

Preventing Alcohol/Drug Problems In Inner-City Communities: A Model



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This booklet was developed for the Division of Prevention Implementation, Office for Substance Abuse Prevention, Alcohol, Drug Abuse, and Mental Health Administration. Herewith is described the rationale and step-by-step process for establishing an effective drug abuse prevention program within an inner-city community and replicating that program in a small urban community. The model program, though developed in predominantly black communities, is based upon prevention research findings and community organization strategies that are adaptable and applicable to other communities.

In acknowledgement of their untiring efforts, this paper is dedicated to those parents, youth, residents, professionals, and volunteers who are:

Acutely aware of the astronomical increase of substance use/abuse that is enslaving inner-city communities;

Committed to finding effective methods to impact the problem;

Tenacious and willing to work until substance use/abuse is no longer a problem

In any of

Our inner-city

Neighborhoods.

Rationale

In the late 1960s, a third-grade teacher in a small elementary school in Riceville, Iowa, wanted to provide her pupils with a first-hand experience of prejudice. Jane Elliott announced to her students that she had evidence that blue-eyed children were clearly superior to children with brown eyes. As a result, students with brown eyes were declared second-class citizens. They were forced to sit at the back of the classroom. They had to stand at the end of the lunch line, allowing the blue-eyed children first choice; they were not allowed second helpings of food. They were not allowed to use the drinking fountain. The "superior" blue-eyed children were given special privileges, including extra recess time. To make them more visible, brown-eyed children were forced to wear paper collars that identified their lowly status from a distance.

It wasn't long before the children in Ms. Elliott's third-grade class became active participants in her experiment. The classroom performance of the brown-eyed children deteriorated; they performed below their usual levels on a number of academic tasks. The blue-eyed children performed better than usual. They voluntarily avoided contact with their "inferior" brown-eyed classmates. Fights and arguments broke out. The behavior of the blue-eyed students became aggressive, contemptuous, and occasionally vicious—and all in one day!

The next school day, Ms. Elliott informed the class that she had made a terrible mistake: she had gotten her evidence reversed. It was blue-eyed children who were inferior; the best people were those with brown eyes. With displays of great joy and enthusiasm, the brown-eyed children tore off their offensive collars and helped fit the blue-eyed pupils with paper collars that identified them as inadequate and inferior. Even with their experience of the previous day, the behaviors of the children in the class were exactly the same, only the roles were reversed. Those who just the day before were the objects of prejudice now sat in the front of the class, performed well on classroom tests, rushed to be first in line at lunch time, and treated their blue-eyed classmates very badly.

On the third class day, Ms. Elliott shared her original intent with her pupils and told them none of what she said the last two days was, in fact, true. The effects of this classroom demonstration were not long-lived. The children could, and did, soon return to their normal behaviors. The artificially-induced prejudice disappeared almost as fast as it had been created. But the experience was a meaningful one for those Iowa third-graders and a significant one for us, too. It tells us a great deal about the irrationality and fragility of a prejudice based on some physical characteristic (Elliott, 1977; Leonard, 1970; Peters, 1971)."¹

"In 1980, 29.3 million Americans—13 percent of the population—were officially counted as poor. Poverty has increased in recent years. The poverty rate—which dropped from 22 to 12 percent in the 1960s and fluctuated between 11 and 12 percent in the early 1970s—began to climb in 1978, reaching 15 percent in 1982. (Each percentage point increase adds about 1.5 million people to the poverty rolls.)

The face of poverty has changed significantly in the last two decades. First, poverty in the United States today is primarily an **urban** phenomenon. In the early 1960s, when President Johnson launched his War on Poverty, most of the poor lived in small towns and rural areas. By the late 1970s, 60 percent of the poor lived in cities.

Second, poverty has become increasingly feminized. More than half of the poor families in the United States today are headed by **women**. Female-headed families are five times as likely to be poor as two-parent families.

Third, although the great majority of the poor are white, **racial minorities** are over-represented in the ranks of poverty. Blacks are three times as likely as whites to be poor, and Hispanics, twice as likely.

Fourth, many of the poor (two-fifths or 11.4 million) are **children**. The number of elderly living below the poverty line has declined."²

According to Bernard R. McColgan, Chief, Prevention Branch, Division of Resource Development, National Institute On Drug Abuse, "correlate studies examining the relationship between drug use and community characteristics show that drug use by youth is positively correlated with various neighborhood characteristics, including low-incomes, broken families, adult crime, substandard housing, and low housing values. Information on incidence and prevalence of drug abuse further suggests that low-income youth have unusually high risk potentials. Data show they are over-represented in the national population of drug abusers, as reflected in law enforcement statistics, drug abuse treatment program intake data, and surveys of drug use and attitudes toward drugs.

Despite the high risk potentials and vulnerability of low-income youth, however, drug abuse prevention for low-income communities is a relatively new aspect of the drug field. Treatment has usually taken precedence over prevention."³

The Man Who Thinks He Can

*If you think you are beaten, you are;
If you think you dare not, you don't.
If you'd like to win, but think you can't,
It's almost a cinch you won't.
If you think you'll lose, you're lost,
For out in the world we find
Success begins with a fellow's will
It's all in the state of mind.
If you think you're outclassed, you are;
You've got to think high to rise.
You've got to be sure of yourself
Before you can ever win a prize.
Life's battles don't always go
To the stronger or faster man;
But soon or late the man who wins
Is the one who thinks he can.⁴*

Overview

The Problem

In 1978, there seemed to be a drastic increase in crime and violence in the neighborhoods of East Baltimore, especially juvenile crime. Senior citizens became very fearful: the streets were unsafe for them. Because of large building programs to revitalize the deteriorating downtown area and to construct interstate highways, many families had relocated into these communities. There was less familiarity and interaction between neighbors. The change seemed to come overnight. One day you knew everyone in the community, the next day you knew hardly anyone in the community. **Neighborhoods had become strangerhoods.**

This was most significant because a youth snatching a purse or breaking into a house on a block could run around the corner and never be identified. This was in contrast to circumstances a few years earlier when neighbors knew entire families residing in each home in the community. Rarely could a child be away from home and not be encountered by a neighbor who asked the child if permission had been granted by the parent for the child to be there. Upon returning to the community the neighbor would follow-up with the child's parent to be sure that the parent was aware of the whereabouts of the child, no matter what the time of day. Neighbors were concerned for the safety and well-being of each other.

