

Keeping Score



Keeping Score is an annual independent review of the impact of Federal drug control spending on the nation's drug problems. This year, our review concentrates on young people. Alcohol, tobacco and other drugs threaten the healthy development and physical safety of millions of adolescents. While adult alcohol and drug use has remained relatively unchanged for the past several years, teen smoking, heavy drinking and other drug use continues to climb.

Americans are deeply concerned about protecting their children from drugs. The great majority believe the problem is much more serious than it was five years ago, according to a 1997 poll by Peter D. Hart Research Associates. The recent *Washington Post*/ABC News poll reports that Americans believe that increased efforts to fight crime and drugs should be a top goal for government, ahead of reducing federal income taxes and reforming campaign finance laws. Yet they are deeply pessimistic that success is possible: only 37 percent think that the government will be able to get the job done.

This year, the Federal drug control budget will reach \$16 billion. More than two-thirds of these funds will be spent for drug enforcement, interdiction, and international programs to reduce the supplies of drugs coming into this country. Nonetheless, drugs are more readily available at cheaper prices than ever before; teen: some cities report that it is easier to obtain marijuana than beer.

The National Drug Control Strategy recognizes the urgent need to teach our children to resist drugs effectively and Congress recently has approved a promising new \$195 million anti-drug advertising initiative. Nonetheless, prevention remains the lowest priority in the Federal drug control budget. We now spend more Federal funds for incarceration of drug offenders than we do for drug education and prevention programs.

Families, schools, churches, communities—all play a central role in making prevention a reality for our children. New research confirms the importance of strong ties to parents and

teachers: when adolescents feel “connected” to family and school, they are less vulnerable to substance abuse and other behavioral problems. More than half the nation's children in grades 6 to 12 spend two hours or more after school without an adult. The period between 3 p.m. and 7 p.m., when many children are unsupervised, is prime time for trouble: approximately one-third of all violent juvenile crimes occur during those hours. After-school programs and other structured educational and recreational activities when parents are not available help keep kids out of trouble. Mentoring programs, like those run by Boys & Girls Clubs of America and Big Brothers/Big Sisters, can reduce new drug use by half even among high-risk children whose families have a history of substance abuse.

Keeping Score highlights a number of promising programs that reflect innovation in prevention, treatment and criminal justice across the country. Only a few have been rigorously evaluated through scientifically controlled outcome studies. Prevention research currently receives less than 2 percent the Federal drug control budget. Much greater investment is needed in this important area so that programs can build on what we have learned about the impact and cost-effectiveness of various prevention efforts.



Alcohol, tobacco and other drugs pose serious harm to the healthy development of millions of young people. Increases in binge drinking, smoking and marijuana use at ever younger ages suggest the beginning of a new epidemic.

Alcohol and Tobacco

Although alcohol and tobacco cannot be legally sold to minors, drinking and smoking are widespread among young people. More than half of 8th graders nationwide say they have used alcohol, while one in five report being drunk during the past year. By 12th grade, half the students surveyed say they have been drunk during the past year, while almost a third report being drunk within the past month.

Heavy drinking is pervasive, even if teens do not view it as drunkenness. In 1996, one in five 10th graders said they drank five or more drinks on one occasion in the past two weeks, as did one in six 8th graders. Yet a much smaller percentage of students reported having been drunk in the past month, suggesting that many young people do not believe that having five or more drinks in a “binge” could get them drunk. A recent New Jersey study reported that less than half of male juveniles diagnosed as alcoholics thought they had a drinking problem. According to a new RAND survey of West Coast high school seniors and dropouts, as many as two-thirds of older teens drink several times a week or more and experience drinking-related problems, such as missing school or getting in a fight. Binge drinking in college is common: a 1996 nationwide campus survey

by the Harvard University School of Public Health found that almost half of students are regular binge drinkers.

Smoking has substantially increased since 1991, particularly among younger children. Half of all 8th graders have tried smoking, while regular smoking has jumped 50 percent among this group in the past five years. Smoking among 10th graders shows similar trends. One in three 12th graders smokes regularly, while one in eight smokes at least half a pack of cigarettes a day.

Youth often view smokeless tobacco as safer than cigarettes, yet smokeless tobacco users may absorb almost twice as much nicotine as do smokers. Smokeless tobacco users are 50 times more likely to develop cancer of the cheek, gum and throat as non-users. By 12th grade, one in four male teens uses smokeless tobacco on a monthly basis.

Cigars have also become popular: a 1996 survey by the Robert Wood Johnson Foundation reported that more than one quarter of the nation’s high school students smoked a cigar in the past year. Four million adolescents under the age of 18 are current smokers. At least half will continue smoking into adulthood, developing a life-long addiction to nicotine.

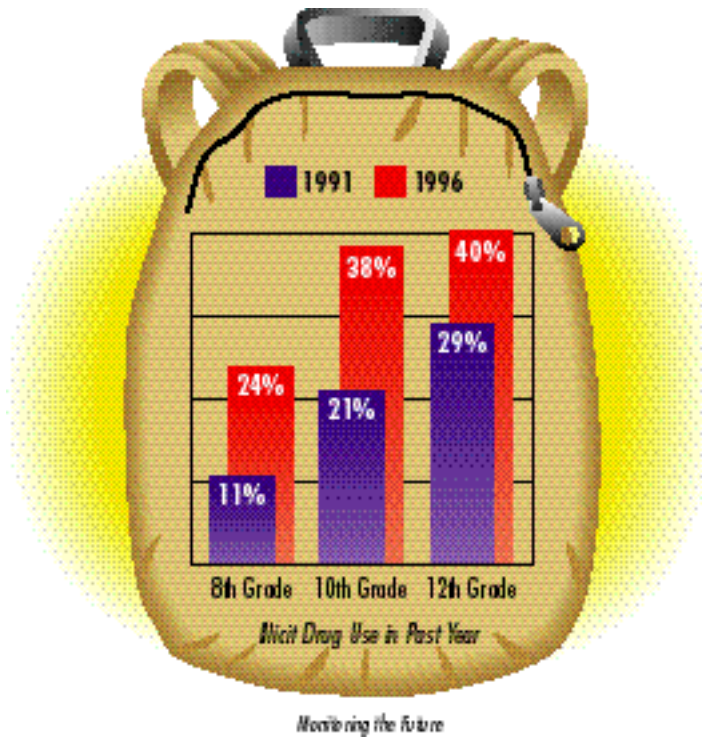
Marijuana and Other Illicit Drugs

Since 1991, illicit drug use has climbed sharply among junior high and high school students, according to the annual *Monitoring the Future* survey. Increases have been most dramatic among the youngest teens.

Top high school students across the country report considerably lower rates of marijuana use than do high school students overall, according to the *Who’s Who Annual Survey of High Achievers*. Nonetheless, the percentage of high achieving teens who have tried marijuana doubled between 1993 and 1996 (from 7 to 14 percent). One in three students believes that drugs and alcohol are the most serious problem facing their high school.

The *National Household Survey on Drug Abuse*, released in August, 1997, suggests that these trends may be changing: in that survey, young people ages 12 to 17 reported slight declines in illicit drug use. However, epidemiologists are

TEEN DRUG USE ON THE INCREASE



cautious about interpreting the newest data since the statistically significant differences are very small. The 1997 PRIDE survey reported that rates of use among teens continue to rise. Information from other sources, including the new *Monitoring the Future* survey which will be released later this year, will help clarify the direction of teen drug use trends.

Surveys that rely on self-report data, as these all do, may underestimate the extent of alcohol and other drug use since many people are reluctant to acknowledge illegal or disapproved behavior. A new study that used simulated lie detectors found much higher rates of use among survey participants who believed they were being monitored than among those who did not.

Marijuana remains by far the most widely used illicit drug, accounting for three-quarters of drug use measured in nationwide surveys. Among youth ages 12 to 17, visits to hospital emergency rooms because of problems with marijuana have more than tripled from 2,130 emergency visits in 1991 to 8,067 in 1995.

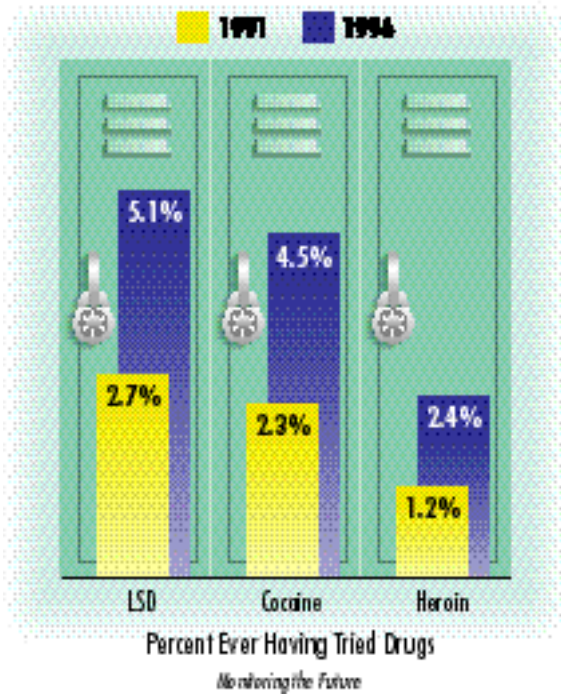
Other illicit drugs, notably LSD, methamphetamine and heroin, are also gaining popularity. In 1996, one in eight

high school seniors reported having tried LSD at some time in their lives, the highest rate since the nationwide *Monitoring the Future* survey began in 1975.

Methamphetamine, a highly addictive stimulant that can be snorted, smoked or injected, produces the same sort of effect as crack cocaine: an intense "rush" followed by a state of high agitation that can lead to volatile, violent behavior. These effects can last six to eight hours, far longer than the 20-minute high of crack cocaine. Easily made from ephedrine (used in over-the-counter asthma and cold tablets), methamphetamine has become commonplace in the midwestern and western United States where the number of clandestine meth labs has grown exponentially during the past five years. Meth is used by increasingly younger children. In Arizona, for example, sixth graders are more likely to try methamphetamine than are high school seniors nationwide (17 percent of 6th graders compared to 4 percent of high school seniors).

Although heroin use rates remain low overall, heroin use among adolescents has almost tripled since 1991. According to the National Institute on Drug Abuse (NIDA), today's heroin abusers are increasingly younger, suburban, and more likely to be the boy or girl next door. In fact, 8th graders reported higher rates of heroin use in 1996 than did all older students. Growing up during the AIDS epidemic, many youths are afraid to inject heroin since HIV can be transmitted through dirty needles. Instead, they have turned

LSD, COCAINE AND HEROIN USE
RISING AMONG 8TH GRADERS



to snorting and smoking the drug, especially in cities where heroin purity is high. Heroin experimentation among youngsters ages 12 to 17 has reached the highest levels yet recorded, according to the National Household Survey. However, these rates are still relatively low. In 1996, less than 2 percent of junior high and high school students tried heroin.

Cafeteria use of club drugs is reported all over the country. Illicit drugs, such as Ketamine, LSD, and MDMA, and prescription drugs, such as Ritalin, Rohypnol and Clonapin, are popular with teenagers who take drugs as part of a club scene to increase stamina for late night dancing or partying. Many youngsters experiment with a variety of hallu-

cinogenic, sedative and hypnotic drugs in different combinations along with alcohol.

Use of inhalants, a widespread problem, particularly among very young adolescents, declined slightly in 1996. This slight improvement indicates the importance of public education efforts in schools, communities and the media about inhalants, such as paint thinner and dry cleaning fluid, which many people mistakenly think are harmless household solvents. The Partnership for a Drug-Free America, for example, developed a special advertising campaign on the hazards of inhalants. In 1995, one in five 8th graders reported having used inhalants, putting themselves at risk of severe brain damage or sudden death. This dangerous trend has slowed, at least temporarily.

Long-Term Outlook

Although teen drug use is rising, it has not yet reached the levels of the late 1970s, when more than half of all high school seniors reported using illicit drugs. In 1996, rates of illicit drug use among seniors were similar to those in 1987, which in turn were considerably lower than rates in 1979, the peak of the earlier drug epidemic.

Since 1991, illicit drug use among 8th graders has more than doubled. If this trend continues, teen drug use will reach 1979 levels by the year 2001. If a new epidemic develops, however, it will be different from the experience of the 1970s in three significant aspects.

