designed to be completed by the person most knowledgeable about your substance abuse prevention activities. A few items on the public record, such as whether your State requires substance abuse education, may be tabulated as State-by-State listings. Items that require an evaluation by you, such as the effectiveness of your substance abuse education activities, will be presented as aggregated statistics only, with no individually identifying information. Your participation is voluntary, but each individual response is important to obtain reliable national data. The survey has been approved by the Office of Management and Budget and coordinated with the Council of Chief State School Officers through its Committee for Evaluation and Information Systems (CEIS).

The survey is being conducted utilizing the Fast Response Survey System (FRSS). Established by the Center for Education Statistics (CES), FRSS was designed to collect limited amounts of policy-oriented data on important educational issues. Following the FRSS practice, you will receive a report of the survey findings when they are available.

We would appreciate your completing the questionnaire and mailing it to Westat, Inc. within two weeks. If you have any questions about the survey, please call Bradford Chaney of Westat at the toll free Westat number (800) 638-8985 or Ralph Lee, the CES Survey Manager for FRSS, at (202) 357-6732. Your cooperation is greatly appreciated.

Sincerely,

Emerson J. Elliott
Director

cc: FRSS Coordinator

Enclosure

WASHINGTON, D.C. 20208

FAST RESPONSE SURVEY SYSTEM (FRSS)

CENTER FOR EDUCATION STATISTICS
U.S. DEPARTMENT OF EDUCATION
WASHINGTON, D.C. 20208-1628

Form Approved
OMB No. 1850-0603
App. Exp. 12/87

STATE SURVEY ON SUBSTANCE ABUSE EDUCATION

This report is authorized by law (20 U.S.C. 1221e-1). While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

I. Substance abuse refers to alcohol, drugs, or both.

II. Substance abuse education refers to learning activities and related policies to prevent or reduce substance abuse by youth. It does not include clinical treatment or rehabilitation.

NOTE: You recently have received (or soon will receive) funds through the Drug Free Schools and Communities Act of 1986. Do not include new programs that you have adopted because of these funds.

1. Does your SEA collect information on the extent of substance abuse among students?

☐ Yes; ☐ No; ☐ Being planned; ☐ Under consideration.

a. If YES, what is the latest year you collected information? _____

b. Which types of schools were included? ☐ Elementary; ☐ Junior high; ☐ Senior high.

2. Does your State require substance abuse education?

☐ Yes (CONTINUE); ☐ No (GO TO 3); ☐ Being planned (GO TO 3); ☐ Under consideration (GO TO 3).

a. What is the source of the requirement? ☐ State Board of Education policy; ☐ Legislation; ☐ Other (Specify) _____.

b. Does the requirement specify where substance abuse education should fit in the curriculum? (Check all that apply for each type of school.)

Type of school	No requirement	Format not specified	Within health curriculum	Within driver training	As a separate course	Other (Specify)
Elementary	☐	☐	☐	☐	☐	_____
Junior high	☐	☐	☐	☐	☐	_____
Senior high	☐	☐	☐	☐	☐	_____

3. With reference to substance abuse education, which of the following has your SEA provided in 1986-87? (Check one on each line.)

SEA services and requirements		Currently provided	Being planned	Neither provided nor planned
a. Minimum curriculum standards		☐	☐	☐
b. Certification requirement for all teachers		☐	☐	☐
c. Technical assistance/training to districts/schools in:				
1. School policy development	1.	☐	☐	☐
2. Enforcement provisions and procedures	2.	☐	☐	☐
3. General information on common legal issues	3.	☐	☐	☐
4. Advice on specific legal programs	4.	☐	☐	☐
5. Guides to resources (curricula, referral groups, etc.)	5.	☐	☐	☐
6. Effective program strategies	6.	☐	☐	☐
7. Program evaluation	7.	☐	☐	☐
8. Services to high risk students	8.	☐	☐	☐
9. Coordination with community groups/agencies	9.	☐	☐	☐
d. Financial assistance to districts/schools		☐	☐	☐

4. Please name any curriculum packages/materials that you have adopted statewide for substance abuse education. Give both the title and publisher. If you have not adopted any statewide, please write "None".

_____

_____

_____

5. For the 1986-87 school year, write the number of SEA professional staff which have full-time or part-time responsibilities for substance abuse education.

_____ Full-time on substance abuse education; _____ Part-time.

6. Estimate how much money your SEA will have spent in the 1986-87 school year for substance abuse education. (Exclude Federal and State funds sent to local districts and funds received under the Drug Free Schools and Communities Act of 1986.)

$_____ Total salaries; $_____ Total program funds (excluding salaries); ☐ Check if information not available.

7a. Overall, has student substance abuse in your State (whether at school or at other locations) decreased, remained the same, or increased in the last two years?

Alcohol: ☐ Decreased; ☐ Remained the same; ☐ Increased.
Drugs: ☐ Decreased; ☐ Remained the same; ☐ Increased.

b. On what do you base this judgment? (Check all that apply.)

☐ Formal evaluations; ☐ Student surveys; ☐ Professional judgment; ☐ Other (Specify) _____.

8. To what extent do you coordinate substance abuse education efforts with other State agencies or groups?

I. State agencies	No coordination	Coordination is being planned	Limited coordination	Moderate coordination	Extensive coordination
a. State alcohol and drug abuse agency	☐	☐	☐	☐	☐
b. Governor's office	☐	☐	☐	☐	☐
c. Health, mental health, & social service agencies	☐	☐	☐	☐	☐
d. Legal agencies (courts, police)	☐	☐	☐	☐	☐
e. Other (please specify)_____	☐	☐	☐	☐	☐
II. Groups					
a. Parent groups	☐	☐	☐	☐	☐
b. Business groups	☐	☐	☐	☐	☐
c. Civic groups	☐	☐	☐	☐	☐

Person completing form _____ State _____

Title _____ Telephone ( ) _____

Report to Congress on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs

Part 5: Prevention Activities of State Alcohol and Drug Abuse Agencies

By

The National Association of State Alcohol and Drug Abuse Directors

and

The National Prevention Network

Prepared for:

U.S. Department of Education
Office of Planning, Budget and Evaluation

Note: The opinions and suggestions expressed in this publication are those of the author and do not necessarily reflect the positions or policies of the U.S. Department of Education or the U.S. Department of Health and Human Services. Mention of trade names, commercial products, programs, organizations, ideas or suggestions does not imply endorsement by the U.S. Department of Education, the U.S. Department of Health and Human Services, or their officials.

TABLE OF CONTENTS

PREVENTION ACTIVITIES OF STATE ALCOHOL AND DRUG ABUSE AGENCIES

INTRODUCTION

This report discusses the results of a poll conducted in 1987 by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) of its alcohol and drug abuse prevention activities. The poll queried members of the National Prevention Network, a group composed of prevention coordinators in each state alcohol and drug abuse agency.

The state alcohol and drug abuse agencies have primary responsibility for planning, implementing, and monitoring the effectiveness of prevention, treatment, and recovery services throughout their states. These agencies not only fund and administer statewide service systems, but they also collect information on the distribution of resources to carry out these tasks.

In 1981, Public Law 97-35 created the Alcohol, Drug Abuse and Mental Health Services (ADMS) block grant. One requirement of the legislation was that at least 20 percent of federal alcohol and drug monies should be spent on prevention services.

Today, according to a recent NASADAD survey of prevention activities (the National Prevention Profile Survey[1]), the state agencies administer an estimated $129 million for prevention activities such as curriculum development, training (both for prevention specialists and student leaders), statewide conferences, and the distribution of information about prevention.[2] Many prevention coordinators work closely with the schools.

METHODOLOGY

The poll, conducted in spring 1987, covered seven major activity areas, which are described in the next section. Fifty states, the District of Columbia, and three other jurisdictions responded to the poll. The data appear in tables presented within the subsections. The seven major areas are as follows:

---

[1]The survey reports fiscal 1986 data obtained from 50 states, D.C., and the territories.

[2]In addition to the $129 million specifically earmarked for prevention, the state agencies report $69 million for early intervention and $34 million for a combination of early intervention and prevention services.

- Surveys of substance abuse by students,
- Services provided to state education agencies (SEAs) and local education agencies (LEAs),
- Curriculum adoption practices in the states,
- Components of drug abuse education,
- Inventory of evaluation studies,
- Levels of coordination with other state agencies, and
- Staff assigned to drug education.

The respondents are prevention professionals in the state alcohol and drug abuse agencies. Many, if not all, of these agencies work closely with the SEAs and frequently with LEAs in planning and conducting alcohol and drug abuse prevention activities. Although state prevention coordinators are not part of the school system, many of them have direct knowledge of the alcohol and drug abuse prevention efforts taking place in the schools.

The results of the poll are presented in the next section. The survey instrument appears as an appendix to this report.

