

CITIES WITHOUT DRUGS

The 'Major Cities' Guide to
Reducing Substance Abuse
in Your Community



“We want to bring to the same table all of the State, city, county, and local organizations and leaders who are tackling the drug problem individually, and then help coordinate and focus their energies.”

**John P. Walters, Director
Office of National Drug Control Policy**

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OFFICE OF NATIONAL DRUG CONTROL POLICY

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FOREWORD

Americans understand the value of working together. We know that when we pool our resources and combine our strengths—when we unite as a community—there is little we cannot accomplish.

Large or small, urban or rural, communities throughout America confront many of the same threats. Among the biggest threats facing our cities, towns, and neighborhoods today is illegal drug abuse. Drugs destroy lives and spoil the quality of life for entire communities.

Government programs alone cannot stop the flow of drugs or keep people from using them. Real progress requires the active support and participation of key leaders, professionals, and concerned citizens at the local level. With this in mind, the Office of National Drug Control Policy (ONDCP) has launched the Major Cities Initiative—an ambitious program designed to promote and energize partnerships among those working to stop drug abuse in some of America's largest cities. The idea is to take a close look at the drug threat in selected areas, then bring experts and local leaders together to identify which approaches are working and devise new ones as appropriate.



John P. Walters

Drugs are not exclusively a big-city problem, of course. But America's large population centers contain significant concentrations of chronic drug users, as well as drug markets that sustain, and are sustained by, their habits. Reducing substance abuse in our biggest cities, therefore, can bring about a measurable decline in the Nation's overall drug problem and, at the same time, help to achieve President George W. Bush's 2002 goal of reducing drug use by 25 percent in five years.

The success of the Major Cities Initiative is encouraging, and not just for the cities targeted in the original plan. It suggests that the same approach can have an even broader application, serving as a framework for any city, county, town, village, or neighborhood fighting the scourge of illegal drugs.

This booklet represents the lessons ONDCP and our partners have learned and the knowledge we have gained in the course of administering the Major Cities project. It is, in effect, a "how to" manual for citizens anywhere who want to adopt the Major Cities model for their own communities.

The document does not pretend to have all the answers. Because the nature of the drug threat differs from city to city, there are no hard-and-fast rules for addressing the problem, just as there is no one-size-fits-all formula for stopping drug use. In each community, the specific methods must be tailored to address local needs.

However, through our experience we have identified techniques and principles that stand out as the most effective and most likely to bring success. A program built on the concepts described on these pages can help communities define the threat, draft a plan, and stay on track as they work to improve their response to illegal drugs. The guidelines presented here are intended to stimulate cities, counties, and towns across the United States to mobilize, form partnerships, share resources, and take the steps necessary to bring about a meaningful reduction in drug abuse.

John P. Walters, Director
Office of National Drug Control Policy

INTRODUCTION

Drug Abuse: A National Threat

According to a recent national survey, an estimated 19.1 million Americans age 12 and older currently use illicit drugs.¹ In other words, 8 percent of the country's population age 12 and over reported using some kind of illegal drug in the past 30 days.

Although most categories of drug use have shown declines in recent years, there is no question that substance abuse remains a serious problem in the United States. Illegal drugs are of concern not only because of their adverse effects on users, their friends, and their families, but also because their destructive influence spreads to every sector of society. Drug use harms communities in many ways—through lost productivity on the job and increased absences from work;² barriers to academic performance,³ high medical costs,⁴ and drug-related crime,⁵ to give just a few examples. The human and financial costs of drug use are unacceptable and place an enormous burden on our country. For the sake of our communities and our future, we need to do everything in our power to confront this threat to our public health and public safety.

Substance abuse is an enormous and multifaceted problem, involving myriad factors and conditions. Effectively addressing this problem requires an equally wide variety of responses. However, our efforts to control substance abuse too often become fragmented as a result, with anti-drug groups unaware of what others may be doing—or that they exist at all. Also, anti-drug programs are frequently driven by funding that focuses on targets that may be only loosely tied to the immediate needs of the community.

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), *2004 National Survey on Drug Use and Health: National Findings*, Washington DC: Department of Health and Human Services, 2005.

² Lehman, W.E., and D.D. Simpson, "Employee Substance Use and On-the-job Behaviors," *Journal of Applied Psychology*, 77(3), pp. 309–321, 1992.

The Economic Costs of Drug Abuse in the United States, 1992–2002, Washington, DC: Executive Office of the President, Office of National Drug Control Policy, December 2004.

³ Pope, H.G., and D. Yurelun-Todd, "The Residual Cognitive Effects of Heavy Marijuana Use in College Students," *Journal of the American Medical Association*, 275(7), pp. S521–527, 1996.

Block, R.I., and M.M. Ghonei, "Effects of Chronic Marijuana Use on Human Cognition," *Psychopharmacology*, 110(1–2), pp. 219–228, 1993.

SAMHSA, "Marijuana Use Among Youths," *The 2000 National Household Survey on Drug Abuse Report*, 2002.

⁴ *The Economic Costs of Drug Abuse in the United States, 1992–2002*, Washington, DC: Executive Office of the President, Office of National Drug Control Policy, December 2004.

⁵ *Ibid.*

Bureau of Justice Statistics, *Substance Abuse and Treatment, State and Federal Prisoners*, 1997 (BJS Special Report), NCJ–172871, January 1999. <http://www.ojp.usdoj.gov/bjs/pub/pdf/satsfp97.pdf>

Quite often, the problem lies in an inability to focus and coordinate available resources in a comprehensive, integrated fashion. There are many reasons why such coordination is difficult. Multiple jurisdictions, overlapping boundaries, and disconnected areas of responsibility, for example, can make it hard for the various groups to stay informed about each other's actions. And in many cases, money flows in narrow funding streams from multiple sources to isolated projects that share neither resources nor insights, a phenomenon referred to as "stovepiping."

Most communities understand the need to pool resources and work collectively to combat drug abuse. Many, in fact, are beginning to create new methods for bringing together diverse interests and jurisdictions to coordinate strategies and leverage resources. Almost every U.S. city possesses a range of tools for reducing drug use: law enforcement, courts, schools, and treatment providers, for example. Some also have drug courts, student drug-testing programs, and community-based coalitions. Elected officials in many cities, counties, and towns have made it a priority to keep their communities drug-free.

What communities often lack, though, is effective collaboration and coordination among the various entities involved in the anti-drug effort. States, counties, cities, and neighborhood associations generally do not communicate with each other about substance abuse on a regular basis. As a result, anti-drug organizations often have no common compass, no shared sense of the big picture. Their actions are not fully in sync with those of others in the wider community and, thus, address only a small part of the problem. Unable to present a united front, they cannot effectively confront the threat.

The Major Cities Initiative is a unifying and activating process, providing guidance and a wide-angle perspective to improve the efficiency and effectiveness of local anti-drug efforts. Its purpose is not to replace citizen volunteers with bureaucrats or to turn the job over to the government, but rather to harness the resources and energy of those eager to take action.

The intent is to spark dialog, foster partnerships on all levels, and create local area-wide networks linking the various sectors of the community. This, in turn, can open channels of communication and stimulate the free flow of information, ideas, and resources. The program operates on a simple principle: The greater the common understanding of a problem and the more people work together, the better their ability to solve the problem.

This document is a guide for any U.S. city, county, or town that wants to implement an anti-substance-abuse program based on the Major Cities model. The booklet begins with a brief overview of the Major Cities Initiative, explaining its goals, its approach, and the key measures that are used to gauge its success.

The “Blueprint for Action” section shows how individuals can work together to lay the groundwork for the program. Explained here are the necessary first steps for local anti-substance-abuse “champions” who want to mobilize others in the effort. Critical early steps include performing a data-based threat analysis to identify the drug problem. This chapter also provides guidance on setting up the program’s architecture and includes suggestions for creating a Steering Committee, a Working Group, and various Task Forces.

“Planning the Work” describes how to reach out to the community and enlist partners to help do the work of the initiative. It gives advice on scheduling and conducting the strategy development session—the important kickoff meeting during which participants come together for the first time to hear presentations on the local drug threat and to hammer out strategies for addressing it.

The “Working the Plan” section explains how to keep the program on course after its launch. Implementation, in large part, means following through with action plans developed at the strategy development meeting. It also means maintaining and broadening strategic contacts with key members of the community while at the same time forging new partnerships. Moreover, this section emphasizes the importance of monitoring your community’s drug problem regularly and modifying the program as needed to address changes in the threat.

Finally, the “Resources” section offers information about government agencies and other organizations that can help you plan and implement a Major Cities initiative. Various appendices provide a wealth of information, including sample documents, checklists, action steps, and tips that can help you develop and implement your program. ([Appendix A](#), for example, provides a checklist that can serve as a guide as you plan your initiative.)

A NATIONAL PLAN FOR LOCAL SOLUTIONS

What is the Major Cities Initiative?

Birth of an Idea

In the 2002 National Drug Control Strategy, President George W. Bush pledged to reduce drug use among all Americans by 10 percent in two years and by 25 percent in five years. To meet these goals, the Office of National Drug Control Policy realized it needed an approach that would have widespread impact and would draw on the tremendous energy and talents of citizens and officials at the local level. Drug use harms communities everywhere, but big cities are particularly hard hit. A recent survey showed that metropolitan areas in the United States have the highest rates of current illicit drug use.⁶

As part of its strategy to accomplish the President's objectives, ONDCP launched an ambitious new initiative in 2003 that directly engaged with officials and concerned citizens in 25 of the nation's largest metropolitan areas. The plan was to identify specific problems and establish long-term goals: to stop drug use before it starts; to heal those who are using drugs, and to disrupt the drug market. Beyond the obvious local benefit, shrinking the drug problem in major cities would have the effect of lowering the drug-use rate for the entire Nation.

