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DRUG PREVENTION PROGRAMS AND THE FISCAL YEAR 2006 DRUG CONTROL BUDGET: IS THE FEDERAL GOVERNMENT NEGLECTING ILLEGAL DRUG USE PREVENTION?

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED NINTH CONGRESS

FIRST SESSION

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DRUG PREVENTION PROGRAMS AND THE FISCAL YEAR 2006 DRUG CONTROL BUDGET: IS THE FEDERAL GOVERNMENT NEGLECTING ILLEGAL DRUG USE PREVENTION?

TUESDAY, APRIL 26, 2005

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 2:02 p.m., in room 2203, Rayburn House Office Building, Hon. Mark Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder, Cummings, Norton, and Watson.

Staff present: Marc Wheat, staff director and chief counsel; Nick Coleman and Michelle Powers, counsels; Malia Holst, clerk; Tony Haywood, minority counsel; and Jean Gosa, minority assistant clerk.

Mr. SOUDER. The subcommittee will now come to order.

Good afternoon and thank you all for coming. This hearing is the third in a series of hearings providing oversight of the President's budget proposal for drug control programs, as well as for legislation to reauthorize the Office of National Drug Control Policy in the High Intensity Drug Trafficking Areas program.

This hearing will focus on the President's proposal for the Federal Government's drug use prevention programs. Prevention, "stopping use before it starts," in the words of President Bush's recent National Drug Control Strategy Report, is a vital component of any effective drug control strategy. In many respects it is the most important component since it is a demand for drugs that attracts the supply. Prevention aimed at reducing drug use by young people is, in turn, the most important kind of demand reduction.

The Federal Government's major prevention programs include the Safe and Drug-Free Schools program at the Department of Education, which includes formula grants to the States, and national programs; the National Youth Anti Drug Media Campaigns—the so-called Media Campaign at the Office of National Drug Control Policy, which helps fund a national advertising campaign to educate young people and parents about the danger of drug abuse; the Drug Free Communities Program at ONDCP, which provides small grants to local coalitions of organizations and individuals who come together for drug use prevention efforts in

their communities, and prevention programs funded through grants provided by the Center for Substance Abuse Prevention, part of the Substance and Mental Health Services Administration [SAMHSA], at the Department of Health and Human Services.

The Federal Government also funds significant research and development of drug prevention methods through CSAP and Counter-Drug Technology Assessment Center [CTAC], at ONDCP. The Federal Government also funds research into the health risks of drug abuse at the National Institute of Drug Abuse [NIDA], a division of the National Institutes of Health [NIH], which are also part of HHS, the Health and Human Services Department, the results of which are then publicized by NIDA and other Federal agencies.

The administration's budget proposals for these programs raise very serious questions about the future of Federal prevention efforts. The SDFS State Grants, Safe and Drug-Free Schools, which Congress funded at $437 million in fiscal year 2005, are being targeted for total elimination. The national programs would only increase from $155 million to $232 million, creating a net loss of nearly $360 million in drug prevention education funds.

The DFC and Media Campaign, which would be flat-funded, which, when inflation is taken into account, especially inflation in advertising rates, amounts to a decrease in total resources for the programs. Even SAMHSA's prevention funds will be reduced by $14 million, from $198 million for fiscal year 2005 to $184 million; while NIDA's prevention research funds would increase by only $2 million, from $412 to $414.

As a result, prevention now accounts for only 13 percent of the total drug control budget. This raises significant question about the administration's prevention strategy.

Although the administration has valid concerns about how effective our prevention programs have been in reducing drug use, I believe the appropriate response is to reform existing programs by making them more accountable or to propose new and better programs. The administration's deep cuts, unaccompanied by any new proposals, suggests a significant abandonment of even the concept of prevention. That would be a serious mistake. Unless the Nation is able to reduce drug use demand, there will always be a market for illegal drugs.

These budget proposals are particularly regrettable given the previous improvements the administration made in Federal prevention strategy. For example, ONDCP has revitalized the National Youth Anti-Drug Media Campaign. In the late 1990's, the Media Campaign had suffered from a lack of direction, as well as contractor difficulties, due to accounting irregularities by Ogilvy and Mather, the advertising firm responsible for the Media Campaign. Questions were raised as to whether the Media Campaign should be continued at all.

ONDCP Director John Walters made the Media Campaign a major priority for the administration. First, ONDCP took steps to resolve the accounting irregularities, eventually replacing Ogilvy and Mather. Second, the Media Campaign sought to maximize its impact by running a series of advertisements intended to educate young people and parents about specific problems, including the dangers of ecstasy and the link between drug trade and terrorism,

the importance of parental guidance, and the risks of marijuana use.

The results—increased accountability, increased awareness among young people of the dangers of drug use, and decreased youth drug abuse—speak for themselves. Although not all of the program's advertisements are equally successful, that is true of any advertising campaign. Overall, the Media Campaign has been established as a major component of effective drug control policy.

The administration has also taken a leadership role in promoting drug testing in the schools. Drug testing shows great promise in preventing young people from using narcotics. It also is a tool for identifying which students need treatment and other special help to get them off drugs and achieve their true potential. It also is an excellent tool for measuring the success of other drug prevention programs, as it shows whether the true bottom line, reducing drug use, has been achieved. Instead of cutting Safe and Drug-Free Schools and other programs, the administration should provide the same kind of innovative leadership.

Safe and Drug-Free Schools and similar programs have great potential as a vehicle for bringing effective anti-drug education to millions of young people in our schools. The program has certainly suffered from a lack of accountability due to statutory limits on data collection, as well as a lack of focus on drug abuse education.

The administration has never attempted to reform this program whatever, which ought to be the first step, not eliminating it entirely. And I want to say this as a member of the Education Committee, and as somebody who was on it when we did this and we got no leadership at the time we authorized the program either, other than eliminating it.

It is more important than ever for ONDCP to focus attention on this vital area of drug policy. Regrettably, neither ONDCP nor the Department of Education was able to send a witness to discuss the administration's inadequate budget request. However, I am pleased to welcome my friend and fellow Hoosier, Charlie Curie, the Administrator of SAMHSA, to discuss the prevention budget and strategy from the perspective of his agency. We are grateful to him for joining us today.

As with all of our hearings dealing with these issues, we try to reach out to private organizations and local communities to learn about the potential impact of budget changes. Representing two of the largest and most distinguished prevention organizations, we are pleased to be joined by General Arthur Dean, chairman and CEO of Community Anti-Drug Coalitions of America; and Mr. Stephen Pasierb, president and CEO of the Partnership for Drug-Free America.

We also welcome Ms. Bonnie Hedrick, executive director of the Ohio Resource Network for Safe and Drug-Free Schools and Communities; Mr. Clarence Jones, coordinator of the Safe and Drug-Free Youth Section at Fairfax County, VA Public Schools; Ms. Tracy McKoy, a parent coordinator in Fairfax County; and Ms. Ashley Izadpanah, a student volunteer in Fairfax County.

We thank all of our witnesses for joining us today, and we look forward to hearing your testimony.

[The prepared statement of Hon. Mark E. Souder follows:]

Opening Statement
Chairman Mark Souder

"Drug Prevention Programs and the Fiscal Year 2006 Drug Control Budget: Is the Federal Government Neglecting Illegal Drug Use Prevention?"

Subcommittee on Criminal Justice, Drug Policy, and Human Resources
Committee on Government Reform

April 26, 2005

Good afternoon, and thank you all for coming. This hearing is the third in a series of hearings providing oversight of the President's budget proposals for drug control programs, as well as for legislation to reauthorize the Office of National Drug Control Policy (ONDCP) and the High Intensity Drug Trafficking Areas (HIDTA) program. This hearing will focus on the President's proposals for the federal government's drug use prevention programs.

Prevention – "stopping use before it starts," in the words of President Bush's recent National Drug Strategy Report – is a vital component of any effective drug control strategy. In many respects, it is the most important component, since it is the demand for drugs that attracts the supply. Prevention aimed at reducing drug use by young people is, in turn, the most important kind of demand reduction.

