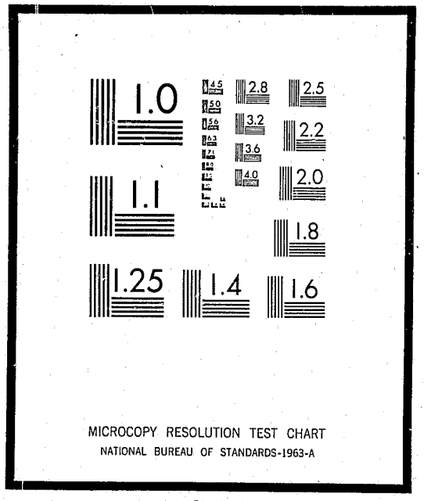

A REVIEW OF EVALUATION OF DRUG ABUSE EDUCATION AND PREVENTION PROJECTS

August 27, 1974

The report, Evaluation of Drug Abuse Education and Prevention Projects, published by Public Safety Systems Inc. is a three-volume evaluation of five juvenile drug projects. These projects are not named in the report but are only referred to as projects A through E.

I. PROGRAM ACTIVITIES

Each of the five projects engaged in one or more of the following activities in an attempt to impact upon the juvenile drug problem in their communities.

A. Preventive education programs were directed at the juvenile population.

B. Outreach counseling was directed at short run client needs.

C. Ongoing counseling directed at long term client needs was conducted.

D. School staff and other individuals were trained in preventive education and counseling.

E. Community education programs on drugs were conducted to gain community support and understanding.

II. PROGRAM OBJECTIVES

The five projects pursued a wide range of objectives. However, the following interim and outcome objectives were common to most projects.

A. Reduce drug misuse.

B. Reduce delinquency.

C. Clarify value systems.

D. Develop attitudes against drug misuse.

E. Improve youth communications with parents and others.

F. Improve self-image of project clients.

In addition, a wide range of operational objectives such as working with parents, police, teacher and other community organizations were pursued.

III. EVALUATION CONSTRAINTS

The following constraints severely limit the evaluation's attempt to provide definitive information concerning the success or failure of the projects in meeting their objectives.

A. The analysis relies heavily upon a series of questionnaires for its data base. While certain validity checks were made, the analysis is ultimately dependent upon the accuracy of the respondent's perceptions and his honesty in reporting those perceptions.

B. The questionnaires were administered on a one shot, post test basis. The lack of a pretest and/or a control group is a major weakness of the evaluation. Consequently, it was not possible to measure the extent or even to determine the existence of change in the subject population as a result of exposure to project efforts.

C. Police arrest and school performance data also lacked a comparison group against which to measure change.

D. It was impossible to do a thorough comparison of the projects due to differences in activities, objectives and incompatibility of data.

IV. CONCLUSIONS

A. Most teenagers, parents, school staff and community officials were aware of the projects and felt they were doing a good job.

B. Few students named the projects as places they would go for drug information or counseling and only a small portion of juvenile drug users sought help from the projects.

C. Drug attitudinal differences between adults and juveniles were not reduced.

D. There was little change in the rates of juvenile drug arrests, referrals to probation or school suspensions in any community.

E. The impact of drug education, as perceived by the students, was inversely proportional to prior experience with drugs. Students with little or no prior drug experience felt that drug education efforts strengthened their beliefs against drug use (none indicated it encouraged use) while prior drug users were largely unaffected.

F. Project clients showed comparable drug attitudes and comparable decreases in drug usage to a matched group of non-clients.

G. Clients and significant others reported a substantial impact in the intermediate areas of handling responsibility, gaining self-confidence, improving relationships, communicating, decisionmaking and clarifying values.

H. The cost per juvenile (age 13-17) per year within each community ranged from $2.50 to $48.00 depending on the size of the community served and the type of program activity in that community.

V. RECOMMENDATIONS

A. A three-volume format for this report is excessive. The explanatory material should be reduced to better focus upon the major findings without the presentation of such extensive secondary information. It is rarely possible to cover all details of an evaluation's findings in the report and judgements must always be made to delete some items.

B. In some sense the report was refreshing in its willingness to report negative findings. Such findings are often buried deep within a report.

However, all the findings are subject to the limitations discussed earlier in this review. These limitations make it impossible to render any more than a tentative judgement of the project's success or failure in impacting upon the juvenile drug problem.

C. If the success of these types of projects is to be definitively evaluated, prepost data must be collected and comparative groups must be established. To as large an extent as possible, the data collected must be an objective, quantitative measure of behavior.

D. Much of the difficulty in collecting adequate data was a function of the short duration of the evaluation and the late starting date of the evaluation in terms of the projects' life cycles. Future evaluations must start with the projects being evaluated.

E. In view of the negative, though admittedly tentative, findings of this report future drug education projects should be carefully evaluated to determine what impact, if any, these types of projects have on the juvenile drug problem.

Report #16200-004
28 June 1974

EVALUATION OF DRUG ABUSE EDUCATION AND PREVENTION PROJECTS

FINAL REPORT

VOLUME I: SUMMARY

Prepared for the
Office of Criminal Justice Planning
State of California

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PUBLIC SAFETY SYSTEMS INCORPORATED
P.O. BOX 30410, SANTA BARBARA, CALIFORNIA 93105

A GENERAL RESEARCH COMPANY

ABSTRACT

This report presents the results of an evaluation of a cluster of five drug education and prevention projects that were funded by the California Office of Criminal Justice Planning (OCJP). The purposes of cluster evaluation are:

- To examine the impact of similar projects upon the reduction of crime and improvement of California's criminal justice system
- To assess the previous evaluations of the cluster projects
- To indicate how similar projects should be evaluated in the future.

Approximately 35% of this cluster evaluation effort was expended in developing an evaluation strategy and a set of instruments. The evaluation strategy was based upon a general drug education and prevention-model. This model identifies five activities in which projects engage (preventive education, ongoing counseling, outreach counseling, training school staff and community education) and a hierarchy of immediate, intermediate and ultimate objectives. Eight questionnaires and eight records-based instruments were developed to collect the information needed to measure progress toward these objectives.

The bulk of the cluster evaluation effort was then spent implementing this methodology for the cluster projects. While no consistent evidence was found to indicate that any of the projects were significantly affecting drug use or misuse, significant impacts on intervention clients were found in six intermediate areas: handling responsibility, gaining self-confidence, improving relationships with others, communicating better, making better decisions and clarifying values. Further, the projects had very favorable images with both youths and adults in their communities.

Based upon the data collected for the cluster projects, a number of recommendations are presented regarding the design and evaluation of similar projects.

ACKNOWLEDGMENT

This report was prepared through the joint efforts of a four-person PSSI team, the full cooperation of the directors of the four cluster projects evaluated, and the generous assistance of several other figures in the drug prevention and intervention field. The OCJP Project Manager, Ms. Francine Berkowitz, played a vital role in charting a course around various obstacles.

The PSSI project director, principal analyst and principal author of this report, was Mr. Raymond Boehne. Assisting in the area of methodology development were Dr. Murray Frost and Dr. Stephen Pittel. Dr. Frost also monitored the field data collection, assisted in the analysis effort, and prepared sections of this report. Ms. Gail Sadalla was responsible for the field data collection effort and directed several part-time hires.

