Office for Substance Abuse Prevention

Drug-Free Communities:

Awareness on

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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Drug-Free Communities:

Turning Awareness Into Action

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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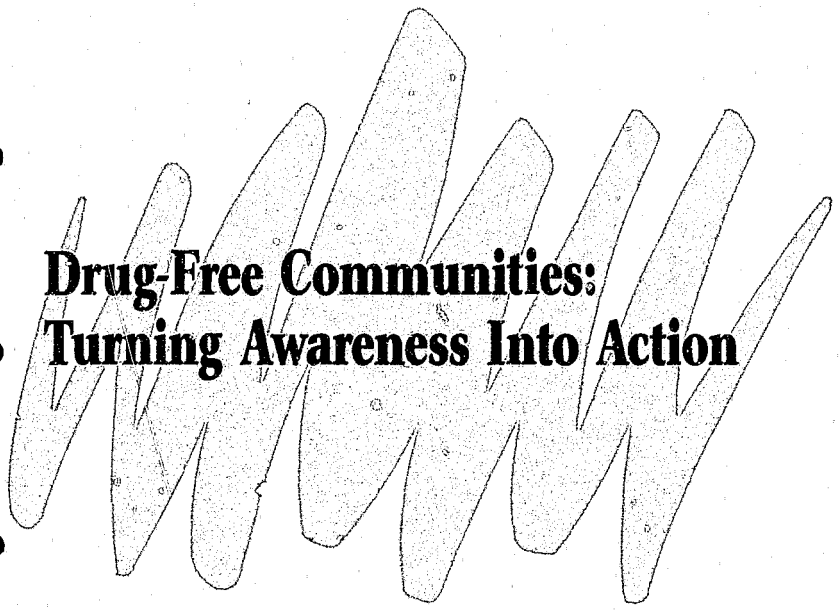


Drug-Free Communities: Turning Awareness Into Action

Introduction

The Office for Substance Abuse Prevention (OSAP) of the Alcohol, Drug Abuse, and Mental Health Administration realizes that public opinion and society's attitudes can help shape, or erode, its efforts to prevent alcohol- and other drug-related problems in the United States.

Today's social climate is much more encouraging than that of the past. Recent surveys have shown that both adults and young people believe that alcohol and other drug problems are important and need to be prevented, especially among youth. For instance, the 1987 National High School Senior Survey of drug use and related attitudes revealed that high school seniors who said they see "great risk" associated with trying cocaine once or twice jumped from 34 percent in 1986 to 48 percent in 1987. From 1978 to 1987, the proportion of seniors who said they think that regular marijuana use carries great risk more than doubled, from 35 percent to 74 percent. In fact, there was an increase in the proportion of seniors who see all types of illegal drugs as carrying great risks for the user. It should be noted, however, that this survey does not include school dropouts—a high-risk population for alcohol and other drug use.

While continuing to increase awareness, we must ensure that awareness is transformed into the kind of action that discourages young people from using alcohol or cigarettes. That same kind of action is needed to discourage all people from using illegal drugs and

from abusing prescription and over-the-counter drugs. In summary, we must support no use of any illegal drug and no illegal use of alcohol or other legal drugs.

This booklet has been designed to examine cultural and community attitudes, norms, rules and standards, and environmental factors that encourage the use of alcohol and other drugs, and to provide some starting points for preventing young people from using these substances and from encountering associated problems. We are not talking only about the problems of dependency and addiction; we are also addressing the myriad of other problems associated with the use of alcohol and other drugs by youth, and the abuse of all substances by adults. These include academic underachievement, illness, drunk and drugged driving accidents, fires, loss of wages, sexual abuse, domestic violence, and property damage and other forms of crime.

We have an unprecedented opportunity to capitalize on the public's interest in preventing these problems. The media and many national leaders are drawing public attention to drug-related problems, and the tragic deaths of sports stars Len Bias and Don Rogers from cocaine use undoubtedly got the attention of many young Americans.

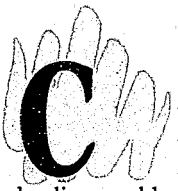
In order to make a difference, public awareness must be transformed into public action at the community level. You can serve as the catalyst for such action. You can build a network and, together with others in your community, establish and implement effective initiatives. When you are ready for a full, systematic approach to preventing alcohol and other drug-related problems in your community, we encourage you to write to the Clearinghouse for a copy of *Prevention Plus 2: Tools for Creating and Sustaining a Drug-Free Community.* This publication is expected to be available Spring, 1989. Write to: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

One by one, every community in America can become free of alcohol and other drug problems. Communities linked together, and taking seriously the responsibility to protect one another, will enable this Nation to thrive.

Elaine M. Johnson, Ph.D.
Director, Office for
Substance Abuse Prevention

Looking At The Problem

The Environment of Use



Clearly, times have changed. In the 1940s the three leading school discipline problems were talking, chewing gum, and making noise. In the 1980s, the three leading problems are drug abuse, alcohol use, and pregnancy[1]. Without dwelling on where our society has gone astray, we need to work on understanding the realities of today and how to improve tomorrow. This booklet is designed to help accomplish these goals.

Using alcohol and other drugs is part of our culture. As members of this culture, young people receive messages and form impressions that it is okay to use alcohol and other drugs. Messages are packaged in many forms, some obvious, others less so. Think about it: What impression must children get when they walk past three liquor stores in the same block on the way to school? When they see 10 to 15 television commercials a day for alcoholic beverages and only one public service announcement warning about the health risks of drinking? When they see that most major sporting events are sponsored by the alcohol and tobacco industries? When they know that over-the-counter and prescription drugs are widely promoted to help solve minor aches and pains, to lose weight, or to look better? When they hear about celebrities in every arena admitting to having drug habits? And when parents use drugs? Many young people might conclude that drugs fit into an exciting and successful lifestyle and that it's okay for kids to use these drugs, too.

Although we would prefer to believe otherwise, alcohol and drugs are easily available to most young people. Some obtain liquor from the liquor cabinets in their own homes or the homes of friends, some obtain it from older siblings and friends, and some have parents who make alcohol purchases for them. Alternatively, kids can sometimes purchase liquor themselves, using phony identification. In addition, the schools are a prime marketplace for selling drugs. Young people find illegal drugs readily available through connections made at school or through friends outside of school.

When a young person first begins to use alcohol or other drugs, cost usually is not a deterrent because many brands of beer (one of the alcoholic beverages preferred by young people) cost only slightly more than soft drinks. Wine coolers, often sold in single bottles, are

also easily affordable and do not even require that a person acquire a taste, since they so much resemble the soft drinks young people are used to drinking. Cocaine is more accessible to young people because it is now sold in a smokable form known as "crack." Crack sells for $5 to $10 a "rock," compared with $60 to $100 per gram for cocaine prepared for sniffing or snorting. Marijuana is sold in a variety of quantities, affordable for any pocketbook. On television, using alcohol is far more common than using all other beverages combined—the reverse of real life, in which soft drinks and water are chosen far more often than alcohol.(2)

For many young people, instant monetary wealth and the status that comes with it can be attained only by selling illegal drugs. Drug pushers could not hope for better advertisements: The men, women, boys, and girls who sport gold chains and watches, drive expensive cars, and wear nice clothes advertise the perceived benefits of participation in the world of drugs. The consequences are not as visible.