RESULTS OF THE SURVEY

SURVEYS OF SUBSTANCE ABUSE BY STUDENTS

Twenty-four state alcohol and drug abuse agencies reported that they survey substance abuse by youth in the schools in their state. The most frequently surveyed grades were the seventh through twelfth grades. Nine states reported plans for future surveys.

A few states (Arkansas, Nebraska, New Jersey) conduct surveys every year at all grade levels. Others conduct surveys every other year. All but three of the 24 have collected data since 1980.[3]

Table 1

States Collecting, or Planning to Collect, Information on Substance Abuse Among Students (N=24)

State	Yes/Plan	Grade Levels	Latest Year
Alaska	Yes	7-12	1987
Arizona	Plan	--	--
Arkansas	Yes	All	1987
California	Yes	7-9-11	1986
Connecticut	Plan	7, 9, 10, 11, 12	--
Delaware	Yes	9-12	1980
District of Columbia	Yes	7-12	1985
Florida	Yes	5-12	1986
Georgia	Plan	--	--
Illinois	Plan	--	--
Indiana	Yes	5-7-9-11	1980
Iowa	Yes	6-8-10-12	1985
Kansas	Yes	5-12	1987

[3]Although the survey was directed to the state alcohol and drug abuse agency personnel and was framed in such a way as to determine whether the state alcohol and drug abuse agency itself conducted the survey, it is possible that some of the respondents reported the conduct of surveys that, in fact, were performed by the SEA or the LEAs.

Table 1 (continued)

State	Yes/Plan	Grade Levels	Latest Year
Kentucky	Yes	7-12	1986
Maryland	Yes	8-10-12	1984
Massachusetts	Yes	6-12	1987
Missouri	Plan	--	--
Nebraska	Yes	All	1982
New Jersey	Yes	All	1986
New Mexico	Yes	4, 7, 9, 12	1986
New York	Yes	7-12	1984
North Carolina	Yes	7-12	1987
North Dakota	Yes	7-12	NA
Ohio	Plan	--	--
Oregon	Yes	8, 11	1985
Pennsylvania	Yes	7-12	1985
South Carolina	Plan	7-12	--
South Dakota	Yes	12	1986
Tennessee	Plan	--	--
Utah	Yes	5-12	1984
Vermont	Yes	8-10-12	1987
Washington	Plan	--	--
Wisconsin	Yes	7-12	1980

SERVICES TO SEAS/LEAS

The education poll listed 10 services relevant to school-based prevention programs and asked state agencies to identify the services that they most often provide to SEAs and LEAs. Virtually all the states mentioned community coordination, high-risk youth services, and program design support. Thirty-nine or more states provide teacher training, curriculum development, assistance in developing school policies, and training for student leaders.

The three forms of assistance in the questionnaire that the agencies provide least often were drug policy guidance, program evaluation, and financial assistance. Only 20 of the state agencies provide technical assistance to districts or schools concerning procedures for enforcing school policies, perhaps because these issues are seen as the responsibility of school administrators rather than the health authorities.

Table 2

State Agency Services to SEAs/LEAs

	Currently Provided	Being Planned	Neither Provided Nor Planned
Coordination with Community Groups	51	0	2
Services to High-Risk Youth	48	3	2
Program Design Support	48	2	3
Training for Teachers	44	2	7
Curriculum Development	44	1	8
School Policy Development	42	4	7
Student Leadership Training	39	8	6
Financial Assistance to SEAs and LEAs	29	1	22
Program Evaluation	26	10	17
Policy Enforcement Procedures	20	5	26

Note: Data include 50 states and D.C., and three territories.

State agencies are planning to increase their services in some areas where they are at present least active. Most notable is the increased emphasis to be placed on evaluation. The rank order of planned services is as follows:

- Program evaluation
- Student leadership training
- Policy enforcement procedures
- School policy development
- Services to high-risk youth
- Training for teachers
- Program design support
- Curriculum development
- Financial assistance to SEAs and LEAs

STATEWIDE CURRICULUM PACKAGES

Almost all the curricula that have achieved the widest use in the United States were developed with federal or state government funding.

State alcohol and drug abuse agencies were asked which curriculum packages and materials had been adopted for statewide substance abuse education.[4] Two types of curricula were frequently mentioned: "commercially available" curricula and those developed by the state itself. The commercial packages range from short, 15-lesson curricula designed to accomplish a specific outcome over a short period of time (such as peer resistance strategies) to K-12 curricula with as many as 50 lessons. The state materials range from fairly simple topical outlines or subject matter guides to fully articulated, comprehensive curricula with detailed lesson plans and materials.

Commercial Curricula

One commercially available curriculum was mentioned by about one-fifth of the states. This curriculum, called "Here's Looking At You" when it was first developed with funding from the National Institute on Alcohol Abuse and Alcoholism, has been through two revisions.

Three other available curricula received two mentions each:

- CASPAR -- a curriculum developed in Massachusetts and disseminated through the Department of Education's National Diffusion Network (NDN).
- LIFE SKILLS TRAINING -- a short, intensive cycle of peer resistance training developed and researched under a grant from the National Institute on Drug Abuse.
- QUEST -- a curriculum endorsed by the Lions Club and funded in many local sites by Lions Club fundraising activity.

Five other curricula were mentioned by one state each:

- AL-CO-HOL -- a prevention curriculum for high school youth on drinking and driving developed by the National Highway Traffic Safety Administration.
- ME-ME -- a curriculum originally approved and disseminated by the NDN.

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[4]Although the respondents were asked to designate those curricula that have been formally adopted by their states, in some cases they may have provided instead the names of curricula that are widely used or highly recommended.

- OMBUDSMAN -- a comprehensive NDN-approved curriculum.
- PROJECT SMART -- a peer resistance program for pre-adolescents.
- PROJECT STAR -- another peer resistance curriculum for pre-adolescents.

State-Developed Curricula

State-generated curriculum packages were mentioned by Utah, Nebraska, Puerto Rico, Arkansas, Maryland, Kentucky, Michigan, Idaho, Nebraska, and New York.

Other Curricula

Another group of curricula were also mentioned by respondents as "widely used" within the state but not formally adopted at the state level. The following curricula are in this group:

- DARE -- a curriculum delivered by trained police officers and school counselors originating in the Los Angeles area.
- Here's Looking At You -- mentioned by several states.
- Project Charlie -- a curriculum originating in Minnesota but disseminated widely by a cadre of consultants (this curriculum has parent organizing and community development components).
- Projects SMART and CASPAR.

Table 3

Curriculum Packages Adopted or Used by States

State	Title
Alaska	Here's Looking at You
Arkansas	State Developed
Colorado	Growing Healthy
Georgia	Life Skills Training
Idaho	Here's Looking at You
Kansas	Project STAR
Kentucky	State Developed
Maryland	Project SMART
	AL-CO-HOL
Massachusetts	CASPAR
	Here's Looking at You
Michigan	State Developed
Nebraska	State Developed
New Hampshire	Project Quest
	Here's Looking at You
	ME-ME
	OMBUDSMAN
New York	State Developed
Pennsylvania	Here's Looking at You
Puerto Rico	State Developed
Texas	Here's Looking at You
	CASPAR
Utah	State Developed
	Here's Looking at You
	Project Quest
Virginia	DARE

PROGRAM COMPONENTS

State agency respondents were asked to specify the components of prevention programs in their states and to rate the three most effective.

Four components listed in the questionnaire were mentioned by most respondents:

- Improving students' self-esteem (52)
- Improving students' skills to resist peer pressure (52)
- Teaching causes and effects of substance abuse (51)
- Peer programs (e.g., peer counseling, Students Against Drunk Driving--SADD) (47).

Another cluster of items was mentioned somewhat less frequently:

- Services for high-risk students (42)
- School substance abuse policy enforcement (40)
- Teaching laws regarding substance abuse (39)
- Counseling (37).

Table 5

Use and Effectiveness of Components

	Number of States Using	Number of States Judging Effective	Percent of States Using and Judging Effective
Improving student self-esteem	52	31	60%
Improving students' skills to resist peer pressure	52	32	62
Teaching causes and effects of substance abuse	51	11	22
Peer programs (e.g., peer counseling, SADD)	47	27	57

Table 5 (continued)

	Number of States Using	Number of States Judging Effective	Percent of States Using and Judging Effective
Services for high-risk students	42	16	38%
School substance abuse policy/ enforcement	40	6	15
Teaching laws regarding substance abuse	39	1	3
Counseling	37	5	14

Note: Data include 50 states, D.C., and three territories.

With one notable exception, the components that are most in use are also considered the most effective. For example, of the four most frequently used components mentioned above, three were judged effective by about three-fifths of the states using that component. These were:

- Improving self-esteem
- Improving student skills to resist peer pressure
- Peer programs.

"Teaching causes and effects of substance abuse" offers an interesting anomaly: 51 states use it as a component of the educational offering but only 11 states judged it effective.

