



# Alcohol and Drug Abuse in America:

# POLICIES

# for

# PREVENTION

NCJRS

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**JOIN TOGETHER** ♦  
A NATIONAL RESOURCE FOR COMMUNITIES FIGHTING SUBSTANCE ABUSE



## Foreword



The message of the report that follows is loud and clear: we can prevent alcohol and drug abuse. Because these problems take their toll on our children, workplaces, health care systems and families, we need the commitment of every public and private institution in the country to prevent them.

When Join Together convened its Public Policy Panel on Preventing Substance Abuse, it was responding to concerns raised by local coalitions in our 1992 and 1993 national surveys. Community leaders and members of anti-drug organizations told us that public policy sometimes gets in the way of effective prevention. They said that lack of coordination among government agencies and conflicting funding restrictions and requirements inhibit local collaboration and strain local resources.

Public officials told us that they, too, are concerned with the same issue. Public agencies and private citizens face daunting hurdles in their attempts to prevent the harms caused by the unlawful use of drugs and alcohol.

The panel has responded with six recommendations that frame substance abuse prevention from the community perspective. These recommendations are directed to federal, state and local policy makers, and to the communities they serve.

The panel's principal recommendation emphasizes closer collaboration at all levels of government. It states that: 1) the community must shape a broad-based strategy that meets local needs; 2) this plan should be presented before long-term funding is awarded for implementation; 3) to be effective, prevention must be sustained over time; and 4) this requires a place within the local infrastructure, supported by stable funding.

The responsibility for community prevention is widely shared. This panel outlines key roles for private and public institutions, including families, the faith community, schools, employers, health care providers, and every level of government. The panel singles out these and other entities and urges their collaboration in meeting the community's needs for substance abuse prevention.

The recommendations that follow can strengthen local prevention efforts in every community. The issues they address are found in neighborhoods throughout the country. If adopted, these recommendations will help public officials clearly articulate prevention goals, and expedite their implementation.

On behalf of the National Advisory Committee, I congratulate and thank President Foote and his colleagues on the panel who have conscientiously labored on these recommendations. I also wish to acknowledge the support of The Robert Wood Johnson Foundation, and the Boston University School of Public Health, essential elements in Join Together's mission to support the anti-drug efforts of our nation's communities.

Sincerely,

A handwritten signature in black ink that reads "Calvin Hill". The signature is written in a cursive, flowing style.

Calvin Hill, Chairman  
Join Together National Advisory Committee

# Alcohol and Drug Abuse in America: POLICIES FOR PREVENTION

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## Join Together Policy Panel on Preventing Substance Abuse and Violence

### Members

**Edward T. Foote II**

**Panel Chair**

*President*

University of Miami

Miami, FL

**Lynn Beckwith, Jr. Ed.D,**

*Superintendent*

School District of University City

University City, MO

**Abel Chavarria**

*Project Director*

Dona Ana County Partners for Prevention of  
Substance Abuse

Las Cruces, NM

**Ralph Hingson, Sc.D.**

*Chair*

Dept. of Social and Behavioral Sciences

Boston University School of Public Health

Boston, MA

**Jerry Oliver**

*Chief of Police*

City of Pasadena

Pasadena, CA

**Jeannine Peterson**

*Deputy Secretary for Health Promotion Disease and  
Substance Abuse Prevention*

Pennsylvania Department of Health

Harrisburg, PA

**Charles Royer**

*Director*

Institute of Politics

John F. Kennedy School of Government

Harvard University

Boston, MA

Former Mayor, Seattle, WA

**Marsha Keith Schuchard, Ph.D.**

*Co-founder*

PRIDE

Atlanta, GA

## INTRODUCTION



It has been my pleasure to chair the Join Together Policy Panel, formed to examine how public policy and private sector initiatives can strengthen the efforts of our nation's communities to prevent substance abuse. The timeliness of this inquiry is clear. We are reminded daily — and tragically — that illegal drugs and substance abuse are not only ruining the lives of millions of Americans, but corrupting the very core of our community experience.

The Office of National Drug Control Policy reports that use of heroin and hallucinogens is increasing, and that marijuana use, frequently laced with narcotics, is on the rise among teenagers and young adults.

A study by the Centers for Disease Control and Prevention shows that nearly half of the 40,115 traffic fatalities in 1993 were alcohol related, at an estimated cost of \$46.1 billion, including \$5.1 billion in medical expenses.

A survey by the Parents Research Institute on Drug Education shows a consistent and powerful connection between the use of tobacco, alcohol, and marijuana, and the subsequent use of other illicit drugs such as heroin and cocaine.

With the help of prevention experts and public officials, we reviewed the status of prevention at local and national levels, and learned of programs and practices across the country. These good people in the trenches of prevention offered anecdotal and scientific background about problems related to the use of illicit drugs, and the unlawful use of alcohol and tobacco. We were convinced that this use constitutes a distinct threat to public health and safety. The threat appears to be increasing among many of our young people.

Thoughtful people told us, and the recommendations reflect, that effective prevention efforts require coordinated community-wide planning, energetic implementation, and careful evaluation.

The panel realized that although responsibility for prevention begins with individuals, and is most effectively centered at the local level, forces outside the immediate community can either inhibit or advance these efforts. For that reason, these recommendations urge federal and state support in the planning process.

Community representatives strongly urged coordination and collaboration, especially at levels of government responsible for funding substance abuse reduction efforts. They cited state and federal agencies that act without consultation or cooperation with other agencies. Throughout the recommendations, the panel urges federal and state governments to serve as models for the coalition and partnership activity that appears to be the hallmark of many successful community efforts. The panel was encouraged by the agreement of several federal and state agencies that closer collaboration is necessary.

The six recommendations that follow are offered to those who are searching for effective public policies and responsible funding approaches to end the substance abuse-fueled

violence. The panel does not prescribe a single remedy to prevent substance abuse. It does find promising, and worthy of recommendation, the principle that by working together, the major institutions of every community — including families, faith, community, education, health care, the criminal justice system, the workplace, civic organizations, and the media — can prevent substance abuse and its consequences.

For dedicating their considerable expertise and energies to this task, I thank my fellow panel members. I am grateful for their many days of work, travel, and listening, and for their wisdom. Their personal commitments to this issue illuminate and enrich these recommendations.

On their behalf, and personally, I also wish to thank our dedicated Join Together staff.

All of us believe deeply that this grave threat to countless people, and to American society itself, can be overcome, but not easily. Only a public-private partnership of unusual force and direction will suffice. We urge all concerned to mount and sustain such an effort.

Cordially,

A handwritten signature in black ink, appearing to read 'E. T. Foote II', with a stylized flourish at the end.

Edward T. Foote II

Chair

Join Together National Policy Panel on Preventing Substance Abuse

## BACKGROUND

### THE CASE FOR PREVENTION

**T**here can be little argument that prevention is the most humane and cost-effective approach to reducing our nation's illicit drug, alcohol, and tobacco problems. There can also be little argument that prevention works. There are many examples that make this point clear. Since the turn of the century, improved sanitation has all but eliminated many diseases such as cholera in the United States. Thanks to vaccines, polio and diphtheria no longer threaten the majority of our children. And condoms can prevent the spread of sexually transmittable infections, including HIV. We have learned to fluoridate our water, pasteurize our milk, and remove toxins from the air we breathe and the water we drink.