The federal government's major prevention programs include the Safe and Drug-Free Schools (SDFS) program at the Department of Education, which includes formula grants to the states, and "national programs"; the National Youth Anti-Drug Media Campaign (the "Media Campaign") at the Office of National Drug Control Policy (ONDCP), which helps fund a national advertising campaign to educate young people and parents about the dangers of drug abuse; the Drug-Free Communities (DFC) program at ONDCP, which provides small grants to local "coalitions" of organizations and individuals who come together for drug use prevention efforts in their communities; and prevention programs funded through grants provided by the Center for Substance Abuse Prevention (CSAP), part of the Substance and Mental Health Services Administration (SAMHSA) at the Department of Health and Human Services (HHS).

The federal government also funds significant research and development of drug prevention methods, through CSAP, and the Counterdrug Technology Assessment Center (CTAC) at ONDCP. The federal government also funds research into the health risks of drug abuse at the National Institute on Drug Abuse (NIDA), a division of the National Institutes of Health (NIH, also a part of HHS), the results of which are then publicized by NIDA and other federal agencies.

The Administration's budget proposals for these programs raise very serious questions about the future of federal prevention efforts. The SDFS state grants, which Congress funded at $437 million in fiscal year 2005, are being targeted for total elimination; the "national programs"

would only increase from $155 million to $232 million, creating a net loss of nearly $360 million in drug prevention education funds. The DFC and Media Campaign would be flat-funded (which, when inflation is taken into account, amounts to a decrease in total resources for the programs). Even SAMHSA's prevention funds would be reduced by $14 million (from $198 million for FY 2005 to $184 million), while NIDA's prevention research funds would increase by only $2 million (from $412 million to $414 million).

As a result, prevention now accounts for only 13% of the total drug control budget. This raises significant questions about the Administration's prevention strategy. Although the Administration has valid concerns about how effective our prevention programs have been in reducing drug use, I believe the appropriate response is to reform the existing programs by making them more accountable, or to propose new and better programs. The Administration's deep cuts, unaccompanied by any new proposals, suggest a significant abandonment of even the concept of prevention. That would be a serious mistake. Unless the nation is able to reduce drug use demand, there will always be a market for illegal drugs.

These budget proposals are particularly regrettable, given the previous improvements the Administration made in the federal prevention strategy. For example, ONDCP has revitalized of the National Youth Anti-Drug Media Campaign (the "Media Campaign"). In the late 1990's, the Media Campaign had suffered from a lack of direction as well as contractor difficulties (due to accounting irregularities by Ogilvie & Mather, the advertising firm responsible for the Media Campaign). Questions were raised as to whether the Media Campaign should be continued at all.

ONDCP Director John Walters made the Media Campaign a major priority for the Administration. First, ONDCP took steps to resolve the accounting irregularities, eventually replacing Ogilvie & Mather. Second, the Media Campaign sought to maximize its impact by running a series of advertisements intended to educate young people and parents about specific problems – including the dangers of ecstasy (MDMA), the link between the drug trade and terrorism, the importance of parental guidance, and the risks of marijuana use.

The results – in increased accountability, increased awareness among young people of the dangers of drug use, and decreased youth drug abuse – speak for themselves. Although not all of the program's advertisements are equally successful, this is true of any advertising campaign. Overall, the Media Campaign has been established as a major component of effective drug control policy.

The Administration has also taken a leadership role in promoting drug testing in the schools. Drug testing shows great promise in preventing young people from using narcotics; it is also a tool for identifying which students will need treatment and other special help to get them off drugs and achieve their true potential. It is also an excellent tool for measuring the success of other drug use prevention programs, as it shows whether the true "bottom line" – reducing drug use – has been achieved.

Instead of cutting SDFS and other programs, the Administration should provide the same kind of innovative leadership. Safe and Drug-Free Schools and similar programs have great

potential as a vehicle for bringing effective anti-drug education to millions of young people in our schools. The program has certainly suffered from a lack of accountability (due to statutory limits on data collection), as well as a lack of focus on drug abuse education. The Administration has never attempted to reform this program, however, which ought to be the first step – not eliminating it entirely. It is more important than ever for ONDCP to focus attention on this vital area of drug policy.

Regrettably, neither ONDCP nor the Department of Education was able to send a witness to discuss the Administration's inadequate budget request. However, I am pleased to welcome my friend and fellow Hoosier, Charles Curie, the Administrator of SAMHSA, to discuss the prevention budget and strategy from the perspective of his agency. We are grateful to him for joining us today.

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Mr. SOUDER. I now yield to our ranking member, Mr. Cummings.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

Mr. Chairman, first of all, I want to welcome to our hearing some young people from the Close Up Foundation, and we have students here from Michigan, Mississippi, and Louisiana.

We are very, very happy to have you all with us. You are seeing government in action and issues that affect you, so it is nice that you came on the day that you came, because a lot of the issues that we deal with go to trying to prevent young people from entering the world of illegal drugs. So we welcome you.

Mr. Chairman, I want to just start off by quoting an article that you are quoted in. It is by Paul Singer and it is the National Journal, and it is dated April 23, 2005. Now, I am not going to do your quotes, but I am going to say this. Let me show you how the article starts. "If you can name the current drug czar, you are probably mad at him. Republican and Democratic Members of Congress, law enforcement officials around the country, academics who study drug policy, even former and current staff members are raising complaints about the performance of the White House Office of National Drug Control Policy. Under the leadership of John Walters, the Office is accused of retreating from its mission, abandoning key programs without consulting with Congress, and losing or forcing out key staff members with years of experience."

I will skip a little bit. Then it says, "Walters has clearly lowered the profile of the Office, critics say, and in some cases withdrawn from consultation even with those agencies that are considered allies."

The reason why I read that, Mr. Chairman, is because I am, too, very concerned that we would invite ONDCP here to talk about what is going on in the Department and they not show up. It is an insult to me; it is an insult to the Congress of the United States of America. And I don't say that very lightly. I don't know about you, Mr. Chairman, but when I come to Washington, I come to do the people's business. I have a lot of work to do in Baltimore in my district. So when I rush down here on a Tuesday, when I could get here at 6:30, and I get here at 2, I expect the people that we want to come to testify to be present.

And with that introduction and what has been said about Drug Czar Walters—and understand he is a friend of mine. I have supported him 100 percent even before he got into this position, and have consistently done it. When you cannot send an under-staffer, you know, send me somebody to defend your budget and the situation, and then we have all these wonderful people who can show up, it says a lot. And I think that somebody needs to get that message to Drug Czar Walters, that the Congress will not stand for that.

Now, as we noted in the past, Mr. Chairman, drug abuse accounts for the loss of some 20,000 lives in the United States each year. Most of these deaths are attributable to the use of hard drugs such as heroin, cocaine, meth, and ecstasy, but all illegal drug use takes a toll on our society, and the more effective we are in preventing people from using any drug in the first place, the better our chances for achieving a drug-free America.

The costs inflicted on individuals, families, communities, and the Nation as a whole—in terms of reduced academic achievement, employment prospects and productivity, increased risk of illness and substantial healthcare costs, family strife and dissolution, drug-related crime and violence, soaring criminal justice system costs, and loss of human promise—are simply too immense for us not to do all that we can to educate and persuade Americans to avoid using drugs. That is why I believe that it is imperative that we do just that, that we invest, but invest heavily, in drug prevention.

Unfortunately, Mr. Chairman, the President's budget for fiscal year 2006 does not take that path. Instead, the administration has made the choice to reverse ground on prevention at a time when we clearly need to move forward.

Overall, the President's budget request of $12.4 billion for drug control programs in fiscal year 2006, up from approximately $12.2 billion in fiscal year 2005, according to ONDCP, "the President's fiscal year 2006 budget increases funding levels for drug programs throughout the Federal Government." But a close examination of the budget reveals that the administration is proposing significant increases for international supply reduction efforts at the expense of both demand reduction and support for State and local drug enforcement.

Whereas the fiscal year 2005 drug budget allocated approximately 45 percent of Federal drug control funding to demand reduction, only 39 percent would go to the demand reduction side in fiscal year 2006. But the total of $4.8 billion allocated for demand reduction in fiscal year 2006 is not just a smaller percentage of the drug budget; it also represents a net reduction of about $270 million compared to the level appropriated by Congress in fiscal year 2005.