In addition to the cluster project directors, the following individuals were instrumental in assisting the PSSI team: Dr. Eleazar Ruiz, Dr. Don McCune, Ms. Perry Brichard, Mr. Ron Weber, Ms. Jane Clark, Dr. Wendy Groner, Dr. Thomas Grubbs, Mr. William Ruth, Mr. Robert Shannon, Dr. Evan Shaffer, Dr. Anita Mitchell and Dr. Thomas Jacobson.

Dr. Ruiz, Director of the Drug Intervention Project operated by the Santa Barbara County Schools Office, arranged for questionnaire pilot testing at two schools and a community-based counseling center in the County.

Dr. McCune and Ms. Brichard, of the State Departments of Education and Health, respectively, reviewed all project reports and provided several helpful suggestions. Mr. Weber and Ms. Clark, Executive Directors of the Los Angeles and San Diego Regional Criminal Justice Planning Boards, assisted in the community leader and agency head surveys.

Dr. Grubbs and Dr. Groner, Drug Coordinators for Los Angeles and San Diego Counties, provided information of value to this project, as did Messrs. Ruth and Shannon from the Schools Offices of these two counties. Dr. Shaffer, Dr. Mitchell, and Dr. Jacobson developed procedures for retrieving information from school records, while maintaining confidentiality, and for administering questionnaires to students.

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BACKGROUND

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BACKGROUND

1.1 PRE-CONTRACT HISTORY

Toward the end of 1972, the California Council on Criminal Justice (CCCJ)* initiated action to evaluate clusters of similar crime control projects. A sum of $305,000 of Part C funds was set aside to determine the impact of projects within each cluster upon the reduction of crime or the improvement of the criminal justice system and to assess the evaluations conducted by the projects themselves. CCCJ staff were directed to select appropriate projects for each cluster, to select a consulting firm for each cluster evaluation, and to monitor each consultant's efforts.

One of these seven cluster evaluations, entitled "Narcotics Education and Prevention", is the subject of this report. In December of 1972, five drug abuse prevention/intervention projects were contacted by CCCJ staff and invited to participate in the cluster evaluation effort. Since it was not possible at that time to specify the exact nature of the participation required, each of the project directors tentatively agreed to participate. Significantly, four of the five projects were entering the second half of their third year of CCCJ funding.**

CCCJ distributed a Request for Proposals (RFP) to qualified consulting firms on 4 April 1973. Public Safety Systems Incorporated (PSSI) was selected from the six firms who submitted proposals for the Narcotics Education and Prevention cluster on 31 May. The grant recipient for one of the projects in this cluster agreed to serve as the local unit of government for disbursement of Part C funds. Contracts were approved on 17 September, the start date for this cluster evaluation effort.

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*On 1 January 1974, CCCJ's name was changed to the Office of Criminal Justice Planning (OCJP). For clarity, the former name is used throughout this report.

**All of the directors of these projects later reported to PSSI that they felt their participation would help in obtaining follow-on support.

1.2 PURPOSE OF CLUSTER EVALUATION

As stated in the RFP, CCCJ's purpose for cluster evaluation was to "1) examine the impact of funding of similar projects in specific functional categories...upon reduction of crime and improvement of the criminal justice system in California, and 2) assess the products of the Council's on-going evaluation activities by critically examining the evaluation components of the projects within each cluster."

The cluster evaluations were designed to assist CCCJ in determining "whether these projects should be re-funded or replicated in other jurisdictions." Four specific questions were stated in the RFP:

- Were project objectives met? Why, or why not?
- What impact did the project have on crime, the criminal justice system and society in general?
- Was the project's evaluation component well-designed and well executed? Why, or why not?
- How should similar projects be evaluated in the future?

1.3 CONTRACT HISTORY

In its proposal, PSSI laid out a six-month schedule for its cluster evaluation and budgeted for one man-year of professional effort and .75 man-year of technical support. In general the actual schedule and expenditures were quite close to the estimates--the principal exception being that the proposal did not allow sufficient time and resources to obtain the approvals needed to collect data.

The initial part of the first phase of the effort involved a review of the documentation from each of the five projects, followed by site visits conducted during the week of 24 September. Based upon the project familiarity that was developed, an evaluation strategy was presented in a 21-Day Status Report to CCCJ. This strategy was developed to satisfy various constraints that were identified:

First Constraint. One project was no longer operational and two were operating at a greatly reduced level of effort and in danger of ceasing operations.

Second Constraint. Pre-tests of eduational beneficiaries would be absolutely impossible at this point in time and pre/post-testing of intervention beneficiaries nearly impossible within the six month schedule. A post-test only approach would be required.

Third Constraint. Constructing control groups would be impossible.

Fourth Constraint. It would be difficult to compare cluster projects meaningfully for a number of reasons, including differences in objectives, activities, clients, and documentation.

Fifth Constraint. It would be difficult to obtain access to confidential project, school, and criminal justice records on clients.

Sixth Constraint. Some of the cluster project personnel viewed further evaluation as a waste of time or as an imposition.

In addition to documenting these six constraints, the 21-Day Status Report listed the following assumptions:

Assumption 1. The principal product of the Cluster Evaluation Effort will be a model evaluation component for subsequent drug education projects.

Assumption 2. Application of the model evaluation methodology must provide comparable and definitive cost-effectiveness information on new drug education and prevention projects to satisfy various users--project directors, CCCJ, and its Regional Boards.

Assumption 3. The model evaluation component should initially delve deeper than necessary into project processes and outcomes, and should include procedures for identifying unneeded information and for eliminating it from the methodology.

Assumption 4. The model evaluation component must measure general success indicators, some subset of which is applicable to each individual drug education and prevention project.

Assumption 5. The inability to use the techniques of experimental design to establish causality for the five cluster projects should not be used as an excuse for not implementing the model component to the extent possible.

The evaluation strategy developed was based upon these five assumptions and satisfied the six constraints listed above. It called for the development of eight questionnaire-based and eight records-based modules that could be tailored to any given project. The 21-Day Status Report, which outlined the information covered by each of these modules, was distributed to the directors of the five projects in the cluster for comment. A meeting between the five project directors, the PSSI team, and the CCCJ Project Manager was held on 31 October to discuss the proposed evaluation strategy and the assistance that would be needed to implement it.

The project directors accepted the evaluation strategy and indicated willingness to do what they could in the way of assistance. However, more than one referred to the constraints mentioned in the report, particularly the problem of releasing confidential information. The difficulty of obtaining school district support was not emphasized in the report, but was discussed thoroughly at the meeting. It was the consensus of the meeting that the way to approach the school districts was with copies of the questionnaires and records-based instruments and a description of the evaluation strategy.

Having suspected that this need might arise, PSSI had scheduled a Second Status Report in its proposal. This Second Report presented the evaluation modules and their rationale. On 30 November it was distributed to the various school superintendents with formal requests from CCCJ for assistance. In parallel, during the month of November, the PSSI team conducted informal discussions with school district personnel to develop procedures for protecting the confidentiality of school records of individual clients and for handling the clerical effort.

The responses to these requests were mixed. Three school districts promised (and gave) unqualified support. A fourth district, chosen for pilot testing, also provided unqualified support. Two districts resisted, using delaying tactics. In one district the matter was referred to the School Board. The PSSI project leader contacted each Board member individually and attended

two Board meetings. The outcome was a very limited and very late participation. The other district had been the sponsor of the one cluster project that was completely closed down. The superintendent expressed grave reservations about a "post-mortem," questioned PSSI's ability to establish causality, and declined to participate willingly.

