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JUVENILE JUSTICE

Prevention Works: On the Front Lines With CSAP Director Karol Kumpfer

Also

- The Promise of Juvenile Drug Courts
- Reducing Underage Drinking

OJJDP

Journal of the
Office of Juvenile Justice and Delinquency Prevention

From the Administrator

A crisis in drug use is plaguing our youth and our Nation. More than half our high school seniors report having used illicit drugs, and young people are using mood altering substances at increasingly younger ages. Marijuana use among 12- to 17-year-old youth has increased significantly since 1992. Two million youth regard themselves as heavy alcohol drinkers, with more than 1 billion cans of beer being consumed annually by junior and senior high school students alone.

To combat youth drug use most effectively, the entire community must be involved—including parents, schools, students, law enforcement, churches, social service agencies, and the media. They must transmit a consistent message that drug use is wrong and will not be tolerated. This message must be reinforced through prevention and treatment methods, including strengthened enforcement of laws; targeting of high-risk youth, especially those involved in the justice system; and comprehensive substance abuse education.

We need to look at the substance abuse crisis as an opportunity to do a better job—better for our children and better for America. As you will see in this issue, many of our fellow citizens are working hard to do just that.

One of the leaders on the front lines in the fight against substance abuse is Karol Kumpfer, Director of the Center for Substance Abuse Prevention. The message that she conveys in her enlightening interview is both encouraging and true: "Prevention Works."

Robin Kimbrough reminds us that in treating juvenile substance abuse, we should not overlook "The Promise of Juvenile Drug Courts." Youth drug courts can prove a valuable complement to juvenile courts faced with growing caseloads and shrinking resources.

Finally, it is not enough to work harder. We must also work smarter. While further research is needed, initial indications are promising for "Environmental Approaches to Reducing Underage Drinking," as Andrew Treno and Harold Holder report.

Working together, we can build a drug-free America where our children are free to realize their dreams—and the hopes of those who love them.

Shay Bilchik
Administrator
Office of Juvenile Justice
and Delinquency Prevention

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Prevention Works: On the Front Lines With CSAP Director Karol Kumpfer

The journal's *On the Front Lines* series features interviews with leading authorities on juvenile justice and related youth issues. These experts have earned their credentials on the front lines in the struggle for a better tomorrow for today's youth and their families.

JUVENILE JUSTICE: Congratulations on your appointment as Director of the Center for Substance Abuse Prevention (CSAP). Could you please give us a brief overview of CSAP's mission and your personal goals as Director?

KAROL KUMPFER: Thank you. After having worked in the public and private sectors for 20 years developing and implementing family-based approaches to substance abuse and delinquency prevention for American youth, I am honored to have been appointed Director. The Center provides leadership in the Federal effort to prevent alcohol, tobacco, and illicit drug problems.

The Center's primary purpose is to decrease substance abuse in this country by bridging substance abuse prevention research and practice. CSAP's role focuses on field testing adaptations of effective research-based programs for diverse populations in urban and rural communities. CSAP works to improve the effectiveness of prevention services by identifying and evaluating best practices and ensuring their implementation by Federal, State, and community-based providers in a variety of settings.

I plan to devote much of my time as Director of CSAP to building the bridge between research and practice, and working to make prevention a household word. The American people need to know that prevention works and that there are many different prevention strategies geared to many different target populations. To achieve this, the visibility of prevention strategies and programs needs to be dramatically increased. Ties need to be strengthened between CSAP and other national prevention entities, such as the Community Anti-Drug Coalitions of America, the National Associa-

Karol L. Kumpfer, Ph.D., is Director at the Center for Substance Abuse Prevention (CSAP). The Center's mission is to decrease substance abuse and related problems among the American public. This interview was conducted for Juvenile Justice *by Earl E. Appleby, Jr., Executive Editor.*

tion of State Alcohol and Drug Abuse Directors, Join Together, and many others. Because substance abuse is rising among youth, funding for prevention programs needs to be increased to achieve long-term results in decreasing drug use as specified in the Office of National Drug Control Policy's (ONDCP's) 1998 National Drug Control Strategy, a bipartisan commitment to reduce drug use and its destructive consequences. Its goal is to reduce drug use and availability in the United States by half in the next 10 years.

JUVENILE JUSTICE: What are current trends regarding the use of alcohol, tobacco, and other drugs by youth?

KAROL KUMPFER: While the total number of drug users in the United States remains steady at 13 million, drug use is going up rather dramatically among young adolescents, according to the recently released Substance Abuse and Mental Health Services Administration (SAMHSA) *National Household Survey on Drug Abuse (NHSDA)*. Among young people ages 12 to 17, the survey found an increase in current use of drugs, primarily marijuana, which increased from 7.1 percent to 9.4 percent in a single year. Several sources provide authoritative information on current use of alcohol, tobacco, and illicit drugs by youth in this country. First, SAMHSA, of which CSAP is a component, conducts the annual *NHSDA*. This widely referenced survey provides estimates of the incidence and prevalence of use of a variety of illicit drugs, alcohol, and tobacco. Second, the National Institute on Drug Abuse funds the annual Monitoring the Future survey of adolescents' drug behaviors and beliefs. These surveys yield important estimates and interesting generalizations:

- Tobacco, alcohol, and drug use by youth has increased since 1992.
- Although illicit drug use among the overall population remained consistent from 1996 to 1997, it increased among young people ages 12 to 17.
- Fifty percent of all high school seniors and 23 percent of all eighth graders report using marijuana.
- Nearly 1 in 10 youth ages 12 to 17 were users of marijuana in 1997.
- Eighth grade girls now equal or exceed boys in their use of tobacco; "uppers"; methamphetamine; cocaine, crack, and other forms of cocaine; stimulants; inhalants; and tranquilizers.
- In 1996, some 171,000 persons used heroin for the first time. The estimated number of new users and the rate of initiation for youth were at their highest levels in 30 years.
- In 1997, 4.5 million youth ages 12 to 17 (19.9 percent) had used

Karol L. Kumpfer, Director of CSAP.

cigarettes in the previous month. For 12- to 13-year-olds, there was a statistically significant increase in past-month cigarette use, from 7.3 percent in 1996 to 9.7 percent in 1997.

- Among 12- to 17-year-olds, the percentage of youth who perceived a risk in smoking marijuana once or twice a week decreased from 1996 to 1997—from 57 percent to 54 percent. This reflects a continuation of the decline in the perceived risk of marijuana use, including once-a-month use, that has occurred since 1990.

- In 1997, 64 million Americans were tobacco smokers, including 4.5 million youth ages 12 to 17. Among the 12 to 17 age group, the percentage of youth who believe that smoking one or more packs of cigarettes per day presents a great risk has steadily increased from 45 percent in 1985 to 54 percent in 1996, but remained unchanged in 1997.

These surveys demonstrate that, despite some improvements, the problem of drug use is still very much with us.

The population of 12- to 20-year-olds will increase by 21 percent over the next 15 years. That translates into an additional 6.75 million youth needing age-appropriate and culturally appropriate substance abuse prevention services. Even if the rates of youth drug use remain constant, there will be many more drug-related problems due simply to the growing number of members of this age cohort, and the impact on drug-related violence, HIV/AIDS, academic failure, unemployability, and other areas will be severe. To prepare for this situation, we must make meaningful investments in prevention for these future adults. We need to keep every American family, every American school, and every American workplace focused on this problem.

Today, we have a series of miniepidemics occurring in the United States. Certainly, the fact that half of all high school seniors have used marijuana is troubling, particularly as a sign of the decreased concern about illegal drug use in youth and the increased popularization of tobacco, alcohol, and drug use by the youth culture and media. Methamphetamine abuse is increasing rapidly and moving across this country from the West to as far East as Iowa and Chicago.

We need to keep every American family, every American school, and every American workplace focused on this problem.

JUVENILE JUSTICE: Which drugs give you the greatest concerns for the future of our youth?

KAROL KUMPFER: All psychoactive drugs can be dangerous, and it is hard to predict which specific drug will gain popularity over the next 10 years. For example, methamphetamine did not present a significant drug problem in this country 15 years ago, except in some places in the West, and the infamous "date rape" drug, Rohypnol, was not even on our list of concerns 10 years ago.

JUVENILE JUSTICE: What is the proper governmental role in combating our Nation's drug problem? Are you seeing changes in how the Federal Government is approaching this problem?

KAROL KUMPFER: The proper governmental role is to support applied research in substance abuse prevention to determine effective real world strategies and programs. Once promising models

have been tested in efficacy trials by the National Institutes of Health, SAMHSA/CSAP can facilitate their adoption by communities by conducting effectiveness trials with at least a few diverse populations to determine their robustness and generalizability to new populations. Currently, commercially marketed prevention programs, which often appear valid but lack evaluation data, frequently are provided in schools and communities.

The major change from the viewpoint of the Federal Government is a new emphasis on accountability and funding based on effectiveness outcomes. This emphasis is good because ineffective prevention approaches will gradually be replaced by more effective, research-based approaches. For instance, ONDCP has developed a system of performance measures of effectiveness that identifies targets and process and outcome measures for use in data collection to determine policy refinement and programmatic direction needs.

There is a new emphasis on accountability and funding based on effectiveness outcomes.

