
NATIONAL YOUTH DRUG EDUCATION PROGRAMS



OFFICE OF INSPECTOR GENERAL
OFFICE OF ANALYSIS AND INSPECTIONS

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THIS REPORT

This report is entitled, "National Youth Drug Education Programs." It was conducted to describe the local level implementation of three national youth drug education programs as perceived by program administrators, participating parents and children, and independent professionals.

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NATIONAL YOUTH DRUG EDUCATION PROGRAMS

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EXECUTIVE SUMMARY

PURPOSE

The Administrator of the Alcohol, Mental Health and Drug Abuse Administration requested that the Inspector General of the Department of Health and Human Services gather information about youth drug education activities. Specifically, this inspection sought to describe the local level implementation of three national youth drug education programs as perceived by program administrators, participating parents and children and independent professionals.

BACKGROUND

The events of the last few years have brought youth drug use to the forefront of the national consciousness. The media have highlighted the proliferation of drug use among the nation's youth and the addictions and drug-related deaths of athletes and entertainers.

Congress has, over the last 17 years, proposed several solutions to the drug problem. Responding to the recent focus on the problems of drug abuse, Congress passed the Anti-Drug Abuse Act of 1986 which provides \$244.5 million annually, starting with Fiscal Year 1987, for drug education and prevention activities at the Departments of Education (ED), Health and Human Services (HHS) and ACTION. These funds support programs at the Federal, State and local levels with HHS providing leadership to Federal drug abuse prevention efforts with an emphasis on programs directed to high-risk youth.

Both President and Mrs. Reagan have addressed the problem of drug abuse. In March 1987, the President issued Executive Order 12590 creating the Cabinet-level National Drug Policy Board to coordinate Federal drug enforcement and prevention activities. Mrs. Reagan has supported community drug programs.

In recent testimony before Congress, the Deputy Administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) stated his concern about the lack of evaluation of drug education and prevention programs funded under the Anti-Drug Abuse Act of 1986. To obtain more information about drug education activities, the Administrator of ADAMHA requested that the Inspector General examine drug education programs based on the perceptions of both participants and independent professionals. A literature review and interviews with ADAMHA officials and other drug education professionals identified three prominent national programs.

Boys Clubs of America project Smart Moves has been demonstrated in 10 clubs and is expanding to 200 clubs. Youths participate in an intensive 12-session training program in basic coping skills designed to help children gain control of their lives and avoid drug use.

Just Say No (JSN), based on a social influence approach, attempts to make children aware of social pressures to use drugs, to teach specific refusal skills and to correct false views of social norms.

The National Federation of Parents (NFP) for Drug Free Youth, started by a group of parents concerned about the use of drugs and alcohol among their children, advocates greater parental involvement in determining the values and environment of their children.

METHODOLOGY

This inspection was conducted in two phases: During PHASE ONE a 10 percent sample of the combined JSN and NFP membership lists (215 members) were interviewed by telephone to gather information to project demographics and other statistics. During PHASE TWO visits were made to 49 local programs where interviews were conducted with 49 program leaders, 234 youth participants and 126 parents of participants in 12 metropolitan areas. Interviews were also held with 43 individuals knowledgeable about drug education but not directly involved with the programs in the study.

OVERALL OBSERVATIONS

- "Gateway drugs" (alcohol, tobacco, marijuana), are the primary concern of respondents with alcohol the greatest concern.
- Respondents agreed that those youth most at risk have low self-esteem, drug use in the family and/or problems at home.
- Respondents felt that drug education must be comprehensive, include parents and start early.
- Most respondents support the use of national personalities speaking out against drug use but only if they are drug-free and not former drug users.
- Leaders, youth participants and parents were all enthusiastic about their programs.
- Respondent perceptions did not vary by demographics.
- Independent professionals and leaders are seeking an assessment of what works.
- Most of the youth programs are in schools, supported with local funds, have a substantial amount of minority participation, but have minimal parental involvement.

SPECIFIC PROGRAM OBSERVATIONS

Boys Clubs

- Participation is completely voluntary, and the youth demand is high.
- The curriculum is closely followed.
- Leaders and parents like the training they receive.
- The program is liked by all participants, but not well known by independent drug education professionals.

Just Say No

- The program is young and appears to be growing.
- The program is usually ongoing and part of a larger program, generally in schools.
- The program has a flexible implementation.
- It is usually viewed positively by everyone, but its limitations are recognized.

National Federation of Parents for Drug-Free Youth

- Two-fifths of the National Federation of Parents members are no longer active.
- Two-thirds of the active National Federation of Parents sites run youth programs which are usually Just Say No programs.
- The National Federation of Parents provides local parent groups with tax-exempt status and an information network.
- Independent professionals not involved are not aware of its activities.

RESPONDENT SUGGESTIONS FOR ALL PROGRAMS

Parents believe there is a role for schools, the media and parental involvement in youth drug education; they suggest that programs be aimed at elementary school children.

Youth feel there should be more drug education activities during and after school and want parental involvement.

Program leaders believe there should be better materials, more resources and a united national effort to promote youth drug education programs that start in the elementary level.

Independent professionals want a coordinated community-wide effort which includes an ongoing drug education curriculum in the schools. They think there should be a strong parental role and more resources.

RECOMMENDATIONS

- The ADAMHA and ED should develop an evaluation strategy to include long- and short-term evaluations of the implementation and effectiveness of youth drug education programs.
- The ADAMHA and ED should assure the effective dissemination of available research findings, clearinghouse information and other networking activities.
- The ADAMHA and ED should give special consideration to funding comprehensive youth drug education programs which target children at early ages.
- Youth drug education programs should include a parental component to keep parents informed regarding what the children are learning and what their own role is in drug prevention.
- The ADAMHA and ED should review existing leader training programs with a view to identifying, developing and publicizing a model to be made available to States, local communities and programs.

ADAMHA has reviewed these recommendations and concurs with them (see Appendix E).