Three of the critical questionnaire-based modules were pilot tested the week of 10 December. This experience led to some minor revisions in questionnaire wording and administration. The pilot test experience was described in a Progress Report, that also presented a detailed critique of the previous evaluations conducted by the cluster projects. Although these previous evaluations had been reviewed during the first week of the project, and their deficiencies and strengths noted, the explicit relationship between these evaluations and the model evaluation component had not been documented in previous reports.

Field data collection began on 7 January, two weeks behind the schedule presented in the proposal and 21-Day Status Report. Although negotiations with the two reluctant school districts continued through the data collection phase, the rest of the project was completed without further delay. On 15 March data tabulations were presented to the project directors and the CCCJ Project Manager at a meeting. A draft of the Final Report was submitted to CCCJ on 9 April. CCCJ comments were received on 23 May.

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SECTION II

DESCRIPTION OF CLUSTER PROJECTS

SECTION II

DESCRIPTION OF CLUSTER PROJECTS

2.1 ACTIVITIES OF EIGHT PROJECTS

The projects examined in detail by the PSSI project team, as well as other drug prevention/intervention projects described in the literature, engage in one or more of five basic activities:

- Preventive Education of a mass juvenile population
- Outreach Counseling of juveniles with drug and other problems where no counseling records are kept
- Ongoing Counseling of a more structured nature, where intake and contact records are kept
- Training School Staff and others to do preventive education and outreach counseling
- Community Education to inform the public and gain their support to combat drug misuse.

Table 1 identifies the activities and sponsoring agencies of the five cluster projects and three projects used for pilot testing. Each of these activities is described in general below, together with some specifics for each project. More detailed descriptions of the five cluster projects are provided in Appendices A-E.

TABLE 1

ACTIVITIES AND SPONSORING AGENCIES OF EIGHT PROJECTS

	CLUSTER PROJECTS					PILOT PROJECTS		
ACTIVITY	PROJECT A	PROJECT B	PROJECT C	PROJECT D	PROJECT E	PROJECT F	PROJECT G	PROJECT H
PREVENTIVE EDUCATION	X							
OUTREACH COUNSELING	X		X	X				X
ONGOING COUNSELING	X	X	X	X	X	X		X
TRAINING SCHOOL STAFF	X	X	X	X			X	
COMMUNITY EDUCATION	X	X	X	X			X	X
SPONSORING AGENCY	SCHOOL DISTRICT	POLICE DEPT.	COMMUNITY BASED	SCHOOL DISTRICT	PROBATION DEPT.	COMMUNITY BASED	COUNTY SCHOOLS	SCHOOL DISTRICT

Preventive Education

The target group for this activity tends to be all youths in a community in certain grades at school. For example, the staff of Project A teaches a four-hour, 8th grade drug education unit in all junior high schools in the district. Like other preventive education programs, Project A presents factual information on the physiological, psychological, and legal effects of drug misuse and strives to clarify values and improve decision-making. Films, ex-addicts, and other resources are used to help enliven classroom discussions. A newsletter is published and distributed throughout the school district.

Although none of the other projects is directly involved in preventive education, four have conducted training workshops for teachers and other school personnel.

Ongoing Counseling

Ongoing counseling, in contrast with outreach counseling, can be characterized by an intake process, scheduled counseling sessions, and maintenance of client records. In cases where clients are formally referred, by police or school, client parents are usually contacted as part of the intake process and may later become involved in the counseling sessions. Seven of the eight projects under study engage in both individual and group counseling. The most common group technique used is the rap session. Projects B and C also provide family counseling. Project E involves parents in joint parent/youth rap sessions.

Outreach Counseling

Outreach counseling falls between ongoing counseling and preventive education in terms of: seriousness of client's problem, drug or otherwise; number of clients seen per counselor per day; and maintenance of client records. Outreach counseling may include operation of a drop in center and/or hot line. In addition, outreach counselors may circulate among youths in their habitat, discuss problems with them, provide drug information on request, and refer youths to formal counseling. Project C organizes recreational activities for the youth of its host community to provide a forum for outreach counseling.

Beneficiaries of outreach counseling have some problems they want to discuss, whereas this is not generally true for beneficiaries of preventive education. However, these problems often are not as serious as those experienced by clients of ongoing counseling. Outreach counseling is less formal than ongoing counseling, involving no intake process, scheduled sessions or client records. An outreach counselor comes in contact with more beneficiaries per day, for shorter periods of time, than does an ongoing counselor. However, a preventive educator comes in contact with even more beneficiaries per day.

Project A's counselors engage in both outreach and ongoing counseling, whereas Project C has assigned these activities to different individuals. Project D trained school staff, including janitors and cafeteria workers, to serve as outreach counselors. Project H provides both outreach and ongoing counseling on a junior high school campus.

Training School Staff

As shown in Table 1, five of the projects have conducted workshops for teachers and others. These workshops generally cover factual information on the effects of drug use and misuse, introduce values clarification/decision-making techniques, and strengthen communications skills. Often the end product of the workshop will be a curriculum for the drug education unit. In addition to conducting workshops, the five projects identified in Table 1 serve as resource centers for teachers, providing consultation and training materials when requested.

Community Education

Community education activities generally serve several compatible purposes:

- To inform the public, particularly parents, about the local drug problem
- To influence youth drug-taking behavior by improving parent-child understanding and relations
- To organize community action against the drug problem
- To encourage appropriate referrals to the project

- To develop community support for the project, both financial and volunteer effort as well as "political" support.

The media for this activity include speaking engagements to community groups (e.g., Kiwanis or PTA), distribution of a newsletter and other literature, consultation to other individuals dealing with juveniles, and publicity on local radio/TV stations.

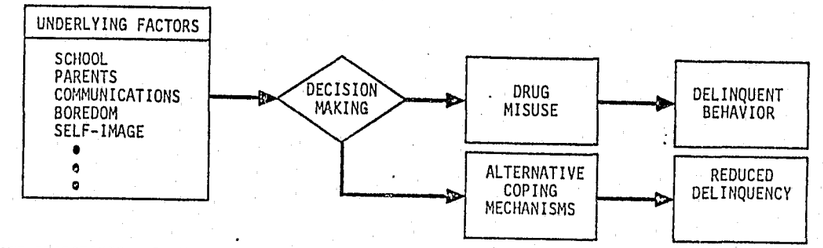
Six of the eight projects identified in Table 2 engage in some type of community education. These activities are more intense at the outset of a project.

2.2 OBJECTIVES OF CLUSTER PROJECTS

A model of drug education and prevention was presented at the project directors' meeting on 31 October and was generally accepted as broad enough to incorporate the cluster projects. This model was then documented in the Second Status Report and circulated for comment. Figure 1 graphically illustrates this model and identifies a structure of ultimate, intermediate, and immediate objectives broad enough to encompass most drug prevention/intervention activities. While all projects have the same two ultimate objectives (reduce drug abuse and reduce delinquency) and the same two major intermediate objectives (influence decision-making and modify underlying factors), they do differ considerably as to intermediate sub-objectives (e.g., providing alternatives to drug use) and immediate objectives (e.g., training teachers).

