DOCUMENT RESUME

ED 349 681 EA 024 291

AUTHOR	Thomas, Carol F.
TITLE	Drug-Free School Zones: Taking Charge.
INSTITUTION	Western Regional Center for Drug-Free Schools and Communities, Portland, OR.
SPONS AGENCY	Department of Education, Washington, DC.
PUB DATE	92
CONTRACT	S188A00001
NOTE	53p.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Alcohol Abuse; *Cooperative Planning; *Drug Abuse; Early Intervention; Elementary Secondary Education; Law Enforcement; *Prevention; *Program Implementation; *School Community Relationship; Substance Abuse
IDENTIFIERS	*Drug Free School Zones

ABSTRACT

Information for planning and implementing drug-free school zones within a broader school-community prevention and intervention program is provided in this guidebook. The first section provides background information on drug-free school zone legislation and common elements of drug-free school zones. The risk and protective factors for alcohol and other drug (AOD) use are also discussed. The second section outlines steps for planning drug-free school zones, suggestions include coalition-building, mobilizing the community, creating a shared vision, and evaluating results. Specific strategies for enactment by the school, community, and law enforcement agencies are described in the third section. Section 4 offers suggestions for sharing successes, describing some of the successful models and providing an annotated list of other resources. Five tables and six checklists are included. Appendices contain a literature review of AOD prevention programs and strategies and a "Sharing Your Success" recommendation form. (Contains 44 references.) (LMI)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED349681

DRUG-FREE SCHOOL ZONES

Taking Charge

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it

☐ Minor changes have been made to improve reproduction quality

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

EA024291

WESTERN REGIONAL CENTER
FOR
DRUG-FREE SCHOOLS AND COMMUNITIES

BEST COPY AVAILABLE

DRUG-FREE SCHOOL ZONES: TAKING CHARGE

by

Carol F. Thomas

Southwest Regional Laboratory

Western Regional Center for Drug-Free Schools and Communities

©1992 NWREL, Portland, OR

Permission to reproduce this document in whole or in part is granted with the stipulation that the author and the Western Regional Center for Drug-Free Schools and Communities, Northwest Regional Educational Laboratory, be acknowledged as the source on all copies.

The contents of this publication were developed under Cooperative Agreement Number S188A00001 with the U.S. Department of Education. However, the contents do not necessarily represent the policy of the Department of Education, and endorsement of the contents by the federal government should not be assumed.

Western Regional Center for Drug-Free Schools and Communities
Judith A. Johnson, Director

Northwest Regional Educational Laboratory
101 SW Main Street, Suite 500
Portland, OR 97204
(503) 275-9500

Field Office
1164 Bishop Street, Suite 1490
Honolulu, HI 96813
(808) 532-1904

Far West Laboratory for Educational Research and Development
730 Harrison Street
San Francisco, CA 94107
(415) 565-3000

Southwest Regional Laboratory
4665 Lampson Avenue
Los Alamitos, CA 90720
(310) 598-7661

CONTENTS

Preface *ix*

Introduction 1

Background 1
Elements of Drug-Free Zones 2
Rationale for Drug-Free School Zones 2
Drug-Free School Zone Legislation 4

Planning for Drug-Free School Zones 5
Step 1: Build a Coalition 6
Step 2: Mobilize the Community 8
Step 3: Create a Shared Vision 14
Step 4: Establish a Drug-Free School Zone 15
Step 5: Monitor and Evaluate Results 16
Step 6: Celebrate Your Success 17

Drug-Free School Zone Strategies 18
Specific Drug-Free School Zone Strategies 18
School Strategies 19
Community Strategies 20
Law Enforcement Strategies 21

Sharing Successes 22
Drug-Free School Zone Models 22
Other Community Partnership Models 23
Helpful Resources 25
Publications 25
Videos 28
Newsletters 28
Product Information 29
Agencies and Organizations 29
Federal Agencies 29
National Organizations 30

Appendix A 31
A Review of General AOD Prevention Programs and Strategies 33
The Empirical Literature 33
Common Obstacles of School-centered, Community-based Programs 37

Appendix B 41
Sharing Your Success Recommendation Form 43

References 45

TABLES AND CHECKLISTS

Table 1: Risk Factors in Schools and Communities 4

Table 2: Protective Factors in Schools and Communities 5

Table 3: State Drug-Free School Zone Laws, 1990, & Western Regional Center for Drug-Free Schools and Communities Service Area 6

Checklist 1: Drug-Free School Zone Coalition 7

Checklist 2: Successful Meeting 8

Checklist 3: Teamwork 10

Checklist 4: Meeting Minutes 11

Table 4: Community Data Collection 13

Checklist 5: Working With Public Agencies 16

Checklist 6: Working With the Media 18

Table 5: Types of School and Community-based Prevention Programs Based On Descriptions in the Literature 34

PREFACE

The Western Regional Center for Drug-Free Schools and Communities works with schools and communities to develop and implement comprehensive alcohol and other drug (AOD) prevention and early intervention programs. Drug-free school zones is one strategy to make our schools and communities safe and drug free. This guidebook was developed to assist schools and communities plan and implement drug-free school zones within a broader school/community prevention and intervention program. We also recommend a document prepared by the National Coalition for Drug-Free School Zones titled, *Drug-Free School Zones: Implementation Manual* (1992).

We encourage you to share your successes with us. Drug-free school zones is a relatively recent strategy, and many programs are just beginning to document and evaluate their efforts. We have only begun to learn about the many successful programs, practices, and community partnerships that exist in the Western Region. The Western Region includes Oregon, Washington, Montana, Idaho, Wyoming, California, Nevada, Alaska, Hawaii, and the Pacific Islands. We hope you will help us in this search and use the recommendation form provided in the Appendix of this document.

The author, Carol F. Thomas, is the senior program director of SWRL's Human Development Program. She manages the Southern California office of the Western Regional Center for Drug-Free Schools and Communities. Formerly, she was the director of the Midwest Regional Exchange, which provided technical assistance and training to education agencies in a 10-state area. Thomas received her PhD in education from the University of California, Berkeley.

Dr. Thomas and I appreciate and thank the following persons for their thoughtful review of drafts of this document: Kathy Laws and Carlos Sunderman at Northwest Regional Educational Laboratory; and Ann Bickel, Cindi Moats, and Joe Schneider at Southwest Regional Laboratory (SWRL). Joel Brown, Jordan Horowitz, and Frank Romero, evaluation specialists at SWRL, contributed the literature reviews in the Appendix. Special thanks go to Severin Sorensen, regional liaison, Office of National Drug Control Policy, for information regarding drug-free school zone laws.

Judith A. Johnson, Director
Western Regional Center for Drug-Free Schools and Communities
Northwest Regional Educational Laboratory

INTRODUCTION

Violence, drug dealing, deteriorating neighborhoods, gangs, graffiti. These are just a few of the problems associated with alcohol and other drug (AOD) use and abuse that communities experience. Prevention—reducing drug demand among our communities' youth—is the only long-term cure to the nation's drug epidemic.

A drug-free zone is designed to prevent juvenile drug use and reduce drug trafficking and violent crime in areas where youth congregate. Community partnerships have emerged to create drug-free zones. They have been created around schools, parks, housing developments, and specific neighborhoods or city blocks. The zones establish areas where youth can be safe and drug free.

This guide deals with the drug-free school zone. The guide provides information to local school districts and communities to help in planning drug-free zones in general. However, it also suggests strategies they can use in implementing drug-free school zones within a broader school/community prevention and intervention program.

In addition to the References, four major sections are included in this guide:

Background. This section provides background information on drug-free school zone legislation and common elements of drug-free zones. It also includes a discussion of the risk and protective factors for AOD use in schools and communities that drug-free school zone programs can address.

Planning for Drug-Free School Zones. This section discusses how to mobilize your community, gives techniques for establishing an effective community coalition, identifies elements that should be included in your drug-free school zone plan, delineates the steps in establishing a drug-free school zone, and provides a framework for monitoring and evaluating your results.

Drug-Free School Zone Strategies. This section discusses many specific strategies that can be implemented as part of drug-free school zone programs. We present those strategies that schools, law enforcement, and communities can use.

Sharing Successes. In many communities, people have taken back their neighborhoods, reclaimed their parks, created safe school environments, and regained a sense of control. This chapter briefly describes some of the successful drug-free school zone models and provides an annotated listing of other resources useful to your community efforts.

Appendix A includes a brief review of the research literature with references. Appendix B includes a recommendation for successful AOD prevention and intervention programs to be included in the Western Regional Center's *Sharing Your Success* publication.

The References provide background reading and additional sources for more detailed information on establishing and maintaining drug-free school zones.

BACKGROUND

This section includes a discussion of the common elements of drug-free zones, a brief review of drug-free school zone legislation, particularly in the Western Region; and a

discussion of the rationale for establishing drug-free school zones.

Most educators, community leaders, and law enforcement personnel agree that the only way to win the war on drugs is to reduce the demand for drugs among our youth. A drug-free zone is a strategy designed to prevent drug use and reduce drug trafficking and violent crime in areas where youth gather. Drug-free zones have been established in schools, parks, neighborhoods, and specific housing developments. The zones were meant to shelter youth from the sale of controlled substances. One of the main strategies of a drug-free zone is to enforce increased penalties for a number of drug-related activities within the zone.

Elements of Drug-Free Zones

Based on anecdotal and descriptive reports from those communities that have implemented drug-free zone programs, the initiatives have several elements in common. The information on the following page identifies and defines 12 elements common to most drug-free zone projects. This list, developed by the California Attorney General's office, Crime Prevention Center, is reprinted on the following page with permission. More information about California's drug-free zone initiatives is in the Sharing Successes section of this guide.

Rationale for Drug-Free School Zones

Narrowly defined, a drug-free school zone is a defined geographic area around the school (generally 1,000 feet). All public and private elementary and secondary schools are protected under federal laws under the Crime Control Act (P. L. 98-473) and the Controlled Substances Act (21 U.S.C. 845a [Supp. 1989]). Many states, however, have added legislation to enforce drug-free school zones in state statutes.

Why establish a drug-free school zone? Some local communities recently have taken additional steps to broaden their efforts beyond legislation and posting signs around schools. They are seizing the opportunity to use the drug-free school zone as the catalyst for gaining the attention and commitment of school and community leaders for a broader prevention program. As a prevention strategy, these communities are using their drug-free school zone initiative to bring people and agencies together (informally and with formal agreements) to implement awareness, prevention, and intervention activities with the goal of establishing drug-free schools and communities and presenting a united front in their community.

The drug-free school zone can help create a focused collaborative effort among key community leaders to address the factors that contribute to AOD use by the schools' students. Studies have shown that the greater the number of risk factors within schools, families, peer groups, and communities, the increased tendency toward AOD-related problems. However, risk factors, while being associated with a predisposition to AOD use, have not been shown to cause use. Table 1 shows common risk factors in two systems: schools and communities.

The greater the number of risk factors present in a zone, the more likely the school will experience negative outcomes, particularly AOD use and the problems associated with it. When key risk factors are reduced within the school and community, fewer drug-related problems will occur. Protective factors, on the other hand, focus on positive elements in the community and help to reduce the negative outcomes often associ-

Common Elements of Drug-Free Zones

Although each community's needs are unique to their local circumstances and drug problems, successful efforts to create drug-free zones have several elements in common. Some of these common elements include:

Geographic Focus. The uniqueness of the drug-free zone effort is that a specific geographic area is targeted by the community for the drug and alcohol abuse reduction and elimination efforts. This may be a school and its surroundings, a park or playground, a public housing development, or a city block. Collaborative community efforts are most successful when everyone is striving for the same goal. Defining the area to be targeted assists in clarifying goals and helping everyone be clear about their target, their goal, and their mission.

