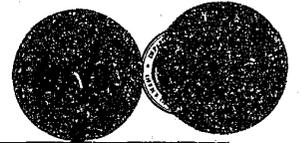


U.S. Department of Justice
Office of Justice Programs
National Institute of Justice



National Institute of Justice

Research Report

Community Responses to Drug Abuse: A Program Evaluation

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Evaluation Report

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- *Conduct national demonstration projects* that employ innovative or promising approaches for improving criminal justice.
- *Develop new technologies* to fight crime and improve criminal justice.
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Community Responses to Drug Abuse: A Program Evaluation

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145945

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A Final Summary Report Presented to the National Institute of Justice
February 1994

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Office of Justice Programs

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The National Institute of Justice is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, Bureau of Justice Statistics, Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.

Summary

This NIJ-funded evaluation describes how grassroots organizations in 10 cities responded to problems caused by drugs and presents the specific strategies they developed to reduce drug abuse and fear and improve the quality of neighborhood life. The report covers ways to empower residents to participate in ridding their neighborhoods of drugs, crime, and fear, and to coordinate efforts with police, churches, social services, and housing authorities. It is addressed to local criminal justice and law enforcement administrators, community organizers, and staff of public and private community agencies offering educational, social service, health, and housing services.

The National Training and Information Center, a Chicago-based organization that provides training and technical assistance to community organizations, and the National Crime Prevention Council developed the 3-year Community Responses to Drug Abuse (CRDA) demonstration program and worked with grassroots organizations in each of the cities to:

- Raise awareness of drug issues and organize the community to implement surveillance and reporting strategies such as neighborhood watch.
- Strengthen enforcement efforts by reporting hot spots and drug houses to the police, monitoring court cases, and supporting legislation that would help in apprehending and prosecuting drug sellers.
- Protect youths by establishing drug-free school zones, drug prevention education programs, and recreational, tutoring, and job training programs.

- Improve the physical environment by making use of abandoned buildings as rehabilitated low-income housing or drug treatment centers.

Despite initial reluctance and obstacles, the local organizations were able, in the first year of the demonstration program, to develop realistic plans; create community task forces representing key players (police and other criminal justice agencies, substance abuse agencies, and school groups); and implement a variety of targeted drug-prevention strategies.

Subsequently, encouraged by these successes, the community organizations focused on broader prevention and youth-oriented strategies. The grassroots organizations also worked successfully with the police, which was a new experience for some.

The grassroots organizations developed partnerships with other criminal justice agencies, fire and housing departments, city councils, school boards, churches, and recreation departments. They were able to overcome residents' fear of stigma and retaliation for becoming involved in drug abuse programs by organizing group events such as marches and rallies on issues indirectly related to drugs and crime. The technical assistance offered by the National Crime Prevention Council and the National Training and Information Center was a key factor in this success.

Community Responses to Drug Abuse: A Program Evaluation

Americans view drugs as one of the most serious problems facing inner-city neighborhoods. In addition to the negative consequences for individual drug abusers and their families, research suggests that drug trafficking is connected with increases in violent crime, levels of disorder, fear of crime, and other factors that lower the quality of urban life and contribute to community disinvestment.

Communities across the country have become increasingly angry and are starting to fight back against illegal drugs. Neighborhood groups and churches are organizing meetings, rallies, and patrols to stop drug abuse, and community organizations, in cooperation with government and social service agencies, are developing new ways to control drug activity.

This report describes how citizens and voluntary agencies in grassroots programs worked together in 10 communities around the country to keep out drugs and reclaim their neighborhoods. Their efforts were part of a demonstration program funded by the Bureau of Justice Assistance (BJA) and evaluated by the National Institute of Justice. The report tells what the communities did to respond to the drug threat. The report also describes the substantial obstacles that need to be overcome before community residents feel empowered to take action against those who threaten their neighborhoods and their families.

Demonstration Program Formed

In 1988, the National Training and Information Center, a Chicago-based organization that provides training and technical assistance to community organizations, and the National Crime Prevention Council developed a national demonstration program to create and test effective communitywide strategies that local groups can implement to reduce drug abuse and fear and to improve the quality of life.

The impetus came from grassroots organizations in 10 communities spread across 9 U.S. cities. These organizations had strengthened neighborhoods and developed community leaders. They approached the Department of Justice for help in ridding their neighborhoods of drug abuse and drug trafficking. The Bureau of Justice Assistance responded by funding the Community Responses to Drug Abuse demonstration. Thus these communities and voluntary organizations, rather than being selected for funding, selected themselves to demonstrate that their grassroots approach works. This "bubble-up" approach is supported by previous work in community crime prevention.¹ Over a 3-year period, beginning in May 1989, the 10 sites planned and implemented a variety of anti-drug programs.

The National Training and Information Center (the Center) and the National Crime Prevention Council (the Council) served jointly as program administrators and technical assistance providers. The National Institute of Justice (NIJ), under its mandate to evaluate BJA-funded drug control programs, awarded a grant to the University of Illinois at Chicago to conduct an evaluation that would describe and analyze the implementation of the Community Responses to Drug Abuse (CRDA) demonstration. The evaluation took place within the same time frame as the demonstration, and some aspects of the evaluation, such as assessments of citizen perceptions of needs and possible strategies, were communicated to the participating

1. See Bennett, S.F., and P.J. Lavrakas (1989). "Community-Based Crime Prevention: An Assessment of the Eisenhower Foundation's Neighborhood Program," *Crime and Delinquency*, 35:345-365. See also Podolefsky, A., and F. Dubow (1981). *Strategies for Community Crime in Urban America*. Evanston: Center for Urban Affairs, Northwestern University, Springfield, Illinois: Thomas Publications. See also Curtis, L. (1987). "The Retreat of Folly: Some Modest Replications of Inner-City Success," *The Annals*, Vol. 494. See also Lavrakas, P.J., and S.F. Bennett (1989). *A Process and Impact Evaluation of the 1983-86 Neighborhood Anti-Crime Self-Help Program: Summary Report*. Evanston, Illinois: Center for Urban Affairs and Policy Research, Northwestern University.

organizations for their use in planning and implementing the project.

The war against drugs that is taking place in inner cities provides a new and very difficult challenge to community groups—one that NIJ felt should be studied and recorded. This report summarizes the results of that evaluation.

Program Goals

The CRDA demonstration was designed to:

- Empower community residents to feel less fearful in their communities so that they would be willing to go out more and to participate in community life.
- Provide residents with knowledge of resources that can be of assistance to their communities.
- Test a variety of drug abuse prevention strategies including those focused on housing, law enforcement, schools, youth, and other areas and target groups.
- Introduce drug reduction activities that empower communities to take action and implement prevention programs.
- Develop a process through which ongoing working relationships can be built and maintained between city and State entities such as police, churches, social services, and housing authorities.
- Develop local community task forces to assist in the development of communitywide drug abuse prevention programs and evaluate their effectiveness.
- Establish measurable indices of success relating to each community's specific workplan, such as number of drug houses removed, number of community residents and agencies involved, and number of prevention programs held in school.

The Communities and Their Organizations

The Community Response to Drug Abuse demonstration program took place in the following sites with the indicated participating organizations:

■ **The Bronx, New York.** The area served by the **Northwest Bronx Community and Clergy Coalition** is an economically depressed area whose primarily Hispanic and African-American populations are poorly educated and have low incomes. Many are homeless.

■ **Chicago, Illinois.** The **Logan Square Neighborhood Association**, which serves a predominantly Hispanic (Cuban, Puerto-Rican, Mexican) community of working, low-income residents, with an influx of white middle-income residents, is the participating agency in the demonstration program. Its primary focus is on the youth of the area.

■ **Chicago, Illinois.** Most residents of the target area, the South Austin neighborhood on Chicago's west side, have jobs but receive very low pay. Three out of four are under 25 years old, and the school dropout rate is 23 percent. The **South Austin Coalition Community Council**, a multi-issue, community-based organization, is the participating group in the demonstration program.

■ **Cleveland, Ohio.** The Union Miles community on the southeast side of Cleveland is a 30-square-block area of low-to-moderate income residents, largely African-Americans. It has a poor economic base and the highest rate of abandoned housing in the city, and it lacks stores and other amenities. The participating organization is the **Union Miles Development Corporation**, a community-based development and issue-oriented organization.

■ **Council Bluffs, Iowa.** This bedroom community, located near Omaha, Nebraska, has a population of 55,000 consisting primarily of blue-collar workers, two-thirds of whom own their homes and almost all of whom are white. The area is economically depressed and lacks recreational facilities. **Citizens for Community Improvement**, a multi-issue, community-based organization, is this city's participant in the demonstration program. This organization and the organizations in Des Moines and Waterloo are members of a statewide coalition of community groups, called the Iowa Citizens for Community Improvement.

■ **Des Moines, Iowa.** The demonstration's target area has a higher minority concentration (38 percent African-American and 7 percent Asian) than the city as a whole, which is 87 percent white. The target area is characterized by low- to moderate-income single-family homes plus rental properties with absentee landlords. Problems are abandoned housing, drug dealing, and prostitution. **Citizens for Community Improvement**, a multi-issue, community-based organization, is this city's participant in the demonstration program.

■ **Waterloo, Iowa.** The participating organization, **Citizens for Community Improvement**, serves the entire city, but the demonstration's target area is an east side neighborhood with a mixture of African-American and white families having low to moderate incomes. The city is one of the most economically depressed communities in Iowa. The target area has experienced drug dealing in the streets and parks.

■ **Hartford, Connecticut.** Hartford's diverse population is 45 percent white, 40 percent Hispanic (mostly Puerto Rican), and 15 percent African-American. The grassroots organization, **Hartford Areas Rally Together**, serves the entire city, but the target area is a low-income, predominantly Hispanic neighborhood, with a substantial number of white and African-American residents.

■ **Houston, Texas.** The target area is the Third Ward Community Development Area, a predominantly low-income, African-American neighborhood where three out of four people are renters and the current vacancy rate is 26 percent. **Self-Help for African People Through Education**, a community-based organization offering case management and other services, is the participating organization.

■ **Oakland, California.** Many parts of this San Francisco area city are low-income, heterogeneous neighborhoods with a mixture of African-American, Hispanic, and white residents. Problems are high unemployment, a poor school system with a large number of dropouts, and lack of affordable housing. The **Oakland Community Organization** is a grassroots, church- and community-based

organization serving low-income families, many headed by females.

All the communities were experiencing problems with drug dealing and substance abuse. A sample of residents in six of the demonstration sites were surveyed by telephone; more than half said that illegal drugs were a big problem in their communities, as shown in exhibit 1. Only a lack of jobs was mentioned more frequently. The percentages at individual sites ranged from a high of 63 percent in the Northwest Bronx in New York to a low of 28 percent in Waterloo, Iowa, where residents seemed more concerned about jobs and theft. In the other four communities, illegal drugs were the second most frequently mentioned problem, following a lack of jobs. Although gangs and illegal drugs are often associated, most residents did not consider gangs to be a serious problem in their communities.

The 10 organizations participating in the program demonstrations fall into several broad categories. All but one focus on pressuring public agencies to improve or add services or to develop new organizations to offer needed services. Their role, in other words, is that of public advocacy and community empowerment. Such groups may be umbrella organizations serving an entire city or a large area within a metropolitan area, or they may be community organizations serving a single target area.

Umbrella organizations. Six are umbrella organizations comprising neighborhood associations established through organizing at the grassroots. The neighborhood associations come about when a group of residents approach the umbrella organization for help with a local problem. The umbrella organization works with the residents not only to solve the problem but also to create a local association that will enable residents to act collectively in the future. Members represent their associations within the umbrella organization, whose activities focus on increasing residents' ability to control their communities, hold public agencies accountable, and improve the quality of life. The umbrella organizations are the Northwest Bronx

Community and Clergy Coalition; Citizens for Community Improvement in Council Bluffs, Des Moines, and Waterloo, Iowa; the Hartford Areas Rally Together; and the Oakland Community Organization.

Community organizations serving a target area.