Prevention also works in the area of illicit drugs, alcohol, and tobacco. Our nation has had great success in the reduction of alcohol-related deaths and injuries. For instance, raising the minimum alcohol purchase age to 21 has been a significant factor in decreasing highway deaths among young people. And policies such as administrative license revocation for impaired drivers, lower legal blood alcohol concentrations for young drivers, and aggressive enforcement of drinking/driving laws have had measurable and important impacts. Prevention efforts have also substantially reduced adult smoking. The evidence of the last 30 years points to the encouraging conclusion that a well-entrenched, wide-spread, and socially accepted drug-use pattern can be significantly altered over time. Finally, we have made some progress in reducing the use of illicit drugs. Casual drug use has been declining for almost a decade, although recent epidemiologic data suggest that our hard won gains may be eroding. Overall, we have made significant strides in the prevention of illicit drug-, alcohol-, and tobacco-related problems, but much still remains to be done.

## PRINCIPLES GUIDING THE POLICY PANEL'S WORK

**A**t the request of community anti-drug coalitions, Join Together convened a national panel of experts from several fields, including law enforcement, higher education, public health, and parent organizations, in the spring of 1994 to examine the nation's public policies regarding alcohol, illicit drugs, and tobacco prevention.

The overall mission of the Join Together Policy Panel on Preventing Substance Abuse was to develop policy recommendations that would:

1. Directly reduce the use of illicit drugs, alcohol, and tobacco, and the problems associated with their use, including violence.<sup>1</sup>
2. Contribute to a climate in which prevention strategies are most likely to be supported and effective.

Three main principles guided the development of the panel's policy recommendations:

1. The causes of illicit drug, alcohol, and tobacco problems are complex and are to be found both in individuals and their environments.
2. Substance abuse prevention is the responsibility of all organizations and agencies in communities, all concerned citizens, and all local, state, and federal policy makers.
3. The most effective prevention strategies involve approaches that are comprehensive and collaborative.

### ILLICIT DRUG, ALCOHOL, AND TOBACCO PROBLEMS ARE COMPLEX

Early attempts to prevent illicit drug, alcohol, and tobacco problems assumed that the causes of these problems were to be found in individuals — their biological and psychological make-up, and/or their personal skills and competencies. The failure of programs focused on individuals to have a large or lasting impact has led to a recognition that the causes of substance abuse are also to be found in the environments in which individuals live — families, schools, workplaces, and communities. Today, the most cogent theories of substance abuse examine factors in the individual, his or her environment, and the interaction between individuals, agents and environments. These theories further assert that successful prevention efforts must simultaneously address individuals and environments and the substances themselves.

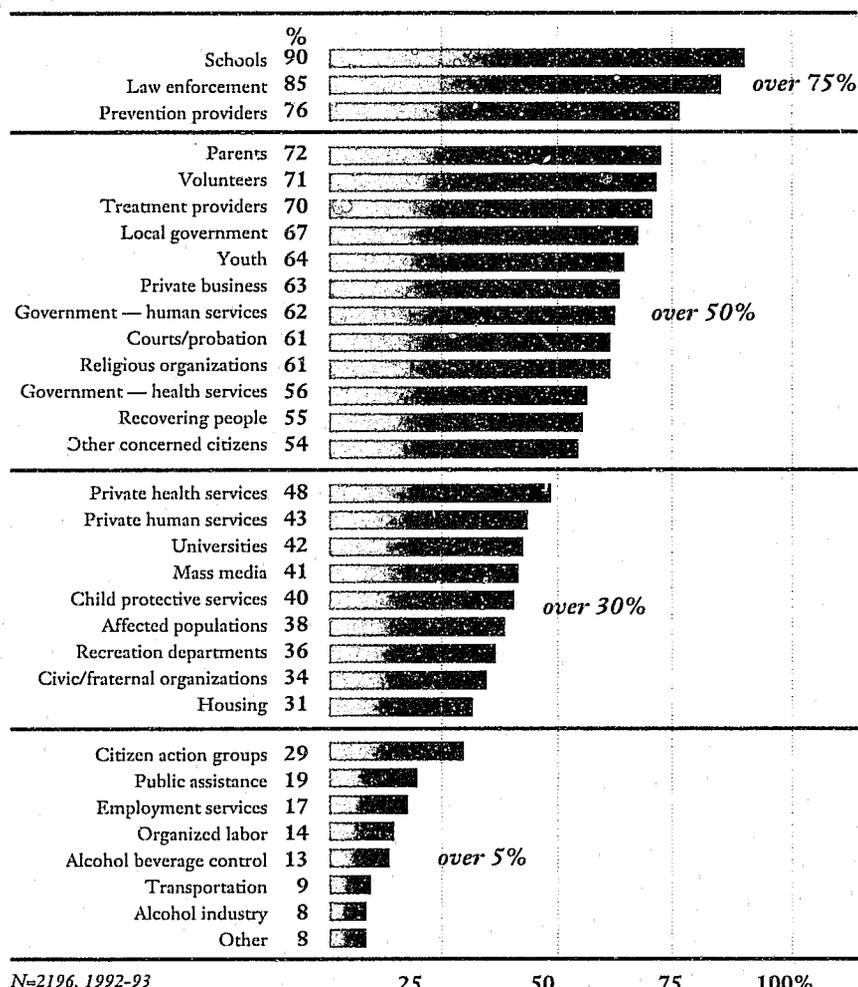
**Today, there is growing recognition that all organizations and agencies in communities, all concerned citizens, and all local, state, and federal policy makers have an important role to play in prevention.**

### PREVENTION IS EVERYONE'S RESPONSIBILITY

Traditionally, substance abuse prevention has been viewed as the responsibility of the schools. Until recently, fully two-thirds of all prevention efforts were based in the schools. Today, however, there is

<sup>1</sup>The panel reviewed and heard testimony about community concerns regarding a range of substances — including illicit drugs, alcohol, inhalants and tobacco. Its recommendations are intended to help communities prevent the unlawful use of any substances that pose a threat to the health and safety of its residents.

**Table 1 Participation in Coalitions**



growing recognition that *all* organizations and agencies in communities, all concerned citizens, and all local, state, and federal policy makers have an important role to play in prevention. At work and at play, schools and churches, parents and police, ministers and magistrates, teachers and tavern owners, and people in all walks of life must become meaningfully involved in prevention efforts. The 1992 and 1993 Join Together national surveys of community coalitions have identified over thirty types of agencies, organizations, and individual citizens who need to be involved in successful community prevention efforts.

Table 1 lists the types of organizations, agencies, and individuals identified by the Join Together surveys and the extent to which they currently participate in community substance abuse prevention coalitions. It is clear from Table 1 that although some sectors are actively involved, others need to increase their involvement.

### PREVENTION MUST BE COMPREHENSIVE AND COLLABORATIVE

Because the origins of unlawful drug, alcohol, and tobacco problems are to be found in individuals, environments and in the substances themselves, many now argue that prevention

efforts involving multiple, coordinated strategies show the greatest promise. Isolated examples may be cited of promising prevention efforts that involve a single strategy — e.g., a state may simply require that physicians file duplicate prescriptions for drugs with abuse potential. Generally, however, successful prevention efforts will be those that combine strategies that support and reinforce one another. For example, school-based programs and curricula that discourage the use of illicit drugs will be most successful in communities where open dealing is also aggressively curtailed. Similarly, programs that teach job skills to prison inmates can only succeed in communities where jobs are available.