Some of the cluster projects defined immediate objectives in their documentation (e.g., "to provide counseling and guidance"), others defined intermediate objectives (e.g., "to increase drug knowledge and attitudes"), and others defined ultimate objectives (e.g., "to reduce drug misuse"). Since these different types of objectives are incommensurate, it was necessary to elicit a framework of objectives for each project. This was done by asking project staff members to state their project's objectives in their own words. They were then asked to relate these objectives to the PSSI framework of objectives. The PSSI framework was found to cover

almost all of the objectives stated by the twenty-five project staff members interviewed. The exceptions were either vague (e.g, "to help kids") or implicit in the existence of the project (e.g., "to divert juveniles from the criminal justice system").



ULTIMATE OBJECTIVES: REDUCE DRUG MISUSE (HEALTH AND CRIME CONTROL ASPECTS)
REDUCE DELINQUENCY

INTERMEDIATE OBJECTIVES: INFLUENCE DECISION MAKING PROCESS
- CLARIFY VALUES AND DECISION-MAKING PROCESS
- INCREASE KNOWLEDGE OF PHYSIOLOGICAL, PSYCHOLOGICAL AND LEGAL EFFECTS
- CHANGE ATTITUDES TOWARD DRUG USE/MISUSE

MODIFY UNDERLYING FACTORS
- PROVIDE ALTERNATIVES TO DRUG MISUSE
- IMPROVE COMMUNICATIONS
- IMPROVE SELF-IMAGE
- IMPROVE SCHOOL PERFORMANCE
- IMPROVE PARENT-YOUTH RELATIONSHIPS

IMMEDIATE OBJECTIVES: CONDUCT STATE REQUIREMENTS COURSE
TRAIN TEACHERS
COUNSEL DRUG ABUSERS
INFORM PUBLIC
ORGANIZE ALTERNATIVES TO DRUG ABUSE
- .
- .
- .

FIGURE 1
DRUG ABUSE EDUCATION/PREVENTION MODEL

Table 2 shows the objective set for each project. All five of the cluster projects place major emphasis on the following objectives:

- Reduce drug misuse
- Clarify values and decision-making process
- Develop attitudes against drug misuse
- Improve youth communications with parents and others
- Improve self-image (of intervention clients)
- Work with parents.

TABLE 2

EMPHASIS GIVEN BY EACH PROJECT TO VARIOUS OBJECTIVES, ACCORDING TO PROJECT STAFF

OBJECTIVE	AVERAGE RESPONSE				
	PROJECT A	PROJECT B	PROJECT C	PROJECT D	PROJECT E
REDUCE DRUG MISUSE	1.1	2.0	1.6	1.0	1.6
REDUCE DRUG USE	2.0	2.3	2.8	1.0	2.4
REDUCE DELINQUENCY	2.7	1.5	1.8	2.0	1.9
CLARIFY VALUES AND DECISION-MAKING PROCESS	1.3	1.8	1.4	1.0	1.8
INCREASE KNOWLEDGE OF PHYSIOLOGICAL EFFECTS OF DRUG MISUSE	1.7	2.3	3.0	2.0	2.5
INCREASE KNOWLEDGE OF PSYCHOLOGICAL EFFECTS OF DRUG MISUSE	1.4	2.3	2.8	1.0	2.1
INCREASE KNOWLEDGE OF LEGAL CONSEQUENCES OF DRUG MISUSE	2.6	1.8	2.8	2.0	2.0
DEVELOP ATTITUDES AGAINST DRUG MISUSE	1.6	2.3	2.4	1.0	2.3
PROVIDE ALTERNATIVES TO DRUG USE	2.0	1.3	1.0	3.0	3.3
IMPROVE YOUTH COMMUNICATIONS WITH PARENTS AND OTHERS	1.7	1.0	1.2	2.0	1.5
IMPROVE SELF-IMAGE	1.3	1.3	1.2	1.0	2.4
IMPROVE SCHOOL PERFORMANCE (GRADES, ATTENDANCE, BEHAVIOR)	3.1	2.3	2.0	2.0	3.6
INCREASE COMMUNITY AWARENESS OF DRUG PROBLEM	2.6	2.0	2.4	2.0	3.3
ENCOURAGE REFERRALS TO THE PROGRAM	2.9	2.5	1.6	2.0	3.9
TRAIN PEOPLE TO DEAL WITH DRUG PROBLEM (TEACHERS, VOLUNTEERS)	2.9	2.3	2.8	1.0	3.8
DEVELOP COMMUNITY ALTERNATIVES TO DRUG MISUSE	3.1	2.3	2.0	2.0	3.9
WORK WITH PARENTS	2.4	1.3	1.6	1.0	2.0
WORK WITH COMMUNITY ORGANIZATIONS	2.4	1.8	2.4	2.0	3.1
WORK WITH LAW ENFORCEMENT AGENCIES	2.7	1.3	2.6	2.0	2.9
WORK WITH EDUCATIONAL AGENCIES	2.3	1.5	1.4	1.0	3.3
WORK WITH COMMUNITY MENTAL HEALTH PROGRAMS	2.7	2.5	2.8	2.0	3.6
WORK WITH OTHER DRUG PROGRAMS	2.6	2.5	2.4	3.0	3.4
NUMBER OF STAFF MEMBERS INTERVIEWED	(7)	(4)	(5)	(1)	(8)

NOTE: ENTRIES REPRESENT AVERAGES MEASURED ON A 4-POINT SCALE, WHERE:
1 = PRIMARY EMPHASIS 2 = MAJOR EMPHASIS 3 = MINOR EMPHASIS 4 = NO EMPHASIS

Four of the five projects placed major emphasis on these objectives:

- Reduce drug use*
- Reduce delinquency
- Increase knowledge of the psychological effects of drug misuse
- Work with community organizations
- Work with educational agencies.

2.3 EXPENDITURES AND STAFF SIZE

Table 3 presents the budget for each of the cluster projects for its final year of CCCJ funding. It also indicates the staff size, in full time equivalents. Of particular importance are the differences between projects in level of effort. For example, four of the five cluster projects are involved in community-wide education and prevention efforts. Yet, expenditures per juvenile in the community served vary by a factor of 20. (Project A's budget is $1.80 per teenager per year and Project B's is $35 per teenager per year.)

TABLE 3

EXPENDITURES AND PROFESSIONAL STAFF SIZE

	PROJECT A	PROJECT B	PROJECT C	PROJECT D	PROJECT E
GRANT	$ 39,550	$ 90,246	$ 86,338	$ 50,967	$ 99,563
MATCH	118,650	54,064	29,865	32,783	66,720
TOTAL	$158,200	$144,310	$116,203	$ 83,750	$166,283
BUDGETED STAFF	18	4.75	9	5	7

NOTE: 1. SOURCES WERE GRANT APPLICATIONS FOR LAST YEAR OF CCCJ FUNDING.
2. BUDGETED STAFF INCLUDES PART-TIME STAFF MEMBERS ON A FRACTIONAL BASIS.

*Four of the projects place less emphasis on reducing drug use then they place on reducing drug misuse. One distinction between use and misuse is that misuse is use to the point of experiencing adverse legal, physiological, or psychological effects.

