

143656

**U.S. Department of Justice
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Office of National Drug Control
Policy

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

Executive Office of the President
Office of National Drug Control Policy



Building Effective Community Coalitions Against Drugs

ONDCP Bulletin No. 8

July 1992

Uniting communities in the fight against illegal drugs is a cornerstone of the President's National Drug Control Strategy. This Bulletin is intended to assist communities in forming anti-drug coalitions by describing the characteristics of successful coalitions, and providing examples of how communities have mobilized their resources against drugs.

In 1989, the first National Drug Control Strategy called for citizens to organize community-wide drug prevention partnerships. Since that time, hundreds of communities across America have organized to form anti-drug coalitions. Armed with the determination to take back their streets from drug dealers and protect their children from the devastation of illegal drugs, these coalitions have become powerful weapons in the war against drugs.

These efforts are working. The use of illegal drugs by Americans is declining. Since 1988, the number of current users of drugs has dropped from about 14.5 million to about 12.6 million. For young people the news is even better. Between 1988 and 1991, drug use by adolescents dropped from 1.9 million to 1.4 million — a decrease of more than 25 percent.

While this progress is encouraging, drug use remains unacceptably high and continues to erode the safety of our streets and the well-being of our citizens. The

Administration remains committed to doing all it can to help communities rid their neighborhoods of illegal drugs, and we will continue to promote such initiatives as the federally-funded Community Partnership Program. Created by President Bush in 1989, this program has already supported the formation of 252 community coalitions, sponsored conferences, and provided technical assistance to anti-drug partnerships. In addition, the Administration is supporting and seeking additional funding for the "Weed and Seed" program. Weed and Seed is an innovative strategy to reclaim and revitalize neighborhoods that are being overrun by drugs and violent crime by forging partnerships among government officials, community residents, the private sector and law enforcement officials.

I challenge every community to join the hundreds of other communities that are uniting to win the war on illegal drugs. This Bulletin will provide the information needed to create an effective and lasting coalition that will benefit the community for years to come.

BOB MARTINEZ
Director

THE CHALLENGE TO COMMUNITIES

Uniting communities in the fight against illegal drugs is critical to the success of the Nation's drug prevention effort. No one sector of the community — schools, law enforcement, businesses, or religious institutions — can be effective alone. Police cannot be on every corner watching for every potential drug deal. Prisons cannot hold every drug-using offender. Schools alone cannot prevent young people from trying drugs. But citizens can take back their streets and protect their children by working together to meet the challenge.

Hundreds of communities have responded to the President's challenge to join the fight against drugs by forming anti-drug coalitions. The most effective coalitions have focused on such activities as shutting down crack houses, establishing civil and social sanctions to hold drug users accountable for their actions, and developing programs to help young people at high-risk of using drugs.

The effectiveness of these coalitions in reducing drug use and drug-related violence is clear. Research shows that when tenants of public housing work together with law enforcement, schools, and civic groups to form Boys and Girls Clubs, the rates of drug use, juvenile delinquency, and vandalism drop dramatically.¹ In addition, research conducted in Massachusetts between 1984 and 1987 showed that daily drug use by high school seniors dropped twice as fast as it did nationally. According to Massachusetts officials, the reason for the reduction was the State's support of community-wide anti-drug coalitions during the 1980s.

GETTING STARTED

There are many ways to form anti-drug coalitions. Some evolve from groups established for other purposes. For example, in northwest Philadelphia, a police advisory board became the core of a comprehensive anti-drug coalition that is expanding throughout the city.

In Miami, a group of businessmen concerned about drug use in their companies and in their city linked up with law enforcement and school officials to fight drugs.