INTRODUCTION

PURPOSE

The Administrator of the Alcohol, Drug Abuse and Mental Health Administration requested that the Inspector General of the Department of Health and Human Services gather information about youth drug education activities. Specifically, this inspection sought to describe the local-level implementation of three national youth drug education programs as perceived by program administrators, participating parents and children and independent professionals.

BACKGROUND

Drug Abuse

The events of the last few years have brought youth drug use to the forefront of the national consciousness. The media have raised the level of national awareness by documenting the spread of drug traffic into previously "safe" communities, the proliferation of drug use among the nation's youth, and the advent of "crack," a stronger, less expensive derivative of cocaine. The addictions and drug-related deaths of athletes and entertainers converted this concern into national action.

On the positive side, there has been some progress in reducing drug use. For example, an annual survey of high school seniors conducted by the University of Michigan's Institute for Social Research (ISR) funded by the National Institute on Drug Abuse (NIDA) found a 10 point decline in annual prevalence of marijuana use over the last six years (from 52 percent in 1981 to 42 percent in 1987). However, the survey found that in 1987 the annual prevalence of cocaine use among senior high school students dropped only slightly from its 1985 record high of 13.1 percent to 10.3 percent.

Legislative History

Congress has, over the last 17 years, proposed several solutions to the drug problem. In December 1970, it authorized the former Department of Health, Education and Welfare (HEW) to establish a grant program for developing drug abuse curricula, educational materials and model programs. In 1972, the Drug Abuse Office and Treatment Act expanded and further defined the Federal role in drug abuse prevention. The act created the National Institute for Drug Abuse (NIDA) within HEW and authorized it to make formula grants to States for treatment and services as well as special project grants and contracts for drug abuse treatment and prevention programs. Under the 1972 act, the Federal Government and the States shared financial and administrative responsibilities.

In the Omnibus Budget Reconciliation Act of 1981, Congress gave the States even greater responsibility for establishing funding priorities through the introduction of block

grants. This act also provided that 20 percent of substance abuse funds should be made available for drug abuse prevention and early intervention programs and services. This plan, which reduced Federal funding, gave the States greater responsibility for implementing programs. States no longer had to comply with Federal application and reporting requirements.

Concerned by the limited amount of support and guidance given drug abuse prevention and research activities, Congress passed the 1983 Alcohol and Drug Abuse Amendments. These amendments encouraged NIDA to place a high priority on the identification and funding (through grants and contracts) of effective drug abuse prevention and early intervention projects.

Responding to the recent public focus on the problems of drug abuse, Congress passed the Anti-Drug Abuse Act of 1986. This act provides \$244.5 million annually, starting with Fiscal Year 1987, for drug education and prevention activities at the Departments of Education (ED), Health and Human Services (HHS) and ACTION. These new monies are being used to fund programs at the Federal, State and local levels.

The greatest share, approximately \$200 million annually, is administered by ED, which previously had a limited role in this area, for Federal support of drug abuse programs in schools and communities through grants to States and local education agencies. ACTION has been given \$3 million for Fiscal Year 1987 to initiate private sector efforts to promote voluntarism in preventing drug abuse. Within HHS, the Office of Substance Abuse Prevention (OSAP) has \$43 million to provide leadership to Federal drug abuse prevention efforts with an emphasis on programs directed at high-risk youth. The act also requires that these funds be spent on the most effective programs and mandates intensive ongoing evaluation of such programs.

The House Select Committee on Narcotics Abuse recently completed a series of hearings on the implementation of the 1986 act. The Committee, in order to assure maximum impact for Federal funds disbursed under the 1986 act, examined all aspects of the funded programs and the state of the art of drug abuse education and prevention.

Administration Initiatives

Both President and Mrs. Reagan have addressed the problem of drug abuse. Mrs. Reagan has been particularly active: making personal appearances, sponsoring the White House International First Ladies' Conference on Drug Abuse, and working with drug education groups towards the goal of a drug-free generation.

On September 15, 1986, the President signed Executive Order 12564, "A Drug-Free Federal Workplace," stating that: Federal employees are required to refrain from the use of illegal drugs; the use of illegal drugs by Federal employees, whether on duty or off duty, is contrary to the efficiency of the service; and persons who use illegal drugs are not suitable for Federal employment.

In March 1987, the President issued Executive Order 12590 creating the Cabinet-level National Drug Policy Advisory Board. The Board, chaired by the Attorney General, coordinates the activities of the 48 Federal departments and agencies involved in drug enforcement and prevention.

Executive Order 12590 also established the Drug Abuse Prevention and Health Coordinating Group which oversees Federal drug abuse prevention, education, treatment and rehabilitation programs. This group reports directly to the National Drug Policy Advisory Board in an effort to ensure that the Board members and the President are fully informed and able to effectively direct Federal drug abuse activities.

Impetus for Inspection

In recent testimony before Congress the Deputy Administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) stated his concern about the need to evaluate drug education and prevention programs funded under the Anti-Drug Abuse Act of 1986. He testified that there has been no systematic effort directed towards evaluation by the States, Federal Government or program administrators and that the few programs with adequate evaluation components have demonstrated little positive impact on behavior. Because of the paucity of evaluation studies on drug education programs, their implementation, stability and effectiveness are largely unknown.

A literature review (see Appendix A) and interviews with ADAMHA officials and other experts revealed three prominent national programs representing distinct approaches to the problem: Boys Clubs of America, Just Say No, and the National Federation of Parents for Drug-Free Youth.

THREE NATIONAL DRUG EDUCATION PROGRAMS

Boys Clubs of America

There are 1100 affiliated Boys Clubs serving minority and disadvantaged "kids of less chance." The average club has 877 boys and girls, 6 to 18 years old and is staffed by professional workers augmented by volunteers. Activities are varied and include drop-in, structured and individual programs. The clubs, which have had a health emphasis since

1972, responded in 1986 to the general concern by implementing a program to prevent and/or reduce alcohol use, drug use and pregnancy among teenage members in 10 clubs around the country.