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SECTION III

DEVELOPMENT OF A MODEL EVALUATION COMPONENT

SECTION III

DEVELOPMENT OF A MODEL EVALUATION COMPONENT

3.1 ASSESSMENT OF PREVIOUS EVALUATIONS OF CLUSTER PROJECTS

Over the three year period that the five cluster projects were funded by CCCJ, they were evaluated in ten different reports; each project had at least one evaluation conducted. These reports were reviewed to determine:

- The project objectives that were evaluated
- The success indicators that were used
- The instruments and data sources that were used
- The analysis procedures that were followed
- The findings of the evaluation.

This survey of evaluation reports indicated a number of weaknesses and problems which PSSI attempted to avoid in the design of its evaluation methodology.

General Comments

1. The practice of allowing the project director to select (and pay) the "independent" evaluator is not conducive to quality evaluation.

2. In most cases the purpose of the evaluation was not clear--e.g., to help the project director improve the project or to assist the funding agency in determining whether to continue the grant.

3. There was no evidence of an evaluation affecting project operations.

4. There was little staff interest in evaluating a project in its final year of operation.

5. Only one or two (of many) activities were evaluated for each project.

6. There was no long-range follow up on clients--e.g., surveying 1972 clients as part of the 1973 evaluation.

7. Evaluation was generally not built into project operations; it involved the collection of totally new information.

8. There was no observable relationship between the amount of money spent on an outside consultant (amounts varied from zero to $6000) and the quality of the evaluation.

Comments Pertaining to Project Objectives

1. The objectives stated in the grant applications were not outcome oriented.

2. The objectives stated in the grant applications were not measurable.

3. The objectives substituted by evaluators were often not much better than those stated in the grant applications.

Comments Pertaining to Success Indicators

1. The only indicator reported in a comparable format by all five projects was expenditures.

2. Conditions conducive to success (e.g., client trust in counselor) were often measured rather than success itself.

3. Subjective evaluations were often used when objective data were available--e.g., asking clients whether their grades have improved instead of checking school records.

4. Projects reported recidivism for different, but short periods (e.g., during treatment) and did not report the factors needed to compare client recidivism with other groups.

Comments Pertaining to Instruments and Data Sources

1. Each evaluator constructed his own instruments, thereby, minimizing the possibility of between-project comparisons.

2. Surveying ex-clients and their parents proved to be particularly difficult.

3. Client records were seldom used as data sources, even for those projects or counselors that kept good records.

4. Project staff were rarely surveyed.

Comments Pertaining to Analysis Procedures

1. Comparison groups were seldom used.

2. Client characteristics were reported inadequately, making it difficult for the reader to make his own comparisons with other projects.

3. Pertinent variables were seldom cross tabulated--e.g., client benefits received vs. client characteristics or services received.

4. Appropriate tests for statistical significance were seldom employed.

3.2 BASIC ISSUES IN THE EVALUATION PROCESS

At the outset of this cluster evaluation effort, five basic issues in evaluation were identified as being particularly relevant to drug education and prevention projects. These issues were stated in terms of five questions:

- Who is the user of the evaluation?
- What should be covered by the evaluation?
- What success indicators should be used?
- How can causality be established?
- How can access to data sources be obtained?

The model evaluation component developed was based upon an analysis of these five questions.

3.3 DRUG EDUCATION AND PREVENTION SUCCESS INDICATORS

Beginning from the typology of activities and objectives presented in Section II, a set of success indicators was developed that are broad enough to capture most benefits to society and fine enough to evaluate each project against its own goals. Table 4 presents the success indicators chosen to measure progress toward objectives.

3.4 EVALUATION MODULES

Tables 5 and 6 outline the contents of sixteen evaluation modules needed to measure these success indicators. Eight of these modules are based upon questionnaires and eight relate to statistical information collected from project, school or criminal justice files. Each evaluation module focuses on a particular source and type of evaluative data. Information relevant to any given project activity may be tapped by a number of evaluation modules. Thus, for example, changes in knowledge, attitudes, and drug usage and personal reactions to educational and counseling services are tapped by modules based on questionnaire surveys of various beneficiary groups. More indirect and long-range impacts of these services are assessed in outcome modules covering delinquency and school performance. Finally, staffing patterns, administrative issues, resources and materials available, and other factors pertaining to the efficiency of service delivery are assessed through documentation called for in various process-oriented statistical modules.

3.5 CLUSTER IMPLEMENTATION OF MODEL EVALUATION COMPONENT

In implementing the model evaluation component for the cluster projects, PSSI faced several practical constraints that an evaluator would not face at the outset of project operations. In order to meet contractual requirements, PSSI collected what data it could. It is worthwhile to highlight these constraints and how implementation of the model evaluation component would differ from the evaluation of the cluster projects. In particular:

TABLE 4

INDICATORS OF SUCCESS IN ATTAINMENT OF OBJECTIVES

OBJECTIVE	SUCCESS INDICATORS
REDUCE DRUG MISUSE	SELF-REPORTED DRUG USE ESTIMATES OF USE/MISUSE BY SCHOOL OFFICIALS, POLICE, PROJECT STAFF, OTHERS JUVENILE DRUG ARRESTS AND REFERRALS TO PROBATION SCHOOL DRUG INCIDENTS OVERDOSES AND ADMISSIONS
REDUCE DELINQUENCY	SELF-REPORTED DELINQUENCY JUVENILE ARRESTS AND REFERRALS REPORTED VANDALISM SCHOOL DISCIPLINARY ACTIONS
INFLUENCE DECISION-MAKING PROCESS	KNOWLEDGE OF PHYSIOLOGICAL, PSYCHOLOGICAL, AND LEGAL EFFECTS ATTITUDES TOWARD DRUG ABUSE PERCEIVED CHANGES BY SCHOOL AND PROJECT STAFF, AND PARENTS
ALLEVIATE UNDERLYING PROBLEMS	PARTICIPATION IN ALTERNATIVE ACTIVITIES SELF-IMAGE COMMUNICATIONS SKILLS PARENT-YOUTH COMMUNICATION AND RELATIONSHIP SCHOOL PERFORMANCE (ABSENCES, GPA, FAILURES) PERCEIVED CHANGES BY SCHOOL AND PROJECT STAFF, AND PARENTS
IMMEDIATE OBJECTIVES	HOURS OF EDUCATIONAL INSTRUCTION NUMBER OF PERSONS EDUCATED HOURS OF COUNSELING NUMBER OF PERSONS COUNSELED

TABLE 5

QUESTIONNAIRE-BASED MODULES

	QUESTIONNAIRE MODULE	CONTENT
PREVENTIVE EDUCATION	STUDENT	SELF-IMAGE SOCIAL ATTITUDES DRUG KNOWLEDGE ATTITUDES TOWARD DRUG USAGE DRUG USAGE IMAGE OF PROJECT
	SCHOOL STAFF	ASSESSMENT OF DRUG PROBLEM DRUG ATTITUDES PROJECT IMAGE AND OBJECTIVES EVALUATION OF TRAINING ACTIVITIES EVALUATION OF IMPACT ON YOUTH
INTERVENTION	CLIENT	SELF-IMAGE SOCIAL ATTITUDES DRUG KNOWLEDGE ATTITUDES TOWARD DRUG USAGE DRUG USAGE EVALUATION OF INTERVENTION ACTIVITIES
	CLIENT PARENT	EVALUATION OF INTERVENTION ACTIVITIES
BOTH EDUCATION AND INTERVENTION	PUBLIC	ASSESSMENT OF DRUG PROBLEM DRUG ATTITUDES IMAGE OF PROJECT
	STAFF	PROJECT OBJECTIVES RELATIVE EFFECTIVENESS OF DIFFERENT COMPONENTS
	COMMUNITY LEADER	ASSESSMENT OF DRUG PROBLEM IMAGE OF PROJECT EVALUATION OF COMMUNITY-WIDE ACTIVITIES
	PROJECT DIRECTOR	RELATIONSHIP WITH COMMUNITY AND BOARD OF DIRECTORS STAFFING PROBLEMS CRITICAL EVENTS IN EVALUATION OF PROJECT SIGNIFICANT ACCOMPLISHMENTS OTHER PROBLEMS LESSONS LEARNED