Public Will. As with any other effort, nothing can occur unless the will, the desire to see it occur, exists. Communities need to demonstrate that eliminating drug abuse from their neighborhoods is a high priority. When they do so, the momentum generated is instrumental in achieving desired outcomes.

Governmental Responsiveness. Any citizens' grassroots effort to make something happen needs to convince government leaders that government has a role to play and that it needs to cooperate with and respond to the community. Working hand-in-hand with each other is important if their efforts are to be successful. Government and political leaders at the highest levels must make a commitment to the goals of the community.

Natural Leaders. Every community has its natural leaders. They are the spokespersons of the community. They are the ones who always come forward to articulate the needs, the desires, the concerns of the community. Not only do they reflect the community, but they know how to move it forward, providing a leadership in which the community has come to trust. These leaders might be experienced community organizers, religious leaders, political office holders, leaders of a neighborhood association, neighborhood watch leaders, or the head of a tenant association. New community leaders may emerge as a result of trying to improve their neighborhood or community by creating a drug-free zone.

Ambassador or Ombudsman to Government. A tactic that has been effective in past efforts has been the designation of an "ambassador" or ombudsman. This may be a person in a government position who will advocate for the community within their own government agency and with other governmental agencies. For example, a crime prevention officer in a local police or sheriff's department, working with a community group, might advocate for them with the department, the judicial system, the district attorney, or the health department.

Knowledge of Municipal Services. Communities that have implemented drug-free zone efforts have often found it useful to develop a knowledge of municipal services in their efforts to make their neighborhoods a better place to live. Sometimes this includes knowing the services offered by the health department, parks and recreation department, and police services, including crime prevention or community services. These municipal services often are instrumental in assisting community groups in their efforts to clean up drug trafficking and other related problems, such as graffiti, debris, and abandoned vehicles.

Knowledge of Federal and State Drug Laws. Some drug-free zone programs may be aided by federal or state criminal statutes, which provide enhanced penalties for certain drug offenses in specified locations. For example, there are specific laws, which apply to schools and parks. Since these laws can be quite complex, it may be necessary to become familiar with applicable laws. Law enforcement participation in drug-free zone programs can be a valuable resource for this information.

Drug-Free Zone Task Force or Advisory Group. A citizen's task force or advisory group composed of diverse community representatives is an important part of any drug-free zone effort. Special consideration needs to be given to the composition of the task force. Acknowledged leaders and representatives of the targeted areas should be part of the task force if the effort is to achieve maximum acceptance and support. Once the task force is selected, oriented, and organized, the task force's work plan should be developed and discussed. Committees for various subtasks can be established. A task force's responsibilities include helping to: conduct a community needs assessment; identify the drug-free zone to be targeted; set achievable goals; select priorities; identify resources (municipal services, volunteers, funding, technical assistance); keep the program alive in the respective neighborhoods; help the drug-free zone effort achieve its goals and objectives; and promote the program's successes.

Partnerships. No one individual or group alone can achieve the objectives of a drug-free zone movement. Those objectives are accomplished through the collaborative efforts of individuals and organizations who are willing to work with one another in unity. At a minimum, partnerships should include law enforcement, schools, and treatment or prevention programs that serve the designated drug-free zone community.

Plans. Plans provide the framework for the drug-free zone efforts, guiding the activities and maintaining the direction of those involved.

Evaluation. Evaluation provides an opportunity for the community to get feedback on the level to which its activities have been accomplished and have achieved the desired results. This feedback can be very effective in maintaining the interest of participants.

Resources. Resources include volunteers, police services including crime prevention, government officials, school officials, community activists, funding and technical assistance services. Successful efforts are able to use these resources effectively.

*Reprinted with permission of the California Attorney General's Office, Crime Prevention Center, 1990.

BEST COPY AVAILABLE

Table 1
Risk Factors in Schools and Communities

School	Community
Negative school climate	Economic and social deprivation
Availability of drugs	Lack of employment opportunities
Academic failure	Easy availability of drugs
Lack of student involvement able to use	Community norms and laws favorable to use
Negative labeling of students as "high risk"	Low neighborhood attachment
Truancy and suspension	Community disorganization
Transitions between schools	Lack of youth involvement

ated with the risk factors. Table 2 lists the protective factors in schools and communities.

Drug-free school zone programs can provide the opportunity for schools and communities to work together to reduce these risk factors and strengthen protective factors. The stronger the social bond to conventional systems and people, the greater the chances are that youth will not engage in deviant behavior (Gibbs and Bennett, 1990; Hawkins, 1990). Several risk and protective factors can be addressed effectively through a community/school drug-free zone program, such as implementing antidrug laws and decreasing the availability of drugs on and around school campuses.

Drug-Free School Zone Legislation

The drug-free school zone was conceptualized as a means of sheltering youth from the sale of controlled substances using deterrence methods. A geographic area was defined around sites that children and adolescents congregate. Increased penalties for a number of drug-related activities were prescribed for these zones. A federal law, the Drug-Free Schools and Communities Act, states:

> Any person who distributes or manufactures a controlled substance in or on, or within one thousand feet of a public or private elementary, vocational, or secondary school or a private college, junior college, or university, or within 100 feet of a playground, public or private youth center, public swimming pool, or video arcade facility, is punishable by a term of imprisonment, or fine, or both up to twice that authorized by existing federal law, and at least twice any term of supervised release authorized by existing federal law for a first offense (Section 845a[a]).

This law also specifically states that the minimum sentencing provisions of this section shall not apply to offenses involving 5 grams or less of marijuana. And, Section 845a(b) provides for more severe penalties for subsequent convictions.

Drug dealers are getting the message: Get caught dealing drugs near schools and you'll spend a long time in jail. In many states, legislation was enacted to bring local laws in

Table 2
Protective Factors in Schools and Communities

School	Community
Provides drug-free activities	Norms and public policies support nonuse
Fosters active involvement of all students	Involves youth in community service
Provides leadership and decision-making opportunities	Provides supportive networks and social bonds
Trains teachers in and encourages prosocial development (altruism, cooperation)	Provides access to resources (housing, healthcare, childcare, job training, employment, and recreation)
Expresses high expectations and encourages goal setting and mastery	Establishes links to schools
Involves parents	
Fosters positive peer interaction	

line with federal laws. Many Western states, for example, have created their own drug-free school zone legislation. In most cases, this legislation establishes drug-free school zones within and around a 1,000-foot perimeter of school property, school buses, and school bus routes and stops. Table 3 indicates the extent of the drug-free school zone laws that exist within the nine states the Western Regional Center serves.

Federal law provides emergency grants to local education agencies and their communities to combat AOD use among students. This, in effect, has brought the community into the drug-free school zone programs.

Using these funds, schools and communities implement a variety of programs presumed to have an effect on AOD use among students. These programs can be implemented outside the school setting, widening the target to include all influences on students' lives. The intent of these federal and state legislative efforts is to "bring together concerned citizens and representatives from local community organizations, businesses, and government agencies (including law enforcement) to take action against drug trafficking and alcohol-related problems in targeted areas" (California Attorney General's Office, 1991, p. 1).

PLANNING FOR DRUG-FREE SCHOOL ZONES

Just having a drug-free school zone law or posting signs around schools does not ensure success. Successful programs begin with effective planning. With good planning, a drug-free school zone's initiative can become the framework upon which the community reduces AOD use among youth. Communities can pass effective antidrug laws, social norms can be changed, AOD availability can be reduced, community

Table 3
State Drug-Free School Zone Laws, 1990, & Western Regional Center for Drug-Free Schools and Communities Service Area

State	Drug-Free School Zone	Zone Perimeter
Alaska	yes	500 ft.
American Samoa[a]		
California	yes	1,000 ft.
Guam[a]		
Hawaii	yes	1,000 ft.
Idaho	yes	1,000 ft.
Montana	yes	1,000 ft.
Nevada	yes	1,000 ft.
Northern Mariana Islands[a]		
Oregon	yes	1,000 ft.
Palau[a]		
Washington	yes	1,000 ft.
Wyoming	yes	1,000 ft.

Note. National Coalition for Drug-Free School Zones' Survey of State Drug Laws, 1990, and from the *Chiefs of Police National Drug Task Force Journal*, Spring 1992, *2*(2).
[a]Information not available at press date.

members can be empowered to reclaim their neighborhoods, and assistance can be provided to youth and their families.

There are six major steps in planning a drug-free school zone effort. Many of these are the same steps that one would go through in planning the effective implementation of any prevention program. These steps are not sequential and some will occur simultaneously. Each of the following steps is discussed in greater detail below.

Step 1: Build a Coalition
Step 2: Mobilize the Community
Step 3: Create a Shared Vision
Step 4: Establish a Drug-Free School Zone
Step 5: Monitor and Evaluate Results
Step 6: Celebrate your Success

With effective planning, your drug-free school zone efforts will promote team building and a sense of ownership among community members, build enthusiasm and commitment for prevention efforts, and create an environment that increases your chance of success.

Step 1: Build a Coalition

Good planning means good community collaboration. This is probably the most important step in creating an effective drug-free school zone program. Schools cannot work in isolation. One school, one agency, or one community group cannot address all the necessary changes within a community. Working together can ensure a clear, concise, and unambiguous message in all parts of the community: the school, the work-

place, churches, businesses, agencies and institutions, law enforcement, and the courts. Multiple agencies are able to bring multiple approaches and strategies that will benefit your program if all efforts are integrated and comprehensive. This is the challenge of the coalition. The following checklist includes issues to consider when establishing your drug-free school zone coalition.

✍ **Checkist 1**
Drug-Free School Zone Coalition

- ❑ Identify and involve all key players. Make sure the membership reflects the ethnic diversity of your community.
- ❑ Establish a format, such as task groups and appropriate subcommittees, that allows for participation from all groups.
- ❑ Select coalition members who are influential within their organizations and can redirect agency resources.
- ❑ Create agendas that include team building, cooperation, establishing trust, recognition of service, and other process facilitation skill activities.
- ❑ Try different methods of decisionmaking to determine which one works best for the group.
- ❑ Meet frequently.
- ❑ Select coalition cochairs from education and the community.
- ❑ Review the composition of the coalition periodically.
- ❑ Direct the coalition to develop specific proposals for improving or developing drug-free school zone strategies.

Identify Key Players

An important part of building a coalition is to define your community and its key players who can join a drug-free school zone coalition. Generally this group will live or provide services in the same locality and have a common interest in maintaining a safe, drug-free environment. Make sure that your coalition includes all key stakeholders and that you have a process for occasionally reviewing the membership and adding stakeholders as needed. A stakeholder is a person or agency with a vested interest in reducing risk factors and providing protective factors in the community.

Members of your coalition should include representatives from school district and school site administration and staff; media; law enforcement; juvenile court and probation offices; parks and recreation department; public housing resident organizations; youth groups; social service agencies; community action groups; religious leaders; AOD prevention and treatment specialists; neighborhood watch leaders; business and industry agencies; mental health and public health agencies; parent organizations; and local government agencies. Representatives asked to participate in the coalition should be influential within their own organizations to implement the coalition's recommendations.

Organize and Educate the Coalition

To maintain the viability of your coalition, it is important that you organize and educate the coalition. Particular attention should be paid to preparing for coalition meetings. Make sure that room space, equipment, materials, and agenda are considered.

If you have made sure that your coalition includes persons who recognize the problem,

feel a sense of involvement with it, and feel as if they can do something about it, the goal of your first few meetings might be to form working groups and to begin to identify existing resources.

✍ Checklist 2
Successful Meeting

- ❑ Conduct early meetings on neutral ground.
- ❑ Ensure that meeting space is adequate.
- ❑ Take time for introductions and to get acquainted.
- ❑ Develop an agenda and stay on track.
- ❑ Rotate moderator/chair responsibilities.
- ❑ Involve as many people as possible in discussions and activities.
- ❑ Assign specific tasks to people with deadlines.
- ❑ Follow-up with people to track progress.
- ❑ Celebrate accomplishments.