I also think that Federal agencies are collaborating to a greater extent than ever before. For instance, CSAP works cooperatively with many other Federal agencies that share interest in a particular programmatic area. In the area of substance abuse-related violence prevention among youth, CSAP has worked with the Maternal and Child Health Bureau in the Health Resources and Services Administration, the Center for Mental Health Services in SAMHSA, and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the U.S. Department of Justice to help State child-serving systems develop plans to reduce youth violence.

Prevention definitely works. Demand reduction is essentially a community activity with which the Federal Government can assist by supplying resources, information, knowledge, and national leadership. CSAP is also leading the demand reduction effort and assisting States in mobilizing and leveraging their prevention and treatment resources through our 14 State incentive grants.

JUVENILE JUSTICE: What are the most successful prevention approaches affecting juvenile drug use?

KAROL KUMPFER: Researchers and practitioners have discovered that a number of different approaches to substance abuse prevention are effective depending on the target population. There is no one approach to substance abuse prevention for all youth. To better match interventions to target populations, prevention experts redefined prevention approaches based on their target group. The three types of prevention approaches are:

- Universal prevention strategies, which are designed to prevent precursors of drug use or initiation of use in general populations of youth. I have identified and analyzed 16 such programs (Kumpfer, 1997). The most effective universal prevention programs implemented in schools are those that involve intensive social or life skills training and often include homework assignments to be completed with parents. An example of an effective school-based (i.e., universal) prevention program is the Life Skills Training Program (Botvin, Baker, et al., 1995; Botvin, Schinke, et al., 1995).

- Selective prevention strategies, which target only members of groups known to be at risk for drug use (e.g., children of

alcoholics or of substance abusers). An example of an effective selective prevention strategy for high-risk, multiethnic youth is the Strengthening Families Program (Kumpfer, DeMarsh, and Child, 1989; Kumpfer, Molgaard, and Spoth, 1996), which I developed with colleagues while at the University of Utah and Iowa State University.

- Indicated prevention strategies, which are designed for youth who are already manifesting indications of drug use and abuse or related mental health problems (e.g., conduct disorders). Indicated prevention interventions are generally long-term and relatively intensive. They should be conducted only with youth diagnosed or identified as having behavioral, emotional, or academic problems. Two examples of such school-based programs with some level of effectiveness are the Anger Coping Program and the Coping Power Program developed by Lochman and Wells (1996) and tested in the CSAP Developmental Predictor Variable Cross-Site Study.

Family-based prevention programs have matured in the past 10 years and have a higher level of effectiveness in reducing not only juvenile drug use, but also delinquency, school failure, and teen pregnancy. The CSAP-developed Prevention Enhancement Protocol System (PEPS) determined that three family approaches met the highest level of effectiveness, namely:

- Behavioral parent training.
- Family skills training, combining behavioral parent training, child skills training, and family relationship training.
- Family therapy.

In-home family support programs met with moderate levels of effectiveness. During the past 10 years, with funding from OJJDP, Dr. Rose Alvarado and I have conducted two national searches for effective parenting and family programs. Expert panel reviews by researchers and practitioners have identified 34 model family programs with high-quality outcomes. Program descriptions and contact information are available on the Strengthening America's Families Web site: www-medlib.med.utah.edu/healthed/ojjdp.htm.

Family-based prevention programs have matured in the past 10 years.

Environmental controls, better enforcement policies, and universal school-based programs all seem to make a significant contribution to reduction of alcohol abuse and tobacco use and may contribute to the reduction of marijuana use. Reducing acceptability and changing attitudes and expectations are important elements affecting juvenile drug use (Bachman, Johnston, and O'Malley, 1998).

Juvenile Justice: Some Federal agencies have been looking at science-based prevention research as a basis for promoting effective programs. Given your expertise in this area, what is the most effective strategy for disseminating this information to the field?

Karol Kumpfer: It is critically important that science replace guesswork and ideology as the basis for substance abuse prevention. CSAP is furthering this process by helping States, communities, and practitioners to put what we have learned into actual use. Practice guidelines (Center for Substance Abuse Prevention, 1998), training, and technical

assistance are all effective strategies used by CSAP to achieve this end.

CSAP has planned a series of science symposiums to discuss problems in this knowledge transfer. We completed a science symposium on dissemination of family-focused interventions in October and will conduct another in November on community partnership approaches. We are planning additional science symposiums on culturally competent programs and evaluation and knowledge dissemination using expert systems. We are packaging information about what works in substance abuse prevention and transferring this information in a user-friendly manner to the States and to community providers and practitioners for their use in tailoring programs and prevention systems to meet their specific needs more effectively. I plan to promote adoption of these research-based models through our grantee programs and interagency collaborations.

There is a gap in research on how to disseminate best practices effectively.

Knowledge transfer is also part of the Youth Substance Abuse Prevention Initiative, which is fostered by Secretary Donna Shalala of the U.S. Department of Health and Human Services (HHS). CSAP's five regional Centers for the Application of Prevention Technologies (CAPT's) are responsible for disseminating best practices throughout the region in which they are located. They are now testing these technologies, which include training workshops, technical assistance, program assessment and evaluation, video conferences, virtual meetings, CD–ROM's, distance learning, and newsletter distribution. Currently, there is a major gap in research on how to disseminate best practices effectively. CSAP is evaluating the effectiveness of its diverse technology transfer approaches to determine their strengths, weaknesses, and impacts in helping to bridge the gap from research to practice.

JUVENILE JUSTICE: Drug abuse has criminal justice and public health dimensions. How can we enhance collaboration between juvenile justice and public health organizations?

KAROL KUMPFER: It is estimated that 225,000 juvenile offenders suffer from diagnosable alcohol abuse or dependence disorders, and 95,000 may suffer from other diagnosable substance abuse or dependence disorders (Cocozza, 1992). The Center for Substance Abuse Treatment and OJJDP are collaborating on the project Capacity Building in the Juvenile Justice System: Addressing the Need for Substance Abuse Services. This project aims to expand the juvenile justice system's ability to provide treatment for substance-involved youth under community supervision by encouraging comprehensive, intersystem service delivery plans on a jurisdictional basis. Collaborative programs such as this are important because they provide youth with needed comprehensive intervention services. We also need to promote linkages of this type between prevention programs and the juvenile justice system.

At CSAP, we are particularly interested in addressing health consequences of drug abuse. Injuries due to accidents, physical disabilities and diseases, and overdoses are among the health-related consequences of youth substance abuse. Disproportionate numbers of youth involved with alcohol and other drugs face an increased risk of death through suicide, homicide, accident, and illness. Many substance-abusing youth engage in behaviors that place them at risk of

contracting HIV/AIDS or other sexually transmitted diseases. These limited examples illustrate some of the health-related consequences of substance abuse among adolescents.

Collaboration between the juvenile justice system and public health organizations can provide communities with a stronger, more unified system to deter substance abuse and prevent delinquency and crime. To my way of thinking, true collaboration is defined as exchanging information, sharing resources, and enhancing the capacity of another organization to achieve a common purpose. Traditionally, separate systems have grappled, often unsuccessfully, with inadequate staffing and funding, turf issues, and bureaucratic divisiveness. So, despite their application to overlapping populations, our separate program goals and philosophies can be conflicting and work at cross-purposes. Remedying this situation and building strong alliances will require a strong commitment and a common vision among the individuals and organizations involved.

Juvenile Justice: How can law enforcement efforts be combined with prevention efforts to reduce alcohol and other drug use? In which areas would you like to see enforcement increased?

Karol Kumpfer: The best prevention strategies require effective community enforcement. For example, we know that consumption of tobacco and alcoholic beverages is associated with their availability. With ineffective enforcement of laws prohibiting the purchase of tobacco and alcoholic beverages by minors, consumption of tobacco and alcoholic beverages by youth rises substantially. Similar consequences occur with ineffective enforcement of prohibitions against driving under the influence and drug trafficking.

Preventive education and enforcement efforts working together can enhance a community's understanding, resolve, and effectiveness in reducing drug abuse. Consistent no-use messages, fair and swift consequences, and the right mix of preventive, rehabilitative, and punitive responses are needed. We must pair enforcement with community action and work jointly to draft the messages and policies, see that they are carried out, and simultaneously target supply and demand.

Juvenile Justice: What changes can communities make to provide a climate that discourages drug use?

Karol Kumpfer: Communities can establish, promote, and enforce no-use norms with regard to both illicit drug use and tobacco and alcohol consumption by youth under 21 years of age. They can seek out and use the wealth of available knowledge about effective strategies to affect norms and beliefs about drug use. And, they can monitor the success rate of what they do continually to improve the effectiveness of their activities.

The best prevention strategies require effective community enforcement.

Juvenile Justice: Involving parents can often make a critical difference in solving problems besetting youth. How can we best engage parents in preventing alcohol and other drug use by their children?

Karol Kumpfer: CSAP research has shown that parents play a major role in influencing their children's attitudes toward, and decisions about, alcohol and other drug use. When parents take an active role in their children's lives, including talking with them about drugs, monitoring their activities, getting to

know their friends, and understanding their problems and personal concerns, they can address many of the root causes of drug use.

The role of parents in preventing alcohol and other drug use by their children is recognized in the HHS Secretary's Youth Substance Abuse Prevention Initiative. Parenting IS Prevention is an essential project of the initiative's action component. This project strengthens existing antidrug programs for parents and families while expanding participation in a national parenting effort. Broader participation is being sought with groups such as family-focused organizations, civic/service groups, business/workplace coalitions, parent/school associations, and child welfare agencies. Training and technical assistance to motivate and mobilize these groups to community action in support of parenting for drug-free youth is under way already.