First, alcohol, tobacco and other drug use begins at much earlier ages than it did two decades ago. Experimentation now starts in grade school and junior high, when children are just entering the important adolescent years. Their intellectual, social and physical development can be seriously harmed—and sometimes permanently damaged—by smoking, drinking and other drug use. Progress in school can also be jeopardized, both through impaired concentration and disruptive behavior. A 1996 Minnesota study found that one in six public school students used

alcohol or other drugs before or during school. Every year in which drug use is prevented buys time that helps adolescents develop into healthy, productive adults. The longer the delay, the less likely it is that use will occur.

Smoking trends among very young teens illustrate the importance of preventing drug use. Half of all 8th graders tried cigarettes in 1996, while one in five reported regular smoking (compared to one in seven in 1991). National surveys reveal a high correlation between experimentation with tobacco and habituation: half of those under 18 who report trying cigarettes become regular smokers within a year. The peak time to begin smoking is 6th and 7th grade, according to a 1997 survey conducted by CASA (Center on Addiction and Substance Abuse at Columbia University). The same survey reported that 17 percent of 8th grade smokers said they began in the 5th grade. The danger is clear: more teens are becoming addicted to nicotine at increasingly younger ages.

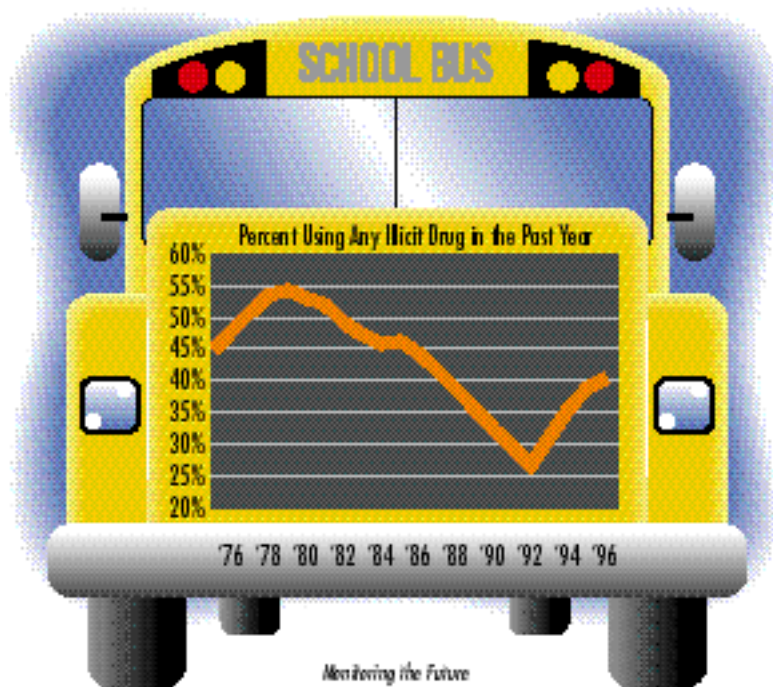
The second major difference in the current situation is that street drugs today are generally stronger than they were a decade ago. Marijuana is at least 25 percent more potent, according to the Office of National Drug Control

Policy, and cocaine purity has climbed by more than half. Since 1982, heroin's retail price has fallen by nearly two-thirds, and its average purity exceeds 50 percent, compared to only 10 percent fifteen years ago. Street heroin is now sufficiently powerful that an intense high can be experienced by smoking or snorting rather than injecting the drug.

Many young people believe that avoiding needles protects them from heroin overdose and from becoming addicted. However, heroin is just as dangerous when it is snorted, and for inexperienced users, even more so. Powdered heroin looks similar to cocaine, but taking an average cocaine-sized line of high purity heroin is enough to cause a fatal or near fatal overdose. Tragically, this new heroin can be deadly regardless of how it is ingested: hospital emergency room cases involving juvenile heroin use have jumped 53 percent since 1993.

Third, if a new drug epidemic develops, much larger numbers of young people will ultimately be involved than those affected in the 1970s. The magnitude of this problem can be gauged by looking at drug use among high school seniors. If current annual rates of increase in drug use among high school seniors continue, by the year 2001, use rates will reach 1979 levels—the peak of the last drug epidemic—and involve more than 2 million high school seniors. By 2010, as many as 3.4 million high school seniors may be using illicit drugs. Millions more younger and older teens will also be affected.

**ANNUAL DRUG USE RISING
AMONG 12TH GRADERS**



One-on-One Winners



Many youngsters lack the all-important support and guidance of adult role models. Big Brothers/Big Sisters of America was created to fill this gap.

The program initiates one-on-one relationships between adult volunteers and at-risk youth, most of whom come from low income, single-parent households. After a rigorous screening process, the program matches an adult with a child and allows the relationship to develop on its own.

According to an evaluation conducted between 1992 and 1995, youth randomly

assigned to participate in the program are 46 percent less likely to start using illegal drugs and 27 percent less likely to start using alcohol than nonparticipating youth. Compared to matched controls, minority youth were 70 percent less likely to start using illegal drugs.

With funding from United Way and private foundations, Big Brothers/Big Sisters has developed more than 500 local agencies since 1904. For more information, contact the national office in Philadelphia at (215) 567-7000.

Help for Teenagers with Diverse Needs



Westchester County, New York. Early intervention makes a difference. The Westchester Student Assistant Program (SAP) encourages youth to seek counseling for anything they think might lead to alcohol and other drug use. Since 1979, the program has offered confidential help in school for those who have not yet begun experimenting, as well as for those who already use alcohol and other drugs. Several evaluations conducted since 1983 have found that SAP reduces teenage drinking and marijuana use by up to half among teens and prevents others from starting.

SAP's success has led to its implementation in schools throughout Westchester County, in three alternative schools, and in six residential facilities for foster children and delinquent children. Teenage substance abuse is common in all these settings, but the severity of the problem varies, as does the need for services beyond those that address substance abuse.

Two 1997 evaluations funded by CSAP are consistent with earlier findings from the school-based programs. The residential SAP youth showed alcohol and marijuana use was reduced by one-third when compared to the youth not participating in the program. In the alternative schools, preliminary results show significantly lower rates of alcohol and marijuana use among program participants when compared to a control group.

The results confirm the value of SAP in diverse settings—from public high schools and alternative schools to juvenile detention centers and foster care facilities. A key finding: program success lies with each facility, because SAP requires consistent support from administrators, and staff who can foster trust among youth.

Westchester's Student Assistance Program has been replicated in schools across twenty states. For more details, call (914) 674-0400.

Preserving Crucial Connections



Children who drop out of school lose a vital connection to a world of help. Reconnecting Youth aims to keep them connected by sparking renewed engagement in school activities and academics.

Students in danger of expulsion, school failure or dropout are referred to the program by school staff. They meet five days a week all semester to work on self-esteem, communication, decision-making and personal control. They also develop a support network of people outside school who can help them achieve their goals.

Since 1985, Reconnecting Youth has been implemented in over 1,500 sites nationwide, including schools, community centers and youth

clubs. A 1994 controlled evaluation in four urban Pacific Northwest high schools found that the program decreases student drug use by as much as 50 percent, and helps students eliminate drug-related behavior patterns by establishing supportive friendships with different peers. Participants also improved their school attendance and increased their grade point average by 20 percent.

A program of the National Educational Service, Reconnecting Youth costs about \$1,000 per student per semester. In 1996, the National Institute on Drug Abuse recognized it as one of the year's top three prevention programs. To learn more, call (812) 336-7700.

Smart Answers for Substance Abuse Prevention



In 1988 Boys & Girls Clubs of America introduced SMART Moves (Skills, Mastery and Resistance Training), a program designed to reduce alcohol, tobacco and other drug use as well as premature sexual activity among adolescents.

Using a prevention team consisting of staff members, health professionals and parents, SMART Moves teaches youth to be leaders and helps them improve their resistance skills through a comprehensive curriculum. This community-wide effort focuses on 2nd and 3rd graders, and offers after-school homework assistance, tutoring, the SMART Kids drug prevention program, parenting program, and family enrichment activities. The program also has a two-year follow-up element, SMART Leaders, to reinforce the knowledge and skills learned in SMART Moves.

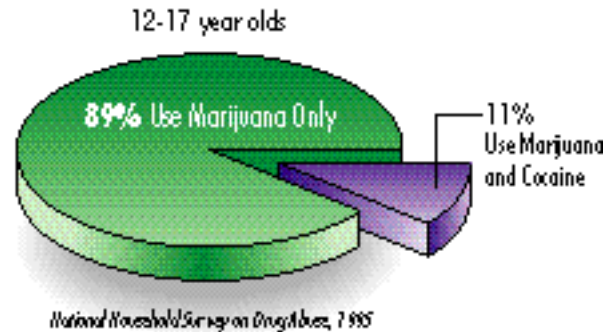
SMART Moves and SMART Leaders were researched by Pennsylvania State University from 1988 to 1990. The evaluation found that participants had more negative attitudes toward alcohol and marijuana use than youth in a comparison group who were in Boys & Girls Clubs but not in the SMART programs. In addition, the study found that public housing sites with Boys & Girls Clubs and SMART Moves had 13 percent fewer juvenile crimes and 22 percent less drug activity than those without the clubs. A five-year evaluation funded by the Center for Substance Abuse Prevention is currently underway.

There are 1,890 Boys & Girls Clubs, around the country, serving 2.5 million youth. To find out more about the Clubs in your area, check your local business white pages or call (404) 815-5766.

Beginning drug use generally follows a clear sequence. Most youngsters try alcohol and tobacco before marijuana, and marijuana before cocaine, heroin and other drugs. This pattern has given rise to the popular idea that some drugs, particularly marijuana, act as “gateways” to serious drug abuse and addiction. In other words, those who have used one drug seem to be much more likely to use other types of drugs. For example, the National Household Survey reports that youths ages 12 to 17 who currently smoke cigarettes are about nine times as likely to use illicit drugs and 16 times as likely to drink heavily as non-smoking youths. Based on these statistical correlations, cigarettes can be seen as “gateways” to illicit drug use and heavy drinking. However, there is no evidence that smoking “causes” any other kind of drug use.

Nationwide surveys confirm that using one drug does not automatically lead to using other drugs. For every 100 people who use marijuana, 28 go on to try cocaine, but only 12 use cocaine a dozen times or more. The majority of young people who experiment with tobacco and alcohol do not try marijuana, and most of those who try marijuana do not go on to use cocaine or heroin. For example, 89 percent of teens who report having used marijuana have never used cocaine.

**FEW MARIJUANA USERS
MOVE ON TO COCAINE**



Adolescents begin using drugs for many different reasons, reflecting individual history as well as social, family and environmental influences. Some children—as many as seven million ages 10 to 17—are at particularly high risk because of personal, family and community factors. One very important risk factor is early alcohol, tobacco and other drug use. The younger a child is when experimentation begins, the more likely it is that serious dependency will develop later. A recent study of arrested juveniles in New Jersey found that youth who started drinking at age 10 or younger became dependent on alcohol five times more often than those who began drinking after age 15.

Family structure makes a difference: adolescents living with two parents are at lower risk of using drugs than those who live with a single parent or other relatives. Homeless and runaway youth report much higher alcohol, tobacco and other drug use than other children. Additional risk factors include having a parent or sibling addicted to alcohol or other drugs, impulsive or antisocial behavior, and early school failure. Effective prevention efforts promote resiliency and protective factors that reduce the likelihood that young people will become involved in substance abuse as well as other problem behaviors such as truancy, delinquency and early pregnancy.

Beyond the family, children learn about tobacco, alcohol, and other drugs from their larger environment—peers, media and popular culture. Adolescents are particularly vulnerable to social pressures. In their desire to be accepted, youngsters tend to copy behavior they consider adult, including drinking, smoking and using other drugs. Teens often assume that use is widespread among their peers. Believing that “everyone is doing it” can undermine an individual child’s ability to resist. Advertising often reinforces these assumptions by promoting images of successful, popular people who smoke, drink, or look as if they are using other drugs (as, for example, the recent “heroin chic” fashion trend that highlighted thin, wan models who appeared to be suffering from heroin addiction).