Each of the areas targeted in the initiative presents unique challenges when it comes to substance abuse. Each also possesses an array of resources and strategies for preventing drug use or coping with its consequences. ONDCP's plan was not to create additional programs and layers of bureaucracy. Rather, the idea was to help those areas make better use of the tools already available to them and to devise ways of measuring their effectiveness. With better coordination and leveraging of resources, the cities would be able to improve the effectiveness of their substance-abuse systems and identify which strategies work best.

From the beginning, one premise of the Major Cities Initiative was that local communities can learn valuable lessons from one another. Many cities have developed creative strategies for combating drug use, and these techniques hold promise for other cities facing similar problems. Another assumption was that an effective drug strategy requires good organization and a strong, varied approach. Tackling the

⁶ Substance Abuse and Mental Health Services Administration (SAMHSA), *2004 National Survey on Drug Use and Health: National Findings*, Washington DC: Department of Health and Human Services, 2005.

problem from many directions simultaneously and with a variety of program types, all carefully synchronized and implemented in a focused, intelligent manner, can bring about significant and measurable results.

With the Major Cities Initiative, ONDCP envisioned the creation of partnerships that would capitalize on the know-how and skills of a wide variety of individuals, ranging from government officials and community leaders to educators and experts in the substance-abuse field. Participants were asked to work together to create an organizational structure that links the pillars of effective drug control: prevention, treatment, and law enforcement.

The program attempts to strengthen local communities by helping them develop the flexibility, coordination, and collaboration necessary to fight substance abuse effectively. Through the Major Cities Initiative, ONDCP hopes to reduce drug use in participating cities by:

- encouraging the use of proven practices, policies, strategies, and techniques;
- promoting coordination, collaboration, and resource-leveraging among all segments of the community; and
- assisting in the gathering and maintenance of data that accurately reflect the current state of drug use and the outcomes of interventions.

In coming years, ONDCP will continue to develop and maintain strong relationships with selected cities as it works to bring about significant reductions in drug use, as indicated by the following key measures:

- past-month and past-year use of illegal drugs by young people
- the prevalence and type of drugs used among individuals arrested and booked for crimes
- drug-related emergency department visits
- price and purity of drugs sold on the street
- scope and effectiveness of student drug-testing programs
- drug-court referrals to treatment
- outcomes of treatment
- capacity and use of treatment resources
- prevalence and effectiveness of anti-drug coalitions

BLUEPRINT FOR ACTION

What are the first steps?

Laying the Foundation

Throughout the United States, in communities struggling with illegal drugs and the problems they cause, conditions are right for a Major Cities Initiative to take root. Most of the ingredients are already in place; what's needed is the spark of leadership to set the process in motion.

The first step is to identify the nature and extent of the local drug problem and to summon the will to address it. Understand from the outset that you are not alone. Many others in your community are already working hard to combat substance abuse on various fronts. Seek out these people. Learn who they are and what they are doing. Work with them. The key to a successful Major Cities effort is positive relationships across sectors. Local leaders must constantly reach out to form alliances with those in the area who have a stake in, or the ability to influence, the wellbeing of the community. This is a dynamic, ongoing process fueled by interaction and dialog. Partnerships are the program's lifeblood.

Becoming familiar with the activities of relevant government agencies and concerned citizens will provide a good overview of the substance-abuse picture in your area. Some activities may need refinement or redirection. But keep in mind that the primary goal of the Major Cities Initiative is to connect and coordinate, not to reinvent the wheel or duplicate valid efforts already underway.

Reducing drug use in your community must be an ongoing endeavor. Before you can take meaningful action, however, you must carefully determine exactly what you hope to accomplish during the initial 12-18 months of the initiative.

First, evaluate the situation thoroughly to fully understand the threat. Then use that data to identify the target, making sure your efforts are tailored precisely to that goal and to achieving measurable outcomes. Be realistic, and be specific. Let common sense and logic guide you.

Substance abuse is a complex, ever-evolving threat, so don't expect to address all of your community's drug woes in one fell swoop. Keep the focus narrow, at least in the beginning, concentrating on a part of the overall problem that can likely be addressed using the resources available. Later, as the program gains momentum—or in a subsequent initiative—the scope can be expanded to include other targets.

KEY POINTS

- Make it known that an effort is underway to mobilize the community in the fight against illegal drugs.
 - Determine what others are doing to combat drug use, and maintain an active recruitment process to secure the participation of dedicated, action-oriented people.
 - Identify the target and the desired measurable outcomes, and tailor the effort accordingly.
 - Be realistic and keep the focus narrow.
-

What is the best way to organize the program?

Creating a Structure

The next step is to design an operational structure that will guide the work of the initiative. The structure, generally, should reflect the size, population, demographics, and character of the community it serves. But keep it simple, flexible, and straightforward. Just as there is no such thing as a “typical” city, there is no right or wrong way to organize a citywide anti-drug initiative. Cities are made up of many communities, which are often competing rather than cooperating elements.

The best organizational framework is one that best meets the needs of the community. However, experience has shown that a good working design organizes the program membership into three basic components: a Steering Committee, a Working Group, and three or four mission-specific Task Forces (figure 1.) These groups have overlapping membership and work together to develop, implement, and evaluate action strategies for achieving real and measurable outcomes.

Steering Committee. At the core of the program is the *Steering Committee*, a group of 10 to 12 key individuals who have the contacts and skills needed to assess the local drug situation and to design, guide, and monitor efforts to address it. The Steering Committee (sometimes called the Coordinating Committee) should include experts in substance abuse as well as influential people representing government, law enforcement, public health, business, parents, schools, youth, and the faith community. The Steering Committee functions like an advisory panel within the larger membership and makes major decisions regarding the initiative. It is the driving force of the program, keeping participants on track and serving as an advisory body to the mayor and other leaders. Ideally, though not necessarily, the group is chaired by a high-ranking community official, such as the mayor, director of public safety, or county executive.

Working Group. An important function of the Steering Committee is to recruit others from the community to participate in the initiative. Those who agree to devote their time and energy to the effort become part of the second main pillar in the organizational structure: the *Working Group*. This group of about 50 people consists of substance-abuse experts and others from all sectors of the community. Once the Steering Committee has secured a commitment from an appropriate number of volunteers, it calls the full Working Group together to kick off the initiative with a day-long strategy development session.

Task Forces. At the strategy development session, the Working Group breaks into three or four separate *Task Forces*, which collectively form the third main structural component. These smaller groups are organized by specialty—Prevention, Treatment, Law Enforcement, and possibly others, such as treatment issues in the criminal justice system.

The job of each Task Force is to identify substance-abuse targets within its field of expertise, then come up with specific action plans for addressing those concerns. As part of the Major Cities Initiative in Detroit, for example, Task Forces developed activities involving aftercare and recovery housing, school-based programs, and local businesses in an effort to reduce sales of alcohol, tobacco, and drug paraphernalia to youth. To look into street-level prostitution and drug use, program leaders created a Task Force that included representatives from the police and sheriff's departments, as well as several judges, probation and parole officers, health department staff, and local drug treatment providers.

Figure 1: Suggested Organizational Structure for Major Cities Initiative



KEY POINTS

- Design an organizational structure that allows for representative and community-wide membership.
- Make the structure simple and flexible, and stick to it.
- Basic elements of an effective structure:
 - Steering Committee
 - Working Group
 - Task Forces

How do communities learn the facts about local drug use?

Identifying the Threat

Surgeons do not perform operations without a thorough assessment and a good idea of what they hope to achieve. Similarly, you should not launch a drug initiative without a clear understanding of the incidence, prevalence, and impact of drug use in your area.

One of the Steering Committee's first and most important tasks is to study and document the local drug problem as precisely as possible. Find out everything you can about the supply and demand of drugs in your area. Who are the users? What drugs are involved? Where do the drugs come from? How are they sold? Who sells them? Where are your community's major trouble spots? The picture that emerges from this assessment will help define the threat and orient the work of the Task Forces.

When collecting data, do not rely on hunches or assumptions about drug use. Instead, make every effort to gather solid, documentable facts. Collect data from across the spectrum, using local sources whenever possible, such as area crime statistics and school drug-and-alcohol surveys.

Some data collection centers provide threat-assessment support to local law enforcement. These sources include:

- National Drug Intelligence Center (NDIC)
- High Intensity Drug Trafficking Areas (HIDTA) Program
- System To Retrieve Information on Drug Evidence (STRIDE)
- EPIC's Clandestine Laboratory Seizure System (CLSS)

Contact your local, State, and Federal law enforcement agencies to obtain specific information about your area.

You can also get useful information about local drug use from government-funded surveys and other data sources, which include:

- Monitoring the Future
- National Survey on Drug Use and Health
- Youth Risk Behavior Survey
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Drug Abuse Warning Network (DAWN)
- National Forensic Laboratory Information System (NFLIS)
- Community Epidemiology Work Group (CEWG)
- Treatment Episode Data Set (TEDS)
- The American Association of Poison Control Centers
- Parents' Resource Institute for Drug Education (PRIDE)

(See the "Resources" section for more information about surveys and data sources.)