In November 1978, a few concerned residents met with the Police Community Relations Sergeant of the Eastern Police District to discuss the issue of crime prevention through the Block Watch Program. The residents were informed about the program and decided to participate and recruited other residents to become block watchers. The small group also attended meetings of the Police Community Relations Council to express their concerns and consider solutions to the problem.

By the end of 1979, it became clear that the focus for community activities needed to be on prevention and intervention directed toward substance abuse, since 85 percent of all crimes committed in Baltimore City were drug-related, according to statistics compiled by the Baltimore City Police Department.

Community residents did not need statistics to make them aware of the problem. They were acutely aware of the drug problem for the following reasons:

- Daily, junior and senior high school students were observed smoking marijuana cigarettes at Mass Transit Administration (MTA) bus stops.

- Marijuana smoking on MTA buses caused drivers to get contact high.
- Drug selling in the community was pervasive. Youth on mopeds were the primary deliverers.
- Recreation centers, playgrounds, basketball courts, and neighborhood parks and squares became havens for drug users and unsafe for children.
- Young children were finding needles in their back yards and in alleys.
- Storekeepers who were afraid enclosed themselves in bulletproof cages which denied customers access to merchandise for selection.
- Youth were dying from drug overdoses, drugs laced with rat poison, and drug-related automobile accidents.

The drastic increase in drug use in East Baltimore mirrored what was happening throughout the country. In the May 1981 issue of *PTA TODAY*, Dr. Robert L. DuPont stated, "Drug abuse is epidemic among American youth. Schools, parents, and—most of all—today's youth are suffering as a result. During each decade of the twentieth century Americans lived longer. There was one, and only one, exception: Americans between the ages of 15 and 24 died at a 15 percent higher rate in 1977 (the most recent data) than they did in 1960. The primary causes of these tragic youthful deaths were accidents (especially auto fatalities), suicide, and homicide. The decades of the '60s and the '70s also saw unprecedented rises in teenage venereal disease, pregnancy, drug and alcohol use, and crime.

One final spate of statistics: when it comes to "rises," nothing equals the rise in marijuana use in our nation during the last 20 years. In 1962 only 2 percent of youth 12 to 17 had ever used marijuana. By 1979 the figure had jumped to 31 percent. Among high school seniors, more than 60 percent had used marijuana, 40 percent were regular users, and more than 10 percent used marijuana every day..."⁵

Target Area

In 1981, the Baltimore City Health Department (BCHD) organized a Citywide Substance Abuse Prevention Team, which was composed of drug treatment program directors and adolescent coordinators. Because it was planning to initiate a community prevention effort, BCHD wanted a parent with community organization skills to become a member of the Team. The author of this booklet accepted the invitation to join the prevention group.

After much discussion, it was felt that community mobilization efforts would be more successful if the group were divided by Councilmanic Districts. The author was named chairman of the Second Councilmanic District Commit-

tee and given the task of developing a prevention strategy that would become the model for other districts.

The Second Councilmanic District has a most diverse population. The district includes: the most affluent Bolton Hill on the far west; blue collar, conservative Hampden on the northwest; Johns Hopkins University and the affluent Guilford to the north; middle-income Charles Village just south of Johns Hopkins University; middle-income Berea on the far east; and low-income communities in the central and southern portions.

Also located within the district area are the State Offices Complex, the Baltimore City Jail, the Maryland State Penitentiary, the Baltimore City Department of Social Services Complex, the Board of Education Administration Office, the John F. Kennedy Center for the Developmentally Disabled, Maryland General Hospital, Union Memorial Hospital, and North Charles General Hospital. In addition, there are five Social Services District Offices, five Urban Service Agency District Offices, five Mayor's Stations, three Police Districts, and many neighborhood schools and recreation centers. Churches and liquor outlets are distributed in the district as they are throughout the country—in more affluent neighborhoods they are scarce, while in the most impoverished communities they are proliferated.

There is a diversity of racial groups living in each of the communities. However, for the most part, whites live in Bolton Hill, Guilford, Upper Charles Village, and Hampden. Berea and the central and southern communities are predominantly black. Part of Chinatown is in the southeast corner of the district.

Adjacent to the district are two major landmarks, Memorial Stadium on the north and Johns Hopkins Hospital on the south.

Although the target area has all income levels and racial groups, the worst areas for drugs designated by the Baltimore City Police Department are located within the portion of the district which is known as East Baltimore. There appears to be a correlation between the worst areas for drugs and the most impoverished areas of the district. The worst areas for drugs are located either within or next to the most impoverished census tracts in the district. (See Tables 1 and 2.)

Table 1
Impoverished Census Tracts
In East Baltimore

Census Tract	Percentage of Households With Incomes Below the Poverty Line
501	63.7
1002	63.2
1205	61.8
301	59.5
1001	59.2
302	57.2
402	56.6
704	52.1
605	49.5
807	45.9
909	43.4
2603.03	43.0

Table 1. Figures were obtained from the Baltimore City Department of Planning for 1982.

Table 2
Worst Areas For Drugs In East Baltimore

Census Tract	Location
302	26 S. Exeter Street Flag House Courts
501	131 Aisquith Street Lafayette Courts
501	125 Colvin Street Lafayette Courts
807	Federal and Dallas Streets
807	Bethel and Oliver Streets
909	Hoffman Street and Holbrook
805	Cliftview and Harford Aves.
908	
908	Kennedy Avenue and 20th
604	Chester and Jefferson
703	

Table 2. Information obtained from the Baltimore City Police Department, Family Drug Abuse Information Service.

The target community fits the general description found in *Drug Abuse Prevention for Low-Income Communities: Manual for Program Planning*. Low-income populations in America typically face a number of significant obstacles. These obstacles include the following:

- **Joblessness.** The unemployment rate for members of minority groups in recent years has been double that for Whites. An estimated 37 percent of Black youth are currently unemployed, and unemployment among young Blacks has risen at a time when unemployment rates for other groups have declined.
- **Inadequate schooling.** There is ample evidence that low expectations and racism figure significantly in the poor and minority child's school experience.
- **Crime.** Although crime rates in the Nation's cities have been slowly declining in recent years, youth crime has reached epidemic proportions. Young people between the ages of 10 and 17 commit more than half of all the serious crimes in the United States.