Elsewhere, strong coalitions have grown from the commitment of a single parent whose child had become involved with drugs and from the anger of a public housing tenants' council at drug-related violence endangering the safety of residents. Others have been formed in response to the President's challenge to communities, issued in the first National Drug Control Strategy (1989). No matter how they got started, coalitions have emerged as powerful new tools for fighting drug use throughout our neighborhoods and communities. The most effective coalitions share these common organizing strategies:

1. They have clear, definite goals.
2. They define specific objectives that are meaningful, realistic, and measurable.
3. They are well-organized and have strong leaders.
4. They make a commitment to planned action; each member takes responsibility for a small part of the master plan.
5. They concentrate on establishing programs that get visible results.
6. They evaluate each program and use the evaluation to make improvements.

STEPS TO FORM A COALITION

1. Create a Core Leadership Group

The core group is the heart of a community's anti-drug coalition. It generally consists of three or four individuals with the time, energy, and leadership ability to start the community mobilization effort and to help it grow into

mature self-sustaining coalition. To a large extent, the success of a community's anti-drug effort will depend upon the quality of the core group membership.

Members do not have to be experts in drug use, but they must have proven leadership abilities and be willing to commit the time and energy needed to bring a long-term project to fruition. They can either be recognized community leaders or individuals with whom community leaders consult. They will become knowledgeable about the specifics of reducing community drug use as they work to bring to the table community members to identify needs, set priorities, and find solutions. Core group members should be influential in one or more of these areas: business, education, health, law enforcement, labor, politics, or social services.

2. Assess Community Needs and Resources

The first task of the core group is to assess of the extent of drug problems in the community. The assessment is important because it provides a measure of community drug use and awareness and serves as a baseline to gauge progress. Information on community drug problems can be found in several places. For example, nearly every school district surveys students about their drug use attitudes and behavior. Police record information on adult and juvenile drug-related crime in their Uniform Crime Report. Hospitals and drug treatment centers keep statistics on the number and characteristics of people treated.

In addition to assessing the scope of the drug problem in a community, the core group should identify the prevention, treatment, and law enforcement programs already operating in the community. This helps the coalition avoid duplicating the work of others, discover possible opportunities for collaborating with groups not yet part of the coalition, and ensure that its efforts complement what is already being done.

Listed below are indicators used by the Portland, Oregon, Regional Drug Initiative to monitor their local drug problems.

COMMUNITY DRUG INDICATORS Portland, Oregon

1. Prevalence of drug use in the last 30 days among public school students in grades 8 and 11.
2. Prevalence of alcohol use in the last 30 days among public school students in grades 8 and 11.
3. Annual number of students referred for alcohol and drug policy violations in the school district.
4. Annual number of juvenile arrests for drug offenses, as recorded in the Uniform Crime Report.
5. Annual number of adult arrests for drug offenses, as recorded in the Uniform Crime Report.
6. Percentages of arrestees who test positive for one or more illegal substances as reported by the Drug Use Forecasting (DUF) Project of the National Institute of Justice.
7. Annual number of hospital emergency room visits for drug- or alcohol-related causes.
8. Annual number of births of drug-affected babies as reported to the Children's Services Division.
9. Annual number of deaths from drug overdoses as reported by the State Medical Examiner's Office.

3. Recruit Members for the Anti-Drug Coalition

The second task of the core group is to recruit members for the anti-drug coalition. The coalition is the formal group of community representatives who will develop and implement the community anti-drug plan. Representatives from school, law enforcement,

business, and civic groups are essential for any coalition. The President's Drug Advisory Council recommends that community coalitions also include leaders from local government, religious institutions, local colleges, grassroots community groups, drug treatment agencies, and the news media, as well as young people. As important as it is to get representatives from these community groups, it is even more important that the right individuals be recruited. Unless chief executives and influential community leaders join, bringing with them their full authority, it will be extremely difficult for coalitions to sustain members' enthusiasm and momentum. Lower level representatives who do not have the authority to commit their agencies or companies may slow down the process and impede progress.

Core groups forming block, neighborhood, or public housing coalitions must recruit the leadership of those communities. Neighborhoods have natural leaders whose membership is crucial for success: the head of the tenants' association, the "mother" of the neighborhood who knows everybody's children, the police precinct captain, school principals, respected religious leaders, the alderman or council member responsible for the area, the owner of a popular restaurant or convenience store, and teens recognized by their peers as leaders.