Look at indirect evidence as well, including police reports and overdose statistics in the aggregate, school dropout rates, and teen pregnancy data. Local hospitals, clinics, poison control centers, and treatment centers can also provide useful information on the impact of drug use and emerging trends. A number of states, as well as several private, non-profit organizations, offer support and survey materials designed to measure drug use among students. These surveys can help you pinpoint which drugs young people in your area are using, and they provide critical data for measuring progress both during and after the initiative.

Anecdotal evidence, such as observations of behavior or activities that suggest drug use, may alert you to possible problem areas. Remember, however, that theories and impressions go only so far; they also can be wrong or misleading. Assessments built on objective, measurable data offer the clearest, most reliable and most comprehensible picture of the threat. This information, in turn, helps to ensure vital agreement among program participants on what actions are needed.

How can local leaders get a “big picture” view of the threat?

Mapping Out the Problem

Much of the evidence collected during the initiative will involve numbers—measurements, percentages, rates, averages, and so forth. While statistics are necessary for sizing up a drug problem, it’s not always easy to grasp the significance of figures displayed row after row on a spreadsheet. A map, however, gets the message across almost instantly.

Using data gathered during the assessment phase, you can create a detailed geomap that gives an easy-to-understand visual representation of the substance-abuse situation in your area, simultaneously showing both the problems and what is being done about them. Mapping can help you track trends and identify trouble spots, thereby enabling you more quickly to move resources to areas where they are needed. Patterns visible on a map can also provide important clues about which projects are working and which are not.

Your map is like a snapshot, revealing at a glance the various drug-related forces at work in your city. For example, it might show major centers of drug-dealing activity and their proximity to schools, as well as areas in town where certain drugs are known to be a problem. Or, using information from local police, the map might pinpoint the locations of drug-related assaults, arrests, and other crimes. To show how the city is responding to the problem, a map might depict the location of substance-abuse resources, such as treatment centers, hospitals, churches, and anti-drug coalitions. It might also highlight areas targeted by Federal treatment or prevention grants, as well as neighborhoods with increased police patrols.

The type and sophistication level of the map will depend, to some degree, on the size of your community and its financial resources. Small cities and towns may need nothing more than an oversized paper map of the area, an easel, and a box of colored markers to plot their data.

However, most cities would benefit from use of a powerful mapping tool, such as Geographic Information System (GIS) technology. GIS software converts information about a location into an interactive, multi-layered map, with each layer reflecting a different data set. Layers can be combined and viewed in an overlapping manner, or peeled away and viewed individually. For example, you could use GIS technology to create layers showing the number and movement of open-air drug markets. Map databases can easily be updated when new data become available.

Many government agencies use GIS technology to help manage law enforcement and health care resources, national security efforts, and other activities. The software can be an equally valuable tool for State and local governments, particularly those striving to meet Federal guidelines and requirements such as those outlined in Presidential initiatives and by the Office of Management and Budget. It offers

increased efficiency, improved accuracy, and the ability to manipulate an enormous amount of information. And though the software and technical support can be expensive, GIS is worth the cost if it helps you better understand how to reduce drug use in your city.

KEY POINTS

- Study and carefully document the local drug problem, then share this assessment with all sectors of the community.
 - Base your drug assessment on solid evidence, not hunches or assumptions. Use local data to paint the drug picture:
 - What are the problem drugs?
 - Who are the users?
 - Who are the dealers?
 - Where do the drugs come from?
 - Seek the involvement of local law enforcement. The police are an important part of your team, as they often have access to data systems and technical support for comprehensive threat assessments.
 - See the “Resources” section for sources of local and national drug-use data.
-

PLANNING THE WORK

Who are the right people for the job?

Building a Team

Once your Steering Committee has researched and documented the drug threat, start putting together the Working Group. Reach out into the community to find dedicated people willing to volunteer their time and energy for the next 12–18 months. Use every method of communication available: make phone calls, send e-mail messages, write letters, approach potential partners at meetings, parties, and other gatherings throughout the community. Diplomacy, networking skills, and a persuasive personal style will be valuable assets at this stage. Remember, you are asking for a significant commitment of time, energy, and expertise. Identify people you can count on to do the job. (See [appendix B](#) for a sample invitation letter to prospective participants.)

When building the Working Group, recruit allies who are not only knowledgeable about substance abuse issues, but who also have the drive and the wherewithal to help move the program forward. Think about the types of partners who will make the greatest contribution and best represent the community. Developing a successful Major Cities Initiative requires getting the involvement of the right people for the right reasons and for the right amount of time. Look for individuals who are committed and action oriented—people who know their field and have a history of getting things done.

Think strategically: Who has the special skills that are vital to the initiative? What organizations, public or private, should be involved? Consider the role each potential team member will play, as well as the specific experience or contacts that he or she will bring to the table. Ideally, the group should include primarily individuals with decision-making power or who have influence in the community, such as local government officials, community leaders, educators, business leaders, directors of agencies receiving substance-abuse funds, and heads of anti-drug coalitions. (See [appendix C](#) for a suggested list of individuals or groups whose participation you should seek.)

The stronger and more diverse the Working Group, the better your chances of making progress. However, always be clear as to the purpose for engaging specific individuals, and stay flexible. As the program evolves, a re-evaluation of the group's membership may be appropriate.

KEY POINTS

- Put together a Working Group of dedicated individuals willing to volunteer their time and energy for 12–18 months.
 - Seek the participation of action-oriented people from various sectors of the community, including:
 - treatment
 - prevention
 - law enforcement
 - schools
 - coalitions
 - local government
 - public health and safety
 - business
 - youth
 - parents
 - faith community
-

How do participants design and carry out their action plans?

Developing a Strategy

When 40–50 individuals have committed to serving in the Working Group, bring all the participants together for a meeting to begin the work of the initiative. Ultimately, the objective is to draw on the collective brainpower of the group to develop a series of action plans—comprehensive, detailed, written strategies that spell out key objectives and methods for achieving them. ([Appendix D](#) offers a sample agenda for the strategy development session.)

Many of the Working Group members will meet each other for the first time at the Strategy Development session; for most of them, the meeting will be an intense learning experience. The basic goals of the session are to inform participants of the full scope and severity of the drug threat, and to spur them toward coordinated, constructive action. Make sure the program includes speakers who can present information about the drug problem from the perspectives of prevention, intervention, treatment, and law enforcement.

Begin the meeting with a strategic overview. Present findings from existing reports that specifically address local drug use, then broaden the discussion to include your state's drug strategy and issues covered in the National Drug Control Strategy. The President's 2005 Strategy, for instance, describes the Government's three-pronged approach to the drug threat:⁷

- stopping drug use before it starts, through education and action
- healing America's drug users by providing treatment resources where they are needed
- disrupting the market by attacking the economic foundation of the drug trade

Next, turn your attention to the local drug threat. Present the results of the Steering Committee's drug-threat analysis, allowing time for speakers to discuss how drug use affects the community in a variety of ways. Ask attendees to evaluate areas of need and what resources are available for addressing them.

Roughly the first half of the meeting should be devoted to education and review of the threat. The second half is for developing action plans. Break the group into three or four Task Forces organized by specialty (i.e., prevention, treatment, criminal justice, supply reduction). Ask each group to identify salient aspects of the drug threat and to create action plans for improving the community's response to those issues.

When developing strategies, the key is to think SMART: specific, measurable, achievable, realistic, tangible. Urge participants to focus on defining activities that will address the threat at various points along the drug-use continuum, from disrupting the supply of drugs to improving prevention, intervention, and treatment for those who use them.

The Task Forces should develop action plans that are simple and feasible, and that logically will result in a measurable reduction in substance abuse within 12–18 months. Each group should prepare a written strategy with clearly defined objectives, activities, and intended outcomes. (See [appendix E](#) for a guide to the elements of an effective action plan.)

Naturally, you hope the strategies devised through your program will have a lasting effect. It is best, however, to concentrate on what realistically can be accomplished within a finite and agreed-upon timeframe. Avoid grand, open-ended, or overly ambitious plans that are unlikely to get off the ground. However, strive also to go

⁷ The slide set "National Drug Strategy Overview," created in Microsoft PowerPoint®, can help you present this information. The document is available online at <http://www.whitehousedrugpolicy.gov/prevent/strategy.html>

beyond short-term or purely “feel good” projects. A single walkathon, for instance, may temporarily raise drug awareness but will have minimal impact on drug use.⁸

For each action plan, all Task Force members should be aware of *who* is doing *what*, as well as *when*, *where*, and *how* the plan will be carried out. It must also be clear which data sources should be monitored to assess the impact of specific actions. For example, if your city has logged a high number of emergency room visits associated with the use of ecstasy (MDMA) in nightclubs, the supply-reduction Task Force might put together a training program for club bouncers. The impact of this initiative could be measured by the change in emergency room admissions, or by the number of drug arrests in the city’s nightclub districts.

After allowing plenty of time for brainstorming, call the full Working Group back together and ask each Task Force to present its action plans. Encourage discussion, but keep in mind that the goal is consensus and generating broad support for each plan. For this to happen, all participants must understand exactly what each Task Force plans to do and which individuals will be doing the work. The role of the Steering Committee in the process is not to approve or reject proposals, but to provide direction and evaluation, and to explore ways for the full group to assist the Task Forces.