The factors noted above are only a few in a long list of "quality of life" variables that contribute to the oppression of low-income populations. Inade-

quate or low-quality housing and health care are pervasive as well. Perhaps most important, the omnipresence of television as a form of entertainment and occupation in low-income communities is a constant reminder of what low-income populations must do **without**.⁶

Dr. Marc V. Levine, Chairman, Department of Urban Affairs, University of Wisconsin-Milwaukee, reported: "As has been the case in virtually all big cities, conditions in Baltimore's inner-city neighborhoods have deteriorated dramatically since the early 1970s. Most ominously, the number of low-income households in Baltimore has grown significantly while middle-class families have left the city in droves."

In 1970, according to U.S. Census Bureau data, 40.3 percent of Baltimore households reported annual incomes below \$15,000; that proportion grew to 56.5 percent in 1980. By contrast, in 1970, 42.9 percent of Baltimore fell into the "middle-income" category of \$15,000-30,000 annually; that proportion fell to 29.4 percent in 1980. In 1970, 9.7 percent of city neighborhoods had high concentrations of poor residents (defined as 35 percent or more of the neighborhood's population living below the poverty line). By 1980, that figure had increased to 16.6 percent.

There is little mystery regarding why conditions have deteriorated so much for inner-city Baltimore. After 1970, the bottom dropped out of Baltimore's industrial economy. Between 1970 and 1985, Baltimore lost more than 45 percent of its manufacturing jobs, good jobs paying middle-class wages.

Moreover, to the detriment of the city's job-hungry poor, a devastating "job-skills mismatch" developed in Baltimore after 1970. Between 1970 and 1984, for example, the number of "entry-level" jobs in the Baltimore economy—defined as those jobs requiring less than a high school degree—declined by 46 percent.

At the same time, however, jobs in "knowledge-based" industries—those requiring at least two years of college—increased by 56 percent. In short, Baltimore's underclass is increasingly locked into an economic structure in which its members possess inadequate skills for the kinds of jobs being created."⁷

Neighborhood vs Parent Action

Self-sufficient, economically-independent parents can band together for action because they can garner resources needed to implement action plans. They have the wherewithal to identify and obtain needed resources or to develop them if they do not exist. As a result, two national parent organizations have been at the forefront of the prevention movement: the Parents' Resource Institute for Drug Education (PRIDE) and the National Federation of Parents for Drug-Free Youth (NFP).

For low-income families, there is a difference. Poverty seems to be a two-edged sword. There is the problem of low income, but there is also the

For low-income families, there is a difference. Poverty seems to be a two-edged sword. There is the problem of low income, but there is also the problem of the feelings of powerlessness. Money is only one aspect of what is needed for advancement in American society. There must also be a sense of self—the belief that one can successfully attain a goal, a sense of hope for the future.

According to 1980 U.S. census data, East Baltimore families are, for the most part, black and low-income with poorly educated females as heads of households. The parents of these families need assistance from public and private agencies to enable them to provide a nurturing environment for their children. They do not feel capable of successfully fighting substance abuse problems alone.

Evidence of this can be found in juvenile delinquency research. In a study of 55 delinquents who had been patients at the Illinois State Psychiatric Institute, Offer, Ostrov, and Marohn (1973) concluded that delinquency is not a class phenomenon, but a result of emotional turmoil that affects young people from all levels of society. The affluent delinquents get taken to psychiatrists, while the ones from poor families get booked by the police.⁸

A successful prevention effort within inner-city communities requires the creation of a support system involving all segments of the community—*home, church, school, business, social agencies, law enforcement, and government.*

The Organization

The initial task of the Second Councilmanic District Committee was to convene a community meeting. On May 20, 1982, a group of concerned parents, residents, elected officials, social workers, librarians, nurses, juvenile counselors, recreation leaders, addiction counselors, addiction administrators, vocational counselors, clergymen, lay leaders, businesspersons, and students came together to consider the extent of the drug problem in the Second Councilmanic District and the need for community action.

There were two major accomplishments at this meeting: the assessment of community needs by participants meeting in four "neighborhood" break-out groups, and the identification of community organizations willing to work and actively involve themselves in the prevention effort—a Neighborhood Action Coalition (NAC) for Substance Abuse Prevention.

Plans for the coalition were formulated by a Steering Committee that included persons *who live in the community and work for agencies that impact on the drug abuse problem.* The Steering Committee included

- Community Resources Coordinators, Collington Square DSS Center, Johnston Square DSS Center, Clifton DSS Center;

- Social Worker, Youth Alcoholism Program;
- Social Work Student, Coppin State College;
- Adolescent Services Coordinator, Addict Referral and Counseling Center;
- Juvenile Counselor, Juvenile Services Administration;
- President, RAMS Civic/Social Club (Recovering Alcoholics Maintaining Sobriety);
- Neighborhood youths;
- Director, Baltimore City Health Department Youth Alcoholism Program;
- Pastor, Johnston Square Community Church of God;
- President, North Baltimore Civic and Home Improvement Association;
- Coordinator, Department of Recreation Division of Special Projects;
- Director, Apostolic Outreach Center;
- Mayor's Representative, Kirk Multi-purpose Center;
- Counselor, Youth Diversion Program;
- Administrator, East Baltimore, Youth Services Center;
- Community Health Nursing Supervisor, Baltimore City Health Department;
- Board Member, Greenmount West Planning Council;
- Coordinator, Harwood Community Association;
- Clinical Coordinator, East Baltimore Drug Abuse Program;
- Pastor, Mt. Calvary Star Baptist Church;
- Social Worker, Johns Hopkins Hospital Self Center;
- Coordinator, Project Thirteen, Inc., Chairman, East Baltimore Human Services Coordinating Council.

Following the initial community meeting, the Steering Committee met bi-weekly until a workable program plan was finalized. Once plans for operation

were completed, the Steering Committee functioned as a Coordinating Committee which met monthly.