Three organizations serve a single target area. Such organizations may focus on a single issue, such as Cleveland's group, which is a community-based development corporation focusing on housing rehabilitation. The community organizations are Cleveland's Union Miles Development Corporation and the two Chicago organizations, the South Austin Coalition Community Council and the Logan Square Neighborhood Association. In Cleveland the community-based development corporation has focused on housing rehabilitation and has recently started work on commercial development projects as well.

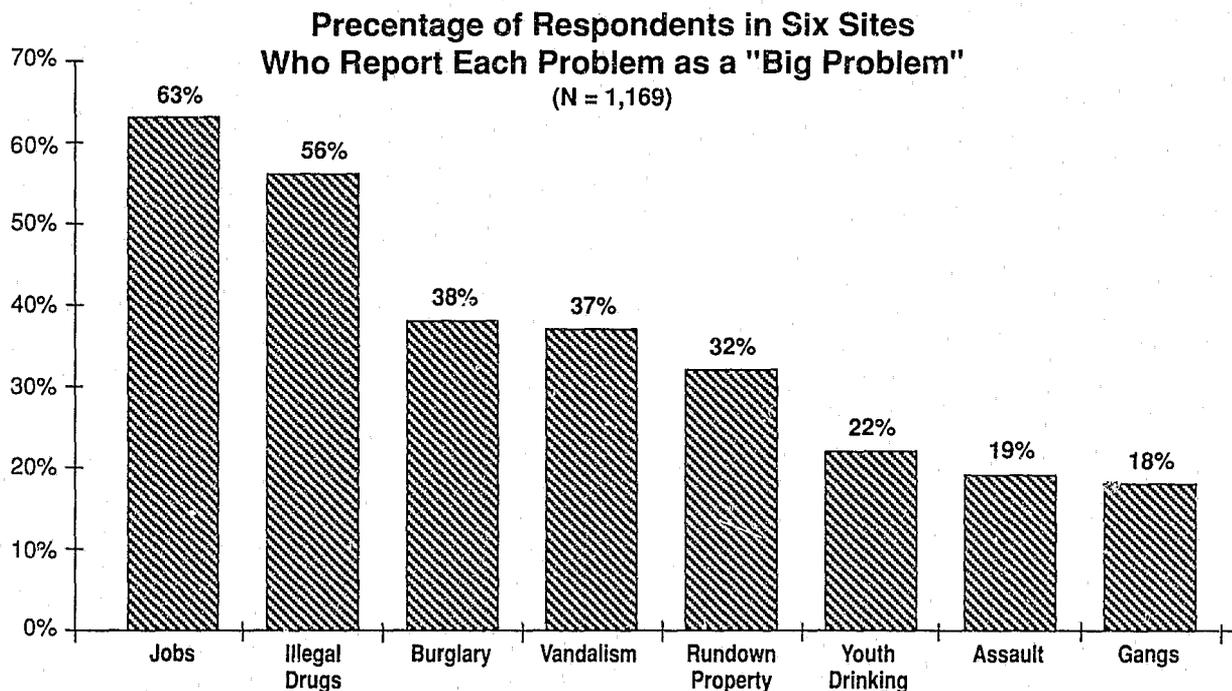
Social service organizations. Finally, Houston's Self-Help for African People Through Education

(SHAPE) is the most distinctive among the CRDA organizations. Although it involves numerous residents as volunteers, it is not an advocacy group but is primarily a social service organization providing educational and social programs for local youth and their parents. In contrast to the other CRDA organizations, it regularly furnishes direct services.

Eight of the CRDA organizations are affiliated with the Center. The Oakland Community Council does not belong to the Center, but is a member of PICO, a similar organization based in California. Only SHAPE does not belong to a similar organization. Membership in the Center or PICO gives the organizations a means of staying in touch with State and national policy developments and of sharing strategies and tactics among member organizations, as well as receiving more specific technical assistance.

In summary, the CRDA organizations have similar grassroots bases, stress the need for broad-based

Exhibit 1



The CRDA Evaluation: Methods

The primary objectives of the process evaluation were to describe the activities involved in the planning and implementation of anti-drug strategies, the program components that emerged, and the extent to which program goals were achieved. In addition, the evaluation was to indicate the severity of target area problems and make this information available to local community groups for planning purposes. It also sought to assess the adequacy of technical assistance provided to each program.

The evaluation involved onsite field work at all 10 CRDA program locations. Site visits of 2 to 3 days served as the main vehicle for collecting qualitative data.* Five waves of site visits took place over a 30-month period, beginning in the fall of 1989, during which key persons were interviewed, participants were observed, and documents were analyzed. The evaluators talked with program personnel, community leaders, task force members, police personnel, and others affiliated with the program. They recorded and analyzed field notes and developed case studies for each of the sites. They made cross-site comparisons to identify common anti-drug methods of community mobilization, common program elements, and major obstacles to program planning or implementation.

* In the initial planning of the evaluation, the site-visit schedule seemed adequate, when combined with the programs' quarterly reports and other program documentation, to obtain an in-depth view of each program. During the first site visit, however, the evaluators learned that most organizations had identified several target areas in which anti-drug strategies were being developed. The evaluation team had insufficient resources to increase the number or length of site visits and was reluctant, for many reasons, to select one target area from each organization for monitoring. Although the evaluation team worked hard to collect as much information as possible about all CRDA activities, the evaluation team's view of the programs is necessarily more limited than it would have been with more resources or fewer target areas.

The process evaluation included community assessment surveys at six sites to document each community's perceptions of target area problems and possible anti-drug strategies. The surveys consisted of telephone interviews with residents. These focused on residents' concerns with neighborhood problems (particularly crime and drugs), their participation in community activities, satisfaction with the neighborhood and public services, and their assessment of various anti-drug strategies. Sites were chosen for the survey based on the type of anti-drug strategy selected in the initial workplan and the ability to define a limited target area. About 200 interviews were completed for each of the sites. The evaluator provided each site with a report describing the findings of the local survey. (These survey results were also used as baseline data for a forthcoming impact evaluation.)

In developing the evaluation plan and organizing the data collection efforts, the evaluation team relied on a simplified model of the expected process by which the CRDA programs would develop, shown in exhibit 2. While the model in exhibit 1 is a useful tool for considering the different components that were central to the CRDA programs, the programs did not develop in the compartmentalized and linear manner suggested by the diagram. Throughout the program, the CRDA organizations, the national agencies, and the evaluation team assessed and evaluated program processes and activities, making adjustments as seemed necessary. Early in the demonstration period, the CRDA organizations began working on means to institutionalize their anti-drug programs, especially with respect to locating alternative funding sources.

community development or community empowerment, and focus primarily on public advocacy and leadership development. Among the wide range of issues that were identified by community residents are illegal drugs and substance abuse (including alcohol, particularly among minors).

Implementing Anti-Drug Strategies

The Council and the Center served as the national technical assistance team. The team encouraged all the organizations to use specific implementation methods, including a community-based planning process, a detailed workplan, a task force, and partnerships.

By these and other means, the CRDA organizations were able to mobilize community residents and put into place a variety of anti-drug strategies. These strategies fall into several categories:

- Organizing the community around drug issues.
- Strengthening enforcement efforts.
- Protecting youth.
- Treating drug users.
- Developing the community.

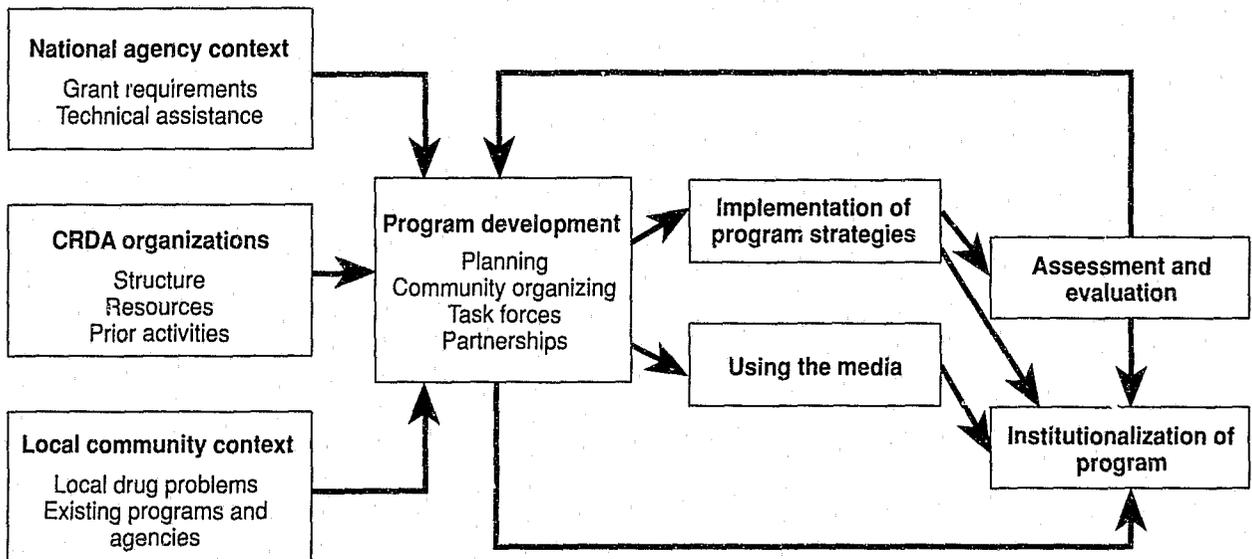
Organizing the Community

Efforts to organize the community were particularly important during the initial phases of the program. At each site the primary objective was to inform the community about the CRDA program and mobilize residents to participate in some initial activities.

CRDA organizations used a mix of marches, rallies, conferences, and community meetings primarily to increase community awareness of local drug problems and CRDA anti-drug activities. These events served other purposes as well: to make city agencies and drug dealers alike aware of the community's commitment to rid their neighborhood of drug problems, to give residents a collective outlet for participating in anti-drug

Exhibit 2

The CRDA Program



activities that was less threatening than individual responses, to motivate residents to participate in anti-drug activities, and to highlight specific problems or concerns of the neighborhood.

Marches and rallies publicized specific problems and motivated residents to participate. Because marches involved relatively large groups of individuals, residents felt safer from possible retaliation from drug dealers than when they participated in other activities, like block club meetings. In contrast to rallies, conferences were day-long events during which residents, agency representatives, police, and various experts shared information and ideas about local drug problems, youth issues, or both. In addition to increasing participants' knowledge of local drug problems and anti-drug strategies, these conferences helped the CRDA organizations plan program activities.

Community meetings were the culmination of a CRDA organization's work on a particular issue. After organizers had spent time researching and discussing an issue, they scheduled a meeting with representatives of relevant agencies to present their information and propose action. In addition to negotiating specific actions with city agencies, the community meetings helped to develop local leadership.

The CRDA organizations had used many, if not all, of these awareness strategies prior to the CRDA program. This experience may have contributed to the general success of the groups with these strategies. There were the usual problems of speakers for rallies canceling or some public officials not attending meetings. Overall, however, the groups used these strategies effectively to increase community awareness, knowledge, and participation as well as to pressure other groups and agencies to take action.

A number of surveillance and reporting strategies were used as well. The idea that neighborhood residents should serve as the "eyes and ears" of the police has been a central theme of community crime prevention programs since the early 1970's. Programs encouraging citizens to watch out for

and report suspicious activity became widespread in the 1980's.² Neighborhood watch, crime stoppers, and citizen patrols are popular examples of surveillance and reporting programs that have been adapted to the drug war. Several CRDA organizations were able to build on components of these established crime prevention programs as a means of enhancing citizen participation in their anti-drug initiatives.

Hot spot cards. In several communities, the CRDA organization found that residents were reluctant to report information on local drug dealing to police because of fear of retaliation. They feared their identity might not be protected by local police, thus leaving them vulnerable to attack: To address this problem, "hot spot" cards were distributed to community residents in seven CRDA sites so they could anonymously record suspicious persons, locations, and vehicles associated with repeated drug activity.

The CRDA organization printed and distributed the forms, collected responses, and passed the information on to the police department. Some organizations kept logs or pin maps of the information received; the information on these was also combined with information on arrests.