TABLE 6

RECORDS-BASED MODULES

	STATISTICAL MODULES	CONTENT
PREVENTIVE EDUCATION	CJS DELINQUENCY STATISTICS	ARRESTS BY TYPE OF CHARGE REFERRALS TO PROBATION BY TYPE OF CHARGE
	SCHOOL DELINQUENCY STATISTICS	SUSPENSIONS BY REASONS
INTER-VENTION	CJS CLIENT FOLLOW-UP	ARRESTS DISPOSITIONS
	SCHOOL CLIENT FOLLOW-UP	ATTENDANCE, GRADES, SUSPENSIONS
PROCESS-ORIENTED EVALUATION	STAFF COMPOSITION	BY ROLE BY AGE/SEX/ETHNICITY BY BACKGROUND TRAINING AND EXPERIENCE BY IN-SERVICE TRAINING
	FACILITIES	DESCRIPTION
	SERVICE DELIVERY	HOURS OF EDUCATIONAL INSTRUCTION HOURS OF OTHER EDUCATIONAL CONTACT NUMBER OF PERSONS EDUCATED MATERIALS DISTRIBUTED NUMBER OF PERSONS COUNSELED HOURS OF COUNSELING INTAKE BY PRESENTING SYMPTOM REFERRALS NUMBER OF CRISES INTERVENED
	FISCAL	REVENUES BY SOURCE EXPENDITURES FOR STAFF, CONSULTANTS, TRAVEL, SUPPLIES, EQUIPMENT

NOTE: ARRESTS, REFERRALS TO PROBATION AND SUSPENSIONS TO BE TABULATED BY AGE/RACE/SEX

- It was not possible to pre-test beneficiaries
- It was not possible to use control groups
- It was not possible to obtain direct access to clients
- It was not possible to evaluate the impact of two projects in some sub-communities.

SECTION IV

LESSONS LEARNED IN IMPLEMENTING MODEL EVALUATION COMPONENT

SECTION IV

LESSONS LEARNED IN IMPLEMENTING MODEL EVALUATION COMPONENT

4.1 REVIEW OF CLUSTER EVALUATION EFFORT

Approximately 35% of this cluster evaluation effort was expended in developing an evaluation strategy and a set of instruments. The bulk of the effort was then spent evaluating the cluster projects by:

- Obtaining authorizations to collect data
- Collecting information, using the instruments
- Processing and analyzing the data.

The magnitude of the data collection effort can be expressed by the sizes of the sample groups to whom questionnaires were administered:

- 428 students from three communities
- 573 parents in these communities
- 54 teachers and other professional beneficiaries from three communities
- 81 community leaders from these communities
- 25 staff members from five projects
- 301 clients from five projects
- 153 parents of clients from four projects.

Responses were keypunched and verified and computer programs were written to analyze these 1615 questionnaires. In addition, the following data were collected and analyzed:

- Police and school records follow-up for 206 clients from five projects
- Juvenile arrest statistics since 1968 for four communities
- School suspensions for three communities.

4.2 PRINCIPAL PROBLEMS ENCOUNTERED

Two principal problems were encountered: obtaining authorization from school districts to collect data and reconstructing 1972-73 operations from project records.

Neither the operation nor the evaluation of a delinquency prevention project is possible without close cooperation from the local school district. Two of the five cluster projects were actually operated by school districts and two of the others place primary emphasis on working closely with the school district. Many of the necessary items of information needed for evaluation can be obtained only from school records. Others can be obtained most economically by group administering questionnaires to a cross-section of students. A great deal of the cluster evaluation effort was expended in obtaining school district authorizations, since no prior arrangements had been made. Although PSSI had fair success in obtaining clearances, it is recommended that these arrangements be made as part of the process of preparing delinquency prevention grant applications.

Three of the evaluation instruments required information from project records. There was great variation between projects in availability of this information and even between different counselors from the same project. The client background portion of the client follow-up module required some very basic background information for each client served during Fall of 1972 (i.e., date of birth, date of first contact, referral source, date of last contact, number of contacts). Only one project could supply all of this basic information on all of its clients. The service delivery instrument required an estimate of the total number of clients who received counseling service during 1972-1973. Given that the projects were unable to identify the number of clients served during a period, it is not surprising that the various summary tabulations available were inconsistent and generally suspect. The staff composition instrument required information on time allocation for each type of staff position and both entry and in-service training for each staff member. However, no time records were available in any systematic format. Individual staff members were willing to provide information on their entry level and in-service training. However, no central file on staff training existed at any of the cluster projects.

Due to these difficulties and the cluster projects' general lack of success in affecting juvenile drug-taking, PSSI recommends that any new project have a strong evaluation component built into its grant application. PSSI strongly urges that CCCJ fund no further drug education and prevention project unless its grant application includes guarantees that the school district will cooperate in its operation and evaluation and that the project staff will keep systematic client records. It is further recommended that CCCJ, as part of its monitoring effort, inspect these client records to ensure compliance. At a minimum, these records should contain the following information on each intervention client:

- Date of birth
- Sex, ethnicity
- Date of each contact
- Referral source.

In addition, the following information is highly desirable for each recipient of formal, ongoing counseling services:

- Presenting problem
- School situation
- Home situation
- Treatment plan
- Progress and problems noted at each contact.

It is recommended that a multiple-choice problem-oriented record form be developed for projects to use.*

4.3 MODEL DRUG EDUCATION AND PREVENTION PROJECT

A report from the Drug Abuse Council that documents a recent nationwide survey of drug education activities begins with the following state-of-the-art assessment:

*For example, PSSI has developed a set of problem-oriented records forms for drug programs in Santa Clara County, that satisfy the needs of both counselors and funding agencies.

> "Drug education is generally considered the fundamental basis of any effective attempt to discourage the misuse of drugs. However, studies of the effectiveness of traditional programs that relied upon factual presentations or scare techniques indicate that the majority were not successful. As a result there has been increased experimentation and innovation with new educational techniques. ... No one educational approach is now widely agreed upon."

One purpose of this cluster evaluation effort was to examine some of these new techniques in drug education and prevention and to determine which impact most heavily on drug use per dollar expended. The findings would then be stated in terms of a model drug education and prevention project. However, based upon the data collected on the five cluster projects and three pilot projects, it is not possible to design a model project. While there was evidence that these projects were favorably perceived in their communities and were helping youths solve some of their problems, there was no consistent evidence to indicate that any of the projects were significantly affecting drug use or misuse. The Marijuana Commission came to this same conclusion:

> "The vast expenditure of time, money and effort (on drug education) has apparently paid few measurable social dividends, and those that have claimed success have done so not on the basis of scientific proof but on the basis of impressions and anecdote."