We realize today that alcohol and drug use by our children is fostered by our culture. We must all share the responsibility for and the burden of a generation of young people at risk for alcohol- and other drug-related problems. To view substance use only as the fault or weakness of an individual user would be to deny that the environment in which we live makes a difference in the way individuals behave.

As long as there is demand, there will be supply, and there is a huge demand in this country for all kinds of drugs—from designer chemicals produced in basements to plant extracts smuggled across borders. One of our most important jobs is to reduce the demand for these substances. This is a tremendously difficult task, because drugs are big business. There is so much money to be made that suppliers will tolerate a great deal of risk.

How It Begins—The Peer Group and Individual Behavior

Peer factors have been extensively studied in relation to adolescent alcohol and other drug use. The literature consistently reports that

association with alcohol- and drug-using peers is one of the strongest predictors of adolescent alcohol and other drug use.[3] In a peer group in which alcohol and other drug use is the norm, members reinforce each other: "Everybody does it; I guess I'll do it, too." Furthermore, in a country where, for example, 45 percent of all high school seniors think their friends do not disapprove of heavy party drinking—five or more drinks once or twice every weekend—peer influences have important consequences.[4]

Research confirms that the earlier kids begin to use, the more likely they are to continue—and to escalate—their drug use.[5] Typically, a child starts with alcohol or tobacco and then "graduates" to alcohol dependence and to the use of marijuana, amphetamines, cocaine, or some other illicit drug.

Alcohol use by the young is widely tolerated in many communities. According to the National Institute on Drug Abuse (NIDA) Household Survey, 30 percent of boys and 22 percent of girls consider themselves drinkers by age 13. Most alcohol- and drug-use patterns are well established before age 25.[6] The use of cigarettes, alcohol, or illicit drugs (except for cocaine, heroin, and abused prescription drugs) is rarely initiated after age 25.

Why Do They Begin?

Children use alcohol and other drugs to feel grown up, in control. They may see their parents and their parents' friends drinking and smoking. They believe that many of their favorite musicians are smoking marijuana or snorting cocaine. They watch glamorous people in ads laughing and sharing cigarettes aboard yachts or sitting around fireplaces in ski lodges sipping drinks. And kids can't wait to grow up.

Adolescence is a kind of way station between childhood and adulthood, with confusing, uncomfortable changes occurring in bodies and emotions. Early adolescence, the period of transition from elementary to junior high school, or middle school, is a time of particular vulnerability, during which children seem to try to loosen family constraints and are compelled to find their places within other social groups. Alcohol and other drugs are sometimes perceived as a way to that place and to the comforts that group acceptance brings.

Adolescents are naturally curious. They are exploring new worlds of ideas, behaviors, and relationships. They need to take risks, to exercise their judgment and their independence. In the process, some become users of alcohol and other drugs. Unless their environments,

schools, families, and friends support them in channeling their curiosity away from using alcohol and drugs, what young people discover may have painful consequences. That's why it is important for people and organizations everywhere to become involved in prevention.

Unaware Adults Contribute to Use

Even adults who have a direct impact on the alcohol- and other drug-using behavior of young people are sometimes unaware of how their own behavior influences kids. Lack of awareness constitutes one of the most serious factors contributing to alcohol and other drug use. Consider, for example, the effect of

- ☐ school officials who don't believe that a drug and alcohol problem exists in their schools;
- ☐ salespeople in convenience stores and bartenders who sell and serve without checking identification;
- ☐ judges who allow alcohol-impaired drivers off the hook, sometimes even for repeat offenses; or
- ☐ parents who don't want to appear hypocritical because they too used drugs years ago.

Adolescents who spend most of their free time with peers are more likely to experience an environment in which there are more role models for alcohol and other drug use, more tolerance of their use, and greater availability of drugs, than adolescents who spend most of their free time with their family or alone.[7]

Consequences for Our Children

Drugs, including alcohol, can interfere with a child's motivation to do well in school, become involved in worthwhile activities, or form healthy social relationships—ones that don't revolve around alcohol and other drug use. As a result, intellectual growth, social skills, and self-confidence are compromised. As one teenager said, "How can you improve your kissing skills if you only kiss when you're drunk or stoned?" To a distressed child, using alcohol and other drugs may

seem like an easy fix for tensions but may become a habitual way of dealing with life's problems.

According to recent studies, kids today consider themselves to be under a good deal of stress and are nervous and concerned about their health—far more than most adults would believe. According to some reports, these young people may be willing to acknowledge that they're in trouble, but they are not particularly willing to ask for help. This reluctance is all the more reason why aware, concerned, and active adults are needed to help kids avoid alcohol and other drugs.

Study results show that most young people who consistently use alcohol and other drugs lack social and peer resistance skills and have less than optimal bonds with their families, schools, and communities.[8] They often want desperately to belong, even to the extent of doing things that go against their better judgment.

Alcohol and other drug use by anyone can result in serious car and other accidents. The risks are multiplied for young people because of their relative inexperience as drivers. Although alcohol remains the primary cause of automobile accidents among young drivers, marijuana and cocaine are implicated with increasing frequency. The American Medical Association has warned that driving can be significantly impaired by even very low levels of alcohol in the blood. In a California study of 440 youthful drivers killed in car crashes, blood samples revealed 1 or more of 23 different drugs in 81 percent of the victims.[9] It is clear that combining alcohol or other drugs with driving creates a serious hazard, since automobile accidents are the leading cause of death for young people under 21.[10]

Because alcohol and many other drugs cause people to lose their inhibitions, young people (already concerned with being popular) who use these substances are more likely to become involved in risk-taking behavior and may find that an indirect consequence of even occasional use of alcohol and other drugs can change their lives forever. For instance, a person who engages in sexual relations because his or her judgment is altered while under the influence of alcohol or other drugs, or who neglects to use birth control while under the influence, may cause an unwanted pregnancy. A car accident, often related to alcohol or other drug use, can cause death or permanent disability. Participation in behaviors (such as intravenous drug use or unsafe sex) that put an individual at risk for contracting Acquired Immune Deficiency Syndrome (AIDS), a fatal disease with no known cure, is also more likely in an alcohol- or drug-induced state.

Over the past 30 years, life expectancy has increased for every age group in the United States except 16- to 24-year-olds.[11] Three-fourths

of all the deaths among this age group have been attributed to injuries, suicides, and homicides, and a large proportion of these are related to risky lifestyles that include drug and alcohol use.

In 1985, the third leading cause of death among young Americans 15 to 24 years old was suicide. This rate is three times the rate of 30 years ago.[12] In a survey of adolescent callers to the 800-COCAINE hotline, 14 percent reported having tried to kill themselves. Many young people attempt suicide in the depressed or paranoid state that can follow an experience with alcohol, cocaine, or another illegal drug.