The correct number of members for a coalition depends on the local situation. The Miami Coalition involves 110 community leaders on governing boards. Other coalitions manage successfully with as few as eight members. In general, coalitions operate with about 20 members. A larger group may become unmanageable; a smaller group may miss crucial constituencies.

4. Develop a Community Anti-Drug Plan

A coalition has two missions: to develop an anti-drug plan and to carry it out. There is no single, uniform planning procedure adaptable to all coalitions. However, most good planning processes produce consensus on a few priorities among the many problems identified in the needs assessment. Based on these

priorities, goals are crafted that can be reasonably attained with the resources available. New coalitions generally find it best to focus on a small number of problems for early and immediate action.

Creating a good plan takes time. Anti-drug coalitions supported by the Robert Wood Johnson Foundation, for example, may spend up to two years recruiting coalition partners and developing viable plans to reach their goals. The Department of Health and Human Services' Office for Substance Abuse Prevention (OSAP) brings together members of new coalitions for a week-long retreat where they begin to develop action plans. States that have been fostering local anti-drug coalitions, such as Missouri, Iowa, Indiana, Rhode Island, and Oregon, recommend that new coalitions concentrate first on developing practical plans and then acting on them.

5. Concentrate on a Few Goals

Setting a few clear, attainable goals for the coalition is essential. Goals define the coalition's mission. For anti-drug coalitions, initial goals are generally obvious and pressing: eliminate open-air drug markets in the neighborhood; reduce the number of teenagers using or dealing drugs; or improve neighborhood safety and reduce residents' fears of drug-related violence.

Some coalitions also believe that part of their mission is to build active participation in anti-drug activities from all parts of the community. It will be harder to meet other community anti-drug goals if some key groups are not involved. But the purpose of forming an anti-drug coalition is to have an impact on community drug problems, not to set up yet another organization.

Clearly articulated goals help coalition members decide what actions to take, avoid, or delay. Actions that will help meet coalition goals must take priority. Many potentially popular initiatives, such as health fairs, school testimonials by athletes who were addicts, and anti-drug rallies and marches, are easy to execute but may be irrelevant to coalition

goals. Devoting efforts to actions that may not be effective in solving the drug problem of the community may mean that other, more important projects cannot be undertaken.

Listed below are seven areas where coalition actions are likely to produce the greatest impact on community drug use. They are explained in detail in the following sections.

HIGH PRIORITY COALITION OBJECTIVES

1. Work with law enforcement to make the community free of violence and intimidation from drug dealers and users.
2. Develop programs that work with older teens and young adults who have dropped out of school.
3. Strengthen after-school and weekend programs for preteens and teens.
4. Work with schools to improve the targeting and effectiveness of educational prevention programs in the community.
5. Strengthen drug treatment and follow-up in the criminal justice system.
6. Improve drug policies and programs in community businesses.
7. Establish civil and social sanctions at the local level to hold users accountable for their actions.

WHAT SHOULD A COALITION DO?

Although neighborhoods and cities differ in the problems they confront, there are a number of anti-drug strategies that most coalitions should consider as top priorities. Research and practical experience by coalitions throughout the country are pointing to several areas that have the greatest potential for long-term

payoff. Seven are briefly described below. Additional information and technical assistance resources can be found at the end of this Bulletin.

Work with law enforcement to make neighborhoods, schools, and other public settings safe and free of drugs, violence, and intimidation from drug dealers and drug users.

Anti-drug coalitions and police officers are natural allies. The linkage is particularly strong when communities get local law enforcement agencies to adopt a community-oriented policing strategy, one which emphasizes building close ties of communication and trust between law enforcement and the community. One common element of a community policing strategy, for example, is to assign an officer a specific beat to patrol, by foot or bicycle. When community coalitions work together with community-oriented police officers, it is far less likely that drug dealers and other urban predators will ever gain a foothold in a neighborhood.