Implementing multiple strategies will require cooperation and collaboration among agencies, organizations, and individuals. States may pass laws prohibiting tobacco sales to minors but localities must enforce them. Schools may identify children at risk, but communities must have programs to help them. All too often, promising strategies are undermined when the cooperation and coordination they require has not been adequately developed. Adults must become as accurately informed as youngsters on the hazards of drug use for themselves and their children.

### NATURE OF THE JOIN TOGETHER POLICY PANEL RECOMMENDATIONS

The recommendations that follow focus on policies that can facilitate community efforts to reduce substance abuse. The emphasis is on the legislative process at the federal, state, and local levels, and on the policies and procedures of governmental agencies. A companion community action guide provides suggestions for specific prevention strategies that communities can adopt to boost their prevention efforts.

Priority has been given to recommendations aimed at reducing the harm done by illicit drugs. Marijuana, opiates, hallucinogens, inhalants, heroin, LSD, PCP, cocaine — the chemicals that catapulted substance abuse to the top of the public agenda — have proved to be the most intractable substances of all. Priority is also given to reducing the harm done by alcohol and tobacco, especially among young people. These substances account for the majority of health and social costs associated with substance abuse.

Finally, the recommendations often build on existing policies. Some states have adopted effective laws to combat impaired driving, but the panel urges *all* states to have such laws. Clearinghouses of prevention materials exist, but the panel recommends these efforts be expanded and streamlined. Effective policies are often known to experts, but the panel wants them disseminated to local decision makers. Inclusion of such policies in the recommendations is not intended to detract from the existing efforts of governments and communities. By highlighting these policies, the panel acknowledges their value and hopes to expand their number and the development of other similarly effective approaches.

## RECOMMENDATION I

Federal, state, and local policies should encourage communities to engage in comprehensive strategic planning to prevent the unlawful use of drugs, alcohol, and tobacco. The planning and resulting strategies should be supported by long-term commitments in funding, training, and other resources. Those laws and regulations that interfere with intergovernmental and interagency collaboration should be changed.

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### Rationale

Substance abuse prevention must involve the organizations, institutions, and individuals that make up each community. Moreover, prevention must focus across community institutions and between individual citizens. Coordinated, community-wide, comprehensive prevention efforts require strategic planning, and the resources to implement these plans.

State and federal governments, and the private sector have made some efforts to encourage comprehensive community planning. For instance, the Community Partnership Program of the Center for Substance Abuse Prevention, the Indiana State comprehensive community planning process, The Robert Wood Johnson Foundation's Fighting Back initiative, and the Massachusetts Saving Lives program represent four prominent examples. However, these efforts reach only a limited number of communities. More needs to be done at every level of government to encourage community planning nationwide.

### Specific Policies

- *A cabinet level agency should be specifically charged with coordinating/ensuring collaboration among all federal activities and funding aimed at reducing substance abuse problems, including alcohol. The agency should be advised by two groups: 1) an interagency liaison panel linking all federal agencies involved in prevention; and 2) an advisory board comprised of private and public sector members. The agency should submit an annual report to the President that describes the status of interagency planning and coordination for substance abuse prevention.*

**The first step toward comprehensive community-based planning should be for the federal government to be the model for its message by coordinating the efforts of all federal agencies.**

It is ironic that the same government agencies that encourage or require comprehensive planning in communities are themselves fragmented. Two federal entities currently coordinate the substance abuse activities of federal agencies. The

Office of National Drug Control Policy is authorized to oversee the federal response to illicit drugs, and its funding oversight was strengthened with the passage of the 1994 Violent Crime Control and Law Enforcement Act. Another federal interagency initiative, the President's Ounce of Prevention Council, created in the Act, oversees federal agencies with drug abuse prevention responsibilities.

At this point, however, no single federal entity has a coordinating responsibility for the entire supply and demand reduction spectrum, including alcohol. This fragmentation has often resulted in contradictory funding requirements, disconnected or overlapping

funding streams, and multiple accountability requirements for communities. All of these factors detract from strategy implementation. Thus, the panel concluded that the first step toward comprehensive community-based planning should be for the federal government to be the model for its message by coordinating the efforts of all federal agencies involved in prevention, treatment and enforcement — Health and Human Services, Housing and Urban Development, Transportation, Interior, Education, Defense, Treasury, and Justice. This collaboration should be substantive rather than symbolic, and should carry the weight of law.

- *The federal government should require a single coordinated plan from states applying for federal substance abuse, criminal justice, community policing, and other prevention funds. State agencies must coordinate their plans with each other and with local governments.*

The fragmentation discussed at the federal level is mirrored in many states. Some of this fragmentation is inherited because grant funds for substance abuse come to the states from many federal sources.

### Ounce of Prevention Council

The Violent Crime Control and Law Enforcement Act of 1994 addresses the issues of federal collaboration and coordination raised by the Policy Panel. The Council can fulfill the Policy Panel's recommendations for a Cabinet-level coordinating mechanism for federal programs, if it operates at its full potential.

The Ounce of Prevention Council was established to oversee the prevention programs in the crime law. The Council is chaired by the Vice President and consists of the cabinet secretaries administering prevention initiatives authorized by the Act. These include at least 15 prevention programs located in six departments, authorized at more than \$7.4 billion dollars.

The Council's mandated responsibilities include: coordinating planning; providing assistance to communities and community-based organizations seeking information about crime prevention programs and integrated program service delivery; and developing strategies for program integration and grant simplification.

The Council will administer its own grant program, authorized at \$90 million beginning in FY1995. These grants will give preference to coalitions of community-based and social service organizations that demonstrate they have a coordinated approach to reducing substance abuse.

*The law also offers a special option: the cabinet secretaries may request that the Council itself directly coordinate Crime Act prevention programs. If the Council exercises this option, it could be the single most significant step taken by the federal government to unify the federal prevention effort. By consolidating the federal funding streams, reporting requirements and program regulations into a single set of rules and applications, a major barrier to local substance abuse prevention initiatives would disappear. Further, the energy that is currently wasted in multiple applications to separate federal agencies could be re-channeled into productive collaboration among local organizations.*

However, the states must also be held accountable for modeling the message of coordination, and a coordinated federal system must be complemented by collaboration at the state level if communities are to successfully coordinate their local efforts.

- *A comprehensive community needs/resource assessment and long-range strategy planning (including capacity projections) should be required of all communities receiving federal and state grant funds. Federal and state governments should facilitate the initial planning effort with a one-time only grant. Governments at every level should recognize that this multi-institutional planning process should be a permanent part of the local infrastructure.*

Most experts agree that a long-range strategic plan based on a local needs assessment is a prerequisite for successful community responses to substance abuse. As already noted, communities participating in some federal and private initiatives have been asked to develop long-range community plans. The Housing Assistance Plan required by the Department of Housing and Urban Development is one positive example. Experience suggests that communities are able to complete this task, although often not without outside assistance. By requiring such a plan as a condition for receiving grant funds, the federal and state governments can highlight the need for comprehensive planning and help insure that a larger number of communities develop such plans. However, the federal and state governments should develop mechanisms for assisting and supporting

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local communities in needs assessment and planning activities.