A mere 8.3 percent of the total drug control budget would go to prevention programs, versus 11.3 percent in fiscal year 2005. In my opinion, the 13.3 was inadequate, and 3 percent less is moving in the wrong direction.

And let us not overlook the fact that this is a drug control budget that does not even account for more than $4 billion in Federal funds devoted to the incarceration of convicted drug offenders.

The most severe program cut in the area of prevention is the elimination of $441 million in funding for grants to States under the Safe and Drug-Free Schools program within the Department of Education. If we enact the President's request, the consequences will be felt in classrooms across the country, where States and localities simply cannot afford to fund drug education on their own.

The Drug-Free Communities Support Program, which leverages the resource of community coalitions organized at the grassroots level, is funded at $10 million below the level authorized in fiscal year 2006, and the $2 million annual budget of the National Coalition Institute, run by the Community Anti-Drug Coalitions of America, is slashed by more than half.

And one of the sad things about this, Mr. Chairman, these are the programs that we have so many people volunteering and giving their blood, sweat, and tears to make work, and it is probably one of the best investments that we can make because not only do we get more bang for our buck, that is, that you have a lot of unpaid

people who we are helping to rid their own communities of drugs and deal with prevention, but it also makes them partners with the Government to do this.

So they become extremely sensitized to all of the problems, and then the more they become sensitized and the more they learn, then they can spread that word to other communities and perhaps help them address the problem. So it is a wonderful deal for our budget and our efforts.

The budget further proposes to eliminate the Drug Enforcement Administration's Demand Reduction Program and to cut funding for drug prevention efforts by the National Guard.

Under the President's budget, the Center for Substance Abuse Prevention within SAMHSA would receive $15 million less in fiscal year 2005. And I will be very interested to hear from Mr. Curie with regard to how that will affect his efforts.

The National Youth Anti-Drug Media Campaign, the Government's primary means of disseminating messages that discourage teen drug use, would receive $120 million, an amount equal to the figure appropriated in fiscal year 2005, but some $60 million below the amount originally authorized for the program in 1998. Mr. Chairman, if we want an effective anti-drug media campaign, one that stands a chance of competing with the countervailing messages that are pervasive in today's media environment, we have to fund it at a level that will enable it to have the reach and frequency required for it to have maximum impact.

The President in 2002 announced a goal of reducing both youth and adult drug use by 10 percent over 5 years and by 25 percent over 10 years. We all support those objectives. The 2005 National Drug Control Strategy states that the President's 5-year goal for youth drug use has not only been met, but that it has been exceeded, and that is encouraging news.

But I am concerned, Mr. Chairman, that the same Monitoring the Future survey that shows a reduction in the use of any illicit drugs among 8th, 10th, and 12th graders also shows worrisome trends in the use of cocaine and heroin by youth in the same age groups, as well as among young adults. Thus, while a sharp drop in reported teen use of marijuana enables the administration to claim victory in meeting the President's 5-year goal for reducing overall drug use among youth, it is clear that we must do more, not less, to ensure that we are reducing the use of all dangerous drugs among both youth and adults.

Mr. Chairman, we are all aware of the administration's budget priorities at the beginning of the President's second term of office are informed by fiscal constraints relating to homeland security, the war in Iraq, and other economic factors. But the obvious erosion of emphasis on demand reduction, and prevention in particular, cannot be explained by extraneous factors when the overall drug control budget is being increased. Moreover, the justifications that the administration offers for cutting or eliminating some programs while boosting funding for others simply do not appear to hold water.

ONDCP, in the President's 2005 National Drug Control Strategy, attempts to make the case that severe cuts to programs like Safe and Drug-Free Schools are based on the failure of these programs

to demonstrate effectiveness under the administration's Program Assessment Rating Tool [PART]. But a recent analysis by former ONDCP staffer John Carnevale shows that at least half of the Federal drug budget is exempt from PART review and further concludes that PART was not central to shaping the Federal drug control budget.

I am almost finished, Mr. Chairman.

The President and the Office of the National Drug Control Policy are ultimately responsible for the shape of the Federal drug control budget. ONDCP has explicit statutory authority to review and certify the drug control budgets of agencies throughout the Government and formulates the President's National Drug Control Strategy. Congress placed that authority in the Executive Office of the President to ensure that the Federal budget provides adequate support for all the Nation's drug control priorities, with the ultimate aim of reducing drug use.

The clear shift of priorities in the proposed budget for the coming fiscal year raises serious questions about how ONDCP is utilizing its statutory authority.

And again, for all of those reasons, Mr. Chairman, I am disappointed that John Walters is not with us. But I do thank all of our other partners who are here, and I want to say to you, if I don't get a chance to say it in the future, I want to thank all of you for doing what you do everyday to make a difference in our country with regard to drugs, because you may not realize it now, but you are affecting generations yet unborn in a very, very positive way, and we do appreciate you.

With that, Mr. Chairman, I yield back.

[The prepared statement of Hon. Elijah E. Cummings follows:]

Opening Statement
Representative Elijah E. Cummings, D-Maryland-7
Ranking Minority Member
Subcommittee on Criminal Justice, Drug Policy, and Human Resources
Committee on Government Reform
U.S. House of Representatives
109th Congress

Hearing on "Fiscal Year 2006 Drug Budget: Is the Federal Government Neglecting Drug Prevention?"

April 26, 2005

Mr. Chairman,

Thank you for holding today's very important hearing on the President's proposed budget for federal drug prevention programs in Fiscal Year 2006.

As we have noted in the past, drug abuse accounts for the loss of some 20,000 lives in the United States each year. Most of these deaths are attributable to the use of "hard" drugs such as heroin, cocaine, meth, and ecstasy, but all

illegal drug use takes a toll on our society and the more effective we are in preventing people from using any drug in the first place, the better our chances for achieving a drug-free America.

The costs inflicted on individuals, families, communities, and the nation as a whole -- in terms of reduced academic achievement, employment prospects and productivity; increased risk of illness and substantial healthcare costs; family strife and dissolution; drug-related crime and violence; soaring criminal justice system costs; and lost human promise -- are simply too immense for us not to do all that we can to educate and persuade Americans to avoid drug use. That is why I

believe that it is imperative that we not just invest, but invest *heavily*, in drug prevention.

Unfortunately, Mr. Chairman, the President's budget for Fiscal Year 2006 does not take that path. Instead, the Administration has made the choice to reverse ground on prevention at a time when we clearly need to move forward.

Overall, the President's budget requests $12.4 billion for drug control programs in FY 2006, up from approximately $12.2 billion in FY 2005. According to ONDCP, "the President's fiscal year 2006 budget increases funding levels for drug programs throughout the federal government." But a close examination of the budget reveals that the Administration is

proposing significant increases for international supply reduction efforts at the expense of both demand reduction and support for state and local drug enforcement.

Whereas the FY 2005 drug budget allocated approximately 45% of federal drug control funding to demand reduction, only 39% would go to demand reduction in FY 2006. But the total of $4.8 billion allocated for demand reduction in FY 2006 is not just a smaller *percentage* of the drug budget; it also represents a *net reduction* of about $270 million compared to the level appropriated by Congress in FY 2005.

A mere 8.3% of the total drug control budget would go to prevention programs, versus 11.3% in FY 2005. In my opinion, 11.3% was inadequate, and 3% less is moving in the wrong direction.

And let us not overlook the fact that this is a drug control budget that does not even account for more than $4 billion in federal funds devoted to the incarceration of convicted drug offenders.

The most severe program cut in the area of prevention is the elimination of $441 million in funding for grants to states under the Safe and Drug-Free Schools program within the Department of Education. If we enact the President's request, the consequences will be felt

in classrooms across the country, where states and localities simply cannot afford to fund drug education on their own.

The Drug-Free Communities Support Program, which leverages the resources of community coalitions organized at the grassroots level, is funded at $10 million below the level authorized for FY 2006, and the $2 million annual budget of the National Coalition Institute, run by Community Anti-Drug Coalitions of America, is slashed by more than half.

The budget further proposes to eliminate the Drug Enforcement Administration's Demand Reduction Program and to cut funding for drug prevention efforts by the National Guard.