Near the end of fiscal year 1984, it was decided to formally organize NAC as a non-profit corporation comprised of organizations dedicated to improving the quality of life in neighborhoods of the Second Councilmanic District. NAC's purpose would be to bring together all who are concerned to work together to increase community resources for prevention, intervention and treatment of substance abuse.

Philosophy:

Youth can live drug-free given the determination of a community and the commitment of its agencies.

Slogan:

"Together We Can Make A Difference"

Logo:

A rainbow (symbol of hope)

Long Range Goal:

Drug-free youth in a drug-free environment

Immediate Goals:

- To organize action groups at the community level.
- To plan and implement the *East Baltimore Substance Abuse Prevention Program*.
- To organize the Neighborhood Network at the block level.

Objectives:

- To work with representatives of local government (i.e. Human Services Coordinating Council, Mayor's Office of Manpower Resources, Mayor's Coordinating Council for Criminal Justice) to stem the tide of rising

community disruption around neighborhood bars, youth vandalism, and school-age substance abuse.

- To organize inter-group communication for the purpose of providing drug education to community residents.
- To solicit the support of local businesses in planning youth alternative programs.
- To disseminate information regarding the planning and implementation of projects promoting prevention ideas and techniques.
- To motivate communities and parents to organize for greater effectiveness.

*People who care—
working together for a better community—
can make a difference*

The Program

NAC is a coordinated community effort to prevent substance abuse. It is made possible through the dedication of the many volunteers who are giving time, talent and financial assistance to help young people to discover their human potential and to realize that they need not turn to drugs for excitement or to solve their problems.

Volunteers Act because they Care

Awareness. Volunteers increase their knowledge and understanding of the substances being harmfully used in their communities.

Commitment. Volunteers are willing to volunteer time and talent to provide needed resources.

Togetherness. Volunteers come together in community and parent groups to plan, implement, and evaluate programs to improve the quality of life in their neighborhoods.

Concern. This is the motivating force that causes individuals to act to rid their communities of the drug problem.

Accept. Volunteers accept the challenge to get involved with community prevention efforts.

Respect. Volunteers respect all people regardless of their circumstances or condition in life.

Expectations. Prophecies are self-fulfilling. Whatever we expect to happen will happen because we work toward that end. So, if we expect to be able to conquer drug abuse in our communities, we will do so!

NAC Neighborhood Mobilization Strategy

- The Steering Committee decided that there would not be any mention of drug abuse prevention in the recruitment of neighborhood volunteers because of the heavy drug trafficking and the fear in the community. Emphasis was to be placed on improving the quality of life within the community.
- The Steering Committee felt that it was necessary to find a common denominator when defining the target community or population. When trying to decide on the target areas, the Citywide Prevention Team had considered all of the existing divisions used by city agencies. Each agency divides the city differently. In addition, there is no agency that has relevancy for all citizens. The Councilmanic Districts were chosen because they have been in existence longer than any other agency or political districts; everyone in them is equal regardless of status and they are easily identified without any explanation.
- Since there was no money for staff for the prevention effort, Community Resources Coordinators for each of the three Social Services Districts and the Adolescent Coordinator for the Addict Referral and Counseling Center volunteered to act as coordinators for the four groups.
- It was decided that the four groupings of neighborhoods used for the initial meeting would be continued. Each area became a Neighbors-In-Action group.
- Each Steering Committee member was responsible for involving those within their sphere of influence.
- Youth Services Bureau, Recreation, School personnel, etc. arranged for Awareness Presentations for the parents in their programs.
- Community Resources Coordinators added drug information as a topic in their Employment Readiness Seminars, which were mandatory for youth seeking Summer Employment with the Social Security Administration and/or the Department of Social Services.
- Community leaders supervising Baltimore Summer Corps Worksites included drug information workshops as a part of their required enrichment program.

- Churches involved in Project Thirteen, Inc. (an organization of Maryland Food Bank Members in zones 5 and 13) scheduled presentations in their churches and distributed newsletters in their food bags.
- Urban Services Centers included drug information booths at their Health Fairs.

The major objective of the first year was to raise the awareness level of all who lived, worked, or worshipped in the Second Councilmanic District.

Steps Taken To Mobilize the East Baltimore Community

Assumption:

Every Community Will Come Together To Benefit Youth.

Step 1: Resource Persons Identified: Church leaders, Business proprietors, Professionals, Community leaders, etc.

- **Resources:** Yellow Pages of Telephone Directory, Chamber of Commerce Directory, Housing and Community Development Association Directory, Person to Person, Neighborhood canvassing to identify most groups.

Step 2: Parents Identified.

- **Resources:** NAC provided enrichment and recreational activities for neighborhood youth which required parental permission. Permission slips included name, address, and phone number for parent. In some instances, emergency information was requested which identified another person in the community.

Step 3: Community meeting sponsored. Parents and resource persons were invited to attend to assist with planning next year's Youth Enrichment Program. Letter addressed to each parent personally. Follow-up telephone call made to each parent.

Committee members distributed flyers in their neighborhood areas, workplaces, churches, etc. ***"Each One Bring One"*** was the slogan.

Step 5: Five "P" Principle Applied To Community Meetings: Prior Planning Prevents Poor Performance.

- Agenda was prepared and followed.
- Meetings started on time! An activity was planned that could begin on time, but was not crucial if missed. (Example, played records with drug

lyrics without saying what they were. Audience continued to talk and greet one another. When enough people had gathered, the meeting was called to order, and attention was focused on the lyrics. This re-emphasized the need for action. Short films, exhibits, performances by neighborhood youth, and early-bird door prizes are also good beginning activities.)

- A time to end meetings was planned and followed. If it could not be done in 90 minutes, it was referred to a committee.
- Committees were formed. The more tasks were assigned to others, the more people attended the next meetings.
- Guest speakers were scouted. Awareness of the speaker's capability helped NAC to prepare to pick up the pieces after a dull but important presentation.
- Refreshments at the end of the meeting were important in the effort to change that strangerhood into a neighborhood.

Step 6: Community Needs Assessment

One of the most important tasks of a community action group is to assess the needs of the community. Only persons within the community—those who live, work, or worship there—know the problems of the community. Others may think they know. However, be aware that one man's treasure may be another man's trash!