Means of distributing the cards varied. Some organizations used the cards primarily to assist in forming block clubs or block watches; that is, they gave out hot spot cards at the initial meetings of a new block watch and then continued to offer them through block captains. Others passed out the cards at community meetings, put them on fliers about meetings and in churches, in local newspapers, and similar outlets. Some organizations negotiated with the police about the type of responses police would make to the hot spot information they received, the feedback they would give to the organization about the results, or both. Generally, the hot spot strategy was more successful in communities that did not already have some form of anonymous reporting system.

2. Rosenbaum, D.P. (1988). "Community Crime Prevention: A Review and Synthesis of the Literature." *Justice Quarterly*, 5, 323-395.

Neighborhood watch and patrols. Traditionally, neighborhood or block watch programs encourage neighbors to come together to discuss local problems, share crime prevention tips, and plan future surveillance or other crime-reporting activities. Neighborhood watch programs were used by the CRDA organizations in four primary ways:

- In the traditional way, as a community crime prevention strategy.
- As an organizing tool for other activities.
- As a program that could be developed into a more formal neighborhood association.
- As a mechanism for building stronger working relationships with the police department.

Most of the CRDA organizations either created or enhanced watch-type programs. Citizen patrols on foot and bicycle, however, were much less common. Fear of retaliation from drug dealers was believed responsible for limiting citizen involvement in these kinds of surveillance activities.

Strengthening Enforcement Efforts

As already noted, strategies that focused on encouraging residents to be the "eyes and ears" of the police, although helpful, were limited in their effects on illegal drug activities. Participants found that having the police arrest drug dealers usually provided only limited relief, as either the drug dealers were released rather quickly or other dealers took their place. Most programs, therefore, began looking for ways to strengthen law enforcement efforts against illegal drug dealing. These methods ranged from expanding the scope of enforcement efforts to include owners of properties used for drug dealing, increasing prosecution and sentences for drug-related crimes, and finding new ways to apply both criminal and civil statutes against illegal drug activities.

Closing drug houses. Drug houses are the hot spots of drug activity in many urban neighborhoods and are visible concerns for local residents. The drug traffic to and from the point of business creates both social and physical problems for

neighborhood residents. Hence, identifying and closing drug houses became a major strategy for many CRDA organizations.

In closing drug locations, some CRDA organizations relied on the police alone, while others relied on a multiagency approach. Under a "police-only" approach, the organization typically encouraged residents to report drug activity to the police through hot spot cards or other channels of anonymous reports. As police conducted followups and arrested drug dealers, it was assumed that the drug dealing in that location would cease. Although this strategy had some success, its limitations in stopping drug dealing became apparent during the CRDA implementation, because the drug dealer was usually released in a matter of hours or the drug organization quickly replaced a drug lookout, runner, or dealer after an arrest. Since the criminal justice system was overburdened with drug cases, it took months before offenders went to trial, allowing dealers to continue their drug operations.

Several CRDA organizations pursued a multi-agency approach to this problem. They focused on a physical residence rather than on an individual drug offender. In this approach, citizens still played a role in reporting hot spots, but the city responded with many agency services. Action was likely to be taken against the landlord as well as the dealer. Closing drug houses involved use of nuisance abatement laws, the police department, other regulatory agencies, concerned landlords, judges, banks, and community pressure. This strategy was an excellent example of partnership activity in that many organizations and agencies worked together with the community to achieve a desired objective. A general model for closing drug houses is shown in exhibit 3.

Successfully closing drug houses can create other problems. For instance, it can lead to an increase in the proportion of abandoned buildings, thus contributing to neighborhood blight and reducing the availability of affordable housing. Nevertheless, the CRDA organizations were able to eliminate numerous drug locations, at least for a time, giving local residents the feeling that something

was being done about drugs. In some instances, the drug house had been of concern to residents for a long time.

Closing drug houses had prevention value as well. The vast majority of landlords remedied the drug problem once they received official notification through nuisance abatement procedures, thus eliminating the need for a lengthy legal hearing and closure.

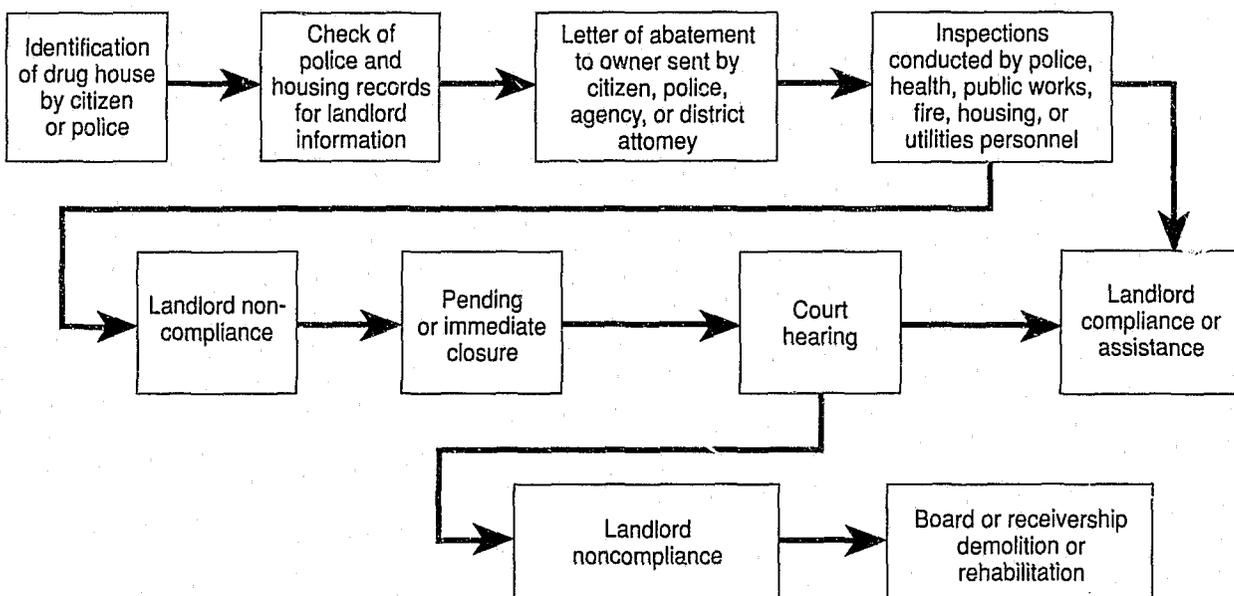
Strengthening prosecution and sentencing. As the CRDA organizations became more involved with law enforcement, they discovered that the "revolving door" of the criminal justice system was part of the problem. They realized that most drug dealers were receiving suspended sentences. Consequently, they decided to expand their focus to include other criminal justice agencies. The groups found that keeping dealers off the streets required the cooperation and commitment of city government, drug prosecutors, and judges.

Dissatisfied with the performance of prosecutors and judges, several community groups pursued other ways to affect the prosecution and sentencing of drug offenders. Volunteers monitored drug cases in the courtroom. Court monitoring strategies enabled community groups to show a physical presence at court sentencing, follow court dockets and dispositions, and encourage drug prosecutors to pursue cases vigorously.

Two CRDA organizations developed a court monitoring strategy called "bench press" in which concerned citizens sat in on drug cases. The volunteers were recruited through block clubs, churches, senior programs, and other social outlets. Staff notified volunteers when a date for sentencing was set, and they would meet immediately prior to the court appearance to discuss the facts of the case, the defendant, the judge, and the attorneys. The citizens sat together in the courtroom and wore CRDA buttons. The presence of citizens in the

Exhibit 3

Removing the Place of Drug Activity: The Drug House



courtroom was meant to encourage judges to give stronger sentences for drug dealers.

At these CRDA sites, staff devoted a great deal of time tracking offenders and their cases through the judicial system. A log was kept of each offender's profile: name, address, prior offenses, disposition of prior cases, and current offenses. The name of the judge and a summary of his or her statements at sentencing were also recorded.

The court monitoring programs certainly had short-term benefits for the communities involved. They motivated residents to participate in the court system and "opened their eyes" about courtroom procedures. The programs enabled community residents to take a stand against what they perceived as lax sentencing policies. Ultimately, the monitoring strategy was meant to hold judges accountable to the public. Whether the programs had any impact on the severity of punishment in targeted drug cases could not be determined.

Legislative initiatives. Community groups lobbied for new or revised laws (e.g., criminal nuisance and city zoning laws, State criminal codes) to strengthen the hand of law enforcement and to mobilize local residents on the drug issue. In many cases, community action was geared toward improving or enforcing existing laws rather than drafting new ones. The Center provided the groups with technical assistance on legislative initiatives, and several groups did substantial research on legislation already available in their localities. Some of these initiatives included:

- Applying nuisance abatement laws against building owners.
- Using Federal days, whereby Federal law enforcement officials or local officers deputized as Federal officers raid drug locations for a particular day. Arrests on that day are made on Federal charges, which generally carry higher penalties.
- Lobbying for division of asset forfeiture proceeds with local organizations.
- Passing beeper ordinances for local school districts.

- Prohibiting the sale of drug paraphernalia.
- Creating drug-free school zones.
- Conducting a campaign against billboards that advertise alcohol and tobacco products.

These initiatives provided the groups with a broad range of enforcement tactics that could address different aspects of illegal drug activities and substance abuse.

Protecting Youth

Most communities were concerned about local youths becoming involved in both drug use and drug selling. Groups tried to limit youths' involvement by limiting their exposure to drug dealers, keeping them occupied and off the streets, and increasing their access to legitimate (or legal) opportunities for employment. A few organizations involved youths in planning these activities, through a youth task force, youth council, or participation of youth members on the CRDA task force.

Drug-free school zones. CRDA groups heavily promoted the creation of drug-free school zones (areas around schools where increased penalties could be applied for gang or drug activity).

Since drug-free school zones require State legislation, this was often the first major task for the CRDA organizations to undertake. Working toward the passage of such laws required considerable organizational effort both at the community and State levels. Once a drug-free school law had been established, an accurate map of the zone was drawn to delineate the exact boundaries of the affected area surrounding the schools. The overlapping boundaries between various drug-free school zones substantially increased the penalties for drug use or possession throughout an entire city.

After the boundaries of a drug-free school zone had been outlined, efforts were made to publicize the creation of the area and to inform dealers and users of the harsher penalties for illegal activities in these zones. Signs were erected for this purpose; it was hoped these would serve as deterrents

to drug-related activity. In several cases, the creation of the zone was announced via media campaigns and highly visible rallies, all of which helped raise consciousness regarding the problem of drugs, even beyond the boundaries of the drug-free zone itself.

The process of creating the drug-free school zones served as a community organizing tool for the CRDA program. It required residents to work together to address several issues: the legislative process, fundraising for the signs, and the support of law enforcement, school administrators, prosecutors, and the media. All of these provided tangible opportunities for community residents to become involved and experience success in relatively nonthreatening activities. Although useful as an organizing technique, the strategy's impact on the drug problem remains uncertain and may be tied to the extent of enforcement.

Drug prevention education programs. Many CRDA organizations worked to establish drug prevention education programs in local schools. Often groups worked to have the DARE (Drug Abuse Resistance Education) program included in the curriculum. Some groups, however, looked at other programs, such as ADAPT (Alcohol Drug Abuse Prevention Team). Chicago's Logan Square Neighborhood Association was concerned that existing drug education programs were not effective in its Hispanic community. The organization focused its CRDA efforts on designing a comprehensive program that included drug prevention education as well as a new comprehensive service network for school staff, parents, and students.

Recreation and social activities. CRDA strategies for youth focused on providing recreation and social alternatives, since few such activities existed in the target communities. Each site approached the issue a little differently. Three sites worked to get youth centers established in the neighborhoods. The centers offered not only recreational activities but also training and tutoring programs. Other sites sponsored dances, peer counseling, and recreational activities such as

summer camps, out-of-State trips, athletic events, and artistic projects.

Tutoring programs. In Houston, law enforcement officers were recruited to serve as adult role models for young males growing up in single-parent families. These volunteers offered tutoring as well as cultural and recreational enrichment. The Houston program also offered a summer youth program consisting of classes in arts and crafts, dance, music, and foreign languages. Several CRDA programs planned parent education programs to support and supplement student drug education in the classroom.