Under the President's budget, the Center for Substance Abuse Prevention within the Substance Abuse and Mental Health Administration (SAMHSA) would receive $15 million less than in FY 2005.

The National Youth Anti-Drug Media Campaign – the government's primary means of disseminating messages that discourage teen drug use – would receive $120 million, an amount equal to the figure appropriated in FY 2005, but some $60 million below the amount originally authorized for the program in 1998. Mr. Chairman, if we want an *effective* anti-drug media campaign – one that stands a chance of competing with the countervailing messages that

are pervasive in today's media environment -- we have to fund it at a level that will enable it to have the reach and frequency required for it to have maximum impact.

The President in 2002 announced a goal of reducing both youth and adult drug use by 10% over five years and by 25% over 10 years. We all support those objectives. The 2005 National Drug Control Strategy states that the President's 5-year goal for youth drug use has not only been met, but that it has been exceeded, and that is encouraging news.

But I am concerned, Mr. Chairman, that the same *Monitoring the Future* survey that shows a reduction in "use of any illicit drug" among 8th,

10th, and 12th graders, also shows worrisome trends in the use of cocaine and heroin by youth in the same age groups, as well as among young adults. Thus, while a sharp drop in reported teen use of marijuana enables the Administration to claim victory in meeting the President's five-year goal for reducing overall drug use among youth, it is clear that we must do *more, not less*, to ensure that we are reducing the use of all dangerous drugs among both youth and adults.

Mr. Chairman, we are all aware that the Administration's budget priorities at the beginning of the President's second term of office are informed by fiscal constraints relating to homeland security, the war in Iraq, and other economic factors. But the obvious erosion of

emphasis on demand reduction, and prevention in particular, cannot be explained by extraneous factors when the overall drug control budget is being increased. Moreover, the justifications that the Administration offers for cutting or eliminating some programs while boosting funding for others simply do not appear to hold water.

ONDCP, in the President's 2005 National Drug Control Strategy, attempts to make the case that severe cuts to programs like Safe and Drug Free Schools are based on the failure of these programs to demonstrate effectiveness under the Administration's Program Assessment Rating Tool or "PART." But a recent analysis by former ONDCP staffer John Carnevale shows

that at least half of the federal drug budget is exempt from PART review and further concludes that "PART was not central to shaping the federal drug control budget."

Mr. Chairman, the President and the Office of National Drug Control Policy are ultimately responsible for the shape of the federal drug control budget. ONDCP has explicit statutory authority to review and certify the drug control budgets of agencies throughout the government and formulates the President's National Drug Control Strategy. Congress placed that authority in the Executive Office of the President to ensure that the federal budget provides adequate support for all of the nation's drug control

priorities, with the ultimate aim of reducing drug use.

The clear shift of priorities in the proposed budget for the coming fiscal year raises serious questions about how ONDCP is utilizing its statutory authorities.

For that reason, Mr. Chairman, I am disappointed, as I know you are, that ONDCP is not here to defend or explain the choices that have been made in the President's budget for drug prevention and the process by which those choices were made. I am equally disappointed that the Administration has declined to send a representative from the Department of Education

to address proposed changes in the Safe and Drug Free Schools program.

Fortunately, Charles Curie, Administrator of SAMHSA, is here to discuss the President's budget request for prevention programs within the Center for Substance Abuse Prevention and the Substance Abuse Prevention and Treatment Block Grant. We are also joined by some of the federal government's most prized partners in the area of drug prevention, who will give us their perspectives on the value this nation gets for its investment in prevention activities and what we stand to lose if the national commitment to drug prevention is allowed to wane.

With that, Mr. Chairman, I thank you for holding this very important hearing, I look forward to a healthy discussion among our witnesses, and I yield back the balance of my time.

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Mr. SOUDER. Thank you.

Before proceeding, I would like to take care of a couple procedural matters. First, ask unanimous consent that all Members have 5 legislative days to submit written statements and questions for the hearing record; that any answers to written questions provided by the witnesses also be included in the record. Without objection, so ordered.

I also ask unanimous consent that all exhibits, documents, and other materials referred to by Members and the witnesses may be included in the hearing record, and that all Members be permitted to revise and extend their remarks. Without objection, so ordered.

I also ask unanimous consent to insert a statement from Congressman John Peterson on the drug control budget, a member of the Appropriations Committee, and also from the First Lady of Ohio, Hope Taft, a statement on the drug prevention programs. Hearing no objection, so ordered.

[The prepared statements of Mr. Peterson and Ms. Taft follow:]

THE HONORABLE JOHN E. PETERSON

STATEMENT SUBMITTED TO

House Government Reform Committee Subcommittee on Criminal Justice, Drug Policy, and Human Resources

The Honorable Mark E. Souder, Chairman

April 26, 2005

CONCERNING

"Drug Prevention Programs and the Fiscal Year 2006 Drug Control Budget: Is the Federal Government Neglecting Illegal Drug Use Prevention?"

Mr. Chairman and Members of the Subcommittee, I thank you for giving me the opportunity to discuss one of the most effective tools available to fight the scourge of drug abuse among our nation's youth: random student drug testing. As a passionate supporter of student drug testing, I wholeheartedly believe by expanding the use of this tool in more schools across the country, our nation can make a major commitment to reducing the demand for drugs and also giving our young people a reason to say no to drugs.

As a long-time advocate for drug-use prevention efforts, I share the Chairman's concern about the cuts some of the most important drug prevention efforts take in the Administration's Fiscal Year 2006 budget. These programs, especially the Anti-Drug Media Campaign and the Drug-Free Communities Program are key parts to what I feel is the most important element within the Administration's National Drug Control Strategy: encouraging community-level prevention strategies and the active participation of parents in reducing drug use amongst our nation's youth.

The Media Campaign, rejuvenated under the leadership of my friend John Walters at the Office of National Drug Control Policy, has recently issued a number of hard-hitting advertisements on specific issues such as the truth about marijuana use. I am especially pleased that ONDCP will soon be airing a series of ads focused on the methamphetamine problem that is so seriously affecting the rural areas of our country.

Supporting community-based anti-drug coalitions across the country with small grants, the Drug-Free Communities program is vitally important to showing concerned community members that they can do something to prevent the spread of drugs within their community by working together. As someone who has been actively engaged in fighting the drug problem ever since I arrived in Congress, I can honestly say that unless the community takes fighting drug abuse seriously, all the law enforcement efforts in the world will be for naught.

Which brings me to a third, and what I feel is very crucial part to our nation's drug prevention strategy and one that I am so glad to see not only drug policy officials within the Administration, but also the President be so outspoken about: random student drug testing.

We can all be glad that drug use in our schools has dropped by one-third since 1996. However, the most recent Monitoring the Future Study shows that while drug use among young people continues to drop, the declines over the past few years have been quite modest. In fact, there are some very troubling increases in drug use amongst our youth, especially the use of inhalants and prescription drugs like OxyContin. Indeed, our next generation faces an innumerable amount of pressures pushing them towards using drugs. The spread of gangs in communities throughout our nation, television programs, movies, music and video games that glamorize drug use, and well-funded and well-publicized efforts that argue for the acceptance of drug abuse as a lifestyle choice all hang down upon the youth of America, enticing them to go down the road toward a life of dependence upon drugs.

Despite the challenges, a powerful tool has emerged to help parents, schools and communities combat the problem of drug abuse by our youth: random student drug testing. Drug testing, when its is part of a broad-based drug abuse reduction strategy that involves the entire community, can be a powerful tool that empowers parents to fight drugs and gives students a reason to say no.

Over the past few years, both Congress and the President have taken a leadership role in promoting the role of student drug testing as an important part of our nation's drug abuse prevention strategy. In 2001, Congress expressly gave school districts permission to use funding under the Safe and Drug Free Schools program for random student drug testing programs, and in 2002 the Supreme Court gave schools the authority to implement drug testing programs for students involved in any extra-curricular activity. Importantly, in 2004 President Bush used his State of the Union Address to highlight the important role that student drug testing can play in fighting drug abuse. Congress responded to this

call by directly earmarking $10 million in Safe and Drug Free Schools funding for student drug testing programs.