This step in the mobilizing process creates *community ownership* of the problem. (In each community assessed, residents were asked to name the three worst problems in the community. Each community and each person asked named drugs as the number one problem.)

Success and Program Replication

The Neighborhood Action Coalition, Inc. had become a viable organization in the East Baltimore community by 1983. In fiscal year 1984, the Baltimore City Health Department gave the organization a mini-grant of \$7,000 to fund the East Baltimore Substance Abuse Prevention Program. The activities of fiscal year 1984 became the program components of the organization.

NAC has provided assistance to many community and parent groups initiating programs to impact drugs in their communities. The Founder/Director of the organization was selected to represent the Office of the Governor of the State of Maryland at the First Annual Conference of the National Federation of Parents for Drug-Free Youth.

The NAC model has been presented as follows: annually at the State Prevention Conference; 1985 at the Parents Resource Institute for Drug Education (PRIDE) International Conference; 1986 at the Coppin State College

Prevention Conference; and 1987 at the Howard University Ecology Forum, "The Ecology of Substance Abuse: Toward Primary Prevention Among High-Risk Youth." The model was also used by the Maryland Federation of Parents for Drug-Free Youth to assist communities throughout Maryland.

The Annual Report indicates the achievements for the period. The program is adaptable to meet the needs of any type of community.

Neighborhood Action Coalition, Inc. Annual Report Fiscal Year '84

Community Needs Assessment

On June 4, 1983, Mayor William Donald Schaefer issued a proclamation designating the day as *Neighborhood Action Coalition Day in Baltimore City*. This was the day for the First Annual Community Workshops, an opportunity for community evaluation and planning of NAC activities. It was the consensus of participants that "NAC has made good progress in its effort to inform the community of the impact of substance abuse in our neighborhoods. However, this is only a beginning effort. We must now reaffirm our commitment and invest our time, money and talents to accomplish our goal...."

An assessment of community needs was a major accomplishment of the 200 people representing a cross-section of the target community, East Baltimore. The community needs identified were as follows:

- More information programs for the addict.
- More male participation in community activities.
- Increased use of existing community facilities/programs.
- A workshop on fear to help residents to feel safer in their homes and to enable them to assist the Police Department.
- More jobs and training programs.
- Increased involvement of the business community in neighborhood endeavors.
- An Odd Job Program to provide employment for youth and services for the elderly.
- A neighborhood network of volunteers to be trained to provide information and referral services within their own community.
- Stiffer drug penalties.

- Increased community involvement—home, church, school.
- Parenting skills training, especially for teenage parents.
- Youth enrichment.

Program Achievements

Throughout fiscal year '84, each participating organization and individual sponsored and/or provided activities which promoted good health—physical, emotional, and mental; enhanced positive self-image; increased awareness of good parenting skills; or developed decision-making skills.

Activities and services included the following:

Chemical People Project

NAC participated in the Maryland Chemical People Project. The Board Chairman was a member of the Chemical People Advisory Board, which was responsible for planning and coordinating the participation of local communities throughout Maryland in the national effort to fight school-age drug abuse. The Chairman was also a member of the Baltimore City Chemical People Coordinating Committee, which was responsible for the City effort.

The NAC Coordinating Committee became excited about the potential that the Chemical People Project had for greatly increasing community awareness and involvement in the prevention of drug and alcohol use among school-age children in East Baltimore. The group felt that the Chemical People Project offered an excellent opportunity to attain one of its major objectives. NAC organized four Chemical People Town Meetings in East Baltimore.

Community Education

- Sponsored Monthly Family Drug Awareness Seminars which were held at the Addict Referral and Counseling Center.
- Provided Drug Awareness Seminars for four Baltimore Summer Corps Worksites during July and August.
- Sponsored four Community Drug Awareness Seminars in four East Baltimore neighborhoods during April and May.
- Provided speakers for parent meetings, churches, and community groups.
- Sponsored an Annual Community Workshop for Planning and Evaluation.

- Provided an Information Booth for Neighborhood Fairs, Health Fairs, and School/Community Bazaars.
- Conducted a Drug Awareness Workshop for the United Methodist Laity Retreat held at Hood College, Frederick, Maryland.

Youth Outreach Unlimited (YOU)

"...Because it's fun and there ain't nothin' else to do" is often the response given by substance abusers when they are asked why they use harmful substances. The effort to provide alternative activities for youth continues to grow as more churches and community volunteers become involved.

Neighborhood Athletic Program

- Guilford Track Club—NAC supported the activities of this group because it is believed that the self-discipline required to succeed in track and field competition is a deterrent to drug abuse. NAC provided transportation, coaching assistance, and chaperones.

NAC supported the following activities:

- April 1983—Track Clinics each Saturday for new recruits, Dunbar High School Playfield
- July 1983—Elks Tri-State Meet, Salisbury, Maryland
- August 1983—Governor's Track Meet, Bowie, Maryland
- December 1983—Christmas Party for 300 youth
- May 1984—Municipal Track Meet, Lake Clifton High School
- June 1984—Joppa Track Meet, Joppa High School, Joppatowne, Maryland
- November 1983-April 1984—Neighborhood Softball League, NAC supported the activities of the softball league by providing access to the First Apostolic Church Urban Outreach Center a gymnasium during the winter
- January 1983-June 1984—Junior Crew Bowling League, NAC supported the Bowling League sponsored by New Second Baptist Outreach by providing chaperones and adult leaders as well as assistance with transportation.

Educational Projects

- Mount Calvary Star Baptist Outreach General Education Development (GED) Program
- Johnston Square Church of God in Christ (C.O.G.I.C.) Community Outreach General Education Development and Literacy Programs
- NAC Absenteeism Project at the Elmer A. Henderson Elementary School in cooperation with the Collington Square Social Services Center

Employment Readiness Programs

- Collington Square DSS Center Youth Program Employment Readiness Seminars
- Citywide Youth Ministries Building Services Training Program
- Baltimore Summer Corps Worksites—New Second Baptist, Johnston Square C.O.G.I.C. Community Outreach, Old Landmark Baptist, Christ United Methodist.