Training should be a priority of the coalition. Members should be educated in a broad range of topics related to the prevention of AOD use and other topics affecting the health of their community and how to be successful in mobilizing their community. In this way, they will be effective spokespersons for your efforts within the wider community. In addition, members should learn and practice good group process skills so they have the ability to deal with conflict positively, to listen to and value differences, and to build interdependence, trust, and openness.

As you begin to implement activities within your drug-free school zone plan, agency staffs may need to be trained in specific content knowledge or skills. Instead of training law enforcement personnel, school personnel, and health agency personnel separately, consider cross-training. Cross-training among agencies is an effective way to build trust, develop common terminology, and develop a shared vision. This type of training equips the coalition members, who represent different agencies, to work collectively.

Step 2: Mobilize the Community

There is strength in numbers. Even if you have a comprehensive plan, no one agency can do it alone. The real challenge is to mobilize and empower a network of agencies to work with you. The key to a successful drug-free school zone is for schools to form partnerships with law enforcement, treatment programs, local government, businesses, and community organizations. Each can help mobilize the community. For example, the mayor's office can assist in conducting town hall meetings to allow full citizen participation in the process. Community agencies can identify youth who need intervention and treatment. City councils can pass resolutions needed to post drug-free school zone signs around the 1,000-foot perimeter of the school.

Some community members may be hesitatant about getting involved in drug-free school zone activities. Make sure they recognize the problem; work with them to reduce or eliminate the constraints that they feel keep them from addressing the problem; and show them how to increase their involvement in the issue. Show them that something concrete can be done by working together. Sharing information from other school districts and communities that have had success will be helpful. People will unite on the issue of reinforcing positive community values and standards. Break down your objectives into smaller tasks that people can do immediately and see some

results. This in turn will motivate more community members to get involved.

One critical factor—identify potentially devisive issues early. Find and agree upon a policy statement that the coalition will abide by and support. Examples of policy issues include: Who is the spokesperson to the media? Should alcohol and/or tobacco be included in your prevention efforts? Are there agencies who have turf issues that need to be diffused as it relates to the drug-free school zone effort?

Your goals in mobilizing the community are to involve your community leaders in your drug-free school zone efforts; gain the cooperation of local agencies and organizations; develop new community resources; and develop community awareness about the problem and ways the community can assist in prevention.

To mobilize the community to take action, you have to talk to key people, listen to them, share responsibilities and decisionmaking, and engage in collaborative strategies. There is an abundance of advice on how to form partnerships. However, it often is assumed that, by forming partnerships on paper and meeting together, collaboration occurs. However, agencies are institutions made up of people who work within them. It is the people who collaborate. The success of people in establishing cooperative working relationships with others and their capacity to translate the cooperative arrangements back to their own agencies is critical to successfully implementing community drug-free school zone programs.

Elements of Successful Collaboration

"Collaboration is a process to reach goals that cannot be achieved acting singly (or, at a minimum, cannot be reached as efficiently). As a process, collaboration is a means to an end, not an end in itself" (Bruner, 1991). In addition to having the right people involved in your collaborative effort, you can increase the likelihood that your efforts will be successful if you incorporate the following elements:

Problem Facers: Collaborate with people who (a) recognize a common problem; (b) feel an involvement in it; and (c) feel they can make a difference.

A Common Vision: People need a common vision of what they are contributing their efforts to. This involves building a language and framework that is shared among all participants. Developing a mission statement will assist in this process and ensure that anyone will be able to state the purpose and goals of the coalition. Bringing together individuals from different working cultures will bring a varied set of expectations, practices, jargon, and underlying theories.

Clearly Defined Problem: The coalition should begin with a clearly defined problem. Key coalition members can assist in assessing aspects of the problem in the community. Each group member should view the problem's solution as relevant to his or her agency. Some members may come to the coalition with specific end results in mind. These need to surface early to facilitate decisionmaking.

Clearly Defined Roles: Specify roles and responsibilities. Are coalition members aware of what is and is not expected of them? Make sure each member has a part in the process.

Agency Sharing: Agency representatives must take time to proactively answer

questions about who they are and identify their representative's capacity to collaborate. Agree on any cost-sharing early.

Time: Devote sufficient time and energy to the planning process. This is time well spent. In addition, how the people empower and encourage each other is better understood when time is taken to share interests, strengths, and concerns. Building trust takes time, and it begins on the personal level.

Effective Communication: The success of your coalition is dependent upon the quality of the communication you maintain both internally within the coalition and externally with other groups. Internally, the group facilitator(s) should have the ability to deal with conflict positively, to listen to and value differences, and to build interdependence, trust, and openness. Coalition members will not reach consensus on all issues, but reasonable people can agree to disagree and move forward toward the common goal. When communicating with others, identify the message you want to communicate, identify the specific audience for your message, and know what you want the recipient to do after receiving the message. Develop a mailing list of those persons who should regularly receive correspondence.

Shared Power: A dominating leader or members with their own individual or organization's agenda can limit the effectiveness of the group. Organize the group through appropriate subcommittees and task forces to facilitate decisionmaking.

Teamwork: You have done your homework. You have representatives from all the key agencies and community interests on the coalition. But you have no experience working together as a team. And some of the agencies have not been supportive of some of your strategies in the past. It takes time to build trust and establish a collaborative working relationship. Begin with information sharing and then move on to coordination and then collaboration. Acknowledge that people come to the coalition with competing agendas. Allow for members to honestly express why they want to participate in the process. Have agency representatives provide information on how they currently provide services to the community, identify high-risk youth, and so forth. (See the checklist below for questions to assess your coalition's teamwork.)

✍ **Checklist 3**
Teamwork

- ❑ The group has clear goals.
- ❑ There is trust and openness in the group.
- ❑ Group members are empathetic to each other.
- ❑ Attention is paid to process and content.
- ❑ Group leadership needs are met.
- ❑ Group decisions are made with high involvement.
- ❑ Group resources are used fairly and appropriately.
- ❑ Members feel they belong to the group.

In the beginning, the coalition should meet frequently with a format that allows for participation from all members. Meeting agendas should be negotiated and distributed with adequate time for member input. Minutes of meetings should be distributed to coalition members and other groups that you want to keep informed and to support your efforts (see checklist on the following page).

✍ **Checklist 4**
Meeting Minutes

- ❑ This information is for: _____.
- ❑ The coalition discussed: _____.
- ❑ Action steps identified were: _____.
- ❑ We need help on: _____.
- ❑ Contact _____ for more information.

A few hints about communication--you need to be sensitive to your colleagues. They can be of tremendous assistance to you if they buy into the program. Or they can undercut you a dozen ways. The following five tips come from a book coauthored by Joe Schneider, Carol Thomas, and Diane Yoder of Southwest Regional Laboratory: *Unauthorized Communication Handbook for AOD Coordinators*. The handbook is included in the Sharing Successes section of this guide.

- *Don't Treat Your Colleagues Alike:* You really should know who among your colleagues recognizes AOD use as a problem. Those who don't should be introduced to reality. Those who do, on the other hand, should be involved in your efforts to address it. Finally, you should know what constraints, if any, your colleagues feel keep them from addressing the issue. And then you should help them overcome or eliminate these constraints.

- *Identify Those Who Could Be of Most Help:* Decide who among your colleagues is really critical. Find out through personal conversations their problem recognition, their involvement, and their constraints.

- *Find Out Who Recognizes the Problem:* How many really think the community has an AOD problem? Most? Half? Only a handful? The answer tells you how hard you have to work to communicate to your colleagues. Put together the evidence that documents the problem. Make it as specific as possible. Communicate it in writing, but by all means take every opportunity to do it face-to-face. Some of your strongest allies will emerge from the ranks of those who just didn't realize there was a problem.

- *Increase Their Personal Involvement:* Your key colleagues who recognize there is a problem should be given messages about how they could address the issue. This is how you increase their involvement. Be specific. And while you're at it, tell them how they can increase awareness among their colleagues. Make them communicators within their own buildings. Give them the literature they need, the speakers they want, and all the moral support you can muster.

- *Eliminate or Remove Their Constraints:* The colleagues who recognize the problem and want to become

involved in addressing it may feel they operate under constraints. One constraint, of course, is lack of information about what they can do to be helpful. Be prepared to fill this need.

You won't make everyone you talk to into a high-involvement problem facer. But you will make some. And you will know why the others are not as committed to the issue as you are. This information tells you what kinds of messages you have to communicate to win them over. And you'll know that those who do recognize the problem and want to work with you have the tools they need to be helpful. That's what effective communication is all about.

Assess Your Community

One way to mobilize the community is to collect information about the AOD problems in the areas being targeted as drug-free school zones. Despite similarities, the attitudes and behavior of community members and youth are likely to be varied in different ethnic, socioeconomic, or geographic areas. Each community has its own unique character. Having information from your own community about members' concerns, the existing situation, and the community's capacity to help can identify the problem; raise awareness; reduce denial; organize people to action; and focus your community's plan.

The data collected in your community should include information about the problem and needs in the area, the existing resources and networks (people and agencies) that can be put to work addressing the community's needs, and the social factors that support or influence the attitudes and behaviors of community members. Information will be available from a variety of sources.

Table 4 lists five types of data (education, community, law enforcement, economic situation, and health factors), the type of information available, and sources for the data.

Much of these data already exist within the community and have been or can be collected by the coalition member agencies. The coalition can organize itself into task forces or subcommittees to collect and compile information. It is helpful for each task force to have a chairperson and some simple procedures for order.

It is probably strategic to have a representative of city government or law enforcement on the task force seeking information about crime incidents within the drug-free school zone. It is important to identify contact persons and phone numbers as you collect information. This facilitates follow-up if necessary. A manual with a description of organizations and contact persons also can help your community identify gaps in services. The information also will help the community establish a common mission statement, policies, and procedures. Identify a central area or person to collect, store, and organize the information. Do not overlook informal sources of information. Bar and tavern owners, ministers of local churches, and owners of neighborhood stores can offer insight into the life of the community. In many cases, you will be able to look back and observe trends in the data.