This demonstration project, called "Project Smart" (PS), teaches young people the skills needed to identify and resist peer and social pressures, and to take a positive personal stand against these pressures. This comprehensive program has three components: one for pre-teens which emphasizes skills needed to identify and resist peer pressures;

another for teenagers which emphasizes social skill development, resistance strategies, assertiveness techniques, problem-solving and decision-making skills as well as stress reduction; and a third for parents which augments the youth sessions. The parents explore the realities of peer and social pressures, and learn communication techniques to increase positive interaction with their children.

The pre-teen group, called Smart Moves (SM), is led by a Prevention Team composed of staff, parents, community representatives and older club members who implement the 12-week program based on a manual provided by the Boys Clubs of America headquarters. This study looks at the SM aspect of the Boys Clubs program.

Materials on this program will be available to all Boys Clubs in 1988 and training sessions are scheduled throughout the year. About 200 Boys Clubs are scheduled to implement SM during 1988.

Just Say No

The Just Say No (JSN) program attempts to make children in the 7-14 age group aware of social pressures to use drugs, to teach specific refusal skills and to correct false views of social norms through educational, recreational and service activities. These clubs meet in schools, churches, community centers, teen centers and homes. Each club is unique. Since Just Say No is not copyrighted, it may be used by anyone whether affiliated with the Just Say No Foundation or not. Even affiliated programs are not bound by the JSN Club Handbook, a 220-page book which is available through the foundation and contains plans for organizing a club, suggestions for meeting formats, educational services and recreational activities.

Just Say No was originally part of NIDA's Pyramid Project, a Government contract with the Pacific Institute for Research and Evaluation to initiate and evaluate programs to reduce substance abuse. It has since evolved into the independent Just Say No Foundation, established in July 1986, to support local clubs and promote the Just Say No movement at the national level. The foundation provides consultation to clubs, individuals and organizations that wish to launch clubs; produces written materials; provides on-site assistance, workshops and training; maintains a national directory of clubs; and provides materials including a comprehensive training manual, a members handbook, banners, flags and buttons.

National Federation of Parents for Drug-Free Youth

The National Federation of Parents (NFP) is a grass roots parent organization formed in 1980 by parents alarmed by the growing evidence of drug use among children. Its principal objective is to assist in the formation and support of local parent and youth groups across the country that seek to eliminate drug and alcohol use among youth. Parents

around the country "network" to help children understand why they must resist peer pressure to use drugs and alcohol, and to offer healthy alternatives. They advocate greater parental involvement in determining the values and environment of their children.

The NFP provides many activities coordinated by its national headquarters and implemented by trained voluntary networkers in 50 States. They sponsor an annual national conference, distribute public service announcements, participated in the White House International First Ladies' Conference on Drug Abuse, provide a reference service and lobby State legislatures and Congress. The NFP reports 800 affiliated parent groups that meet on a regular basis.

The NFP umbrella organization networks with existing and new drug-free youth groups. It developed "Reach America" (Responsible, Educated Adolescents Can Help America [stop drugs]), a youth leadership training project to help older students educate younger ones. This is an effort to "re-educate" the American public, especially young people, regarding the hazards of drug and alcohol use. The NFP has also developed "Project Graduation Celebration" in conjunction with some business organizations to help students safely celebrate high school graduation. This study looks at all youth programs sponsored by NFP.

Lastly, a benefit of NFP membership is eligibility for tax-exempt status for all parent groups under the NFP umbrella.

METHODOLOGY

This inspection was conducted in two phases: the first developed a national picture of JSN and NFP; the second was an in-depth look at the operation of all three programs in 12 metropolitan areas.

In Phase One discussions were held with the national leaders of the three programs to explore their underlying philosophy and to elicit national information, such as membership lists and club locations. The membership lists were used to conduct telephone surveys of the local programs in order to project demographics and other findings. (The Boys Club program was excluded from the telephone survey because there are only 10 sites in its drug education program and 7 were included in the site visits described below.) The combined Just Say No and National Federation of Parents membership lists provided a universe of 2150 (1350 JSN and 800 NFP). A 10 percent random sample or 215 members (135 JSN and 80 NFP) were selected for telephone interviews.

Forty-two were not interviewed. (Thirteen were unreachable and 29 never responded to letters requesting them to call us or send us a telephone number where they could be reached.) There was a response rate of 80 percent. It was determined that 40 were no longer involved and 11 were involved in groups that had no youth programs. (See Appendix B.) Findings from this survey can be projected to the universe of JSN and NFP mem-

bers. For example, based upon the finding that 122 of the 173 members contacted had youth programs, we estimate that 71 percent (+/- 5.5 percent at the 90 percent confidence level) of all members have youth programs.

Phase Two consisted of a broad range of interviews at 12 metropolitan sites. Team members from each Regional Office interviewed local drug education specialists, program leaders and participating children and their parents during visits to four local programs in each metropolitan site. The metropolitan areas were in the West (California and Washington), the Midwest (Illinois and Missouri), the South (Texas, Florida, Georgia and the District of Columbia) and the Northeast (Pennsylvania, New York, New Jersey, and Massachusetts) using the Bureau of Census geographic regions.

The team met with 43 independent professionals (37 percent in person), not directly involved with the programs in the study; visited 49 local clubs (7 BC, 31 JSN, 11 NFP); and interviewed 49 program leaders in person, 234 youth participants in person and 126 parents of participants (32 percent in person).

FINDINGS

ENVIRONMENTAL AND CROSSCUTTING OBSERVATIONS

"Gateway Drugs" Are The Primary Concern Of Most Respondents

Three-quarters of the professionals, including program leaders interviewed on-site, believe their communities have drug problems. Three-fifths of the parents agreed.