Recreational Activities

- July 1983 — 100 youth, Greenbrier State Park, 78 youth, Camp Concern Day Camp; 33 youth, Camp Concern Residential Camp; 45 youth, Orioles Birdland
- August 1983 — 50 youth, Gunpowder Falls State Park, 59 youth, Camp Concern Day Camp; 25 youth, Camp Concern Residential Camp; 500 youth and parents, Orioles Baseball Game
- September 1983 — 150 youth and parents, Orioles Baseball Game
- April 1984 — 100 youth, Camp Concern Saturday Day Camp. *Saturday Day Camp
- June 1984 — 50 youth, Camp Concern Saturday Camp. *Saturday Day Camp

Dana's Doll Revue

Dana, a teenage doll collector, exhibits her dolls with "Say No To Drugs" messages. The Doll Revue features Dana's work with doll repairing, a most rewarding hobby both aesthetically and monetarily. Of particular interest to youth and parents is a beautiful doll in bridal attire which is made from discarded kitchen curtains. Seeing recycled doll clothing helps youngsters realize that stunning clothes do not always have to be new or "store-bought."

Peer Support Group

Recovering Alcoholics Maintaining Sobriety (RAMS) Civic Social Club is an adult peer support group. The organization has been actively involved in neighborhood improvement projects, youth summer work projects, recreational trips for youth and adults, and holiday drug-free parties for families. The organization members are all recovering alcoholics. Recently, the group decided to extend an invitation to alcoholics desiring to become sober. The group meets bi-weekly on weekends.

Neighborhood Network

NAC continues to develop a Block Network of concerned individuals willing to distribute newsletters and flyers, to give neighbors information about community resources, to participate in Neighborhood Planning and Evaluation Workshops held annually, and to attend at least one session of the Monthly Family Drug Awareness Seminars.

Block Network—target community boundaries: Montford Avenue on the east, Calvert Street on the west, Twenty-fifth Street on the north, and Eager Street on the south.

School Network—NAC includes Schools in its Networking System. Priority is given to those schools serving census tracts in the most impoverished and worst areas for drugs.

Evaluation

Concern. There is an increase in substance abuse among school-age youth. There is an increase in crime, especially among youth. The police department statistics show that 85 percent of the crime in Baltimore City is drug-related.

Action. The Neighborhood Action Coalition, Inc. was organized to plan, implement, and evaluate programs to impact the enslaving drug epidemic in East Baltimore.

Impact. To evaluate the effectiveness of the East Baltimore Substance Abuse Prevention Program, juvenile crime was used as an indicator.

Table 3
Index Crimes Juvenile Suspects
January, 1980 - December, 1984

Total Rapes	4
Total Robberies	136
Total Aggravated Assaults	63
Total Burglaries	80
Total Larcenies	198
Total Stolen Autos	4
Total Crimes	485
Total Suspects	757
	(Adults = 18)
Total Victims Shot	10
Total Victims Stabbed or Cut	18
Total Victims Beaten	26
Total Victims With Bones Broken	2
Total Victims Other Injuries	2
Total Victims Bruised Only	15
Total Victims Uninjured	127
Total Victims Not Specified	285

Table 3. Information obtained from the Baltimore City Police Department, Planning and Research Division.

Baltimore City Police Department, Planning and Research Division, Index Crimes with Juvenile Suspects for the period January 1980-December, 1984 shows a steady decline in youth offenders since the program began in 1982. Statistics are for census tracts 806 and 807, two of the worst areas for drugs.

During the recorded period, there were **485 crimes committed by 757 suspects of which 739 were juveniles.**

Table 4
Juvenile Crimes 1980-1984

Year	Number of Juvenile Crimes
1980	112
1981	134
1982	113
1983	73
1984	53

Table 4. Information obtained from Baltimore City Police Department Planning and Research Division.

Planning Action Committee of Annapolis, Inc.

Overview

Drug and alcohol abuse is a major health problem in Anne Arundel County, especially among adolescent and preadolescent youth. The problem impacts every community. It crosses all boundaries—geographic, economic, racial, religious, and social. It invades every institution—the family, the school, the church, and the government.

The Anne Arundel County Drug and Alcohol Program, a project of the County Executive's Office, is based on the concept that drug abuse is a community problem requiring a community solution. Since 1979, the program has made community involvement the top priority in its efforts to combat adolescent drug and alcohol abuse. *"Government And Parents Working Together"* has been a main theme as enforcement, treatment, and education agencies joined with parents to provide youth with information and direction.

Problem

Although an effective countywide parent network had been developed, there had been almost no involvement of Black parents or communities in the prevention efforts. The absence of Black citizens from the county's drug abuse prevention efforts was cause for grave concern because a predominantly Black community had become the major marketplace for drugs in Anne Arundel County. In 1984, police arrest records showed a high concentration of drug activity in the Clay Street residential community, located in the City of Annapolis, which is known as "the ward." The hub of drug activity is the intersec-

tion at Clay and West Washington Streets, which is just one block from the Arundel Center, the seat of county government. Twenty-seven percent of all arrests made on drug charges in the City of Annapolis were made there, according to police records.

Annapolis Police Chief John C. Schmitt is quoted in the August 19, 1985, issue of the Capital, "Open drug dealing a short distance from the county office building is a serious problem. Mainly, it is cocaine and marijuana down there, and it has been going on for quite some time. ...We don't have the personnel to be there consistently. When the department concentrates its officers there, the drug dealers leave. But, as soon as the police pull back, the drug dealers are back again. ...We cannot clear up this mess without the support of the citizenry."

There seemed to be a lack of awareness of treatment resources in the Black community. Although there was a high concentration of drugs in the Black community, there were very few Blacks receiving services from treatment agencies. As an example, Focus on Family, the Anne Arundel County Health Department's adolescent treatment program, had only four Black clients during 1984. The Drug and Alcohol Program seldom received a call from a Black citizen.

Clearly, there was a need for the Black community to become actively involved in controlling the influences on their community, to become more aware of the impact of drug and alcohol abuse on life in their community, to identify community problems and plan solutions; and to identify community strengths and community resources.