JUVENILE JUSTICE: Are there any other concerns or issues that you would like to share with our *Juvenile Justice* readers?

KAROL KUMPFER: I think it is critical that CSAP and other Federal agencies committed to reducing the substance abuse problems in this country support the development of technology transfer through improved technological methods. For example, computer systems could be developed that would improve prevention practitioners' access to expert knowledge on model strategies and evaluation methodology. State-of-the-art, systematic knowledge engineering should be used to develop user-friendly expert systems to assist prevention practitioners in selecting, designing, implementing, and evaluating prevention programs.

It is important that *Juvenile Justice* readers realize that prevention works. Investments in substance abuse prevention really do pay off.

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Treating Juvenile Substance Abuse: The Promise of Juvenile Drug Courts

by Robin J. Kimbrough, J.D.

Few would argue that juvenile delinquency and drug use are not significant problems in contemporary American society. On the eve of the 100th anniversary of the juvenile court, a growing public perception that the court is soft on crime has led some to question whether it remains viable as an institution for dealing with some of society's most important legal and social issues relating to children and families. In recent years, the juvenile court has struggled with increasingly limited resources and increasingly complex and difficult caseloads. As Judge Leonard Edwards (1996) has noted, there is little doubt that the juvenile court of the future will be a changed institution.

With the advent of juvenile drug courts, that future has arrived. In an environment that is increasingly punitive, juvenile drug courts are emerging as a promising option for providing appropriate and meaningful treatment responses to juveniles and their families while ensuring accountability. The benefits of applying the drug court model to juvenile populations lie in the ability of the court to intervene early with youth, provide treatment and other services, and monitor progress during treatment.

In a typical juvenile drug court, delinquents and, in some courts, status offenders[1] who meet certain eligibility criteria are offered the option of participating in drug court in lieu of traditional case processing. To be eligible, the juvenile must have a substance abuse problem and cannot have committed a violent offense. The judge maintains close oversight of each juvenile through regular, often weekly, status hearings with the juvenile and his or her parents. The juvenile and, usually, his or her parents are required to participate in an intensive treatment regimen. Sanctions, which may range from community service to short-term detention, and rewards are used to encourage

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the juvenile's progress in treatment. The heart of the juvenile drug court is the drug court team—the judge, prosecutor, public defender, treatment provider, probation officer, and others—which works together to encourage the juvenile's rehabilitation.

Youth are using and abusing substances at earlier ages than in the past.

Drug courts are only one way of providing treatment services to adolescents who use substances. Adolescents with less severe substance problems might be better served in settings that are not as intrusive or intensive. In general, however, adolescent treatment programs can benefit from the knowledge gained by drug courts in providing treatment to substance-abusing youth.

The Costs of Adolescent Substance Abuse

Youth are using and abusing substances at earlier ages than in the past (Commission on Substance Abuse Among America's Adolescents, 1997). Between 1992 and 1997, the proportion of eighth graders who reported smoking during the past 30 days climbed from 15.5 percent to 19.4 percent; although this percentage has dropped by 1.6 percent since 1996, the figures are still high (University of Michigan Institute for Social Research, 1997). Between 1992 and 1996, the proportion of eighth graders who said they had used marijuana during or before seventh grade rose from 7.7 percent to 12.7 percent and the proportion of eighth graders who reported using inhalants during or before seventh grade increased from 14.5 percent to 17.7 percent (Commission on Substance Abuse Among America's Adolescents, 1997). Juvenile arrests for drug use are also escalating; between 1992 and 1996, they increased 120 percent (Snyder, 1997). In 1996, juvenile drug arrests accounted for 14 percent of all drug arrests (Snyder, 1997).

Adolescent substance use has devastating consequences for juveniles, families, communities, and society. As a result of using some substances, youth can experience impaired judgment, coordination, and motor skills. Their short-term memory and ability to concentrate may be affected, and they may experience depression, developmental lag, apathy, withdrawal, and other psychosocial disorders (Dickenson and Crowe, 1997). Not surprisingly, these youth have greater need for medical and other supportive services, as drug use is associated with numerous problem behaviors, including delinquency, teen pregnancy, and a variety of school-related problems (e.g., poor grades, weak commitment to education, high rates of truancy, and an increased likelihood of dropping out of school).

The Need for Juvenile Drug Courts

Although juvenile courts work to ensure that youth receive the treatment services needed to keep them from returning to the court system, the courts' increased caseloads, limited resources, and changing mission already affect their ability to do so. The search for better outcomes with juvenile populations and the experience of adult drug courts, which have reduced the number of drug-involved offenders returned to the justice system, have fueled the development of juvenile drug courts. In the past 3 years, more than 40 juvenile drug courts have been established across the country; considerably more are in the planning stages.

Designing an effective treatment program is the greatest challenge facing the juvenile drug court. Researchers and clinicians have found that adolescents are among the most challenging populations to treat. The stable and enduring nature of adolescent substance abuse makes it extremely difficult to effect significant or lasting change (Kazdin, 1994; Liddle, 1996; Loeber, 1991). The difficulty in treating adolescents is, in part, due to the fact that they drop out of therapy at startlingly high rates, or, perhaps more accurately, never become engaged in therapy in the first place (Liddle, 1996; Szapocznik et al., 1988). Also exacerbating the problem is the fact that many adolescent treatment programs use adult treatment models.

Adolescent Versus Adult Substance Abuse

Juvenile drug court programs should be cautious about applying adult approaches. This concern underlies an initiative by the Institute for Families in Society at the University of South Carolina and the Justice Management Institute to develop recommendations for practitioners wishing to implement juvenile drug court programs. This initiative is sponsored by the State Justice Institute and the Drug Court Programs Office of the U.S. Department of Justice. OJJDP also is supporting this initiative with additional technical assistance and training tools.

Adolescent substance abuse is different from that of adults in several critical ways:

◆ **Not all adolescent drug use leads to dependency.** The adult drug court intervention is premised on intervening with addicted offenders. However, traditional addiction or disease models—which imply a lifelong battle against substance abuse—do not fit adolescents particularly well. Although some adolescents progress in the frequency and extent of their use, many briefly experiment with drugs only to discontinue use relatively quickly (Cox and Ray, 1994). Adolescent substance abuse is more appropriately characterized as a problem behavior that often is related to other problem behaviors (e.g., delinquency, precocious sexual activity, school failure) or disorders (attention deficit hyperactivity disorder or depression). Many treatment programs, organized to treat a single problem, run the risk of missing the interrelationship of the biological, cognitive, social, emotional, and contextual factors that create behavior, and thus are likely to fail (Dembo et al., 1991).

◆ **Adolescent substance abuse has multiple determinants.** A variety of cognitive, biological, social, emotional, and contextual factors that influence behavior have been identified as risk markers for substance abuse in adolescents (Dryfoos, 1990). These markers include family relations, school performance, peer associations, type of neighborhood, and early initiation of drug use. This suggests that effective treatment interventions must be comprehensive and individualized to address these multiple determinants (Henggeler and

Borduin, 1995; Mulvey, Arthur, and Reppucci, 1993).

◆ Juveniles are influenced by their families. In the addiction model of treatment, the intervention is primarily focused on the individual in the same way that treatment of a person with a physical illness is focused on the individual. The family is one of the most powerful influences in an adolescent's life. Youth who do not receive sufficient parental guidance, who are not emotionally supported by their parents, who live in families with high levels of family conflict, or who have substance-addicted parents are at increased risk of substance abuse. As a result, treatment interventions must engage the family.

Effective treatment interventions must be comprehensive and individualized.

◆ Adolescent substance abuse appears to be strongly related to developmental issues. Adolescence is a period of transition when youth equip themselves for a responsible adulthood as workers, parents, and members of a community (Dryfoos, 1990). Adolescents' transition to adulthood is characterized by the search for self-identity and development of a personal set of values (which may cause them to temporarily question their parents' values), the acquisition of competencies and skills necessary for adult roles, the achievement of emotional independence from parents, and the ability to find a compromise between the pressure to achieve and the acceptance of peers. Adolescence also is a time when youth may test the limits—experimenting with a wide array of behaviors, attitudes, and activities as a way of learning what is permitted and what is not. In the search for ways to entertain themselves and experience excitement, adolescents may engage in risky behavior, including experimentation with alcohol and other drugs. While this suggests that some adolescents will stop using drugs without treatment, it also suggests that treatment programs must be developmentally appropriate. For example, strengthening the parent-child relationship might be a treatment goal for a 12- or 13-year-old, whereas emancipation may be a more appropriate focus for intervention with a 16-year-old. Youth may need special guidance and support in achieving the tasks of adolescent development, such as help with emotional and social development, since the use of substances may have slowed the normal acquisition of these skills (Commission on Substance Abuse Among America's Adolescents, 1997).

Characteristics of Adolescent Substance Abuse

The characteristics of adolescent substance abuse suggest several overarching principles for structuring effective juvenile treatment programs:

◆ Treatment programs must take comprehensiveness seriously. Working effectively with adolescents requires addressing the broad array of psychosocial characteristics and treatment needs. It is important that the provider understand how substance abuse is related to other problem behaviors and to attributes of the family and community, and that the program be structured to address these aspects simultaneously (Weissbourd, 1996).