For additional assistance in collecting community indicators, refer to a recent Western Regional Center publication, *Developing a Community Profile: A Handbook for Using Preexisting Data in Preven-*

Table 4
Community Data Collection

System	Variables	Sources
Education data	• Student enrollment, age, sex, and ethnicity • Number, age, sex, and ethnicity of limited English proficient students • Percentage of average daily attendance • Grade point averages and student test scores • Dropout and graduation rates • Student disciplinary referrals, detentions, suspensions, and expulsions • Absentee rates • School transfers as a percentage of school and district enrollment • Teacher/student ratios • Student AOD use • Student AOD attitudes • Number of student referrals to student assistance programs • Number of student referrals to treatment and rehabilitation • Children served by preschool and Headstart programs • Number of parents attending back-to-school night/open house • Number of parents attending school board meetings • Percentage of parents in Parent/Teacher Assocation • Access and use of parent education programs • Availability of parent education in native languages • Number of opportunities for parent/school interactions throughout the year	School and school district records review Student AOD use surveys State education agencies Colleges, universities, or research institutes Regional resources, such as the Western Regional Center for Drug-Free Schools and Communities Adult education records
Community data	• Maps showing community boundaries • Number and type of organizations that provide services to target community populations • Services available in community, such as crisis intervention, parenting classes, after-school programs • Community demographics, including age, sex, ethnicity, families who only speak a foreign language, educational level, income distribution • Change in demographics in last 10 years • Change in total population in last 10 years • Transiency rates • Number and type of entertainment centers in the community • Evidence of cultural tension within the community • Number of liquor stores and other outlets within the community • Type of residences in the community • Other funding sources that may be supplementing project operations • Number and percentage of public events requesting alcohol permits • Extent of graffiti problem • Number of unlit and/or unsupervised niches in the zone	Community records review Census Bureau records Civic groups Government agencies and nonprofit organizations Local media Local libraries Alcohol Beverage Commission Drug-free school zone walk-through Community focus groups Law enforcement/police agencies

table continues

BEST COPY AVAILABLE

System	Variables	Sources
Community data (continued)	• Number of unboarded vacant structures • Number of abandoned cars in the zone • Key areas where trafficking occurs; what physical structures and variables contribute (lighting, traffic flow patterns)	
Law enforcement data	• Number of crime incidents reported • Number of gang affiliations identified • Family members who are incarcerated or have records of incarceration • Number of AOD-related incidents and convictions in the zone • Penalties for crimes in the zone • Number and type of liquor law violations • Number of youth on parole or on probation • Number of juvenile arrests • Changes in alcohol-related zoning regulations and other laws • Use of alternatives to judicial system • Incidence of family violence complaints	Police/criminal justice records review Local law enforcement jurisdictions Local, state, and federal probation and parole authorities Alcohol Beverage Commission
Economic data	• Number of families on Aid to Families with Dependent Children (AFDC) • Minority youth employment figures • Number of youth living in a single-parent family • Businesses located in the community and skill level of workers • Number of retail merchants • Average housing costs	Major employers Industry associations
Health data	• Percentage of families without medical insurance • Live births to females, 11 to 18 years old • Number of physicians in the neighborhood who accept Medicaid payments • Number of youth/students whose parents use drugs • Number of babies born to substance-abusing mothers during pregnancy	County or state health departments State or county medical examiner Hospitals Health maintenance organizations Professional practitioner organizations

tion Planning, listed in the Sharing Successes section of this guide.

Step 3: Create a Shared Vision

A "shared vision" is one that many people understand, believe in, and are committed to achieving. One of your first coalition meetings should state the shared vision of achieving a safe and drug-free environment in the community and begin to reach consensus on the goals and objectives of the drug-free school effort. A mission statement that can be agreed upon will provide everyone with the same perspective about the coalition and its purpose. Building support, raising funds, establishing good public relations—these all depend on how well you can communicate your goals.

Developing Goals and Objectives

Goals and objectives represent the vision of your program. Goals represent general statements about the expected outcomes of your efforts. Goal statements answer the

question: What will be achieved by this drug-free school zone program? Before any plan of action can be developed, community members must agree on the nature of the problem and what aspects they have the resources to deal with first.

There will always be many more needs than you can address at one time. Members of your coalition may agree on your overall goal, but have different attitudes about which objectives to target first. Assign priority to your community needs. The information you collected on the problem in the community and the agency resources available or lacking will assist you in this phase of your planning. If financially feasible, it is useful to use an outside, impartial facilitator in the initial stages of planning.

To reach consensus on the most pressing problems, create a master list and have coalition members assign priorities. These priorities should be formulated into goal statements. For example, if the problem is that drugs are easily available to youth in the areas near the school, then the goal statement might be: *to decrease drug trafficking around the school.*

Once you have established your goals, task forces can be formed to outline the objectives required to reach each goal. An objective is a more specific, shorter range outcome. Objectives are more specific, results oriented, and quantifiable. Do not fall into the trap of stating methods for achieving the desired goal rather than the actual outcomes. Each objective should be feasible and narrow enough to be achieved in a realistic time period with the resources available. Reasonable objectives for the goal of decreasing drug trafficking around the school would be: (a) to increase the number of police patrols during times of high drug trafficking; and (b) to increase the number of arrests by 25% within the drug-free school zone.

Developing Strategies

No single strategy will be effective for a given community. Task forces should be formed to take action related to each of your objectives. Members of these task forces are the people who will coordinate plans for implementing specific steps and timelines related to each objective. Responsibilities should be clearly defined, and people should be asked to assume tasks close to their own area of expertise and concern. Make sure the work is evenly distributed throughout the group.

The Drug-Free School Zone Strategies section in this guide provides helpful suggestions about developing strategies and specific examples for strategies within the schools, law enforcement, and communities.

Step 4: Establish a Drug-Free School Zone

In addition to the broad program implementation steps discussed in this section, you need to take some specific actions to establish your drug-free school zone.

- *Laws*: Collect any existing local legislation related to AOD.
- *Bring People Together*: Bring people together to select and prioritize goals and objectives. Give them any information required to carry out activities.
- *Formal Agreements*: Establish formal partnership agreements with agencies.

- *Designate a Coordinator*: Hire or designate a coordinator for the drug-free school zone program.

- *Designate Your Zone*: Measure and map out your drug-free school zone. Use the assistance of local city engineers. Make sure the maps are distributed to your coalition members and school, law enforcement, and juvenile justice personnel.

- *Post Signs*: Designate the drug-free school zone area by posting signs within the perimeter. Even though these signs are not needed for enforcing drug-free school zone laws, they are a way to publicize your program and to discourage substance-abusing activities in the area. Consult local law enforcement regarding the wording of the signs. Consult the city regarding where signs can be placed.

- *Implement Activities*: Schedule and implement activities and strategies that will facilitate ownership and sharing of the drug-free school zone vision and that will present a united front.

- *Community Awareness*: Hold community meetings, school rallies and assemblies, and local press conferences to advertise your program and the drug-free school zone.

Establishing a drug-free school zone will involve coordination and collaboration with various public agencies.

✍ Checklist 5
Working With Public Agencies

- ❑ Be pleasant. Ask the agency representatives for help and advice.
- ❑ Follow-up. These people are busy. A timely follow-up often will result in quicker action.
- ❑ Know the bureaucracy. Work your way up the bureaucratic ladder if that's what it takes to accomplish your goals.
- ❑ Keep records. Always get the name, title, and phone number of the person you are dealing with. Keep notes on agreements and timelines so you can follow-up.
- ❑ Communicate in writing. Write letters and copy others who need to be involved or in the know. Always keep copies of what you send out.

Step 5: Monitor and Evaluate Results

Evaluation is an ongoing process of monitoring, assessing, learning, and revising. Documenting your drug-free school zone effort is important for several reasons. Future replication by others will be possible if there is a record of your experiences. This can be as simple as keeping a three-ring binder that people can contribute items to, such as notes, data, news articles, and meeting agendas. Or it can be a more complex system of standardized record-keeping forms and procedures.

From an administrative point of view, written records make it easier to accurately estimate the staff and funding resources needed to implement drug-free school zone projects. Participants move on to other endeavors; without a written record, valuable information and insights are lost. It is easier to maintain a written record of your efforts as you go along than it is to reconstruct events later. Unanticipated events usually emerge once a project is underway. It is important that these events and outcomes be recorded while they are fresh in the minds of coalition members.

If you collected baseline information in your planning phase, you can now monitor your progress by examining changes in the various school, health, law enforcement, and economic indicators in your community. You will want to know what strategies are working best and under what conditions. Program improvements can only be made when planners know exactly what the program tried to do; what methods, strategies, and activities the program used; and what problems and successes surfaced. Eventually you will be able to determine whether your drug-free school zone is having an effect on the degree of substance-abusing activities in the area and on related problems in your community.

Step 6: Celebrate Your Success

Begin your work in a target area or by selecting some objectives that will show short-term outcomes. This will increase the odds of gaining some tangible success so that community members can see the efforts beginning to make a difference. This will increase the motivation of your coalition members to continue making progress on additional goals and objectives.

All of the activities surrounding drug-free school zones help create a high level of visibility and credibility in the community. Recognize individual and group achievements. Celebrate your success in the following ways:

- *Project Kickoff:* Plan a kickoff event for your community coalition. It is a chance to increase community awareness about your drug-free school zone and inform the community about your plans and activities.

- *Keep the public informed regularly:* Publicize results and successes, but avoid exaggeration. Develop a simple, fun newsletter.

- *Celebrate:* Remember that people need to have fun and to feel that they are making a contribution to the whole. Allow people to see how their role contributes to a bigger picture. Hold award ceremonies to acknowlege individual and agency contributions. Build an ongoing reward system characterized by fun and recognition. Celebrate various groups: elders, women, youth, fathers, and so forth.

- *Visible signs of work:* Provide visible signs of work and activities the coalition and community perform. Use posters, book markers, buttons, and T-shirts. Print the names of sponsors and honorees in annual reports, program brochures, and event agendas.

- *Family fun:* Encourage families to do things together. Make family activities affordable and accessible to all cultural groups. Work with local businesses to provide coupons for reduced admissions for family-focused activities.

- *Promote youth involvement:* Have young people plan drug-free celebrations. Have an annual communitywide event focused on youth—a fun day filled with youth-planned and organized activities. All segments of the adult community should participate as friends and supporters. Develop a youth leadership institute to bring youth leaders together and provide them with opportunities to network and learn from each other.

- *Food. Food. Food:* Refreshments always contribute to a relaxed

atmoshphere. Have community meals, picnics, and banquets. Plan ethnically diverse foods for fun.

- *Plan some type of major annual event:* Sponsor an annual communitywide event where the community drug-free school zone effort can be reported and celebrated. Events, such as street festivals, health fairs, and annual essay, drawing, or poster contests for students on the theme of AOD nonuse, can be fun. Sponsor an annual running or walking event.

- *Proclamations:* Get proclamations from the mayor, city council, or state legislature for events and honorable citations for individuals, groups, and agencies.

- *Use the media effectively:* The media can be used to create awareness, develop prohealth messages, and publicize successes. But remember that the reporter does not work for you. Your news release may not result in the headline you wanted. You are not the only source of news—a good reporter will ask others to challenge your findings or conclusions. Realize that some news is more newsworthy than other news. Printing the winner's picture and text of the student essay contest might occur if it is a light "hard news" day.

✍ **Checklist 6**
Working With the Media

- ❑ Designate one coalition member to meet with media representatives.
- ❑ Make one or more media friends.
- ❑ Be careful what you say and check your facts.
- ❑ Don't suprise anyone critical to your success.
- ❑ Deliver press releases by hand.
- ❑ Prepare public service announcements.

DRUG-FREE SCHOOL ZONE STRATEGIES

A wide variety of prevention programs and strategies have been implemented in schools and communities over the past three decades. Many of these strategies are included in drug-free school zone programs, and drug-free school zones are included in many comprehensive prevention programs.

Individual behavior is a function of the interaction of a person with many systems and those systems with each other (Gibbs & Bennett, 1990). Behavior, including AOD use, is influenced by a person's interaction with family, peers, the school, and the community. Therefore, effective drug-free school zone efforts are embedded within comprehensive prevention and intervention programs that include reinforcement of positive norms by the community. In the case of drug-free school zones, schools, communities, and law enforcement each has resources that can be directed to addressing specific objectives of your comprehensive plan. Strategies effective within each of these systems are presented below.

Specific Drug-Free School Zone Strategies

The drug-free school zone strategies are organized under awareness, prevention, and intervention activities. In many cases this classification is arbitrary. For example,

many items under prevention also might be viewed as intervention activities.

School Strategies

Schools play an important role in influencing youth's knowledge, attitudes, and behavior about AOD. In addition, school district personnel can use their drug-free school zone effort to provide a leadership role in the community.

Awareness

Educate students about drug-free school zones.

Develop a drug-free school zone resolution that the school district and the city council can adopt.

Prevention

Amend school drug policies to include drug-free school zones.

Conduct a baseline student AOD use survey.

Provide training for teachers on identifying and assisting youth who have AOD use problems.

Develop a partnership between schools and law enforcement.

Provide school facilities for community meetings and parent education.

Implement accurate classroom curricula.