The relationship between Acquired Immune Deficiency Syndrome and intravenous drug use is well established. AIDS-infected drug users become the primary transmitters of the disease within the heterosexual community. Although women account for only 8 percent of AIDS patients, in May 1988 52 percent of these women were either intravenous drug users themselves or had sexual partners who were.[13] Approximately three-fourths of all babies born with AIDS have parents who inject drugs.[14]

Who Uses? What Do They Use?

Almost all 1987 high school seniors (92 percent) had at least tried alcohol before graduation, and 66 percent reported having used alcohol at least once during the 30 days before being questioned. Fifty percent of seniors reported using marijuana—21 percent in the month before the survey.[15] Teenagers not in school, and therefore not counted in the survey, are known to have even higher rates of alcohol and other drug use.

Illicit drugs other than marijuana are used less frequently. Twenty-one percent of high school seniors indicated that on at least one occasion they had used stimulants; 18 percent had used inhalants; 15 percent had used cocaine; and 11 percent had used tranquilizers and hallucinogens.[16] Still, these rates are high, and higher than rates in any other industrialized Nation. As noted earlier, even occasional use of these drugs can have serious health consequences.

In certain cities, pockets of epidemic alcohol and other drug use exist. In some parts of inner-city Washington, DC, PCP use is so widespread that third- and fourth-grade students can easily identify PCP dealers. In many highly urbanized centers, entire neighborhood blocks are established drug-dealing zones.

Still, alcohol and cigarettes remain the two most widely used and most accessible drugs among American youth today. Daily cigarette smoking often starts in seventh through ninth grades; very few people begin to smoke after high school. And although the daily smoking rate among high school seniors did decline considerably between 1977 and 1981 from 29 percent to 20 percent, it has dropped only an additional 2 percent since then.[17] Students who had dropped out of school and were not counted in this survey are known to have much higher smoking rates. Because cigarettes are so addictive, three-quarters of those who are daily smokers in high school are still smoking years later.

Boys and girls report similar lifetime and annual rates of alcohol use, although daily alcohol use among senior boys was almost 2.5 times that of senior girls. Seniors not planning to attend college also were twice as likely to drink daily than seniors with college plans. Lifetime and annual rates of alcohol use were similar among male and female seniors and among college-bound and non-college-bound seniors. Rates were also similar in metropolitan and rural/suburban areas. Seniors in the southern and western regions of the country were somewhat less likely to use alcohol than seniors in the northeastern and north central regions. High school dropouts have overall higher rates of alcohol and other drug use.[18]

Alcohol and cigarette use are especially dangerous for blacks. As a group, blacks have higher rates of some forms of cancer, cardiovascular disease, stroke, and diabetes than whites. Using alcohol and cigarettes complicates these diseases. In addition, the average life expectancy for blacks is lower than for whites because of homicide, accidental injury, and infant mortality—events also complicated by alcohol use.[19]

Although alcohol and drug use by young persons occurs in communities throughout the country, among the advantaged and disadvantaged, males and females, college-bound and non-college-bound youth, there are clues that indicate which young persons may be more likely than others to become involved and to develop related problems. Preadolescent children who use alcohol, tobacco, and other drugs are more likely than nonusers to live with a parent who uses these substances, associate with peers who use substances, show a tendency for rebellion, resist traditional authority, seek excitement,

and have a strong need for independence.[20] Personality characteristics of children who use alcohol and other drugs early may differ from those who initiate use later, since use, especially of alcohol, becomes more widely practiced with increasing age.[21] Factors associated with nonuse include involvement in family, school, or religious activities.[22] The children of parents who set clear and tough disciplinary rules regarding alcohol and other drug use are also less likely to use these substances.

What's the Difference Between Use and Abuse?

The Office for Substance Abuse Prevention believes that for kids under 21, there is no difference between alcohol or other drug use and abuse. Use of these substances by young people puts their physiological, intellectual, and social functioning at risk. More than 4.6 million teenagers, or one-third of all American teens, have serious health, school, legal, or social difficulties related to their use of alcohol and other drugs.[23]

Changing the Environment: Protection, Not Permission

Your efforts are needed to build protective communities—communities that will discourage young people from using alcohol and other drugs. We hope that more parents and other adults are becoming concerned about children living in environments that encourage them to use chemicals to have fun, make friends, or solve problems. Children need protection from this permissive environment—an environment that too often encourages them to use alcohol and other drugs at increasingly younger ages.

Creating Change

Shifting Attitudes

While there is little doubt about the pervasiveness of alcohol and other drug use by American youngsters, there are reasons to be hopeful:

- ☐ As a society, we are becoming less tolerant of people who drive while under the influence of alcohol or other drugs. More people are taking action to reduce this problem.
- ☐ Many children are beginning to understand that not everybody drinks or uses drugs.
- ☐ Since 1980, fewer young people have been using marijuana. The result is a leveling off in the use of this drug.(24)
- ☐ In the high school senior class of 1987, we finally see a significant downturn in cocaine use. Increasingly, young people are recognizing the risks associated with both occasional and regular drug use of many categories of illegal drugs.(25)

Creating a Protective Environment

As parents and concerned adults, we need to capitalize on the positive trends in attitudes and behaviors and show our children that we mean business. But how? The usual information/awareness programs aimed at preventing or reducing the drug use of individual kids often fail because they are not supported by other programs, activities, and messages and because they must compete with an environment that promotes alcohol and other drug use.

Let's Work Together

It is clear that we must all work together to build protective environments for our children. The Office for Substance Abuse Prevention planned this booklet to help you get started on building such an environment within your community. One of the first steps in this process is getting together with other people who share similar concerns about alcohol and other drug use among youth. Sometimes these people are scattered throughout the community and may need to be organized into a working group or groups. In other communities,

you may be able to join an already ongoing group. There's no time like now to begin.

What Approach Will Work Best in Your Community?

Unfortunately, there is no simple formula for determining which approaches will work best to solve alcohol and other drug problems. An approach that works well in one community or with one group of children may be useless for others. However, with experience, the success or failure of an approach can be predicted with greater certainty. For instance, it is already known that girls respond better than boys to prevention approaches that stress the legal repercussions of illegal drug use. Research also indicates that prevention programs providing opportunities for young people to become involved in alternative activities are better suited to kids who are experiencing problems at school or exhibiting delinquent behavior than they may be for other youth.

Two things do appear to be certain: First, before any specific prevention approach can be chosen, the community must agree that the problem is, in fact, a problem. Communities become concerned about problems that clearly affect people's lives. Often an awareness of these problems arises as a result of personal tragedies, such as a child killed in a gang fight over drugs, or a visible disruption of community life, such as drunken rowdiness at a sports event. When real problems do exist, there are many ways of making them readily visible to those who are slow to recognize them (e.g., publicizing the statistics on how alcohol and other drugs affect many different social problems). If the problem is not visible to the community, the community will not support prevention measures to solve it.

Second, experience has shown that the most successful prevention efforts are those that enable a community to solve its own problems. Individuals, institutions, and communities must not become dependent on outside professionals or program models that, when withdrawn, return the community to its original conditions. When outside professionals are involved, their role should be to transfer knowledge, skills, and resources to communities. This can be achieved when professionals form partnerships with identified helpers in the community rather than "doing to them" or "doing for them," and when prevention efforts respond to community concerns as they arise rather than to the concerns of the outside "expert."