◆ Treatment services should be flexible and individualized. Services should be tailored to the particular strengths and weaknesses of youth and their families. Specific interventions should be designed and modified as needed to fit the individualized needs and changing circumstances of the youth and family.

Treatment interventions should be flexible in their intensity, focus, and duration of services (Henggeler, in press).

◆ Services should be coordinated and provide continuity. One-shot efforts are of little value. The treatment team or case manager should ensure that the treatment intervention addresses the needs of the youth and family identified in the assessment. In addition, ongoing monitoring of and involvement with the youth and family should be used to maintain behavioral changes made during the treatment program.

◆ Services should be intensive and concrete. A beneficial aspect of drug court programs is the intensity of the treatment intervention. Treatment services that involve frequent contacts, weekly or even daily, are more likely to succeed (Krisberg et al., 1995). In addition, cognitive, behavioral, and social learning approaches are more effective with youth than psychodynamic approaches. Interventions focusing on the development of specific skills (e.g., social, emotional, vocational, educational) are more likely to be effective for youth than more abstract therapy (Butts and Barton, 1995). Finally, youth need support and reinforcement. Therefore, effective programs tend to broaden the focus from the individual to the family, peer group, and others in the community.

◆ Treatment services should work respectfully and collaboratively with families in identifying and responding to problems (Weissbourd, 1996). Treatment providers need to find ways of actively engaging youth and their families. One strategy for achieving this goal is to provide opportunities for youth and their families to be involved in treatment planning (i.e., assessment, goal setting, and service delivery). Direct participation by youth in planning medical, psychological, and educational interventions results in greater involvement and achievement, a stronger sense of personal efficacy, and fewer premature terminations from treatment (Melton and Pagliocca, 1992).

Treatment services that involve frequent contacts are more likely to succeed.

◆ Services should address the multiple determinants of adolescent drug abuse. Brown, Vik, and Creamer (1989) examined the predictors of relapse among youth who had participated in inpatient drug treatment programs and determined that favorable posttreatment outcomes are linked with high levels of parental support, limited lifetime exposure to drug-abusing family members, increased association with prosocial peers, limited association with drug-using peers, improvements in emotional functioning, a flexible coping repertoire, and improvements in the ability to function in school and recreational settings. Treatment programs should focus on building protective factors by engaging the family, peer group, schools, and community and on enhancing the development of skills and competencies associated with adolescent development.

Families, Peers, Schools, and Community

Viewing adolescent substance abuse as a problem behavior suggests that treatment must address the factors that contribute to or mitigate the behavior while building protective factors. In Bronfenbrenner's (1979) theory of social ecology, individuals are viewed as functioning within a set of interconnected systems that include individual, family, peer group, school, and neighborhood

factors. Behavior is seen as the interplay between the youth and these systems and the relations of the systems with one another.

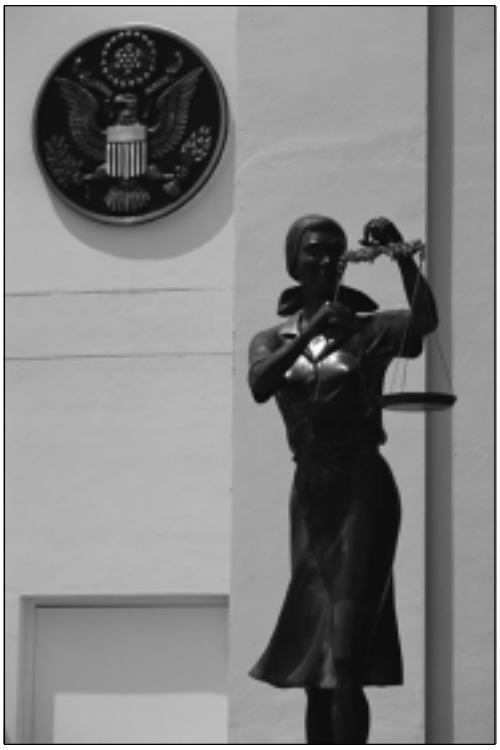
Treatment for adolescent substance abuse should extend beyond the individual to building prosocial and supportive relations with family, peers, and teachers (Rhodes and Jason, 1990). In addition to building skills and competencies and creating an awareness of the substance abuse problem, the adolescent treatment program should improve family communication, treat addiction in parents, and improve parents' ability to monitor and discipline their children. Further, the program should assist adolescents and their families in developing drug-free lifestyles, including involving adolescents in prosocial recreational activities with prosocial peers.

Some family therapy models, such as multisystemic family therapy and structural-strategic family therapy, have emerged as promising interventions for engaging youth and their families. Programs based on these models typically share an emphasis on comprehensiveness, flexibility, and ecologically focused interventions. They reach into the home, the school, and the community to improve the level of communication between these systems and to help youth function effectively. They also typically share a commitment to processes (e.g., promoting positive parenting practices and reducing parent-adolescent conflict) that are believed to be critical to change.

Assessing the Juvenile

Before the treatment intervention begins, juveniles and their families must be assessed to determine whether the juveniles represent a public safety risk and to gain an understanding of their strengths and needs. Only through careful assessment will treatment be effective.

Typically, in the drug court setting, a preliminary screening is administered after arrest to identify problems that may be related to the use of alcohol and other drugs. If the screening is positive, a comprehensive assessment of the youth is performed. The assessment is a detailed, extensive, holistic evaluation of the youth, for the purpose of designing an intervention. The assessment helps the treatment provider accurately identify youth who are in need of treatment; determine the severity of their alcohol or other drug problem; learn about the specific nature, correlates, or consequences of their substance-abusing behavior; and identify their specific strengths (e.g., coping skills) that should be considered when developing an appropriate treatment plan (McLellan and Dembo, 1993). The assessment should also determine to what extent the family can be involved



in treatment interventions. Information should be gathered during the assessment through various methods, including direct observation, interviews with the juvenile, specialized testing, interviews with the family, and a medical evaluation. Generally, several domains are assessed, including alcohol and other drug use; medical history; mental health history; family, school, and vocational histories; child welfare involvement; juvenile justice involvement; peer relationships; gang involvement; interpersonal skills; leisure-time activities; neighborhood and home environment; and strengths/resiliency factors.

Finally, the process of assessing youth and their families should be ongoing. Often the circumstances at home change. Family members may come and go; other individuals may be living in the house. Therefore, ongoing assessment can strengthen the treatment intervention and enhance the likelihood that treatment is responsive to each youth's changing environment and needs.

Beyond the Drug Court

What happens to youth after they leave drug court or, for that matter, any treatment program is as important as the progress they make during the drug court program. Most existing juvenile drug court programs have a goal of reducing recidivism. However, one study concluded that relapse among youth who had been treated in inpatient settings almost always occurred in social contexts, usually when youth associated with pretreatment friends (Brown, Vik, and Creamer, 1989).

Drug courts have always attempted to integrate a variety of ancillary services (e.g., access to housing, transportation, job training, and placement) designed to support the offender's progress in treatment and to sustain progress beyond the drug court.

In the juvenile drug court, as in any treatment program where the juvenile returns to the community, providing a network of support helps sustain long-term progress. As has already been indicated, adolescents acquire needed skills within their family, at school, in interactions with their peer group, and within the neighborhood and community. Youth, like adults, need to have access to social support opportunities that can provide material and interpersonal resources of value to the recipient. These resources might include counseling, access to information and services, opportunities to share tasks and responsibilities, and skill acquisition (Thompson, 1994).

Providing a network of support helps sustain long-term progress.

Even youth who lack functional families may thrive and develop if a responsible person or group steps in to meet their developmental needs (Carnegie Council on Adolescent Development, 1996). In the absence of family or neighborhood supports, social supports offering family-like guidance can be created as part of the treatment intervention through schools, youth-serving organizations, social services organizations, or individual citizens. Such social supports should address factors that increase youth's likelihood of engaging in risky behaviors—factors such as the absence of dependable, close relationships; low self-esteem; underdeveloped interpersonal and decisionmaking skills; alienation from school; inadequate education; low perception of opportunities; and meager incentives to delay immediate gratification (Carnegie Council on Adolescent

Development, 1996). Treatment outcomes will more likely be sustained over the long term if the juvenile drug court or other treatment program helps youth connect with prosocial opportunities within the school, neighborhood, and community. These opportunities can build a foundation for continued intervention and support beyond the drug court program.

Notes

1. The term "status offender" refers to youth who have been truant or disobedient, have run away, or are beyond the control of their parents.

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Environmental Approaches to Reducing Underage Drinking

by Andrew J. Treno, Ph.D., and Harold D. Holder, Ph.D.

By the time they reach 12th grade, approximately 8 in 10 youth will have consumed alcohol at some time in their lives. Of these, more than 60 percent will have consumed it to the point of intoxication (University of Michigan Institute for Social Research, 1997). These striking figures are reflected in the approximately 1,000 drivers between the ages of 16 and 20 who are involved in fatal accidents each year with blood alcohol levels above .10. (National Safety Council, 1997). Additional problems associated with youth drinking include violence (Cookson, 1992), suicidal behavior (King et al., 1993), high-risk sexual activity (Biglan et al., 1990; Cooper, Pierce, and Huselid, 1994; Ford and Norris, 1994), and a general orientation toward engaging in risky behaviors (Windel, Miller-Tutzauer, and Domenico, 1992).