Create a positive school climate that encourages bonding to the school and community and communicates clear standards for behavior.

Create rites-of-passage activities for youth well-recognized in the community.

Provide after-school and weekend activities to provide alternatives to gang affiliation.

Create noon-time, after-school, and summer programs to encourage a drug-free norm, such as noon-time assemblies, after-school concerts, rallies, and evening visual and performing arts programs.

Hold special high appeal events, such as dances, rap contests, drama events, carnivals, car shows, lip sync contests, talent shows, multicultural events, food fairs, and fashion shows.

Hire family outreach coordinators to coordinate family support services and act as facilitators between the schools and families.

Develop parenting and child development classes for all parents, especially teen parents.

Hire students to do cross-age and peer tutoring or to assist with coaching in after-school recreational programs.

Intervention

Implement a student assistance program.

Develop peer assistance programs for students to help each other.

Use signed parent-child pledges that clearly spell out a no-use policy.

Develop youth leadership conferences, sober graduation parties, safe rides, teen hotlines, and a drug-free events calendar.

Develop and provide current and accurate referral services for mental and physical health services that are culturally appropriate.

Develop a mechanism for following up on students and families who received referrals to ensure that interventions were carried out.

Community Strategies

Awareness

Measure zones and create a map of the drug-free school zone area.

Designate the zone by putting up signs declaring the targeted area as a drug-free school zone.

Hold neighborhood rallies or marches and invite the press.

Meet with elected officials to get support for your drug-free school zone efforts.

Meet with municipal government officials to find out how they can help you, such as with nuisance abatement.

Protest alcohol and tobacco advertising.

Help newspaper, radio, and television staff develop and use materials on drug-free school zones.

Hold community forums to discuss local AOD issues.

Provide information about community social service resources to various community populations.

Prevention

Implement a graffiti removal process.

Ask city officials to add street lights, corner lights, and parking lot lights.

Ask city officials to install more traffic signs, stop lights, speed bumps, or cross walks where needed.

Ask store owners and residents to sign petitions for implementing parking lot ordinances addressing alcohol consumption and loitering.

Organize healthy activities for youth and community members, such as ethnic awareness events, urban clean-up or beautification projects, street fairs, and block parties.

Provide server-intervention training for alcohol-serving establishments.

Establish a youth employment bureau to link qualified students with available jobs.

Deliver flyers door-to-door that describe AOD abuse intervention and other assistance programs.

Work collaboratively with probation departments to provide parenting skills and possitive support for people coming out of prison.

Intervention

Use the small claims court against landlords who have created a nuisance in the neighborhood by allowing tenants to use their property for drug dealing.

Examine existing legislation/policies and target areas for action, such as billboard and other alcohol and tobacco advertising policies, legislation, drug paraphernalia sales, happy hour server rules,

curfew rules, sponsorship of local events, and sales of alcohol and tobacco.

Use local zoning laws to reduce the amount of billboard and store front advertising of alcohol and tobacco.

Establish safe houses for youth and neighborhood watch programs.

Have sprinklers in school areas and parks turned on at times when drug dealers may be congregating.

Have registered tenants of public housing developments carry a photo identification card to gain access to the building.

Develop and advertise the availability of support groups, treatment facilities, and recovery programs for community members.

Make arrangements with telephone companies to prevent incoming calls to local pay phones that may be used for drug dealing.

Law Enforcement Strategies

Awareness

Meet with judges to tell them of your concerns and request their cooperation in prosecuting drug cases in your area.

Monitor the courts to ensure fairness in the judicial process.

Prevention

Check license plates for current registration. Ask to have vehicles towed.

Report any suspicious activities to the police, and maintain a log, including date and time of activity.

Advocate for high visibility of the police in your zone area.
Implement a community policing program.

Have officers be positive role models on school campuses.

Take young people to court and allow them to watch what happens to drug dealers and to see what it means to be involved in a criminal lifestyle.

Intervention

Use police resources (foot patrols, bicycle patrols, car patrols) to provide a safe corridor for students in high crime areas.

Close certain streets with artificial barricades and increase patrols in the drug-free school zone area.
Create legislation to have juveniles and/or all drivers automatically lose their driver's license for a period of time if convicted of a drug offense.

Set up checkpoints to ensure compliance with state licensing, automobile registration, and insurance laws. Locate these checkpoints at the entrance to drug markets.

Use a padlock and nuisance abatement laws to close properties that have a pattern of drug activity.

Have antidrug-related loitering legislation that makes it illegal to loiter with the intent to sell drugs.

Seize cars that are used in the purchase or sale of illegal drugs. These cars are forfeited or sold at auctions or used as police undercover cars unless the owner

of the vehicle challenges the seizure in court or before a justice department hearing officer.

Run sting operations for merchants conducting underage sales of tobacco and alcohol. Enforce laws of underage sales of tobacco and alcohol.

Establish anonymous telephone numbers for reporting suspected drug trafficking.

Ask your local police to conduct sweeps of the targeted area and to arrest drug dealers.

Work with law enforcement or city officials to have public inspectors (i.e., housing, fire, sanitation) check conditions of suspected crack houses for code violations.

Use sobriety checkpoints to detect and apprehend persons driving under AOD influence.

Assign uniformed foot patrol officers to routinely patrol drug market areas and stand in front of suspected crack houses to discourage both drug customers and dealers from frequenting the area.

SHARING SUCCESSES

This section of the guide shares successes that others have had in planning and implementing drug-free school zones and other successful community prevention models. In addition, resources that will be helpful to you in implementing drug-free school zones in your schools and communities are listed. These resources include publications, newsletters, product information, federal agencies, and national organizations.

We encourage you to follow-up to get more information from the sources listed in this section.

Drug-Free School Zone Models

Several states in the Western Region have implemented drug-free school zone efforts. The following descriptions have been taken from reports, newspaper and newsletter articles, brochures, and personal interviews, and submissions to the Western Regional Center's *Sharing Your Success* publication.

Drug-Free Zones Challenge Seminars
California Office of the Attorney General
Crime Prevention Center
Contact: Nancy Jones
(916) 324-7863

California's attorney general sponsored a series of Drug-Free Zones Challenge Seminars to help communities undertake prevention activities targeted at youth. In 1990, the Crime Prevention Center decided to focus on neighborhoods and the specific environments where children are exposed to drugs. Attendance at the seminars was limited to teams only. Teams were encouraged to meet prior to the seminar to designate a target area that would benefit from a drug-freeschool zone program. The two-day seminars had the following goals: to give community teams information on what other communities are doing to prevent, reduce, or eliminate drug trafficking and alcohol availability problems; to mobilize multidisciplinary teams comprised of citizens, law enforcement agencies, schools, local government, church organizations, and other community agencies/organizations; and to help participating teams develop an action plan for designing their own drug-free zone model.

California's Community Drug-Free School Zones Project
California Department of Alcohol and Drug Programs
Contact: Marianne Estes
(916) 327-4743

This project involves the concerted efforts of the California Department of Alcohol and Drug Programs, the California Department of Education, and six local high schools and their communities. Each project is implementing seven components: intervention programs; educational and vocational development; high appeal activities for youth and communities; drug-free school zone development and enforcement; community advocacy for health; parent, family, and caregiver support through education and support groups; and establishment of a community drug-free school zone coalition.

The goal of California's Community Drug-Free School Zones Project is to provide significant, additional assistance to high schools with demonstrated need and interest in mobilizing their communities to reduce the amount of student chronic AOD use and to protect students from AOD offenses on or near their schools. This assistance will result in the development of comprehensive drug-free school zones, which will mobilize the high schools, respective feeder schools, and surrounding communities. The primary focus on the school zone as the center of the community is a unique way of defining the boundaries of both the geographic location served and the services provided.

Southwest Regional Laboratory is evaluating the six model programs over a three-year period. The evaluation will address questions related to program effects, replicability, and cost-effectiveness. Quantitative and qualitative analysis methods will assess the project's impact on students, staff, parents, and community as a whole; at each of the six study sites and a number of control sites; and among study sites in three phases—process evaluation, assessment of intermediate outcomes, and assessment of overall effects.

Seattle Police Department
Crime Prevention Division
610 Third Avenue
Seattle, WA 98104
Contact: Maurice Bell
(206) 684-7555

Seattle school officials, neighborhood groups, and police officers began organizing drug-free zones around schools in 1989. The Seattle Police Department coordinates the drug-free school zone initiative by organizing and focusing the energies of the community and school-based support groups. The zones are now spreading to suburban school districts. Police don't just post signs. Working with teachers, students, and community representatives, theprogram staff explains the zone to families living within the zone. Schools mail letters to parents explaining the zone, and students have delivered flyers door-to-door. Local residents and business also are given maps of the drug-free school zone areas provided by the city's department of engineering. Simultaneously, programs focusing on the hazards of drug use are offered to students.

Other Community Partnership Models

Los Angeles County Prevention Partnership
714 West Olympic Boulevard
Los Angeles, CA 91360
Contact: Carol Stein
(213) 744-6368

Community collaboration in a county as large and diverse as Los Angeles County is no easy task. The Los Angeles County Prevention Partnership was proposed in December 1989 during a county Strategic

Planning Conference where over 200 people attended. An executive committee, organizational structure, and 34-member steering committee were formed with representatives of all agencies, organizations, and individuals dedicated to a drug-free society. The partnership provides opportunities for community empowerment through networking, sharing of information, and the effective collaboration of resources. To this end, the partnership has four subcommittees: school-based programs, family-based programs, community-based programs, and community organizations.

Neighborhoods in Action
Scott Newman Center
6255 Sunset Boulevard, Suite 1906
Los Angeles, CA 90028
Contact: John Bravakis
(213) 469-2029

Neighborhoods in Action was developed by the Scott Newman Center, a national, public nonprofit organization in 1988. Neighborhoods in Action was developed after a South Bay Los Angeles County survey indicated the need for parent/community education on substance abuse prevention for youth. The program educates parents and other community members about preventing AOD use by youth in their homes and neighborhoods. It is conducted in two, two-hour sessions in homes, schools, or through various community organizations, such as neighborhood watch groups. Trained community members facilitate the program and often are assisted by local prevention specialists and/or law enforcement officers.

Mayor's Community Drug Task Force
President and CEO
First Security Bank of Idaho
P. O. Box 7069
Boise, ID 83701
Contact: J. Pat McMurray
(208) 338-2006

The Mayor's Community Drug Task Force was formed in November 1989 as a result of a comprehensive community needs assessment by the Treasure Valley Alcohol/Drug Coalition. During the course of 18 months, 31 citizens of Boise divided themselves into six focus groups and devised a comprehensive long-range strategic plan for community action. Their action plan covered: education and schools; treatment and prevention; enforcement and the legal system; family and neighborhood; religion and clergy; and workplace.

Together! Communities for Drug-Free Youth
Office of Alcohol and Drug Abuse Programs
Department of Human Resources
1178 Chemeketa Street NW, #102
Salem, OR
Contact: Rick Cady
(503) 378-2163

Together! Communities for Drug-Free Youth is a training and community service project of the Oregon Prevention Resource Center and the University of Washington School of Social Work. The project first identifies, recruits, and trains key community leaders and community planning board members to use a risk-focused approach to develop and implement individual prevention plans. There are several major program components: (a) key community leader orientation; (b) selection of community prevention boards by key leaders; (c) community prevention board training (levels I and II); (d) community prevention board ongoing action planning and implementation; and (e) planning board consultants who

provide ongoing technical assistance to ensure successful implementation of action plans.