Almost all professionals, program leaders and parents named alcohol first when asked to rank the problem drugs, except in Florida, where according to respondents cocaine and crack are easily accessible, cheap and present a tremendous problem. Parents and leaders ranked marijuana next, while the independent professionals saw tobacco as the problem drug second to alcohol. Although all these respondents viewed tobacco as a drug, they did not perceive it as presenting the danger of other drugs. In these interviews we did not define drugs for the respondents.

It is interesting to note that while virtually all youth respondents agreed that cocaine and marijuana are drugs and 88 percent considered alcohol a drug, 25 percent of the youths interviewed did not see tobacco as a drug, and one-third did not view wine coolers as a drug.

All Agree That Those Most At Risk Have Low Self-esteem, Drug Use In The Family And/Or Problems At Home

Parents, leaders and independent professionals most often identified youths with low self-esteem as those most at risk and hardest to keep from taking drugs. Youths with problems such as drug use in the home, divorce or death of a parent, or other family problems were also frequently mentioned. Respondents believed that those at risk can range from children of the homeless to those in high income, career-minded families.

Many of the independent professionals encouraged efforts towards self-esteem promotion, problem solving and positive decision making. For example, one community has a special drug education program for children under stress such as those with death, divorce, drug use or other stressful conditions in their lives. The youth respondents often mentioned teenagers or older kids as most at risk. They also mentioned: youths that "think they know it all and don't listen"; those who "don't fit in"; "tough kids" or "troubled kids"; "children whose parents or friends use drugs"; and "those with family problems."

Respondents Felt That Drug Education Must Be Comprehensive, Include Parents And Start Early

Most independent professionals (88 percent), parents (81 percent) and program leaders (68 percent) interviewed said parental involvement was important, but many also agreed

that drug education must include the school and the community and always be visible. Many respondents believed that it is important to start early, before children can be influenced by drugs. One independent professional said, "More and more I feel it is most effective with younger age groups. Direct stuff at the 4th to 6th grade, but speak about it earlier." Many said that no one program works alone, that effective drug education requires a wide base of support, a comprehensive approach, an early start in the schools, and the active support of the family and community.

Most Agree The Use Of National Personalities, If Drug-free, Is A Good Strategy

Parents (80 percent), leaders (82 percent) and independent professionals (83 percent) interviewed agreed that national personalities speaking out against drug use and supporting drug education programs was a positive approach. However, they also felt it important that these personalities be drug-free and not reformed drug users. The use of reformed addicts gives youths the message that they can use drugs and then "kick the habit." Nancy Reagan, Kirk Cameron and Punky Brewster are the national personalities most frequently mentioned. Over one-half of all respondents volunteered Nancy Reagan when asked what national personalities are associated with drug education, commenting that the First Lady's personal commitment to the national problem is inspiring to those at the grass roots level.

Leaders, Youth Participants And Parents Liked The Programs

All leaders were enthusiastic and agreed that their programs were positive and generally effective. They said the programs build self-esteem, raise awareness, teach youths to make good decisions and help youths react to peer pressure.

Both parents and youths were also enthusiastic. More than three-quarters of the youths chose to be in the program, considered it fun and said the programs help youths stay off drugs. Most parents (85 percent) were also positive and thought these drug education activities were making a difference in the community.

Respondent Perceptions Do Not Vary By Demographics

An analysis of the responses by demographic characteristics indicated that on certain key interview questions (i.e., How would you rate the programs?; Do you feel the program helped you not to take drugs?) all categories of respondent answers did not vary with demographic characteristics (race, urban/suburban, geographic location) using the 1980 U.S. Census data for characteristics (See Tables II and III).

Independent Professionals And Leaders Are Seeking An Assessment Of What Works

Many independent professionals and program leaders consider it difficult to know the effectiveness of drug education and prevention today. Although the leaders were generally enthusiastic about their programs, some suggested that it would be interesting to talk to

these same youths in 5 years and see if their determination to be "drug-free" for life persists. At present, no such evaluation exists.

Youths Report Knowing Others Who Have Tried Drugs But Few Tried Drugs Themselves

Only 35 percent of the youth respondents (average age - 12) know 10 or more youths who have ever smoked cigarettes and even fewer know youths who have had a few drinks (32 percent), chewed tobacco (15 percent) or tried any other drugs (14 percent). When other drugs were tried, marijuana was named almost exclusively. The drug activity of the youths interviewed was even more limited than that of their friends and acquaintances. Some said they had tried a few drinks (29 percent), usually on holidays or special occasions with their parents. Even fewer had ever smoked cigarettes (11 percent), chewed tobacco (5 percent) or tried other drugs (3 percent).

Most Program Activities Are In Schools

Eighty-two percent of those contacted in both the telephone survey and the site visits had program activities in a school. This appears to be occurring for two reasons: school officials and teachers are very much aware of the problems of youth drug use because they see it in their students and sometimes on the school property; and additionally, schools are a logical environment for conducting drug education programs. This is true not only because it is a learning environment where youths come together, but also because there is an opportunity for peer support which many consider essential for successful youth drug education programs.

Programs Are Supported With Local Funds

While program leaders interviewed on-site and telephone survey respondents agreed these programs do not require a lot of money, they would like additional resources. Since 82 percent of the programs are in schools, the school provides a leader in most cases, generally a teacher. When the program meets after school the leader sometimes volunteers his/her time. A few programs have State or local government grants, but most obtain additional funding from the parent-teacher associations, local businesses or organizations and/or fundraising activities like bake sales or car washes. This appears to be a case of seed money working.

Minorities Are Participating

Nearly half (46 percent) of the JSN and NFP programs included in the telephone survey reported minority club memberships of at least 20 percent. For the purposes of this study, minority is defined as black or Hispanic. Twenty-seven percent reported that their club membership was at least one-half minority. (See Table I.)