This funding, which is currently working its way through the Department of Education's grants process, will provide funding for approximately 90 random student drug testing demonstration projects in schools across the country. The student drug testing programs benefiting from these federal dollars must be part of a comprehensive community-based drug prevention program. This focus on community participation is where the true power of student drug testing rests. Drug testing is a powerful tool to increase the engagement of parents and the community in the lives of their young people and can make a major impact in combating drug use in communities that lack the resources to fight the problem.

As Congress examines the drug prevention efforts by the Administration, it must not fall into the trap set by the opponents of student drug testing. While groups like the American Civil Liberties Union and the Drug Policy Alliance, are quick to attack random student drug testing as an attack on our children's privacy and parental rights, nothing could be further from the truth. In reality, student drug testing is simply another tool for our communities as they work to combat drug use among young people. Instead of another sign of big brother taking away parental control of how our children are raised, student drug testing increases parental control and community involvement in how our children are raised. Additionally, to be successful, a student drug testing program must protect a student's privacy. Helping our young people, not turning them into the police, is the concept behind random student drug testing.

The federal government's approach to student drug testing must always maintain this focus on parental involvement and localities, not Washington, setting the terms and execution of its testing programs. Because no community has the same drug abuse problem, each community should have the ability to design its own testing program to meet its needs while protecting student privacy and ensuring that drug testing remains a drug-prevention tool, and not a tool used to punish students who need help. Despite all of

the good news about decreasing numbers of youth using drugs, it is painfully clear that more and more communities are seeing their futures come under the pall of drug abuse. One only has to look at the difficulty so many communities, especially in rural America, are having when it comes to responding to the growing Methamphetamine problem to understand the truth of this statement. While drug testing certainly cannot provide all of the answers to our nation's drug problem, it can provide some.

Within this framework, there is a lot more that Congress and the Administration can do to support schools and communities that are willing enough to take the step towards implementing a student drug testing program. As you have heard today, the Safe and Drug Free Schools program offers a great potential for supporting drug use prevention efforts in our schools. Unfortunately, the program suffers from a lack of measurable results, a statutory requirement that it serve almost all school districts in the country, and a bureaucratic system that shifts its focus away from drug use prevention and education efforts. The Safe and Drug Free Schools program, as it is currently organized, lacks a central focus and spreads its limited funding too thin, especially when one looks at the amount spend per pupil. The individual programs funded under Safe and Drug Free, which do serve a valuable purpose for the individual schools, make it difficult to measure results for the nation. For these dollars to have any measurable impact, the program must develop a clear focus, target its funding towards specific problems, and support local efforts that provide some measurable results. Unlike many of the other efforts supported by the Safe and Drug Free program, student drug testing meets all of these requirements.

Unfortunately, instead of providing that much-needed focus to the Safe and Drug Free program, the Administration's Fiscal Year 2006 budget proposal calls for major cuts, including the elimination of the state grants programs. I feel that the problems with Safe and Drug Free that were identified through the Administration's recent assessment provide instead of a reason to cut the program, a clear call for major reform – and one of the elements of such reform should be a larger role of student drug testing. The use of student drug testing, as part of a community-based prevention effort and in communities

that are struggling to fight the problem of drug abuse among its youth can not only connect results to the federal investment, but also a tool that can provide communities with real results.

Mr. Chairman, in closing, let me thank you for your attention to our nation's drug policy and for the opportunity provided by this hearing to discuss such an important aspect of that policy. I truly believe that random student drug testing, when it is part of a larger community-based anti-drug effort, can bring the dream of a drug-free school one step closer to reality.

Written Testimony of Hope Taft, First Lady of Ohio
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United States House of Representatives
Committee on Government Reform
Criminal Justice, Drug Policy and Human Resources Subcommittee
Oversight Hearing
Drug Prevention Programs
and the Fiscal Year 2006 Drug Control Budget:
Is the Federal Government Neglecting Illegal Drug Use Prevention?

Chairman Souder, Ranking Member Cummings and other distinguished members of the Criminal Justice, Drug Policy and Human Resources Subcommittee, thank you for allowing me to submit written testimony on a subject that I believe is vital to the prevention of drug use and the well being of all children.

Since 1986, I have been actively involved in alcohol and other drug treatment and prevention. I have learned that there are three key factors found in preventing alcohol and other drug use by youth. First, parents must take a stand and send a clear *no-use* message to their children. Second, the entire community must be involved in order for youth to receive clear consistent messages of *no-use*. And third, young people's needs must be approached from a holistic prospective focusing both on building their strengths and building a web of protective factors around them.

Based upon these key factors, I have co-founded several prevention organizations in Ohio. They include Citizens Against Substance Abuse, Ohio Parents for Drug Free Youth and the Ohio Alcohol and Drug Policy Alliance. Citizens Against Substance Abuse was one of the first community coalitions in the nation to conduct a multi-district census survey of 7th through 12th graders. Additionally, I have served on numerous boards and committees related to this field including the President's Advisory Commission for Drug Free Communities Act. I have earned my Ohio Certified Prevention Consultant credentials and I continually strive to gather the knowledge needed to teach and advocate for the health, safety and productivity of all Ohioans.

Ohio has worked hard to maximize various federal funding streams and translate it into quantifiable successes. Ohio has built a prevention network that leads the nation in vision and results.

- According to the 2002 Ohio PRIDE Student Survey, Ohio students showed an 11.7 percent decrease in illicit drug use from 1998-2002.
- The same survey showed a 32.6 percent decrease in youth alcohol use for 1998-2002.
- A steady decline in the percentage of students who reported carrying a weapon from 1993 to 2003, from 21.8% to 12.5% (Ohio Youth Risk Behavior Survey, 2003)

- An overall decline in the percentage of students who smoked cigarettes on one or more of the past 30 days between 1993 and 2003, from 29.7% to 22.2% (Ohio Youth Risk Behavior Survey, 2003)

- In Belmont County, 203 non-adjudicated students in detention received intensive services; 174 (86%) remained free from court involvement.

- In Delaware County, in the Olentangy School District, a 19 percent decrease in disciplinary actions and a small increase in graduation rate were realized as a result of intensive outreach to at-risk youth.

- In Lorain County, "Dana" worked with the SDFS Coordinator through several suspensions, failing grades and behavioral referrals. She lived with an alcoholic mother, no father and two younger siblings. She joined a support group, graduated from high school and attended college. Dana is doing very well; she has broken the cycle of addiction that was modeled in her home.

- In Hamilton County, parents in two high schools have organized to create safe and drug free parent initiatives.

Programs work together to create a synergy of success, not duplication.

Like many states, Ohio tries to maximize its scarce prevention dollars. The Ohio Department of Alcohol and Drug Addiction Services has $3.4 million in the State General Revenue Fund to spend on prevention. This is not nearly enough, so we have organized prevention activities from the various funding streams to build upon each other, but not duplicate efforts. We see Ohio's $15.7 million **Safe and Drug Free Schools and Communities** funding as the backbone to prevention since every school district gets it and, thus, every town in the state and the 1,144,000 Ohio students receive benefits. This allows all children to get universal prevention activities and those that need more intensive services to receive them. Often these services are provided by community organizations that receive funding from other sources such as the state general revenue fund, thus the SDFSC funding has a multiplier effect in bringing services to kids with needs. Without SDFSC funding, there will be no one in the school district to plan for the well being of children, no one to head up the Student Assistance Programs, no one to reach out for community services, no one to accept and properly use community volunteers or donations, no one to steer youth and their families to treatment centers, no one to help build resiliency in youth and help them navigate life's challenges, no one to focus on school connectedness, no one to counteract the pro-use messages that confront kids on every corner. Each school's continuous education plan will have a gaping hole where these funds and programs use to be.

Ohio also has 198 community or county coalitions. Of these, 37 are funded with state money. Five more will be added with state funds in the FY06/07. The sources of the federal dollars that fund the other coalitions is varied: **Drug Free Communities Act** from ONDCP, **Weed and Seed** from DOJ, **Enforcing Underage Drinking Laws** from OJJDP, **Bridgebuilders** from one time CSAP dollars, College Initiative from USDOE. All these coalitions work in conjunction

with school-based prevention activities because we realize that although the best place to reach children is through the schools and communities, schools must have the same goals to be most effective. The more redundancy youth hear when it comes to staying away from alcohol and other drugs the better! A coalition's chances of long-term viability and success are greatly reduced if the school community is not involved. If SDFSC funding disappears, there will be no school-based prevention contact for community coalitions to partner with. If the Administration's budget is passed as recommended, Ohio will lose funding for its 21 Enforcing Underage Drinking Initiatives, will get no new Weed and Seed efforts, and will not be able to apply for a CSAP's Strategic Prevention Framework grant if they cut back its funding.