Training and employment programs. Oakland provides an example of CRDA action in the area of job training for youth. The CRDA organization, Oakland Community Organization, held meetings with United Airlines and persuaded the company to participate in an airline mechanics training program at one of its maintenance facilities. By the end of the CRDA program period, United Airlines, the Port of Oakland, and the school district agreed to open an Aviation High School to train and graduate 200 airplane mechanics. In Hartford, the CRDA organization increased the number of summer jobs available for local youth and began looking for ways to increase full-time employment opportunities for youth.

Treating Drug Users

Adequate treatment services are essential to a comprehensive approach to the problem of illegal drugs. Some groups worked to improve treatment services by providing assessment and referral and by networking with service providers. Providing even a coordinating or referral service was challenging, as treatment programs were limited in number, capacity, accessibility, and appropriateness for different cultural groups. Concerned about the limitations, at least one CRDA organization worked to expand available options. Hartford Areas Rally Together helped two groups locate and open facilities for adult addicts, substantially increasing the number of available beds. It also formed a coalition that developed plans for

adolescent and family treatment centers and initiated fundraising to support the centers.

Treatment was not a high priority for most CRDA programs, but interest grew as the complexity of the drug problem became more apparent. Several factors made it difficult for the CRDA organizations to develop treatment-oriented strategies:

- In most CRDA communities, residents were primarily worried about the presence of drug dealers and users in the community. Providing services for drug users and addicts had a lower priority than increasing the safety of the community, at least initially.
- For some organizations, treatment was seen as service provision and thus not easily compatible with the advocacy approach emphasized by the group.
- The time frames in which the CRDA grants were administered made it difficult to plan treatment programs because of the level of detail and coordination required.
- Treatment programs obviously require substantial funding, particularly if they are to provide services for individuals who are unlikely to have medical insurance or other resources to pay for treatment.

Despite these obstacles, CRDA organizations worked to expand treatment opportunities in their communities. Only the Hartford group had noticeable success during the demonstration period, though it seems likely that other groups will engage in similar efforts as they continue anti-drug activities.

Enhancing the Community

Some strategies used by the CRDA organizations focused on improving the physical environment of the community. At one level, this improvement meant pressing the city to remove abandoned autos, board up abandoned buildings, increase lighting in local parks, and provide similar services. CRDA organizers used these activities to mobilize community residents and give them less

threatening means of taking action to make their communities more secure. At a more complex level, several organizations sought ways to make use of the increasing number of abandoned buildings in their communities, as rehabilitated low-income housing or as treatment centers for drug users.

CRDA Implementation Planning

The variety of anti-drug strategies employed at the CRDA sites did not come about quickly or easily but rather through a lengthy planning process. The CRDA organizations were encouraged to use a community-based planning process to plan their anti-drug programs. This included forming a task force of community residents, community leaders, and representatives of appropriate agencies. The result was to be a detailed workplan that listed goals, objectives, and the measurable outcomes expected for meeting the chosen goals.

Prior research on community-based programs has emphasized the importance of the planning process for program success.³ In particular, past experience suggests that a community program, which needs sustained resident participation, is more likely to be successful in implementing strategies if the program is tailored to local conditions and is planned with community residents.

In the spring of 1989 the Council and the Center held a conference to help the CRDA organizations develop the workplan. In the 6 months that followed, both the Council and the Center reviewed drafts of workplans and helped the organizations prepare the final revisions. Subsequently, the CRDA organizations prepared annual workplans,

3. See Bennett, S.F., and P.J. Lavrakas (1988). *Evaluation of the Planning and Implementation of the Eisenhower Foundation's Neighborhood Program*, Evanston, Illinois: Center for Urban Affairs and Policy Research, Northwestern University. See also McPherson, M., and G. Silloway (1981). "Planning to Prevent Crime," in D.A. Lewis, ed., *Reactions to Crime*. Beverly Hills, California: Sage Publications. See also Podolefsky, A. (1984). "Rejecting Crime Prevention Programs: The Dynamics of Program Implementation in High Need Communities." Paper presented at the Annual Meeting of the Academy of Criminal Justice Science, Chicago, Illinois.

but the major planning effort appears to have been that of drawing up that first workplan.

Approaches to planning. The Council and the Center promoted a formal, rational approach to planning that involved assessing needs, drawing up goals and objectives, and developing measurable indicators of success. In contrast, the CRDA organizations preferred a more fluid planning process that was more immediately responsive to the community. Their need to maintain resident involvement and develop community leadership meant responding to residents' concerns and community issues as they arose. Long-term goals such as reducing drug trafficking remained constant, but the strategies and activities to achieve these goals changed in response to current issues and available local resources. Despite resistance by some groups to the "rational" planning process, all understood its value as the CRDA experience progressed.

Participants in the planning process. Consistent with their approach to program planning, most CRDA organizations relied on organization members (usually residents) and staff to develop the CRDA workplan, especially the first year. As grassroots organizations, they emphasized the role of residents in making community decisions and the importance of developing community leaders. The organizers' past experience had been that residents were less likely to participate in meetings when agency representatives were present because they would feel intimidated by the representatives' professional and expert status. Despite these concerns, most organizations made increasing use of agency representatives as the program developed and initial workplans were revised. The groups gradually experienced the benefits of collaborative working relationships with professional and governmental agencies. Nonetheless, there remained a constant need to balance use of these partnerships with corresponding efforts to develop community leadership.

Information resources for planning. The CRDA organizations sought out community opinion, identified available programs and existing legisla-

tion, and researched other needed information to help in planning new anti-drug strategies.

They surveyed residents door-to-door, by telephone, or by mail for a number of purposes:

- To focus the group's attention on problems and concerns expressed by the community.
- To provide data to support the group's requests for help from other organizations or agencies.
- To inform residents of the group's anti-drug activities.
- To identify possible new community leaders.

In addition to surveys, several organizations used community conferences to obtain resident feedback and ideas for new and ongoing CRDA strategies.

Some CRDA organizations surveyed service providers to identify which drug-related programs were already available, such as drug treatment programs to which the residents could be referred. CRDA organizations also gathered information from existing records or agency representatives to verify concerns expressed by residents, to support their requests for action by other agencies, or both.

Many of the anti-drug strategies required familiarity with existing legislation at both State and local levels. In addition to the information provided by the Center and the Council, CRDA organizations researched existing laws on nuisance abatement and drug-free school zones, the use of Federal days, and similar issues. If needed laws did not exist, the CRDA organization sometimes helped draft legislation and pressured legislative bodies to pass it.

As noted earlier, a form of needs assessment was also made available to CRDA organizations as part of this evaluation. Telephone interviews with random samples of target area residents were conducted by the evaluation team during the first year of the demonstration. This feedback was provided in the form of site-specific community assessment reports that described the responses of local residents. Exhibit 1 on page 4 shows residents'

perceptions of the severity of different community problems in the six survey sites. Exhibit 4 shows residents' assessment of the efficacy of different anti-drug strategies. CRDA organizations found the information to be beneficial but not primarily as a means of needs assessment. Rather, they used the report as a means to legitimize and draw local attention to their anti-drug efforts.

These fact-finding activities were directed primarily at obtaining knowledge needed for a strategy. The research activities, however, served another purpose as well—to educate, inform, and gain the support of other members of the community regarding their anti-drug initiatives.

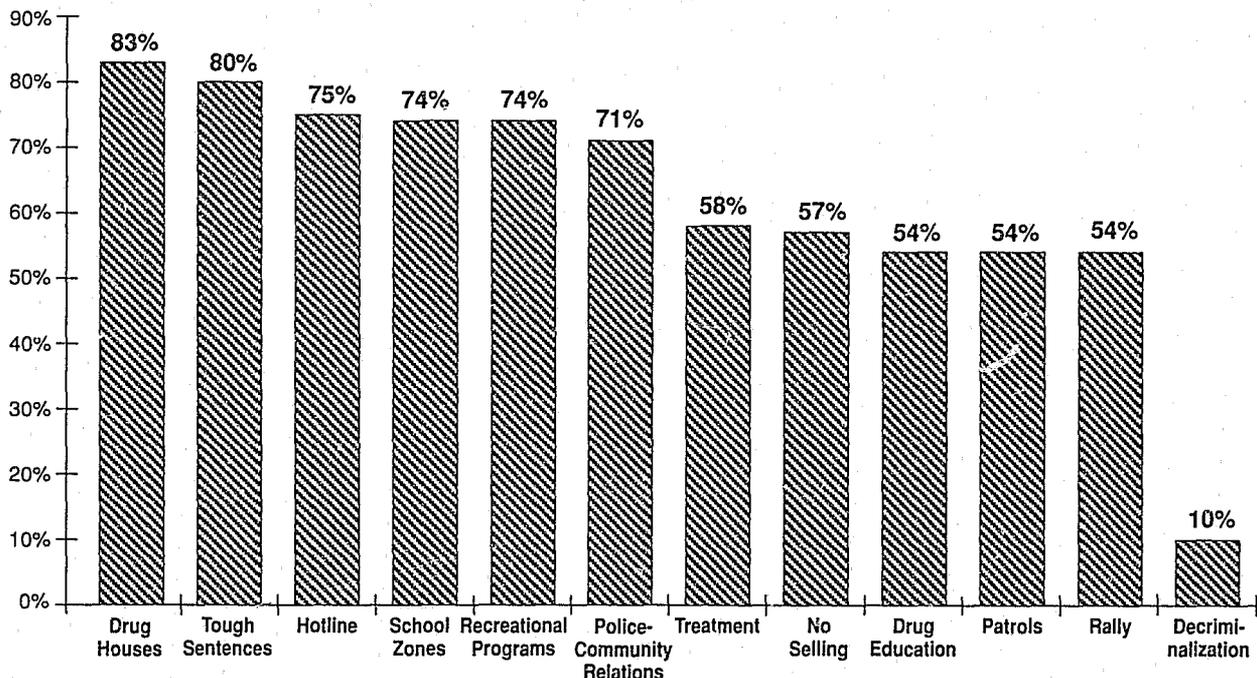
Workplans and goals. The first year's workplans included basically four different kinds of goals:

- Enforcing the law.
- Working to involve youth in education and prevention.
- Improving the physical environment.
- Organizing or networking.

Distinctions among these goals were not always clear-cut. Law enforcement goals were the most frequently mentioned. All 10 organizations identified at least one such goal and half identified more than one. The most common law enforcement goals included closing drug locations or drug houses, establishing drug-free school zones, and reducing drug sales. Many of these goals were short-term in that they could be implemented more quickly and with less planning than education goals, for instance. Thus, they provided immediate

Exhibit 4

**Percentage of Respondents in Six Sites
Who Report Each Anti-Drug Strategy as "Very Effective"**
(N = 1,169)



and visible evidence of progress on local drug problems.

In the second and third years, most CRDA organizations expanded their workplan goals and occasionally dropped goals that had proved untenable during the first year. The new goals generally represented a broader approach to anti-drug programming. Although three groups added additional law enforcement goals, groups were more likely to add drug education programs, youth programs, or broader social programs.

Factors influencing the planning process. Several factors influenced the planning process and the contents of the CRDA workplans:

- The short, 1-year funding cycles, which forced the groups to move quickly from planning to implementation in order to show that they had accomplished something before applying for the next year's funding.
- The organizations' existing procedures for planning, which were not always compatible with the planning approach promoted for the CRDA program.
- The state of anti-drug programming in the cities, which affected the role of the CRDA organizations (e.g., citywide anti-drug initiatives that required the attention and involvement of CRDA organizations).

Much of the formal planning process encouraged by the technical assistance team was implemented, although local organizations did not fully adopt the task force approach as originally conceived. The direction of the CRDA program was determined, in most cases, by local community residents rather than agency professionals. Program goals in the first year placed heavy emphasis on drug enforcement strategies, but changes in subsequent years reflected a growing interest in the development of prevention and youth-oriented programs. Overall, the planning process (including the selection of goals and objectives) was influenced not only by the grant requirements but also by the experiences of the CRDA organizations and the existing social and political environments.