Coalitions, working closely with law enforcement, have eliminated open-air drug markets and forced drug dealers and drug violence out of their communities. Their efforts include:

- Intimidating drug dealers and customers by patrolling the neighborhood and shadowing their movements, writing down their license plate numbers, and photographing their activities.
- Organizing neighborhood cleanups that repair playground equipment, installing new street lights, towing away abandoned cars, and sweeping litter and drug paraphernalia off the street.
- Using nuisance abatement laws and small claims court to force landlords to evict drug dealing tenants or store owners whose premises are used for drug dealing or use.

Coalitions can also work with local government to deny the use of property to drug dealers and users or to make changes including:

- Instituting resident identification cards and entrance security programs to prevent nonresident drug dealers or users from entering apartment buildings and public housing developments where drug trafficking occurs.
- Evicting drug dealers from public and private rental housing.
- Seizing properties where drugs are sold, and sealing, demolishing, or rehabilitating abandoned properties where drugs are sold or used.
- Revoking the alcohol licenses of bars, restaurants, and stores that have documented drug problems or sell alcohol to minors.

Develop programs that work with adolescents who have dropped out of school.

Block watches and community policing can displace drug dealers. Yet, young people may remain vulnerable to drug use and drug trafficking. Community-based organizations such as Argus Community in South Bronx (NY), Dorchester Youth Collaborative (MA), Baltimore Jobs in Energy Project (MD), and national programs such as Job Corps successfully combine comprehensive prevention services, vocational education, and community policing. They target adolescents and young adults who are no longer in school and who are involved in drugs or crime.

Effective programs that work with at-risk teens and young adults generally are located off the streets in a sanctuary from the violence and drugs that would otherwise surround these young people. It must be made clear that in order for a program to be effective, no drug use can be tolerated. Peers, adult volunteers, and staff become a kind of extended family for the youths, promoting self-discipline, education, job training, and a sense of belonging. Programs are usually intensive and are available afternoons, evenings, and weekends.

Coalitions should determine whether programs such as these are available and are used by teens and young adults. If such programs are

needed, coalitions should put a high priority on working with government social services, the local United Way, and civic groups to develop or expand them.

PROJECT RECLAIM GEORGIA

Community coalitions can be particularly effective in reducing substance abuse in rural communities. In rural Georgia, where the influx of illegal drugs has been dramatic, "Project RECLAIM" is providing coordinated substance abuse services for 10 counties with populations of less than 50,000. The community partnership has promoted interagency collaboration with coalition partners representing local government, the medical community, business, law enforcement, education, treatment, and the faith community. In addition, the coalition has helped rural residents obtain better access to primary health care facilities, where substance abuse problems can be identified and treated.

Strengthen after-school and weekend programs for preteens and teens.

Preteens and teens who are not supervised after school are more than twice as likely as their adult-supervised peers to become involved in drugs, alcohol, and sexual activity.² Coalitions should work to increase the availability of school and alternative facilities for supervised recreation and learning after school and on weekends.

Many national youth-serving organizations such as Girls, Inc., YMCA, YWCA, and Aspira have created such programs, as have many local groups. Boys and Girls Clubs of America has pioneered after-school programs that actively recruit at-risk teens. Clubs provide recreational and social activities five or six days each week after school, in the evening, and during the day in the summer. Activities are supervised by full-time youth workers. An evaluation of Boys and Girls Clubs in pu

housing found that these activities significantly reduced drug use and juvenile delinquency and increased recreational opportunities and adult involvement with youth, compared with housing projects with no Clubs.

Many communities have resources that are underutilized that could be transformed into dynamic after-school community resources. School buildings, churches, National Guard armories, and public housing community centers have all served as facilities for such programs.

Work with schools to improve school-based prevention programs.