Community Reaction

In response, many communities have adopted school-based educational instruction programs in an effort to reduce this behavior. Such programs typically focus on varied combinations of strategies, including the development of life-skills training (Botvin et al., 1984; Botvin and Wills, 1985), resistance education (Hansen, Graham et al., 1988), and normative education (Hansen and Graham, 1991). Despite several decades of such efforts to reduce youth drinking, however, these programs have met with only limited success (Botvin et al., 1984; Hansen, Graham et al., 1988, Hansen, Johnson et al., 1988; Pentz et al., 1989; Shope et al., 1992, 1997). Often they produce positive results among certain types of youth, but not others. The reasons for these modest results include high rates of absenteeism and dropout among high-risk youth, limited time available to devote to such programs during the school day, and the deep-rooted attitude

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among many youth that drinking is acceptable behavior (Grube, 1997).

An alternative approach is illustrated by the youth access component of the Community Trials Project—a five-component project designed to reduce alcohol-involved injuries through:

- A community mobilization component designed to develop community organization and support.
- A responsible beverage service component designed to establish standards for servers, owners, and managers of on-premise alcohol outlets (i.e., establishments in which alcohol is consumed on the premises, such as restaurants) to reduce their risk of having underage customers in bars and restaurants.
- A drinking and driving component designed to increase the efficiency of local driving-while-intoxicated (DWI) enforcement and to increase the actual and perceived risk that drinking drivers would be detected.
- A component designed to reduce minors' access to alcohol in retail stores.
- An alcohol access component designed to use local zoning powers and other municipal controls of outlet number and density to reduce the availability of alcohol.

This project was conducted in three U.S. communities—one in northern California, one in southern California, and one in South Carolina.[1] Each community was matched to a comparison community within the State.[2]

Environmental and Traditional Approaches

As shown by the Community Trials Project, environmental approaches to the reduction of alcohol problems differ from more traditional approaches in a number of ways. First, whereas traditional approaches are information-based and attempt to persuade youth to avoid alcohol and other drugs, the environmental approach seeks to implement policy change designed to reduce substance use. Second, whereas the objective of traditional programs is to change individual behavior, the goal of the environmental approach is to effect system change in the community. Third, to the extent that the mass media strategically use traditional programs to target individuals, the environmental approach targets key community leaders and policymakers. Fourth, whereas traditional programs view community members as targets, the environmental approach seeks to harness and mobilize their energies in the pursuit of desired policy change.

Environmental approaches differ from more traditional approaches in a number of ways.

Scientific Precursors to Community Trials

The environmental approach did not start with the Community Trials Project. During the 1980's, a number of environmentally based interventions had been attempted. Some of these attempts took advantage of natural experiments (Blose and Holder, 1987; Holder and Blose, 1987; Wagenaar and Holder, 1991), whereas others examined the effects of investigator-initiated environmental interventions such as sobriety checkpoints (Homel, 1988). The Community Trials Project, however, was unique in the following areas:

- It encompassed multiple components and was designed to capitalize on the possibility of synergistic effects in which a program's overall outcomes, as measured in reductions in alcohol-involved injuries, would exceed the sum of effects of its separate components.

The project represented a partnership of community activism and science.

- It included multiple sites and involved comparison communities, allowing for the introduction of statistical controls.
- It was designed to be communitywide and to target the environmental conditions surrounding drinking and related problems.
- It contained an extensive scientific evaluation that examined project history, effects on intermediary measures, and project outcomes.

The Community Trials Project Structure

The project design required the merging of community resources to pursue component-specific interventions that research indicated was likely to yield reductions in alcohol-involved injuries. As such, the project represented a partnership of community activism and science. Specific plans had to be tailored to the unique conditions of each site. Moreover, the implementation of these strategies required a prior period of community mobilization. To accomplish this, project staff were hired in each of the three communities; staff members were trained by Prevention Research Center scientists who had expertise in each of the specific component areas.

Throughout the project, additional consultation was provided by these scientists as broad principles found expression in community action plans. Specifically, project staff worked with broad communitywide coalitions and component-specific task forces to ensure that interventions were implemented and maintained. Although the backgrounds of these communities varied, each was characterized by a common sequence of local staff development, coalition development, task force formation, intervention design, elicitation of key leader support for interventions, and intervention implementation (Treno and Holder, 1997).

The Environmental Approach in the Community Trials Project

The goals of the youth access component were to increase community awareness of underage drinking; reduce adolescent drinking, especially in risky situations; reduce the physical availability of alcohol to minors; and increase adults' and retail establishments' awareness of the legal and social risks of providing alcohol to minors. In pursuit of these goals, and based on the broad principles of the environmental approach to the reduction of alcohol-related problems and the overall project design, the Community Trials Project youth access component employed three basic strategies: enforcement of underage sales laws, responsible beverage service training and outlet policy development, and media advocacy.

Local police departments initiated enforcement of underage sales laws in each of the sites by mailing letters to all alcohol outlets announcing that routine enforcement of these laws would feature police decoy operations using underage buyers. Establishments that did not comply received citations. Additional warning letters were sent to off-premise establishments (i.e., businesses that sell alcohol to be consumed off the premises). Overall, 148 outlets were visited in the experimental communities between July 1995 and May 1996, and 22 citations were issued. Officials began issuing citations in June 1995 in the southern California community, but later in the others.

Training also was provided to clerks, owners, and managers of off-premise establishments. Training clerks required approximately 1½ hours. The training focused on responsibilities associated with preventing sales to minors, which include knowing the State underage drinking laws, refusing sales to minors, and learning the appropriate procedures for checking age and detecting false identification. Owners and managers were trained in legal liability issues; their training required approximately 2½ hours. Employees from 59 outlets were recruited and trained between January and May 1996.[3]

In support of both enforcement and training, an extensive media advocacy campaign was conducted in each community. Project staff arranged for print and television coverage of police activities, problem outlets, and general information on youth drinking.

While the combination of enforcement, training, and media coverage characterized the youth access component in all three communities, the implementation of specific interventions varied, reflecting local characteristics and priorities.

Results

The evaluation of the youth access component involved an underage purchase survey of off-premise outlets. Adults who looked like minors (as determined by a panel of individuals considered knowledgeable in this area, such as police, teachers, and youth workers) entered off-premise establishments and attempted to purchase a six-pack of beer. Surveys were conducted in October 1995 prior to the intensive interventions (pretest) and in April and May 1996 (posttest). Statistical procedures were performed to evaluate program effects and the incremental effect of training. Results indicated that such interventions produced reductions in youth access to alcohol through off-premise outlets as measured by successful purchase attempts. Specifically, the project found that increased enforcement combined with media advocacy efforts

and other community activities led to significant reductions in the sales of alcohol to those who appeared to be minors in at least two of the three communities. A marginally significant reduction was found in the third community. Overall, outlets in the experimental sites were about half as likely to sell alcohol on a posttest purchase survey relative to outlets in the comparison sites. However, it also was determined that training added little to the effect of these other strategies (Grube, 1997). Training was not mandatory and thus not universal; youth could have made multiple attempts at different establishments.

The project is estimated to have saved $2,032,590 in net costs.

Relationships Between Components

While the reduction of youth access to alcohol was the primary goal of the youth access component, it was recognized that the isolation of expected effects in terms of specific components was unrealistic (i.e., the components were expected to operate synergistically to bring about predicted results). This principle is illustrated most clearly by the contribution of the alcohol access component to the goals of the youth access component. As illustrated in a forthcoming publication (Gruenewald, Johnson, and Grube, under review), youth drinking has been clearly linked to outlet densities in the community trials sites. Thus, reductions in density as targeted by the alcohol access component took as a secondary goal the reduction of youth consumption.

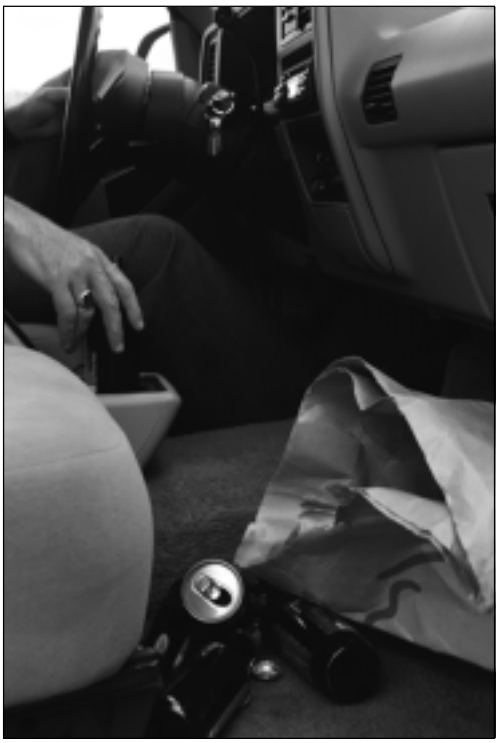
Implications

To what extent were youth access interventions responsible for declines in alcohol-related injury and death? The design of the Community Trials Project, as discussed above, presupposed that project interventions, which were held for 4 years, were to work in concert—each contributing to a synergistic effect in outcome measures. The evaluation design was not structured to attribute problem outcomes to specific intervention components. Overall, preliminary analyses in the 3 communities indicated a net reduction of 78 crashes relative to data from the matched comparison communities and to what otherwise would have been expected in each community (Voas, Holder, and Gruenewald, 1997). Based on an estimated average cost of $39,905 per crash reflecting medical, legal, and insurance costs and lost productive years, it is suggested that the project saved $3,112,590. Even given the implementation cost of $1,080,000, the project is estimated to have saved $2,032,590 in net costs Holder et al., 1997b). Moreover, these savings refer only to those associated with traffic crashes. Additional savings are to be expected from reductions in other problem outcomes.