Of the program components mentioned least frequently, three were rated effective by less than 20 percent of the states reporting their use. These are counseling (14 percent), school substance abuse policy and enforcement (15 percent), and teaching about laws regarding substance abuse (3 percent).

Seventeen "Other" program components were mentioned. Of these, 12 were also rated among the most effective. Those rated effective were:

- Cross-age peer pairing programs (4 states)
- High school extracurricular programs in peer leadership, student assistance programming, and youth leadership (3 states)
- Training and technical assistance to school personnel (3 states)
- Decision-making program (1 state)
- Positive alternatives program (1 state).

A small number of respondents objected to the concept of picking only the three most effective components, believing that a full complement of components is important in building an overall effective program, and that choosing among components begs the question of comprehensiveness.

The respondents were also asked to identify the basis of their judgment concerning the effectiveness of the various components. By far the most frequently cited basis was the respondent's professional judgment (93 percent). Only 9 percent indicated that their ratings were derived from school district records, and 22 percent indicated that formal evaluations bore out their assertion that the component was effective. However, 43 percent cited other reasons.

It is interesting to note that many respondents are willing to accept "feedback from participants" as a basis for an effectiveness rating. Respondents also identify sheer growth of the program as evidence of effectiveness.

EVALUATION STUDIES

Twenty-one states reported evaluation studies under way and seven others are planning evaluation efforts. The following types of studies were identified:

- Program evaluation, monitoring, participant reporting and other process evaluation mechanisms
- Curriculum evaluation studies
- Surveys of substance abuse among youth
- Multiyear studies of program implementation and effectiveness
- Provision of evaluation management training to program staff.

DEGREE OF COORDINATION WITH OTHER STATE AGENCIES

Respondents were asked to identify the level of coordination among various state agencies. State alcohol and drug abuse agencies have active relationships with the health, mental health, and human resources agencies in state government (42 mentions of moderate and extensive coordination). The state education agency and the governor's office are close behind (40 mentions of a high degree of coordination), followed by the criminal justice agencies (27).

Numerous other entities were mentioned as organizations with which state alcohol and drug abuse agencies has moderate to extensive coordination. Of these, the Motor Vehicle Division or Highway Department was most frequently mentioned.

Table 6

Level of Coordination with Other State Agencies

	Number of States Reporting Levels of Coordination				
Agency Type	None	Planned	Limited	Moderate	Extensive
State education agency	1	2	10	19	21
Governor's office	1	3	9	18	22
Health, mental health, social services and human resources	2	2	6	26	16
Criminal justice and legal	4	1	19	20	7

These results reflect the fact that prevention specialists work closely with other health professionals and are often housed in the same agency with health promotion, cigarette smoking prevention, adolescent suicide prevention, and other programs. Also, many of the state agency prevention offices have direct responsibility for carrying out governors' initiatives and statewide prevention conferences.

Respondents were also asked to indicate the degree to which they were coordinating their activities with parent, business, and civic groups. Forty-one reported moderate to extensive relationships with parent groups, 24 with civic groups, and 13 with business groups. A large number of other entities were identified as coordination partners, including youth groups, treatment providers, nonprofits,

professional organizations, news media, citizens' groups, substance abuse program network, a private school, community leaders, American Indian organizations, Just Say No clubs, and Champions Against Drugs.

Table 7

Level of Coordination with Nongovernment Agencies

	Number of States Reporting Levels of Coordination				
Nongovernment Agencies	None	Planned	Limited	Moderate	Extensive
Parent groups	0	2	9	20	21
Business groups	8	4	26	5	0
Civic groups	3	2	20	16	10
Educational institutions	-	-	-	-	5

STAFFING

Forty-nine states reported that professional staff at the state alcohol and drug abuse agency were working in substance abuse education during the 1986-87 school year. Of these, 35 had one or more full-time staff members devoted to prevention, and an additional 14 states indicated some staff assigned part-time to this activity. On the average, these states report three full-time and two part-time staff working on prevention.

A few of the respondents may have counted as state agency employees persons who were working for localities under state-granted funds or those working in school districts with partial funding from the state alcohol and drug abuse agency.

Table 4

Professional Substance Abuse Education Staff
State Alcohol and Drug Agencies

State	Full-Time	Part-Time	State	Full-Time	Part-Time
Alabama	2	1	Missouri	1	0
Alaska	5	0	Montana	0	1
Arizona	1	0	Nebraska	0	1
Arkansas	2	3	Nevada	0	1
California	13	2	New Hampshire	6	1
Colorado	2	1	New Jersey	1	1
Connecticut	0	3	New Mexico	6	0
Delaware	2	0	New York	19	0
District of Columbia	1	0	North Carolina	13	0
Florida	1	0	Ohio	3	0
Georgia	0	18	Oklahoma	1	0
Guam	-	-	Oregon	0	1
Hawaii	1	2	Pennsylvania	8	0
Idaho	0	4	Puerto Rico	-	-
Illinois	3	0	South Carolina	7	0
Indiana	0	1	South Dakota	1	0
Iowa	2	0	Tennessee	0	6
Kansas	2	1	Texas	3	0
Kentucky	4	0	Utah	1	0
Louisiana	0	11	Vermont	10	4
Maine	1	0	Virginia	1	0
Maryland	0	1	Washington	1	1
Massachusetts	1	6	West Virginia	0	25
Michigan	6	0	Wisconsin	4	5
Minnesota	0	3	Wyoming	2	1
Mississippi	0	1			
			Total	137	106

APPENDIX A

QUESTIONNAIRE

APPENDIX A - QUESTIONNAIRE

STATE:
CONTACT:

DRAFT FORMAT FOR REVIEW

NPN Education Poll

1a. Does your State Alcohol/Drug Agency collect information on the extent of substance abuse among students?
☐ Yes ☐ No ☐ Being Planned.

1b. Which grade levels are included? (circle) 1 2 3 4 5 6 | 7 8 9 | 10 11 12

1c. In what year was the last survey conducted? _____

2. With reference to substance abuse education, which of the following services did your State Alcohol/Drug Agency (or its grantees and contractors) provide during the 1986/1987 school year for the State Education Agency (SEA), or to Local Education Agencies (LEA's), or to individual schools in your State?

		Currently Provided	Being Planned	Neither Provided nor Planned
2.a.	Technical assistance in substance abuse curriculum development	_____	_____	_____
2.b.	Generalized substance abuse training for teachers	_____	_____	_____
2.c.	Specific technical assistance or training to LEA's or schools in:			
	1. School policy development	_____	_____	_____
	2. Enforcement provisions and procedures	_____	_____	_____
	3. Curriculum selection, referral groups, and effective program strategies	_____	_____	_____
	4. Student leadership development training events	_____	_____	_____
	5. Program evaluation	_____	_____	_____
	6. Services to high-risk students	_____	_____	_____
	7. Coordination with community groups and agencies	_____	_____	_____
2.d.	Direct financial assistance to SEA, LEA's, or individual schools	_____	_____	_____

3. Please name any curriculum packages/materials that have been adopted statewide for substance abuse education. Give title and publisher. If you have not adopted any statewide, please write "none".

_____

_____

_____

4. For the 1986/87 school year, write the number of State Alcohol/Drug Agency professional staff who have full-time or part-time responsibilities for substance abuse education. ____ Full-time ____ Part-time

5.a. Check the components that are currently part of your State's school-related substance abuse program/activities. Then check the three components that are the most effective in lessening the extent of substance abuse.

	Part of Program	Most Effective
■ Teaching students about causes and effects of substance abuse	_____	_____
■ Teaching students about laws regarding substance abuse	_____	_____
■ Improving student self-esteem	_____	_____
■ Student skills to resist peer pressure	_____	_____
■ Peer programs (e.g.: peer counseling, SADD)	_____	_____
■ School substance abuse policy/enforcement procedures	_____	_____
■ Services for high-risk students	_____	_____
■ Counseling	_____	_____
■ Other (specify) _____	_____	_____

5.b. On what do you base this judgment concerning effectiveness? (Check all that apply) ☐ District records ☐ Formal evaluation ☐ Professional judgment ☐ Other (specify) _____

6. To what extent are State Alcohol/Drug Agency substance abuse prevention efforts coordinated with other State agencies or groups?

	LEVEL OF COORDINATION				
	None	Planned	Limited	Moderate	Extensive
STATE AGENCIES					
■ State Education Agency	_____	_____	_____	_____	_____
■ Governor's Office	_____	_____	_____	_____	_____
■ Health, Mental Health, Social Services, Human Resources	_____	_____	_____	_____	_____
■ Legal (Courts, Juvenile Justice, Police, Probation, etc.)	_____	_____	_____	_____	_____
■ Other agencies (please specify)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
OTHER GROUPS					
■ Parent Groups	_____	_____	_____	_____	_____
■ Business Groups	_____	_____	_____	_____	_____
■ Civic Groups	_____	_____	_____	_____	_____
■ Other (please specify)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you funding or conducting (directly or by contract) evaluation studies of substance abuse education activities taking place in your State? ☐ No ☐ Being planned ☐ Yes (If yes, please describe and provide contact:)

_____

_____

_____

Report to Congress on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs

Part 6: Prevention Activities of Local School Districts

By

Bradford Chaney
Elizabeth Farris
Westat, Inc.