When all Task Forces have presented their plans, start bringing the session to a close. Thank everyone, congratulate the group on a promising launch, then wrap up with a discussion of next steps. When should the members get together again? What are the most urgent agenda items? Experience shows that regular meetings of the Steering Committee and Task Forces help maintain focus and ensure program success. Establish a meeting timetable early in the process, and make every effort to stick to it.

By the end of the meeting, everyone should be clear on what to do in the weeks and months ahead. The wheels of the initiative have been set in motion. The challenge now is to keep them on track and moving in the right direction.

⁸ The slide set “Making a Local Drug Strategy,” created in Microsoft PowerPoint®, can help in the development of an action plan. The document is available online at <http://www.whitehousedrugpolicy.gov/prevent/strategy.html>

KEY POINTS

- Bring all participants together for a strategy development session.
 - At the meeting, arrange for presentations about the impact of drug use from the perspectives of prevention, intervention, treatment, and criminal justice.
 - Review the current National Drug Control Strategy and relevant municipal documents or statewide strategies.
 - Present the findings of your local drug-threat assessment.
 - Break the group into three or four Task Forces to forge action plans that are SMART: specific, measurable, achievable, realistic, and tangible.
 - Develop plans that clearly delineate *who* will do *what*, *when*, *where*, and *how*.
 - Establish a timetable for regular meetings.
-

Dollars and Sense: Money is Not Always the Answer

America spends significant amounts of money on fighting drugs. Billions of dollars in government and private funds flow to States, cities, and towns every year to support anti-drug activities. In fiscal year 2004 alone, the Federal budget included more than \$3.3 billion for State and local drug programs.⁹

While money and other resources are crucial to the success of a Major Cities Initiative, *more* is not necessarily *better*. Do not assume that the new program will require new funding, or that simply allocating more dollars to the drug problem will make it go away. You may also question the effectiveness or prioritization of some funding.

A better solution is to bring governments and communities together to look at their existing *resources* and identify ways to use them more efficiently. Most communities, in fact, already receive more funding than people generally realize. This is because it is not always immediately obvious how much is flowing to individual projects through the various funding streams.

When taking account of your community's resources, keep in mind that monetary support is only one resource, and often not the most important one. As the work of your community's Major Cities Initiative gets underway, be sure to broaden the notion of *resources* to include priceless intangibles such as human capital, expertise, and commitment. Also look for private partners who have an interest in supporting a drug-free norm in the community.

Funding, when put to good use, can always help; in some cases, new sources of funding may be essential. However, competition over limited resources can be a distraction that interferes with efforts to unite the community.

Before you decide that the project requires new funding, ask yourself: How can we better leverage our resources and make the most of what we already have? Would more money really promote collaboration and significantly improve our ability to push back against drug abuse?

⁹This includes approximately \$355 million for state and local law-enforcement activities; \$1.8 billion in block grants for substance-abuse prevention and treatment; \$618 million in discretionary grants for prevention and treatment programs; \$594.4 million for continued support of school-based drug programs; and \$38.1 million for drug courts.

WORKING THE PLAN

What must be done to keep the initiative moving forward?

Staying Connected

You have designed a program, created an organizational structure, assessed the drug threat, isolated the targets, assembled a team of dedicated volunteers to plot strategy, and formulated specific action plans. These are crucial, fundamental—and perhaps the most difficult—steps in putting together a Major Cities initiative. However, the job is far from over. In some ways it has just begun. Now that you have planned the work, it is time to work the plan.

Running a Major Cities project is an ongoing effort that requires constant vigilance and close attention to the three M's: meetings, maintenance, and monitoring. Meetings are a necessary part of the initiative. Because circumstances and personalities differ from one community to another, there are no rules regarding meetings or establishing a meeting timetable, only general guidelines. The key is to pick a schedule that is convenient for everyone and allows frequent interaction.

Members of the Steering Committee should meet at least once every few months to discuss the success of particular strategies and recommend course changes, if necessary. Because most of the initiative's business is conducted through the Task Forces, these specialized groups should meet more frequently—at least once a month—to monitor the progress of their action plans. At every meeting, members should review the status of each plan and determine if it still conforms to the long-term goals. Ask someone to take notes at the meetings to document the work performed.

Although regular meetings are vital for keeping the initiative alive, the bulk of the work will occur outside the meetings, as members forge new partnerships in the community and maintain existing ones. Partnerships, like all relationships, require nurturing and ongoing involvement. Outreach efforts should encourage participation, as people are generally more willing to support what they helped to create.

KEY POINTS

- Meet often and regularly—every few months for the Steering Committee and at least once a month for individual Task Forces.
- Publicize meeting dates, times, and locations to encourage participation and community-wide representation.
- Evaluate your progress: Have the action plans worked as intended? Are they still the most appropriate response to the threat?
- Recruit other dedicated individuals into the effort, keeping in mind that constructive partnerships require close interaction in several key areas:
 - communication
 - time management
 - conflict resolution
 - planning and involvement
 - collaborative decision-making

The drug picture may suddenly change – what then?

Monitoring the Threat

Drug use does not follow a predictable pattern; trends can change course almost overnight. Thus, the drug problem your community faced when the program started may be quite different a few months down the road. If the threat picture has changed—if other types of drugs are involved, for instance, or if the drug dealers have altered their tactics—your action plans may now be ineffective or irrelevant. Over the course of the initiative, take regular pulse checks to make sure the program is working. It is imperative that you stay abreast of changes in the drug scene and adjust your plans accordingly.

To that end, the program should include some kind of mechanism for ongoing review and analysis of the drug threat. The tools for this process are built into the structure of the initiative. For example, in the team-building stage of the program, special care was taken to include people with unique knowledge about drug use in your community. Consult with them regularly and share their insights with the full membership.

Also early in the program, the group relied on data from surveys and other sources to help assess the community's drug problem and plan its response. Many of those same sources are excellent tools for gathering feedback and monitoring the impact of the program over time. (See the [“Resources” section](#) for a list of data sources.) Continue to mine these and other sources that shed light on local drug use. Any perceived changes in the threat should be discussed routinely at meetings and also included in any Steering Committee documentation, including memos, e-mails, reports, brochures, and slide presentations.

It is important to maintain an accurate record of output—the specific actions your group takes. Similarly, an effort should be made to document *outcomes*—those changes that come about as a direct result of the initiative's actions.

For example, if the data sources show a large number of adolescents in treatment for marijuana dependence, your group's prevention Task Force might plan an awareness initiative that uses public ads, school speakers, and editorials in community newsletters, newspapers, and on local television. It would be helpful, certainly, to know how many youth were reached by this awareness campaign. Even better, though, would be information on how many of these young people developed a negative perception of marijuana use as a direct result of this outreach. The Task Force in such a case might designate or create a data source to track the attitudes of youth toward marijuana both *before* and *after* the awareness campaign. It might also anticipate a decrease in youth treatment admissions as young people decide not to use.

KEY POINTS

- Study data sources that can shed light on local drug use throughout the course of the initiative; stay alert to any changes in the drug picture, and adjust plans accordingly.
 - Consult regularly with substance-abuse experts, and share the findings with all initiative participants.
 - Document actions taken as well as any changes that come about as a direct result of those actions.
 - Make sure a feedback loop is in place, and that it is linked to decision makers for both input and output.
-

How can participants help ensure the program's success?

Reaching Out

To keep up with the drug threat and develop appropriate action plans, it is necessary to stay flexible. The better your organization's ability to identify and adapt to shifting dynamics in the local drug landscape, the more likely its efforts will have a positive effect. Watch the data closely for signs of change—such as new drugs of choice, surges in the use of certain drugs, spikes in use among specific populations—and be ready to develop appropriate responses.

Meetings should periodically include updates on data that indicate the substance-abuse picture has changed. The beauty of the program's collaborative approach is that it helps communities build their capacity to respond to problems that arise as time goes on. Once the Working Group has gelled into a cohesive and functional partnership, the Steering Committee and Task Forces should be able to move quickly, secure agreement, and plan actions regarding a wide range of issues.

Success breeds success. As achievements mount, your program will gain momentum that allows it to expand its partnership to include other individuals, groups, and resources that can, in turn, help move the initiative closer to its goal. For example, the group may find that its efforts to shut down open-air drug markets are undermined by a cycle of prostitution that feeds and is fed by women in those areas who are addicted to drugs. The Criminal Justice Task Force may then decide to explore innovative ways to facilitate substance-abuse treatment and recovery for these women, such as a prostitution drug court that offers treatment as an option to prolonged jail sentences. To accomplish this, it may be necessary to create partnerships with treatment providers who specialize in supporting this population, as well as with law enforcement officials who handle prostitution crimes and officials in the judicial system who can coordinate assessment and rehabilitation services for these women.

KEY POINTS

- Stay flexible.
 - Watch the data for signs of new or emerging trends in local drug activity, and be ready to respond quickly.
 - Provide data updates and progress reports at each meeting.
 - Make sure all partners adhere to the strategies collaboratively developed.
 - Always seek new information and other views.
-

CONCLUSION

Cities, towns, and neighborhoods across the Nation are plagued by a variety of problems: homelessness, crime, domestic violence, teenage pregnancy, child abuse, and sexually transmitted diseases, to name just a few. In many cases, substance abuse is at the root of the problem or a contributing factor. Much is being done to address these issues, and the results are encouraging. Drug use among America's youth has declined substantially in the past three years. Even so, much remains to be done.