What are the policy implications of the Community Trials Project experience? As argued elsewhere, alcohol policy has typically been considered at the national, State, or provincial level (Holder and Reynolds, 1997). The Community Trials Project, however, demonstrated the capacity of local community organizations to implement systemwide policy change. Local policymakers may well be the most appropriate actors to address alcohol-related problems in general and youth access in particular. This is not to suggest that State and national action

is insignificant. In the case of the Community Trials Project, local activity often involved the implementation and enforcement of State and national policies (e.g., minimum drinking ages). Additionally, changes must be implemented systemwide. In the case of youth access to alcohol, this suggests that providing training on a piecemeal basis is inadequate. Media advocacy, enforcement, and universal mandatory training appear necessary to bring about the desired effects. Policy areas should address both formal and informal youth access to alcohol. The former refers primarily to sales practices such as identifying age and refusing sales to minors; the latter refers to parents or police checking that youth do not have access to alcohol. To be effective, such an approach requires the active participation of all segments of the community.

While current results suggest the appropriateness of environmental approaches to the reduction of youth drinking, a number of issues remain:



- The impact of such interventions on the actual drinking behaviors of youth is uncertain. Evaluation of this component to date has been largely restricted to consideration of availability through off-premise establishments and has not considered actual changes in drinking levels among youth.
- More attention needs to be directed to the efficacy of such interventions in communities that have large numbers of outlets. In such neighborhoods, even if outlets frequently refuse to sell to minors, youth who repeatedly attempt to buy alcohol are often successful. Such outlets are usually located in low-income neighborhoods; this easy access may compound the problems, such as crime, that plague these areas.
- The effect of such interventions on access needs to be considered within the broader context of informal access (e.g., young adults or other family members who purchase alcohol for minors). In fact, it may be that the primary route of access for youth is through such informal modes.
- More information is needed about the efficacy of mandatory training, which presumably would counter the problem of multiple buying attempts. Indeed, it can be argued that the relatively modest effects of project training efforts are due to the small number of establishments receiving such training.
- The impact of such interventions on distal outcome measures, such as traffic accidents involving youth, needs to be addressed.

In sum, it may be argued that while environmental approaches to the reduction of youth drinking and associated problems appear promising, more research is needed to determine how and under what circumstances desired outcomes may be attained.

Notes

1. Although the project has ended, local organizations and individuals continue to implement project-related activities and to seek additional policy change.

2. See Holder et al., 1997a, for an overview of the project.

3. For a complete discussion of the program see Grube, 1997.

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OJJDP—Working To Combat Youth Substance Abuse

The problems posed by the abuse of drugs and alcohol by America's youth demand attention. As the Federal agency responsible for leading the Nation's efforts to combat juvenile delinquency, OJJDP is working to reduce youth substance abuse. Three of its major initiatives are the Combating Underage Drinking, Drug-Free Communities Support, and Drug Prevention programs.

Combating Underage Drinking Program

The problem of underage drinking continues to plague our Nation. Its pervasiveness places not only young people, but all citizens, at risk. This is especially true about teens who drink and drive.

Motor vehicle crashes are the leading cause of death for 15- to 20-year-olds. According to the National Highway Traffic Safety Administration (NHTSA), the fatality rate for teenage drivers, based on estimated annual travel, is approximately 4 times as high as the rate for drivers ages 25 to 69. NHTSA reports that in 1997, 14 percent of drivers involved in fatal crashes were between the ages of 15 and 20. Almost 30 percent of the drivers in this age group who were killed in motor vehicle crashes during 1997 had been drinking.

Congress has called on OJJDP to address the growing problem of underage drinking. It has appropriated $25 million for OJJDP to support and enhance efforts by States, in cooperation with local jurisdictions, to prohibit the sale of alcoholic beverages to, or the consumption by, minors (individuals under 21 years of age).

Under its Combating Underage Drinking program, OJJDP has awarded $360,000 to each State and the District of Columbia. Program funds are being used to support statewide law enforcement and prosecution task forces that target establishments suspected of consistently selling alcohol to minors, public advertising campaigns to educate businesses and youth about laws against illegal alcohol sales and purchases, sanctions for violations, and other innovative programs.

"We have moved quickly to implement this program," OJJDP Administrator Shay Bilchik noted, adding, "We are encouraging States and communities to work together because alcohol problems don't stop at city limits or State lines."

OJJDP awarded another $5 million in discretionary funds under the Combating Underage Drinking program to 10 States (California, Connecticut, Louisiana, Maryland, Michigan, Minnesota, New Mexico, Ohio, Pennsylvania, and Wisconsin) and Puerto Rico. OJJDP also is providing $400,000 in discretionary monies to Indian Rehabilitation, Inc., Phoenix, AZ, to develop a model program for reducing drinking by American Indian youth and demonstrate it at selected tribal sites. OJJDP also has awarded more than $1.6 million in training and technical assistance grants and $500,000 for evaluation and research.

To assist States in using program funds to target underage drinking effectively, OJJDP has developed *Combating Underage Drinking: A Compendium of Resources*. This Internet document is available through OJJDP's Web site at www.ncjrs.org/ojjdp/underage/.

Drug-Free Communities Support Program

As President Clinton said in his radio address of September 12, 1998: "When we know that drugs lead to crime, to failure in school, to the fraying of families and neighborhoods, we know we must do better." That same day, the President announced a new Federal program to award more than $8.7 million to strengthen community-based coalition efforts to reduce youth substance abuse.

Substance abuse and delinquency are inextricably linked. Possession and use of drugs by youth are illegal, and arrest, adjudication, and intervention by the juvenile justice system are frequent consequences. Accordingly, the objectives of the Drug-Free Communities Support program are integral to OJJDP's mission—to provide national leadership, coordination, and resources to develop,

implement, and support effective methods of preventing and responding to juvenile victimization and juvenile delinquency.

OJJDP is administering the Drug-Free Communities Support program for the Office of National Drug Control Policy (ONDCP). In April 1998, ONDCP and OJJDP jointly solicited applications from communities across the Nation. Nearly 500 communities submitted applications to expand their antidrug coalitions. Applicants were required to develop a 5-year plan to combat youth drug abuse.

After a competitive review process, ONDCP and OJJDP selected 93 grantees (see map) to receive awards of up to $100,000 for a 1-year period. Each coalition must match its grant award with funding from non-Federal sources. Awards for future years will be contingent, in part, on funding availability.

OJJDP also is funding an evaluation of the Drug-Free Communities Support program to determine the effect of enhancing and strengthening community coalitions on substance abuse prevention efforts. "Community coalitions are the heart and soul of drug prevention," ONDCP Director Barry McCaffrey has observed.

The U.S. Department of Health and Human Services' Center for Substance Abuse Prevention will provide training and technical assistance to the grantees through the regional Centers for the Application of Prevention Technology.

Further information about the Drug-Free Communities Support program is available from ONDCP's Web site at www.whitehousedrugpolicy.gov.

Drug Prevention Program

OJJDP also is launching a $5 million drug abuse prevention initiative to develop, demonstrate, and test programs that increase the perception among children and youth that drug use is risky, harmful, and unattractive. OJJDP's Drug Prevention program will attempt to reduce risk factors and enhance protective factors among adolescents in middle and junior high schools. The program will provide schools and local education agencies with the structure and materials needed to implement and evaluate a proven effective drug prevention program that addresses their specific substance abuse reduction needs.

The Center for the Study and Prevention of Violence (CSPV) at the University of Colorado at Boulder has identified 10 prevention and intervention programs that meet the highest scientific standards of program effectiveness. CSPV has described these programs and provided the documentation necessary for their replication in a series of publications called *Blueprints*. OJJDP's Drug Prevention program will replicate an effective drug abuse program model from the *Blueprint* series: the Life Skills Training (LST) program. This program has empirically demonstrated, across

settings, that it reduces gateway drug use among youth. Although this model has been tested in a number of jurisdictions, the Drug Prevention program will foster its replication in more and diverse jurisdictions, such as urban, rural, or tribal settings.

The goal of the Drug Prevention program is to substantially reduce drug use among younger adolescents by providing training and technical assistance to selected schools and local educational agencies and by assisting them in the replication and process evaluation of the model.

Up to 70 local projects will be selected to replicate the LST program at a cost per site of up to $60,000. Successful applicants will receive training, curriculum materials, and technical assistance from CSPV and LST.

Additional information regarding the Drug Prevention program and the *Blueprints* project is available through OJJDP's Web site.

Summary

The Combating Underage Drinking, Drug-Free Communities Support, and Drug Prevention programs are just three of OJJDP's initiatives to prevent and reduce youth substance abuse. As long as the problem persists, so will our efforts to protect our youth and our Nation.

The National Youth Anti-Drug Media Campaign

Advertisements are not cure-alls, but just looking at the resurgence of platform shoes in youth culture demonstrates the power of advertising to change behavior.