Forging Partnerships

In planning the program, the Council and the Center assumed that the pervasiveness and complexity of the drug problem required cooperative work by a broad range of organizations. Their proposal to the National Institute of Justice focused on the need for "a plan of action that builds consensus and cohesion among the residents and institutions in the larger community." The CRDA organizations worked to establish these linkages through the creation of task forces and other forms of partnerships with local organizations and agencies.

CRDA task forces. The CRDA grant required that each organization establish a task force of concerned residents and relevant city agencies. The functions of the task force were to (1) assist in the development of a communitywide drug abuse prevention program and (2) evaluate its effectiveness. Despite grant guidelines, the task forces differed across the sites in their membership, structure, and program functions.

Membership varied widely. At the beginning of the program, several CRDA organizations were reluctant to form task forces. Some felt that a task force would only duplicate the efforts of the organization's board or existing anti-drug task forces. Others were concerned about task force composition. Specifically, they were reluctant to include agency representatives because leadership development and community empowerment—two primary goals of the CRDA organizations—might be compromised if agency representatives were brought into the process too early, indirectly discouraging residents from taking leadership roles. They also feared that the community group's advocacy role might be compromised if agencies who could be the target of their organizing activity were allowed to participate.

Initially, five CRDA organizations decided against including agency representatives on the CRDA task forces and relied on residents as task force members. By the end of the first program year, nine of the organizations had working task forces. Most organizations expanded the task forces by the third year to include agency representatives.

The agencies represented on CRDA task forces at the end of the grant period were quite varied. They typically included the police, other criminal justice agencies (such as prosecuting attorneys, the sheriff's office, or the Drug Enforcement Administration), substance abuse agencies (such as the National Council on Alcohol or rehabilitation centers), and education groups such as school boards and Parent-Teacher Associations (PTA's).

In five sites at least some of the resident members of the task force were representatives of community or neighborhood associations. The CRDA task force functioned as an umbrella group, providing a forum for community associations to share information on possible strategies, their implementation, and apparent utility.

Additional task forces. In addition to the primary CRDA task force, several organizations formed (or attempted to form) task forces of local youth and of local churches. Concerned about the exposure of youth to both drug use and drug selling, these organizations sought to involve youth in developing strategies to reduce youth involvement in drugs and alcohol. The attempt to mobilize churches occurred for various reasons, including difficulties in using typical tactics for organizing residents, need for additional resources, and the power and legitimacy of churches in some communities.

Other partnerships. In addition, CRDA organizations worked with a broad range of agencies and organizations. These included police, prosecuting attorneys' offices, other criminal justice agencies, inspection agencies such as fire and housing departments, public housing authorities, city councils, school boards, State legislatures, PTA's, local churches, ministerial associations, other community organizations, parks and recreation departments, youth programs, drug education programs, and substance abuse agencies and treatment programs.

Interaction within these partnerships varied considerably. Partners shared information, referred clients, requested services, and met for ad hoc planning and cooperation. The partnerships

formed in many CRDA sites to create drug-free school zones illustrate this ad hoc approach. The strategy required cooperation among a wide group of organizations including the school board, local schools, PTA's or other parent organizations, the police, the local prosecuting attorney's office, and sometimes the city council. Once the drug-free zone signs were posted, however, the coalition was no longer needed.

In some cases, the CRDA organization developed a collaborative partnership to develop an ongoing, jointly operated program. The best example is the partnership required to close drug houses. Depending on the approach taken, closing crack houses required the participation of the community, the police, various inspection services, and the courts.

CRDA organizations identified a number of advantages to participating in anti-drug partnerships:

- Development of more collaborative and less adversarial relationships with other organizations.
- Decrease in suspicion and distrust among partnership members.
- Increase in the legitimacy of CRDA organizations as a result of their affiliation with national and local agencies.
- Greater access to government agencies and resources via new relationships.

Yet partnerships had several drawbacks:

- Some partners held different goals or used different strategies.
- Some partners had prior relationships (sometimes adversarial) that conflicted with current demands for cooperation.
- Some partners competed for limited resources (funds, volunteers) and political recognition for their work.
- Some partnerships became too large to function effectively.
- Some partnerships were controlled or dominated by agency representatives, that is, professionals who attend meetings every day as part of

their jobs and can be intimidating to community representatives.

■ Some partnerships forced community groups to adopt a broader, citywide or statewide agenda and to spend more time fostering interagency relationships at this level, thus reducing the time available to address neighborhood issues.

Role of the Police

The CRDA programs worked cooperatively with local police departments on at least some program strategies. Many programs started with a strong focus on increased enforcement, encouraging citizens to report drug activities to the police and obtaining agreement from the police for increased patrol visibility and follow-through on citizen information, closure of drug houses, citizen patrols, and neighborhood watch programs. The CRDA organizations used police assistance for other anti-drug strategies, including operation of youth programs, installation of drug-free school zone signs, and participation in task forces.

The most salient police role in the CRDA program was that of enforcement. Enforcement strategies focused on increasing arrests and convictions of drug dealers, reducing drug dealing as a visible activity in the community, and strengthening and expanding legal options for dealing with problems of drug sales. In addition to the enforcement strategies described elsewhere, in four communities, police officers served as members of the task force, attending meetings, working with other groups and agencies, and providing technical assistance. Although in six communities police officers were not officially members of the CRDA task force, they were still involved in program planning and development.

Working cooperatively with the police was a significant change for several organizations. As one group noted, "Trust is the major accomplishment [of the program]. We never had it before." As another program developed, the local police commander became more supportive of the organization's approach to the drug problem—

enough so that some critics suggested that he should spend more time on enforcement and less on organizing the community. Nonetheless, neither group saw the more cooperative approach as threatening its independence. Although many organizations experienced improved relations with the police, a few continued to report problems in securing cooperation.

A new positive relationship with the police had several benefits:

- For residents, it added an incentive to get involved and reduced fear of reprisals.
- For the CRDA organization, it increased its legitimacy in local political circles and increased its ability to network with other agencies and organizations.
- For the CRDA organization, it increased its understanding of the benefits and limitations of the strategies being pursued.
- For the police department, it provided community support for meeting law enforcement needs, such as additional resources and changes in local ordinances.
- For the community as a whole, it filled a leadership void that had sometimes existed around the drug issue.

Community Organizing Tactics

Numerous evaluations of community crime prevention programs have noted the difficulties in generating and maintaining participation in such activities.⁴ These problems tend to be particularly acute in communities that are in special need of

4. See Bennett, S.F., and P.J. Lavrakas (1989), op. cit., 35:345-365. See also Henig, J. (1985). *Citizens Against Crime: An Assessment of the Washington, D.C., Neighborhood Watch*. Paper presented at the Annual Meeting of the American Society of Criminology, San Diego. See also Lindsay, B.D., and D. McGillis (1986). "Citywide Community Crime Prevention: An Assessment of the Seattle Program." in D.P. Rosenbaum, ed., *Community Crime Prevention: Does it Work?* Beverly Hills, California: Sage Publications. See also Silloway, G., and M. McPherson (1985). "The Limits of Citizen Participation in a Government Sponsored Community Crime Prevention Program." Paper presented at the annual meeting of the American Society of Criminology, San Diego.

crime prevention programs,⁵ such as the areas selected for the CRDA program.

Three factors added to the CRDA groups' difficulties in generating resident participation in anti-drug activities. The most obvious was *fear of retaliation* from drug dealers if they discovered that residents were acting against them. Program staff noted this as a problem in most sites. Several incidents of retaliation occurred during the CRDA program, but the media coverage of such incidents may have exaggerated the risk.

A second obstacle to greater citizen participation was the *stigma* some people associated with becoming involved in drug abuse programs. Classes on the problems of drug abuse in local schools for students and their families were poorly attended for this reason in some communities.

Finally, the *complexity of the drug problem* appeared to influence community organizing in two ways. First, some organizations were not able to use their normal organizing tactics because they could not identify a person or agency responsible for solving the drug problem, to whom a specific action could be targeted. Second, the complexity of the problem forced groups to network or form partnerships with other organizations and agencies in order to have an effect on local drug problems. For several groups, this kind of networking meant significantly changing their operating styles as they were forced to commit substantial staff time to developing ongoing, cooperative relationships with other agencies. CRDA organizations worked to maintain a balance between the two organizing needs (mobilizing residents and forming partnerships) during the program.

The CRDA organizations used four major tactics to counteract these obstacles to community participation.

Personal contacts. Prior research has documented the effectiveness of personal contacts in persuading people to become involved in crime prevention

and other community activities. Organizers for community groups spend considerable time "door-knocking" to develop or reinforce their grassroots support. However, residents in some locations were reluctant to have organizers stand on their doorsteps as it might identify them as having taken action against drug dealers. These problems forced CRDA organizers to identify possible leaders and participants through other groups, where individuals could be approached in less threatening ways.

Use of side issues. In many crime prevention programs, neighborhood issues that are only indirectly related to crime are included in program activities. This is because these issues help organizers maintain residents' interest and provide more tangible accomplishments than reducing crime rates. CRDA organizers sometimes used side issues as well, but more often to generate participation rather than to maintain it. Fearful of becoming openly involved in anti-drug activities, residents sometimes found it easier to organize around related issues, such as the physical condition of their neighborhood. Through their work on such issues, residents began developing trust in the group and experience in working collectively. Once active, the residents generally began to work more directly on local drug issues.

Reliance on local institutions. Unable to use doorknocking in some communities, CRDA most frequently relied on churches and schools, the few institutions still active in some communities.

Although the organizers found that working through churches usually enhanced their legitimacy, affiliation in a church sometimes made it more difficult to develop a group of residents within a given geographic area. Moreover, organizers sometimes found it difficult to enlist the support of churches.

The other local institutions, the schools, provided good contacts with residents; some sites, however, found it difficult to develop cooperative relationships with local schools. Sometimes schools did not want to admit that there was a drug problem in their midst. Other times there were difficulties in

5. Skogan, W.G. (1989). "Communities, Crime and Neighborhood Organizations," *Crime and Delinquency*, July.

negotiating cooperation among different groups with different approaches who were already working through the local schools.

Collective responses. Several CRDA groups held marches and rallies; these had a number of benefits. Such collective responses provided a safe way for residents to oppose local drug activity. In addition, the events were viewed as a way of symbolically taking back the community (park, street corner, for instance), at least for a short period of time. Participants described such events as serving notice to drug dealers that they were not wanted in the community and that their presence would not be tolerated. Finally, organizations frequently had well-known speakers who motivated residents to take action against local drug activity.

In sum, CRDA organizations pursued a number of tactics to organize and mobilize local residents in the fight against neighborhood drug problems. Many CRDA organizations did not view community organizing as just a prerequisite for implementing the program. Rather, energizing the community was an ultimate goal of the organization.

Mobilizing Churches

To be more responsive to the growing needs of their members, many churches have begun to take less traditional approaches to the social problems around them and to use the knowledge and expertise of people in the community.⁶ CRDA organizations formed various partnerships with churches during the program. For some organizations, like the Northwest Bronx Community and Clergy Coalition and the Oakland Community Organization, working with churches was established practice; for others, like Citizens for Community Improvement in Council Bluffs, Iowa, it was a new effort.

The type and level of church involvement in CRDA task forces and coalitions varied across the sites. One form of involvement entailed having at

least one minister, priest, youth minister, or church worker serving on the CRDA task force. Many of the churches were asked to join the task force because they already operated drug prevention, counseling, referral, or treatment programs in the community. In another strategy, churches formed their own coalition or task force as part of the CRDA grant. These task forces then worked on developing their own anti-drug activities in cooperation with the CRDA programs.

As noted earlier, some CRDA organizations also worked through churches to involve residents and identify local leaders. One CRDA organization effectively used church-based organizing to mobilize congregations into local church organizations. It used this approach not just to mobilize against drugs but as a primary means to achieve its organizational goals. (After the death of Saul Alinsky,⁷ the pioneer in mobilizing at the grassroots, many community organizers substituted this new church-based approach for the older neighborhood-based one). Given its success, other CRDA organizations considered adopting the church-based approach.