A Look at Your Community

The first question you need to ask is, "Which alcohol and drug use issues are considered important by the different segments of our community?" You might begin by looking at the parts that make up your community. In general, these include schools (including colleges and universities), parents and parent groups, civic groups, religious institutions and the clergy, health service and social service agencies, law enforcement agencies and courts, other government agencies, media groups, business and industry, local retailers and restaurants, and other entertainment businesses.

In many cases, the issues important to one segment are important to others. Identifying widely shared concerns increases community-wide support for solving the problem. At other times, the actions of one segment may be contributing to the problem and to the concern of other segments. Only when these issues are determined can one begin to think about specific prevention activities.

The prevention of alcohol and other drug use among youth is best addressed by coordinating the efforts of each part of the community. A comprehensive approach that weaves together different responses within a community is far more effective than one that consists of many groups working independently.

It is clear that many segments of the community are concerned with the problem of alcohol and other drug use in one way or another:

Schools: Alcohol and other drug use have a direct impact on the learning environment. Among other things, student substance use can disrupt academic performance, contribute to vandalism and absenteeism, lead to higher dropout rates, and disrupt student motivation to achieve.

Parents: The use of alcohol and other drugs by one's own children is a serious concern to many parents. The parental objective of raising children to become mature, self-sufficient, and healthy adults is obstructed when children become involved with alcohol and other drugs.

Civic Groups: Involved in the enrichment of community life through service, civic groups often support activities to prevent alcohol and other drug problems.

Religious Organizations: The development and nourishment of a spiritual life is disrupted by alcohol and other drug use. Young people

who use these substances are also less likely to become actively affiliated with a religious organization.

Health Services: The treatment of youth addicted to alcohol or other drugs is one type of health service. In addition, emergency rooms also are the intake point for youth and adults alike who have had an alcohol- or drug-related accident or overdose.

Social Services: These agencies generally become involved as a result of alcohol- or drug-related problems. Employment problems and teen pregnancy are two examples of problems sometimes related to substance use.

Law Enforcement Agencies and Courts: Police are confronted daily with the tragedies of alcohol and other drug use by young persons. The juvenile courts and jails have become overcrowded as a result of alcohol, drug, and related offenses, including accidents and crime.

Other Government Agencies: Because they have the authority to influence policy changes, legislative offices are confronted with many alcohol- and other drug-related problems brought to them by their constituencies.

Media Groups: Television and movie script writers are increasingly developing and producing scripts that neither glamorize alcohol and other drug use nor treat it in an overly casual manner.

Business and Industry: Workers who steal from a company to support a drug habit are a problem for urban and suburban businesses alike, as is loss of productivity due to alcohol or drug use.

Local Retailers, Restaurants, and Entertainment Businesses: Businesses that sell alcohol are increasingly under attack by community groups for acting as contributors to alcohol-related problems and for selling alcohol to underage youths. Many States are finding retailers liable for certain sales practices.

Clearly, young people's use of alcohol and other drugs is not an isolated problem for parents or schools—it is, instead, a problem that touches the entire community. A prevention effort that identifies the consequences and costs of alcohol and drug use as they relate to each segment will make the issues of alcohol and drug use personally relevant and visible to people throughout the community. The greater the number of groups involved in fighting alcohol and drug use by youth, the more successful that community is likely to be in creating an environment incompatible with substance use among youth. Although

involving all segments takes time, the community can accomplish much during this process.

Forming a Task Force

One of the best ways to get started is to meet with other people who share your concerns about young people using alcohol and other drugs. You might begin by talking over your ideas with people with whom you are already associated. Do other members of your religious community want to become involved? What about other parents in your neighborhood? If you work in an emergency room, can you find other personnel who want to contribute to a prevention effort? Whether as part of your professional or personal activities, you are in a position to make a difference by organizing people to take action.

Fortunately, alcohol and other drug use by youth is becoming recognized as a serious concern by more and more people—people who fill many different roles in our society. Once you have recruited the people you already know, together you can organize others from many different sectors to share concerns and plan for the future of your prevention initiative. Extend as many personal invitations as possible to people in the many different sectors. Flyers posted on bulletin boards or dropped on doorsteps and announcements at meetings or in local papers further extend the invitations.

You might begin by bringing your group to a shared understanding of the problems caused by alcohol and drug use among youth. Involve the group in a brainstorming session about the messages that many segments of society convey to kids. For example, you might examine some of the areas/systems described below:

- ☐ The schools: Are teachers and administrators aware of the signs of alcohol and drug use? Is there a "not in my school" attitude? Are trusted school counselors available to students who seek or need help? Are there after-school activities? Is a drug and alcohol prevention curriculum being used? What about special assemblies or other programs designed to help kids stay away from alcohol and other drugs? Are alcohol and other drugs available near school grounds?
- ☐ The legal system: What are the penalties for selling alcohol to minors? Are they enforced? What resources are available for discouraging drug dealing? How does the law treat alcohol- and drug-impaired drivers? How are drug-using probationers and parolees handled? What is the quality of relations between the

police force and the community? Are there special patrols looking out for kids who park off the road to drink or do drugs, and if so, are they publicized? Do law enforcement officials sponsor any prevention activities? Do they coordinate them with the schools?

- ☐ The health care system: What resources exist to counsel and treat kids with alcohol and drug problems? Do hospitals sponsor programs to inform the public about the health consequences of alcohol and other drug use? Is there a local hotline to respond to youths' and parents' questions about drugs and available treatment? Do health care professionals speak at schools? Are doctors encouraged to ask questions about drug and alcohol use the way they ask about diet, exercise, and other behaviors?
- ☐ The local media: Do talk show personalities interview participants involved in alcohol and other drug prevention programs? Are public service messages aired during prime listening and viewing hours? Are the media actively involved in promoting prevention messages?
- ☐ The business community: Are bars and restaurants involved in stopping alcohol use by kids? Do they sell alcohol to already intoxicated customers? Are bartenders trained to check ID's? Does your community contain enterprises rumored to operate as fronts for drug dealers? Do large employers have alcohol and drug education programs for employees? Do they sponsor activities such as athletic events for kids? Do they screen new hires for drug and alcohol problems?
- ☐ The religious community: Do leaders speak out publicly against alcohol and drug use by young people? Will they initiate programs to help prevent young members from using alcohol or other drugs or to assist members who require intervention services? Do they sponsor activities for children? Do they stay informed and make appropriate referrals? Do they provide leadership?
- ☐ Civic organizations: Have civic groups held special events to raise money for preventing teenage alcohol and other drug use? Will they underwrite the costs of producing informational pamphlets with local parent groups? Do they sponsor youth organizations or activities?

As you begin this process, be sure to obtain a free copy of *Prevention Plus 2: Tools for Creating and Sustaining a Drug-Free Community*, by writing to the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. Copies are expected to be available Spring, 1989. This manual contains a prevention planning guide helpful in getting your task force organized, as well as detailed descriptions of the prevention activities initiated in communities

throughout the Nation. Other helpful resources are listed at the back of this pamphlet.