Prepared for:

U.S. Department of Education
Center for Education Statistics and
Office of Planning, Budget and Evaluation

Note: The opinions and suggestions expressed in this publication are those of the author and do not necessarily reflect the positions or policies of the U.S. Department of Education or the U.S. Department of Health and Human Services. Mention of trade names, commercial products, programs, organizations, ideas or suggestions does not imply endorsement by the U.S. Department of Education, the U.S. Department of Health and Human Services, or their officials.

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PREVENTION ACTIVITIES OF LOCAL SCHOOL DISTRICTS

Local school districts take an active role in substance abuse education. Roughly three-fourths of a nationally representative sample of 700 surveyed report that they have a written policy on substance abuse, and three-fifths require education about substance abuse for at least some grade levels. Districts undertake a wide range of activities related to substance abuse by students; of these, the three that district officials consider most effective are improving student self-esteem, teaching about the causes and effects of substance abuse, and teaching students how to resist peer pressure. One action seldom taken by districts, however, is drug testing; only 4 percent have drug testing programs.

When officials in the school districts were asked to describe the trends in the rates of abuse for alcohol and drugs, almost half (47 percent) expressed a belief that drug abuse has decreased in the last two years compared with 11 percent who perceive an increase and 42 percent who perceive no change. For alcohol abuse, 16 percent perceive a decrease, 29 percent an increase, and 56 percent perceive no change.

These are some of the findings of a recent survey performed under contract with Westat, Inc., for the Center for Education Statistics (CES), U.S. Department of Education, through its Fast Response Survey System (FRSS).[1] The survey was requested by the Planning and Evaluation Service within the Office of Planning, Budget and Evaluation (OPBE).

DISTRICT POLICIES

An estimated 73 percent of school districts have a written policy concerning substance abuse (see table 1). An additional 17 percent are either planning or considering a written policy, leaving only 10 percent with no declared interest in establishing a written policy. Written policies are more common in large districts with enrollments of 10,000 or more (88 percent) than in small districts with less than 2,500

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[1]CES's Fast Response Survey System is a special service that, upon request, quickly obtains nationally representative, policy-relevant data from small surveys to meet the needs of U.S. Department of Education policy officials.

students (68 percent), and in urban districts (87 percent) than in rural ones (68 percent).[2]

District officials also were asked which of seven actions they might take in handling student substance abuse infractions. Essentially, they are willing to take the full range of potential actions; six of the seven actions are listed by at least 75 percent of the districts (table 2). The possible actions most often listed are notification of parents (99 percent), suspension (95 percent), counseling (95 percent), and notification of police (92 percent). In addition, 83 percent of the districts indicate they might refer students for clinical assessment, 75 percent might expel students, and 49 percent might send students to alternative schools.

When district officials were asked whether each action had been taken five times or more in the 1986-87 school year, however, the percentages were much lower. It should be noted that the frequency of these actions depends on such factors as the extent and nature of substance abuse and the size of the district. The actions most commonly taken are counseling (39 percent), notification of parents (38 percent), and suspension (30 percent). Less common are referrals for clinical assessment (23 percent), notification of police (20 percent), alternative schooling (10 percent), and expulsion (7 percent).

District officials' willingness to take action appears to be related to the existence of a written substance abuse policy. Figure 1 displays the percentage that reportedly might take each action depending on whether a written policy already exists, is being planned or considered, or if it is neither planned nor considered. In every case, the percentage that might take an action is higher among those who have a policy than among those who are neither planning nor considering it; the percentage that might take action among those planning or considering a written policy is always between these two figures, although the difference is not necessarily statistically significant.

SUBSTANCE ABUSE EDUCATION

Most districts (63 percent) also require substance abuse education for at least some instructional levels (table 3). As is true of written policies, requirements

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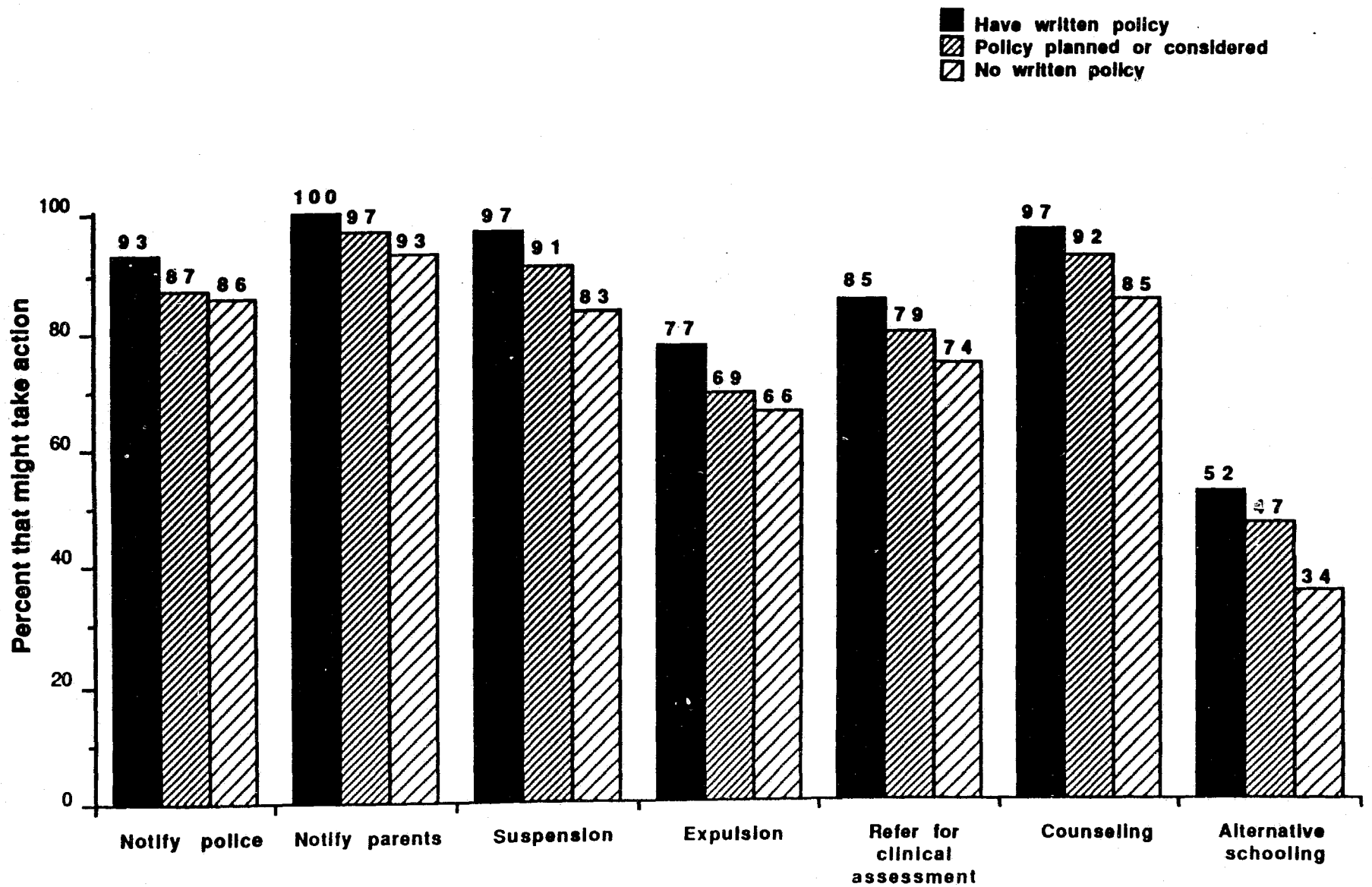
[2]Urban districts tend also to be large, so it is difficult to separate the effects of metropolitan status from the effects of size. There are good reasons for both factors to be important independently, because urban districts may face a wider availability of drugs for their students, and large districts would typically have more resources to devote to substance abuse education.

Figure 1.--Percent of districts which might take various actions in response to student substance abuse infractions: United States, 1986-87



concerning substance abuse education are more common in urban districts (82 percent) than in rural (57 percent), and in large districts (81 percent) than in small (58 percent). Typically, the districts that have a requirement apply it to all instructional levels (elementary, junior high, and senior high schools): for each level, almost 90 percent have a substance abuse education requirement. Districts differ very little with respect to which instructional levels are required to offer substance abuse education.