Experience also teaches that a multi-institutional planning process is most likely to become an on-going component of

community-based substance abuse prevention when responsibility for coordinating the planning process is vested in a specific agency or organization. Though volunteers can carry such a process in the short-term, institutionalization of planning will require paid staff with institutional supports (space, phones, computers, etc.). Thus, in order to ensure the long-term continuation of multi-institutional planning, a commitment to the development of necessary infrastructure will be required. The theory "people support what they help create" should guide the plans or process that is created. Without broad contributions from the community, efforts are doomed to fail. The institutionalization of the planning process can ensure that the strategies continually reflect community priorities.

RECOMMENDATION  
**2**

Public officials and community coalitions should work together to encourage all local institutions and organizations in both the public and private sectors to incorporate prevention principles and themes into their ongoing programs and initiatives. Parents and other citizens should receive support in carrying out their own prevention responsibilities.

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### Rationale

As noted in the introduction to this report, substance abuse problems are complex, and reducing these problems is everyone's responsibility. Still, in most communities, not all of the institutions, organizations, and individuals whose involvement is needed are mobilized yet. Thus, a major goal for public officials and community coalitions should be to encourage and facilitate the involvement of all institutions, organizations, and individuals who are not currently involved in prevention efforts.

### Specific Policies

- *Public officials and community coalitions should increase cooperation and reduce barriers that limit the effectiveness of community-based institutions' efforts. Community settings in which these efforts take place include the schools, neighborhoods, workplaces, faith community, parks and public places, transportation systems, and enforcement agencies.*

Community institutions and organizations are not always aware of each other's prevention efforts and the ways in which they can be mutually supportive. Often, institutions or organizations that would like to collaborate are discouraged or prevented from doing so by barriers such as negative attitudes towards cooperation, turf considerations, formal policies, or funding issues. Experience teaches that open lines of communication between community institutions and organizations can encourage cooperation and collaboration. Many of the attitudes or turf barriers that discourage or prevent collaboration among

**Experience teaches that open lines of communication between community institutions and organizations can encourage cooperation and collaboration.**

agencies can be addressed when community institutions and organizations are motivated to do so. Other barriers are a function of federal and state policies (e.g., separate funding streams for law enforcement and school-based prevention). These policies must be reexamined and changed if meaningful community cooperation and collaboration

is to develop. Each element represents a different set of community services. The elimination of turf barriers should facilitate more efficient allocations and utilization of resources for public safety, health, social, and economic well-being.

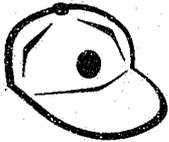
The panel deemed it particularly important that the following individuals, institutions, and organizations become involved in prevention efforts:



### Family and Parents

No one is more concerned for the welfare of children than their parents. Experience teaches that when parents believe their children are threatened — by drugs or risk of violence — they will become energetically involved in efforts to reduce these threats. For example, Mothers Against Drunk Drivers (MADD) has been a primary force for legislative change to reduce impaired driving in the United States. Thus, parents are a potent but often untapped resource for prevention efforts.

Families are another important resource for prevention. There is good evidence that children from troubled families are more likely to become involved in substance abuse and other problem behaviors. Evidence also suggests that children who lack adult supervision are at greater risk. However, economic strains and other modern stresses have made it increasingly difficult for parents and other caregivers to provide stable, supportive home environments for children, or to spend time supervising their activities. The panel felt strongly that prevention efforts should support and strengthen families, and that more social and economic policies that validate families should be implemented.



### Youth

Youth are often viewed as the targets of prevention efforts. But they also can—and should—be involved in prevention planning and policy-making. Youth are an endless source of creative ideas, and they are in the best position to predict whether youth-oriented programs and policies will be endorsed by their peers. For example, surveys of youth have found that they supported nighttime driving restrictions and lower legal blood alcohol levels for young people to reduce impaired driving deaths.



### Schools

Schools reach greater numbers of young people than any other institution. Schools are also a primary source for health information and a major influence on personal growth. Finally, school buildings and playgrounds, now often closed when school is not in session, can provide settings for the supervised recreation crucial to the many children whose parent(s) work or are otherwise engaged outside the home. School-based initiatives have been more thoroughly studied than any other aspect of substance

abuse prevention. This research can be used by communities to help select or develop more effective school-based policies and programs.



### Workplace

Substance use and abuse affects business and industry through lost productivity, reduced competitiveness, increased worker injuries, worker turnover, and increased health care costs. In safety-sensitive industries such as transportation and health, worker impairment threatens the health and well-being of the population at large. Finally, when workers are impaired by substance abuse, consumers suffer through higher retail costs and reduced product quality. Thus, business owners and managers have an obligation to become involved in prevention activities for their employees.

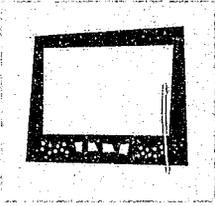
The workplace also offers an opportunity to reach employees with prevention messages, to support education in preventing substance abuse among workers and their children, and to promote healthy lifestyles through exercise programs, eg., "bike to work" incentives, responsible hosting of company parties and picnics, and smoke-free work environments. Employee assistance programs can offer convenient and confidential access to resources when employees or their families are experiencing problems with substance abuse.

Finally, labor unions and employee organizations can be important allies in prevention. They can support potentially controversial prevention policies such as drug and alcohol testing in safety sensitive environments. They can offer prevention training as a membership benefit for members whose employers do not have comprehensive programs. Unions can also promote the inclusion of substance abuse prevention-related benefits when negotiating contracts.



### Criminal Justice and Enforcement

Police, prosecutors, courts, and corrections officers are crucial players in substance abuse prevention efforts. In order for laws such as the minimum 21 alcohol purchase age or illicit drug possession to deter or reduce use and related problems, police must make arrests, prosecutors must bring charges, courts must convict and sentence or send to treatment, and corrections and probation must insure that sanctions or treatment programs are carried out. Moreover, justice systems can become more prevention oriented by supporting diversionary treatment for non-violent offenders, neighborhood watches and other proactive programs. Community oriented policing and other enforcement initiatives can identify family and neighborhood problems where intervention can help prevent youthful abuse.



### Media

The mass media are increasingly involved in setting public agendas. Those issues that get media exposure — through broadcast programming, in newspapers, and through advertising — are those to which the public attends. Thus, prevention efforts should involve the media to catalyze public support for prevention programs and policies. Societal standards concerning the use of illegal drugs, alcohol, and tobacco are also shaped and reinforced through portrayals in entertainment and through advertising. Finally, public access cable provides a vehicle for community members to raise awareness, express views, and solicit support for prevention policies and programs.

Some communities find the mass media mysterious or intimidating. However, many report success in enlisting the cooperation and support of newspapers, local television and radio broadcasters, and billboard companies in their prevention efforts.



### Faith Community

For many Americans, the church, synagogue, or mosque is a central focus of community life. Clergy are often the individuals to whom families turn when seeking counsel or in times of crises. Many congregations view community service and community improvement as part of their spiritual commitment. Thus, the faith community, including its leadership and members, can play important institutional and personal roles in the development of strategic community plans. The church, synagogue, or mosque can be a physical setting for prevention, education, and programming for both congregants and for the community at large.