History of the Organization

During the summer of 1984, the Anne Arundel County Drug and Alcohol Program (DAP) initiated a special project to create a task force in Annapolis to plan strategies to impact drug and alcohol abuse, particularly in The Ward. The process for developing the task force included the following steps:

- August 1984—the Anne Arundel County Drug and Alcohol Program Coordinator identified a few concerned persons willing to work to effect change. The individuals had recently begun a non-profit training program, the Arundel Developmental Institute (ADI), in the Clay Street community. They welcomed the opportunity to co-sponsor an activity to bring together key leaders in the Black community.
- October 1984—DAP and ADI co-sponsored a workshop which was held for Black community leaders. Guest speaker for the meeting was Peter Bell, Executive Director of the Minnesota Institute on Black Chemical Abuse, who discussed society's drug problem and drug abuse prevention concepts, which increased participants' awareness. Everyone present expressed a desire to meet again to continue discussion of the drug problem.
- December 1984—A follow-up meeting was held for the same group. At this meeting, the guest speaker was the author of this booklet, Founder

and Director of a successful prevention program in a high-crime area in East Baltimore, who admonished the group to set goals, get going, and get together for success. She encouraged the group to **ACT**—be Aware, be Committed, be Together. The group decided to meet bi-weekly to formulate goals and objectives to recruit representatives from all segments of the community; and to plan a program to preclude and/or reduce drug abuse in the City of Annapolis, particularly in The Ward. The decision was made to name the task force the Planning/Action Committee Of Annapolis (PAC).

The Anne Arundel County Executive Drug and Alcohol Program provided \$90,000 to assist in the prevention effort.

Goal

To preclude and/or reduce drug abuse in unresponsive communities.

Objectives

- To increase parent and community participation in planning, implementing, and evaluating projects to impact drug and alcohol abuse by school-age youth
- To increase parent community awareness of the impact of drug and alcohol abuse on life in the community
- To increase understanding of the harmful effects of drug abuse
- To provide youth alternatives
- To develop positive youth peer leadership.

Target Area

As an initial effort, the Drug and Alcohol Program decided to target the Clay Street residential area—the Ward. The target community is described in the *City of Annapolis Community Development Three-Year Plan* as follows:

Census Tract 7061, Block Group 1, constitutes the Clay Street residential area. In the 1980 Census, 79.03% of the population in this block were of low to moderate income. Of the 887 persons in the Block Group for whom income data was available, 701 had incomes in the low to moderate range. The racial composition of the Block Group was 833 Blacks, 68 Whites, and 10 others.

The Clay Street residential area is the major portion of the Rosedale neighborhood described in detail as part of the 1980 Census Neighborhood Statistics Program. Some of that data is particularly indicative of need. The Census showed that, of 177 families with children under 18 years, 57.6 percent were one-parent

families maintained by the mother. Only 34.5 percent of Black persons 25 years old and over were high school graduates, and 3.4 percent had completed 4 years or more of college. In the neighborhood, 59.2 percent of all working-age (16 years and over) persons and 49.1 percent of working-age females were in the labor force. The median income in 1979 of households in the neighborhood had incomes of less than \$7,500. Of the 892 year round occupied housing units in the neighborhood, only 20.5 percent were occupied by owners.

Strategy for Change

Accessing Community Resources

Coordinating Human Services

Teaching for Survival

Identifying Community Strengths

Opposing Destructive Forces

Narrowing the Gap Between Government and Community

Accessing Community Resources is crucial for communities with special populations. Residents of the communities usually lack the means to obtain resources once they become aware of their existence. PAC Community Aides have assisted member agencies with registrations and community outreach.

Coordinating Human Services. PAC provides an opportunity for agencies serving the same clientele to share and coordinate resources, thereby maintaining an adequate level of service even though available funds are diminishing.

Teaching for Survival. In a door-to-door survey, residents identified the following community problems: drugs, unemployment, lack of affordable housing, illiteracy, teenage pregnancy and parenting. PAC has developed a program for a Human Services Center, which will be located in the Bery/College Creek Recreation Center, to increase the knowledge and skills of residents.

Identifying Community Strengths. There are strengths in every community. Identifying and discussing those strengths helps to dispel some of the negative feelings residents have about their community. It fosters community unity and enhances community pride.

Opposing Destructive Forces. Increased involvement of residents with PAC will cause them to be less apathetic. Getting to know each other will help residents to be less fearful of one another. Familiarity with the people who live

in the community will help residents to recognize the strangers who are invading their community and destroying it. Together, the community and enforcement agencies can rid the community of destructive forces.

Narrowing the Gap Between Government and Community is the primary function of the Planning/Action Committee Of Annapolis, Inc. This task force is a unique endeavor to provide community-based solutions for serious community problems.

Program Achievements

Concern: The need to increase parent and community participation in planning, implementing, and evaluating efforts to impact alcohol and other drug abuse by school-age youth.

Action: During January 1985, PAC continued to meet with and invite other agencies and concerned residents to attend meetings to express their concerns, identify community strengths and weaknesses, and to join the organization. In addition to community residents, PAC participants included representatives from the following:

- A-Team (Anne Arundel County Youth Employment Training)
- Annapolis City Council
- Annapolis Mayor's Office
- Annapolis Police Department
- Annapolis Housing Authority
- Annapolis Recreation Department
- Annapolis Youth Services Bureau
- Anne Arundel County Board of Education
- Anne Arundel County Council
- Anne Arundel County Department of Social Services
- Anne Arundel County Drug and Alcohol Program
- Anne Arundel County Economic Opportunity Committee (CAA)
- Anne Arundel County Executive's Office
- Arundel Developmental Institute
- Community businesses
- Educational consultants
- Family Service Center
- First Baptist Church
- Fowler United Methodist Church
- Harundale Youth and Family Services
- Helping Hand of Annapolis
- Juvenile Services Administration
- Mt. Olive A.M.E. Church
- Resident Advisory Board
- Tenants Coalition of Anne Arundel County

In August 1985, the decision was made to formally organize as a non-profit corporation with a community Board of Directors and an Advisory Board

composed of the agency representatives. It was agreed that the organization should focus its efforts on the City of Annapolis. Therefore, the group was chartered in January 1986 as follows: ***Planning/Action Committee of Annapolis, Inc.***

Concern: The need to increase parent/community awareness of the impact of drug and alcohol abuse on life in the community and to foster community unity and pride.