Remember, each community is unique. Before community members will become involved in prevention they must be convinced that a problem exists, and that the problem clearly harms people's lives. Prevention efforts that are initiated, shaped, and operated by people within the community are likely to thrive and achieve long-term change.

Footnotes

(1) *Time*, Feb 1, 1988, p. 54

(2) Wallack, L.; Breed, W.; and Cruz, J. Alcohol on prime time television. *Journal of Studies on Alcohol* 48(1):33-38, 1987.

(3) Hawkins, J.D.; Lishner, D.M.; Catalano, R.F.; and Howard, M.O. Childhood predictors of adolescent substance abuse: Toward an empirically grounded theory. *Journal of Children in Contemporary Society* 18(1/2):28-31, 1985.

(4) National Institute on Drug Abuse. *National Trends in Drug Use and Related Factors Among American High School Students and Young Adults, 1975-1986*, by Johnston, L.D.; O'Malley, P.M.; and Bachman, J.G. DHHS Pub. No. (ADM)87-1535. Washington, D.C.: Supt. of Docs., U.S. Gov't. Printing Off., 1987.

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(6) Yamaguchi, K., and Kandel, D.B. Patterns of drug use from adolescence to young adulthood: Predictors of progression. *American Journal of Public Health* 74(4):673-681, 1984.

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(16) Ibid.
(17) Media statement delivered by Dr. Lloyd D. Johnston of the University of Michigan at a national news conference in the offices of the Secretary of Health and Human Services, January 13, 1988.
(18) National Institute on Drug Abuse. *National Trends in Drug Use and Related Factors Among American High School Students and Young Adults, 1975-1986*, by Johnston, L.D.; O'Malley, P.M.; and Bachman, J.G. DHHS Pub. No. (ADM)87-1535. Washington, D.C.: Supt. of Docs., U.S. Gov't. Printing Off., 1987.
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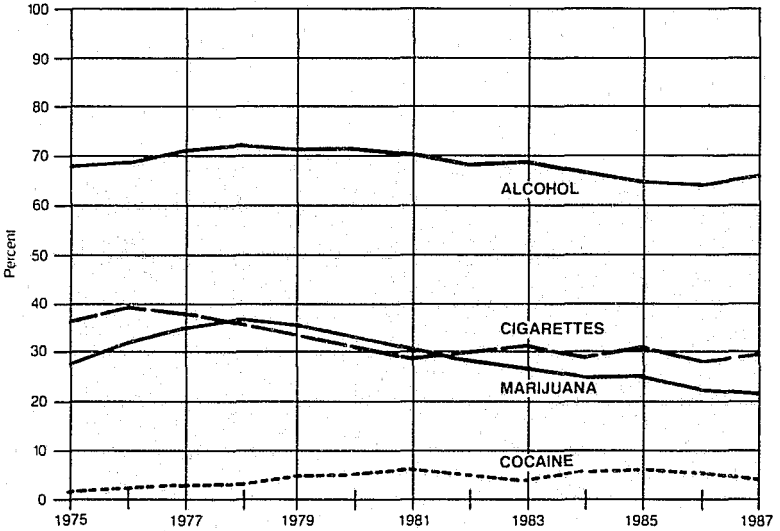
(25) Media statement delivered by Dr. Lloyd D. Johnston of the University of Michigan at a national news conference in the offices of the Secretary of Health and Human Services, Jan. 13, 1988.

Appendix A

Trends in Current Use* of Cocaine and the Top Three Prevalent Drugs Mentioned by High School Seniors



Source: High School Senior Survey, National Institute on Drug Abuse, 1987.
*Past thirty days

Appendix B

Prevalence and Recency of Use of 10 Major Types of Drugs United States High School Seniors, 1987

	Ever Used	Past Month	Past Year Not Past Month	Not Past Year	Never Used
Marijuana Hashish	50.2	21.0	15.3	13.9	49.8
Inhalants*	17.0	2.8	4.1	10.1	83.0
Hallucinogens	10.3	2.5	3.9	3.9	89.7
Cocaine	15.2	4.3	6.0	4.9	84.8
Heroin	1.2	.2	.3	.7	98.8
Stimulants** (adjusted for inappropriate reporting)	21.6	5.2	7.0	9.4	78.4
Sedatives**	8.7	1.7	2.4	4.6	91.3
Tranquilizers**	10.9	2.0	3.5	5.4	89.1
Alcohol	92.2	66.4	19.3	6.5	7.8
Cigarettes	67.2	29.4	37.8†		32.8

* Data based on four questionnaire forms and represent views of approximately 12,100 seniors
** Only those drugs not ordered by a physician
† The combined total for the two columns is shown because the question asked did not discriminate between the two answer categories.

Source: High School Senior Survey, National Institute on Drug Abuse, 1987.

Appendix C

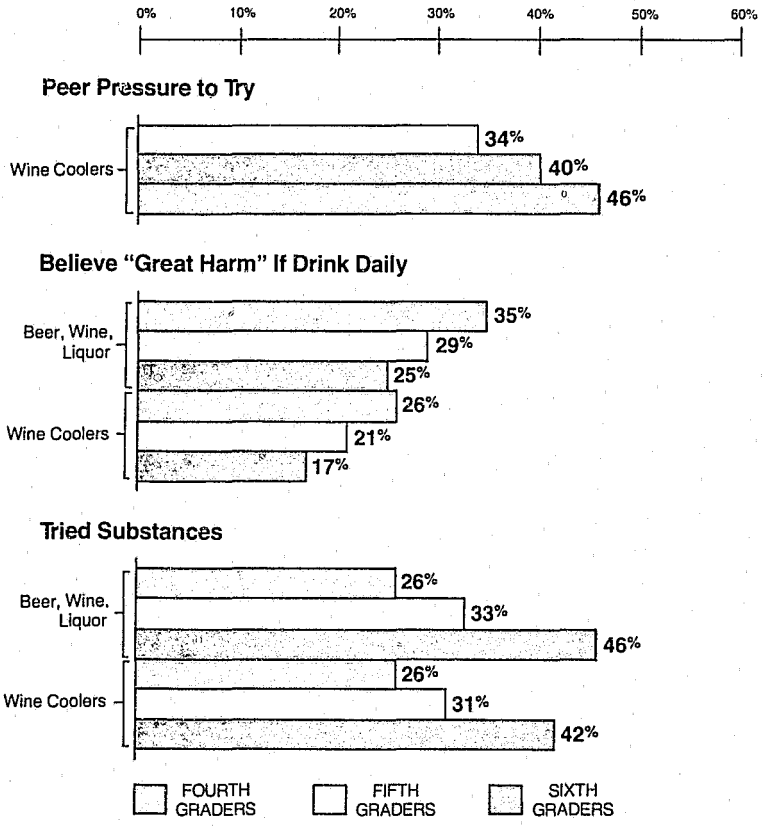
Trends in Alcohol Behaviors and Perceptions Among High School Seniors, United States, 1975 to 1987