The sophistication of the coalitions and their abilities to attract local dollars and support is dependent on their training and the technical assistance and materials they receive. Many depend on the **Community Anti-Drug Coalition Institute** that is funded through the **DFC Act**. If monies for this institute are not restored, the quality and quantity of coalitions' training and technical assistance will be negatively impacted and thus their local effectiveness will diminish. Coalitions and schools also depend on the materials and other free resources available through the **National Clearinghouse for Alcohol and Drug Information**. No school or coalition or treatment program could produce the high quality research based materials that NCADI does. The Ohio Resource Network alone distributed over 100,000 pieces of material about alcohol, other drugs and violence to 17,000 people between July and December 2004. These materials rely on research from NIDA, NIAAA, CDC and CSAP for accurate research based information that has been tested for effectiveness.

If the Administration's plan goes into effect with its elimination of the **SDFSC and EUDL** programs, the two major organizations in the state that give support, training and technical assistance to schools and communities will be cut in half, but their effectiveness will be reduced even more. Not only will they get half as much money to operate on as they do now, they will have fewer materials with which to teach, train and give assistance.

The **National Youth Anti Drug Media Campaign** from ONDCP enhances the efforts of schools and community groups. There is no way that the media campaign alone could be responsible for the drop in drug use, since its coverage is spotty and its advertisements don't mention the drug used most by youth, which is alcohol.

Ohio prevention activities depend heavily on the involvement of the **National Guard's Demand Reduction Program.** If this funding is cut, not only will major coalitions lose personnel, Ohio will also lose help in eradicating marijuana fields and partners in prevention activities like National Red Ribbon Week, PRIDE Youth Teams and intervention camps for youth at high risk of drug use and delinquency.

Ohio has developed a broad system of drug courts and uses them for juveniles, adults, families, and reentry. We have found that they help to get people into recovery and help prevent addiction and crime in at least two generations.

Ohio also wants a **DEA Demand Reduction Agent** assigned to state instead of having to share one with three other states. These agents are very effective driving forces in dealing with the

emerging drug trends. Ohio has recently quadrupled its busts of methamphetamine labs and continues to grapple with the explosive use of prescription drugs by young people. The shear size of the state coupled with these growing trends makes the need for a DEA demand reduction agent a necessity and not a luxury.

As you can see, our prevention system is integrated, non duplicative and it is dependent on each part of the federal budget maintaining its current level of support.

The SDFSC Program Is Vital to an ATOD Prevention Infrastructure in Ohio

The Safe and Drug Free Schools and Communities program is the cornerstone of youth drug prevention and intervention efforts within the State of Ohio. It provides effective programs, services and activities, such as K-12 science-based prevention curricula, student assistance programs, law and civic education, drug testing, peer resistance training, crisis management planning, information dissemination about the dangers of drug use and violence, school resource officers, parent programs, peer mediation programs and youth-created video broadcasts explaining the dangers of substance abuse. It also provides training in drug and violence prevention science to teachers and other program implementers/coordinators throughout the state.

By design, the SDFSC program links schools with community partners. This program has historically been a catalyst for community involvement, volunteerism and the leveraging of funding from other sources to address drug and violence prevention and intervention throughout Ohio. Community-based programs aim to reduce environmental risk factors that place youth at higher risk for alcohol and other drug involvement whereas school-based programming aim to build protective factors through research-based ATOD education, life skills-building, and positive alternatives. Research indicates that a risk and protective factor approach to ATOD prevention has the greatest likelihood for success.

Ohio, like all other states, cannot afford to have SDFSC funding eliminated.

If the program is eliminated, Ohio will lose its $15.7 million allocation as well as the funding and manpower leveraged by the program.

In Ohio, youth drug prevention efforts are part of each school's continuous improvement plan. Without SDFSC funding, schools will not have the resources needed to implement programs aimed at building strong, resilient youth, with the skills and capabilities to resist the pressures to use alcohol and other drugs. Youth will have limited opportunities for engagement in meaningful community service and they will not have the opportunity to learn about the harmful effects that alcohol and drug use can have on one's life.

Additionally, schools will lack a point of contact for substance abuse prevention and intervention activities. Therefore, even if community groups want to donate funding and manpower to school-based efforts, there will be no one to coordinate these efforts within the schools. Finally, there will be no school-based representation in community wide efforts to deal with drug use and violence among school-aged youth. The ATOD prevention infrastructure will be significantly weakened without the SDFS programmatic and financial underpinnings.

Enforcing Underage Drinking Laws (EUDL) is critical to the overall effort.

Underage drinking, and we can now even call it childhood drinking, is a growing and devastating problem. It threatens the health, safety and well being of children everywhere. Everyday, 7,000 young people under 16 have their first drink of alcohol. Nationally, alcohol kills and injures more youth each year than all illegal drugs combined.

Underage drinking cost the citizens of Ohio $3.1 billion in 2001, $231 million in healthcare costs alone! Underage drinkers consume twenty-six percent of alcohol consumed in Ohio, which is the second highest in the United States. The national cost of health care for underage drinking in 2001 was $5.4 billion. If you add $14.9 billion in work lost costs to the medical costs, underage alcohol use cost the nation $20.3 billion in 2001! (Pacific Institute for Research and Evaluation, March 2004). The costs to our families and communities are incalculable.

Research shows that 40% of the people who begin drinking before age 15 will develop alcohol abuse or dependency. It also shows that while parents are aware that underage drinking is a problem in their communities, they don't always realize that it is a problem for their own children. As the single state authority, The Ohio Department of Alcohol and Drug Addiction Services utilizes its EUDL funds through the sub-grantee Ohio Parents for Drug Free Youth. Ohio stands to lose approximately $360,000 a year in underage drinking funds.

Ohio Parents for Drug Free Youth created a public awareness campaign – *Parents Who Host, Lose the Most: Don't be a Party to Teenage Drinking* - aimed at reducing underage alcohol use by educating parents about the legal consequences of providing alcohol at their teens' house parties. The primary goal is to inform parents that hosting teen drinking parties should not be regarded as a "rite of passage", but as a serious health and safety problem with significant legal ramifications. A key component of the media campaign is to educate adults (parents or guardians) and youth about Ohio's underage drinking laws and the legal consequences of violating those laws. This program is recognized by CSAP as a promising program and it is being replicated in 37 states and Canada.

Collective Impact on Students, Communities and Families

The Parents Who Host, Lose the Most campaign was developed during the 2000-2002 grant and includes extensive partnerships through law enforcement, schools, communities and corporations throughout Ohio. In Ohio, the Enforcing Underage Drinking Laws funding enables over 1,000,000 parents to hear our *Parents Who Host* message.

In 2002, $80,000 was given to 39 communities, in 2003, $75,000 was given to 39 communities to promote the campaign and in 2004, $60,000 was given to 24 communities to promote the campaign, conduct law enforcement strategies and implement parent evaluations. During FY 04, nine statewide corporations and 24 community coalitions partnered with the EUDL initiative to promote the message. For example, a food market printed over 2.5 million grocery bags with the *Parents Who Host* logo; another food market played the message in its stores for a month; an insurance company printed 15,000 fact cards and sent them to policy holders; and an auto club sent fact cards to 800 Ohio members. In 24 of Ohio's community coalitions, adults and youth worked together in their communities to produce and distribute billboards, banners, letters to the editor, fact cards, t-shirts, paycheck stuffers, pizza boxes and other promotional items to reach as many people as possible with the *Parents Who Host, Lose The Most* message. In January 2005,

$57,500 was given to 21 local communities to implement the campaign, conduct law enforcement strategies and to conduct a parent survey. In 2006, it is proposed that $55,000 again be given to local communities to promote the campaign, conduct law enforcement strategies and conduct parent surveys. These communities distribute campaign information in their schools, businesses and media with this important message. Types of activities completed by local communities included 16 billboards, 32,000 direct mailings of fact cards to parents of graduating seniors, 30 newspaper ads, 400 posters, 1,500 beer cooler cling-on stickers, 1,000 t-shirts, cable public service announcements, 2 town proclamations, 4 kickoff events, and 500 movie theatre preview slides. Local communities are able to reach thousands of parents directly with this important message by leveraging these federal dollars.