### Recreation

Adult-supervised recreation has been a major socializing force for young people for more than a century. It is a promising alternative to the unlawful use of drugs and alcohol. Moreover, organized activities such as scouting, 4-H, Boys and Girls Clubs, and the YMCA/YWCA can provide youth with opportunities for meaningful involvement in their communities. Kids who have opportunities for involvement in organized recreation are less likely to use illicit drugs and alcohol. Unfortunately, tight municipal budgets and decreased private sector support have resulted in reductions in both public and private recreational opportunities in some communities. Community prevention efforts should seek ways to reverse this trend and to increase the level of alcohol free recreational activities available to both youth and adults.



### Health Care

Health care providers can play crucial roles in substance abuse prevention. Doctors, dentists, nurses, midwives, psychologists, social workers, and traditional healers can provide preventive education to adults, including pregnant women and parents, and to children and adolescents. They can screen for emerging drug, alcohol, and tobacco problems, can offer office-based interventions and referral, and can consult with student assistance and employee assistance programs. Finally, those in the health care system can act as highly credible spokespersons for community prevention groups.



### Community and Civic Organizations

Community service organizations, such as the Elks, Rotary, and the Lions, often attract the participation of the most respected and influential members of the community. Thus, the involvement of such groups in prevention efforts facilitates access to community opinion leaders and policy makers. These organizations are dedicated to civic improvement and can offer financial and other support to community prevention functions.



Federal, state, and local policies should be established to prevent, identify, and reduce violence and traumatic injury associated with the use of illicit drugs and alcohol.

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### Rationale

Violence and traumatic injury are among the most costly consequences of substance use and drug trafficking. Trauma — including car crashes and homicide — is the number one killer of people under the age of 25. Alcohol and other drugs are directly involved in a large proportion of traumatic injuries. Spinal cord injuries and other debilitating trauma resulting from these incidents deprive many Americans of years of productive involvement in their communities and cost billions of dollars in health care expenditures. Abstainers are also victims of alcohol- and drug-related trauma. It is estimated that about 40% of teenagers killed in alcohol-related traffic crashes were persons other than the drinking driver. Violence, automobile-related trauma, suicide, domestic abuse, falls, burns, and drownings have all been related to drug and alcohol use. And all of society suffers each time an individual is injured or killed — in terms of lost productivity, increased health insurance premiums, and increased taxes.

### Specific Policies

- *State and local governments should adopt policies that address drug-related violence as a public health issue and support best practices for reducing violence, such as peer counseling and teaching violence prevention and conflict resolution to youth.*

The Centers for Disease Control and Prevention, the American Public Health Association, the American Medical Association, and other prominent organizations concerned with the well-being of young people recognize that violence-related injury is a major threat to health. Many localities are experimenting with ways to reduce violence. For instance, the California Wellness Foundation has funded and is evaluating a series of local initiatives in this area. Conflict resolution training for youth has shown promise in reducing violence as have school strategies that promote positive behavior, cooperation, and caring for others. State and local governments should promote these strategies as an integral part of the school curriculum.

- *All states should lower the allowable legal blood alcohol concentration (BAC) limits to no more than .08 for adults, and to zero tolerance for drivers under 21.*

The legally allowable blood alcohol concentration (BAC) for drivers in most states (.10) is higher than in most other industrialized nations. It is estimated that lowering the

allowable BAC to .08 for adult drivers in all states could save the lives of 400 Americans each year. Such laws also send a message to the community about norms for responsible adult alcohol consumption.

For drivers under 21, in almost half of the states the legal BAC is still the same as that for adults — usually .10 percent. Research has shown that young drivers are particularly susceptible to impairment by small amounts of alcohol. Accordingly, 24 states have implemented laws lowering the legal BAC for those under 21. *Save Lives*, the report and recommendations of the Join Together Policy Panel on Underage Access to Alcohol, recommends that it be illegal for drivers under 21 to have any measurable amount of alcohol in their bodies. An analysis of the first 12 states to implement this law indicates if it were adopted by all states for persons under 21, at least 375 fatal crashes involving teenage drivers could be prevented each year. In addition, campaigns to promote public awareness were found to be important in reducing alcohol-related traffic fatalities.

- *All states should implement administrative license revocation and criminal “per se” laws to reduce impaired driving.*

Laws reducing the legal BAC can be strengthened by imposing administrative license revocation. Often, when impaired driving laws are enforced through the judicial process, penalties are imposed very slowly or not at all. Administrative license revocation allows the arresting officer to confiscate the license of any driver who tests over the legal BAC or who refuses to take a blood alcohol test. The license is revoked by the licensing agency rather than through the courts. Thus, punishment is swift and certain, the two main criteria for effective deterrence. These laws send a strong message to the community that impaired driving will not be tolerated.

- *The links between the unlawful use and trafficking of drugs, violence and the use of firearms reinforce the importance that states require examinations and licensing for possession of firearms. Further research on the relationships between these behaviors is necessary to determine effective prevention practices and programs.*

Next to motor vehicles, firearms are the major cause of traumatic injury among people under 25. As is the case with motor vehicles, illicit drug and alcohol use are intimately tied to firearm-related death and disability. Research shows that a large proportion of the individuals who commit firearm-related crimes or cause firearm-related injuries are intoxicated, as are many of their victims. Gun-related violence associated with the drug trade is a visible reality in many urban areas.

**A large proportion of the individuals who commit firearm-related crimes or cause firearm-related injuries are intoxicated, as are many of their victims.**

Yet, although society tests and licenses the drivers of motor vehicles, no such system exists for firearms. Tests and licenses would help assure a minimal level of gun safety knowledge on the part of gun owners, and would assist in the identification of individuals involved in gun-related

crime. As part of the licensing procedure, states should require education about substance abuse and firearms, and should require safe storage of firearms to prevent use by children and reduce theft. Licensees should be periodically re-tested, and required to participate in continuing firearm safety education as a condition of re-licensure.

Because we need to learn more about the linkages between substance abuse, violence, and firearm-related crimes and injuries, the federal government and other responsible entities should commission further research. The outcomes of these studies would serve policy makers and prevention programs.



**Federal, state, and local policies should be reviewed and revised to ensure that illegal access to alcohol and tobacco is eliminated.**

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#### Rationale

By far, the most effective strategies to prevent or reduce alcohol and tobacco use and related problems are those that limit access to these commodities. Access may be physical (where, when, and how alcohol and tobacco products are sold or distributed), economic (how much they cost), or social (how many of one's family members, friends, and associates are users). Numerous research studies have examined the effects of limiting physical and social access to tobacco and alcohol, and they all point to the same conclusion — when access is reduced, use levels and related problems are also reduced.

Strategies that reduce illegal access to alcohol and tobacco also send a message about societal expectations and norms. When a community aggressively enforces the minimum drinking age or bans smoking in public places, it also sends a message to young people about drinking and to smokers and non-smokers about the community's concerns with health.

Most citizens support strategies that limit the access of alcohol and tobacco to underage youth. And most responsible citizens want existing laws related to minors to be enforced. Three of the Panel's specific policies address this issue.