	Percent Saying 'Great Risk' If				Percent Saying 'Most or All' of Best Friends	
	Try 1 or 2 Alcoholic Drinks	Take 1 or 2 Drinks Nearly Every Day	Take 4 or 5 Drinks Nearly Every Day	Take 5 or More Drinks Once, Twice Weekend	Drink Alcohol	Get Drunk At Least Once a Week
1975	5.3	21.5	63.5	37.8	68.4	30.1
1976	4.8	21.2	61.0	37.0	64.7	26.6
1977	4.1	18.5	62.9	34.7	66.2	27.6
1978	3.4	19.6	63.1	34.5	68.9	30.2
1979	4.1	22.6	66.2	34.9	68.5	32.0
1980	3.8	20.3	65.7	35.9	68.9	30.1
1981	4.6	21.6	64.5	36.3	67.7	29.4
1982	3.5	21.6	65.5	36.0	69.7	29.9
1983	4.2	21.6	66.8	38.6	69.0	31.0
1984	4.6	23.0	68.4	41.7	66.6	29.6
1985	5.0	24.4	69.8	43.0	66.0	29.9
1986	4.6	25.1	66.5	39.1	68.0	31.8
1987	6.2	26.2	69.7	41.9	71.8	31.3

Source: High School Senior Survey, National Institute on Drug Abuse, 1987; extrapolations by Metropolitan Life Insurance Company Health and Safety Education personnel, 1987

Appendix D

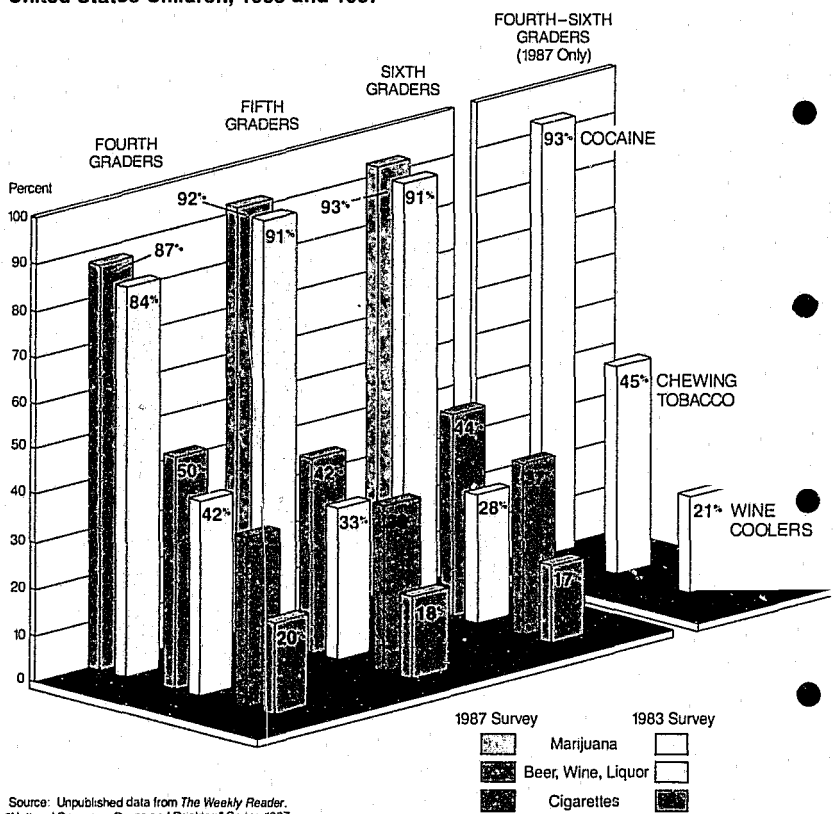
Fourth Through Sixth Graders' Beliefs About Alcohol and Wine Coolers, United States, 1987



Source: Unpublished data from *The Weekly Reader*, "National Survey on Drugs and Drinking," Spring 1987.

Appendix E

Trends in Beliefs That The Substance Is a Drug
United States Children, 1983 and 1987



Source: Unpublished data from *The Weekly Reader*. "National Survey on Drugs and Drinking," Spring 1987.

Appendix F

Commentary

Just Say No!

hy do kids drink? To fit in with the crowd, to feel grownup, to cope, to exercise independence— the list goes on.

The statistics, compiled from data provided by the Department of Health and Human Services and the Xerox Corporation, are indeed alarming, but the consequences are even more devastating! Use of alcohol and other drugs by youth is clearly linked to juvenile delinquency, truancy, unwanted pregnancies, poor academic performance, traffic-related fatalities, homicides, suicides, and other problems. Young people jeopardize their health, social development, and future by using alcohol and other drugs.

The real question is, how can we stop such behaviors? Experts admit that there's no easy answer to preventing the use of alcohol and other drugs by youth, but they identify several "protective" factors that can help:

- ☐ We need to have clear "non-use" messages given by families, communities, peers, and the media.
- ☐ We need to start targeted prevention programs at early ages.
- ☐ We need to establish community-based teams to implement comprehensive and well-coordinated prevention strategies.
- ☐ We need to foster the development of parent groups and to educate parents and other adults about the warning signs of substance use by youth, the effects of their own alcohol use on children's behavior, and available resources for help.
- ☐ We should build social skills among youth and promote relationships with non-using peers.
- ☐ We should continue to work in every community to reduce the availability of alcohol to youth.
- ☐ And finally, we must empower young people to ask for help when confronted with peer or societal pressures to drink, dating or social problems, seemingly insurmountable challenges, or the onset of substance use.

Fortunately, such factors have been incorporated into the current "Be Smart! Don't Start!—Just Say No!" prevention campaign, sponsored

by the Office for Substance Abuse Prevention, U.S. Department of Health and Human Services. This campaign is a nationwide effort aimed at helping 8- to 12-year-olds "say no" to alcohol. Creative products were developed by the Children's Television Workshop under contract to Macro Systems, and include a music video and public service announcements featuring The Jets rock group. Materials for children, parents, and teachers are also included. The campaign is supported by more than 30 national civic, social, professional, and voluntary groups.

This campaign deserves the support of us all—preteens, teens, educators, youth and parent organizations, civic and service groups, religious organizations, health care providers, political leaders, and businesses alike. It takes more than individuals and organizations to solve the alcohol and drug crisis. It will take each community, one by one, to adopt a full-scale prevention approach. Each community must help its children to "...Just Say No!" to alcohol and other drugs. One drug-free community plus another drug-free community, and so on, equals a drug-free society. Be smart! Do your part! Our kids' lives depend on it.

Otis R. Bowen, M.D.
Secretary, U.S. Department of Health and Human Services

Appendix G

Alcohol And Other Drugs: Their Specific Effects

Alcohol

lcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits. Although there are many kinds of alcohol, the kind found in alcoholic beverages is ethyl alcohol. Whether one drinks a 12-ounce can of beer, a shot of distilled spirits, or a 5-ounce glass of wine, the amount of pure alcohol per drink is about the same—.5 ounce. Ethyl alcohol can produce feelings of well-being, sedation, intoxication, or unconsciousness, depending on the amount and the manner in which it is consumed.