Having written policies on substance abuse and offering substance abuse education appear to be related. Thus, 73 percent of the districts with written policies also require substance abuse education, whereas only 38 percent of the remaining districts have similar requirements.

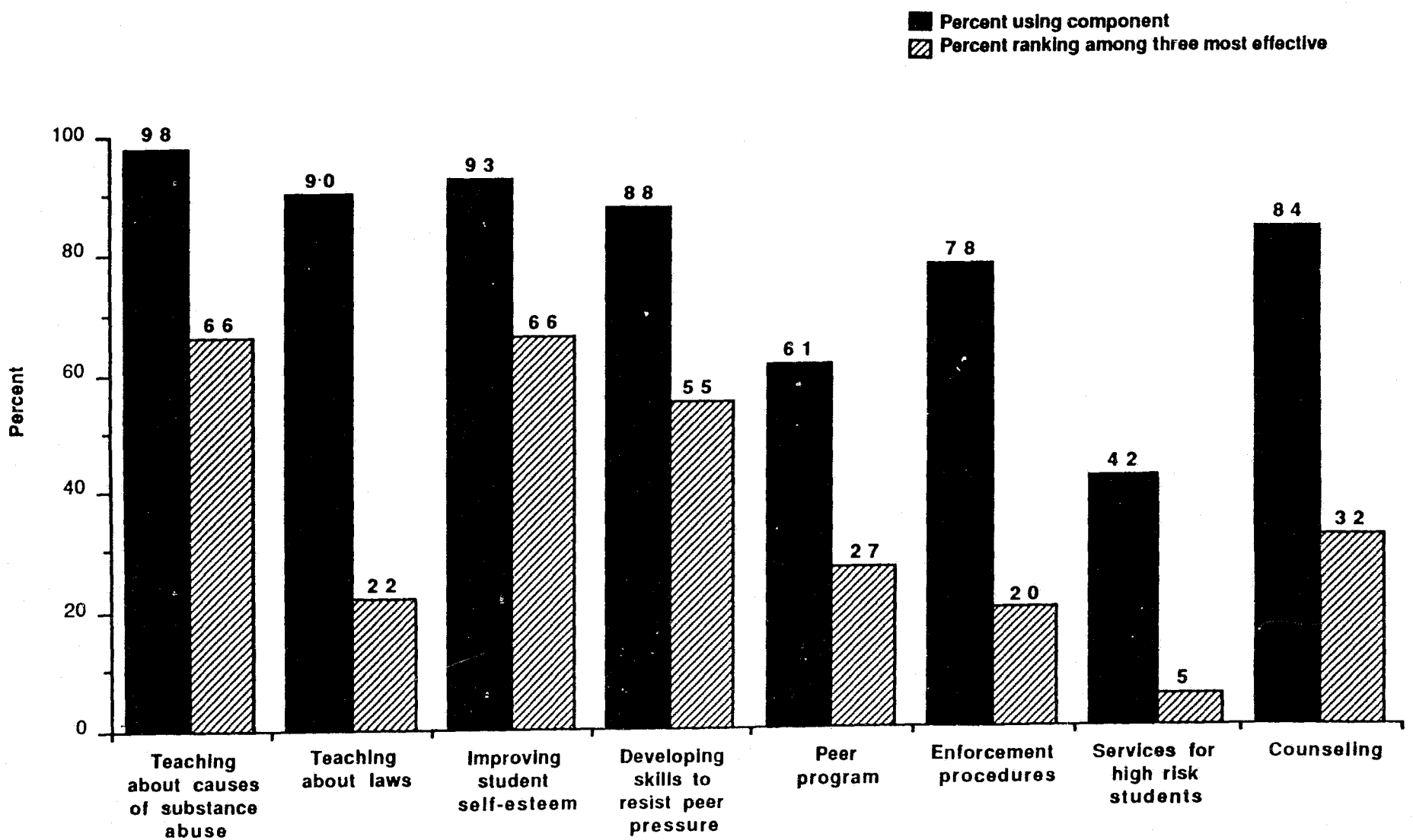
Substance abuse education may be offered in districts even if there is no specific requirement for it. At least 95 percent of districts indicate that they provide substance abuse education. Most typically--in 85 percent of the districts (table 4)--the education is part of the health curriculum. The next most common method is through special assemblies and events; this is used by three-fourths of districts at the junior high and senior high levels and by 58 percent at the elementary level. (Special assemblies and events typically supplement other substance abuse education; only 1 percent of districts use them as their sole method of education.) Substance abuse education is frequently offered as well through driver training at senior high schools (55 percent). Separate courses on substance abuse are provided by 12 percent of the districts at the elementary level, 16 percent at the junior high level, and 15 percent at senior high.

PROGRAMS TO PREVENT SUBSTANCE ABUSE BY STUDENTS

Districts perform a wide range of activities in acting to prevent or control student substance abuse. One possible action recently receiving attention, drug testing, is quite rare, with only 4 percent of districts having drug-testing programs. Yet many other activities are common.

Districts were shown a list of eight activities and asked which were part of their programs and activities: of the eight, all but one (services for high-risk students) are used by a majority of districts and three are used by 90 percent or more (figure 2). The top three activities are teaching about the causes and effects of substance abuse (98 percent), improving student self-esteem (93 percent), and teaching students about laws regarding substance abuse (90 percent) (see table 5).

Figure 2.--Percent of districts including various components in their substance abuse programs, and percent of times the components were ranked among the three most effective: United States, 1986-87



For most of these components, districts vary little in their frequency of use. Two exceptions are the offering of peer programs and services for high-risk students. The frequency of peer programs ranges from 56 percent among small districts to 83 percent among large districts, and the offering of services for high-risk students ranges from 36 percent among small districts to 60 percent among large districts.

Asked to rank the three most effective activities, districts show widespread agreement in listing improving self-esteem (66 percent), teaching about the causes and effects of substance abuse (66 percent), and developing student skills to resist peer pressure (55 percent) (table 5). No other activity receives comparable evaluations, with the next highest rating being given to peer programs such as peer counseling and Students Against Drunk Driving (SADD) at 27 percent. The components least often ranked among the top three are services for high-risk students (5 percent), enforcement procedures (20 percent), and teaching students about laws regarding substance abuse (22 percent). (Because districts were asked to rank the top three components in their current programs, no activity could receive a high ranking unless it is commonly used in the school districts. However, because six of these components are used by at least 75 percent of the districts, there is generally a large base of districts to provide evaluations of these activities.) Evaluations are based primarily on respondents' professional judgment (95 percent), although 30 percent cite the use of student surveys and 24 percent cite district records as sources of information.

In a few cases, there are substantial differences among districts in their evaluation of these components. Rural districts gave a much higher ranking to teaching about the causes and effects of substance abuse (71 percent) than do suburban districts (56 percent), and small districts rank it among the top three (71 percent) more often than large districts (43 percent). Teaching about laws concerning substance abuse shows a similar pattern, receiving a higher ranking from small districts (24 percent) than from large districts (11 percent). Urban districts give higher evaluations to services for high-risk students (18 percent) than rural districts (3 percent), although this evaluation is also related to the higher frequency of such services in urban districts. A similar pattern exists for large districts as compared with small districts. Some regional variations also exist, with the Southeast showing higher rankings of enforcement procedures than do the other regions.

DISTRICT RESOURCES FOR SUBSTANCE ABUSE EDUCATION

In terms of staffing, 91 percent of districts have no staff working full-time on substance abuse education, and 36 percent have no staff working part-time; 28 percent have neither full-time nor part-time staff (table 6). Overall, districts have an average of 0.6 full-time staff per 10,000 students and 4.4 part-time staff. Small districts might be expected to have less need and resources for maintaining staff, yet these districts have a significant number of staff and, in fact, a greater number of staff per students. Thus, small districts (less than 2,500 students) account for 77 percent of all districts and have 73 percent of the full-time staff and 72 percent of the part-time staff. But because these districts enroll only 23 percent of the students, small districts have more staff per 10,000 students than do large districts.

Most districts receive technical assistance for their substance abuse programs from outside agencies. Thus, 80 percent of districts receive technical assistance from local agencies, 78 percent from the state education agency, 50 percent from the state alcohol and drug abuse agency, and 25 percent from one of the U.S. Department of Education regional centers (table 7). Overall, 95 percent receive technical assistance from at least one of these sources, and 75 percent receive assistance from more than one source.[3]

In general, districts do not differ greatly in their sources of technical assistance, but there are a few exceptions. Small districts (77 percent) are less likely to receive assistance from local agencies than are medium-sized districts (92 percent). Districts in the Northeast are more likely to use the state alcohol and drug abuse agency (64 percent) than in the West (43 percent).