The most recent data we've received about this initiative shows that the number of Ohio parents who host teenage parties where alcohol is served is decreasing, that the number of Ohio teenagers attending parties where alcohol is served is decreasing, and that knowledge of the *Parents Who Host* message is causing parents and youth to discuss underage drinking issues together.

Recommendation

Allow states and communities to assess needs at the local level and to use prevention funding in an effective manner to impact healthy life choices. SDFSCA and EUDL programs have made a positive difference in the choices Ohio youth make with regard to alcohol, tobacco, other drugs and violence. Results are continually examined and enhancements to programs are made based on evidence-based practices. These funds have made a positive impact and would leave a gaping hole in services should they be pulled.

Conclusions

I hope you will give careful consideration to these truths as you evaluate the administration's proposal.

1. **All children are at risk**. It is important that we continue the synergy between these programs that has been successfully created. This universal prevention approach is vital because addiction is an equal opportunity disease capable of affecting anyone at anytime and the roots of violence are widespread. Targeted prevention is also needed, as is intervention. We must remember that all children are not in school and no child is in school 24 hours a day 365 days a year. Therefore, we must allow and encourage community programs as well as the school-based programs to work together to insure all young people are receiving the same consistent messages.

2. **Safe and drug free schools and community dollars provide the backbone of the prevention effort in the United States.** If states are not allowed to fund all schools within their boundaries, what will happen to those kids in communities with poor grant writers? If schools receive no funds, no thought will be given to the negative impact alcohol and drugs could be causing. Without any voice encouraging kids not to use, those voices, and they are prevalent, that encourage use will have unchecked access to the minds of our children.

Even in school districts where safe and drug free school funding is minimal, someone has to think about the impact of alcohol and other drugs on the school learning climate at least a few times a year.

When frantic parents call me for help, one of the first people I urge them to consult is the school coordinator because there is one in every community and that person knows who their child's friends are, what their child's school behavior is like and what the local intervention and treatment resources are. Who will these parents have to turn to if the coordinator is gone? Even a small amount of money can provide staff training in this critical area. Even a small amount of money gives the school a contact for free training opportunities and technical assistance. Even a small amount of money tells the school and the community that the government thinks this is an important issue. Even a small amount of money promotes the development of consortia of school districts so their pooled resources can go further and be more effective. Even a small amount of money from this program can be the catalyst for greater community involvement and leverage for other sources.

3. **Decisions should remain local**. Because each community and school building, and classroom, for that matter, has a slightly different set of risk and protective factors to it, final decisions on how to encourage students to refrain from alcohol, tobacco, drugs, and violence should be left to local jurisdiction. The trend taken recently by Congress to siphon off dollars for national grants rewards a few districts that have good grant writers and penalizes all the other districts. It undermines local control and accountability. It discourages smaller districts from applying for help. It reduces the ability of states to provide technical assistance, training, materials and other resources free to local districts. It is the first step towards federalizing the whole program. This flies in the face of the devolution of federal programs Congress is promoting in other areas.

   Local communities know funding stability is the key to staff stability. They know the relationship between alcohol and drug use and teen violence. They know if they prevent one child from getting involved in drugs and ending up in prison for one year they have saved the government more than their yearly salary. They want encouragement to keep working to promote healthy youth development instead of more hurdles to stumble over. They want to use risk and protective factors as their guide. They want to use proven evaluated programs. They want to mobilize communities to help send a consistent no use message. They want what you and I want, more healthy kids in school ready to learn. They would like you to join them as partners, because they know we are all shareholders in the future of America.

All prevention programs we currently utilize, are important elements that work together to build the armor around our youth to help them stay free of drugs and the illegal use of alcohol. Reducing or taking away any of these programs weakens that armor and puts into risk the strides we have made in reducing the use of drugs.

This money leverages state and local, public and private money, and in-kind support which has enabled Ohio to see a 21 percent drop in illegal drug use by sixth through eighth graders between 1998 and 2002. It is not possible to make up the federal dollars from other sources, particularly within a short period of time without years of advanced planning.

A new analysis of treatment admissions data by SAMHSA titled, "Characteristics of Primary Alcohol Admissions by Age of First Use of Alcohol, 2002" was released on April 21, 2005. This data found that out of the 683,000 adult admissions to treatment in 2002, 88 percent had their first drink before turning 21, 35 percent drank before ages 15-17 and 12 percent drank were under the age of 12 when they first began using alcohol. If federal financial efforts for prevention drop from 10 percent to six percent as proposed in the budget, you will be increasing demand for more expensive treatment in the future. Ohio already treats over 11,000 young people under the age of 21 in its publicly-funded treatment system. Together with its adult needs, the system's financial resources are all assigned and long waiting lists are common.

Every new cohort of youth must have the benefit of prevention efforts to ensure that drug and alcohol use rates continue to decline, that generational forgetting does not occur and the progress that has been made is not erased.

The future of the American workforce depends on our prevention efforts because science has not clearly established that addiction is a pediatric onset disease with life-long consequences.

Please maintain funding for vital prevention programming such as SDFSC, state grants, EUDL, DFC and its' Institute, SAMHSA's Center for Substance Abuse Prevention and NCADI, the DEA Demand Reduction effort and the National Guard Counter Drug State plans at least the same levels as in the FY05 budget.

These federal dollars leverage state and local public and private money and in kind support which has enable Ohio to see a 21% drop in illegal drug use by sixth through eighth graders between 1998 and 2002.

Mr. SOUDER. Our first panel is composed of the Honorable Charles Curie, Administrator, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services and Oversight Committee.

It is our standard practice to ask all our witnesses to testify under oath, so if you will stand and raise your right hand.

[Witness sworn.]

Mr. SOUDER. Let the record show that Mr. Curie responded in the affirmative.

We look forward to your testimony, and you are recognized for 5 minutes.

STATEMENT OF CHARLES CURIE, ADMINISTRATOR, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION [SAMHSA], DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. CURIE. Well, thank you, Mr. Chairman, and thank you, Congressman Cummings. I especially want to thank you for the opportunity to present SAMHSA's role in achieving the President's goals for preventing substance abuse and reducing addiction.

Over the past 4 years we have worked hard at SAMHSA to align our resources and our vision of "a life in the community for everyone," and our mission is to "build resilience and facilitate recovery." Stopping drug use before it starts is foundational to our success.

In partnership with other Federal agencies, States and local communities, and faith-based organizations, consumers, families, and providers, we are working to ensure that every American has the opportunity to live, work, learn, and enjoy a healthy, productive, and drug-free life.

Under the leadership of President Bush, we have embarked on a strategy that is working. The most recent data confirms that we are steadily accomplishing the President's goal to reduce teen drug use by 25 percent in 5 years. Now at the 3-year mark, we have seen a 17 percent reduction and there are now 600,000 fewer teens using drugs than there were in 2001.

This is an indication that our partnerships and the work of prevention professionals—schools, parents, teachers, law enforcement, religious leaders, anti-drug coalitions—are paying off. We know that when we push against the drug problem, it recedes; and, fortunately, today we know more about what works in prevention, education and treatment than ever before.

We also know our work is far from over. To provide a science-based structured approach to substance abuse prevention, SAMHSA has launched the Strategic Prevention Framework. The Framework allows States to bring together multiple funding streams from multiple sources to create and sustain a community-based approach to prevention. People working with our youth and young adults understand the need to create an approach to prevention that cuts across existing programs. I have seen it firsthand.

I have had the privilege to visit many cutting-edge prevention programs, programs that I have been tremendously impressed as I have walked away, but time and time again I have also been extremely frustrated. I see prevention programs scrambling for limited dollars from multiple Federal, State, local, public, and private

sector funding streams. All have specific and sometimes even competing requirements.