**TABLE I
JSN AND NFP PROGRAMS BY
PERCENT OF MINORITY PARTICIPANTS ***

PERCENT OF PROGRAMS			
% BLACK OR HISPANIC	JUST SAY NO	NATIONAL FEDERATION OF PARENTS	TOTAL JSN & NFP COMBINED
50% +	31%	9%	27%
20-49	16%	32%	19%
0-19	53%	59%	54%
Number of Programs Surveyed	93	22	115

* Surveyed by Telephone

Of the two programs, JSN had the larger minority club membership. Nearly one-third of its local clubs had 50 percent or more minority children among their members. While minorities participated in all four regions of the country, as defined by the United States Census Bureau, their involvement was most pronounced in the South and North-east and least in the Midwest. (See Table II.)

**TABLE II
PERCENT OF MINORITY PARTICIPANTS IN
JSN AND NFP TELEPHONE SURVEY
PROGRAMS BY REGION ***

PERCENT OF PROGRAMS					
% BLACK & HISPANIC	WEST	MIDWEST	NORTHEAST	SOUTH	TOTAL
50+	12.5%	4%	25%	42%	27%
20-49	12.5%	11%	25%	23%	19%
0-19	75%	85%	50%	35%	54%
Number of Programs Surveyed	16	26	16	57	115

* Surveyed by Telephone

There appears to be a relationship between the character of the sponsoring community and the level of minority participation. Generally, minority participation was greatest in inner-city areas. Those programs in urban areas had the second highest levels of minority participation. While programs in rural areas, though less likely than either inner-city or urban areas to serve substantial numbers of minorities, were more likely than suburban areas to report minority club memberships of at least 20 percent (Table III).

**TABLE III
PERCENT OF MINORITY PARTICIPANTS IN JSN
AND NFP TELEPHONE SURVEY PROGRAMS BY
URBAN CHARACTER OF COMMUNITY ***

PERCENT OF PROGRAMS					
% BLACK & HISPANIC	INNER	URBAN	SUBURBAN	RURAL	TOTAL
50 +	63%	31%	12%	9%	27%
20-49	16%	28%	20%	25%	19%
0-19	21%	41%	68%	56%	54%
Number of Programs Surveyed	19	29	35	32	115

* Surveyed by Telephone

These percentages of minority children participating were reported by program respondents in the telephone survey. There was no opportunity to verify the racial composition of those regularly attending club sponsored activities. However, of the children interviewed during site visits, 18 percent at JSN sites were minority, and 13 percent at NFP sites were minority.

Although the Boys Clubs program was not included in the telephone survey, information gained from visits made to seven of the 10 Boys Club sites showed that 76 percent of the children participating were minority.

Parental Involvement Is Reported As Minimal

Although approximately two-thirds of survey respondents and leaders interviewed on-site said that parents are involved in the program to chaperon, provide transportation or

refreshments, or help with special programs, less than one-third of the youths said their parents were involved. From the on-site interviews it appeared that one or two parents are very active within each program. However, more than 80 percent of independent professionals and parents interviewed would like to see more parental involvement.

BOYS CLUBS OF AMERICA OBSERVATIONS

Demographics

Using the site visits as a source, the average age of youth participants in Smart Moves was 12 years old and the average grade level of those youth interviewed was the seventh. This program had a large number of minority participants interviewed, with the South (82 percent) and Midwest (100 percent) both having a majority of minorities. The West (45 percent) and the Northeast (40 percent) also had a substantial number of minority participants, as illustrated by Table IV below:

**TABLE IV
AGE, GRADE AND RACE/ETHNICITY
STATUS OF YOUTH
PARTICIPANTS IN SMART MOVES PROGRAM VISITED BY REGION**

	WEST	MIDWEST	SOUTH	NORTHEAST	TOTAL
Average Age	13	12	11	15	12
Average Grade	8th	7th	6th	9th	7th
% White	27.5%	0%	18%	60%	24%
% Black	45%	100%	82%	0%	63%
% Hispanic	27.5%	0%	0%	40%	13%
Number of Youth Interviewed	11	5	17	5	38

Young, Growing Initiative For High Risk Children

Smart Moves, a part of the Boys Clubs Project Smart, began in December 1986 as a federally-funded demonstration project in 10 Boys Club chapters. Because of the positive reception the program received at these sites, it is being expanded to 200 chapters nationwide.

One example of the positive reception Smart Moves has received is that though it was initially funded to be run once in one Tampa, Florida club, it is now running at least three times per year at each of the seven Tampa clubs and is supported with local funding. Because the Boys Clubs, which frequently serve girls too, were usually located in inner cities, sometimes in public housing projects, they reach "kids of less chance." Boys Club youth participants appeared to be familiar with the street drug culture. For example, youths reported they frequently witnessed drug deals, were approached to run drugs or serve as look-outs for dealers. One Boys Club unit director said, "we're competing with the drug dealers for these kids. They could make \$200 a day out there." This is supported by the finding that 7 percent of the Boys Clubs participants interviewed had tried illegal drugs, while less than 1 percent of the other youths interviewed had.

Smart Moves Is Voluntary And The Demand Is High

Participation in Smart Moves is completely voluntary. Every youth participant interviewed said that they chose to join Smart Moves. Boys Clubs leaders reported that more children wish to join Smart Moves than they are currently able to serve. With club sizes ranging up to 1000 members and a Smart Move class limit of about 30, it is not surprising that some clubs have continued to run sessions beyond the pilot period. To meet the demand some clubs have gone to club-wide activities in support of Smart Moves such as health fairs, games or outings.

The Curriculum Is Closely Followed

Smart Moves is conducted from a curriculum which includes an outline for each of the 12 sessions, role play situations, suggested related activities, and questions and answers to review. All of the program leaders interviewed said they liked and followed the curriculum closely: the only modifications made at the local level were to increase the amount of role playing and to rewrite some sections of the manual so the youths could read and easily understand it.