Just a few years ago, "don't drink and drive" and "designated driver" were new campaign slogans. Today, the term "designated driver" has become such an accepted part of the American lexicon that it is now in the dictionary.[1] Commercial marketing, advertising, public relations, and public health practice have helped to motivate, support, and sustain behavioral change on key social and public health issues.

Building on this expertise, the Office of National Drug Control Policy (ONDCP), with support from Congress, has initiated a $195 million antidrug advertising campaign to educate and enable America's youth to reject illegal drugs. This campaign is quite likely the largest government-funded media campaign in history.

In the past decade, antidrug messages have declined markedly. At the same time, messages to youth that normalize or glamorize illegal drugs have increased, along with a parallel increase in drug use among this population. The goal of the National Youth Anti-Drug Media Campaign is to counteract the negative messages and trends promoted by paid media campaigns. The campaign targets youth ages 9 to 19 and stresses the negative consequences of drug use and emphasizes that most youth do not use drugs. A secondary audience is parents and caregivers, who are encouraged to get involved in preventing youth drug use and to talk with young people about the dangers of drugs.

Courtesy of Margeotes Fertitta & Partners and Partnership for a Drug-Free America

The campaign includes three phases. Phase I, from January to

June 1998, placed existing Partnership for a Drug-Free America (PDFA) advertisements in various mediums in 12 cities: Atlanta, Baltimore, Boise, Denver, Hartford, Houston, Milwaukee, Portland (OR), San Diego, Sioux City, Tucson, and Washington, D.C. For the first time in PDFA's 10-year history, its ads are being run in paid media, thus ensuring consistent prime-time media exposure. If you live in these cities, the ads are probably familiar. One of the most controversial takes the familiar "this is your brain on drugs" theme and, through the wholesale destruction of a kitchen with a frying pan, portrays the devastating effects of heroin on an individual's family, job, health, and life.

Early results indicate that the advertisements are having an impact. According to ONDCP, antidrug coalitions in the 12-city test markets are reporting three times their average number of phone calls from kids and parents who have been exposed to the ads and are seeking guidance and help for drug-related problems. Community antidrug coalitions in those cities also are experiencing increases in requests from local businesses, schools, and organizations for presentations about antidrug programs and increased volunteerism by people who want to help with the campaign. Businesses are volunteering to fund continued antidrug advertising, and local news coverage of drug issues has increased.

Phase II, which began in June 1998, expands the campaign to a nationwide audience. As part of this phase, ONDCP is competitively contracting with one or more communications firms to implement the campaign. It is estimated that 90 percent of the targeted audience will see a minimum of four antidrug messages each week, the amount determined necessary to shift attitudes and increase perception of risk. Phase III, beginning in fall 1998, consists of both advertising and a variety of partnership initiatives with the entertainment industry, professional sports teams, and corporate America.

Support from the communications firm Porter-Novelli; an expert panel; advertisement testing; various research projects and surveys; and an independent evaluation of the campaign managed by the National Institute on Drug Abuse and the National Institutes of Health promise to ensure the campaign's quality and integrity.

To achieve maximum impact and to help offset the decline in free broadcast time for many types of public service announcements, ONDCP is working with the Ad Council to request that media outlets match all advertising buys with dollar-for-dollar public service contributions on youth issues (e.g., mentoring, drug-related crime and violence, alternative activities for youth, and underage use of alcohol and tobacco). With each purchase made by the government, media outlets are asked to donate in-kind public service time or space, increasing the real value of the campaign to approximately $400 million.

An equally significant aspect of the campaign is the engagement of community coalitions in supporting the media messages with real, person-to-person interactions with youth. These interactions—the personal, civic, and financial involvement of the public and private sectors in promoting positive social environments for youth—will ultimately make the difference.

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[1]W. DeJong and J.A. Winsten, *The Media and the Message: Lessons Learned from Past Public Service Campaigns*, Washington, DC: National Campaign to Prevent Teen Pregnancy, 1998.

OJJDP's Teleconference Videotapes Target Drug Abuse

Juvenile Offenders and Drug Treatment: Promising Approaches is the latest addition to OJJDP's satellite teleconference videotape series. To order copies of the series' videotapes, see the order form. The series is an efficient means of training staff in juvenile justice, law enforcement, youth-serving agencies, schools, and other community organizations.

The teleconference was designed to promote promising strategies, identify those factors needed most to treat youth and prevent further drug abuse, help communities currently developing approaches to network with other sites, and advance upcoming publications on substance abuse treatment.

This December 5, 1997, broadcast highlighted three drug treatment programs: the Escambia County Juvenile Drug Court Treatment Program in Pensacola, FL; the Denver, CO, Juvenile Justice Integrated Treatment Network; and The Bridge, an aftercare program operated by the South Carolina Department of Alcohol and Other Drug Abuse.

Teleconference speakers included Assistant Attorney General Laurie Robinson, Office of Justice Programs; Shay Bilchik, Administrator, OJJDP; and Barry McCaffrey, Director, Office of National Drug Control Policy.

Another videotape in the OJJDP teleconference series, *Preventing Drug Abuse Among Youth*, focuses on risk factors for drug use and promising strategies for preventing such use.

In this June 12, 1997, broadcast, youth, school personnel, prevention specialists, and researchers examined risk factors such as chaotic home environments, ineffective parenting practices, inappropriate behavior in school, and poor social skills. Participants also were introduced to promising strategies and programs designed to combat the proliferation of drug use. The Life Skills Training Program, New York, NY, teaches general personal and social skills in tandem with drug resistance skills and normative education. The Strengthening Families Program, Denver, CO, targets young children of substance abusers. San Bernardino Communities Against Drugs, Inc., San Bernardino, CA, involves the whole community in its attack against drugs through prevention and intervention techniques.

Teleconference speakers included Barry McCaffrey; Shay Bilchik; and Dr. Alan L. Leshner, Director, National Institute on Drug Abuse.

National Directory of Treatment and Prevention Programs

The Substance Abuse and Mental Health Services Administration has published *The National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs*. The user-friendly guide presents information on thousands of programs for quick reference by health care providers, social workers, managed care organizations, and the public.

The directory includes information on substance abuse treatment and prevention programs at the local, regional, and national levels, including the forms of insurance that are accepted, the types and levels of care available, and the range of services offered at each facility. The detailed information enables clinicians and people with special needs to locate appropriate treatment and prevention programs within any geographical area.

To order copies of the directory free of charge, contact the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847, or call 800–729–6686. The directory is also available electronically through the Internet at www.samhsa.gov.

The Coach's Playbook Against Drugs

Enlisting coaches in battling drug abuse, OJJDP and the Office of National Drug Control Policy have supplied coaches nationwide with a copy of *The Coach's Playbook Against Drugs* (to order, see the order form). A joint production of the two offices, the 20-page *Playbook* was disseminated as part of National Coach-a-Thon Week, October 23–30, 1998, and urges coaches to send a powerful antidrug message to players and students.

The *Playbook* provides commonsense do's and don'ts for handling situations coaches are likely to encounter. For example, coaches hearing players discuss plans for a party that will involve alcohol are advised to address the issue directly and immediately.

The *Playbook* also supplies 10 key plays for keeping teams drug free. These include having older players reinforce the idea that "cool" kids don't use drugs, helping students develop decisionmaking skills, and educating players about the serious risks of drug use. In addition to giving coaches practical strategies, the *Playbook* includes important information on why some players and students use drugs and how drugs affect players and teams. For coaches who wish to have students or coaching staff make a written commitment to stay drug free, the *Playbook* contains student and coach pledges, which can be tailored to meet the needs of a particular team, school, or community. By signing the pledge, students promise to abide by all rules regarding drug use, abstain from the use of illegal drugs, and avoid enabling teammates or fellow students who use these substances. Coaches also will find a list and description of several agencies and organizations that can provide additional information and support.

Combating Underage Drinking: A Compendium of Resources

Combating Underage Drinking: A Compendium of Resources is a product of OJJDP's Combating Underage Drinking program, which facilitates comprehensive enforcement and alcohol use prevention programs by States and localities. OJJDP compiled and distributed the *Compendium* to assist States in deciding how they will use program funds to target underage drinking. The *Compendium* consists of three sections:

- An overview that describes the extent of the problem of underage drinking, highlights national statistics, and includes examples of promising approaches and information on OJJDP's role and initiatives.
- A resource section that lists Federal, State, and local agencies and national and private organizations that work to combat underage drinking; contact information; and brief descriptions of the nature and scope of current initiatives, programs, strategies, and related materials.
- An annotated bibliography that highlights books and journal articles.

Reader comments and recommendations on additional resources are encouraged. The *Compendium* includes an entry form for reader input in the hardcopy and online versions and additionally through fax-on-demand. To provide the most comprehensive information available, the *Compendium* is updated regularly.

This document is available through OJJDP's Web site at www.ncjrs.org/ojjdp/underage/.

Substance Abuse URL's

Following is a select list of Web addresses that will link you to additional resources related to drug and alcohol use. These links represent Federal agencies, clearinghouses, and national organizations and associations.