Recent surveys suggest that adolescents believe increasingly that drug use is widespread. One in two youngsters ages 12 to 17 reports that a friend or classmate uses cocaine, heroin or LSD. The percentage of 12 year olds who know others who use these drugs doubled from 1996 to 1997. More than half of junior high and high school students believe their friends use marijuana regularly, according to a 1996 Partnership for a Drug-Free America poll. Students’ perception that growing numbers of their peers use drugs suggests that social norms are changing, making drugs more acceptable and less frightening. This trend is reinforced by the continuing decline in teens’ perceptions of the risk of harm associated with drug use.

Role models such as musicians, actors, and athletes can have a substantial influence on adolescent expectations about desirable behavior, particularly in connection with smoking, drinking and other drug use. A major study of music videos shown on four television networks in 1996 found frequent glamorized depictions of alcohol and tobacco use, particularly by lead singers. Many adolescents watch music videos six to seven hours a week, which exposes them to a considerable amount of drinking and smoking by people they consider positive role models. A 1996 survey of teens confirms the importance of popular culture in shaping social attitudes towards alcohol, tobacco and other drugs: two in three teens believe that pop culture glamorizes

drinking and smoking, while one in two says that music and music videos glamorize marijuana and other drug use.

Extensive research has shown a positive correlation between exposure to commercials and drinking behavior. After viewing ads for beer, youth are more likely to drink, drink heavily and drink in hazardous situations. Pervasive alcohol advertising works: children ages 8 to 12 can identify more brands of beer than they can name U.S. Presidents, according to the Center for Media Education.

The tobacco industry aims much of its promotional budget (about \$4.8 billion in 1996) toward youth, including sponsoring rock concerts and sporting events as well as distributing items bearing brand logos. These items are often popular collectibles. In 1993, 44 percent of teen smokers in Massachusetts said they owned items with tobacco logos; these teens smoked three to four times as many cigarettes as teen smokers who did not have promotional items.

In an effort to curtail youthful smoking and drinking, Chicago recently banned alcohol and tobacco advertising on outdoor billboards and vacant buildings. Modeled after a similar ban in Baltimore, the advertising restrictions are based on the government’s constitutional power to protect children through zoning.

Ready availability of alcohol, tobacco and other drugs increases the risk that adolescents will be harmed by

ALCOHOL, TOBACCO AND OTHER DRUGS: WELL WITHIN A TEEN'S BUDGET



them. Most high school seniors (89 percent) report that marijuana is easy to obtain, while more than half say that LSD and amphetamines can also be easily found. According to the 1997 CASA survey, three in four high school students say that drugs are used or sold at school. In Maryland, where one in three high school seniors reported smoking regularly, proof of age was not required when 45 percent of them purchased cigarettes. In order to discourage illegal cigarette sales to minors, new Federal legislation requires age verification by photo ID for anyone under the age of 27 who tries to purchase tobacco.

Surfing The Net

The Internet may be the next medium for widespread promotion of alcohol, tobacco and other drugs. An estimated 18.8 million youth under 18 have access to

home computers, while virtually all schools (98 percent) now have computers. Millions of adolescents surf the net when they get home from school or when they are doing homework on the computer; for many teens, computers have become a primary source of information and entertainment. In 1996, nearly five million youngsters under the age of 17 used the Internet or an online service from school or home.

The Internet offers unique marketing opportunities, with interactive online media particularly attractive to young people. These include free giveaways and branded merchandise in exchange for personal information (for use in

marketing the product); promotion of products through games, icons, and cartoon characters; and chat rooms where youngsters can exchange information on tobacco, alcohol and other drugs. Most of these sites are not edited for content and can be easily accessed by users of all ages.

Numerous web sites already exist that advocate using various illicit drugs. One of the most prominent, Drug Archive at "www.hyperreal.com" includes such topics as "how to harvest marijuana," "how to roll joints," and "how to shoot heroin."

A major investigation by the Center for Media Education in 1997 found that alcohol and tobacco companies are using online media to promote their products to minors. More than 35 alcohol brands are now marketed on the web, while numerous other web sites are dedicated to smoking. Interactive games and contests include Molson's Berserk in Banff or the Cuervo J.C. Roadhog Adventure, an off-the-road wild ride with a red cyber-rodent who zooms through a desert littered with tequila bottles and other Cuervo merchandising icons. Programs, such as the Budweiser online radio network, intersperse music, interviews with rock stars,

and reviews of albums with promotions for beer. Chat rooms in the form of clubs, graffiti-walls, and virtual bars, like Smokey's Cafe, offer the opportunity to chat with smokers, read pro-smoking articles ("Secondhand Smoke: The Big Lie"), and consult lists of cigarette and cigar vendors against a backdrop of glamorous photos of famous celebrities smoking.

Hundreds of web sites offer wine, beer, liquor and tobacco products for sale with few questions asked. Products purchased are delivered directly to homes. When sellers ask if a buyer is age 21, there is no mechanism for verifying the answer. Alcohol and tobacco advertisers can buy search terms on different search engines so their web site will show up first on the list. For example, if a child initiated a search with the words "frog" and "games" on Yahoo, the result would include the Budweiser Beer 'Budfrogs', drinking games and other information about alcohol.

Many Internet providers have blocked sites that contain pornography or sexually explicit photos. In addition, screening software programs like NetNanny, CyberPatrol and SafeSurf can help parents edit sites for content. However, these programs do not adequately protect children from online tobacco and alcohol marketing in which content and advertising are so closely interwoven.

The Center's recommendations, supported by the National Parents Teachers Association, the American Psychiatric Association, and other groups concerned about youth, call for effective safeguards against marketing practices that harm healthy adolescent development and for closer Federal regulation by the Federal Trade Commission, the Food and Drug Administration and the Federal Communications Commission. The Center urged parents and educators to limit exposure of underage youth to alcohol, tobacco and other drug sites and to increase drug education and prevention efforts.

Perceptions and Attitudes

Two key factors that influence adolescents' drug use are their perceptions of the risks involved and social disapproval of drugs. Do teens think alcohol, tobacco and other drug use involves great risk of harm? Do teens disapprove of those who smoke, drink and use other drugs? The latest surveys show continuing declines in both measures since 1991, the year that teen drug use began to climb. In 1991, almost half of 10th graders thought that people who use marijuana occasionally run great risk of harming themselves, compared to a third of 10th graders in 1996. At the same time, 10th grade disapproval of occasional marijuana use declined by 20 percent. These attitudes translate directly into behavior: marijuana use among 10th graders more than doubled during the five-year period.

Disapproval of LSD continues to decline, as its popularity increases. Younger teens are far more accepting than older students. Three-quarters of 8th graders say they disapprove of taking LSD regularly compared to 93 percent of high school seniors. This pattern suggests that important lessons about the dangers of LSD are not effectively reaching the youngest teens—lessons which some older teens may have learned from personal experience or from watching friends. Although LSD use rose among all age groups in 1996, rates of increase were highest among 8th

graders, which correlates with their greater acceptance of LSD.

The power of social attitudes is particularly clear in relation to inhalants. In contrast to other drugs, inhalants show sharp increases in “perception of risk” and “disapproval of use” among 8th and 10th graders in 1996. This shift suggests that drug education can make a significant difference in how young people think and in how they act: in 1996, inhalants were the only drugs that showed any decline in use among all students.

Key Elements of Effective Drug Prevention Curricula

Extensive research studies during the past two decades point to certain elements that are key to successful prevention teaching. *Making the Grade: A Guide to School Drug Prevention Programs* assesses the extent to which curricula address these key areas and whether program activities promote the necessary skills.

The 1996 guide by Drug Strategies rates how well each program:

- helps students recognize internal pressures, like anxiety and stress, and external pressures, like peer attitudes and advertising, that influence them to use alcohol, tobacco and drugs;
- develops personal, social and refusal skills to resist these pressures;
- teaches that using drugs, alcohol, and tobacco is not the norm among teenagers, even if students think that “everyone is doing it.” (Research suggests this normative education is essential in prevention);
- provides developmentally appropriate material and activities, including information about the short-term effects and long term consequences of alcohol, tobacco and drugs;
- uses interactive teaching techniques, such as role plays, discussion, brainstorming and cooperative learning;
- covers necessary prevention elements in at least ten sessions a year (with a minimum of three to five booster sessions in two succeeding years);
- actively involves the family and the community;
- includes teacher training and support; and
- contains material that is easy for teachers to implement and culturally relevant for students.



Pride and Prevention for Hispanic Youth



Grand Rapids, Michigan. Residents and educators in Grand Rapids needed a way to reach Hispanic youth with both a strong anti-drug message and positive messages about ethnic pride. The answer: Yo Puedo (I Can), launched in 1988 by the Grand Rapids Public Schools and Project Rehab. The private, nonprofit agency specializes in substance abuse treatment and prevention.

Through educational workshops, social activities and field trips to universities and businesses, Yo Puedo teaches Hispanic kids the importance of staying in school while strengthening their ability to resist alcohol, tobacco and other drugs. In addition, Yo Puedo's bilingual staff increase

parental awareness of youth issues and link participating families with community resources. Schools, parents, and children ages 12 to 19 compete for entrance into the program, which can accommodate 80 youth.

Yo Puedo received the 1995 Exemplary Substance Abuse Prevention Program Award from the Center for Substance Abuse Prevention. However, this program's effectiveness has not been rigorously evaluated. The program is funded by the UnitedWay, the Michigan Center for Substance Abuse Services, Kent County liquor tax dollars and private donations. For more information, call (616) 458-8521.

Reaching Out to Youth on the Edge



Detroit, Michigan. Some children are simultaneously bursting with potential and teetering on the brink of danger. For these at-risk youngsters, ages 12 to 14, East Detroit's Warren-Conner Development Coalition created a drug prevention program called Youth on the Edge of Greatness.

By involving youth in daily, constructive activities, Youth on the Edge aims to decrease their susceptibility to drugs. Some activities teach about the dangers of drugs. Others involve youngsters in crime-prevention. For instance, participants place mock traffic tickets throughout the community, notifying residents about problems that make their cars vulnerable to burglary.

The youngsters are referred through churches, schools, police officers and human service agencies. This year, 80 out of 126 applicants were accepted, based on a lottery.

Although the program has not been scientifically evaluated, program staff report that participants show improved academic success and reduced encounters with the law. Most also develop job skills and choose to associate with peers who do not indulge in drug use or other illegal activities.

Funded primarily by the Skillman Foundation, Youth on the Edge was one of 15 exemplary drug-prevention programs recognized by the National Association of Alcohol and Drug Abuse Directors in 1995. For more information, call (313) 267-1106.

All-Star Strategy to Beat Drugs



Chicago. What does Michael Jordan do on his days off? Among other things, he helps youngsters avoid drugs. Along with more than 150 other professional and Olympic athletes from around the United States, Jordan participates in Athletes Against Drugs, an effort to prevent substance use among Chicago's urban youth.

Launched in 1990, the program emphasizes physical health and fitness by organizing sports clinics for children in grades 4 to 6. The clinics provide instruction, and help build self-esteem and positive health habits, while reinforcing the dangers of alcohol, tobacco and other drug use.

By getting youth involved in community service projects, such as cleaning up parks and playgrounds, Athletes Against Drugs also promotes

leadership. The program builds career awareness by helping children identify their goals and interests. It also provides teachers with curricula on fitness and drug use prevention.

In addition to athletes, the program involves business and community leaders, who deliver presentations about career choices and the importance of education.

With support from the Kellogg Foundation, Athletes Against Drugs has served more than 2,200 Chicago-area youth. The Fannie Mae Foundation is currently funding an impact study in one program site. Organizers plan to replicate Athletes Against Drugs in other cities, including Washington, D.C. and Miami, Florida. To contact Athletes Against Drugs, call (312) 263-4618.

Learning the Art of Drug-Free Living



New York City. When Laurie Meadoff founded the City Kids youth center in 1985, she wanted to establish a place where New York City adolescents from diverse racial backgrounds could talk together about issues that concerned them. The program began by emphasizing theater as education, through role-playing and public speaking. Within a few years, City Kids grew into a repertory company; its productions deliver messages against drug use, teen pregnancy and violence.

City Kids now involves 80 participants, ages 12 to 21, in dramatic productions, leadership training and conflict mediation workshops. The group has performed hundreds of shows in

schools and youth centers all over the United States. City Kids was part of a 1993 ABC television series, a 1996 pilot for Nickelodeon and President Clinton's 50th Birthday Party at Radio City Music Hall. Participants have gone on to appear in television programs, such as NBC's *ER*, and films, such as *Waiting to Exhale*, *Dangerous Minds* and *Devil in a Blue Dress*.