Leaders And Parents Like The Training They Receive

The leaders of the local programs all attended formal training provided by the national office. There was a consensus among the leaders that the training was good and important to the success of the project.

They also liked the parent program which coordinates with Smart Moves. One leader said that parent participation in this 8-hour program (offered either as a 1-day session or 4 2-hour sessions) was about 40 percent. Many of the parents interviewed reported liking the program and thinking it of great value to them by helping them to communicate better with their children and allowing them to know what is going on in their children's drug education program.

It Is Well Liked, But Not Well Known

Leaders, youths, and parents were unanimous in their support of Smart Moves. All leaders, 97 percent of the youth participants and 94 percent of the parents thought it did a good job of keeping kids off drugs.

While the leaders interviewed on-site praised SM's neighborhood involvement and peer counseling, the children most often mentioned enjoying the chance to talk openly, the role playing and the skits. The only criticism voiced to us by the children was that the program ended.

Smart Moves is unique to the Boys Clubs. Among the independent professionals contacted only 52 percent had heard of the Boys Clubs drug prevention efforts and even among those, only one-sixth felt knowledgeable enough to offer an opinion on its merits. All who offered an opinion thought SM had a positive influence on youth drug related behavior and delayed the onset of drug use. Several independent professionals said it provides adolescents with positive alternatives.

JUST SAY NO OBSERVATIONS

Demographics

Comparing the United States population by region (using U.S. Census figures for 1980) to projections made from the telephone survey reveals that JSN is concentrated in the South and under-represented in the Northeast and West. The South comprises 33 percent of the U.S. population, although 52 percent of JSN clubs are found there. The Northeast comprises 22 percent of the population, yet only 12 percent of the JSN clubs are in the Northeast. The West comprises 19 percent of the population, with a JSN representation of 12 percent. The only section of the country whose JSN representation approximates its percent of the U.S. population is the Midwest which comprises 26 percent of the population and has a JSN representation of 24 percent. (See Appendix C.)

Just Say No program locations closely follow the distribution of the U.S. population in urban, suburban and rural areas. As shown in Appendix D, there is practically no difference between the distribution of the sample of JSN programs surveyed by telephone and the urban, suburban and rural location of the U.S. population. (Since the definition of the three categories differs from the U.S. population and for the programs, the data are only comparable in a general way.)

The telephone survey respondents reported the modal age range of JSN participants to be 9 to 11 years old, with females predominating with an average of 67 percent of the club members.

The distribution by race is discussed above. (See Tables I, II, III.)

Using the site visits as a source, the average age and grade of club participants varied slightly from region to region. Overall the average age was 11 years old and the average grade the sixth, which are both within the target age group described in the JSN manual. (See Table V.)

**TABLE V
AGE, GRADE & RACE/ETHNICITY STATUS OF
YOUTH PARTICIPANTS IN JUST SAY NO
PROGRAM VISITED, BY REGION**

	WEST	MIDWEST	SOUTH	NORTHEAST	TOTAL
Average Age	10	12	11	11	11
Average Grade	5th	7th	6th	6th	6th
% White	80%	96%	69%	81%*	80%
% Black	15%	4%	31%	11%	17%
% Hispanic	5%	0%	0%	4%	2%
Number of Youth Interviewed	20	23	49	57	149

* Total percent does not equal 100 because one Asian youth was interviewed in the Northeast.

The Program Is Young And Appears To Be Growing

The president of the JSN Foundation reports that the first school club was established in January, 1985, and the JSN handbook was published less than a year ago. He further reports that since 1985 the program has grown quickly to between 15,000 and 17,000 clubs. However, the membership list JSN provided the study team contained only about 1,200 names. The JSN Foundation president claims that the difference between 1,200 and 17,000 may be explained, in part, by the fact that an entire school system may be counted as one member on the list, but may contain a club in every school. Since no record is kept of how many separate clubs are represented by every school system on the list, there is no way of knowing how many clubs exist.

According to the telephone survey, the average JSN group has been in existence for 16 months and the current leader has been involved almost the entire time. All but one independent professional respondent familiar with JSN (95 percent) indicated that the program is growing in their community. It is typical for the program to start in one or two classes in a school and then expand to other classes and other schools in the community.

The Program Is Usually Ongoing And Part Of A Larger Program

Almost all people contacted in the telephone survey (86 percent) and JSN program leaders interviewed as part of the on-site visits (93 percent) said their programs were ongoing. Since 84 percent of those surveyed and 77 percent of the leaders visited had school programs, most programs ran for the school year with youth members involved for the entire time. Only 12 percent of the youths interviewed said they no longer took part in a JSN program.

Most independent professionals felt that JSN should be part of a larger program and 80 percent of those programs visited were in fact part of a larger program. There is usually a drug education curriculum in the State, school system, school or class of which JSN is a part. Several jurisdictions visited have a comprehensive curriculum with a manual that is distributed to all schools.

Although JSN is usually part of a school program, three-quarters of the youth respondents said they could choose to join. In one case where the program is part of a school curriculum, only students who choose to sign the JSN pledge are considered a part of the program, although all students must attend the in-class club meetings.

The Just Say No Model Is Flexible

The JSN handbook was developed to link the slogan "Just Say No" with a program. The handbook describes Just Say No clubs as "groups of children, mostly 7 to 14 years old, united in their commitment to say 'No' to drugs... not a formal curriculum or a highly-structured approach... designed to be flexible, allowing it to be tailored to the unique needs of every community, of each group of children."

The JSN is implemented in many ways with some clubs following the traditional description in the handbook, but others not. When the leaders interviewed on-site were asked if their program was like the one described in the handbook, some (42 percent) agreed, but almost as many (35 percent) described their program as only partially using the handbook, saying they had altered it to fit their own needs. Several did not even have a JSN handbook.

Since most of the programs visited were in schools, they usually met during class time. Sometimes the groups met after school, but it is often difficult for the students to stay for after school meetings. Some schools had representatives selected from each class take part in a meeting and return to their classes with information and suggested activities. Still others had specific time allotted to clubs during the school day; JSN was one of the many clubs the youths could join.