Similarly, the Marijuana Commission was unable to recommend a model education and prevention project:

> "No attempt has been made to describe a successful (drug education) program, for the Commission at this time is not convinced that any program in drug education is a achieving substantial success."

PSSI's findings regarding project impacts on the community, students, and clients are summarized below, together with certain findings relevant to the design of new drug education and prevention programs.

Community-Wide Impacts

To summarize findings regarding the community-wide impacts of those cluster projects with community education and prevention objectives:

- Most teenagers are aware of these projects.
- Most community leaders are aware of them.
- Many parents are aware of them.
- School staff have a good understanding of them.
- School staff, who have been beneficiaries of project training or consultation activity, feel it has helped increase their drug knowledge and their understanding of, and ability to handle, juvenile users. Further, they feel the project has helped clarify their own values.
- Most of the adults who are aware of these projects would be willing to recommend youths for drug information and counseling.
- Both students and clients feel these projects are doing a good job in dealing with the drug problem, particularly in comparison to other local institutions.
- Most community leaders feel that these projects have been very helpful in informing the community about the drug problem and somewhat helpful in organizing the community to deal with the drug problem and other juvenile problems.
- Most community leaders and school staff feel that these projects have had a major impact on the drug problem.

However, on the negative side the ledger:

- Few students named these projects as places that they would go for drug information or counseling.
- A very small portion of the target population had gone to these projects for drug information or counseling.

- There has been little impact on reducing drug attitudinal differences between adults and youths.

- There has been little impact on the drug problem, as measured by juvenile drug arrests, referrals to probation or school suspensions.

Drug Education Impact

The impact of drug education, as perceived by students, was found to be inversely proportional to their prior experience with drugs: (See Table 7.)

- Most students who have never used drugs feel that drug education has helped prevent their drug use and none indicated it encouraged use. However, two-thirds of these non-users report no change in drug attitudes since last year.

- About half of the students who occasionally use alcohol and/or marijuana feel that drug education has prevented greater usage on their part. Only a few feel it has helped reduce usage. More of these light users report decreased usage than report increased usage and many more report that their attitudes have changed against drugs in the past year than report pro-drug changes.

- Less than half of the students who have used three or four types of drugs report a favorable impact from drug education. Almost as many of these moderate users report increases in drug-taking as report decreases, and almost as many report pro-drug changes in attitudes as report anti-drug changes.

- Students who have tried five or more types of drugs report the least impact from drug education. Almost as many of these heavy users report increases in drug-taking as report decreases, and almost as many report pro-drug changes in attitudes as report anti-drug changes.

TABLE 7

SELF-REPORTED EFFECT OF DRUG EDUCATION ON DRUG USAGE FOR STUDENTS FROM TWO COMMUNITIES

NUMBER OF TYPES OF DRUGS EVER USED	EFFECT OF DRUG EDUCATION	% OF STUDENT GROUP	
		COMMUNITY A	COMMUNITY B
NONE	PREVENTION	85	64
	NONE	15	36
	NUMBER OF STUDENTS	(39)	(41)
ONE OR TWO (LIGHT USERS)	PREVENTION	50	44
	REDUCED USAGE	9	5
	NONE	38	50
	ENCOURAGED USE	3	1
	NUMBER OF STUDENTS	(70)	(80)
THREE OR FOUR (MODERATE USERS)	PREVENTION	21	22
	REDUCED USAGE	21	22
	NONE	56	56
	ENCOURAGED USE	3	0
	NUMBER OF STUDENTS	(34)	(19)
FIVE OR MORE (HEAVY USERS)	REDUCED USAGE	28	8
	NONE	68	92
	ENCOURAGED USE	4	0
	NUMBER OF STUDENTS	(27)	(13)

Since perceived impact of drug education as an indicator did not stand up to certain tests for consistency, there is reason to doubt the favorable non-user and light-user perceptions of educational impact. The other two measures, self-reported change in attitudes and usage, are more consistent with each other than they are with student perceptions of impact. While these measures show increased anti-drug attitudes and decreased drug taking, there is little reason to attribute these changes to drug education.

Early Intervention Impact

To summarize findings regarding early intervention impacts:

- Clients, their parents, school staff and project staff generally perceive intervention to be somewhat helpful in reducing drug consumption, with clients perceiving less impact than significant others. Furthermore, all of these groups perceive more impact in intermediate areas. (See Table 8.)

- Up to half of the clients of a project report favorable impacts on attitudes and very few report unfavorable impacts. However, client drug attitudes are no more socially acceptable than groups of non-clients matched for past usage and other factors

TABLE 8

CLIENT BENEFITS AS ESTIMATED BY CLIENTS, THEIR PARENTS, PROJECT STAFF AND TEACHERS FOR FIVE PROJECTS

	AVERAGE CLIENT BENEFIT REPORTED															
	PROJECT A				PROJECT B				PROJECT C				PROJECT E			PROJECT F
BENEFIT AREA	CLIENT	PARENT	STAFF	TEACHER	CLIENT	PARENT	STAFF	TEACHER	CLIENT	PARENT	STAFF	TEACHER	CLIENT	PARENT	STAFF	CLIENT
RESPONSIBILITY	1.8	1.8	1.8	1.5	1.8	1.6	1.8	1.8	1.8	1.8	1.9	1.8	2.3	2.2	2.1	1.9
SELF-CONFIDENCE	1.7	1.6	1.4	1.3	1.7	1.9	1.5	1.6	1.5	1.8	1.6	1.4	2.4	2.1	1.9	1.8
GRADES	2.4	2.4	2.4	1.9	2.5	2.3	2.4	2.3	2.6	2.3	2.3	2.1	2.6	2.7	2.7	2.2
ATTENDANCE	2.1	2.0	2.4	1.7	2.1	2.3	2.2	1.8	2.5	2.0	1.7	1.7	2.5	2.4	2.9	1.8
RELATIONSHIPS	1.6	1.8	1.4	1.5	1.9	1.8	1.4	1.6	1.4	1.5	1.4	1.3	2.3	2.3	1.7	1.6
COMMUNICATIONS	1.6	1.7	1.4	1.5	1.7	1.6	1.5	1.5	1.5	1.4	1.5	1.5	2.2	2.0	1.8	1.6
DECISION MAKING	1.7	1.8	1.4	1.4	2.0	1.8	1.9	1.6	1.8	1.8	1.8	1.7	2.2	2.0	1.9	1.8
VALUES CLARIFICATION	1.6	1.3	1.4	1.4	1.8	1.5	1.5	1.3	1.6	1.5	1.4	1.5	2.2	2.0	1.9	1.9
USE OF FREE TIME	2.1	2.0	2.3	1.8	2.2	2.0	2.2	1.6	1.7	1.8	1.8	1.7	2.5	2.5	2.6	1.8
FAMILY RELATIONSHIPS	2.1	1.6	2.0	1.5	2.2	1.7	1.5	1.8	2.1	1.6	1.6	1.6	2.2	2.1	1.6	1.8
DRUG USE	2.1	1.6	1.7	1.4	2.2	1.9	2.0	1.6	2.6	1.7	1.8	1.8	2.3	1.9	1.9	2.3
NUMBER OF RESPONDENTS	(153)	(21)	(7)	(12)	(13)	(15)	(4)	(8)	(19)	(5)	(5)	(13)	(52)	(43)	(8)	(37)

NOTE: THE NUMBERS PRESENTED ARE THE AVERAGE RESPONSE, WHERE:

1 = VERY HELPFUL 2 = SOMEWHAT HELPFUL 3 = NOT HELPFUL

- Up to two-thirds of the clients of a project report some impact on drug usage. However, client drug usage is generally greater than, and reported decrease in drug-taking is generally comparable to, matched groups of non-clients.