Two specific policies encourage new laws or policies that will reduce access to tobacco and alcohol in the general population. The Panel strongly believes that the costs of alcohol and tobacco problems are shared by the community at large (through increased health care costs and taxes, through lost productivity, and through a reduced quality of life), and that the community has a right to enact policies that will reduce these problems.

### Specific Policies

- *Federal and state alcohol and tobacco taxes should be increased, with resulting revenues earmarked for substance abuse prevention efforts.*

Most studies indicate that the price of alcoholic beverages influences consumption and consequent alcohol-related problems, including violence. Similar effects of price on consumption has been documented for tobacco. These effects are particularly strong for young people. The most efficient means of increasing the price of alcohol and tobacco is

... if the federal excise tax on beer had been indexed to inflation since 1951, there would have been a 15 percent decrease in the number of 18- to 20-year-olds killed in traffic crashes.

taxation. A major study of taxation found that increases in taxes on beer reduced motor vehicle fatality rates for youth ages 15 to 24. It was estimated that if the federal excise tax on beer had been indexed to inflation since 1951, there would have been a 15 percent decrease in the number of 18- to 20-year-olds killed in traffic crashes. If the

alcohol content in beer had been taxed at the same rate as the alcohol in distilled spirits, the number of fatalities in this age group might have been reduced by 21 percent. If these two strategies were combined, a 54 percent reduction in fatalities could be achieved.

In addition to the public health benefits of increasing alcohol and tobacco taxes, such increases can provide a source of much needed revenue for prevention efforts. It is estimated that a 5-cent increase in the excise tax on beer, and a 45-cent per-pack tax on cigarettes, could generate significant additional revenues.

Some may question whether taxation is an appropriate mechanism for achieving public health goals. However, taxation is a well-established instrument of social policy in the United States. For example, mortgage interest deductions are used to encourage home ownership, gas guzzler taxes are used to discourage energy waste, tax-free annuities and IRAs have been established to encourage savings, investment tax credits are used to stimulate business development, import duties are used to protect American economic interests, and both increases and decreases in the capital gains tax have been used to achieve short-term economic goals. To the extent that reducing alcohol consumption contributes to overall public welfare (and it does), increased alcohol taxation can be justified.

- *States should close existing loopholes and review and strengthen sanctions in existing laws governing the possession and consumption of alcohol and tobacco by underage persons and provision of alcohol and tobacco to underage persons by adults.*

All states have established 21 as the minimum legal drinking age. However, a study by the Department of Health and Human Services' Inspector General shows almost two-thirds of 7th to 12th graders who drink report buying alcohol for themselves, and national surveys conducted by the University of Michigan reveal about 63 percent of 8th graders and about 83 percent of 10th graders report that it is "very easy" or "fairly easy" for them to obtain alcohol.

**Loopholes in many state minimum drinking age laws have been cited as one reason young people have such easy access to alcohol.**

Loopholes in many state minimum drinking age laws have been cited as one reason young people have such easy access to alcohol. Some of these loopholes make a mockery of the intention of minimum

drinking age laws. For example, in six states, minors are not prohibited from purchasing or attempting to purchase alcohol. Other loopholes allow minors to be in situations where obtaining alcohol is quite easy. For example, in 44 states, minors can sell alcohol without adult supervision, and in 30 states, minors can enter drinking establishments without a parent or spouse.

Some have speculated that the weak minimum purchase age laws were passed by states that wanted to comply in appearance only with the federal Minimum Purchase Age Act (which threatens to withhold highway funds from states with minimum drinking ages under 21). However, concerned citizens in these states are entitled to laws that actually reflect the intended purpose of restricting youth access to alcohol.

There has also been growing concern with youth access to cigarettes. Although minimum purchase ages for tobacco products exist, they have rarely been enforced. It has also been noted that vending machines provide youth with ready access to cigarettes. In 1994, Congress passed new legislation requiring states to enforce minimum tobacco purchase age laws and to monitor tobacco sales to youth. However, enforcement will ultimately be the responsibility of localities. Thus, local communities will need tools and techniques that will assist them in complying with the new federal law. Several communities are now experimenting with ways to enforce minimum tobacco purchase age laws. The results of these experiments should be collected and disseminated nationwide.

- *States and communities should aggressively enforce laws and ordinances concerning the possession and consumption of alcohol and tobacco by underage persons and also enforce laws prohibiting the provision of alcohol and tobacco to underage persons by adults.*

Laws can do little if they are not enforced. A study by the Insurance Institute for Highway Safety found that underage decoys were able to purchase a six-pack of beer up to 97% of the time without lying about their ages or producing any identification. In addition, studies indicate that most of underage individuals who attempt to buy tobacco have been successful.

Communities have the right to expect that laws that protect public health and safety will be enforced. Moreover, proven technologies for enforcement are available. For example, the most common strategy for alcohol sales enforcement is the “sting” in which underage decoys attempt to buy alcohol. If a sale is made, a citation is issued to the outlet. Research suggests that well-publicized stings can substantially reduce sales to minors. Some states also require beer kegs to have identification tags so that the purchaser of the keg can be identified if the keg is found at an underage party.

School drug, alcohol, and tobacco policies represent an arena in which communities can act locally to reduce youth access to these substances. Studies suggest that such policies hold promise for reducing drug, alcohol, and tobacco use, and that school administrators often believe that such policies are more effective than classroom prevention programs.

- *Communities should be able to effectively use the state alcohol permit process and local zoning ordinances to eliminate unlawful use of alcohol. State and local agencies should expedite the process of license revocation for problem outlets.*

There is considerable evidence that restrictions on alcohol outlet density can result in reductions in alcohol consumption and related problems. Outlet densities have also been directly related to reductions in a variety of alcohol problems including traffic crashes and cirrhosis mortality rates. Local communities have the powers necessary to regulate alcohol outlet density through the addition of text restrictions to planning and zoning ordinances, and through the administration of conditional use permits.

### **Restrictions on alcohol outlet density can result in reductions in alcohol consumption and related problems.**

Communities differ in the extent to which alcohol outlets present problems and the extent to which public sentiment favors outlet restrictions. States can assist communities in making their own decisions concerning alcohol outlet control by establishing local option clauses in their Alcohol Beverage Control regulations.

In many communities, specific alcohol outlets may be a particular problem. While suspensions and revocations of the liquor license are effective deterrents to vendors, these penalties are often not applied. Most states revoke licenses only in rare instances of flagrant violations, sales of illicit drugs, or prostitution. In many states, alcohol control agencies do not suspend licenses for first offenses. In at least ten states, vendors can pay increased fines in lieu of license suspension — in one state, vendors only have to pay \$100 per suspension day to avoid loss of licenses for that period. In some states, employees are subject to penalties, but the establishment is not penalized.

RECOMMENDATION  
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**Given the importance of sound standards and practices for advancing substance abuse prevention, the federal and state governments should improve their efforts to collect and disseminate timely, culturally sensitive, public and scientific information.**

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#### Rationale

A major stumbling block for communities committed to reducing substance abuse is a lack of access to information concerning effective prevention strategies. In order to be successful in their prevention efforts, communities and prevention activists need access to information on planning and implementing effective prevention strategies and programs.

Information dissemination resources currently available at the federal level — clearinghouses, training systems, and technical assistance — need to be enhanced and broadly marketed. The resources available through federal clearinghouses and technical assistance efforts frequently serve only federal grantees, who represent a fraction of the agencies, organizations, and communities involved in prevention.