Vision '99 Community Building, Island County, Washington
P. O. Box 151
Greenbank, WA 98253
Contact: Page Gilbert-Baenen
(206) 678-6680

Island County consists of two islands, Whidbey and Camano, which are situated north of Seattle in the Puget Sound area. The isolation of the islands, created by both the water barrier and narrow geographic configuration, leaves the communities further isolated from each other. In fall 1989 with the advent of state Community Mobilization Against Substance Abuse (CMASA) funding, members of an island community core team began to lay the framework for a 10-year comprehensive plan to reduce AOD abuse and addiction. Core team planners first held "community building workshops" to develop trust and connection among county residents who would then help plan, develop, and implement the 10-year plan. The following objectives were established: (a) hold a community building workshop to address root causes of substance abuse; (b) decentralize and broaden citizen participation; (c) develop a formal link between school and community; (d) educate through the media; and (e) effect change in law enforcement and the courts.

Together We Can
Interactive Learning Systems
1505 Bridgeway, Suite 121
Sausalito, CA 94965
Contact: Jeanne Gibbs
(415) 331-4073

Together We Can (TWC) is a school-community planning process facilitated locally to identify and change the conditions leading to AOD-related problems among children and youth. Local citizens use TWC materials to help develop a comprehensive plan using risk-focused strategies that target specific positive outcomes. A school-community task force or planning council works together for seven meetings to develop a comprehensive plan. Two school-community facilitators use the multimedia TWC materials to take the planning council through the following five steps: (a) learn literature-based concepts of the AOD prevention field; (b) identify and prioritize specific risk factors contributing to the likelihood of use for a given population; (c) define positive outcomes to alter the factors; (d) map available resources, such as funds, people, and agencies; (e) identify protective factors in key systems and implement select effective strategies; and (f) announce and monitor the implementation of the comprehensive plan.

Helpful Resources

Publications

Drug Free Zones: A Guide for Community Action
Institute on Black Chemical Abuse
2616 Nicollet Avenue South
Minneapolis, MN 55408
(612) 871-7878

This guide, written by Diane Neely and David Grant, discusses drug-free zones, describes some case studies, and outlines common factors from these successful programs that you might adapt. The guide also provides hints on how to establish a drug-free zone. It helps you decide what kind of action is appropriate to take in your own neighborhood.

Drug-Free School Zones: Implementation Manual
National Coalition for Drug-Free School Zones
c/o Chiefs of Police National Drug Task Force
P. O. Box 18645
Washington, D. C. 20036
(202) 296-0900

This publication was prepared by the National Coalition for Drug-Free School Zones, the Southwest Regional Center for Drug-Free Schools and Communities, and the Office for Substance Abuse Prevention. The manual outlines preliminary steps to organizing drug-free zones and discusses four steps to success: saturation, suppression, switching, and substitution. The manual also gives strategies for measuring and monitoring your program's success and building on community support.

Providing Alternative Activities: A Guide to Expanding School-based Prevention
Western Regional Center for Drug-Free Schools and Communities
Northwest Regional Educational Laboratory
101 SW Main Street, Suite 500
Portland, OR 97204
(503) 275-9500
(800) 547-6339, ext. 486

This guide, written by Ann Bickel of the Southwest Regional Laboratory, discusses types of strategies schools can develop that go beyond classroom and curricular programs. The guide includes sections on the importance of expanding school-based prevention, goals of nonclassroom strategies, considerations for implementation, and descriptions of specific strategies and ideas for activities.

Developing a Community Profile: A Handbook for Using Preexisting Data in Prevention Planning
Western Regional Center for Drug-Free Schools and Communities
Northwest Regional Educational Laboratory
101 SW Main Street, Suite 500
Portland, OR 97204
(503) 275-9500
(800) 547-6339, ext. 486

This handbook, written by Roy M. Gabriel and Charles Brinkerhoff, is for use by citizens working to build a broadly based community AOD abuse prevention program. Because the effects of AOD abuse are felt in so many sectors of the community, it is not easy to get comprehensive information reflecting overall community impact. This handbook provides a systematic framework that a coalition can apply to its community. It also provides a detailed case study of one community group's success with an indicator approach to assessment of AOD abuse community impact.

Unauthorized Communication Handbook for AOD Coordinators
Western Regional Center for Drug-Free Schools and Communities
Northwest Regional Educational Laboratory
101 SW Main Street, Suite 500
Portland, OR 97204
(503) 275-9500
(800) 547-6339, ext. 486

"Chatty, informal, and perhaps even a trifle bit irreverent" is the way authors Joseph Schneider, Carol Thomas, and Diane Yoder of Southwest Regional Laboratory describe this publication. The book is easy to read and packed full of practical tips for getting your message to the people you need to reach. Readers will gain insights into communicating with families and parent groups, reporters and editors, superintendents and school boards, and community agency colleagues. They will learn how to write a

press release, hold a press conference, and deliver a speech. They will have the tools to tailor messages and then transmit them effectively.

A Practical Guide To Creating and Managing Community Coalitions for Drug Abuse Prevention
National Association of Partners in Education
601 Wythe Street, Suite 200
Alexandria, VA 22314
(703) 836-4880

This 75-page guide was written by Daniel W. Merenda, executive director of the National School Volunteer Program. The guide provides program planners with the necessary information, resources, and tools to plan the creation of short- and long-term coalitions whose mission is to educate the public about the perils of drug abuse. The guide takes program planners, step-by-step, through a planning and development process resulting in the structure of a comprehensive plan for a volunteer drug prevention program. The guide includes worksheets for writing a plan for each stage of the program development process.

The Future By Design: A Community Framework for Preventing Alcohol and Other Drug Problems Through a Systems Approach
U.S. Department of Health and Human Services
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
Office for Substance Abuse Prevention
5600 Fishers Lane, Rockwall II
Rockville, MD 20857
(301) 443-0365

This handbook presents a framework for preventing AOD problems in communities through a systems approach. The topics included in the framework are: initiating a communitywide prevention effort; leadership; maintaining the momentum; activities; building resources; assessment: knowing the impact of prevention efforts; and partnerships through cooperation, coordination, and collaboration.

DFSZ Legislation Report
National Coalition for Drug-Free School Zones
1110 Vermont Avenue NW, #LL 10
Washington, D.C. 20005
(202) 296-0900

The National Coalition for Drug-Free School Zones recently compiled a brief report citing legislative language from each state's drug-free school zone ordinance. Since each state's legislation is unique, this report is useful in comparing the variations of laws nationwide, as well as providing a comprehensive view of existing statutes.

The Winnable War: A Community Guide To Eradicating Street Drug Markets
The American Alliance for Rights and Responsibilities
1725 K Street NW, Suite 112
Washington, D.C. 20006
(202) 785-7844

The American Alliance for Rights and Responsibilities is a nonprofit public policy organization that links law firms with citizen-volunteers who work together to solve community problems. According to the coauthors, Roger Conner and Patrick Burns, *The Winnable War* is a comprehensive resource guide that can assist communities in developing and implementing strategies to combat street drug markets.

Together We Can Reduce the Risks of Alcohol and Drug Abuse Among Youth
Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198
1 (800) 323-CHEF

Together We Can Reduce the Risks of Alcohol and Drug Abuse Among Youth is a multimedia planning kit for school/community groups. The kit, developed by Jeanne Gibbs and Sherrin Bennett, includes a planning booklet; overhead transparencies and still slides; coalition meeting facilitation tools and strategies; and worksheets for coalition members to use in developing their plans.

Videos

Drug-Free Zones...Taking Action
Safe Schools...A Guide for Action
Chaos to Calm...Creating Safe Schools
California Office of the Attorney General
Order: (800) 451-0303 (outside California) or (916) 638-8383 (in California)

Drug-Free Zones...Taking Action is a fast-paced inspirational video and booklet. Dedicated citizens from California, New York, North Carolina, Chicago, Oregon, and Washington, D.C., talk about challenges they faced and what they did. The video is hosted by Edward James Almos, Academy Award nominee for "Stand and Deliver" and star of the movie, "American Me" and television show "Miami Vice." The video motivates communities to take action against drug dealing and alcohol-related problems in schools, neighborhoods, parks, and housing developments. The video and booklet offer practical solutions and proven methods that your community can adapt and use.

Safe Schools...A Guide for Action, hosted by actor Pat Morita, offers a simple proven method that schools can use to create a safe and positive learning environment.

Chaos to Calm...Creating Safe Schools, hosted by actor Tom Bosley, explores the pioneer programs and personalities that have turned "battlegrounds" into model campuses.

Newsletters

Safe Haven
National Coalition for Drug-Free School Zones
c/o Chiefs of Police National Drug Task Force
P. O. Box 18645
Washington, D.C. 20036
(202) 296-0900

Safe Haven is the newsletter of the National Coalition for Drug-Free School Zones. Quarterly subscriptions are available upon request for $10.

Western Center News
Western Regional Center for Drug-Free Schools and Communities
Northwest Regional Educational Laboratory
101 SW Main Street, Suite 500
Portland, OR 97204
(503) 275-9500
(800) 547-6339, ext. 486

This newsletter is a publication of the Western Regional Center for Drug-Free Schools and Communities, which is operated by the Northwest Regional Educational Laboratory in Portland, OR. The Western Regional Center serves Oregon, Washington, Idaho, Montana, Wyoming, Alaska, Hawaii, American Samoa, Guam, the Northern Mariana Islands, the Republic of Palau, California and Nevada. Services to California and Nevada are through subcontracted services provided by the Far West Laboratory, San Francisco, and the Southwest Regional Laboratory, Los Alamitos, CA. The newsletter includes information about

comprehensive AOD use prevention and intervention programs. It also highlights successful programs in the region and provides information about training opportunities and other resources.

Chiefs of Police National Drug Task Force Journal
1514 P Street, NW
Washington, D.C. 20005
(202) 328-0100

This publication features prevention and intervention efforts by parents, community leaders, school leaders, and law enforcement officials to eradicate drug use in America.

Product Information

DFSZ Signs
Chiefs of Police National Drug Task Force
P. O. Box 18645
Washington, D.C. 20036
(202) 296-0900
Fax # 202-296-1734

The National Coalition for Drug-Free School Zones has made arrangements to make available drug-free school zone signs nationwide. These signs are available at a reduced rate and are made from .080 gauge aluminum with reflective backgrounds for increased visibility. The following two-color combinations are available: white/blue or yellow/black. On the bottom of the signs, two lines of space are provided to identify the sponsoring organizations.

S. R. M. Press
4216 1/2 Glencoe Avenue
Marina del Rey, CA 90292
(213) 306-1595

This company markets wristbands, stickers, buttons, T-shirts, flags, banners, pencils and pens, posters, bumper stickers, key chains, and magnets for use in drug-free school zone programs.