Alcohol is a "psychoactive" or mind-altering drug, as are heroin and tranquilizers. It can alter moods, cause changes in the body, and become habit forming. Alcohol is called a "downer" because it depresses the central nervous system. That's why drinking too much causes slowed reactions, slurred speech, and sometimes even unconsciousness (passing out). Alcohol works first on the part of the brain that controls inhibitions. As people lose their inhibitions, they may talk more, get rowdy, and do foolish things. After several drinks they may feel "high," but their nervous systems actually are slowing down.

A person does not have to be an alcoholic to have problems with alcohol. Every year, for example, many young people lose their lives in alcohol-related automobile accidents, drownings, and suicides. Serious health problems can and do occur before drinkers reach the stage of addiction or chronic use.

In some studies more than 25 percent of hospital admissions were alcohol-related. Some of the serious diseases associated with chronic alcohol use include alcoholism and cancers of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse also can lead to such serious physical problems as

- ☐ damage to the brain, pancreas, and kidneys;
- ☐ high blood pressure, heart attacks, and strokes;
- ☐ alcoholic hepatitis and cirrhosis of the liver;
- ☐ stomach and duodenal ulcers, colitis, and irritable colon;
- ☐ impotence and infertility;
- ☐ birth defects and Fetal Alcohol Syndrome, which causes retardation, low birth weight, small head size, and limb abnormalities;
- ☐ premature aging; and
- ☐ a host of other disorders, such as diminished immunity to disease, sleep disturbances, muscle cramps, and edema.

Marijuana

Contrary to many young people's beliefs, marijuana is a harmful drug, especially since the potency of the marijuana now available has increased more than 275 percent over the last decade. For those who smoke marijuana now, the dangers are much more serious than they were in the 1960s.

Preliminary studies have shown chronic lung disease in some marijuana users. There are more known cancer-causing agents in marijuana smoke than in cigarette smoke. In fact, because marijuana smokers try to hold the smoke in their lungs as long as possible, one

marijuana cigarette can be as damaging to the lungs as four tobacco cigarettes.

New studies using animals also show that marijuana interferes with the body's immune response to various infections and diseases. This finding may have special implications for those infected with the Acquired Immune Deficiency Syndrome (AIDS) virus (Human Immunodeficiency Virus (HIV)). For those persons infected with the virus, immune-weakening drugs such as marijuana may exacerbate their condition.

Even small doses of marijuana can impair memory function, distort perception, hamper judgment, and diminish motor skills. Chronic marijuana use can cause brain damage and changes in the brain similar to those that occur during aging. Health effects also include accelerated heartbeat and, in some persons, increased blood pressure. These changes pose health risks for anyone, but particularly for people with abnormal heart and circulatory conditions, such as high blood pressure and hardening of the arteries.

Marijuana can have a serious effect on reproduction. Some studies have shown that women who smoke marijuana during pregnancy may give birth to babies with defects similar to those seen in infants born with Fetal Alcohol Syndrome--for example, low body weight and small heads.

More importantly, there is increasing concern about how marijuana use by children and adolescents affects both their short- and long-term development. Mood changes occur with the first use. Observers in clinical settings have noted increased apathy, loss of ambition, loss of effectiveness, diminished ability to carry out long-term plans, difficulty in concentrating, and a decline in school or work performance. Many teenagers who end up in drug treatment programs started using marijuana at an early age.

Driving under the influence of marijuana is especially dangerous. Marijuana impairs driving skills for at least 4 to 6 hours after smoking a single cigarette. When marijuana is used in combination with alcohol, driving skills become even more impaired.

Cocaine

Cocaine is one of the most powerfully addictive of the drugs of abuse—and it is a drug that can kill. No individual can predict whether he or she will become addicted or whether the next dose of cocaine will prove fatal. Cocaine can be snorted through the nose, smoked, or injected. Injecting cocaine—or injecting any drug—carries

the added risk of contracting AIDS if the user shares a needle with a person already infected with HIV, the AIDS virus.

Cocaine is a very strong stimulant to the central nervous system, including the brain. This drug produces an accelerated heart rate while at the same time constricting the blood vessels, which are trying to handle the additional flow of blood. Pupils dilate and temperature and blood pressure rise. These physical changes may be accompanied by seizures, cardiac arrest, respiratory arrest, or stroke.

Nasal problems, including congestion and a runny nose, occur with cocaine use, and with prolonged use the mucous membrane of the nose may disintegrate. Heavy cocaine use can sufficiently damage the nasal septum and cause it to collapse.

Research has shown that cocaine acts directly on what have been called the "pleasure centers" in the brain. These "pleasure centers" are brain structures that, when stimulated, produce an intense desire to experience the pleasure effects again and again. This causes changes in brain activity and, by allowing a brain chemical called dopamine to remain active longer than normal, triggers an intense craving for more of the drug.

Users often report feelings of restlessness, irritability, and anxiety, and cocaine can trigger paranoia. Users also report being depressed when they are not using the drug and often resume use to alleviate further depression. In addition, cocaine users frequently find that they need increasingly more cocaine more often to generate the same level of stimulation. Therefore, any use can lead to addiction.

"Freebase" is a form of cocaine that is smoked. "Freebase" is produced by a chemical process whereby "street cocaine" (cocaine hydrochloride) is converted to a pure base by removing the hydrochloride salt and some of the "cutting" agents. The end product is not water soluble, and so the only way to get it into the system is to smoke it.

"Freebasing" is extremely dangerous. The cocaine reaches the brain within seconds, resulting in a sudden and intense high. However, the euphoria quickly disappears, leaving the user with an enormous craving to freebase again and again. The user usually increases the dose and the frequency to satisfy this craving, resulting in addiction and physical debilitation.

"Crack" is the street name given to one form of freebase cocaine that comes in the form of small lumps or shavings. The term "crack" refers to the crackling sound made when the mixture is smoked (heated). Crack has become a major problem in many American cities because it is cheap—selling for between $5 and $10 for one or

two doses—and easily transportable—being sold in small vials, folding paper, or tinfoil.

PCP

PCP is a hallucinogenic drug; that is, a drug that alters sensation, mood, and consciousness and that may distort hearing, touch, smell, or taste as well as visual sensation. It is legitimately used as an anesthetic for animals. When used by humans, PCP induces a profound departure from reality, which leaves the user capable of bizarre behavior and severe disorientation. These PCP-induced effects may lead to serious injuries or death to the user while under the influence of the drug.

PCP produces feelings of mental depression in some individuals. When PCP is used regularly, memory, perception functions, concentration, and judgment are often disturbed. Used chronically, PCP may lead to permanent changes in cognitive ability (thinking), memory, and fine motor function.

Mothers using PCP during pregnancy often deliver babies who have visual, auditory, and motor disturbances. These babies may also have sudden outbursts of agitation and other rapid changes in awareness similar to the responses in adults intoxicated with PCP.