By law, every school district receiving Federal funds must have an anti-drug policy and a comprehensive drug prevention/education program. In practice, schools vary widely in the aggressiveness of their prevention programs. Coalition members who are involved in drug prevention planning in schools and who oversee program implementation can make the difference between active or weak school prevention efforts.

There is broad agreement on the effectiveness of comprehensive school-based drug prevention. Research has shown that four strategies that target specific school-age groups are particularly successful: early identification and support for children with behavioral and learning problems in preschool and early elementary grades; resistance skills training and drug awareness programs for children in fourth through eighth grades; student assistance programs for junior and senior high school students; and strong school policies that prohibit alcohol and drugs in school-related activities.³ School prevention programs are most effective when they involve parents, community groups, and the media.

Federal rules require that school systems have school-community advisory boards to oversee their anti-drug programs. Coalitions can become active partners with school adminis-

trators and teachers to ensure that prevention strategies are in place in every school, that programs are the most effective available, and that school programs link with community anti-drug strategies.

Strengthen drug treatment and follow-up in the criminal justice system.

Because the population under the jurisdiction of the criminal justice system — arrestees, prisoners, probationers, and parolees — tends to be much more heavily involved with drugs than the general population, it is essential that coalitions work to ensure that the drug treatment and criminal justice communities are allies in the fight against drug use. Many prisoners with drug problems never receive treatment while in prison, and many return to a life of drugs and crime upon release. When punishment and treatment complement one another, as they do in the Stay'n Out program in New York, or the Cornerstone program in Oregon, recidivism is reduced substantially.

Research has shown that those who enter drug treatment under some form of coercion are likely to do at least as well as — and sometimes better than — those who enter voluntarily. Intensive pre-release treatment programs have been among the most successful of correctional approaches to substance abuse. Providing treatment as the offender moves from the general prison population to parole provides momentum for change. Follow-up treatment and supervision, often stipulated by the court or parole board, can be essential for stabilizing addicts. Offender management programs such as TASC (Treatment Alternatives to Street Crimes) serve as a bridge between the correctional system and the substance abuse treatment community.

Improve drug policies and programs in community businesses.

About two-thirds of all drug users are employed either full-time or part-time. Anti-drug coalitions should work closely with business groups such as the local Chamber of

Commerce and labor councils and with individual employers and labor unions to develop workplace substance abuse programs. Comprehensive workplace programs include clear written policies against drug use; education of employees about the dangers of drugs and the availability of treatment referral and support; training of supervisors to understand and deal with drug problems among workers; an employee assistance program (EAP); and where appropriate, drug testing.

Most large companies and all Federal government agencies have drug-free workplace programs.⁴ Coalitions may be most helpful by promoting involvement in community anti-drug efforts, in encouraging businesses to review their existing anti-drug programs, and in helping small and mid-size businesses to work together to develop joint anti-drug programs. These coalitions, sometimes referred to as small businesses consortia, can unite to reduce the cost of drug testing for individual companies. Oregon, for example, has a small business EAP initiative to help small companies provide drug prevention and treatment services for employees.

BUSINESS AGAINST ALCOHOL AND DRUGS Bradenton, Florida

In Bradenton, Florida, the Mayor's Office is the lead agency for the community partnership that serves Manatee County. The partnership is composed of 25 organizations, many represented by individuals who hold key positions in the community. The partnership has been instrumental in developing and disseminating a county-wide drug-free workplace program. Working with two of their partners, Tropicana, Inc. and the local Chamber of Commerce, the partnership has fostered the develop and disseminate B.A.A.D. (Business Against Alcohol and Drugs) throughout Manatee County and the State of Florida.

Establish civil and social sanctions at the local level to hold drug users accountable for their actions.⁵

Holding drug users accountable for their actions through meaningful criminal, civil, and social sanctions is an important element of the President's National Drug Control Strategy. The policy of user accountability is intended to send a powerful message: Drug use will not be tolerated, and swift and certain consequences await those who use drugs.