Al-Anon/Alateen
www.al-anon.alateen.org/

Alcoholics Anonymous World Services, Inc.
www.aa.org/

American Council for Drug Education
www.acde.org/

American Society of Addiction Medicine
www.asam.org/

Center for Substance Abuse Prevention
www.samhsa.gov/csap/

Center for Substance Abuse Treatment
www.samhsa.gov/csat/

The College on Problems of Drug Dependence
views.vcu.edu/cpdd/

Community Anti-Drug Coalitions of America
www.cadca.org/

Drug Enforcement Administration
www.usdoj.gov/dea/

Join Together
www.jointogether.org/

Mothers Against Drunk Driving (MADD)
www.madd.org/

Narcotics Anonymous
www.na.org/

National Asian Pacific American Families Against Substance Abuse, Inc.
www.emory.edu/NFIA/CULTURAL/NAPAFASA/

The National Association for Children of Alcoholics (NACoA)
www.health.org/nacoa/

National Association of Native American Children of Alcoholics
www.nanacoa.org/

National Black Child Development Institute
www.nbcdi.org/

The National Center on Addiction and Substance Abuse at Columbia University
www.casacolumbia.org/

The National Clearinghouse for Alcohol and Drug Information
www.health.org/

National Coalition of Hispanic Health and Human Services Organizations
www.cossmho.org/

National Council on Alcoholism and Drug Dependence, Inc.
www.ncadd.org/

National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov/

National Institute on Drug Abuse (NIDA)
www.nida.nih.gov/

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
www.ncjrs.org/ojjhome.htm

Office of National Drug Control Policy (ONDCP)
www.whitehousedrugpolicy.gov/

Parents' Resource Institute for Drug Education, Inc. (PRIDE)
www.prideusa.org/

Partnership for a Drug-Free America
www.drugfreeamerica.org/

Project Know
www.projectknow.com

Safe & Drug-Free Schools (SDFS)
www.ed.gov/offices/OESE/SDFS/

Students Against Destructive Decisions (SADD)
(formerly Students Against Driving Drunk)
www.nat-sadd.org/

Working Partners for an Alcohol- and Drug-Free American Workplace
www.dol.gov/dol/asp/public/programs/drugs/main.htm

JUVENILE JUSTICE

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Volume V • Number 2 December 1998

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- ❑ NEW *The Coach's Playbook Against Drugs* (Portable Guide). NCJ 173393.
- ❑ NEW *Combating Underage Drinking* (Fact Sheet). FS 9875.
- ❑ NEW *Drug Identification and Testing in the Juvenile Justice System* (Report). NCJ 167889.
- ❑ NEW *Drug Offense Cases in Juvenile Court, 1986–1995* (Fact Sheet). FS 9881.
- ❑ *Juvenile Arrests for Driving Under the Influence, 1995*. (Fact Sheet). FS 9767.
- ❑ NEW *Mental Health Disorders and Substance Abuse Problems Among Juveniles* (Fact Sheet). FS 9882.
- ❑ NEW *Youth Preventing Drug Abuse* (Bulletin). NCJ 171124.

PUBLICATIONS AVAILABLE FOR A FEE.

- ❑ *Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations* (Video, VHS format). NCJ 162357. $17.00 (U.S.), $21 (Canada and other countries).
- ❑ *Juvenile Offenders and Drug Treatment: Promising Approaches* Satellite Teleconference (Video, VHS format). NCJ 168617. $17.00 (U.S.), $21 (Canada and other countries).
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Publications From OJJDP

OJJDP produces a variety of publications—Fact Sheets, Bulletins, Summaries, Reports, and the *Juvenile Justice* journal—along with videotapes, including broadcasts from the juvenile justice telecommunications initiative. Through OJJDP's Juvenile Justice Clearinghouse (JJC), these publications and other resources are as close as your phone, fax, computer, or mailbox.

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The following list highlights popular and recently published OJJDP documents and videotapes, grouped by topical areas.

The *Office of Juvenile Justice and Delinquency Prevention Brochure* (1996, NCJ 144527 (23 pp.)) offers more information about the agency.

The OJJDP Publications List (BC000115) offers a complete list of OJJDP publications and is also available online.

OJJDP sponsors a teleconference initiative, and a flyer (LT 116) offers a complete list of videos available from these broadcasts.

Corrections and Detention

Beyond the Walls: Improving Conditions of Confinement for Youth in Custody. 1998, NCJ 164727 (116 pp.).

Boot Camps for Juvenile Offenders. 1997, NCJ 164258 (42 pp.).

Disproportionate Minority Confinement: 1997 Update. 1998, NCJ 170606 (12 pp.).

Juvenile Arrests 1996. 1997, NCJ 167578 (12 pp.).

Juvenile Court Statistics 1995. 1998, NCJ 170607 (112 pp.).

Courts

Offenders in Juvenile Court, 1995. 1997, NCJ 167885 (12 pp.).

RESTTA National Directory of Restitution and Community Service Programs. 1998, NCJ 166365 (500 pp.), $33.50.

Youth Courts: A National Movement Teleconference (Video). 1998, NCJ 171149 (120 min.), $17.00.

Delinquency Prevention

1997 Report to Congress: Title V Incentive Grants for Local Delinquency Prevention Programs. 1998, NCJ 170605 (71 pp.).

Allegheny County, PA: Mobilizing To Reduce Juvenile Crime. 1997, NCJ 165693 (12 pp.).

Combating Violence and Delinquency: The National Juvenile Justice Action Plan (Report). 1996, NCJ 157106 (200 pp.).

Combating Violence and Delinquency: The National Juvenile Justice Action Plan (Summary). 1996, NCJ 157105 (36 pp.).

Mentoring—A Proven Delinquency Prevention Strategy. 1997, NCJ 164834 (8 pp.).

Mentoring for Youth in Schools and Communities Teleconference (Video). 1997, NCJ 166376 (120 min.), $17.00

Mobilizing Communities To Prevent Juvenile Crime. 1997, NCJ 165928 (8 pp.).

Reaching Out to Youth Out of the Education Mainstream. 1997, NCJ 163920 (12 pp.).

Serious and Violent Juvenile Offenders. 1998, NCJ 170027 (8 pp.).

Treating Serious Anti-Social Behavior in Youth: The MST Approach. 1997, NCJ 165151 (8 pp.).

The Youngest Delinquents: Offenders Under Age 15. 1997, NCJ 165256 (12 pp.).

Gangs

Gang Members and Delinquent Behavior. 1997, NCJ 165154 (6 pp.).

Youth Gangs: An Overview. 1998, NCJ 167249 (20 pp.).

Youth Gangs in America Teleconference (Video). 1997, NCJ 164937 (120 min.), $17.00.

General Juvenile Justice

Comprehensive Juvenile Justice in State Legislatures Teleconference (Video). 1998, NCJ 169593 (120 min.), $17.00.

Developmental Pathways in Boys' Disruptive and Delinquent Behavior. 1997, NCJ 165692 (20 pp.).

Exciting Internships: Work Today for a Better Tomorrow. 1998, NCJ 171696 (6 pp.).

Guidelines for the Screening of Persons Working With Children, the Elderly, and Individuals With Disabilities in Need of Support. 1998, NCJ 167248 (52 pp.).

Juvenile Justice, Volume III, Number 2. 1997, NCJ 165925 (32 pp.).

Juvenile Justice, Volume IV, Number 2. 1997, NCJ 166823 (28 pp.).

Juvenile Justice, Volume V, Number 1. 1998, NCJ 170025 (32 pp.).

Juvenile Justice Reform Initiatives in the States 1994–1996. 1997, NCJ 165697 (81 pp.).

A Juvenile Justice System for the 21st Century. 1998, NCJ 169726 (8 pp.).

Juvenile Offenders and Victims: 1997 Update on Violence. 1997, NCJ 165703 (32 pp.).

Juvenile Offenders and Victims: A National Report. 1995, NCJ 153569 (188 pp.).

Keeping Young People in School: Community Programs That Work. 1997, NCJ 162783 (12 pp.).

Sharing Information: A Guide to the Family Educational Rights and Privacy Act and Participation in Juvenile Justice Programs. 1997, NCJ 163705 (52 pp.).

Missing and Exploited Children

Court Appointed Special Advocates: A Voice for Abused and Neglected Children in Court. 1997, NCJ 164512 (4 pp.).

Federal Resources on Missing and Exploited Children: A Directory for Law Enforcement and Other Public and Private Agencies. 1997, NCJ 168962 (156 pp.).

In the Wake of Childhood Maltreatment. 1997, NCJ 165257 (16 pp.).

Portable Guides to Investigating Child Abuse: An Overview. 1997, NCJ 165153 (8 pp.).

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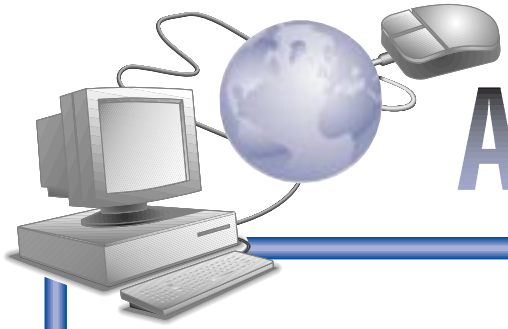

A NEW LOOK

OJJDP has redesigned its Web site, adding more graphics to aid navigation and more links to State contacts and OJJDP-funded programs. The site also features new ways to search for the juvenile justice information you need. Visit www.ncjrs.org/ojjhome.htm and tell us what you think; send feedback to AskJJ@ojp.usdoj.gov.

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