There was a wide range of activities described by the groups visited. Most youth respondents (56 percent) said they heard talks about drugs. Other activities included group discussions, pledge signing, movies, skits, poster and essay contests, trips and speakers.

Both the telephone survey and on-site interviews revealed that most of the leaders are teachers. It was difficult for many leaders to estimate how many hours a month they spent on program activities, and there was a wide range for those that tried: from 2 to 50 hours per month. The training of the leaders varied: almost three-quarters of the leaders interviewed on-site had no specific training in drug education, while others had been to relevant workshops.

Just Say No Is Usually Viewed Positively, But Limitations Are Recognized

All of the JSN participants visited were very enthusiastic. The leaders were anxious to talk about and have the children demonstrate their activities. Over 80 percent of the youth respondents said the program helped both themselves and others stay away from drugs. Most of the parents (92 percent) felt their children's involvement in the JSN program has had a positive effect on their drug-related behavior and attitudes and 80 percent felt that the local program made a difference in their community.

For the most part, the independent professionals familiar with JSN also had a positive impression. Approximately two-thirds of those interviewed said involvement in the JSN program influences drug-related behavior and has made a difference in their community and its schools. Fifty-eight percent felt the program delayed or prevented the onset of drug use. Eighty-five percent of the independent professionals interviewed gave JSN a rating of good or excellent.

Although they liked the program, some independent professionals said the JSN national effort is simplistic. Yet, they credit its simplicity with causing "awareness of drugs in lower grades." Creating an awareness of the drug problem was often cited as the greatest strength of the JSN program.

Many of the local experts stressed the importance of a comprehensive approach. As one respondent, the drug education coordinator for a metropolitan school system, said, "Just Say No" is one facet on the diamond that is our [drug education] program." Another independent professional said, "It must be integrated into existing services; if you say "No", what are you offering as alternatives?"

Most people (88 percent) interviewed in the telephone survey had limited contact with the national office: they received materials and had occasional telephone conversations. Almost all (91 percent) found the contact and the materials helpful, and one-half of the respondents rated the support they receive from the national organization good, and an additional one-quarter rated it excellent. The program leaders interviewed on-site agreed: all received materials and 81 percent found the materials helpful; two-thirds rated the support they received from the national office as good, while another one-third thought it excellent.

Most leaders felt there should be more parental involvement in the program. An independent professional in the South said, "Teaching youths and not the parents is like clap-

ping with one hand." Some mentioned that the materials the JSN foundation offers are too expensive and some respondents talked of providing better training for the leaders.

When youths were asked what they liked best about the JSN program their answers varied. Some of the most frequently mentioned comments were: "learning about drugs," "teaching kids drug awareness," "the whole thing," "working together on projects" and "helping people." More than three-quarters of the children interviewed, when asked what they did *not* like about the JSN program, answered "nothing" or "I like it all."

NATIONAL FEDERATION OF PARENTS FOR DRUG-FREE YOUTH OBSERVATIONS

Demographics

When comparing the United States population by region to the NFP projection made from the telephone survey, NFP proves to be quite evenly distributed: the South comprises 33 percent of the U.S. population with a 36 percent NFP representation; the Northeast comprises 22 percent of the population with an NFP representation of 23 percent; the Midwest comprises 26 percent of the population with an NFP representation of 18 percent; and the West comprises 19 percent of the population with an NFP representation of 23 percent. (See Appendix B.)

As shown in Appendix D, NFP programs surveyed by telephone appear somewhat more likely to be located in suburban areas than the U.S. population. The NFP telephone survey respondents reported a modal age range of 14 to 17 years old for youth participants, with females predominating at 88 percent of membership. The race distribution of the telephone survey respondents is discussed previously and described in Tables I, II and III.

Using the site visits as a source the average age of participants in NFP groups is 14 while the average grade is the 8th, without significant variations. (See Table VI.)

Two-Fifths Of NFP Members Are No Longer Active

According to the NFP members called in the telephone survey, 40 percent were no longer active. No particular reason was frequently mentioned for ending their involvement. Their children growing up, moving to a new area or the lack of volunteers were some of the reasons heard. A number had also joined for information and once the information was received, membership was no longer needed.

It is interesting to note that using the membership list provided by NFP, the on-site team had difficulty finding NFP youth groups still in existence. Only one southern State had a number of groups. Interestingly, they were run by VISTA volunteers from ACTION.

**TABLE VI
AGE, GRADE AND RACE/ETHNICITY
STATUS OF YOUTH PARTICIPANTS IN NFP
PROGRAMS VISITED, BY REGION**

	WEST	MIDWEST	SOUTH	NORTHEAST	TOTAL
Average Age	14	14	13	14	14
Average Grade	8th	9th	7th	9th	8th
% White	100%	92%	62%	100%	87%
% Black	0%	8%	38%	0%	13%
% Hispanic	0%	0%	0%	0%	0%
Number of Youth Interviewed	2	13	13	19	47

Two-Thirds Of The NFP Sites Conduct Youth Programs Which Are Usually JSN Programs

Nearly one-half (44 percent) of the NFP members interviewed in the telephone survey that have youth groups have Just Say No programs. Although NFP has its own youth group curriculum called Reach America which involves a weekend of intense drug education, only two of the survey respondents said their youth program was Reach America.

The site visits found only one Reach America program. The youth participants and leaders interviewed on-site were enthusiastic. However, since it was a weekend event with periodic reunions, many of the participants said they would like more frequent meetings.

Parents, youth participants and the leader were unanimous in their praise of the program. Some comments were, "It has an emphasis on self-esteem and self-respect and gives the youth the feeling that it's okay to be drug-free." "It's fun and educational."