The program is funded by a number of corporations, including Sears & Roebuck, Reebok and McDonald's, as well as individual contributions. The impact on drug use, teen pregnancy and violence among program participants has not been evaluated. To find out more, contact City Kids at (212) 925-3320.

Parents are powerful influences in the lives of their children. Through their words and their actions, parents provide key guidance on alcohol, tobacco and other drug use. Recent surveys confirm that parents are deeply concerned about protecting their children from drugs, but many of them do not know how to do so.

A 1996 nationwide poll of adults and children within the same family reported that two in five parents think they have little influence over their children’s decisions whether or not to use drugs. Parents often underestimate the extent of their children’s marijuana use as well as the ready availability of drugs. According to the Partnership for a Drug-Free America, teenagers report more personal drug use and exposure in their peer group than their parents realize. Moreover, parents often think they are communicating about drugs, while their children do not. Nearly all of the parents surveyed (94 percent) said they had seriously discussed drugs with their teens, but only 61 percent of teens recalled these discussions.

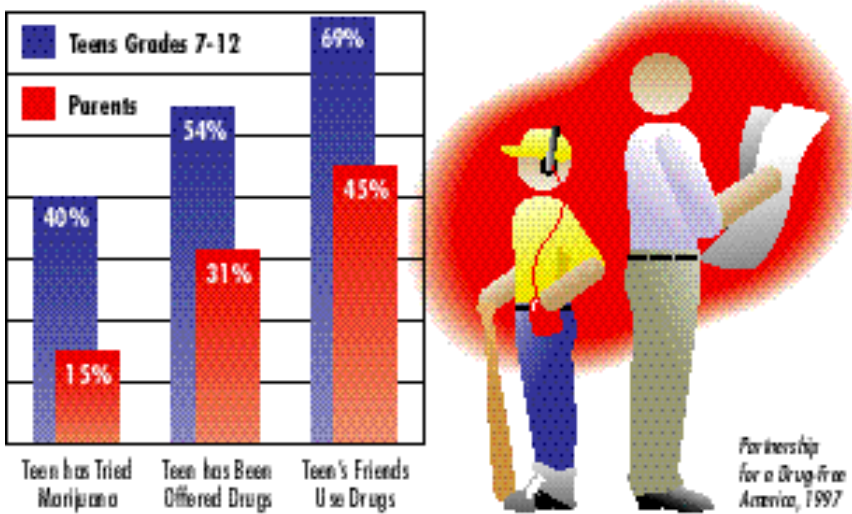
Despite this gap in perceived communication, parents do make a difference. Parents have a critical role to play

in prevention—within the family and in collaboration with schools, churches and community groups. Talking does help, even if the results are not immediately apparent. The 1997 National PRIDE Survey reports that the more often parents talk to their children about the dangers of drugs, the less likely it is that their children will try drugs. However, since 1990, fewer teens report that their parents talk to them “a lot” about drugs.

The closer teens are to their parents and the more connected they feel to school, the less likely they are to smoke, drink or use other drugs, according to the 1997 report of the National Longitudinal Study on Adolescent Health. (These teens are also less likely to engage in violence, commit suicide or have sex at a young age.) Positive relationships with parents and teachers are powerful protective factors, more significant than how many activities teens do with their parents, school size or student/teacher ratio. Although less important than the emotional connection, the presence of parents at key times—in the morning, after school, at dinner and at bedtime—also makes teenagers less likely to use alcohol, tobacco or other drugs.

The researchers concluded that parents and teachers are just as important to adolescents as they are to younger children. They also suggested steps parents

PARENTS UNDERESTIMATE THE THREAT OF DRUGS



Perceptions of Parents and the Experience of their Teenagers

can take to help protect their children from dangerous behaviors: set high academic expectations for children; be as accessible as possible; send clear messages to avoid alcohol, tobacco, other drugs and sex; lock up alcohol and get rid of guns in the home. The study found that the mere presence of alcohol, tobacco and other drugs significantly increases the likelihood of their use. In this context, it is significant that three-quarters of the 12 million Americans who say they use illegal drugs regularly have children under the age of 12 at home.

Child Abuse, Neglect and Family Violence

Child abuse, neglect and family violence are all closely linked with alcohol and other drug use. Illicit drugs are involved in half the reported incidents of family violence, while alcohol is involved in three-quarters of the cases, according to the National Research Council. Research now confirms that our homes can be as dangerous as our streets because of family violence (spouse assault, child abuse, sibling violence and elder abuse). In May 1997, the *Journal of the American*

Medical Association reported key findings of a new survey: almost all assailants (92 percent) in family violence cases used alcohol and/or other drugs the day of the assault; three in four had an earlier drug or alcohol related arrest. The survey was conducted in a residential area of a major city that included upper-income neighborhoods and housing projects.

The scope of the problem is growing; the number of abused and neglected children doubled between 1986 and 1993. By 1996, the number of children in foster care exceeded 500,000. The total cost of investigations, foster care and adoption services nationwide is about \$5.7 billion. More than three-quarters of all foster care cases involve drug abuse by at least one parent; this does not include alcohol abuse. These problems are not limited to adults: a 1994 Washington State study found that 36 percent of the children eligible for foster care also had substance abuse problems.

The Child Welfare League reports similar patterns nationwide: parental involvement with alcohol and other drugs is a presenting problem in the majority of child welfare cases while the child's use of alcohol and other drugs dominates a significant minority of cases. Children with substance abuse problems of their own are far more likely to experience multiple placements and stay in foster care longer than other children.

Workplace Initiatives Cross Traditional Boundaries

The Parent Connection. Developed by the Work in America Institute, The Parent Connection was designed to reach busy parents in their places of work. The program teaches parents how alcohol, tobacco and other drugs affect child development; how their own use of substances influences their children; and how to help their children avoid alcohol, drugs and tobacco. A 3-year pilot study of 20 corporate sites found a 100 percent endorsement of the program by participating parents and employers. The program can also be used by community-based organizations to reach parents in any setting.

K-Mart Invests in Children. The K-Mart Family Foundation was formed in 1996 to fight drug abuse by youth nationwide. One hundred percent of the funds raised by the foundation are donated to charities that battle drug abuse by children. The foundation is an

extension of K-Mart's direct giving programs, which respond to community needs and make communities where K-Mart does business better places to live and work.

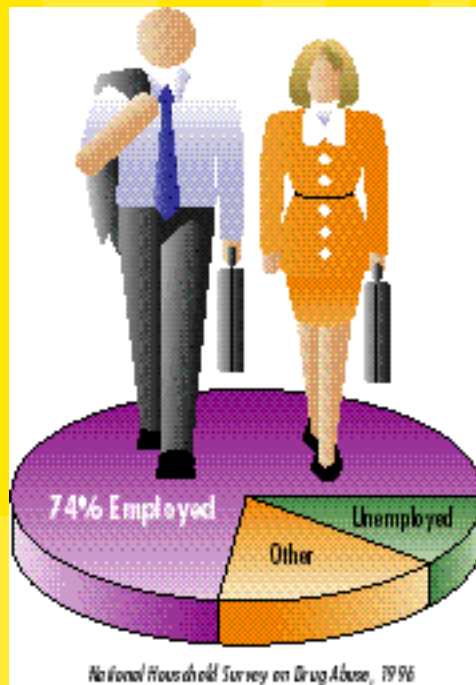
Sacramento Police Go to Work. In Sacramento, California, police officers lead seminars to help managers address drug problems among private industry workers. The officers point out the costs of drug use by workers, while emphasizing the benefits of comprehensive workplace programs and referral to services.

Insurance Discount Programs. Increasingly, employers with drug-free workplace policies and programs are enjoying discounts on their workers' compensation insurance. Premium discounts of 5 percent or more are provided in nine states, including Florida, Georgia, Alabama, Washington, Tennessee, Mississippi, South Carolina, Virginia and Ohio. Similar initiatives are planned in Illinois, New Jersey, North Carolina, Louisiana, Massachusetts and Texas.

The tiered discount plan devised by the Ohio Bureau of Workers' Compensation offers increasing discounts over time and with the intensity of workplace programs. Premium discounts in Ohio begin at 6 percent for new participants meeting minimum requirements; discounts reach 20 percent for employers who remain in the program at least four years and expand their drug-free workplace programs. In Washington and Ohio, statewide figures on insurance claims will be used to determine the cost-effectiveness of the premium discounts.

Drug Use Among Workers. Three in four people who acknowledged using drugs in 1996 were employed, including 6.2 million full-time workers and 1.9 million part time workers. These figures have been consistent over the last six years.

MOST DRUG USERS ARE EMPLOYED



Damage to children from alcohol, tobacco and other drugs begins before birth. Of the approximately 4 million women who give birth every year, one in eight uses one of these drugs the week prior to delivery. This poses serious health risks to their unborn children, including fetal alcohol syndrome, premature birth and impaired development. There are more than 5,000 cases of fetal alcohol syndrome (FAS) each year, according to the U.S. Department of Health and Human Services. The cost of caring for a baby born with FAS to age 65 is estimated to be \$500,000.

Illicit drug use is a major factor in the spread of HIV infection to infants, children and adolescents, according to the American Academy of Pediatrics. Babies may contract HIV from their mothers *in utero*, during delivery or through breast-feeding. Despite the availability of AZT, which can reduce HIV transmission from mother to infant, more than 2,000 new pediatric AIDS and HIV cases were reported in the U.S. in 1996. The majority of pediatric AIDS cases result from the mother's injection drug use or sexual contact with an injection drug user. AIDS is currently the seventh leading cause of death for children ages 1 to 14. Even if children escape HIV and AIDS, they may be at risk in other ways. By the year 2000, as many as 80,000 children in this country will have been orphaned due to AIDS.

One-fifth of new HIV infections each year occur among young people under age 25. One-third of infected teenage girls contracted the virus through unsafe sex with drug users or through their own injection drug use. Because of the long incubation period for the virus, many young adults may have become infected during their teenage years.

Just as alcohol and other drug use hinders a driver's responses on the road, they also lower inhibitions and impair judgement in social situations, which can lead to high risk behavior. Drinking and other drug use is linked to the sharp increase of sexually transmitted diseases (STDs) among young people. Contracted through sexual contact with an infected person, STDs include syphilis, gonorrhea and genital herpes. The United States has the highest rate of STDs in the industrialized world, with 12 million new cases each year. Three million of these cases involve teens 13 to 19 years old. STDs are more prevalent among middle and high school students who use alcohol and other drugs, according to the National Institute on Drug Abuse.

Alcohol and tobacco are responsible for more than 500,000 deaths each year. When teens grow up, the health consequences of the smoking and drinking habits they acquire as adolescents will create an enormous financial burden on society. The Centers for Disease Control and Prevention estimate that unless teen smoking rates are cut immediately, more than 5 million young people under age 18 who are alive today will die from smoking-related diseases. The cost of treating these diseases will reach \$200 billion during their lifetime.

Needle Exchange Programs Expand: Debate Continues

Sharing needles, syringes and other equipment among injecting drug users is a key factor in HIV transmission. According to the U.S. Centers for Disease Control and Prevention (CDC), injection drug use accounts for at least 25 percent of all cumulative reported AIDS cases and 50 percent of new HIV infections. Needle exchange programs are designed to reduce the transmission of HIV infection among injecting addicts, and to encourage addicts to seek treatment and other related health services.

In 1988, Congress prohibited the use of Federal funds to support needle exchange programs (NEPs) while nevertheless funding research on needle exchange. Without Federal support, NEPs have had to depend on limited private funding and volunteers. While NEPs are technically illegal in most states and cities, more than 100 NEPs operate in 40 cities in the United States as a result of exemptions to the law, health department waivers and local states of emergency. For example, mayors in several cities, including Los Angeles and San Francisco, declared states of emergency in order to permit needle exchange programs to continue despite state law. In 1992, Washington State's Supreme Court ruled that exchanging syringes (not giving them away) was legal.

Needle exchange programs are increasing. In 1993, there were 37 programs operating in 13 states; by 1997, the figure had grown to 115 programs in 29 states, Puerto Rico and Guam, according to the North American Syringe Network. The Association of State and Territorial Health Officials reports that 10 states currently use state dollars to fund needle exchange programs as an important component of their HIV prevention strategies for injecting drug users.