Efforts must also be increased to make communities aware of information, technical assistance, and training resources available to them. In many cases, too little effort has been expended in publicizing the availability of technical assistance, conferences, and resource materials.

#### Specific Policies

- *Research should be conducted and data should be collected to improve our knowledge of the use, distribution, and abuse of substances at the national, state, and community levels, and to better define epidemiological trends by geographic regions.*

A clear understanding of the nature and scope of local substance abuse problems is a necessary point of departure for effective community prevention planning. The epidemiological data gathered and disseminated by the federal government is not specific to localities and is only marginally useful in local planning. Some states and localities collect additional data, but this practice is not widespread.

If communities are to make rational choices concerning the expenditure of limited prevention resources, they must have adequate local data. However, experience suggests such data collection is beyond the current expertise and resources of most communities. Thus, efforts must be made to train and support local communities in collecting the data they need for planning.

Efforts in the area of prevention research must also be continued, intensified, and grounded in community realities and priorities. Much useful research information has been gathered over the last two decades. However, refinement of current prevention strategies and the development of new strategies will be facilitated by additional research.

- *The current system of multiple federal information clearinghouses should be streamlined and coordinated. A single national umbrella clearinghouse for assisting communities in developing innovative and effective substance abuse and violence prevention policies and strategies should be developed. This clearinghouse information should also be made available in a timely manner via a user-friendly electronic bulletin board and other efficient and easily accessible media.*

Currently, individuals or communities seeking information on substance abuse prevention, violence prevention, AIDS prevention, or the prevention of impaired driving must access multiple federal information clearinghouses. Moreover, in some of these clearinghouses, information may be limited or difficult to access. To assist communities in developing innovative policies and strategies and to decrease the time it takes to bring new innovations to national attention, a single prevention clearinghouse should be established covering illicit drugs, alcohol, tobacco, AIDS, violence, impaired

**A single prevention clearinghouse should be established covering illicit drugs, alcohol, tobacco, AIDS, violence, impaired driving, and other relevant topics.**

driving, and other relevant topics. In addition, the new clearinghouse should offer a user-friendly electronic bulletin board that would include information on programs and policies directed at a variety of target populations, the cost of implementing these strategies, and available data on their effectiveness. Other media such as teleconferencing and CD-ROM should be offered, when appropriate, to facilitate user access to the clearinghouse.

- *Because communities can learn from each other's efforts to develop and implement anti-drug strategies, governments and the private sector should fund and support community-to-community technical assistance, thus encouraging expansion of successful local prevention initiatives.*

One resource that is often overlooked in the transfer of promising community-based prevention approaches is the local individuals who develop and implement these approaches. Federal initiatives in other areas (e.g., juvenile justice) have demonstrated the viability of providing support for communities to serve as "host sites" that can be visited by leaders from other localities. Host site programs enable community leaders to see strategies and programs first hand, to discuss successful approaches with those who are implementing them, and to explore the specific issues involved in replication.

- *To educate parents about the prevention of early substance abuse, federal and state governments should conduct national or state direct mail campaigns similar to the 1986 Surgeon General's mailing on AIDS.*

Many parents are unaware of the dangers of youth substance abuse or of the "danger signals" that their children are abusing substances. In 1986, the federal government mailed information concerning Acquired Immune Deficiency Syndrome (AIDS) to all U.S. households. This approach to raising awareness of health threats can also be applied to substance abuse. In addition to its direct impact, such an approach is likely to generate considerable media attention, further contributing to national awareness of substance abuse.

- *The National Institute on Drug Abuse (NIDA) should be required to report to Congress on an annual or biannual basis on the abuse of illicit drugs. This report is already required on a triennial basis. This documentation should be made widely available to assist policy makers, community planners and programmers, funding authorities, and the media.*

Knowledge in the field of drug abuse is expanding rapidly. Drug use patterns change over time and new drugs appear. Research continues to illuminate issues related to the pharmacology of drugs of abuse, as well as issues related to effective prevention, intervention, treatment, and aftercare.

NIDA, the federal agency charged with funding drug abuse research, has a number of regular publications and monograph series. However, these publications are generally aimed at a scientific audience. A triennial report to Congress is the current mechanism for summarizing and disseminating drug abuse research information to a general audience including policy makers. The panel believes this report should be issued more often to keep up with a rapidly changing field. This would also ensure that federal dollars

invested in drug abuse research are to yield maximum benefit to policy makers and community planners.

- *Federal and state governments and academic centers should provide training to prevention professionals and community practitioners to enhance their knowledge and skills.*

Although the substance abuse prevention field has been active for over two decades, most prevention professionals and practitioners are “self-taught.” Many of these self-taught professionals and practitioners are highly skilled and knowledgeable. However, in order for the prevention field to grow, widely available training opportunities should be provided in prevention. Accordingly, the training efforts of the federal and state governments should be expanded, and universities and colleges should be encouraged to offer prevention training as part of their non-degree and extension programs, and as part of the regular curriculum in undergraduate, post-graduate, and professional education. Training should encourage and affirm the practice and acquisition of expertise in substance abuse prevention at community, research, and academic levels.



**The emphasis on accountability and evaluation of prevention efforts at every level should be increased.**

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#### Rationale

Federal expenditures for prevention have risen in recent years with a dramatic increase in dollars devoted to community efforts. Ultimately, Congress and the tax-paying public will want to know the results of these investments. Similarly, private sector funders, who must ultimately support at least a portion of on-going community efforts, are usually cautious about investing funds in unproven programs and strategies. Finally, well-documented

prevention efforts are replicated more easily. However, evaluation data on the effects of community prevention currently is sparse. Prevention must become increasingly concerned with accountability and evaluation to ensure its long-term survival, as well as to provide communities with evidence about what works.

**Prevention must become increasingly concerned with accountability and evaluation to provide communities with evidence about what works.**

Many prevention programs currently conduct process evaluations to monitor their activities. However, there is a pressing need for outcome evaluations that can determine which prevention strategies work best, with which populations, and under what conditions. The strongest studies include both process and outcome data so that the full range of intervention work can be effectively tested. Measuring the outcomes of prevention strategies is complex and often expensive because many interacting forces shape substance use and related problems in the community. However, outcome data are the ultimate test of prevention and the strongest argument for maintaining and increasing prevention efforts.

To be most useful, prevention evaluations should reflect an understanding of local culture, and include meaningful comparisons to other communities. Local communities should be involved in planning, conducting, and interpreting the evaluation. In order to increase the ability of local communities to engage in evaluation activities, further work is needed to define community indicators that can track resource utilization as well as outcomes of the prevention efforts. Data bases that can provide community level, state level, and national data in the same format, such as the U.S. Fatal Accident Reporting System, are needed for a variety of substance abuse problems. Most systems already in existence need to have upgraded data on alcohol and drug involvement, such as reports of homicides and emergency room trauma admissions. In other areas, entirely new data bases will need to be developed.

### Specific Policies

- *Federal and state agencies should require recipients of prevention funding to adhere to formal standards of programmatic and fiscal accountability. Federal and state agencies should adopt policies and offer technical and financial support that increases efficiency and effectiveness of community-based programs.*

In an effort to encourage local prevention efforts, federal and state dollars have sometimes been granted to agencies, organizations, and citizen groups that are not accustomed to meeting the accountability requirements of grants and contracts. Although promoting local experimentation is an important objective, failure of grantees to adequately monitor programmatic and fiscal activities may eventually lead to a reluctance on the part of legislators to appropriate additional funds for such efforts.