Action: A Neighborhood Block Watch Meeting was planned during February 1985. It was the intent that the meeting would provide an opportunity to inform the community about PAC and to receive input from residents. Unfortunately, a snow storm caused the cancellation of the program. It was decided that a formal needs assessment, a door-to-door survey, would be made in the target community in the Spring. The survey was completed in April.

In August, plans were formulated for the **Ward Revitalization Project**. Project goals are as follows:

- To improve the quality of life by making the Ward a more pleasant place in which to live, work, and worship
- To promote positive change in The Ward through cooperative efforts of concerned citizens and agencies
- To encourage citizens to become actively involved in controlling the influences on their community.

Project activities have included the following:

- Distribution of 500 PAC brochures regarding scheduled Family Drug Information Seminars and 200 balloons with drug-free messages at the Annual Elk's Labor Sunday Parade.
- Distribution of 500 community newsletters door-to-door while visiting residents to inform them of PAC Community Board Meetings
- Distribution of 500 Halloween party favors with "Just Say No to Drugs" message
- A community awareness dinner meeting for 58 persons
- Completion of a booklet entitled *Lift Every Voice and Sing*, which describes the achievements of ten Black Americans with a message to youth to "Be all that you can be, be drug and alcohol free."

Concern: The need to increase understanding of the harmful effects of drug abuse.

Action: Family Drug Information Seminars have been provided monthly for the Clay Street Community as follows:

September 17: Drugs; Identification, Cost, and Effects

Parents, when your children had measles and chicken pox you could recognize the diseases and you knew what to do to help them. Are you able to handle the new epidemic—drug abuse?

October 15: Epidemic: Kids, Drugs, and Alcohol

Film that provides information that all parents should have to be able to help their children say no to drugs.

November 19: Gateway Drugs

This presentation highlights results from recent research on drugs which are gateways in the drug experience.

December 17: The Wizard Of No

A delightful film to help youngsters build resistance to peer pressure.

January 21: Middle/Junior High School—That First Year

This program addresses those special adjustments that parents and students have to make as a new phase of school life begins.

Concern: The need to provide for youth experiences which promote good physical, emotional and mental health; foster the development of a positive self-image; increase awareness of parenting responsibilities; enhance the ability to resist negative peer pressure; and provide opportunities to develop leadership skills.

Action: Two projects have been planned to meet the stated need:

1. Model Youth Leadership Development Demonstration Project

Goals:

To develop positive peer leadership for disadvantaged communities:

- To increase youth participants' awareness of the following:
 - Drug and alcohol abuse
 - Nutrition, personal health, and hygiene
 - Human sexuality and venereal disease
 - Education and careers
 - Employment readiness
 - Community resources.
- To increase the understanding of youth participants of the major influences in their community—Neighborhood, City/County, State, Nation, World.
- To increase the ability of youth participants to plan and manage their time, money, and energy.
- To increase the skills of youth participants in written and oral communication.
- To enhance the participants' self-esteem.

Youth Project Activities have included the following:

- Assisting the Stanton Recreation Center with a Halloween Party for 500 children.
- Recruiting 15 community youth and adults to attend the First Annual Anne Arundel County Youth Conference. Transportation was provided by the Annapolis City Police Department.
- Assisting with Drunk and Drugged Driving Awareness Week, December 15-21.
- Registering over 150 children who received gifts from Santa, played by Mayor Dennis Callahan, at the Annapolis Youth Services Bureau Christmas Party. Also assisting with chaperoning, etc.
- Sponsoring the Annapolis Youth Council, which meets weekly.
- Providing assistance to communities sponsoring youth alternative activities.

2. O'Bery / College Creek Human Service Center

The O'Bery/College Creek community comprises a large portion of the Clay Street residential community.

Goals:

- To provide human service resources necessary for the health and safety of residents of the O'Bery/College Creek housing projects and the Clay Street community.
- To provide activities which foster the physical, emotional, social, and intellectual maturity of youth.
- To provide projects which foster the development of skills and understanding necessary to become self-sufficient and self-supporting individuals.

Objectives:

- To provide educational recreation for latch-key children, ages 5 to 12.
- To provide adult literacy training and tutoring for the General Education Diploma (GED).
- To provide employment readiness workshops.
- To provide parenting skills training for teenaged parents.
- To provide health education and health screening.
- To provide leadership training for youth, ages 13 to 17.

Program Evaluation

Evaluation of the Planning/Action Committee of Annapolis, Inc. prevention effort has been ongoing. Quarterly progress reports have been approved by the Community Board and the Drug and Alcohol Program, the funding agency. Participants evaluated individual activities as a part of the activity.

The success of the PAC endeavor is also indicated by the following:

- The PAC Chairman was awarded the County Executive's Award for his efforts in organizing the Planning/Action Committee of Annapolis.
- There has been increased participation of Blacks in countywide prevention projects.
- The PAC Program Coordinator was chosen to represent the State of Maryland at the National Federation of Parents for Drug-Free Youth Conference, which was held November 6-9 at the Mayflower Hotel in Washington, DC.

NOTES

1. Gerow, Josh R., *Psychology: An Introduction*, Scott, Foresman and Company, Glenview, Illinois, 1986, p. 573.
2. Bossis Michael S. et. al., *Sociology: An Introduction*, Random House, New York., 1984, pp. 281-282.
3. Resnik, Henry S., *Drug Abuse Prevention for Low-Income Communities: Manual for Program Planning*, National Institute on Drug Abuse. U.S. Department of Health and Human Services, 1983, iii.
4. Perrine, Lawrence, et. al., *Literature: Structured Sound, and Sense*, Harcourt Brace Jovanoich, New York, 1983, p. 742.
5. Dupont, Robert L., "Sounding the Alarm: Marijuana Is Far From Harmless," *PTA Today*. Volume 7, Number 1, May 1981, pp. 3-4.
6. Resnick, *op.cit.*, pp. 3-4.
7. Levine, Marc V., "Economic Development to Help the Underclass," *The Sun*, January 10, 1988, Section E, p.1.
8. Executive Summary, *Juvenile Offenders With Serious Drug, Alcohol, and Mental Health Problems*, Alcohol, Drug Abuse, and Mental Health Administration, U.S. Department of Health and Human Services and Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, U.S. Government Printing Office, 1985, pp. 4-5.