Needle exchange programs are controversial; their critics believe they promote illegal drug use. However, separate government studies by the General Accounting Office and CDC conclude that needle

exchange programs do not increase drug use and are effective in reducing the spread of HIV and hepatitis B. NEPs also provide a unique opportunity to refer addicts to drug treatment. In Tacoma, Washington, the needle exchange program is the single largest source of treatment referrals. In the last two years, Seattle's needle exchange program has helped more than 200 people get into treatment, according to the Seattle-King County Department of Health.

The American Bar Association and the American Medical Association are among the latest national organizations to call for permitting the use of Federal funds to support needle exchange programs. They join such organizations as the American Academy of Pediatrics, the U.S. Conference of Mayors and the American Public Health Association which have urged ending the ban on Federal funding for NEPs.

A 1997 Hart poll found that one in two Americans supports needle exchange programs to reduce the spread of AIDS, and one in three believes that needles should be available without prescription.

In February 1997, U.S. Secretary of Health and Human Services Donna Shalala wrote "needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious disease in communities that choose to include them." In August 1997, the Director of the Office of National Drug Control Policy issued a press release stating, "Federal treatment funds should not be diverted to short term 'harm reduction' efforts like needle exchange programs."

To date, the Administration and Congress have not acted, citing the need for further study.

Parents in Treatment

Treatment for a parent means prevention for a child. In 1996, more than a third of pregnant drug users had young children living with them. Historically, treatment has been largely inaccessible to pregnant addicts and parents without access to transportation and child care. In recent years, innovative treatment programs targeting pregnant, post-partum and parenting alcohol and other drug abusers have begun to intervene early in the lives of high risk children. These programs provide treatment as well as parent training and job readiness skills.

Treatment for adult addicts is still scarce. The shift to managed health care among both public and privately funded treatment providers has created a new emphasis on short-term interventions, rather than sustained treatment for chronic addiction. Failure to match clients to appropriate treatment reduces success rates and contributes to public skepticism about investing in treatment. Providing treatment to all addicts in the U.S. would save nearly \$130 billion in social costs over the next 15 years, according to a 1994 RAND Corporation study. In addition to reducing crime, disease and addiction among those treated, the savings would be realized in improved social, economic and public health outcomes for their children.

Treatment for Youth

Drug treatment has traditionally focused on adult addicts, who often have developed severe problems, including job loss, criminal histories and medical complications including cirrhosis, hepatitis and

AIDS. According to the Federal Center for Substance Abuse Treatment, only a few dozen of the more than 6,700 publicly funded treatment programs nationwide are designed exclusively for adolescents. In 1995, nearly 2 million people were in publicly funded alcohol and drug treatment programs in the U.S. Six percent were under the age of 18.

Most adolescent treatment is aimed at youth with serious drug habits; relatively few are designed to help teens who are just beginning to develop problems. As a result, these teens are often referred to programs focused on severely troubled addicts which may exacerbate rather than reduce their drug use. Different levels of pathology require different treatment environments: not all programs are equally effective for young people.

Student assistance programs, like the one in Westchester County, New York, encourage youth to seek counseling for personal or family problems they think might lead to alcohol or other drug use. These programs are usually school-based, use independent counselors, and give teens easy access to help before their problems escalate. Studies have found that these early interventions providing immediate assistance can substantially reduce drinking and marijuana use. Moreover, the approach is far less costly than making treatment available only after teens develop an addiction, drop out of school or commit crimes.

Young teens begin with experimentation and occasional use, while adults have often experienced a decade or more of addiction. The types of drugs abused also tend to vary with age. Marijuana and alcohol are the most prevalent among treatment clients under age 18 while cocaine is associated with older clients, according to nationwide treatment data. Appropriate referral of adolescent substance abusers requires a comprehensive evaluation, including detailed consideration of alcohol and other drug use history, and a complete physical examination. Many programs are not able to provide a detailed evaluation but adhere to a "one size fits all" philosophy. In an April 1997 speech, Dr. Arthur Elster, President of the American Society of Adolescent Medicine, concluded that "physicians have almost no resources to deal with teenage drug abuse at a time when abuse is rapidly expanding in this population."

Long-Term Help for Pregnant Substance Abusers



Seattle, Washington. Since 1991, the Seattle Advocacy Model has helped pregnant women protect their babies from the harmful effects of alcohol and other drugs. These women typically receive little prenatal care and may be difficult to trace after they give birth. The Seattle Advocacy Model establishes a three-year relationship between advocates and mothers beginning at delivery.

The staff works with each participant through home visits. By assisting mothers with practical problems—from getting diapers to obtaining specialized medical care—advocates gradually gain their trust. The program also links women to helpful resources in the community.

The outcomes are encouraging. Two years after the Seattle Advocacy Model was established, 80 percent of clients had participated in treatment, and 48 percent had abstained from alcohol and other drugs for at least six months. In addition, 93 percent of infants were receiving well-child care and 89 percent had received four or more sets of immunizations. However, no controlled impact evaluation has been conducted.

Initially supported by a five-year demonstration grant from the Center for Substance Abuse Prevention, the program is now funded by the state of Washington. To find out more, call (206) 543-7155.

Addressing Pregnant Addicts' Broader Needs



Kansas City, Missouri. The Kansas City Prevention, Assistance, Coping Skills and Teaching Program (KCPACT) provides pregnant women with perinatal substance abuse intervention to reduce their babies' exposure to drugs. Participants receive prenatal assistance, counseling and well-baby check-ups for 18 to 24 months after giving birth.

This program aims to keep women in drug treatment by addressing a host of fundamental problems that can undermine their success—like the need for housing, food and clothing. Since its creation in 1991, KCPACT has served 376 women. Although no rigorous evaluation has been conducted to assess KCPACT's efficacy, in its first year, 41 percent of clients' babies

were born drug-free; by 1996 that figure rose to 78 percent.

KCPACT's interventions can mean \$3,000 in health care costs for a healthy birth instead of \$300,000 for a severely affected drug-exposed infant. KCPACT may also save public money by helping women keep custody of children who might otherwise enter foster care.

Initially supported by the Hall Foundation, the program has been funded by the Center for Substance Abuse Treatment since 1992, and also receives some county funding. In 1995, KCPACT received the National Association of State Alcohol and Drug Abuse Directors' Exemplary Prevention Program Award. For more information call (206) 685-2903.

A Vital Resource for Youth



Washington, D.C. Sasha Bruce Youthwork offers much-needed help for at-risk children and their families, and is Washington, D.C.'s only emergency shelter for homeless children and teens. The center houses 12 programs, including a teenage mothers' home, a court diversion program and a learning center.

In 1994, Sasha Bruce Youthwork introduced an outpatient drug treatment program for teenage drug users. Necessary Interventions for Adolescents (NIA) includes counseling, peer support groups, anger management sessions, AIDS prevention education and tutoring. NIA

has not yet been formally evaluated.

Sasha Bruce programs have shown great promise. For instance, 95 percent of Sasha Bruce residents attain a stable home life, compared to 66 percent of youth from other federally subsidized shelters. The diversion program has an 18 percent rearrest rate, compared to 65 percent for the city's juvenile justice system overall.

Sasha Bruce Youthwork is supported by grants from the federal government, the District of Columbia, the Fannie Mae Foundation, United Way and private donations. To learn more, call (202) 541-3828.

Rising Like a Phoenix



Montgomery County, Maryland. The Phoenix Schools are two of the nation's few public schools exclusively for teens who are struggling with alcohol and other drug addiction. Developed in 1979 by Montgomery County Public Schools Board of Education, they allow recovering youth to attend high school like their peers, instead of being placed in residential treatment.

The Phoenix Schools blend substance abuse recovery programs into the school environment in order to improve school attendance, involvement in academics, and social interactions and recreation skills. A typical day includes standard high

school classes as well as group counseling sessions and relapse prevention groups. The program also requires attendance at self-help groups such as Narcotics Anonymous and Alcoholics Anonymous meetings.

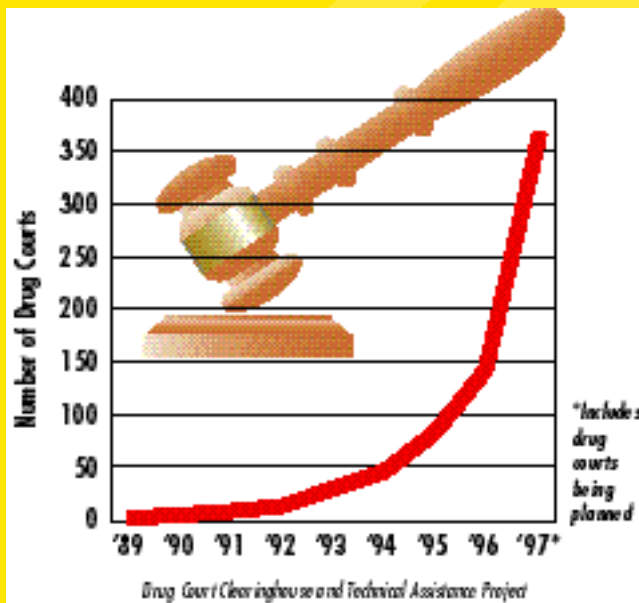
Currently serving 50 students in grades 9 through 12, the Phoenix Schools have two sites in Silver Spring and Gaithersburg, Maryland, and were recently featured on ABC News' "Solutions" segment. A scientific evaluation of the Phoenix School approach has not been conducted to date. To contact the Phoenix Schools, call (301) 649-8039 (Silver Spring) or (301) 840-7918 (Gaithersburg).

Stopping the Cycle in Drug Court

Drug courts are revolutionizing the criminal justice system, placing nonviolent drug abusing offenders into intensive court-supervised treatment instead of prison. Some drug courts target first-time offenders, while others concentrate on habitual offenders; they all aim to reduce drug abuse and crime. If participants fail to complete treatment, then prosecution and sentencing proceed routinely. But many offenders stop using drugs, start working, support their families and end their criminal activity—at a far lower cost to the taxpayer than incarceration.

Drug Courts Multiplying. Since 1989, drug court programs have offered tough, court-supervised drug treatment to more than 65,000 offenders across the country. By 1997, there were more than 171 drug courts in operation, and another 100 were in the planning stages. The first juvenile drug court opened in Las Vegas, Nevada in 1994. There are now 25 juvenile drug courts and 43 more are being planned. In addition to programs for nonviolent adult and juvenile drug offenders, there are special drug courts for female offenders, domestic violence victims and perpetrators, homeless offenders, drunk drivers and immigrants.

**NUMBER OF DRUG COURTS
GROWS RAPIDLY**



Producing Results. Drug courts reduce crime and drug abuse: on average, 75 percent of drug court participants stay in treatment. Drug abuse is curtailed for the 50 to 65 percent of participants who graduate after a year or more in the programs. Among drug court graduates, criminal recidivism is 4 percent.

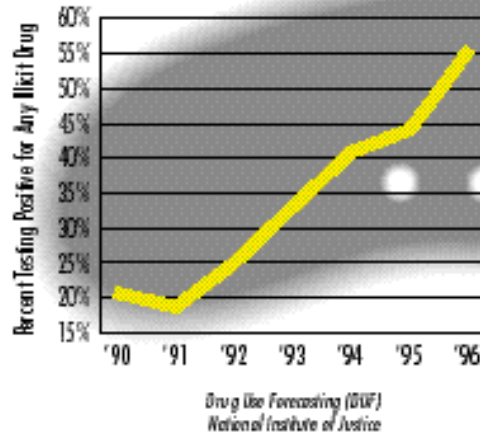
Drug courts save money. Estimated savings in jail costs are \$5,000 per participant. In Washington, D.C., a year of drug court cost \$1,800 to \$4,400 per participant. This compares to \$20,000 per year to jail an offender.

Since 1989, more than 200 drug-free babies have been born to women receiving treatment through drug courts. Reduced health care costs for these infants exceed \$50 million.

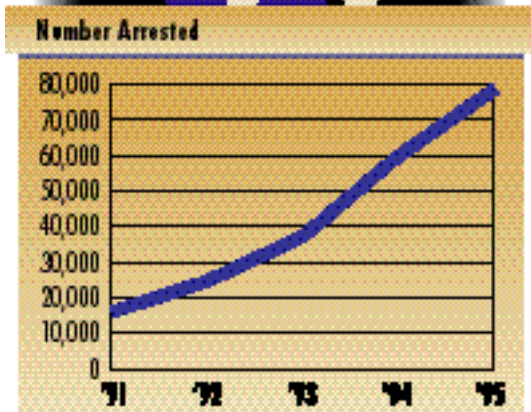
In July 1997, a U.S. General Accounting Office (GAO) report on drug courts called for expanded evaluation of these promising programs. To learn more about drug courts, call the Drug Court Clearinghouse and Technical Assistance Project at (202) 885-2875 or the National Association of Drug Court Professionals at (703) 706-0576.