Of the eight specified types of assistance, the most commonly received are guides to resources (74 percent), parent/community involvement (62 percent), general information on common legal issues (62 percent), and effective program strategies (59 percent). In no other area does a majority of districts receive technical assistance (table 8). Districts tend to receive assistance in multiple areas; 50 percent receive assistance in five or more areas, and 75 percent in three or more areas. Districts also express a desire for further assistance; a majority desire more technical assistance in all areas but school policy development and enforcement provisions and procedures, and even in these two areas, close to a majority (49 and 48 percent, respectively) desire

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[3]The amount of assistance received is even greater than indicated here, because other agencies provided assistance besides those mentioned in the survey.

more assistance. The three areas in which districts most desire additional assistance are effective program strategies (71 percent), guides to resources (70 percent), and parent/community involvement (70 percent).

PERCEPTIONS OF THE SUBSTANCE ABUSE PROBLEM

When asked whether substance abuse had increased or decreased in the past two years, district officials perceive different trends for alcohol as compared to drug abuse. Most districts (56 percent) perceive that the level of alcohol abuse has remained the same, while the next largest group (29 percent) perceive an increase, and 16 percent perceive a decrease (table 9). For drug abuse, 47 percent perceive a decrease, while 42 percent believe the level has remained the same, and 11 percent perceive an increase. Thus, for both types of abuse a large number of officials perceive no change, while proportionately more districts perceive an increase in alcohol use than in drug use.

Some of the differences in trends perceived appear to be related to district characteristics. Thus, only 25 percent of small districts report an increase in alcohol use, as compared with 41 percent of medium-size districts.

In assessing the level of abuse, district respondents base their perceptions on professional judgment (93 percent), district records (33 percent), and student surveys (28 percent).

Table 1

Percent of districts with written substance abuse policy, by district characteristics

District Characteristic	Total Number of Districts	Percent With a Written Policy	Percent with No Written Policy		
			Policy Being Planned	Policy Under Consideration	Policy Neither Planned Nor Under Consideration
Total	15,300	73	9	8	10
Metropolitan Status					
Urban	300	87	7	6	0
Suburban	5,100	81	4	7	8
Rural	9,900	68	12	9	11
Enrollment					
Less than 2,500	11,800	68	10	9	12
2,500-9,999	2,900	89	5	4	3
10,000 or more	600	88	9	2	1
Region					
Northeast	3,000	82	6	11	1
Central	6,000	69	12	7	12
Southeast	1,700	86	7	3	3
West	4,600	66	9	8	16

Table 2

Number and percent of districts that reported they might take various actions in response to substance abuse infractions, and number and percent that took the actions five or more times in last year

Action	Might Take Action		Taken Action Five or More Times	
	Number	Percent	Number	Percent
Notification of police	14,000	92	3,100	20
Notification of parents	15,100	99	5,900	38
Suspension	14,400	95	4,600	30
Expulsion	11,300	75	1,100	7
Refer for clinical assessment	12,700	83	3,500	23
Counseling	14,500	95	6,000	39
Alternative schooling	7,600	49	1,500	10
Other	1,500	10	600	4

Table 3

Total number and percent of districts requiring any substance abuse education, and the percent requiring it at each instructional level, by district characteristics

District Characteristic	Have Requirement		Instructional Level with Requirement (Percent*)		
	Number	Percent	Elementary	Junior High	Senior High
Total	9,600	63	86	94	90
Metropolitan Status					
Urban	300	82	94	98	100
Suburban	3,800	75	85	91	89
Rural	5,500	57	87	96	90
Enrollment					
Less than 2,500	6,700	58	86	95	88
2,500-9,999	2,400	83	86	93	93
10,000 or more	500	81	94	96	88
Region					
Northeast	2,600	86	93	98	94
Central	3,400	58	80	93	90
Southeast	900	57	88	96	93
West	2,700	58	87	92	85

* Percentages are based on districts with a substance abuse education requirement.

Table 4

Percent of districts offering substance abuse education in different areas of the curriculum, by instructional level and district characteristics

Instructional Level and District Characteristic	Percent of Districts[a] Offering Substance Abuse Education[b]					
	Not Taught	Taught in Health Curriculum	Taught in Driver Training	Taught as a Separate Course	Taught at Special Assemblies or Events	Other[c]
Elementary (total)	5	85	NA	12	58	18
Metropolitan status						
Urban	4	84	NA	10	69	23
Suburban	4	83	NA	13	55	20
Rural	5	84	NA	12	58	17
Enrollment						
Less than 2,500	5	85	NA	12	56	18
2,500-9,999	4	83	NA	13	63	21
10,000 or more	2	88	NA	22	66	19
Region						
Northeast	5	82	NA	11	65	20
Central	6	85	NA	10	54	16
Southeast	1	91	NA	12	62	24
West	5	83	NA	16	56	19
Junior High (total)	4	87	9	16	72	21
Metropolitan Status						
Urban	1	90	2	16	78	29
Suburban	3	84	8	14	73	22
Rural	4	87	10	16	71	20
Enrollment						
Less than 2,500	4	86	10	15	72	21
2,500-9,999	1	88	6	15	73	22
10,000 or more	2	83	4	21	66	27

Table 4 (continued)

Instructional Level and District Characteristic	Percent of Districts[a] Offering Substance Abuse Education[b]					
	Not Taught	Taught in Health Curriculum	Taught in Driver Training	Taught as a Separate Course	Taught at Special Assemblies or Events	Other[c]
Region						
Northeast	6	85	6	17	80	23
Central	2	91	11	13	67	18
Southeast	1	94	17	8	77	24
West	6	79	6	21	71	23
Senior High (total)	4	83	55	15	77	26
Metropolitan Status						
Urban	0	90	51	11	80	28
Suburban	5	82	52	15	76	26
Rural	3	83	56	15	78	26
Enrollment						
Less than 2,500	4	82	57	15	77	27
2,500-9,999	1	86	50	14	80	24
10,000 or more	1	89	48	20	72	31
Region						
Northeast	2	84	57	16	87	33
Central	2	85	62	15	74	20
Southeast	1	91	48	8	81	29
West	8	77	46	18	73	29

a/ Percentages are based on 15,300 districts.

b/ Percentages add to more than 100 because districts could offer substance abuse education through more than one method.

c/ Examples include science and biology classes, other classes, counseling, and peer groups.

Table 5

Percent of districts including various components within their substance abuse program, and district rankings of the most effective components, by district characteristics

District Characteristic	Percent of Districts Including Component Within Program (Percent of Time Ranked Among Three Most Effective Components)													
	Teaching on Causes and Effects of Abuse		Teaching on Laws		Improving Student Self-Esteem		Skills to Resist Peer Pressure		Peer Programs		Enforcement Procedures		Service for High Risk Students		Counseling	
Total	98	(66)	90	(22)	93	(66)	88	(55)	61	(27)	78	(20)	42	(5)	84	(32)
Metropolitan Status																
Urban	100	(56)	90	(9)	94	(73)	96	(63)	74	(32)	86	(21)	59	(18)	89	(27)
Suburban	99	(56)	88	(19)	96	(72)	91	(58)	65	(27)	80	(24)	48	(8)	80	(29)
Rural	98	(71)	91	(24)	91	(63)	86	(54)	59	(26)	77	(17)	38	(3)	86	(34)
Enrollment																
Less than 2,500	98	(71)	89	(24)	93	(65)	87	(53)	56	(25)	77	(19)	36	(3)	82	(32)
2,500-9,999	99	(50)	93	(14)	95	(73)	94	(61)	77	(31)	85	(22)	60	(11)	91	(34)
10,000 or more	99	(43)	93	(11)	91	(66)	89	(63)	83	(39)	85	(24)	60	(13)	89	(31)
Region																
Northeast	100	(68)	93	(16)	97	(68)	90	(59)	72	(30)	88	(22)	58	(7)	81	(24)
Central	98	(65)	93	(22)	92	(67)	88	(56)	59	(31)	75	(16)	35	(4)	84	(34)
Southeast	98	(65)	93	(28)	91	(52)	89	(44)	67	(18)	83	(35)	48	(8)	92	(44)
West	97	(65)	84	(21)	93	(70)	86	(56)	54	(23)	75	(16)	38	(5)	84	(31)

Note: Percentages are based on 15,300 districts.

Table 6

Total and average number of staff per 10,000 students with full-time or part-time responsibilities concerning substance abuse education, by district characteristics

District Characteristic	Total Staff and Average Number of Staff Per 10,000 Students			
	Full-time		Part-time	
	Total[a/]	Average[b/]	Total[a/]	Average[b/]
Total	2,500	0.6	17,100	4.4
Metropolitan Status				
Urban	200	0.2	400	0.5
Suburban	1,300	0.7	5,400	3.1
Rural	1,000	0.8	11,300	9.3
Enrollment				
Less than 2,500	1,800	2.1	12,400	14.0
2,500-9,999	400	0.3	3,700	2.8
10,000 or more	300	0.2	1,000	0.6
Region				
Northeast	600	0.7	2,600	3.2
Central	1,000	1.0	6,100	6.0
Southeast	400	0.4	2,300	2.4
West	500	0.4	6,200	5.6

a/ Numbers have been rounded to the nearest hundred. Details may not add to totals because of rounding.

b/ Averages were calculated by summing total numbers of staff and students and then computing the ratio.