There is a growing realization that the best strategy for fighting drug use is a comprehensive, balanced effort among partners in many segments of the community. In other words, for maximum effect the threat must be confronted from every possible angle.

It is not an either/or proposition. If we were to put all our resources into reducing the *demand* for drugs, the drug market would respond by aggressively recruiting new users with low-cost, high-purity drugs. If, on the other hand, we were to put all of our resources into reducing the drug *supply*, the result would be high-cost, low-purity drugs and an upsurge in crime associated with efforts to obtain them. Either scenario would be unacceptable.

The Major Cities Initiative, as described in this booklet, accounts for these realities. It also recognizes that our anti-drug efforts will not succeed if we simply continue to apply the same old methods in the same old ways. We must change our mindset, revise our tactics, try something different.

We can begin by adopting this holistic new approach that looks across boundaries to engage every sector of the community in assessing and addressing the drug threat. Success in this endeavor will spark more collaboration, which, in turn, will lead to greater success in reducing drug use in the United States.

RESOURCES

Government Agencies and Services

Office of National Drug Control Policy (ONDCP)

www.whitehousedrugpolicy.gov

The ONDCP Web site provides links to the National Drug Control Strategy and to specific cities partnered with ONDCP in the Major Cities initiative, as well as to a variety of data and policy papers.

National Youth Anti-Drug Media Campaign

www.mediacampaign.org

ONDCP's Media Campaign provides a wealth of drug-related information, including publications, public service announcements, and tips on working with media.

Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Department of Health and Human Services
240-276-2130

www.samhsa.gov

SAMHSA offers information on prevention, treatment, and mental health services, as well as free literature, topical searches, and identification of model programs and approaches to preventing and treating substance abuse.

SAMHSA Office of Applied Studies

<http://www.drugabusestatistics.samhsa.gov>

The Office of Applied Studies serves as SAMHSA's focal point for data collection, analysis, and dissemination activities. Data are collected on the incidence and prevalence of substance abuse and adverse health consequences associated with drug abuse.

National Clearinghouse for Alcohol and Drug Information (NCADI)

U.S. Department of Health and Human Services/SAMHSA
Phone: 1-800-729-6686

TDD (Hearing Impaired): 1-800-487-4889

Fax: 301-468-6433

Spanish Line: 1-877-767-8432

E-mail: info@health.org

<http://ncadi.samhsa.gov>

NCADI is a one-stop resource for current information about substance abuse prevention and treatment. Its Web site also offers publications on prevention and treatment, including some that cover the use of science-based approaches.

The Drug-Free Communities Program

www.drugfreecommunities.samhsa.gov

A program of the Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA), the Drug-Free Communities Program is designed to foster and strengthen community-based coalition efforts to reduce youth substance abuse. The site provides a database of funded coalitions nationwide.

SAMHSA's Prevention Platform

www.preventionplatform.samhsa.gov

An online interactive tool to guide you through assessment, planning, evaluation, and reporting of effective prevention.

Center for Substance Abuse Prevention (CSAP)

U.S. Department of Health and Human Services/SAMHSA

240-276-2420

www.samhsa.gov/centers/csap/csap.html

This government organization improves the accessibility and quality of alcohol and drug use disorder prevention programs and provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use and underage alcohol and tobacco use.

Center for Substance Abuse Treatment (CSAT)

U.S. Department of Health and Human Services/ SAMHSA

240-276-2750

www.samhsa.gov/centers/csat/csat.html

This government organization provides information on treatment programs, publications, funding opportunities, and resources.

National Institutes of Health (NIH)

301-496-4000

www.nih.gov

The National Institutes of Health is the steward of medical and behavioral research for the nation. It is an agency under the U.S. Department of Health and Human Services.

National Library of Medicine (NLM)

National Institutes of Health, U.S. Department of Health and Human Services

888-346-3656 (Toll-Free)

<http://www.nlm.nih.gov/>

This library contains extensive alcohol and drug use disorder research.

National Institute on Drug Abuse (NIDA)

301-443-1124

Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)

Or 888-TTY-NIDA (TTY) (Toll-Free)

www.nida.nih.gov

Part of the National Institutes of Health, NIDA brings the power of science to bear on drug abuse and addiction.

FirstGov.gov

www.firstgov.gov

Described as “the official gateway to all government information,” FirstGov.gov provides links to millions of Web pages from the Federal government and other nations around the world. It also includes Web sites for most cities and counties in the United States.

U.S. Department of Justice (DOJ)

202-353-1555

www.usdoj.gov

This government agency enforces the law and defends the interests of the United States according to the law, including drug enforcement.

Bureau of Justice Assistance

U.S. Department of Justice

800-851-3420 (Toll-Free)

<http://www.ojp.usdoj.gov/BJA/>

This bureau offers community training and technical assistance to prevent crime, alcohol and drug use disorders, and violence (reference and referral services for criminal justice professionals).

Bureau of Justice Statistics

U.S. Department of Justice

800-851-3420 (Toll-Free)

<http://www.ojp.usdoj.gov/bjs/>

This bureau provides information on crime, criminal offenders, victims of crime, and the operation of justice systems at all levels of government.

Drug Court Planning Initiative

U.S. Department of Justice

202-616-6500

<http://dcpj.ncjrs.org/dcpj.html>

The Drug Court Planning Initiative provides research, scholarship, and information for drug courts and other court-based intervention programs.

Drug Enforcement Administration (DEA)

U.S. Department of Justice

202-307-7936 (Office of Demand Reduction)

www.dea.gov

This government agency enforces the controlled substances laws and regulations of the United States and supports non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.

National Criminal Justice Reference Service

U.S. Department of Justice

800-851-3420 (Toll-Free)

301-519-5500

<http://www.ncjrs.gov/>

To support research, policy, and program development worldwide, this Federal organization provides criminal justice and alcohol and drug use disorder information.

Office of Safe and Drug-Free Schools

U.S. Department of Education

202-260-3954

www.ed.gov/offices/OESE/SDFS

This office provides information on drug-free school programs and activities.

Drug-Free Workplace Advisor

U.S. Department of Labor

202-693-5919

www.dol.gov/elaws/drugfree.htm

The Drug-Free Workplace Advisor provides information to businesses about how to establish and maintain an alcohol- and drug-free workplace. This Advisor also provides information about the Drug-Free Workplace Act of 1988 based on the Office of Management and Budget's (OMB) government-wide non-regulatory guidance.

Substance Abuse Information Database

U.S. Department of Labor

202-693-5919

<http://said.dol.gov/>

This interactive database of the U.S. Department of Labor's Working Partners for an Alcohol- and Drug-Free Workplace provides a one-stop source of information with summaries and full text of materials relating to workplace substance abuse issues.

Data Collection

National Drug Intelligence Center (NDIC)

www.usdoj.gov/ndic

The NDIC, a component of the U.S. Department of Justice, is the Nation's principal center for strategic domestic counterdrug intelligence. Its mission, in part, is to produce national, regional, and State drug threat assessments.

EPIC's Clandestine Laboratory Seizure System (CLSS)

Phone: 1-888-USE-EPIC (1-888-873-3742)

The CLSS is a Drug Enforcement Administration program that tabulates state and local methamphetamine lab busts.

High Intensity Drug Trafficking Area (HIDTA) program

www.whitehousedrugpolicy.gov/hidta

The HIDTA program enhances and coordinates drug control efforts among local, State, and Federal law enforcement agencies. The program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

System To Retrieve Information on Drug Evidence (STRIDE)

A program of the U.S. Drug Enforcement Administration, STRIDE provides lab analysis of street-level drug purchases. STRIDE data are available only to law enforcement. However, the document *Illegal Drug Price and Purity Report*, which is based in part on STRIDE data, can be found at

<http://www.usdoj.gov/dea/pubs/intel/02058/02058.html>

Surveys and Other Data Sources

Monitoring the Future

www.monitoringthefuture.org

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American 8th, 10th, and 12th graders.

National Survey on Drug Use and Health

<https://nsduhweb.rti.org>

National Survey on Drug Use and Health (NSDUH), formerly the *National Household Survey on Drug Abuse* (NHSDA), measures the prevalence of drug and alcohol use among household members age 12 and older.

Youth Risk Behavior Survey

www.cdc.gov/HealthyYouth/yrbs/index.htm

The Youth Risk Behavior Survey (YRBS) is a component of the Youth Risk Behavior Surveillance System (YRBSS), maintained by the Centers for Disease Control and Prevention (CDC). The YRBSS has three complementary components: 1) national school-based surveys, 2) State and local school-based surveys, and 3) a national household-based survey.

Drug Abuse Warning Network (DAWN)

dawninfo.samhsa.gov

DAWN provides data on drug-related emergency department episodes and medical examiner cases. DAWN assists Federal, State, and local drug policymakers to examine drug use patterns and trends and assess health hazards associated with drug abuse. Data are available on emergency department episodes by type of drug, reason for taking the drug, demographic characteristics of the user, and metropolitan area.

National Forensic Laboratory Information System (NFLIS)

www.deadiversion.usdoj.gov/nflis

The NFLIS is a program of the Drug Enforcement Administration that consolidates information from most State and local drug labs.

Community Epidemiology Work Group (CEWG)

<http://www.drugabuse.gov/about/organization/CEWG/CEWGHome.html>

Established in 1976 by the National Institute on Drug Abuse, the CEWG conducts ongoing community-level surveillance of drug abuse. It provides information regarding the nature and patterns of drug abuse, emerging trends, characteristics of vulnerable populations, and social and health consequences.