Most federal prevention grant programs require an evaluation. As yet, however, only limited data from these evaluations has been published or disseminated, in part because many local evaluations do not meet minimal standards of scientific rigor. Better and more extensive evaluations must be encouraged through an increase in funds for such

research and an increased effort to train evaluators and researchers in the specific challenges of evaluating prevention efforts.

- *Funding sources should require prevention programs to make evaluation data available for dissemination. Evaluation methods should be developed that accurately measure the prevention interests and strengths of local communities.*

The prevention field, like all others, improves by learning from both successes and failures. Yet, much prevention evaluation data are never published or otherwise disseminated. Other data are only partially reported, sometimes suppressing information that may reflect negatively on a program or strategy. Thus, much useful information is lost to those attempting to develop and implement successful prevention efforts.

The federal and state governments have an obligation to disseminate data collected with taxpayer dollars. Grantees should be required to complete and disseminate evaluation findings as a condition of further funding. Non-governmental funders should also adopt these requirements in order to derive the maximum impact from their investments in prevention. Both private and government funders should consider mechanisms for performing evaluations at the local level—including the development of an approved pool of prevention evaluators to consult or collaborate with local programs.

## PARTICIPANTS IN THE JOIN TOGETHER POLICY PANEL HEARING

The panel received testimony or written statements from the following:

**Pat Aaby**  
*Coordinator*  
Community Mobilization  
Sonomish County, Washington

**Mark Allen**  
*Executive Director and General Counsel*  
Washington State Broadcasters Association  
Olympia, Washington

**James Baker**  
*Executive Director*  
Institute for Health Advocacy  
San Diego, California

**Sylvia Castillo**  
*Project Director*  
Community Coalition for Substance Abuse Treatment and Prevention  
Los Angeles, California

**Keith Choy**  
*Director*  
Mayor's Community Partnership Program  
San Francisco, California

**Donald Gean**  
*Member*  
Maine House of Representatives  
Executive Director  
York County Shelters, Inc.  
Alfred, Maine

**Betty Herron**  
*Executive Director*  
Arkansas for Drug-Free Youth  
Little Rock, Arkansas

**John Hughes**  
*Director, Drug Education*  
Olympic Educational Services Unit  
Bremerton, Washington

**Jim Hulihan**  
*President*  
Motivational Media Assemblies  
Burbank, California

**Penny Jenkins**  
*Project Director*  
Santa Barbara Fighting Back  
Santa Barbara, CA

**Rev. Cleo Malone**  
*Director*  
The Palavra Tree, Inc.  
San Diego, California

**Andrew Mecca, Dr.P.H.**  
*Director*  
California Governor's Policy Council on  
Drug and Alcohol Abuse  
*President*  
National Association for State Alcohol and Drug Abuse Directors

**Charles Potter**  
*Community Mobilizer*  
Safe Streets Campaign  
Tacoma, Washington

**Dean Rowland**  
*Senior Special Agent*  
Community Policing  
Idaho Department of Law Enforcement  
Coeur d'Alene, Idaho

**Rodney Skager, Ph.D.**  
Graduate School of Education,  
UCLA  
*Coordinator*, Biannual Substance Abuse Survey  
Department of Alcohol and Drug Programs  
California Office of the Attorney General

**Eva Smith, M.D.**  
*Medical Services Director*  
Alcohol and Substance Abuse Program Branch  
U. S. Indian Health Services

**Larry Stewart**  
*Board of Directors*  
Entertainment Industries Council  
*Former President*  
National Academy of Television Arts and Sciences  
Los Angeles, California

**Roger Volker**  
*Director*  
Tahoe Prevention Network  
South Lake Tahoe, California

**Jacqueline Washington**  
*President*  
Pontiac Urban League, Inc.  
Pontiac, Michigan

**Karen Zaustinsky**  
*Executive Director*  
Lemon Grove Project  
Lemon Grove, California  
*Co-Chair*  
San Diego County Council on Alcohol Policy

**Panel received additional material and staff support from:**

**Kent L. Augustson**

*Deputy Director*

Center for Substance Abuse  
Prevention

Washington, DC

**Bill Bartosch**

National Prevention Network  
National Association for State  
Alcohol and Drug Abuse  
Directors

Washington, DC

**Michael Cross**

*Director*

Male Responsibility Program  
Detroit Urban League  
Detroit, MI

**Marilyn Culp**

*Director*

Miami Coalition for a Safe and  
Drug-Free Community

**Darlind Davis**

*Deputy Director*

Community Prevention and  
Training  
Center for Substance Abuse  
Prevention

**Ross Deck**

*Policy Analyst*

Office of National Drug  
Control Policy

**Janice Ford Griffin**

*Deputy Director*

Join Together

**Jim Hall**

*Executive Director*

Up Front Drug Information  
Center  
Miami, FL

**Babette F. Hankey**

*Budget Analyst*

Office of National Drug  
Control Policy

**Jonathan Howland**

*Associate Professor*

Boston University School of  
Public Health

**Judi Kosterman**

*Assistant Director of Field  
Operations*

Community Anti-Drug  
Coalitions of America

**Pricilla Lisicich**

*Executive Director*

Safe Streets Campaign  
Tacoma, WA

**William J. McCord**

*Director*

South Carolina Commission on  
Alcohol & Drug Abuse

**Phillip Salzman**

*Director*

Gloucester Prevention Network  
Gloucester, MA

**Norman Scotch, Ph.D.**

*Director Emeritus*

Boston University School of  
Public Health

**Agnes Scott**

*Vice President, Special Projects*

WTVS-TV

Detroit, MI

**Steven R. Smith**

*Director, Undergraduate Studies*

Terry Sanford Institute of  
Public Policy  
Duke University  
Durham, NC

**Judi Strang**

*Health Vice President*

9th California PTA District  
*Director*

San Diequito Alliance for Drug  
Free Youth

Del Mar, CA

**Jose Szapocznik, Ph.D**

*Director*

Center for Family Studies  
University of Miami School of  
Medicine

**Marni Vliet**

*Senior Vice President*

Kansas Health Foundation

**Ronda Zakocs**

Boston University School of  
Public Health

**1993 Join Together National  
Leadership Fellows**

**1994 Join Together National  
Leadership Fellows**

**National Substance Abuse  
Technical Assistance  
Providers Working Group**

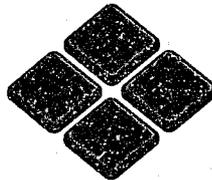
**Robert Downing,**  
Director of Join Together  
Public Policy Programs,  
coordinated staff support  
for the panel.

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and Klitzner & Associates  
of Vienna, VA, provided  
editorial support and research.

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A NATIONAL RESOURCE FOR COMMUNITIES FIGHTING SUBSTANCE ABUSE



Join Together  
441 Stuart Street, Sixth Floor  
Boston, MA 02116

Tel: (617) 437-1500  
Fax: (617) 437-9394  
Electronic Mail : [info@jointogether.org](mailto:info@jointogether.org)

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