Heroin

Heroin is an illegal opiate drug. Its addictive properties are manifested by persistent, repeated use of the drug (craving) and by the fact that attempts to stop using the drug lead to significant and painful physical withdrawal symptoms. Heroin use causes physical and psychological problems, such as shallow breathing, nausea, panic, insomnia, and a need for increasingly higher doses of the drug to get the same effect.

Heroin exerts its primary addictive effect by activating many regions of the brain; the brain regions affected are responsible for producing both the pleasurable sensation of "reward" and physical dependence. Together, these actions account for the user's loss of control and the drug's habit-forming action.

Heroin is a drug that is primarily taken by injection (a shot) with a needle in the vein. This intravenous (IV) injection can have grave consequences. Uncertain dosage levels (due to differences in purity), unsterile equipment, contamination with cutting agents, or heroin use in combination with such other drugs as alcohol or cocaine can cause

serious health problems such as serum hepatitis, skin abscesses, inflammation of the veins, and cardiac disease (subacute bacterial endocarditis). Of great importance, however, is that the user never knows whether the next dose will be unusually potent, leading to overdose, coma, and possible death. Of all illegal drugs, heroin is responsible for the most deaths.

Needle sharing by IV drug users is fast becoming the leading cause of new AIDS cases. It is conservatively estimated that one in six persons with AIDS probably acquired the virus through needle sharing. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug-related implements and is injected into the new victim when he or she uses this equipment to inject heroin or other drugs. There is no cure for AIDS and no proven vaccine to prevent it.

Heroin use during pregnancy is associated with stillbirths and miscarriages. Babies born addicted to heroin must undergo withdrawal after birth and show a number of developmental problems.

The signs and symptoms of heroin use include euphoria, drowsiness, respiratory depression (which can progress until breathing stops), constricted pupils, and nausea. Withdrawal symptoms include watery eyes, runny nose, yawning, loss of appetite, tremors, panic, chills, sweating, nausea, muscle cramps, and insomnia. Elevations in blood pressure, pulse, respiratory rate, and temperature occur as withdrawal progresses.

Symptoms of a heroin overdose include shallow breathing, pinpoint pupils, clammy skin, convulsions, and coma.

"Designer Drugs"

By modifying the chemical structure of certain drugs, underground chemists have been able to create what are called "designer drugs"—a label that incorrectly glamorizes them. They are, in fact, analogs of illegal substances. Frequently, these drugs can be much more potent than the original substances, and can therefore produce much more toxic effects. Health officials are increasingly concerned about "ecstasy," a drug in the amphetamine family that, according to some users, produces an initial state of disorientation followed by a rush and then a mellow, sociable feeling. We now know, however, that it also kills certain kinds of brain cells. These "designer drugs" are extremely dangerous.

Appendix H

Referral Sources

Federal Agencies

ACTION
Drug Prevention Program
806 Connecticut Avenue, NW, #M 513
Washington, DC 20525
(202) 634-9380

The Challenge
Department of Education
Office of Alcohol and Drug Education
Washington, DC 20202-3726
(202) 732-4161

Office for Substance Abuse Prevention
5600 Fishers Lane, Room 9A-54
Rockville, MD 20857
(301) 443-0365

Office of the Assistant Secretary of Defense – Health Affairs
Pentagon, Room 3D-360
Washington, DC 20301-1200
(202) 695-4964

Food and Drug Administration
Legislative, Professional, and Consumer Affairs Branch (HFD-365)
5600 Fishers Lane
Rockville, MD 20857
(301) 295-8012

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane, Room 14C-17
Rockville, MD 20857
(301) 443-2954

National Institute on Drug Abuse
5600 Fishers Lane, Room 10-04
Rockville, MD 20857
(301) 443-4577

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
(202) 245-6296

U.S. Department of Justice
Drug Enforcement Administration
Office of Public Affairs
Prevention Program Coordinator
1405 I Street, NW, Room 1209
Washington, DC 20537
(202) 633-1469 or 633-1230

Alcohol, Drug Abuse, and Mental Health Administration
5600 Fishers Lane, Room 12-105
Rockville, MD 20857
(301) 443-4797

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 7th Street, SW
Washington, DC 20590
(202) 426-9550

Drug Policy Office
The White House
Washington, DC 20500
(202) 456-6554

U.S. Congress
House Select Committee on Narcotics Abuse and Control
H2-234 House Annex 2
Washington, DC 20515
(202) 226-3040

U.S. Senate
Subcommittee on Children
Committee on Labor and Human Resources
Washington, DC 20510
(202) 224-5630

National Resources

Alcohol and Drug Problems Association of North America
444 North Capitol Street, NW, Suite 706
Washington, DC 20001
(202) 737-4340

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, NW, Suite 520
Washington, DC 20001
(202) 783-6868

National Council on Alcoholism
12 West 21st Street, 7th Floor
New York, NY 10010
(212) 206-6770

National Safety Council
444 North Michigan
Chicago, IL 60611
(312) 527-4800

Parent and Community Organizations

The Chemical People
4802 Fifth Avenue
Pittsburgh, PA 15213
(412) 622-1491

National Federation of Parents for Drug-Free Youth
Communication Center
1423 N. Jefferson Street
Springfield, MO 65802
(417) 836-3709

The National PTA
700 North Rush Street
Chicago, IL 60611
(312) 787-0977

Parent Resource Institute for Drug Education (PRIDE)
100 Edgewood Avenue, Suite 1002
Atlanta, GA 30303
(404) 651-2548

Toughlove
P.O. Box 1069
Doylestown, PA 18901
(215) 348-7090

Other Organizations

Association of Labor, Management Administrators,
and Consultants on Alcoholism (ALMACA)
1800 North Kent Street, Suite 907
Arlington, VA 22209
(703) 522-6272

American Council for Drug Education
204 Monroe Street, Suite 110
Rockville, MD 20850
(301) 294-0600

Center for Education in Maternal and Child Health
38th and R Streets, NW
Washington, DC 20057
(202) 625-8400

Scott Newman Center (Preventing Drug Abuse Through Education)
6255 Sunset Boulevard, Suite 1906
Los Angeles, CA 90028
(213) 469-2029

Clearinghouses

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20850
(301) 251-5500

National Clearinghouse for Primary Care Information
8201 Greensboro Drive, Suite 600
McLean, VA 22102
(703) 821-8955

Toll-free Information and Referral Services

National Institute on Drug Abuse
1-800-662-HELP

Parent Resource Institute for
Drug Education (PRIDE)
1-800-241-7946

Cocaine Helpline
1-800-COCAINE

U.S. Department of Education
Schools Without Drugs
1-800-624-0100

The Just Say No Foundation
1-800-258-2766
in California
415-939-6666

Stay Informed!

Order the next in the series of materials: *Prevention Plus 2: Tools for Creating and Sustaining a Drug-Free Community*, a manual providing assistance in identifying and using resources. It stresses the importance of organizing a prevention effort directed toward the many personal, social, and other environmental factors that contribute to alcohol and other drug use by young people. The manual also presents case studies of successful community prevention efforts and a planning and evaluation guide.

This manual is expected to be available Spring, 1989. For your copy, write to the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20852.

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