- Client perceptions of project impact on drug usage were generally consistent with perceptions of project impact on attitudes and self-reported changes in drug use. Thus some degree of confidence can be placed in the preceding conclusions regarding intervention.

While these preceding findings generally indicate little intervention impact on drug attitudes and usage, there were several optimistic findings:

- Clients and significant others report substantial impacts in six intermediate areas: handling responsibility, gaining self-confidence, improving relationships with others, communicating better, making better decisions, clarifying values. (See Table 8.)

- In contrasting clients who reported substantial impacts in intermediate areas with those who reported less impact, some indications were evident to suggest that the former group would report more impact on drug usage at a later date.

- Clients from two projects report substantial reductions in truancy, which may also be indicative of drug use reductions to follow since truancy and drug use were found to be interrelated.

- Parents who participated in project activities reported the project helped them communicate better with their children, clarify their own values and make better decisions, and generally improved family relationships.

Project Design Implications

Some of the data presented in Volume II of this report, while not demonstrating the effectiveness of the cluster projects, do suggest appropriate ways to organize a drug education and prevention project:

- Youths typically begin to use drugs at 12 to 13 years of age. Thus prevention programs must begin no later than the seventh grade.*

- On the average, youths are suspended for drug use a year earlier than they are arrested. If intervention is to be <u>early</u>, it must obtain referrals from schools as well as the police.

- However, the average age of both drug arrestees and suspendees (16 and 15, respectively) is considerably greater than the average age of first use (12 to 13), indicating a need for obtaining referrals before drug usage reaches this stage. Two of the cluster projects have developed outreach mechanisms for this purpose.

- Truancy reported in the previous thirty days was found to be significantly related to reported drug usage, indicating school problems are an underlying factor in drug usage. Projects should be prepared to help clients adjust to school (and schools adjust to clients).

- While these conclusions do not necessarily imply that the school system should operate the drug education and prevention project,** they do imply that the project must have a close working relationship with the schools. (The cluster prevention projects reported placing a primary emphasis on working with the schools.)

- There is no difference between boys and girls or between 9th, 10th, and 11th graders in number of drugs ever used or number of drugs currently used.

*In commenting on the draft of this report, one of the cluster projects indicated their educational program was being re-structured to put more emphasis at the sixth grade level.

**One argument against school district operation of the project is that drug users surveyed generally agreed with the statement "In general, schools are becoming less and less meaningful to what's happening."

- However, there is considerable difference between boys and girls in willingness to deal with a drug problem. Most youths (i.e., 80%) arrested or suspended for drug use are male. Most clients (i.e., up to 70%) of voluntary drug programs are female. Projects must develop special appeals to encourage male self-referrals.

- In each of the Southern California communities surveyed, approximately half of the juvenile population has used marijuana sometime, and 35% have used it in the past 30 days. Any drug education program must recognize that marijuana use among secondary school students is almost as common as alcohol use without parental permission.

4.4 MODEL EVALUATION COMPONENT

The most important finding relevant to a model evaluation component, was that students from three white, middle class communities have very similar drug usage patterns--in terms of drugs ever used, currently being used, and age of first use. Clients from five projects serving white, middle class communities were also found to have similar drug usage patterns. These findings alone justify the cluster evaluation concept. They show it is possible to obtain more information per dollar spent on evaluating a drug prevention or early intervention project by using comparison data from other communities. Consequently <u>PSSI urges CCCJ to require evaluators of drug education and prevention projects to collect and report certain success indicators in comparable formats</u>. If the PSSI instruments* are used in whole or part, a number of recommended improvements are presented in Volume II.

4.5 FINAL CAVEAT

Based upon the data collected, one interpretation would be that the most cost-effective drug education and prevention program is to do nothing.

*One of the cluster projects has shortened the client questionnaire and is administering it to all clients as they graduate.

Another is that the effects produced are too subtle to be measured by the instruments that were used. Certainly there is some support for this latter position and recommended methodological improvements are outlined in Volume II. One weakness in particular was not obtaining information on client drug use some time after treatment (e.g., six months). To carry this interpretation a little further, it was overly optimistic to have expected to measure the benefits of behavior modification projects as subtle as the cluster projects.

To gain some perspective on this state of affairs, it is worthwhile to compare the evaluation of drug education/prevention projects with the current status of outcome research in psychotherapy. First, let us note that the former is a relatively new enterprise, rapidly created and forced to grow rapidly in response to extreme social need and pressure. Drug education, as we know it today, is not the product of a gradual evolutionary process--its conceptual and operational frameworks have not been built up through years of experience and trial-and-error learning. In contrast to psychotherapy, a well established discipline whose principles and practices are rooted firmly in clinical and empirical traditions, the foundations of drug education/prevention are shaky, indeed.

At the same time, the two disciplines are quite comparable in terms of their orientation to beneficiaries (clients), intervention techniques, and desired outcomes. More significant, however, are the ways in which the evaluation of both drug education/prevention projects and psychotherapy are plagued by the same conceptual and methodological problems. To mention only the most obvious of these, both assume that clients' presenting problems are symptomatic of less apparent causes (e.g., conflicts, dissatisfactions, attitudes), both attempt to bring about change in behavior through indirect means (e.g., insight, values clarification) and both attempt to change behaviors that, however maladaptive, are meaningful (i.e., functional) to clients for personal and/or social reasons. Practitioners of both disciplines recognize that change is a learning process, that inner change is not directly manifested in behavior change, and that it is difficult to say how long it might be necessary to work with a client before desired changes might be detected.

The practice of psychotherapy flourished for many years without benefit of critical examination. It is only in response to largely polemic criticism that psychotherapy outcome research has been attempted in recent years. The discipline continues to flourish even as largely discouraging results continue to accrue. Using matched, non-treated control groups, most outcome studies show that psychotherapy has little effect; both treated and non-treated clients tend to follow the same outcome pattern--one-third improve, one-third remain about the same, and one-third get worse over time. Nonetheless, practitioners continue to make claims for the effectiveness of psychotherapy, clients continue to seek it out and, more often than not, say that it was beneficial to them, and researchers continue to debate and seek out better evaluative techniques. Because it is an established and respected discipline very few people have been willing to discredit psychotherapy on the strength of evaluative research--it is quite possible that the means to measure the subtle changes brought about by psychotherapy or to gauge its long-term effects do not yet exist. Those who are committed to its goals are unwilling to throw out the baby with the bath water. Until drug educators have had the time to clarify their values and procedures and researchers can be more confident about their methods, it seems no less than fair that drug education should be afforded the same courtesy. Let us not be too quick to judge this discipline in its early adolescence--given time, the adult may prove worthy of our faith.

END