Treatment Episode Data Set (TEDS)

www.drugabusestatistics.samhsa.gov/dasis.htm#teds3

TEDS is a compilation of data on the demographic and substance abuse characteristics of admissions to treatment for abuse of alcohol and drugs in facilities reporting to individual State administrative data systems. The Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA), coordinates and manages collection of TEDS data from the States.

American Association of Poison Control Centers (AAPCC)

www.aapcc.org

The AAPCC is a nationwide organization of poison centers and interested individuals.

Parents' Resource Institute for Drug Education (PRIDE)

www.prideyouthprograms.org

Founded in 1977, PRIDE provides prevention services with regard to the use of alcohol and other drugs. Thousands of school systems use PRIDE questionnaires to monitor student drug use and violence.

Other Organizations

Community Anti-Drug Coalitions of America (CADCA)

Phone: 1-800-54-CADCA (1-800-542-2322) or 703-706-0560

Fax: 703-706-0565

E-mail: webmaster@cadca.org, or info@cadca.org

www.cadca.org

CADCA's mission is to build and strengthen the capacity of community coalitions to create safe, healthy, and drug-free communities.

The National Coalition Institute

www.coalitioninstitute.org

Part of the Community Anti-Drug Coalitions of America (CADCA), the Institute provides information on building and sustaining a community coalition to make America's communities safe, healthy, and drug-free.

The Community Capacity Development Office

www.weedandseeddatacenter.org

A project of the Justice Research and Statistics Association, the Community Capacity Development Office offers information on the Weed and Seed strategy, local sites, and crime mapping.

Drug Court Clearinghouse

202-885-2875

www.spa.american.edu/justice

The Drug Court Clearinghouse provides technical assistance for drug court programs.

National Drug Court Institute

703-575-9400

www.ndci.org

This institute promotes education, research, and scholarship for drug court and other court-based intervention programs.

National Sheriffs' Association

800-424-7827 (Toll-Free)

www.sheriffs.org

The National Sheriffs' Association offers crime prevention programs that help sheriffs better serve the people of their cities, counties, or jurisdictions.

American Medical Association (AMA)

Office of Alcohol and Other Drug Abuse

This collaboration of the AMA and The Robert Wood Johnson Foundation was created to reduce underage alcohol abuse.

800-621-8335 (Toll-Free)

312-464-5000

www.ama-assn.org/ama/pub/category/3337.html

National Education Association

Health Information Network

202-822-7570

www.neahin.org/programs/substance/index.htm

This association offers resources on youth alcohol and drug use prevention.

National Center on Addiction and Substance Abuse at Columbia University (CASA)

212-841-5200

www.casacolumbia.org

This center conducts research on the economic and social costs of alcohol and drug use disorders.

The Robert Wood Johnson Foundation

888-631-9989 (Toll-Free)

www.rwjf.org

The Robert Wood Johnson Foundation offers grants for training, education, and research.

Additional Online Resources

The following slide sets, created in Microsoft PowerPoint®, are available online at

<http://whitehousedrugpolicy.gov/prevent/strategy.html>

National Drug Strategy Overview

This slide set can be used in the strategy development meeting to outline the policy and programmatic elements of the President's National Drug Control Strategy.

Making a Local Drug Strategy

This slide set can be used during breakout (Task Force) sessions to guide participants in developing action plans.

APPENDICES

A. Process Checklist: Planning a Citywide Initiative

This checklist can help organizers identify and prioritize the tasks involved in developing a citywide anti-drug initiative. Because every city is different, the process should be tailored according to the political and social culture of the city and the individual players involved.

B. Sample Invitation Letter

This sample letter to would-be members of the Working Group explains the purpose of the initiative and invites them to participate. It also describes what is expected of participants and gives basic information about the strategy development meeting. Program leaders should follow up with phone calls shortly after mailing the invitation letters.

C. Participant Checklist

Although not exhaustive, this checklist can be useful in the search for people to enlist in the local initiative. Participants representing a broad cross-section of the community can play a significant role in addressing drug use and its consequences in your city.

D. Sample Agenda for a Strategy Development Session

This appendix is a suggested agenda for a general session, breakout (Task Force) sessions, and closing sessions.

E. Checklist for a Major Cities Initiative Action Plan

Program organizers can use this list as a guide when writing action plans, which must clearly spell out *who* is doing *what*, *when*, *where*, and *how*.

F. Template for a Citywide Strategy

This sample template is based on a format used by a number of cities in developing citywide drug-reduction strategies. It explains some of the issues to be addressed in a comprehensive approach. Some goals are included as examples of what various cities are doing.

G. Lessons Learned in the Major Cities Initiative

These insights gained through experience with the Major Cities Initiative can be helpful to individuals working to adopt a similar approach in their communities.

H. Tips for Program Organizers

This appendix offers hints and suggestions for volunteers working to implement a Major Cities initiative in their community.

Appendix A

Process Checklist: Planning a Citywide Initiative

This checklist can help organizers identify and prioritize the tasks involved in developing a citywide anti-drug initiative. Because every city is different, the process should be tailored to the political and social culture of the city and the individual players involved.

Activity	Major Tasks
Develop a Steering Committee	<p>Identify a small group of 10–12 persons who are knowledgeable, well-established representatives of local prevention, intervention, treatment, school, and enforcement efforts to plan and manage/support a Working Group.</p> <p>Gain the commitment of these individuals to work on this effort for at least one year.</p>
Identify key players in local substance abuse issues	<p>Ascertain the city's infrastructure responsible for developing, administering, and monitoring policies, programs, and services related to substance abuse.</p> <p>The Steering Committee should develop a contact list of key players in the community, particularly those involved in demand-reduction (i.e. prevention, intervention, treatment, and recovery) and supply-reduction (law enforcement, prosecutorial, and judicial) efforts. (See "Participant Checklist," appendix C.)</p> <p>Define the geographic boundaries for emphasis/target.</p>

Activity	Major Tasks
Assess the drug threat	<p>Review and compile data from a variety of sources to define the comprehensive drug threat to the community.</p> <p>Include information on patterns of trafficking, price and purity, availability, drug-related emergency room admissions, arrestee data, treatment admission data and demographics, hot-spot and concentration areas of arrests, open-air markets, treatment needs, etc.</p>
Consult the National Drug Control Strategy	<p>Review the National Drug Control Strategy at www.whitehousedrugpolicy.gov for a model of a comprehensive, balanced approach to addressing substance abuse.</p>
Plan a strategy development meeting	<p>Extend invitations, with follow-up, to recommended members of Working Group. (See “Sample Invitation Letter,” appendix B.)</p> <p>Limit participation of surrogates to maintain a level of knowledge, credibility, and decision-making authority in the Working Group.</p> <p>Plan an agenda that:</p> <ul style="list-style-type: none"> • provides a comprehensive review of both the drug threat and available resources • allows ample time for strategic thinking and planning of initiatives to address the drug problem in your community. (See “Sample Agenda,” appendix D.) <p>Identify and prepare speakers and presenters. Plan thorough, visual data presentations from various perspectives: prevention, intervention, treatment, law enforcement, and drug market.</p>

Activity	Major Tasks
<p style="text-align: center;">Convene a strategy development meeting</p>	<p>Provide an overview of the group’s purpose to foster greater collaboration and leveraging of current resources through a process involving multi-sector, interdisciplinary review of data and collective planning.</p> <p>Facilitate round-robin introductions to highlight programs, resources, and services that potentially will lead to specific actions.</p> <p>Provide an overview of the major elements of the National Drug Control Strategy. (See PowerPoint® slide set “National Drug Strategy Overview,” available online at http://www.whitehousedrugpolicy.gov/prevent/strategy.html)</p> <p>Provide interactive presentations of local data on the scope and severity of the drug problem in your community.</p> <p>Allow for brainstorming on pressing issues that are key to making an impact in each major domain of the drug-use continuum, i.e., prevention, intervention, treatment, and disrupting the supply market. (See PowerPoint® slide set “Making a Local Drug Strategy,” available online at http://www.whitehousedrugpolicy.gov/prevent/strategy.html)</p> <p>Attendees should use the information provided to draft initiatives that logically will result in measurable reductions in substance abuse in the community within a 12- to 18-month timeframe. (See “Checklist for a Major Cities Initiative Action Plan,” appendix E.)</p> <p>Task Forces present their action plans to the full Working Group to obtain collective agreement on implementing the initiatives.</p>

Activity	Major Tasks
Task Force follow-up	<p>Identify and engage other players in implementing and moving forward on initiatives.</p> <p>Identify key elected or appointed officials who need to “buy in” or “sign off” on the initiatives to provide adequate authority and support for full implementation.</p> <p>Elect or appoint a chairperson for each Task Force to spearhead implementation and progress.</p> <p>Define the relationship between the Steering Committee, Task Force chairs, and general Working Group.</p> <p>Define follow-up plans and next steps.</p>
Implementation	<p>Task Forces meet at least once per month to flesh out action plans and delegate responsibility for subsequent steps.</p> <p>Collectively plan to present the initiatives to the community’s key leaders for their buy-in and support.</p>
Evaluation	<p>Continually monitor progress of both the implementation and the impact of your action plans.</p>

Appendix B

Sample Invitation Letter

This sample letter to would-be members of the Working Group explains the purpose of the initiative and invites them to participate. It also describes what is expected of participants and gives basic information about the strategy development meeting. Program leaders should follow up with phone calls shortly after mailing the invitation letters.