Agencies and Organizations

Federal Agencies

ACTION
1100 Vermont Avenue, NW
Washington, D.C. 20525
(202) 634-9108

Drugs and Crime Data Center and Clearinghouse
Office of Justice Programs
U.S. Department of Justice
1600 Research Boulevard
Rockville, MD 20850
(800) 666-3332

HUD Drug Information and Strategy Clearinghouse
Office for Drug-Free Neighborhoods
P. O. Box 6424
Rockville, MD 20850
(800) 245-2691

Office for Substance Abuse Prevention
National Clearinghouse for Alcohol and Drug Information (NCADI)
6000 Executive Boulevard, Suite 402
Rockville, MD 20852
(800) 729-6686

Office of Elementary and Secondary Education
Drug-Free Schools Staff
U.S. Department of Education
400 Maryland Avenue SW, Room 2135
Washington, D.C.
(202) 673-2520

Office for Substance Abuse Prevention
Alcohol, Drug Abuse, and Mental Health Administration
U.S. Department of Health and Human Services
5600 Fishers Lane, Rockwall II
Rockville, MD 20857
(301) 443-0365

National Organizations

Al-Anon and Alateen Family Group Headquarters
P.O. Box 862
Midtown Station
New York City, NY 10018-0862
(800) 356-9996

Alcoholics Anonymous
P.O. Box 459
Grand Central Station
New York City, NY 10163
(212) 686-1100

800-Cocaine
P. O. Box 100
332 Springfield Avenue
Summit, NJ 07901
(800) COCAINE

Institute on Black Chemical Abuse Resource Center
2616 Nicollet Avenue, South
Minneapolis, MN 55407
(612) 871-7878

Join Together: A National Resource for Communities Fighting Substance Abuse
441 Stuart Street, 6th Foor
Boston, MA 02116
(617) 437-1500

Mothers Against Drunk Driving (MADD)
669 Airport Freeway, Suite 310
Hurst, TX 76053
(817) 268-6233

National Association for Children of Alcoholics
31582 Coast Highway, Suite B
South Laguna, CA 92677
(714) 499-3889

National Coalition for Drug-Free School Zones
c/o Chiefs of Police National Drug Task Force
1110 Vermont Avenue NW, Suite LL-10
Washington, D.C. 20005
(202) 296-0900

National Council on Alcoholism and Drug Dependence
12 West 21st Street, 8th Floor
New York City, NY 10010
(212) 206-6770 or (800) 622-CALL

National Crime Prevention Council
1700 K Street, NW
Second Floor
Washington, D.C. 2006
(202) 466-6272

National Drug Information Center of Families in Action
2296 Henderson Mill Road, Suite 204
Atlanta, GA 30345
(404) 934-6364

National Federation of Parents for Drug-Free Youth
1423 N. Jefferson
Springfield, MO 65802-1988
(417) 836-3709

National Parents' Resource Institute for Drug Education (PRIDE)
50 Hurt Plaza, Suite 210
Atlanta, GA 30303
(800) 677-7433 or (800) 67PRIDE

APPENDIX A

A Review of General AOD Prevention Programs and Strategies

A wide variety of prevention programs and strategies have been implemented in schools and communities over the past three decades. Table 5 on the following page provides a typology of school, community, and comprehensive programs. The following paragraphs describe these programs. Little evaluative evidence exists to determine if these programs failed or succeeded.

School-based programs typically focus on attitudes and behaviors believed to be related to AOD use among children and adolescents. School-based programs convey drug information to students; attempt to develop and/or strengthen adolescents' problem-solving and decisionmaking skills, coping strategies, resistance, and communication skills; and offer alternative activities designed to provide students with confidence and self-esteem building activities. Many recent programs combine many or all of these approaches. These combinations of approaches are termed comprehensive programs and often include a parent involvement component.

Instead of focusing on the individual, other approaches attempt to alter the community environment in which AOD-using activities take place. These environmental approaches focus on three primary areas: using the media, altering and/or planning local zoning and taxation parameters, and interventions targeting liquor sales establishments. For example, to decrease alcohol consumption, an environmental interventionist might seek to increase local liquor taxes. Such an increase in taxes might make consumption more difficult because of the increased cost of use. In this way, the focus is on discouraging AOD-related behaviors before they become problems that need to be resolved.

To reduce adolescent AOD use and the risks associated with use, many specialists believe a coordinated and integrated effort in the community must be made. This includes the environmental efforts of the community interventionist combined with the efforts of the school-based interventionist. These efforts are typically referred to as comprehensive community-based prevention efforts. Common elements in these programs include many of the factors mentioned above. Comprehensive community programs try to reduce adolescent AOD behaviors through influencing the individual, the social system, and the environment in which they exist. The programs view the individual in the context of his or her social and physical environment. Since the focus is typically on children and adolescents, the school is frequently at the center of these efforts.

A brief descriptive review of the empirical literature of AOD prevention programs and strategies follows.

The Empirical Literature

Relatively little empirical research has been performed with respect to school-centered, community-based programs (Levine, 1979; Taber, 1980). The limited research that has been done on comprehensive community-level prevention efforts for youth has not always selected

Table 5
Types of School and Community-based Prevention Programs Based On Descriptions in the Literature

Type	Typically based in...	Elements	References
Affective	School	• Focuses on the person (host), not the substance (agent) • Tries to improve self-esteem • Tries to improve decisionmaking skills • Tries to reduce personal stress and develop coping mechanisms • Tries to improve communication skills	Dupont, 1989 Hawkins et al., 1985 Labouvie et al., 1990 Malvin et al., 1984 Schaps et al., 1981
Alternative activities	School / community	* Offers healthy alternatives to AOD use • May include activities such as dances, games, and outdoor activities	Austin, 1991 Swisher & Hu, 1983 Blizzard & Teague, 1983
Social influence	School	• Provides resistance training • Tries to change notions of normative behavior	Moskowitz, 1984 Schuyler et al., 1985 Hansen et al., 1987 Graham, Marks, & Hansen, 1991 Hansen, 1990
Social/life skills or cognitive/ behavioral skills	School	• Combines affective and social influence approaches • Tries to develop resistance skills while increasing self-esteem and interpersonal skills	Goodstadt, 1978 Botvin & Wills, 1985
Information only	School	• Provides information regarding AOD use • Often focuses on negative consequences of use (scare tactics)	Goodstadt, 1978 Goodstead, 1986 Schaps et al., 1982

table continues

Type	Typically based in...	Elements	References
Comprehensive school-based programs	School	• Combination of individual ameliorative approaches • May include a parental training component • Usually has in-school coordinator • Attempt is made to improve school climate	Felner et al., 1982 Hawkins & Lam, 1987 Kumpfer, 1990 Tobler, 1986
Media influence	School and community	• Uses various media to promote nonuse messages	Wallack, 1984 Flay, 1986
Server intervention	Community	• Focuses on drinking in licensed establishments • Liquor establishment servers ensure that patrons do not get to the point of self- or other endangerment	Gliksman et al., 1988 Giesbrecht et al., 1989
Zoning programs	Community	• Regulates times, locations, and conditions for alcohol consumption outlets • May increase local and or state taxation of alcoholic beverages	Moskowitz, 1989 Room, 1980 Wallack, 1984-85 Wittman, 1990
Comprehensive community programs	School and community	• Intervenes at multiple levels and across social systems • Involves integrated and coordinated efforts • Provides information • Develops life skills • Provides alternatives to AOD use • Attempts to influence community policy	Benard, 1990 Pentz et al., 1989 Giesbrecht et al., 1990

appropriate choices of outcome measures, appropriate time frames for reporting data, or appropriately matched levels of problems, interventions, and analyses.

This review of relevant literature suggests that a strong evaluation component must be included in the development of drug-free school zone programs. In addition, program developers need to contribute to the development of standards for evaluations of program effectiveness. Programs based on the drug-free school zone concept are relatively new and therefore have not yet been evaluated. Most of the information that has been published is merely comparisons of arrest and conviction rates and before and after legislation in areas that have instituted drug-free school zones. These efforts have not yet been linked to changes in drug use and other drug-related activities in the affected areas.

Five areas of research, however, do contribute information that may inform designers of current drug-free school zone programs and assist them in selecting effective prevention and intervention strategies: the literature on adolescents, the community mental health movement, school-based drug education programs, environmental influence programs, and risk and protective factor research.

To reduce *adolescent AOD use*, many intervention specialists believe a coordinated and integrated effort in the community must be made (Botvin, 1986; Pentz, 1983). This includes the environmental efforts of the community interventionist combined with a variety of school-based efforts. These are typically referred to as comprehensive community-based prevention efforts. These efforts try to reduce adolescent AOD behaviors by influencing the individual, the social system, and the environment in which they exist. In comprehensive community programs, the target is the individual in the context of the social and physical environment. Since the focus is typically on children and adolescents, the school is frequently the center of these efforts.

Relevant findings from a review of the literature on *community mental health* centers include (a) one needs to address psychosocial problems with interventions that also are psychosocial in nature (Friedson, 1970; Rappaport, 1974; Sheff, 1976); (b) we must become as skilled in assessing the appropriateness of program goals and objectives, agreement among stakeholders, and organizational structures, as we are in counting the number of youth served from a variety of subpopulations (Baker, 1991; Taber, 1980); and (c) multiagency efforts need to be integrated and coordinated (Levenson, 1969). Using a public health approach addresses all three psychosocial components: agent, host, and environment, and increases the chance of implementing a successful program (Gersten & Jason, 1987). In addition, the literature on public health approaches tells us that interventions have a greater chance of success when tailored to a well-defined and targeted population (D'Augelli & Ehrlich, 1982; Geller, 1982; Goldman & Morrissey, 1985; Kiesler, 1981; Kiesler, 1982; Kiesler & Sibulkin, 1982).

The literature on *school-based prevention* programs stresses that adolescents are a subpopulation, distinct from all youth, and their AOD use has unique patterns and consequences (Jessor & Jessor, 1977; Kandel, 1975, 1989, 1990a&b; Kandel & Andrews, 1987; Kandel & Davies, 1991; Kandel, Simcha-Fagan, & Davies, 1986). Simply providing youth with personal growth

programs or with information about the harmful effects of AOD use is not enough (Bangert-Drowns, 1988; Battjes & Jones, 1985; Goodstadt, 1986; Hansen, 1988; Jaker, 1988; Moskowitz, 1989; Kinder, Pape, & Walfish, 1980). At this time, developmentally appropriate comprehensive community programs that include an educational component seem to be the most prevalent model (Botvin, 1986; Pentz, 1983).

Altering the *environment* in which youth live may have potentially significant effects on adolescent behavior (Wallack & Wallerstein, 1987; Wittman, 1990). However, since environmental prevention approaches have focused primarily on the legal alcohol trade, they need to be more specifically applied, defined, and evaluated for the impact they might have on adolescents at risk for AOD use.

Evidence supports risk factors as being cumulatively associated with AOD problem behaviors and difficulties (Bry, 1983; Bry, McKeon, & Pandina, 1982; Newcomb, Maddahian, & Bentler, 1986). That is, the more risk factors an adolescent experiences, the more likely the youth is to experience AOD difficulties. However, risk factors, while being associated with a predisposition to AOD use, have not been shown to cause AOD use (Newcomb & Bentler, 1986, 1988; Oetting & Beauvais, 1987, 1988). Given this, program developers must be aware of the potential harm caused by negatively labeling adolescents as high risk (Hawkins, 1985; McIntyre, 1989). There is an important philosophical difference between *risk and protective factors* in approaching prevention programs. Risk factors, almost by definition, beg for the treatment of symptoms. This is analogous to a medical model in which the cost of treatment after the fact is much more expensive than preventing the fact from occuring. On the other hand, protective factors focus on positive elements in a youth's life that can be reinforced in many ways, at many levels, despite an otherwise difficult environment (Werner, 1986). In this way, protective factors focus on true prevention and reinforcement rather than intervention and enforcement. This evidence suggests that protective factors should be more frequently used in planning prevention efforts (Anthony, 1987; Benard, 1991; Gibbs and Bennett, 1990). Communities planning for drug-free school zones can address some of the issues raised in the above literature review through the establishment of community-school partnerships to implement and evaluate comprehensive programs.

Common Obstacles of School-centered, Community-based Programs

The literature describes reasons why many AOD prevention programs succeed or fail to accomplish their objectives that may inform developers of drug-free school zones. These descriptions, however, are not necessarily supported by empirical research. The importance of rigorous evaluations of program processes, in addition to evaluations of effectiveness, has only recently been realized in AOD-related program implementation. Therefore, what follows are theoretical reasons for the failure of many types of programs. One set of reasons programs don't succeed is related to the actual approach used. Linked to specific types of programs, these include:

- Affective programs in schools target single risk factors and often omit AOD information.