Working through local churches had several advantages. Churches provide access to a lot of people. They have established legitimacy in the community, which may be especially important in minority communities if the CRDA organization is predominantly Caucasian. Churches are also already members of networks or coalitions, which broadens their range of influence and increases their available resources.

Even with the successes, CRDA staff encountered problems in mobilizing churches. The problems included the reluctance of some pastors to join an interfaith and interracial group, the reticence of some African-American ministers to support white organizers, and pastors who were overextended and could not commit the time needed for the

6. Walker, M. (1991). "Church Based Programming." South Austin Coalition Community Council, Chicago, Illinois.

7. Saul D. Alinsky (1902–1972) helped poor people in more than 40 U.S. communities to help themselves. His organization, the Industrial Areas Foundation, worked to develop grassroots leaders who would use boycotts, social protest, and other means to improve economic and social conditions in their communities.

program. Another problem was the denial of the drug problem by some white congregations whose pastors felt this was a "minority issue."

In summary, CRDA sites that actively involved churches benefited from the credibility the pastors and churches provided to the anti-drug effort. Clergy who allowed access to their congregations provided a strong base from which to organize the larger community.

Using the Media

Many of the activities initiated by community organizations in the CRDA program involved "working" the media, that is, using the media for a

specific purpose in the community. Grassroots organizers who had been trained in the Saul Alinsky style of organizing considered the media an important tool in community action work.

CRDA organizations targeted both print and electronic media. The types of media coverage sought included news items, interviews, exclusives, special or feature articles, editorials, public service announcements, headline news, and live coverage of an event. The CRDA organizations used the mass media to:

- Increase public awareness about the drug problem.
- Send a message to drug dealers.

The Three Stages of Program Implementation: A Summary

Stage One: Mobilizing the Community

In the initial stage of the program, the CRDA organizations needed to accomplish several implementation objectives:

- Increase residents' awareness of local drug problems and of the possibility for collective action.
- Increase residents' motivations to participate in anti-drug activities and reduce their fear of doing so.
- Focus on the residents' immediate concerns.
- Develop strategies that could provide them with some relatively quick successes.

Given these initial constraints, the organizations tended to emphasize community awareness strategies (community rallies, for instance) and surveillance and reporting strategies (e.g., hot spot cards). Both kinds of

strategies worked well as organizing tools while also giving residents safe ways to take action against local drug problems.

At the same time, the CRDA organizations and participating residents significantly increased their knowledge about the operations and limitations of the criminal justice system as well as the scope and intractability of drug problems. The groups came to realize that arresting drug dealers usually provided only short-term relief and that intensive surveillance or patrol only displaced the selling, either to other locations in the community or to inside locations that are generally more difficult to control.

The groups also expanded their understanding and knowledge through interaction with task force members and with agencies or organizations with whom they were forming partnerships. The technical assistance and networking provided by the national agencies also facilitated this development substantially.

- Inform the public about their organization and its activities.
- Notify residents of upcoming anti-drug events.
- Explain the purpose or meaning of a specific strategy.
- Summarize and synthesize information on relevant issues and public policies.
- Receive credit for their accomplishments.
- Hold politicians accountable for statements they make in public.

A positive relationship with the media was not always possible. One group identified the media as an institution that it believes contributes to the problem of drug use among minorities. The group launched a major attack on advertisers as part of

Stage Two: Strengthening Enforcement Responses

At the second stage many groups were able to focus on different ways to strengthen enforcement and on expanding the legal means for holding accountable those involved in drug trafficking. The groups pressured both police and prosecutors to make full use of existing laws (such as increased penalties in drug-free school zones), explored the application of civil statutes (such as nuisance abatement laws) to take action against local dealers, and some groups also began work on new legislation.

Stage Three: Social Prevention

Eliminating drug selling in the communities was the central goal of the CRDA programs throughout the grant period. Yet as they worked to eliminate drug selling and as they interacted with other active agencies or organizations, the groups and their members became increasingly aware of the broader implications of substance abuse and illegal drugs. The

the CRDA program and led a campaign against one particular billboard company in its neighborhoods.

Technical Assistance

As the experience of other national crime prevention demonstrations had already shown, technical assistance was key to the successful implementation of the national program. Community organizations felt that the training and technical assistance provided by the Council and the Center contributed to the success of their local program efforts.

The Council and the Center provided both reactive and proactive forms of technical assistance. Proactive assistance included training local organizations in the areas of planning, goal setting, and

groups became increasingly interested in a more comprehensive approach, especially one that would keep local youth from becoming involved in illegal drug use. They were ready to consider social prevention approaches.

Since they were initiated at a later stage in the development of anti-drug strategies, the social prevention strategies were generally less well-developed during the grant period than the enforcement strategies. Many of them focused on protecting local youth from illegal drugs, such as the establishment of drug prevention education programs. Others focused on providing youth with more opportunities for social activities, educational development, or legitimate employment. Some groups also began looking at the need for more treatment facilities and at broader issues of community development—improving the housing stock and increasing employment opportunities for adults and youth—as necessary components to a program meant to protect the community from problems of illegal drugs.

workplan development. An important form of proactive assistance consisted of three technical assistance cluster workshops for the CRDA organizations. Reactive technical assistance was provided in response to telephone requests or special needs identified in the sites' quarterly reports. Over the course of the CRDA demonstration, the technical assistance emphasis shifted from proactive to reactive because there were more requests for technical assistance once the programs were up and running. In addition, requests for technical assistance began to focus less on program implementation and more on collaborations and program institutionalization.

The technical assistance team contributed substantially to the national visibility of the CRDA program. The Council planned national press conferences, briefed the then director of the Office of National Drug Control Policy, William Bennett, on the program, and assisted with a White House luncheon honoring the "local heroes" in the war against drugs. The Council also prepared profiles of the CRDA sites to promote the CRDA program and to respond to numerous requests received from the media, academics, policymakers, politicians, community groups, and law enforcement agencies, especially during the second year of the demonstration when the CRDA sites were implementing their programs.

Local sites commented that the Council was helpful in fundraising and the development of workplans, institutionalization of their program, and in providing entree into national policy and funding arenas. The Center was considered the primary provider of "hands on" training and technical assistance. Its staff conducted training sessions in community organizing, fundraising strategies, leadership skill development, and a variety of drug strategies. The Center also provided ongoing phone consultation to the sites, as needed. As the CRDA sites became fully operational, they expanded their networks and received information and assistance from a variety of sources on both local and State levels.

Most CRDA organizations found the technical assistance from the two national agencies quite helpful, especially the cluster workshops that provided staff from all sites an opportunity to exchange information. Unfortunately, the demand for technical assistance greatly exceeded the available budget.

By the end of the CRDA demonstration, the technical assistance providers had managed to develop a good working relationship with each other and with the local sites. Neither of these outcomes was assured at the start because the organizations had different perspectives about how to approach this project. However, they were able to establish cooperative relationships based on the mutual respect developed during the program.

In sum, while community organizations with established track records in community organizing (such as those at the CRDA sites) have a better chance of implementing sustained anti-drug programs, the CRDA demonstration underscores the importance of technical assistance.⁸ Without the dissemination of information across the sites, local planning and implementation efforts would have been significantly retarded.

Social Learning Process

Exhibit 5 offers a comparative overview of the major anti-drug activities employed at the CRDA program sites; it also documents changes in activities that occurred over the 3-year period of the CRDA demonstration program. Exhibits 6 through 15, in the Appendix, present individual profiles of each CRDA program. Additional information on the programs can be found in the Final Process Evaluation Report.⁹

Exhibit 5 shows that the CRDA organizations participated in a broad range of anti-drug programs and activities. The evaluation team originally

8. See Bennett and Lavrakas (1989), *op. cit.*

9. This volume can be obtained from the National Criminal Justice Reference Service, Box 6000, Rockville, MD 20850 (800-851-3420). Ask for NCJ 145641.

Ten-Site Summary of Anti-Drug Strategies per CRDA Workplans

Organizing the Community	Bronx			Chicago Logan Square			Chicago South Austin			Cleveland			Council Bluffs Iowa			Des Moines Iowa			Waterloo Iowa			Hartford			Houston			Oakland		
	Year			Year			Year			Year			Year			Year			Year			Year			Year					
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Rallies and marches	•		•	•	•	•	•	•	•	•	•	•							•	•	•	•	•	•			•			
Conferences and forums		•		•	•	•	•	•	•		•	•		•	•			•								•	•	•		
Community meetings	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•
Newsletters				•	•	•	•	•	•							•	•	•				•	•	•		•				
Identification and reporting of drug hot spots	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•
Neighborhood watches and patrols	•	•	•				•	•	•		•	•	•	•	•	•	•	•			•			•	•	•				
Strengthening Enforcement Efforts																														
Increased street-level enforcement	•	•	•			•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•				•	•	•
Closing of drug houses	•	•	•			•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	
Monitoring of prosecutors and judges							•	•	•									•			•			•		•	•			
Change in State legislation or city ordinances						•			•		•	•		•	•	•	•	•		•	•	•	•			•	•	•	•	
Collaboration with landlords	•	•	•		•	•	•				•							•				•	•	•						
Protecting Youth																														
Drug-free school zones					•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•					•	•	
Drug education in schools					•	•	•		•	•					•			•	•	•	•	•				•	•			
Parental involvement											•		•	•						•	•	•	•		•	•	•	•	•	
Youth social activities	•	•	•								•	•	•	•	•			•	•	•	•	•	•	•		•	•	•	•	
Tutoring programs		•	•			•					•										•				•	•		•	•	
Treating Drug Users																														
Assessment and referral services						•															•			•	•	•				
Treatment services						•					•	•								•	•	•	•	•	•	•	•			
Relationships with service providers	•	•		•	•	•			•	•	•	•	•	•	•	•	•	•							•	•				
Developing the Community																														
Improvements in neighborhood physical conditions	•	•	•	•	•	•		•	•	•	•	•		•	•		•	•		•	•				•	•	•	•	•	•
Employment and training programs		•	•								•	•				•	•	•			•	•	•		•	•		•	•	
Improvements in low-income housing	•	•	•				•	•	•	•	•	•					•	•		•	•							•	•	•

*Houston site began CRDA program in year 2.

expected that the CRDA organizations would develop different means of intervention, depending in part on the nature of the local drug problem, available resources, and the orientation of the organization. Yet despite their diversity, the anti-drug programs had considerable similarities, for the CRDA organizations followed a common path as they developed their strategies. They generally started by mobilizing the community and the police. In the second stage they focused on strengthening law enforcement responses, and during the third stage they broadened their focus to encompass social prevention strategies (see sidebar on pp. 20–21).

This similarity in program development appears to be based on the social learning process¹⁰ experienced by resident participants and staff members. In order to design and implement the anti-drug programs, they had to develop the skills and knowledge needed for the task. The social learning that occurs during implementation is critical to program success: "Implementation is a complex, multistage process of institutional and individual learning."¹¹ For community organizations that operate with small staffs and rely primarily on community volunteers to maintain programs, the learning process is particularly important. In the CRDA programs, social learning took several forms:

- Development of leadership skills and collective decisionmaking skills among resident participants.
- Development of cooperative relationships with other organizations or agencies, or the formation of partnerships.
- Acquisition of knowledge about drug problems, possible solutions, and the likely consequences of those solutions.

10. See Brower, S. (1986). "Planners in the Neighborhood: a Cautionary Tale," in R.B. Taylor, ed., *Urban Neighborhoods: Research and Policy*. New York: Praeger, 181–214. See also Korten, D.D. (1980). "Community Organization and Rural Development: a Learning Process Approach," *Public Administration Review*, September/October: 480–511. See also McLaughlin, M.W. (1985). "Implementation Realities and Evaluation Design," in R.L. Shotland and M.M. Mark, eds., *Social Science and Social Policy*. Beverly Hills: Sage Publications, 96–120.

11. McLaughlin, op. cit., 100.

The anti-drug strategies emphasized by the programs were determined, at least in part, by the level of skills and knowledge that residents and staff members acquired.

In summary, the CRDA program suggests that groups go through a social learning process in developing anti-drug strategies. During the grant period, the organizations and their members substantially increased their knowledge of drug problems, legal actions available against drug problems, the broad range of agencies involved in responding to these problems, and the intricacies of forming partnerships with other groups to work on more comprehensive approaches. As their knowledge increased and as earlier strategies became established, the groups expanded the scope of their anti-drug efforts to encompass a wide variety of enforcement and prevention remedies.