Greetings:

I would like to invite you to participate in a citywide planning meeting on **X DATE** with local experts and others interested in reducing drug use in our city. Although most communities actively address the drug problem with Federal, State, and local agencies and programs, these efforts often do not work in concert with each other. This initiative will seek to better coordinate and focus these efforts to achieve shared goals.

The meeting will take place in the **XX Room, X address** in **City**, and will run from **Xp.m. to Xp.m.** This session will consist of presentations and dialog regarding data about various aspects of the drug problem, including the nature and extent of the threat, local responses, and available anti-drug resources in **City**. We ask that you carefully consider the current gaps, needs, and assets, then help in the effort to establish priorities and develop strategies for addressing those issues.

The goal of this meeting is the development and eventual implementation of three to four practical and data-supported strategies that will significantly reduce drug abuse in **City** in 12 to 18 months. During the meeting, you will be asked to join a task force that will focus on one aspect of the drug response—prevention, treatment, criminal justice, or supply reduction—and work to develop specific initiatives and action plans within that area.

Please RSVP at your earliest opportunity if you can participate in the strategy development session on **X DATE**. I hope you will accept, and that you will give careful thought to efforts we might undertake together to make a difference in **City**. Thank you for your consideration. I look forward to hearing from you.

Appendix C

Participant Checklist

Although not exhaustive, this checklist can be useful in the search for people to enlist in the local initiative. Participants representing a broad cross-section of the community can play a significant role in addressing drug use and its consequences in your city.

The following sectors should be represented:

- treatment
- prevention
- schools
- coalitions
- elected officials
- law enforcement
- data research and evaluation
- business
- faith community
- youth
- parents

What individuals or groups should be asked to participate?

- treatment
 - heads of major treatment provider networks
 - major treatment providers
 - department(s) of health and public health
 - service providers in the Veterans Administration
 - administrators/contract managers for city's treatment providers
 - providers for homeless services
 - Weed & Seed programs
 - drug courts (judges or coordinators)
 - faith-based providers
 - recovery support networks
 - child welfare agencies

- prevention
 - parent education programs
 - programs for youth and families at risk

- schools
 - school board president
 - school district superintendent
 - after-school programs
 - Parent-Teachers Association president
 - local Student Assistance Program (SAP) coordinator

- coalitions
 - prevention
 - treatment
 - faith-based
 - law enforcement

- elected officials
 - mayor's office
 - drug court judges
 - city council/county commission members

- law enforcement
 - HIDTA (High Intensity Drug Trafficking Area) officials
 - police chief or sheriff
 - Drug Enforcement Administration representative
 - attorneys (U.S., State, district, county, city)
 - DUI/DWI program coordinators
 - parole and probation coordinators

- data research and evaluation
 - researchers at local college or university
 - local CEWG (Community Epidemiology Work Group) representative
 - DAWN (Drug Abuse Warning Network) coordinator at hospital

- business
 - Employee Assistance Programs (EAP) of major local organizations
 - one-stop career centers
 - chambers of commerce
 - philanthropic and charity organizations (i.e., foundations)

- faith community
 - local religious leaders
 - representatives from faith-based organizations

- youth

- parents

Appendix D

Sample Agenda for a Strategy Development Session

Here is a suggested agenda for a general session, breakout (Task Force) sessions, and closing sessions.

Before starting the meeting:

Sign in participants

At sign-in, provide colored dots to assign participants to breakout groups (Prevention, Treatment, Criminal Justice, and Supply Reduction)

Part A. Opening our Minds

Welcome, Purpose, and Introductions

Overview of National Drug Control Strategy

Presentation of city data and local threat assessment by local researchers or evaluators:

- What is the threat picture, as seen from the perspectives of Prevention, Treatment, Criminal Justice, and Supply Reduction?
- What kinds of data do we collect?
- What are our baselines?
- What are our strengths?
- What are the most pressing trends, rates, and numbers?

During presentations, encourage attendees to think of the following questions:

- Why is this issue a top priority?
- What is my organization doing, and what are others doing?
- How can my organization contribute to this priority?
- What is my organization willing to do?

Instructions to breakout groups:

- Focus on developing strategic goals, objectives, and action plans that are SMART— specific, measurable, achievable, realistic, and tangible
- Lay out charge and expectations

Break into Task Forces (Prevention, Treatment, Criminal Justice, Supply Reduction)

Part B. Task Forces develop strategic goals, objectives, and action plans

Each group explores the following

<p>Prevention</p> <p>How are we doing in:</p> <ul style="list-style-type: none"> • defining the current prevention infrastructure to assess, serve, and evaluate • maintaining a culture of disapproval • raising awareness & education • optimizing multiple points of intervening with users? <p>Other considerations:</p> <ul style="list-style-type: none"> • What should our priority areas be? • What are our opportunities, gaps, challenges? • What best practices should we adopt/expand? • How will we measure the impact? • How will we continue to plan and implement these activities? 	<p>Treatment</p> <p>How are we doing in:</p> <ul style="list-style-type: none"> • assessing capacity, utilization, need, and accessibility • identifying gaps • developing a gap-specific strategy • supporting recovery? <p>Other considerations:</p> <ul style="list-style-type: none"> • What are our opportunities, gaps, challenges? • What best practices should we adopt/expand? • How will we measure the impact? • How will we continue to plan and implement these activities?
<p>Criminal Justice</p> <p>How we are doing in:</p> <ul style="list-style-type: none"> • assessing treatment need among offender populations • providing treatment as an alternative or complement to incarceration • linking to treatment providers as part of diversion efforts and after-care planning • tracking the impact of treatment on recidivism? <p>Other considerations:</p> <ul style="list-style-type: none"> • What are our opportunities, gaps, challenges? • What best practices should we adopt/expand? • How will we measure the impact? • How will we continue to plan and implement these activities? 	<p>Disrupting the Supply</p> <p>How we are doing in:</p> <ul style="list-style-type: none"> • coordination • community involvement and partnership • surveillance and intelligence • de-confliction • maximizing prosecutorial tools? <p>Other considerations:</p> <ul style="list-style-type: none"> • What are our opportunities, gaps, challenges? • What best practices should we adopt/expand? • How will we measure the impact? • How will we continue to plan and implement these activities?

Return to general group

Part C. Reaching Agreement and Next Steps

Each Task Force reports on its goals, objectives, and action steps

Build collective agreement – large group discussion and comment about the reported initiatives:

- Open up discussion for comments from the floor.
- Solicit statements of support.
- Solicit statements to enhance the goals developed by the task forces.

Secure commitment:

- Define the elected and appointed officials whose support is critical for implementation of your activities.
- Establish and confirm the process for contacting and meeting with these officials to secure their buy-in to your initiatives.

Steering Committee wrap-up:

- Congratulate the group.
- Thank all participants.
- Give reaction and feedback.
- Discuss what the Steering Committee will do next.

Logistical needs for the strategy development session:

Staff

- time keeper
- mistress/master of ceremonies (to facilitate the transition from segment to segment, and to announce “housekeeping information” and rules)
- a designated Recorder (to record what is done and said).

Suggested Supplies

- timers
- markers
- paper & easels
- candy and other refreshments
- water.

Appendix E

Checklist for a Major Cities Initiative Action Plan

Program organizers can use this list as guide when writing action plans, which must clearly spell out *who* is doing *what*, *when*, *where*, and *how*.

Key topic areas

Problem statement

Three or four key issues to be addressed

Steering Committee membership and structure

Designated work groups and summary of tasks to be addressed by each

Key goals, objectives, and activities of the Major Cities Initiative

Means for achieving desired measurable outcomes

Supporting memoranda of understanding (MOU) or inter-agency agreement (IAA), with specific action steps and member responsibilities

Federal, State and city government supportive actions

Desired outcomes and achievements

Appendix F

Template for a Citywide Strategy

This sample template is based on a format used by a number of cities in developing citywide drug-reduction strategies. It explains some of the issues to be addressed in a comprehensive approach. Some goals are included as examples of what various cities are doing.

1. Table of Contents
2. Executive Summary
3. Drug Situation
4. Strategic Goals
5. Approaches
6. Conclusion
7. List of Task Force Members

Executive Summary

Drug Situation: Illegal Substance Abuse in the United States

This paragraph provides a brief overview of drug abuse in the United States, discussing its impact on society in areas that include treatment (health) and criminal justice (law enforcement, courts, prisons, probation).

Drug Situation in City X

This paragraph provides a brief overview of drug abuse in the city, discussing its impact on society in areas that include treatment (health) and criminal justice (law enforcement, courts, prisons, probation).

A Vision for city X

This paragraph gives an overview of the city's vision for combating substance abuse across the continuum of citywide services. It should include local elected officials' ideas regarding actions to reduce illegal drug use.

Strategic Goals

Goal 1: State Goal 1 (Prevention)

Goal 2: State Goal 2 (Treatment)

Goal 3: State Goal 3 (Law Enforcement)

Drug Situation in the United States

This section should expand on the portion of the executive summary addressing drug abuse in the United States, with further discussion of its impact on society in areas that include treatment (health) and criminal justice (law enforcement, courts, prisons, and probation).

Drug Situation in City X

This section should expand on the portion of the executive summary addressing drug abuse in city X, with further discussion of its impact on society in areas that include treatment (health) and criminal justice (law enforcement, courts, prisons, and probation).