Table 7

Percent of districts receiving technical assistance from various sources, by district characteristics

District Characteristic	State Education Agency	State Alcohol and Drug Abuse Agency	U.S. Dept. of Education Regional Center	Local Agencies	At Least One of These Sources
Total	78	50	25	80	95
Metropolitan Status					
Urban	80	62	27	93	100
Suburban	77	49	26	86	96
Rural	78	50	24	77	94
Enrollment					
Less than 2,500	78	48	25	77	94
2,500-9,999	79	56	27	92	99
10,000 or more	69	53	23	89	99
Region					
Northeast	82	64	28	86	98
Central	77	48	16	79	94
Southeast	88	45	33	85	99
West	72	43	31	77	94

Table 8

Percent of districts receiving technical assistance and desiring more technical assistance, by area of assistance

Areas of Technical Assistance	Percent Receiving Assistance	Percent Desiring More Assistance
School policy development	45	49
Enforcement provisions and procedures	47	48
General information on common legal issues	62	61
Advice on specific legal programs	47	54
Guides to resources (curricula, referral groups, etc.)	74	70
Effective program strategies	59	71
Program evaluation	34	65
Parent/community involvement	62	70

Table 9

Percent of districts indicating a change in the rate of student substance abuse over the past 2 years, by district characteristics

District Characteristic	Alcohol			Drugs		
	Decreased	Remained the Same	Increased	Decreased	Remained the Same	Increased
Total	16	56	29	47	42	11
Metropolitan Status						
Urban	16	49	35	30	39	31
Suburban	14	59	28	47	46	8
Rural	16	55	29	47	41	12
Enrollment						
Less than 2,500	16	59	25	46	44	9
2,500-9,999	13	46	41	49	35	16
10,000 or more	16	43	41	43	36	20
Region						
Northeast	16	52	32	51	43	6
Central	14	57	29	46	44	9
Southeast	16	50	34	50	39	11
West	17	59	24	44	40	16

Note: Percentages may not add to 100 because of rounding.

APPENDIX A

SURVEY METHODOLOGY, DATA RELIABILITY, AND QUESTIONNAIRE

SURVEY METHODOLOGY, DATA RELIABILITY, AND QUESTIONNAIRE

In May 1987, questionnaires were mailed to a national probability sample of 700 public school districts from a universe of approximately 15,300. The survey was a mail survey with telephone follow-up. The questionnaires were sent to school district superintendents, who were asked to have them completed by the person most knowledgeable about the district's substance abuse prevention activities. Data collection was completed in June with a response rate of 98 percent. The sampling frame used for the survey was the 1984-85 Common Core of Data Universe of Public School Systems.

The sample was stratified by enrollment category (less than 2,500, 2,500-9,999, 10,000 or more) and metropolitan status (urban, suburban, rural). The allocation of the sample to particular enrollment/metropolitan status classes was made approximately in proportion to the aggregate of the square root of the average enrollment in the stratum. Such an allocation is efficient for estimation of proportions as well as aggregate measures. Districts within a stratum were sampled at uniform rates. The survey data were weighted to reflect these sampling rates (probabilities of selection) and were adjusted for nonresponse.

Because the estimates were obtained from a sample of districts, they are subject to sampling variability. For this reason, numbers in the tables and text have been rounded. Calculations of percentages and averages have been based on the actual estimates rather than the rounded values.

Survey estimates are also subject to errors of reporting and collection of the data. These errors, called nonsampling errors, can sometimes bias the data. Although general sampling theory can be used to determine how to estimate the sampling variability of a statistic, nonsampling errors are less easy to measure and usually require that an experiment be conducted as part of the data collection procedures or the use of data external to the study.

Nonsampling errors may include such things as differences in the interpretation of the meaning of the questions by the respondents, differences related to the particular time the survey was conducted, or errors in data preparation. During the design of the survey and survey pretest, an effort was made to check for consistency of interpretation of questions and to eliminate ambiguous items. The questionnaire was reviewed with respondents like those who completed the survey, and the questionnaire and instructions were extensively reviewed by the Center for Education Statistics

(CES), the Committee for Evaluation and Information Systems of the Council of Chief State School Offices, and several other persons concerned with federal and state policies on substance abuse. Manual and machine editing of the questionnaire forms was conducted to check the data for accuracy and consistency, and extensive data retrieval was performed on missing or inconsistent items. Because the survey had a very high response rate (98 percent), it appears unlikely that nonsampling errors severely biased the data from this survey.

Data are presented for all districts and by the following district characteristics: district enrollment, metropolitan status, and region. Metropolitan status is defined as follows: urban districts are those in central cities within an MSA (Metropolitan Statistical Area); suburban districts are those within an MSA but outside a central city; rural districts are all other districts outside an MSA. Region classifications are those used by the Bureau of Economic Analysis of the U.S. Department of Commerce, the National Assessment of Educational Progress, and the National Education Association. The Northeast includes districts in Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. The Central region includes districts in Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. The Southeast includes districts in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia. The West includes districts in Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oklahoma, Oregon, Texas, Utah, Washington, and Wyoming.

The survey was performed under contract with Westat, Inc., using the Fast Response Survey System (FRSS). Westat's Project Director was Elizabeth Farris, and the Survey Manager was Bradford Chaney. Helen Ashwick was the CES Project Officer, and Ralph Lee was the CES Survey Manager. The OPBE data requester, who participated in the design and analyses, was Elizabeth Farquhar. FRSS was established by CES to collect quickly, and with minimum burden on respondents, small quantities of data needed for education planning and policy.

QUESTIONNAIRE

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF THE ASSISTANT SECRETARY
FOR EDUCATIONAL RESEARCH AND IMPROVEMENT

CENTER FOR EDUCATION STATISTICS

May 1987

Dear School District Superintendent:

We request your cooperation in completing a national survey of district programs concerning substance abuse education and prevention. The purpose of the survey is to obtain current information on the severity of substance abuse and what districts have been doing to prevent it. The survey was requested by the Department of Education's Office of Planning, Budget, and Evaluation in direct response to a congressional mandate to collect information on existing State and local substance abuse prevention activities. We are seeking information on the kinds of activities districts have undertaken or planned prior to the Federal assistance available under the Drug Free Schools and Communities Act of 1986.

Your district was selected as part of a national sample of about 700 districts. The survey has been designed to be completed by the person most knowledgeable about your substance abuse prevention activities. The information obtained from you will be presented as aggregated statistics only, with no individually identifying information. Your participation is voluntary, but because there are a limited number of districts in our sample, each individual response is important to obtain reliable national data. The survey has been approved by the Office of Management and Budget and coordinated with the Council of Chief State School Officers through its Committee for Evaluation and Information Systems (CEIS).

The survey is being conducted utilizing the Fast Response Survey System (FRSS). Established by the Center for Education Statistics (CES), FRSS was designed to collect limited amounts of policy-oriented data on important educational issues. According to FRSS practice, you will receive a report of the survey findings when they are available.

We would appreciate your completing the questionnaire and mailing it to the address on the back of the form within two weeks. If you have any questions about the survey, please call Bradford Chaney of Westat at the toll free Westat number (800) 638-8985 or Ralph Lee, the CES Survey Manager for FRSS, at (202) 357-6732. Your cooperation is greatly appreciated.

Sincerely,

Emerson J. Elliott
Director

Enclosure

WASHINGTON, D.C. 20208

FAST RESPONSE SURVEY SYSTEM (FRSS)

CENTER FOR EDUCATION STATISTICS
U.S. DEPARTMENT OF EDUCATION
WASHINGTON, D.C. 20208-1628

Form Approved
OMB No. 1850-0603
App. Exp. 12/87

DISTRICT SURVEY ON SUBSTANCE ABUSE EDUCATION

This report is authorized by law (20 U.S.C. 1221e-1). While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

I. Substance abuse refers to alcohol, drugs, or both.

II. Substance abuse education refers to learning activities and related policies to prevent or reduce substance abuse by youth. It does not include clinical treatment or rehabilitation.

NOTE: You will be receiving funds through the Drug Free Schools and Communities Act of 1986. Do not include new programs that you have adopted because of these funds.

1. Does your district have a written substance abuse policy? ☐ Yes; ☐ No; ☐ Being planned; ☐ Under consideration.

2. Does your district have a student drug testing program? ☐ Yes; ☐ No; ☐ Being planned; ☐ Under consideration.

3. Please indicate which of the following actions your district might take in handling substance abuse infractions and whether each has been taken five times or more in the 1986-87 school year as a result of substance abuse infractions.