Behavioral and emotional problems in adolescents are often associated with delinquency, alcohol and other drug use. According to a recent nationwide study, one in five teens ages 12 through 17 reports serious problems with depression, anxiety, delinquency and aggression. These teens are much more likely to smoke, drink heavily and use other drugs. Moreover, drugs seem to exacerbate delinquent behavior. A major study of 7th grade boys already involved in delinquent activity found that those who used drugs reported much higher rates of truancy, shoplifting, gang fighting and vandalism than boys who did not use drugs.

DRUG USE GROWING AMONG JUVENILE ARRESTEES



TEENAGE ARRESTS FOR MARIJUANA CLIMBING



Uniform Crime Reports, FBI, 1997

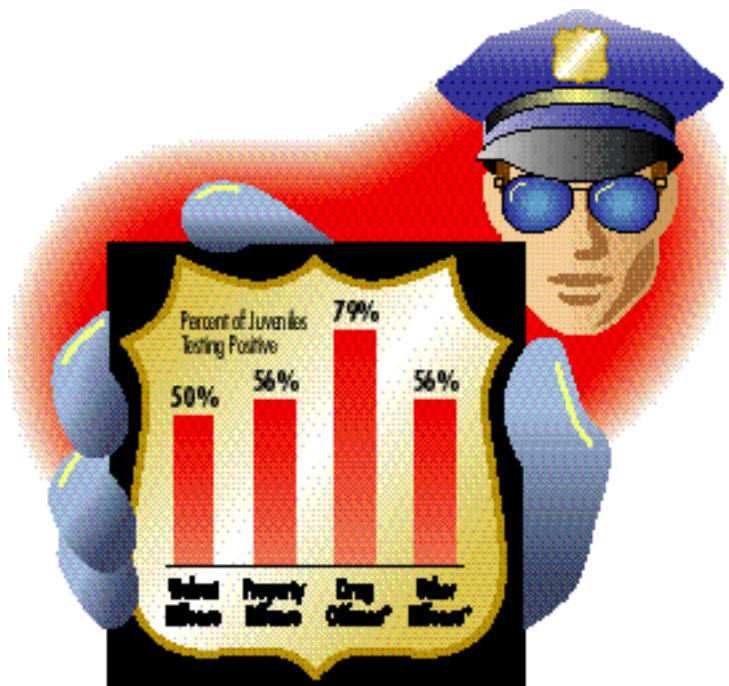
Rising teen drug use has been accompanied by increasing drug arrests of juveniles. From 1992 to 1996, juvenile arrests for drug law violations (possession or sale) more than doubled.

The nationwide Drug Use Forecasting System (DUF) reports that in 1996, more than half of arrested juveniles tested positive for drugs at the time of arrest, compared to less than one-fifth five years ago. Some cities like Washington, D.C. show higher rates, with two-thirds of arrested juveniles testing positive. Studies of juveniles in custody for various offenses confirm the pervasiveness of drug use.

At least half of those involved in robbery, burglary and assault report that they were using drugs at the time of the offense. Juveniles convicted of selling or possessing illegal drugs report even higher levels of drug use.

Marijuana violations account for two-thirds of juvenile drug arrests, which are largely for possession rather than sale. From 1991 to 1995, juvenile marijuana possession arrests grew five-fold. Arrests for possession of heroin and/or cocaine have also increased, although at a much lower rate, while arrests for sales have actually declined.

**JUVENILE DRUG USE PERSVASIVE
REGARDLESS OF OFFENSE**



*Drug Use for Arresting (DUA)
National Institute of Justice, 1997*

Driving Under the Influence

While juvenile drug arrests have increased, arrests for driving under the influence (DUI) dropped by 60 percent from 1985 to 1993. Since then, there has been a gradual increase but the number of juvenile DUI arrests has

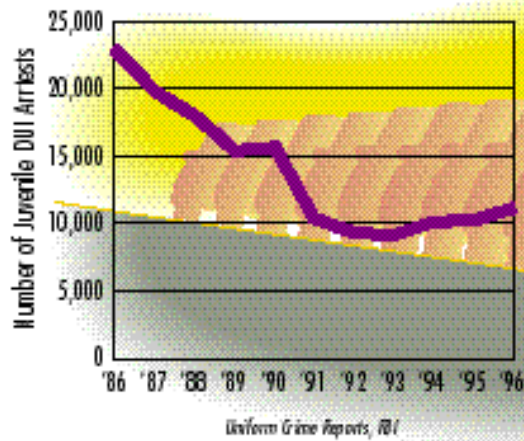
remained well below mid-1980s figures, even though heavy drinking among juveniles has not declined.

The encouraging drop in teen DUI arrests reflects the concerted efforts of Mothers Against Drunk Driving (MADD), Students Against Drunk Driving (SADD) and many community coalitions which have worked hard to teach teens not to drink and especially not to drink and drive. The designated driver campaign, which has been widely incorporated into television entertainment programming, has also had an impact. Adult DUI arrests are declining as well, suggesting that social attitudes towards drinking and driving at any age are much less accepting than they were a decade ago. These gains, however, are now threatened by rising binge drinking rates among the youngest adolescents, those not yet old enough to drive. Intensive prevention efforts are urgently needed for this youngest group of teens.

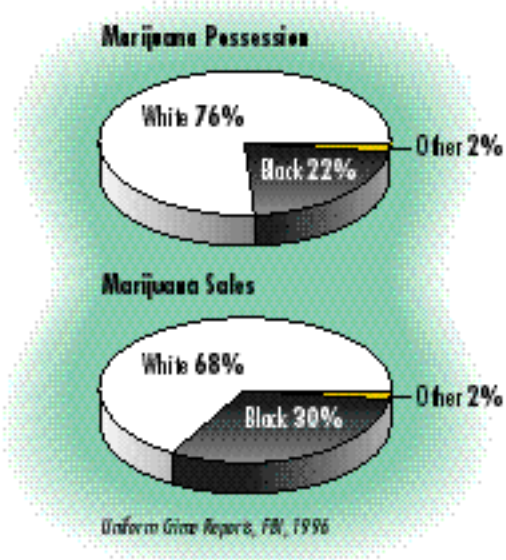
Alcohol remains closely linked to accidents, which are the leading cause of death for adolescents. In 1996, a third of the 25,000 fatal traffic accidents for this group were related to alcohol. Moreover, driving under the influence of illicit drugs may be more widespread than generally realized. A 1994 study in Memphis, Tennessee, found that more

than half the drivers stopped for reckless driving tested positive for marijuana or cocaine, but not alcohol. A similar study in St. Louis, Missouri, found that one-third to one-half of those arrested for traffic offenses tested positive for illegal drugs. Testing for illegal drugs as well as alcohol in speeding and reckless driving cases is not routine in most areas. However, in view of recent trends in teen drug use, marijuana and other drugs may be involved in increasing numbers of traffic accidents.

JUVENILE DUI ARRESTS REMAIN WELL BELOW PREVIOUS LEVELS



WHITE YOUTH DOMINATE ARRESTS FOR MARIJUANA POSSESSION AND SALES



Drug Arrests and Race

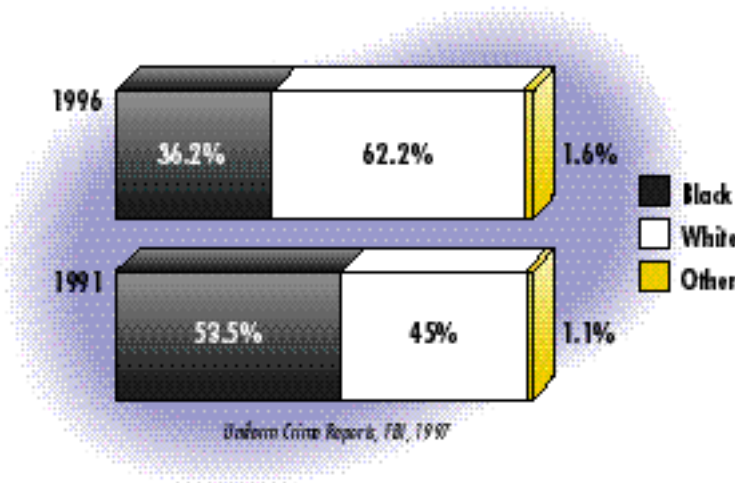
Many Americans view youth drug crime as largely an inner-city, minority problem. However, arrest statistics suggest a very different picture. Nearly two-thirds of all juveniles arrested for drug law violations are white, a reversal of the pattern five years ago when black juveniles accounted for more than half of all drug arrests.

Increasing numbers of marijuana law violations are largely responsible for this shift: four out of five juveniles arrested for marijuana offenses are white. White juveniles charged with marijuana possession outnumber black juveniles almost four to one; white youth also dominate arrests for marijuana sales.

Although, marijuana arrests are now largely associated with white juveniles, heroin and cocaine arrests involve black juveniles by a margin of two to one. In part these

differences reflect patterns of drug dealing: crack cocaine, powder cocaine and heroin have been more prevalent in inner-city drug markets, which serve both black and white clients. As high purity, low cost heroin becomes more popular in the suburbs as well as the cities, the racial distribution of teen drug arrests may soon change.

CHANGING RACIAL COMPOSITION OF JUVENILE DRUG ARRESTS



Violent Crime

Violence is pervasive in our society. Although violent crime has declined in the past two years, the United States has the highest youth violent death rate in the industrialized world—more than twice the rate in Japan, Italy and the United Kingdom. Violence involving children and adolescents has increased dramatically over the past ten years.

Like drug abuse, violence is beginning at younger ages. One in ten students in 7th and 8th grades acknowledged committing a violent act in the past year compared to one in

twelve high school students, according to the 1997 report of the National Longitudinal Study of Adolescent Health (known as “Add Health”).

Homicide has long been linked to substance abuse; autopsies of homicide victims have found that 40 to 70 percent had been drinking at the time of death. Among juveniles, nearly 60 percent of homicide victims have some level of alcohol in their blood at the time of death. Add Health reports that even those who do not drink or use other drugs are much more likely to be killed in households where drugs are used. Like the harmful effects of second hand smoke, alcohol and other drug abuse by some household members greatly increases the risk of violent death among other non-using members. In addition to the pharmacological effects of alcohol and other drugs, the researchers noted that the drug culture environment may contribute to the increased risk of homicide. Theft, drug dealing and other activities to obtain drugs often generate violent behavior.

Americans are particularly concerned about violent juvenile crime, which rose 27 percent from 1989 to 1996. Despite public fears, the actual numbers of juveniles arrested for violent crimes are relatively small: in 1996, they

accounted for 96,000 arrests out of the total 2 million juveniles arrested nationwide. This compares to more than 149,000 juvenile drug arrests.

Nonetheless, violent crime has become more deadly, largely because of the widespread availability of guns. From 1984 to 1994, the number of homicides by juveniles almost tripled (from 800 to 2,300), accounting at its peak for 18 percent of all homicides. By 1996, juvenile homicides had declined substantially, representing about 9 percent of all homicides.

Murders of juveniles climbed 34 percent between 1985 and 1996. Two-thirds of juvenile murders in 1995 involved guns. Moreover, juveniles are disproportionately vulnerable: in 1995, one in three victims of violent crime was an adolescent aged 12 to 19, and almost half were under age 25.

As criminologists have noted, the norms of conflict have changed considerably in the past two decades. When one teen knocked another one down, the fight was usually over. This is no longer the case, as shown by a recent example in Los Angeles where a gang shooting did not stop even after the ambulance arrived. The perpetrators followed the victim to the hospital and shot him on the stretcher.

Drinking, other drug use and drug dealing are closely linked to juvenile violence. Half of all juveniles arrested for violent offenses test positive for drugs at the time of arrest. In 1996, positive drug tests among this group of violent juveniles

ranged from a high of 62 percent in Washington, D.C. to a low of 29 percent in Portland, Oregon. Longitudinal studies of adolescents have found that drug use tends to prolong violent behavior. While most teens who engage in violent activities outgrow their violent behavior by early adulthood, those who also use drugs are less likely to outgrow it.