A Vision for City X

This section should provide an overview of the city's vision for combating substance abuse across the continuum of citywide services. It should include local elected officials' ideas regarding actions to reduce illegal drug use.

Strategic Goals

This section should provide the goals of the strategy as well as a discussion of ongoing actions and approaches. The intent of this section is to provide participants with an inventory of ongoing and potential actions for achieving those goals, which should address prevention, treatment, and law enforcement.

Goal 1: State Goal 1 (Prevention)

Ongoing actions/approaches to address Goal 1

(Fill in information here)

Potential actions/approaches to address Goal 1

(Fill in information here)

Goal 2: State Goal 2 (Treatment)

Ongoing actions/approaches to address Goal 2

(Fill in information here)

Potential actions/approaches to address Goal 2

(Fill in information here)

Goal 3: State Goal 3 (Law Enforcement)

Ongoing actions/approaches to address Goal 3

(Fill in information here)

Potential actions/approaches to address Goal 3

(Fill in information here)

Approaches

Performance Measurement:

This section discusses which measurements will be tracked and monitored to gauge success. It should incorporate all aspects of illegal substance abuse, including treatment, prevention, and law enforcement data. Detailed information about the drug threat is essential for demonstrating which strategies are working.

Conclusion

List of Drug Strategy Task Force Members

Example Planning Process for Developing a Major Cities Drug Abuse Initiative

Goal 1: Identify and use proven techniques to expand the city's effort to reduce drug use.

Objective: Establish contact and conduct a strategy development session with key selected individuals and leaders to collectively formulate treatment, prevention, and law-enforcement initiatives.

Timeframe: ASAP

Objective: Identify and refine initiatives into specific, measurable, attainable, realistic, tangible work plans with clear roles and tasks for Working Group members.

- The Steering Committee will convene Task Forces on a monthly basis within 30-45 days of the initial meeting.
- Task Forces will set efforts to implement and maintain short- and long-term action plans.

Timeframe: Within 60 days of initial meeting

Objective: Work with all appropriate Federal, State, county, and city partners to better coordinate and leverage resources, minimize duplication of effort, emphasize measurable outcomes and data collection, and report support of the city's initiatives.

- Establish and coordinate dialog with these partners to identify and facilitate specific resources to support local endeavors.
- Establish a point of contact for all city and county officials and entities that can help support this initiative.
- Identify and maintain a current list of resources dedicated to the city.

Timeframe: Within 60 days of initial meeting.

Objective: Establish a knowledge management plan to institutionalize best practices and lessons learned, and disseminate this information (including ongoing action plans) and standardization of materials for distribution to the city's team members.

Timeframe: Within 60 days of initial meeting.

Objective: Maintain interaction with all city and county components to strengthen outreach efforts.

- Designate a point of contact to work closely with select components.
- Include local partners to ensure adequate response and lend credibility to your efforts.

Timeframe: Every 30 days (ongoing).

Goal 2: Promote coordination among all segments of the city and community.

Objective: Establish monthly city meetings to problem-solve, link, and negotiate.

Timeframe: Monthly. However, city specialists interact as needed to carry out their action plans.

Objective: Maintain regular contact among concerned members of the local community.

Timeframe: Ongoing.

Goal 3: The Steering Committee to assist in gathering and maintaining accurate data to reflect the current state of drug use in the city and the impact of drug-reduction efforts.

Objective: Facilitate exchange of information among Steering Committee members, working groups, and city and county partners, as appropriate.

Timeframe: Within 30 days of the strategy development session.

Objective: Develop a matrix of all city anti-drug efforts for a visual outlook on commonalities and trends.

Timeframe: Within 45 days of the strategy development session.

Objective: Obtain additional data support to provide baseline, proxy, and indicator data to monitor progress; maintain and update a “State of the City” profile.

Timeframe: Within 90 days of the strategy development session.

Objective: Identify and recommend a variety of relevant resources from diverse sources.

Timeframe: Within 90 days of the strategy development session.

Objective: City, county, and State officials will work with the Steering Committee on obtaining necessary funding and information to support data collection and performance measurement systems.

Timeframe: Within 90 days of the strategy development session.

Appendix G

Lessons Learned in the Major Cities Initiative

These insights gained through experience with the Major Cities Initiative can be helpful to individuals working to adopt a similar approach in their communities.

1. What must be done to get this initiative going?

Local leaders must identify and contact all community agencies receiving substance abuse funds and explain the purpose of this initiative. A meeting should be scheduled to determine a working agenda. Additionally, all agency directors, local leaders, and key individuals should be invited to attend this important first meeting to discuss the formation of a Major Cities Initiative and to sort out the particulars of how all the partners can work together toward a common purpose.

Points of contact from each agency should be identified and invited to participate on the city's Steering Committee and any Working Group or Task Forces that emerge. Ideally, the Steering Committee should be chaired by the highest-ranking official in the city, e.g., mayor, director of health and public safety, or county executive.

Other important actions include:

- Present a data snapshot of the most pressing issues malleable to reduction efforts.
- Identify citywide resources dedicated to substance abuse, where possible.
- Create a matrix of existing resources programs.
- Identify strategies and action plans to get the most out of existing resources and address specific needs, gaps, and problems.

2. Be clear on the purpose for engaging specific individuals. As the initiative and its goals evolve, re-evaluate to determine if the current mix of personalities and levels of expertise is appropriate for the tasks at hand.

The Steering Committee should include local substance abuse experts, community leaders, and key government officials. It is important to ensure that there are appropriate representatives from the various sectors of the city. Working Group members should be selected based on their commitment, capacity, and wherewithal to follow through on the agreed-on commitments developed in this initiative. The Steering

Committee will have responsibilities for convening Working Group subcommittees and Task Forces to strategize, plan implementations, and provide updates of progress and effectiveness.

The Steering Committee should be the driving force, keeping all members engaged and actively working on implementation, evaluation, and refinement of the initiative.

As the initiative moves forward, the Steering Committee should continually examine who has been contacted in the city to ensure that individuals from various sectors (i.e., the mayor's office, county officials, prevention and treatment providers, law enforcement, coalitions, the schools, etc.) remain involved.

Tasks for each member of the Steering Committee and Working Group should be clear, with consistent lines of communication set up among all concerned. These links can be facilitated by appointing a committee chair to serve as the central node for communication and dissemination of information. Members should be empowered to make decisions and follow through on decisions made by their respective Working Group and Task Forces.

Information on the status of the action plans should be shared on a regular basis. These meetings can help in problem-solving and keeping the initiative focused and moving forward. Regular, productive meetings of the Steering Committee, Working Group and Task Forces are crucial to the development and implementation of successful strategies.

3. Coordinate your efforts with city power brokers (mayor, city planner), and make sure they give the green light before you move ahead with detailed planning of the project.

Engage the mayor and city executives early in the process to give them a sense of ownership and to help ensure local leadership. Draft a letter from the mayor and/or county executive to each agency head outlining the Major Cities Initiative and laying out the general plan of action. Describe the work done to date. Attach a list of individuals, agencies, and systems that are or will be involved during the 12- to 18-month project.

If possible, have your initiative's key leader or a designee meet with the heads of all local agencies funding supply and demand programs in the city to discuss their ideas regarding involvement in the initiative.

Appendix H

Tips for Program Organizers

Below is a list of hints and suggestions for volunteers working to implement a Major Cities Initiative in their community.

- Make sure the Working Group includes persons with knowledge of and access to data and evaluation systems.
- Ask your government partners what kind of assistance they can provide in moving the initiative forward.
- Convene conference calls on a regular basis as a way of keeping members of the Steering Committee and Task Forces connected and informed about the program.
- Have the Steering Committee convene quarterly with government officials at the highest level possible to share progress reports, troubleshoot, and help resolve any problems your initiative may be having.
- Assign participants to Task Forces based on expertise and experience. Encourage “cross-fertilization” and stretching beyond comfort zones.
- Develop a list of projects that are planned or currently being funded in your city. Include funding for all substance abuse-related programs and services (i.e., prevention, treatment, law enforcement, and judicial—public as well as private).
- Identify needs for targeted training and technical assistance in your city.
- Inventory any existing Federal, State, or local grant initiatives or contracts that might support the city’s substance-abuse efforts, including Federal resources such as the Community Epidemiology Work Group (CEWG) and the Drug Abuse Warning Network (DAWN). Put together a list of specific needs that these resources may address.
- Develop or explore ways of using existing memoranda of understanding (MOUs) and interagency agreements (IAA) to support your city’s effort.
- Post your city’s strategy and action plans via various media, such as city Web sites, newspapers, and newsletters.

- Share the city strategy with relevant Federal, State, and local government representatives, and inform the Steering Committee of contacts made.
- Provide documents and statements that each Task Force can share with the general public and the media.
- Create a Web site for the initiative with links to organizations offering information or services about illegal drugs; include a link to ONDCP's National Major Cities Web site:
<http://www.whitehousedrugpolicy.gov/metroindicator>

HOW TO ORDER

This document is available online at www.whitehousedrugpolicy.gov. Hardcopy publications may be ordered by calling 1-800-666-3332 or by using the National Criminal Justice Reference Service Publications/Products Web page, available at <http://www.ncjrs.org/App/publications/Alphalist.aspx>. Browse the list of items or enter the title or NCJ number in the "Keyword Search" field and select "Search." After receiving your result, select "Order Print Copy" or "Order Photocopy" to place the item in your cart, then follow the instructions to check out. Shipping and handling charges may apply.