User accountability policies are most effective when applied at the State and local levels and should be implemented throughout communities in schools, workplaces, neighborhoods, and treatment programs. Community coalitions can play a key role in ensuring the implementation of such policies. In fact, the greatest successes are often achieved when community coalitions forge comprehensive anti-drug strategies that include public and private user accountability measures.

Examples of such measures include:

- Local ordinances that prohibit possession of drug-related paraphernalia.
- Programs for sentencing drug offenders to supervised community service without pay at worksites on city property and public parks.
- Intermediate sanctions for students involved in lesser drug-related violations. Such sanctions could consist of the loss of eligibility for participation in extracurricular activities, referral to an alternative school setting, or mandatory attendance at counseling/rehabilitation programs.

KEEPING THE COALITION MOVING AND ON TRACK

Establishing coalitions is difficult; maintaining them over time is even tougher. Studies of community volunteer organizations and neighborhood coalitions have found that about

half of all coalitions fail to survive a full year. Results expected from evaluations of the Robert Wood Johnson Foundation "Fighting Back" coalitions and the Administration's Community Partnership Program should provide additional information within the next year on strategies for creating and maintaining strong coalitions.

Several factors improve the chances that a coalition will survive and be able to mount successful projects:

Staffing. Anti-drug coalitions in both inner-city and rural areas report difficulties trying to operate only with volunteers. Most find that they need one or more staff members (whether paid or executives on loan) to provide consistency and support services essential to coalition maintenance. A few operate successfully with one or more volunteers who donate half or more of their time to the effort. Coalitions operating solely with volunteers can be handicapped, however, by volunteer turnover and burn-out that can limit the coalition's impact and even its survival.

Fund-raising. Most coalitions find that they need funds for special projects and for ongoing operations. Although many have used Federal funds to get started, a large number have developed creative ways to obtain continued funding from local and State sources. In Indiana, for example, local coalitions get several million dollars annually from fines paid by DUI, DWI,⁶ and drug offenders. Elsewhere, States and counties have levied taxes on alcohol and tobacco products to support prevention activities. Businesses in many cities loan executives, support staff, and office equipment to support anti-drug coalitions.

Consultants and technical assistance. Strong coalitions have a web of support in the background. Many States have drug prevention resource centers whose staffs help coalition leaders remain aware of effective practices. Many States support local coalitions with training in community organizing, planning, and prevention strategies. Networks linking anti-drug coalitions with one another to

share successes and solve problems have been formed in big cities such as New York, in many States and regions, and nationally. Coalitions can now get help from many sources. Several are listed at the end of this Bulletin.

EVALUATE AND REPORT ON PROGRESS

A coalition should periodically evaluate its efforts and revise its anti-drug plan accordingly. It is essential that specific milestones for accomplishing tasks be established as well as a means for obtaining feedback on whether activities are on track. In addition, the coalition should set a regular cycle for reviewing progress and determining whether the community's anti-drug activities need to be redirected or refocused. The President's Drug Advisory Council publishes a checklist that coalitions can use to help them monitor their activities. (A copy can be obtained by writing to the Council at the address below.)

INFORMATION AND TECHNICAL ASSISTANCE

Coalitions do not have to overcome every hurdle and barrier alone. Information and help are available. The Federal government operates several drug, alcohol, and crime prevention clearinghouses. All can be reached by calling a single number: 1-(800) 788-2800. Federal anti-drug clearinghouses have free books, brochures, curricula, and advice to help community anti-drug programs. In addition, every State substance abuse agency is connected to an electronic bulletin board, RADAR, which speeds the exchange of practical information and ideas that local anti-drug coalitions can use to strengthen their activities.

Listed below are some books, manuals, and technical assistance resources that provide more detailed information about the seven priority strategies. Also listed are Federal agencies and national organizations that provide training relevant to specific anti-drug strategies.

SOURCES OF ADDITIONAL INFORMATION

PUBLICATIONS

Community Coalition Criteria,
President's Drug Advisory Council,
Executive Office of the President, 1991.