- Alternative activity programs often do not appeal to, nor attract, those most at risk.
- Cognitive/behavioral programs often do not address AOD-specific behaviors and may not provide adequate information to youth about AOD use.
- Information programs in the schools simply warn of the dangers of use assuming, incorrectly, that abstention will follow. These programs may promote curiosity about drugs. In addition, these programs typically address long-term consequences of use that many youth could not relate to.
- Social influence approaches do not involve appropriate positive role models for youth most at risk for AOD use.
- Media influence approaches are fighting strong prouse messages. The extent of the influence of these approaches on high-risk adolescents also is unclear.
- Server intervention approaches focus solely on alcohol. The level of applicability of this to adolescents, who do not typically patronize such establishments, also is unclear.
- Zoning programs typically focus solely on alcohol. The influence of these approaches on illicit activities is unknown.

The difference between failing and not demonstrating success is subtle, but of great importance. Programs may be succeeding, but due to the way program objectives are measured, they may not be able to demonstrate this success. For example, rates of student AOD use (for a variety of substances) may not show change because use rates are extremely low to begin with or the instrument being used is not measuring the types of change occurring. Careful selection of valid (measures what they are supposed to measure), reliable (provides consistent and unambiguous information), and sensitive (able to detect subtle, but meaningful, changes) instruments helps to ensure that accurate results are represented.

A second set of difficulties is encountered when trying to implement comprehensive programs. These difficulties deal with the coordination and integration of services between the community and the school. These are:

- Failure to include all players in planning, service delivery, and system level efforts.
- Choosing strategies that do not reflect the priorities of all involved, that cannot be implemented considering the available resources, or are not appropriate for the targeted community.
- Failure to openly establish the goals and motives of all involved.
- Avoiding conflicts among the various parties involved instead of dealing with them openly.
- Failure to institutionalize efforts leading to a breakdown in resources and services if a key individual should leave the project.
- Failure to identify a torchbearer who can carry the ideas and actions of the participants beyond the limits of the program to interested parties in other areas.

In summary, it is crucial for researchers and programmers alike to differentiate between that which is theoretical discussion and discussion based on empirical findings. Furthermore, it is important to distinguish between true, empirically based, programmatic failures and programs that have merely failed to demonstrate success because they have not been properly evaluated.

APPENDIX B

Western Regional Center for Drug-Free Schools and Communities

Sharing Your Success, Volume II

RECOMMENDATION FORM

Sharing Your Success is a sourcebook of effective prevention efforts in the Western Regional Center service area. Programs and practices from elementary and secondary schools, institutions of higher education, state agencies, and community organizations are collected and summarized in a format designed to help others initiate new programs or to enhance strategies already in progress. We invite you to use this form to help us identify exemplary programs. We want to know what is working. Help us get the word out! The Western Regional Center staff will contact recommended programs/practices for additional information.

I would like to recommend the following program/practice for possible inclusion in *Sharing Your Success, Volume II.*

Name of Program/Practice:_____

Contact Person:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone: ( )_____

Brief description of the program/practice and why it should be considered exemplary:

Submitted by:_____

Name:_____ Title:_____

Organization/Agency:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone: ( )_____ Date:_____

Send to: Vicki Ertle, dissemination specialist
Western Regional Center for Drug-Free Schools and Communities
Northwest Regional Educational Laboratory
101 SW Main, Suite 500
Portland, OR 97204
(503) 389-2900
FAX (503) 275-9489

REFERENCES

Anthony, E. J. (1987). Children at high risk for psychosis growing up successfully. In E. J. Anthony & B. J. Cohler (Eds.), *The invulnerable child* (pp. 147-184). New York City: Guilford Press.

Baker, F. (1991). *Coordination of alcohol, drug abuse, and mental health services.* Rockville, MD: U.S. Department of Health and Human Services.

Bangert-Drowns, R. L. (1988). The effects of school-based substance abuse education—a meta-analysis. *Journal of Drug Education*, 18, 243-265.

Benard, B. (1991). *Fostering resiliency in kids: Protective factors in the family, school, and community*. Portland, OR: Western Regional Center for Drug-Free Schools and Communities, Northwest Regional Educational Laboratory.

Botvin, G. J. (1986). Substance abuse prevention research: Recent developments and future directions. *Journal of School Health*, 56, 369-374.

Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policymakers improve children's services*. Washington, D.C.: Education and Human Services Consortium.

Bry, B. (1983). Empirical foundations of family-based approaches to adolescent substance abuse. In T. J. Glynn, G. G. Leukefeld, & J. P. Ludford (Eds.), *Preventing adolescent drug abuse: Intervention strategies* (NIDA Research Monograph No. 7, pp. 36-50). Washington, D.C.: U.S. Government Printing Office.

Bry, B., McKeon, P., & Pandina, R. J. (1982). Extent of drug use as a function of a number of risk factors. *Journal of Abnormal Psychology*, 91, 273-279.

D'Augelli, A. R., & Ehrlich, R. P. (1982). Evaluation of a community-based system for training natural helpers. Effects on informal helping activities. *American Journal of Community Psychology*, 10, 447-456.

Friedson, E. (1970). *Professional dominance*. New York City: Atherton.

Geller, E. S., Johnson, R. P., & Pelton, S. L. (1982). Community-based interventions for encouraging safety belt use. *American Journal of Community Psychology*, 10, 183-195.

Gibbs, J., & Bennett, S. (1990). *Together we can reduce the risks of alcohol and drug abuse among youth: A framework for community prevention planning*. Seattle, WA: Comprehensive Health Education Foundation.

Goldman, H. H., & Morrissey, J. P. (1985). The alchemy of mental health policy: Homelessness and the fourth cycle of reform. *American Journal of Public Health*, 75, 727-731.

Goodstadt, M. S. (1986). School-based drug education in North America: What is wrong? What can be done? *Journal of School Health*, 56, 278-281.

Hansen, W. B. (1988). Effective school-based approaches to drug abuse prevention. *Educational Leadership*, 45, 9-14.

Hansen, W. B. (1990). Theory and implementation of the social influence model of primary prevention. In K. H. Rey, C. Faegre, & P. Lowery (Eds.), *Prevention research findings: 1988* (OSAP Prevention Monograph No. 3, DHHS Publication No. ADM 89-1615, pp. 93-107). Washington, D.C.: U.S. Government Printing Office.

Hawkins, J. D., Catalano, R., & Miller, J. (1990). *Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood.* Seattle, WA: University of Washington.

Hawkins, J. D., Lishner, D., & Catalano, R. (1985). Childhood predictors and the prevention of adolescent substance abuse. In C. J. Jones & R. J. Battjes (Eds.), *Etiology of drug abuse: Implications for prevention* (NIDA Research Monograph No. 56, DHHS Publication No. ADM 85-1335, pp. 75-126). Washington, D.C.: U.S. Government Printing Office.

Jaker, J. (1988). *Lessons learned: An update on research in drug education.* Anoka, MN: Minnesota Prevention Resource Center.

Jessor, R., & Jessor, S. L. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth.* New York City: Academic Press.

Kandel, D. B. (1975). Reaching the hard to reach: Illicit drug use among high school absentees. *Journal of Addictive Diseases*, 4, 465-480.

Kandel, D. B. (1990a). Parenting styles, drug use, and children's adjustment in families of young adults. *Journal of Marriage and the Family*, 52, 183-196.

Kandel, D. B. (1990b). Early onset of adolescent sexual behavior and drug involvement. *Journal of Marriage and the Family*, 52, 783-798.

Kandel, D. B., & Andrews, K. (1987). Processes of adolescent socialization by parents and peers. *International Journal of the Addictions*, 22, 319-342.

Kandel, D. B., & Davies, M. (1991). Decline in the use of illicit drugs by high school students in New York state: A comparison with national data. *American Journal of Public Health*, 81,1,064-1,067.

Kandel, D. B., Simcha-Fagan, O., & Davies, M. (1986). Risk factors for delinquency and illicit drug use from adolescence to young adulthood. *Journal of Drug Issues*, 16, 67-90.

Kiesler, C. A. (1981). The future policy implications of current professional issues. In H. Dorken & J. Webb (Eds.), *Psychologists in health practice today.*

Kiesler, C. A. (1982). Mental hospitals and alternative care. *American Psychologist*, 27, 349-360.

Kinder, B., Pape, N., & Walfish, S. (1980). Drug and alcohol education programs: A review of outcome studies. *International Journal of the Addictions*, 15, 1,035-1,054.

Levenson, A. I. (1967). Organizational patterns of community mental health centers. In L. Ballik & H. Harten (Eds.), *Progress in community mental health* (vol. 1). New York City: Grune and Stratton.

Levine, M. (1979). Congress (and evaluators) ought to pay more attention to history. *American Journal of Community Psychology*, 7, 1-7.

McIntyre, K., White, D., & Yoast, R. (1989). *Resilience among high-risk youth.* Madison: Clearinghouse, Dean of Students Office Board of Regents, University of Wisconsin System.

Moskowitz, J. M. (1989). The primary prevention of alcohol problems. A critical review of the research literature. *Journal of Studies on Alcohol*, 50, 54-88.

Newcomb, M., & Bentler, P. (1986). Substance abuse and ethnicity: Differential impact of peer and adult models. *Journal of Psychology*, 120, 83-85.

Newcomb, M., & Bentler, P. (1988). *Consequences of adolescent drug use: Impact on the lives of young adults.* Newbury Park, CA: Sage Publications.

Newcomb, M., Maddahian, E., & Bentler, P. (1986). Risk factors for drug use among adolescents: Concurrent and longitudinal analyses. *American Journal of Public Health*, 6, 525-531.

Oetting, E. R., & Beauvais, F. (1987). Common elements in youth drug abuse: Peer clusters and other psychosocial factors. *Journal of Drug Issues*, 17, 133-151.

Oetting, E. R., Spooner, S., Beauvais, F., & Banning, J. (1991). *Prevention, peer clusters, and the paths to drug abuse*. In L. Donohew, H. E. Sypher, and W. J. Bukoski (eds.), Persurasive communication and drug abuse prevention (pp. 239-261). Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.

Pentz, M. A. (1983). Prevention of adolescent substance abuse through social skill development. In T. J. Glynn, C. G. Leukefeld, & L. P. Ludford (Eds.), *Preventing adolescent drug abuse: Intervention strategies* (NIDA Research Monograph No. 47, pp. 195-232). Washington, D.C.: U.S. Government Printing Office.

Rappaport, M. (1974). *Schizophrenics for whom phenothiazines may be contradicted or unnecessary*. Paper presented at a Western Psychological Association meeting, San Francisco.

Taber, M. A. (1980). *The social context of helping: A review of the literature on alternative care for the physically and mentally handicapped* (NIMH Stud. Soc. Change, No. ADM 80-842). Washington, D.C.: U.S. Government Printing Office.

Wallack, L., & Wallerstein, N. (1987). Health education and prevention: Designing community initiatives. *International Quarterly of Community Health Education*, 7, 319-342.

Werner, E. E. (1986). Resilient offspring of alcoholics: A longitudinal study from birth to age 18. *Journal of Studies on Alcohol*, 47, 34-40.

Wittman, F. D. (1990). Environmental design to prevent problems of alcohol availability: Concepts and prospects. In N. Giesbrecht, P. Conley, R. W. Denniston, L. Gliksman, H. Holder, A. Pederson, R. Room, & M. Shain (Eds.), *Research, action, and the community: Experiences in the prevention of alcohol and other drug problems* (OSAP Prevention Monograph No. 4, pp. 265-285). Rockville, MD: Office for Substance Abuse Prevention.

Western Regional Center
DRUG-FREE SCHOOLS AND COMMUNITIES

Northwest Regional Educational Laboratory
101 S.W. Main Street, Suite 500
Portland, Oregon 97204

Far West Laboratory for Educational Research and Development
730 Harrison Street
San Francisco, California 94107-1242

The Southwest Regional Laboratory
4665 Lampson Avenue
Los Alamitos, California 90720