Conclusions and Policy Implications

This report has shown how much can be accomplished by local community organizations with limited Federal funds. The study also yielded a number of insights about the creation of partnerships, the emergence of community leadership, changes in police-community relations, the role of churches, the importance of technical assistance, and other areas that are critical to the success of community-based anti-drug initiatives. The experiences of these stable, multi-issue community organizations (and the barriers they found to successful implementation) should be of interest to other community groups and police departments.

While Federal funding did not significantly change the methods and programs that the 10 community groups were planning at the time of the grant award, it did allow them to pursue their anti-drug agenda with greater intensity, focus, and persistence. Furthermore, in many cases, the Federal funds and the group's association with the programs of the U.S. Department of Justice were instrumental in strengthening their organizational legitimacy in the eyes of other city, State, and national agencies. This respect in turn helped them

secure funds from other sources to continue their battle against drug activity on their city streets.

However, the groups indicated that if additional Federal assistance had been available, they would have been able to do more. The uncertainty of future funding and the short funding cycles (generally 1 year) may have hampered program development in at least some sites.

Consistent with previous research, technical assistance was deemed critical to the successful development and implementation of anti-drug programs. Although local groups did not adopt all of the concepts promoted by the national technical assistance providers, the information and expertise offered by the Council and the Center were considered helpful by most groups. The cluster workshops sponsored by the technical assistance providers (with participants from all CRDA organizations) enabled groups to learn from one another. Promising ideas for dealing with the drug problem were shared at these meetings, and within months, other sites were implementing similar strategies thousands of miles away.

The planning process was not entirely problem-free. The concept of an interagency task force as recommended by the Council was initially rejected by several CRDA organizations, but the importance of partnerships became more apparent to them over time. Nevertheless, when a community organization already has the structure needed to perform the functions of a task force or already participates in a multiagency task force, the creation of a new one may be unnecessary and potentially wasteful. Furthermore, the CRDA demonstration underscores the importance of being sensitive to the issue of community versus agency representation on planning committees. Several CRDA organizations questioned the use of agency representatives and other experts on the task force, fearing that community residents would lose control over the process and the agenda.

Although several organizations were concerned about the composition of the task force, most groups created some form of partnership with

other agencies as they confronted the complexity of the drug problem. In the 1990's, new partnerships and coalitions have become the most prominent characteristic of neighborhood and citywide efforts to combat drugs and crime. The CRDA demonstration highlights some advantages and disadvantages of these new arrangements. For many organizations, these partnerships meant a change from adversarial to collaborative relationships with other local agencies. With this change, the organizations found that they gained new legitimacy as groups willing to work on solutions. The partnerships provided them with a broader range of skills, experience, and resources for program development. These gains came with costs, however. From the perspective of the community organizations, the chief cost was the tendency of the coalitions to pull them into broader citywide and statewide agendas and to cause them to devote more of their limited resources fostering interagency relationships than mobilizing the community.

Finally, there is a need for government and agency representatives to recognize how different their "rational" approach to planning (involving needs assessment, the development of goals and objectives, etc.) is from the planning style of community groups. The local community organizations preferred a more fluid planning process that was immediately responsive to residents' concerns and community issues. Clearly, there are merits to both approaches, and both sides learned something from each other. Being able to articulate a workplan with a clear set of program goals and objectives helps an organization develop a viable long-term program and obtain funding and other resources. But keeping in constant, close touch with the needs of the community is critical to these organizations' survival.

The requirement for a fluid planning process is closely related to the organization's need to mobilize the community. Generating participation is usually problematic, but the anti-drug focus in the CRDA demonstration increased the difficulties. Residents' fear of retaliation from drug dealers,

families' concerns about the stigma of having a drug problem, and the complexity of substance abuse policy issues were obstacles to community mobilizing for the CRDA programs. The groups used several tactics to alleviate these difficulties. They emphasized personal contacts with residents and other potential participants. They used side issues, such as improving the physical environment, and collective activities, such as marches and rallies, to provide nonthreatening means of participating. And finally, they made use of local institutions to identify groups of possible participants.

The primary institutions that the groups relied on in mobilizing the community were local churches. The churches had more than an organizing function in the program, and the role of the churches in anti-drug initiatives is a noteworthy chapter in the CRDA demonstration program. As more inner-city churches take on a social action role and begin to address the social problems facing their members, they become an increasingly important agent of social change. CRDA community organizers found that working through churches increased their legitimacy but some churches were not willing to work on a problem they viewed as outside their purview.

The CRDA organizations worked hard on a broad range of anti-drug strategies. Despite local differences, they followed a similar pattern in progressing from reliance on law enforcement alone to developing broader strategies aimed at protecting youth, providing treatment for drug users, and improving the community's environment. The primary anti-drug programs that were implemented under the CRDA demonstration, closing drug houses and creating drug-free school zones, deserve special comment.

The strategy of closing drug houses required considerable coordination of effort and persistence. For community organizers, closing each drug house was a visible success and helped to empower the community in its "war" against drugs. However, this strategy has several disadvantages. In the short term, innocent tenants may be displaced and left without housing when the group succeeds in

closing a building that houses drug dealers. Drug dealers may eventually reoccupy closed drug houses and continue their illegal drug operations. Keeping drug houses closed generally requires *continual* action by the organization and residents.

What effect will this strategy have on the target neighborhoods in the long run? Will short-term victories become long-term liabilities? Closing drug houses can contribute to neighborhood blight by increasing the number of abandoned, boarded-up buildings. Furthermore, demolishing closed drug houses reduces the amount of affordable housing in the community. The long-term viability of this anti-drug strategy may depend upon the extent to which these potential consequences are addressed. Some CRDA organizations recognized these problems and are currently exploring ways to obtain control of closed houses and convert them to positive use for the community. Keeping drug houses closed should not be viewed as an end but only as one means of reclaiming drug-plagued neighborhoods. The "weeding" process must be followed by carefully planned "seeding."

From a community organizing perspective, the posting of drug-free school zone signs clearly provided a number of immediate benefits in the battle for turf with drug dealers. The effectiveness of this strategy in creating a safer school environment, however, remains uncertain. If signs alone are sufficient for deterrence, then this approach may be effective; but if enforcement is needed, communities may be disappointed in the long run. Once the drug-free school zone signs have been posted, local police need to follow up with arrests, and prosecutors need to take advantage of the laws for increased penalties. Clearly at some sites this was not happening, and CRDA organizations found it necessary to pressure both police and prosecutors to enforce the law. Typically, communities just assume that enforcement action is being taken.

All participants learned from the CRDA demonstration program. Some earlier lessons were confirmed, including the critical importance of ongoing technical assistance and the need for

community-based planning to increase ownership and legitimacy of the program. On other problems, understanding increased even though no easy, packageable solutions were discovered. The conflict remained between adopting a "rational" planning process to meet the requirements of funding agencies and adopting a more flexible process to enable the organizations to immediately respond to resident concerns.

Insights were gained about newer program tactics that have received little attention in prior evaluations. Partnerships are still advocated in policy discussions, but there is limited knowledge about how they affect the development and implementation of public policies, the distribution of available resources, or the member participants. The CRDA demonstration program provided concrete examples of the benefits of these partnerships, but it also pointed up some costs and disadvantages, particularly for community-based organizations. Perhaps the most important conclusion of the CRDA demonstration is that residents and community organizations can make significant and creative contributions to solving local drug problems, given adequate time and resources.

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Appendix

Exhibit 6

The Bronx, New York

Community Organization:	<i>Northwest Bronx Community and Clergy Coalition</i> , a grassroots, community-based, multi-issue organization.
Community Characteristics:	Economically depressed; low education; low income; large number of homeless; poor school system.
Racial Composition:	400,000 in Coalition area: 47% Hispanic, 43% African-American, 6% white, 4% Southeast Asian and Irish immigrants.
Target Population:	Northwest Bronx residents.
Anti-Drug Strategies	
<i>Organizing the Community</i>	Organized tenant associations to address drugs and crime problems. Local "Drugs Out" committees identified hot spots.
<i>Strengthening Enforcement Efforts</i>	Regularly met with police to report hot spots. Implemented Operation Lock Out, with U.S. Marshal seizure of apartment building containing drug house. Met with cooperative landlords on hot spot buildings.
<i>Protecting Youth</i>	Involved parents in youth center. Developed a youth council. Opened youth centers for recreational, cultural, and drug prevention education. Fordham University students conducted tutoring program at youth center.
<i>Treating Drug Users</i>	Referred people to two treatment programs.
<i>Developing the Community</i>	At youth conference, met with Department of Labor in D.C. Organized neighborhood task forces to improve parks, schools, and streets. Organized 33 tenant associations to address drugs and related problems.
Program Process:	Local "Drugs Out" committee prioritized issues and planned coalitionwide strategies. Organized tenant associations. Formed community task forces. Conducted community meetings, marches, vigils, and rallies.
Other Activities:	Involved with effective implementation of community policing program.
Continuation Funding:	One grant for less than \$30,000.

Exhibit 7

Chicago, Illinois—Logan Square

Community Organization:	Logan Square Neighborhood Association, a grassroots, community-based, multi-issue organization.
Community Characteristics:	Low income, working poor. Influx of upwardly mobile middle class.
Racial Composition:	Largely Hispanic of Cuban, Puerto Rican, and Mexican origins (66%). More whites (28%) moving back to community.
Target Population:	All residents, but primarily youths.
Anti-Drug Strategies	
<i>Organizing the Community</i>	Cooperated with police in identifying hot spots.
<i>Strengthening Enforcement Efforts</i>	Succeeded in changing local police leadership with respect to street-level enforcement. Worked on drug-free school zone legislation. With police, provided information and assistance to landlords about drugs.
<i>Protecting Youth</i>	Implemented drug-free school zones. Planned extensive drug education prevention program in schools. Involved parents. Planned social activities through churches and social services. Organized tutoring programs through churches.
<i>Treating Drug Users</i>	Planned extensive assessment and referral services. Planned treatment services through social service agency. Developed networks of service providers through case management system.
<i>Developing the Community</i>	Planned employment and training programs through social services. Conducted rallies for paintouts to improve neighborhood appearance. Developed mortgage program to improve low-income housing.
Program Process:	Heavy emphasis on planning comprehensive programs through meetings with social service providers.
Other Activities:	Development of grant proposals and more services through the U.S. Center for Substance Abuse Prevention (CSAP).
Continuation Funding:	Secured large CSAP grant for comprehensive prevention program planned under CRDA grant.

Exhibit 8

Chicago, Illinois—South Austin

Community Organization:	<i>South Austin Coalition Community Council</i> , a grassroots, community-based, multi-issue organization.
Community Characteristics:	Working poor, 30% below poverty level, with 71% under 25 years of age. School dropout rate of 23%.
Racial Composition:	86% African-American, 9% white, 4% Hispanic, 1% other.
Target Population:	All residents of the community.
Anti-Drug Strategies	
<i>Organizing the Community</i>	Developed neighborhood watch program (in addition to those sponsored by civic associations). Civic and tenant associations identified and reported drug hot spots.
<i>Strengthening Enforcement Efforts</i>	Created street-level drug enforcement zones in third year. Closed drug houses, using housing court. Monitored cases in housing court. Worked with other organizations on asset forfeiture and drug-free zone legislation. Collaborated with landlords through Building, Owners, and Management Association.
<i>Protecting Youth</i>	Was instrumental in getting DARE in two schools. Made referrals to local youth group for positive social activities. Developed summer tutoring program in math with volunteers from De Paul University.
<i>Treating Drug Users</i>	Organized campaign for Drug-Free Westside and developed comprehensive plans to coordinate treatment and service providers in the area.
<i>Developing the Community</i>	Sponsored area cleanups. Worked with its subsidiary, PRIDE, to develop affordable new and rehabilitated housing. Offered summer employment and training programs for low-income youths, despite fixed number of jobs. Built coalitions.
Program Process:	Meetings, rallies, newsletter, leaflets.
Other Activities:	Housing development, consumer advocate for utilities, insurance, and public welfare.
Continuation Funding:	First Church of Oak Park gave \$7,700. United Way gave \$36,000.