**Intervening with Substance-Abusing
Offenders: A Framework for Action,**
Report of the National Task Force on
Correctional Substance Abuse Strategies,
National Institute of Corrections,
U.S. Department of Justice, 1991.

**What Works: Workplaces without Alcohol
and Other Drugs,** U.S. Department of Labor,
1991.

Building A Drug-Free Workforce, Office of
National Drug Control Policy, 1990.

National Drug Control Strategy, Office of
National Drug Control Policy, 1992.

Understanding Drug Treatment, Office of
National Drug Control Policy, 1990.

Understanding Drug Prevention, Office of
National Drug Control Policy, 1992.

The Community Coalition Manual,
National Collaboration for Youth, 1991.

OTHER RESOURCES

**Office of Substance Abuse Prevention
Community Partnership Training Program**
8201 Greensboro Drive, Suite 600
McLean, VA 22102
(703) 821-8955

Workshops open to community drug and
alcohol use prevention professionals,
volunteers, and community coalition members.

**Robert Wood Johnson Foundation,
Join Together: A National Resource for
Communities Fighting Substance Abuse**
441 Stuart Street, Sixth Floor
Boston, MA 02116
(617) 437-1500

Training, technical assistance, and networking
for community coalitions provided free or at
low cost.

National Center for Community Policing
Michigan State University
School of Criminal Justice
East Lansing, MI 48824-1118
(800) 892-9051

**Technical Assistance Center
National Crime Prevention Council**
1700 K Street, N.W. Second Floor
Washington, DC 20006-3817
(202) 466-6272

Workshops and seminars, information service,
and publications to support anti-crime
coalitions.

**National Clearinghouse for Alcohol and
Drug Information**

Post Office Box 2345
Rockville, MD 20852
(800) 729-6686

Extensive collection of free anti-drug
publications, curricula, posters, and public
service advertisements.

OSAP National Training System (NTS)

8630 Fenton Street, Suite 300
Silver Spring, MD 20910
(301) 588-5484

Workshops on a wide variety of prevention
and community organization topics. NTS also
operates the Prevention Training Information
System which provides information on
trainers, prevention curricula, and program
designs.

OSAP National Volunteer Training Center

2800 Shirlington Road, 9th Floor
Arlington, VA 22206
(703) 931-4144

The Center will train teams of volunteers,
leaders of volunteer organizations, and
individual volunteers. Priority groups for
training include members of the faith
community, parents, and youth group
volunteers.

Institute for a Drug-Free Workplace

1301 K Street, N.W.

East Tower, Suite 1010

Washington, D.C. 20005

(202) 842-7400

President's Drug Advisory Council

Executive Office of the President

Washington, D.C. 20500

(202) 466-3100

Office of National Drug Control Policy

Executive Office of the President

Washington, D.C. 20500

Bureau of State and Local Affairs

(202) 467-9669

Office of Demand Reduction

(202) 467-9600

State Government Contacts

Contact the Governor's Office for the name and address of the State Drug Policy Coordinator in your State.

ENDNOTES

1. This research was conducted by Steve Schinke of Columbia University as part of an evaluation of the Boys and Girls Club

Public Housing Project, which was funded by the Office for Substance Abuse Prevention in 1991.

2. This research was conducted by Dr. Jean Richardson and her colleagues at the University of Southern California School of Medicine, and reported in the Pediatrics magazine article "Substance Use Among Eighth-Grade Students Who Take Care of Themselves After School," September 1989.
3. Dryfoos, Joy. Adolescents at Risk: Prevalence and Prevention. New York: Oxford University Press, 1990.
4. U.S. Department of Labor survey of private sector businesses, Washington, DC, January 1989.
5. Additional information on user accountability programs is available in the User Accountability Bulletin, published by the Office of National Drug Control Policy in May 1992.
6. DUI: Driving Under the Influence. DWI: Driving While Intoxicated.