Action	District might take: Yes	District might take: No	Taken 5 times or more in 1986-87: Yes	Taken 5 times or more in 1986-87: No
a. Notification of police	☐	☐	☐	☐
b. Notification of parents	☐	☐	☐	☐
c. Suspension	☐	☐	☐	☐
d. Expulsion	☐	☐	☐	☐
e. Refer for clinical assessment	☐	☐	☐	☐
f. Counseling	☐	☐	☐	☐
g. Alternative schooling	☐	☐	☐	☐
h. Other (Specify)_____	☐	☐	☐	☐

4a. Is substance abuse education required in your district? ☐ Yes; ☐ No; ☐ Being planned; ☐ Under consideration.

b. If YES, at which types of schools is substance abuse education required? (Check all that apply.)

☐ Elementary; ☐ Junior high; ☐ Senior high.

5. How do schools in your district offer substance abuse education in 1986-87? (Check all that apply.)

Type of school	Not taught	Within health curriculum	Within driver training	Separate course	Special assemblies or events	Other (Specify)
Elementary	☐	☐	☐	☐	☐	_____
Junior high	☐	☐	☐	☐	☐	_____
Senior high	☐	☐	☐	☐	☐	_____

6. Has your district conducted evaluation studies of the substance abuse education activities offered by your schools?

☐ Yes; ☐ No; ☐ Being planned; ☐ Under consideration.

7a. Check the components that are currently part of your substance abuse program/activities. Then check the three components that are the most effective in lessening the extent of student substance abuse.

Program components	Part of program	Most effective	Program components	Part of program	Most effective
a. Teaching students about causes and effects of substance abuse	☐	☐	e. Peer programs (e.g., peer counseling, SADD)	☐	☐
b. Teaching students about laws regarding substance abuse	☐	☐	f. School substance abuse policy/ enforcement procedures	☐	☐
c. Improving student self-esteem	☐	☐	g. Services for high risk students	☐	☐
d. Student skills to resist peer pressure	☐	☐	h. Counseling	☐	☐
			i. Other (Specify) _____	☐	☐

b. On what do you base this judgment concerning effectiveness? (Check all that apply.) ☐ District records; ☐ Formal evaluations; ☐ Student surveys; ☐ Professional judgment; ☐ Other (Specify) _____.

8. For the 1986-87 school year, write the number of professional staff in your district's central office which have full-time or part-time responsibilities for substance abuse education.

_____ Full-time on substance abuse education; _____ Part-time.

9a. From which of the following agencies has your district received technical assistance regarding substance abuse? (Check all that apply.)

☐ State Education Agency; ☐ State Alcohol and Drug Abuse Agency; ☐ U.S. Department of Education regional center; ☐ Local agencies.

b. In column 1, check whether you have received technical assistance in each of the following areas. In column 2, check whether you would like to receive more technical assistance in these areas.

Areas of technical assistance (substance abuse only)	1. Received technical assistance: Yes	1. Received technical assistance: No	2. Would like more technical assistance: Yes	2. Would like more technical assistance: No
a. School policy development	☐	☐	☐	☐
b. Enforcement provisions and procedures	☐	☐	☐	☐
c. General information on common legal issues	☐	☐	☐	☐
d. Advice on specific legal problems	☐	☐	☐	☐
e. Guides to resources (curriculum, referral groups)	☐	☐	☐	☐
f. Effective program strategies	☐	☐	☐	☐
g. Program evaluation	☐	☐	☐	☐
h. Parental/community involvement	☐	☐	☐	☐

10a. Has student substance abuse in your district (whether at school or at other locations) decreased, remained the same, or increased in the last two years? (Please state your own opinion if you have not collected information.)

Alcohol: ☐ Decreased; ☐ Remained the same; ☐ Increased.

Drugs: ☐ Decreased; ☐ Remained the same; ☐ Increased.

b. On what do you base this judgment? (Check all that apply.) ☐ District records; ☐ Formal evaluations; ☐ Student surveys; ☐ Professional judgment; ☐ Other (Specify) _____.

Person completing form _____ Title _____

School District _____ State _____ Telephone ( ) _____

CES Form No. 2379-29, 5/87

APPENDIX A

ACKNOWLEDGMENTS

The Report to Congress on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs was prepared by the Office of Planning, Budget and Evaluation (OPBE), U.S. Department of Education (ED). Elizabeth Farquhar was responsible for designing and directing the project and writing Part I. Within OPBE, Alan Ginsburg and Valena White Plisko provided overall supervision, Daphne Kaplan assisted in overseeing contractor work, and Brenda Long provided typing assistance.

The project was designed and conducted in conjunction with the U.S. Department of Health and Human Services (HHS). Mel Segal, Office of Substance Abuse Prevention, HHS, was particularly helpful in obtaining HHS reviews of draft materials and making suggestions for improvement. William Bukoski, HHS, provided reviews of Part II.

Grateful acknowledgement is also given to William J. Lennox, Jr., Office of the Secretary, ED, for his encouragement and help. Many other individuals within ED contributed to the project: Dianne Carter and Judy Cherrington, Office of the Secretary; Margaret Guenther, Office of the Undersecretary; and Helen Ashwick and Ralph Lee, Center for Educational Statistics, who monitored the two Fast Response System Surveys.

Finally, contractors for this project worked patiently and rapidly to produce a broad and varied inventory in a short time. They include the following: Michael Klitzner, Center for Advanced Health Studies, who authored Part II, and Robert Felner, Karol Kumpfer, and Joel Moskowitz, who provided reviews of Part II; Donna Ruane Morrison, June Sivilli, and Sally Ann Carr, Decision Resources Corporation, who prepared Part III; Bradford Chaney and Elizabeth Farris, Westat, Inc., who were responsible for the surveys contained in Parts IV and VI; and William Butynski, Marion Ciaccio, and Christopher Faegre, National Association of State Alcohol and Drug Abuse Directors, who provided information for Part V. In addition, Priscilla Taylor provided editorial assistance and Adrienne von Glatz, with secretarial assistance from Saunders Freeland and Rosemary Harris, Decision Resources Corporation, bore responsibility for producing the final copy. David Myers directed Decision Resources Corporation's participation in the project.

U.S. Department of Education

October 1987

Attachment A

MEMORANDUM OF UNDERSTANDING BETWEEN U.S. DEPARTMENT OF EDUCATION AND U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

This memorandum of understanding explains the nature of collaboration between the U.S. Department of Education (ED) and the U.S. Department of Health and Human Services (HHS) on Section 4132(d) of the Drug-Free Schools and Communities Act of 1986. This section mandates the Secretary of Education, in conjunction with the Secretary of Health and Human Services, to study the nature and effectiveness of federal, state, and local drug prevention and education programs.

The study will consist of several interrelated components: (1) Information from local school districts, state education agencies, and state alcohol and drug abuse agency directors concerning substance abuse prevention programs; (2) a survey of Federal agency prevention activities aimed at school-age youth; and (3) an analysis of current research on prevention program effectiveness and related policy issues.

Lead Agency

The U.S. Department of Education shall be the lead agency in undertaking this study, as mandated in the legislation. However, in conducting the study, ED will work closely with HHS.

Resources

I. Financial

The entire study will be funded by ED appropriations under the Drug-Free Schools and Communities Act, Section 4132 (Federal activities).

II. Administration

A. Designation of Key Staff

HHS and ED have designated persons to serve on the coordinating committee for the study.

B. Responsibilities

1. ED has been responsible for designing the study. Study plans have been discussed with an interagency drug prevention committee that meets under the leadership of the Department of Education, Office of the Secretary. In these meetings, HHS staff members have provided ideas for the overall study design.

2. ED is responsible for managing the study and preparing the final report. The study will be conducted, however, with the assistance of HHS staff. These advisors will review draft reports and questionnaires. ED will keep HHS staff informed of the progress of the study and send them final copies of questionnaires and reports.

3. ED will be invited to meetings concerning an HHS/NASADAD study of prevention programs and will be sent copies of all draft and final reports. The results of this project will be included in the ED study.

4. The Secretary of Education will be responsible for transmitting the study to the President and the Congress. The transmittal letter, however, will be signed by both the Secretary of Education and the Secretary of Health and Human Services. The nature of interagency cooperation will be explained as an attachment to the study.

Duration of Agreement

This agreement is effective when signed by the participating agencies and will be terminated when all funds are properly executed under its authority.

Acceptance

William J. Lennox, Jr.
Special Assistant to
the Secretary
U.S. Department of Education

April 6, 1987
Date

Reed Bell, M.D.
Acting Director, Office for
Substance Abuse Prevention
U.S. Department of Health and
Human Services

April 13, 1987
Date

*U.S.GOVERNMENT PRINTING OFFICE:1988-201-668:60223