Exhibit 9

Cleveland, Ohio

Community Organization:	<i>Union Miles Development Corporation</i> , a community-based development and issue-oriented organization.
Community Characteristics:	Low-to-moderate income, with highest rate of abandoned housing in the city. Poor economic base, few stores, but with many satisfied long-time residents.
Racial Composition:	95% African-American, remaining 5% Hispanic and white.
Target Population:	Residents in the 30-square-block Union Miles community.
Anti-Drug Strategies	
<i>Organizing the Community</i>	Organized and expanded neighborhood block watches and street clubs. Helped identify hot spots through hot spot cards, meetings with police, and citizen surveillance.
<i>Strengthening Enforcement Efforts</i>	Aided street-level enforcement, including closing of drug houses, through increased reporting of drug activity and monitoring of police activity. Worked for drug-free zone and asset forfeiture legislation as well as Ohio receivership laws. Collaborated with landlords in rehabilitating and winterizing buildings.
<i>Protecting Youth</i>	Started drug-free zones in the neighborhood and throughout the city, but implementation is pending.
<i>Treating Drug Users</i>	Developed treatment services.
<i>Developing the Community</i>	Improved physical conditions by developing housing and rehabilitating buildings. Worked with bank to make low-interest loans available to low-income people. Conducted home weatherization and repair program, free home paint program, and program to renovate and manage multi-unit buildings. Provided restaurant and building rehabilitation training at youth center.
Program Process:	Three committees worked on task force meetings, rallies, conferences, door-knocking, press conferences, networking with officials, leadership training, and collaboration and confrontation issues.
Other Activities:	Held community meetings with public officials, drug conference, and "Mission on Miles" task force.
Continuation Funding:	Cleveland Foundation and Gund Foundation provide funding for a new community police enforcement pilot program to expand CRDA efforts.

Council Bluffs, Iowa

Community Organization:	<i>Citizens for Community Improvement</i> , a grassroots, community-based, multi-issue organization.
Community Characteristics:	Population of 55,000 residents located near Omaha. Blue-collar, bedroom community with over 66% homeowners. Economically depressed and lacking recreational facilities.
Racial Composition:	Nearly 97% white; rest African-American, Hispanic, American Indian, and Asian.
Target Population:	Residents of low- to moderate-income areas of city's west side.
Anti-Drug Strategies	
<i>Organizing the Community</i>	Updated police files on old neighborhood watch programs and organized more than 50 watches. Used hot spot cards and citizen surveillance to identify drug activity.
<i>Strengthening Enforcement Efforts</i>	Met with police to report suspicious activity and pressure drug enforcement. Identified drug houses and pressured police to close them. Monitored court cases related to juvenile possession of alcohol. Researched laws on juvenile drug activity and crime and property ordinance. Worked with apartment residents on tenant-landlord problems.
<i>Protecting Youth</i>	Distributed pamphlets explaining drug-free school zones. Involved parents in youth activities sponsored by youth agencies. Organized youth dances, a youth task force, and planning for constructive social activities. Posted over 90 drug-free school signs. Sponsored forum on teens and alcohol.
<i>Treating Drug Users</i>	Provided information on services of a local chemical dependency center.
<i>Developing the Community</i>	Organized neighborhood watch programs that focused on neighborhood cleanup.
Program Process:	Developed a drug task force and youth task force. Partnered with other agencies and city officials. Engaged in door-knocking, telephone contacts, and community meetings. Distributed pamphlets and participated in citywide events.
Other Activities:	Became involved in issues related to landfill, sewage pump house, traffic, noise, utility pricing, weed control, and the use of block grant funds.
Continuation Funding:	Small 1-year grant from the Iowa Department of Health; CHD 1-year grant.

Exhibit 11

Des Moines, Iowa

Community Organization:	<i>Iowa Citizens for Community Improvement</i> , a grassroots, community-based, multi-issue organization.
Community Characteristics:	Low- to moderate-income, single-family homes, and absentee rental properties. Abandoned housing, drug dealing, and prostitution problems.
Racial Composition:	Larger proportion of African-Americans (38%) and Asian (9%) than for city as a whole.
Target Population:	Residents in the "Model Cities" area on the near north side.
Anti-Drug Strategies	
<i>Organizing the Community</i>	Organized new neighborhood associations and worked with existing groups. Used hot spot cards, meetings with law enforcement, and citizen surveillance to identify and report drug activity.
<i>Strengthening Enforcement Efforts</i>	Pressured police, using calls, letters, and increased reporting, to step up street-level enforcement. Monitored drug house activity and used Federal assistance to close down drug houses. Monitored court judges and prosecutors. Worked to improve juvenile and drug-free zone laws and a crime and property ordinance. Worked with landlords to evict tenants who used or sold drugs.
<i>Protecting Youth</i>	Created a task force and community pressure to reinstate the DARE program. Sponsored youth dances and a juvenile justice forum. Posted drug-free zone signs around schools and parks.
<i>Treating Drug Users</i>	Shared information with providers of treatment services.
<i>Developing the Community</i>	Participated in an affordable first-time homeownership program. Organized neighborhood cleanup around several drug houses. Helped residents find resources for rehabilitation and improvement projects.
Program Process:	Door-knocking, community surveys, research, community meetings, forums, rallies, planning meetings, training workshops.
Other Activities:	Worked on behalf of a neighborhood library and health care center.
Continuation Funding:	One-year grant from the Iowa Department of Health and another 1-year, \$7,000 grant from the Episcopal Church Campaign for Human Needs.

Exhibit 12

Waterloo, Iowa

Community Organization:	<i>Iowa Citizens for Community Improvement</i> , a grassroots, community-based, multi-issue organization.
Community Characteristics:	Economically depressed community with high unemployment rate, clear division between east side (largely poor and minority) and west side (mostly middle class and white). Political scandals, racial tensions.
Racial Composition:	Larger proportion of African-Americans (47%) than city as a whole.
Target Population:	Residents of low- to moderate-income east side area.
Anti-Drug Strategies	
<i>Organizing the Community</i>	Organized residents and attempted to revamp neighborhood watch program. Conducted effective drug hot spot program leading to increased reporting of drug houses and 35 arrests.
<i>Strengthening Enforcement Efforts</i>	Increased street-level enforcement through regular meetings with police chief and more reporting. Monitored court proceedings and worked closely with drug prosecutor. Bench Press participants totaled more than 100. Worked to improve juvenile alcohol laws, stamp tax law, and crime and property law.
<i>Protecting Youth</i>	Posted more than 340 drug-free zone signs. Conducted drug education programs, anti-drug skits. Involved parents and promoted youth social activities and tutoring programs.
<i>Treating Drug Users</i>	Worked with the Northeast Council on Substance Abuse.
<i>Developing the Community</i>	Organized cleanup around a local park and worked to improve park lighting. Employed teens to do anti-drug work.
Program Process:	Drug task force planning, monitoring, and implementation. Door-knocking, surveys, community meetings, marches/rallies, forums, use of fliers and the media, partnerships, and networking.
Other Activities:	Participation in citywide SAFE program, "My Waterloo Days."
Continuation Funding:	Limited grant from the Iowa Department of Health for 1 year, \$7,000. VISTA grant through August 1992. CHD 1-year, \$9,000 grant.

Exhibit 13

Hartford, Connecticut

Community Organization:	<i>Hartford Areas Rally Together</i> , a grassroots, community-based, multi-issue organization.
Community Characteristics:	Economically depressed, somewhat transient population. Lack of decent affordable housing, high unemployment, particularly in the Puerto Rican community.
Racial Composition:	General target area has 55,000 population made up of 45% white, 40% Hispanic (primarily Puerto Rican), and 15% African-American.
Target Population:	Residents of three specific areas with high Hispanic concentration.
Anti-Drug Strategies	
<i>Organizing the Community</i>	Organized block watch and crime committees within local neighborhood associations. Local crime committee identified hot spots of drug activity.
<i>Strengthening Enforcement Efforts</i>	Police attended monthly meeting. Closed drug houses using police, U.S. Marshal, and other city agencies. Monitored enforcement and prosecution of drug-free school zones. Worked on drug-free school zone and asset seizure legislation.
<i>Protecting Youth</i>	Established drug-free school zones, posting 600 signs. Trained teachers in drug curriculum. Established parent leadership team in schools. After-school recreational and drug prevention program.
<i>Treating Drug Users</i>	Two treatment facilities and two family service centers provided assessment and referral services. Provided drug treatment through church-based facility.
<i>Developing the Community</i>	Neighborhood association addressed loitering, blight, and abandoned cars. Met with landlords to deal with code violations and other tenant concerns. Saw 25% increase in job slots.
Program Process:	Local neighborhood organizations prioritized issues, and staff planned, monitored, and assisted with implementation. Door-knocking, community meetings, marches/rallies, collaborations.
Other Activities:	Actively involved with other city and State drug task forces.
Continuation Funding:	Multiple grants totaling \$225,000 (\$76,000 for youth prevention, \$49,000 for drug intervention, and \$110,000 for family service centers).

Exhibit 14

Houston, Texas

Community Organization:	<i>Self-Help for African People Through Education (SHAPE)</i> , a community-based, case management, service-oriented, multi-issue organization.
Community Characteristics:	Low income, with 75% in rental housing; 25% vacancy rate.
Racial Composition:	84% African-American, 9% white, 4% Hispanic.
Target Population:	Youth in Third Ward Community Development Area.
Anti-Drug Strategies	
<i>Organizing the Community</i>	Expanded school watch program. Used hot spot cards to identify places of drug activity.
<i>Strengthening Enforcement Efforts</i>	Closed some drug houses for health code violations. Worked on drug-free school zone legislation, which died in committee.
<i>Protecting Youth</i>	Schools provided DARE, and SHAPE offered alternative programs. Parents participated in four school patrols. Offered numerous social activities for youth each day of the week. Children produced T-shirts, videos, and records and participated in 4-H-type food-coop programs. Offered youth conflict resolution skills.
<i>Treating Drug Users</i>	Provided assessment and referral services in all areas of basic life problems. Referred clients to treatment services. Developed excellent relationship with area providers.
<i>Developing the Community</i>	Sponsored community cleanups. Offered training in entrepreneurial and self-employment skills. Maintained large volunteer base.
Program Process:	Service providers, meetings, rallies, organizational newspaper.
Other Activities:	Youth programs, cultural activities, parenting classes, self-esteem building, summer activities.
Continuation Funding:	Center for Substance Abuse Prevention provides 3-year grant of \$1 million.

Exhibit 15

Oakland, California

Community Organization:	<i>Oakland Community Organization</i> , a grassroots, church/community, multi-issue organization.
Community Characteristics:	Economically depressed, high dropout rate. lack of affordable housing, high unemployment, poor school system.
Racial Composition:	45% African-American, 35% Hispanic, 15% white, 5% Asian.
Target Population:	Female-headed and low-income families.
Anti-Drug Strategies	
<i>Organizing the Community</i>	Church and community organizations reported drug hot spots monthly.
<i>Strengthening Enforcement Efforts</i>	Increased patrol around schools and hot spots. Closed more than 300 drug houses. District attorney stopped plea bargaining on school-zone arrests. Successfully lobbied for city to redirect development funds for housing and jobs.
<i>Protecting Youth</i>	Posted drug-free school signs throughout the city. Held parent meetings with principals, teachers, and school superintendent. Had meetings with the recreation department and planned after-school programs. Identified funds for after-school tutoring program.
<i>Developing the Community</i>	Obtained increased lighting and improved maintenance in public housing. Researched funding sources to build affordable housing. Established aviation high school with United Airlines. Developed new church/community organizations and partnerships with police, district attorney, judges, and schools.
Program Process:	Conducted meetings to identify issues, established organizing committees, conducted community action, and developed an annual convention and task forces.
Other Activities:	Served as lead community-based organization on drugs, jobs, housing, alternatives for youths, and other issues.
Continuation Funding:	Multiple grants totaling \$125,000.