In August 1997, the House of Representatives passed new legislation providing major incentive grants to states to prosecute increased numbers of juveniles as adult criminals. Currently before the Senate, the legislation encourages states to give prosecutors (rather than juvenile court judges) authority to transfer juveniles charged with serious violent felonies or drug offenses to criminal courts, provide graduated sanctions for all juvenile offenders and require that criminal records be kept for juveniles.

Although courts in most states can already transfer serious juvenile cases to adult court, the numbers of juveniles actually transferred are still quite small, fewer than 13,000 annually. By giving states incentives to change their juvenile laws, the proposed Federal legislation will substantially increase the volume of transferred cases, including large numbers of drug offenders. This in turn could exacerbate current crowding in state prisons and jails, where one-quarter of all inmates are serving sentences for drug offenses. In some states, drug courts provide court-supervised treatment instead of incarceration for nonviolent, addicted offenders. These courts, which engage the presiding judge directly in individual cases, use the leverage of a pending criminal sentence to keep addicts in treatment. Results thus far are good: many courts have been able to reduce recidivism by as much as one-half among offenders who successfully complete drug court.

Mother and Child Reunions



he number of women imprisoned for drug-related crimes is rising, and most of them have children under 18. But distance and costs often prevent these children from visiting their incarcerated mothers, and the separation can lead to anxiety and trauma for the youngsters.

In November 1992, Girl Scouts USA joined forces with the Maryland Department of Corrections and a local church to develop Girl Scouts Beyond Bars, an outreach program for the daughters of female inmates. By enrolling in the program, Girl Scouts with incarcerated mothers receive transportation, organizational affiliation and emotional support—key resources for girls at

risk of following in their mothers' footsteps. Girls visit their mothers inside the correctional facilities two Saturdays per month and meet with troop leaders on alternating Saturdays. They also participate in regular scouting activities, including weekly meetings and camping trips.

The program which has attracted state, local and private funding, has established 19 chapters in 15 states. In Maryland, about 70 girls have participated since 1992. Although the program has not been evaluated, Girl Scouts Beyond Bars has been honored with many awards, including two from the governors of Florida and Texas. To find out more, call (202) 514-6205.

Recognizing Drugs' Ripple Effect



New York City. Substance abuse affects many people besides the abuser, from the aunt who is evicted because her nephew is caught with cocaine in her apartment to the child who is distracted in school because of a mother's addiction. One program that focuses on these often-overlooked victims is La Bodega de la Familia. The program aims to help drug users succeed in treatment, and protect families and neighbors from the repeated theft, verbal abuse and physical violence that often accompany addiction.

Targeting a 24-block, largely Hispanic community, La Bodega de la Familia is located on the

site of a former grocery store, where a tragic confrontation occurred between police and local drug dealers. With assistance from businesses, community organizations, local residents and government officials, the Vera Institute of Justice transformed the store in 1996 to a place of hope and healing.

La Bodega's bilingual staff provides counseling, education and access to community resources. Although it has not been scientifically evaluated, the program has served over 300 people. For more information, call (212) 982-2553 or visit La Bodega's Web site at www.vera.org./bdf/

Success Beyond Sentencing



The first juvenile drug court in America opened in Las Vegas in 1994. By April 1997, there were 25 such courts in 14 states and an additional 43 juvenile, family and dependency courts being planned.

Juvenile drug courts aim to stop substance abuse and delinquency by young, nonviolent offenders who do not pose a danger to the community. They include tough, judicially supervised treatment, drug testing, sanctions and incentives for both the offender and the offender's family. When treatment is successfully completed, some courts reduce sentences, while others rescind the finding of delinquency and dismiss the charges.

Treatment retention rates in juvenile drug courts range from 67 to 95 percent. For example, since October 1995, three-quarters of those who have entered the nine-month program of the juvenile drug court in Visalia, California, have stayed in treatment or graduated. Within six months of

graduation, only 11 percent have been rearrested, and 96 percent of graduates' parents report that their children remain drug-free. Controlled evaluations are being conducted at a number of juvenile drug courts.

The courts receive funding from asset forfeiture, Edward Byrne Program funds, and local law enforcement block grants, as well as grants from the Drug Courts Program Office in the U.S. Department of Justice. In 1997, the Office of National Drug Control Policy provided funds to the National Association of Drug Court Professionals (NADCP) to establish a Drug Court Institute for education, training and research related to drug courts nationwide.

To learn more about drug courts, call the NADCP at (703) 706-0576, or American University's Drug Court Clearinghouse and Technical Assistance Project at (202) 885-2875.

A Chance for Rehabilitation



New York City. Since 1971 the New York City Probation Department's diversion program, Alternative to Detention, has given youth ages 12 to 16 a chance to turn their lives around following arrest.

Judges select approximately 1,100 juveniles arrested for crimes such as drug possession and robbery to participate in the program each year. Participants live at home and spend eight hours a day, five days a week in special classes, counseling, behavior modification sessions and cultural experiences, such as visits to museums and the theater.

With just 15 participants per caseworker, Alternative to Detention offers more personalized

supervision than other programs, which may have up to 100 juveniles per caseworker. By the time their cases come to trial, about 60 percent of Alternative to Detention participants are placed on probation instead of spending time in a juvenile detention facility. Only about 13 percent wind up back in court. Comparison outcome data on eligible juvenile arrestees not selected for the program are not available.

In 1996, Annie E. Casey Foundation provided funds to increase the number of youth served by 400 a year. New York City promised to sustain the expanded program when that grant expires. To contact Alternative to Detention, call (212) 442-4365.

A Perfect Fit for Delinquent Girls



Baltimore, Maryland. In 1992 Baltimore's Department of Juvenile Justice launched the Female Intervention Team (FIT), an all-female probation unit developed in response to the growing number of girls in the juvenile justice system. The program works with girls adjudicated delinquent by the court, helping them recognize, cope with and reduce barriers to their success.

FIT offers girls counseling, tutoring, case management and referrals to community resources. The program works closely with probation officers, hospitals, social service agencies and local organizations, such as the Urban League and Girl Scouts.

The Female Intervention Team has served over 400 girls. The program may contribute to reductions in girls' residential facility commitments. In FIT's first year, the number of girls committed to Baltimore's secure residential facility decreased by 50 percent. By 1997, commitments were down 80 percent.

In 1995, the program received the Innovations in American Government Award as well as an Excellence Award from the Department of Juvenile Justice. To learn more, call (410) 333-6776.

A Lifeline for School Drop-Outs



In some American cities, truancy rates exceed 30 percent, with consequences that harm the broader community as well as the truants. Many youngsters who are frequently truant bring weapons to school, threaten their classmates or regularly disrupt the learning environment. Youth who fail or drop out of school are also at higher risk of drug use than those who regularly attend classes.

To reduce these risks, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) joined forces with the U.S. Department of Education's Safe and Drug-Free Schools and Communities in 1996 to launch Youth Out of the Education

Mainstream (YOEM). YOEM helps communities promote local partnerships to develop prevention strategies. The program also provides administrators, teachers and parents with the resources to make those strategies work.

Targeting at-risk youth before they engage in delinquent behavior, YOEM helps them continue their education, earn high school diplomas and achieve their full potential as socially responsible members of society. The program is being tested in schools in Oklahoma, California, Kansas, Minnesota, New Jersey, New Mexico and Arizona. For more information, contact (202) 616-3642.

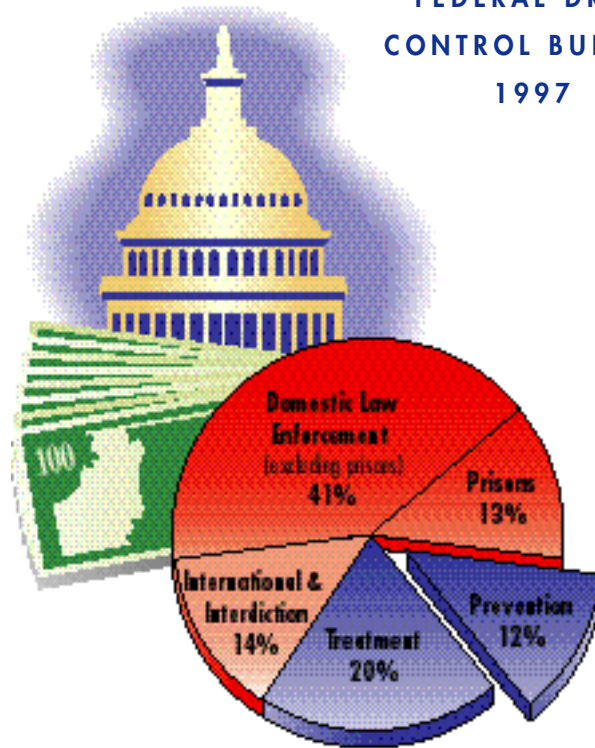
In the past decade, Federal drug control spending has more than tripled, climbing from \$4.7 billion in 1987 to \$16 billion today. Most of this growth has supported domestic drug enforcement, which accounts for more than half the total \$105 billion spent on Federal drug control since 1989.

The single largest enforcement expenditure is for prisons. Increased prison costs stem not only from climbing drug arrests but also from Federal mandatory minimum sentences that have resulted in longer prison stays for drug offenders. In 1997, the Federal drug budget spent more for prisons than for prevention.

Prevention is the top priority of the President's 1997 National Drug Control Strategy. Recognizing the urgent need to "educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco," the Strategy calls for an increase of \$283 million for prevention spending over last year's funding levels.

In October 1997, Congress approved the centerpiece of this new initiative, a \$195 million media campaign directed towards young people ages 9 to 17 to

FEDERAL DRUG CONTROL BUDGET, 1997



Office of National Drug Control Policy

change attitudes towards illicit drugs (alcohol and tobacco are not included). Building on the work of the Partnership for a Drug-Free America, the campaign will have a large advertising component intended to ensure young people receive drug prevention messages at least four times a week. In addition, the campaign is intended to stimulate substantial donations in media creative talent and air-time.

Apart from this new initiative, prevention funding will remain at last year's levels. Congress did not approve the President's request for increased support for the Safe and Drug Free Schools and Communities Act, the major source of funds for school drug and violence prevention education.

Treatment funding will also remain at last year's levels, although intensive, rigorous drug treatment is unavailable in many parts of the country. According to government estimates, less than half the nation's addicts can get treatment, unless they are insured or can pay for private care.

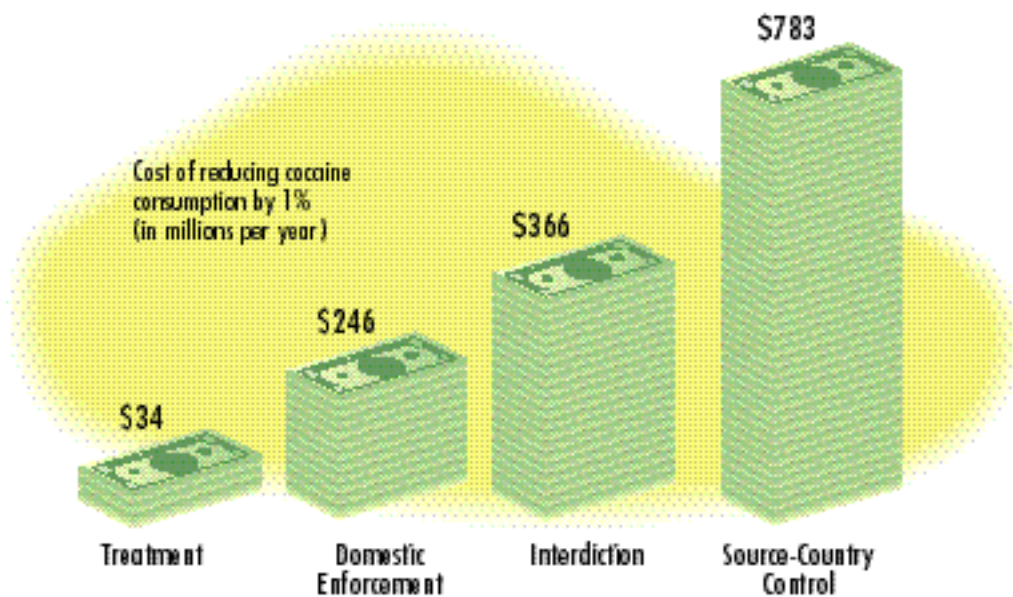
Adolescent drug treatment is also scarce, despite growing numbers of young people who are dependent on alcohol and other drugs. New legislation providing health care for uninsured children (\$50 billion over 10 years) does not cover residential alcohol and drug treatment.