NFP Provides Local Parent Groups With Tax-Exempt Status And An Information Network

Many of those interviewed in the telephone survey stated that they had joined NFP as a source of educational material and to get the group tax-exempt status that membership offers. The tax-exempt status helps these programs raise money because persons and or-

ganizations can deduct their donations to such NFP programs. However, this could prove to be a vulnerability since two-fifths of the members are no longer active. Some of those called were parent "networkers," and still others wanted to affiliate with the organization to market their own educational materials.

Independent Professionals Not Involved In NFP Are Not Aware Of Its Activities

Although 63 percent of independent professionals had heard of NFP, only 20 percent knew enough about it to answer the interview questions. They all felt involvement in local NFP programs delayed or prevented the onset of drug use and also felt that this involvement has made a difference in the community. However, some felt NFP should have more interaction with other drug programs, there should be more multifaceted activities and youth should be included more often.

RESPONDENT SUGGESTIONS FOR ALL PROGRAMS

All persons contacted during the inspection were asked what suggestion they had for improving youth drug education. Their responses are summarized below by type of respondent.

Parents believe there is a role for both schools and media in youth drug education and suggest that it be aimed at elementary school children. They also recognize the need for a parental role. They made some other interesting suggestions such as:

- Include parental education.
- Promote stricter laws.
- "Talk to the kids, not at them."

Youth feel there should be more drug education activities during and after school and want parental involvement. They also suggested solutions to the drug problem such as:

- Stop beer and tobacco commercials.
- Stop grown-ups from using drugs.
- Keeping drugs from coming into the country.

Program leaders (on-site) believe there should be governmental funding and a united national effort to promote youth drug education programs that start at the elementary level. They also believe that beer and alcohol advertisements in the national media are detrimental. Other suggestions from the leaders include:

- Promote interaction among program leaders.
- Find better role models.

- Create and share resource listings.
- Run programs on a broad, community-wide basis.

Independent professionals want a coordinated, community-wide effort which includes an ongoing drug education curriculum in the schools. They think this should be government funded and have a strong parental role. One independent professional said, "Kids want to be active and involved. They will grab whatever is out there. They need help in organizing and being handed something to be involved in. They don't need to be preached at to be involved. They need to be guided with information. Kids ran the show for a long time."

Telephone Survey

Those surveyed suggested more Government funding, better materials, and a parental role in an ongoing school program starting at the elementary level. Other suggestions included:

- Increase the use of peer programs.
- Focus on junior high school.
- Make youth drug education a truly national effort.

RECOMMENDATIONS

The following recommendations were developed based on the inspection findings and respondent suggestions:

- The ADAMHA and ED should develop an evaluation strategy to include long- and short-term evaluations of the implementation and effectiveness of youth drug education programs.

Respondents, especially the independent professionals, are looking for an evaluation of what types of approaches work best in preventing youth from using drugs.

- The ADAMHA and ED should assure the effective dissemination of available research findings, clearinghouse information and other networking activities.

This recommendation was strongly supported by feedback from program leaders and independent professionals. Although this information is presently available in various places, due possibly to breakdowns in communication, the information is not getting to the grass roots.

- The ADAMHA and ED should give special consideration to funding comprehensive youth drug education programs which target children at early ages.

The independent professionals felt strongly that drug education must start early, long before the target age of first use (12 years old) and before habits are formed. The leaders interviewed on-site and most of the telephone survey respondents agreed.

- Youth drug education programs should include a parental component to keep parents informed regarding what the children are learning and what their own role is in drug prevention.

More than 80 percent of independent professionals and parents interviewed would like to see more parental involvement. The parents interviewed who participated in the Boys Club parent program liked it and thought it of great value.

- The ADAMHA and ED should review existing leader training programs with a view to identifying, developing and publicizing a model to be made available to States, local communities and programs.

Almost three-quarters of the leaders interviewed in the JSN on-site visits had no training in drug education; the others attended workshops. There was consensus among the Boys Clubs leaders who attended formal training provided by the national office that the training was good and was important to the success of the program.

APPENDIX A

The resource materials included in the following bibliography were reviewed during the inspection.

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APPENDIX B

TELEPHONE SURVEY CHARACTERISTICS

	JSN	NFP	TOTAL
SAMPLE	135	80	215
INTERVIEWED	111	62	173
NO LONGER INVOLVED*	15	25	40
HAD YOUTH PROGRAMS	99	23	122

* Three that are no longer involved had youth programs in the past and completed the interview.

APPENDIX C

Comparison of Telephone Sample Populations and United States Population by Region

REGION	TOTAL U.S. Pop.*	Sample Population		
		JSN	NFP	JSN & NFP
Northeast	22%	12%	23%	14%
Midwest	26%	24%	18%	23%
South	33%	52%	36%	50%
West	19%	12%	23%	14%

Number = 226,450,000 93 22 115

* 1980 Census Data

APPENDIX D

Comparison of JSN & NFP Programs Surveyed by Telephone and U.S. Populations by Urban, Suburban and Rural Areas *

	U.S. POPULATION	JSN	NFP	TOTAL
% Urban	42%	43%	36%	42%
% Suburban	32%	28%	28%	30%
% Rural	26%	29%	16%	28%

Number = 226,450,000

93

22

115

* U.S. population groups based on Census categories of rural, urban fringe and other urban areas are compared with self-reported designations by program respondents of their communities as "rural," "suburban" or "urban" (i.e., "inner city" or "urban"). The two sets of categories are comparable in only a very general way.

APPENDIX E



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date March 22, 1988

From Deputy Administrator, Alcohol, Drug Abuse and Mental Health Administration (ADAMHA)

Subject National Youth Drug Education Program

To Inspector General, Office Of The Inspector General (OIG)

Thank you for the opportunity to review and comment on the subject report. The report is excellent. I particularly value the availability of information from your on-site look at the operation of these programs.

We are looking forward to discussing the final report and following up on the recommendations with the Department of Education.


Robert L. Trachtenberg