Drug enforcement, interdiction and international supply reduction efforts continue to dominate the Federal drug control budget. Since 1991, when teen drug use began to climb, these efforts have cost \$67 billion. During the same period—while teen drug use more than doubled—total Federal spending for prevention was \$12 billion.

Commenting on the importance of cutting the demand for drugs in a June 1997 interview on National Public Radio, Director of the Office of National Drug Control Policy, General Barry McCaffrey concluded that, "The metaphor war, total victory, crushing an enemy through surprise moves...may be less helpful than seeing this for what it really is: a very complicated law enforcement, medical and social challenge. So at the end of the day, many of us believe if you want to fight a war on drugs, sit down at your own kitchen table and talk to your own children."

If we are to make effective prevention and treatment realities in this country, we must give them real priority in the Federal drug control budget.

TREATMENT IS MOST COST-EFFECTIVE WAY TO CUT DRUG USE



Source: RAND Drug Policy Research Center

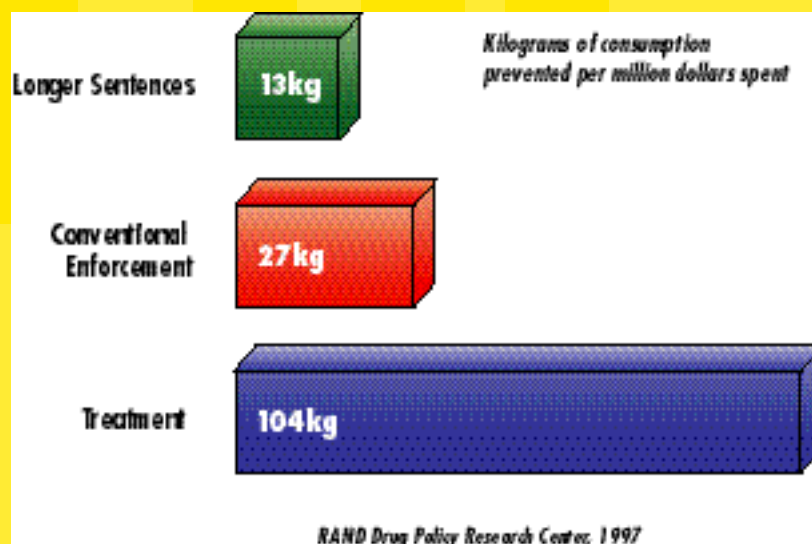
Rising Prison Costs for Drug Offenders

Congress and all 50 states have adopted laws that require judges to impose lengthy, mandatory sentences on drug offenders, regardless of the circumstances of the individual case. Drug offenders now comprise 60 percent of the Federal prison population which reached 100,000 in 1996. One in four of these offenders have no record of violent crime, according to the Department of Justice. In state prisons and jails, about one-quarter of the 1.6 million inmates are serving drug-related sentences.

Since 1987, Federal spending on prisons has grown five-fold while state corrections budgets have more than doubled. Both California and Florida now spend more on their prison systems than on their public universities while a decade ago higher education budgets were considerably larger than those for correctional institutions.

Two recent RAND Corporation studies suggest that these large investments in law enforcement and incarceration do not pay off in reduced crime. Prevention strategies that keep high-risk youth out of trouble with the law appear to be far more cost-effective in reducing crime than are longer prison sentences for adults. RAND researchers found that reductions in crime similar to those expected to result from "three strikes and you're out" mandatory prison sentences in California could be achieved at one-fifth the cost through programs aimed at inducing students to complete high school. Moreover, government spending on long prison terms has less impact on drug addiction and drug crime than do resources for community policing, drug courts, and intensive drug treatment.

TREATMENT BEST STRATEGY FOR REDUCING COCAINE USE



- Daniel Brookoff et al., "Characteristics of Participants in Domestic Violence." *Journal of the American Medical Association*, May 7, 1997, pp. 1369-1373.
- Daniel Brookoff et al., "Testing Reckless Drivers for Cocaine and Marijuana." *The New England Journal of Medicine*, August 25, 1994, pp. 518-522.
- Jonathan P. Caulkins, C. Peter Rydell, William J. Schwabe and James Chisea, *Mandatory Minimum Sentences: Throwing Away the Key or the Taxpayers' Money?* Santa Monica, CA: RAND Drug Policy Research Center, 1997.
- Consult With America: A Look at How Americans View the Country's Drug Problem*. Rockville, MD: The Gallup Organization, 1996.
- Patrick A Cutris and Charlotte McCullough, "The Impact of Alcohol and Other Drugs on the Child Welfare System." In *Child Welfare*, LXXII (6). Washington, DC: Child Welfare League of America, 1993.
- William M. DiMascio, *Seeking Justice: Crime and Punishment in America*. New York, NY: Edna McConnell Clark Foundation, 1997.
- Robert H. DuRant, Ellen S. Rome, Michael Rich et al., "Tobacco and Alcohol Behaviors Portrayed in Music Videos: A Content Analysis." *American Journal of Public Health*, 1997, 87(7):1131-1135.
- Phyllis Ellickson, Kimberly McGuigan, Virgil Adams et al., *Teenagers and Alcohol Misuse in the United States: By Any Definition, It's a Big Problem*. Santa Monica, CA: RAND Drug Policy Research Center, 1996.
- D.S. Elliott, D. Huizing and S. Menard, *Multiple Problem Youth: Delinquency, Substance Abuse and Mental Health Problems*. New York, NY: Springer-Verlag, 1989.
- Mathea Falco, *The Making of a Drug-Free America: Programs That Work*. New York, NY: Times Books, 1994.
- Give Children Hope in a World with AIDS: Resource Booklet*. Washington, DC: American Association of World Health, August 15, 1997.
- Scott D. Holmberg, "The Estimated Prevalence and Incidence of HIV in 96 Large U.S. Metropolitan Areas." *American Journal of Public Health*, 1996, 86:642-654.
- Robert A. Johnson, John P. Hoffman and Dean R. Gerstein, "The Relationship Between Family Structure and Adolescent Substance Use." Rockville, MD: National Opinion Research Center, 1996.
- Anna Kline and Gloria Rodriguez, *Substance Use and Dependency Among New Jersey Juvenile Arrestees*. Trenton, NJ: New Jersey Department of Health and Senior Services, 1996.
- Richard Lowry, Deborah Holtzman, Benedict Truman et al. "Substance Use and HIV-Related Sexual Behaviors Among U.S. High School Students: Are They Related?" *American Journal of Public Health*, 1994, 84:1116-1120.
- 1996 Maryland Adolescent Survey*. Annapolis, MD: Maryland Department of Education, 1997.
- A.D. McNeil, M. J. Jarvis, J.A. Stapleton et al., "Prospective Study of Factors Predicting Uptake of Smoking in Adolescents." *Journal of Epidemiology and Community Health*, 1988, 43(1):72-78.
- 1995 Minnesota Student Survey - Juvenile Correctional Facilities*. St Paul, MN: Minnesota Department of Human Services, 1996.
- "Missed Opportunities for Intervening in the Lives of Pregnant Women Who are Addicted to Alcohol and Other Drugs." Washington, DC: Southern Legislative Conference, Southern Regional Project on Infant Mortality, 1995.
- National Survey of American Attitudes on Substance Abuse II: Teens and Their Parents*. New York, NY: Center on Addiction and Substance Abuse, 1996.
- Partnership Attitude Tracking Study, 1996*. New York, NY: Partnership for a Drug-Free America, 1997.
- "Reducing the Risk of Human Immunodeficiency Virus Infection Associated with Illicit Drug Use." *American Academy of Pediatrics*, 1995, 94(6):945-947.
- Michael D. Resnick, Peter S. Bearman, Robert Wm. Blum et al., "Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health." *Journal of the American Medical Association*, 1997, 278(10): 823-832.
- Results from the 1996-97 PRIDE Survey. Bowling Green, OH: Parent's Research Institute for Drug Education, 1997.
- Substance Abuse and Public School Students - Arizona 1995: A Survey of Elementary, Middle and High School Students*. Phoenix, AZ: Arizona Criminal Justice Commission, 1995.
- Substance Abuse and the American Adolescent*. New York, NY: Center on Addiction and Substance Abuse, 1997.
- Roger Tourangeau, Tom Smith and Kenneth Rasinski, "Motivation to Report Sensitive Behaviors on Surveys: Evidence From a Bogus Pipeline Experiment." *Journal of Applied Psychology*, 1996, 27(3):209-222.

Barbara S. Vincent and Paul S. Hofer, *The Consequences of Mandatory Minimum Prison Terms: A Summary of Recent Findings*. Washington, DC: Federal Judicial Center, 1994.

Ching-Tung Wang and Deborah Daro, *Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1996 Annual Fifty State Survey*. Chicago, IL: National Committee to Prevent Child Abuse, 1997.

Who's Who Among American High School Students: Annual Survey of High Achievers. Lake Forest, IL: Educational Communications, Inc., 1997.

Department of Health and Human Services

"Advance Report of Final Natality Statistics, 1992." National Center for Health Statistics (October, 1994).

"Cigar Smoking Among Teenagers - United States, Massachusetts and New York, 1996." CDC (*Morbidity and Mortality Weekly Report*, Vol. 46 (20), 1997).

"Physical Health Problems Associated with Adolescent Substance Abuse: STD's and AOD Use Among Adolescents." In *Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions*. NIDA Research Monograph 156 (pp. 112-129).

Mid-Year Preliminary Estimates from the 1996 Drug Abuse Warning Network, SAMHSA (July 1997).

HIV/AIDS Surveillance Report, CDC (1997).

"National Survey Results on Drug Abuse from the Monitoring the Future Study." NIDA (December 1996).

Preliminary Estimates from the National Household Survey on Drug Abuse, SAMHSA (August 1997).

Preventing Tobacco Use Among Young People, CDC (1994).

Public Health Impact of Needle Exchange Programs in the United States and Abroad, CDC (1993).

Substance Abuse Among Women and Parents, Office of Planning and Evaluation (July 1994).

"Youth Risk Behavior Surveillance—United States, 1995." CDC (*Morbidity and Mortality Weekly Report*, Vol. 45, September 27, 1996).

Department of Justice

Drug Use Forecasting System, NIJ (1991-1997).

Juvenile Offenders and Victims: A National Report, OJJDP (1996; Violence Update, 1997).

Prisoners in 1996, BJS (1997).

Uniform Crime Reports, FBI (1991-1997).

Other Federal Agencies

Drug Courts: Overview of Youth, Characteristics, and Results, GAO (July, 1997).

National Drug Control Strategy, Budget Summary, ONDCP (February 1997).

Needle Exchange Programs: Research Suggests Promise as AIDS Prevention Strategy, GAO (1993).

"Office of National Drug Control Policy Comments on Needle Exchange Research Released August 20 by the Family Research Council." ONDCP (August 20, 1997).

Parental Drug Abuse Has Alarming Impact on Young Children, GAO (April, 1994).

Pulse Check, National Trends in Drug Abuse, ONDCP (Summer 1997).

Drug Strategies Publications

Cutting Crime: Drug Courts in Action (1997)

Forging New Links: Police, Communities and the Drug Problem (1997)

Implementing Welfare Reform: Solutions to the Substance Abuse Problem (1997)

Rethinking International Drug Control: New Directions for U.S. Policy (1997)

Drugs and Crime Across America: Police Chiefs Speak Out (1996)

Drugs, Crime and Campaign '96 (1996)

Investing in the Workplace: How Business and Labor Address Substance Abuse (1996)

Making the Grade: A Guide to School Drug Prevention Programs (1996)

Drugs and Crime: Questions and Some Answers for Broadcasters (1995)

Keeping Score: What We are Getting for Our Federal Drug Control Dollars (1995), (1996)

State Profiles on Alcohol, Tobacco and Other Drug Use and Programs that Reduce These Problems:

California Profile (1995)

Massachusetts Profile (1995)

Ohio Profile (1995)

Arizona Profile (1997)

Americans Look at the Drug Problem (1994), (1995), (1997)