For example, in the Department of Health and Human Services alone there is the Health Resources and Services Administration, the Center for Disease Control, Administration for Children and Families, National Institutes of Health, of course, SAMHSA; and then there are the Departments of Education, of Justice. And these don't even include State, local, and private funding streams. Each alone provides a trickling of a funding stream, but leveraged together in the right way around a strategy they can produce an ocean of change.

Whether we speak about abstinence or rejecting drugs, tobacco, and alcohol, whether we are promoting exercise and a healthy diet, preventing violence, or promoting mental health, we are really all working toward the same objectives: reducing risk factors and promoting protective factors.

Under the new Strategic Prevention Framework, this grant program, participating communities will implement a five-step public health process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors. The steps include, first, a community assesses its substance abuse related problems, including magnitude, location, associated risks and protective factors. Communities also assess service gaps in readiness, and they examine all available funding, putting all the dollars on the table.

Second, communities must engage key stakeholders, build coalitions, organize and train and leverage prevention resources. Third, communities establish a plan for organizing and implementing prevention resources. The plan must be based on documented needs, build on identified resources, set baselines, objectives, and performance measures. And, fourth, communities implement evidence-based prevention efforts specifically designed to reduce those identified risk factors and promote identified protective factors. In other words, have a tailored approach for that community. Finally, communities will monitor and report outcomes to assess program effectiveness and service delivery quality, and to determine if objectives are being attained or if there is a need for correction.

The success of the Strategic Prevention Framework will then be measured by specific national outcomes. And I know at a previous hearing we had a focus on those outcomes, and they include: abstinence from drug use and alcohol abuse, reduction in substance abuse-related crime, attainment of employment or enrollment in school, increased stability in family and living conditions, and increase social connectedness. These measures are true measures of whether our programs are helping young people and adults achieve our vision of a life in the community.

I firmly believe that by focusing our Nation's attention, energy, and resources, we can continue to make progress. We also recognize that the most important work to prevent substance abuse is done in America's living rooms and classrooms, in churches and synagogs, in the workplace and in our neighborhoods. Families, schools, communities, and faith-based organizations shape the character of young people; they teach children right from wrong, respect for the law, respect for others, and, most importantly, respect

for themselves. They are indispensable, and we stand ready to assist them in every possible way.

Thank you for the opportunity to discuss the Framework and taking an interest in this new and innovative approach to preventing substance abuse. Mr. Chairman, Congressman Cummings, thank you for the opportunity to appear today. I look forward to continuing to work with you in partnership toward a healthy, drug-free America, and I would be very pleased to answer any questions or engage in discussion with the committee. Thank you.

[The prepared statement of Mr. Curie follows:]

Testimony
Before the Subcommittee on Criminal Justice, Drug Policy and Human Resources
Committee on Government Reform
United States House of Representatives

Substance Abuse Prevention Programs of the Substance Abuse and Mental Health Services Administration

Statement of
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Administrator
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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Mr. Chairman and Members of the Subcommittee, as Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (HHS), I am pleased to present SAMHSA's role in achieving the demand reduction goals contained in the President's National Drug Control Strategy.

We have an aggressive agenda at SAMHSA that is driven by our vision and mission. Our vision of "a life in the community for everyone" and our mission to "build resilience and facilitate recovery" are clearly aligned with the priorities of both President Bush and Health and Human Services (HHS) Secretary Michael Leavitt.

Our collaborative efforts with our Federal partners, States and local communities, and faith-based organizations, consumers, families and providers are central to achieving both our vision and mission and at the same time upholding fiscal responsibility and good stewardship of the people's money. Together, we are working to ensure that the 22.2 million Americans with a serious substance abuse problem, the 19.6 million Americans with serious mental illness, and the 4.2 million Americans with co-occurring serious mental illness and substance abuse problems have the opportunity for fulfilling lives that include a job, a home, and meaningful relationships with family and friends.

It is abundantly clear that many of our most pressing public health, public safety, and human services needs have a direct link to mental and substance use disorders. The obvious link is why HHS has a strong focus on prevention efforts and building treatment capacity. By one estimate, substance abuse, including alcohol, illicit drugs, and tobacco use, costs our Nation more than $484 billion per year. (Dorothy P. Rice, Sc.D., University of San Francisco, 1995, as updated by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcoholism and Alcohol Abuse (NIAAA), 1998.)

The good news is, in the 21st Century, we have compelling data that demonstrate prevention and treatment work. And recovery should be the expectation, not the exception. At SAMHSA we have aligned our resources to provide solutions to urgent public health problems while building systemic change.

SAMHSA's direction is clearly depicted on our Matrix of program priorities and cross-cutting management principles that guide program, policy, and resource allocations of the Agency. The priorities on the SAMHSA Matrix were developed as a result of discussions with members of Congress, our advisory councils, constituency groups, people working in the field, and people working to obtain and sustain recovery. Among its many purposes, the Matrix guides our critical efforts in prevention as well.

A NATIONAL PROBLEM – A NATIONAL STRATEGY

Substance abuse prevention and treatment are clear priorities for Secretary Leavitt. The Administration has embarked on a strategy that has a three-pronged approach: stopping drug use and addiction before they start, healing America's drug users, and disrupting the market for illegal drugs. SAMHSA has a lead role to play in the demand reduction side of the equation -

that is - to help stop drug use before it starts - through education and community action and healing America's drug users by getting treatment resources where they are needed.

I am pleased to report that our strategy is working. By focusing our attention, energy, and resources, we as a nation have made real progress. The most recent data from the 2004 Monitoring the Future Survey, funded by NIDA, confirms that we are steadily accomplishing the President's goal to reduce teen drug use by 25 percent in five years. The President set this goal with a two-year benchmark reduction of 10 percent. Last year we met and exceeded that goal. Now at the three-year mark, we have seen a 17 percent reduction and there are now 600,000 fewer teens using drugs than there were in 2001.

Additionally, the most recent findings from SAMHSA's 2003 National Survey on Drug Use and Health clearly confirm that more American youth are getting the message that drugs are illegal, dangerous, and wrong. For example, 34.9 percent of youth in 2003 perceived that smoking marijuana once a month was a great risk, as opposed to 32.4 percent of youth in 2002. This is an indication that our partnerships and the work of prevention professionals, schools, parents, teachers, law enforcement, religious leaders, and local community anti-drug coalitions are paying off. Yet, we can and must do more to reduce illegal drug use, alcohol abuse and tobacco use in America.

Fortunately, we know more about what works in prevention, education and treatment than ever before. Over the years, we have shown prevention programs produce results. The evidence continues to mount. Prevention reduces the numbers of individuals who become dependent on drugs, and it deters substance abuse in the first place. We know that when we push against the drug problem it recedes, but we also know our work is far from over. In addition to our ongoing work to reduce the use of illicit drugs and abuse of prescription drugs, we continue to be very concerned about underage use of alcohol. In particular, rates of underage drinking have not changed much at all over the years; these rates have remained stubbornly persistent at unacceptably high levels.

In 2003, about 10.9 million young people ages 12 to 20 reported current alcohol use. That is almost 30 percent of all children and youth in that age group. Of them, nearly 7.2 million were binge drinkers; 2.3 million were heavy drinkers. And they drank even though we all know underage drinking is unhealthy, dangerous, and illegal.

We also all know that it is never too early to begin educating about the dangers of underage alcohol use. For example, more than one-quarter, 1.8 million, of alcohol-dependent adults, age 21 or older in 2003, had first used alcohol before age 14. Over eighty percent, 5.1 million, had first used before they were age 18. Ninety-six percent, 6.0 million, had first used before age 21.

To address this problem, HHS has formed the Interagency Coordinating Committee on the Prevention of Underage Drinking, which has conducted a thorough review of existing Federal efforts and has identified opportunities for collaboration to address this problem. Our goal is to implement appropriate steps to create and sustain a strong national commitment to prevent and reduce underage drinking.

As we acknowledge the state of the science and research with respect to addiction, we have come to the conclusion that addiction is indeed a disease. And as with other diseases, like diabetes, heart disease, and cancer, much can be done to prevent the onset of illness – in this case, addiction - from occurring in the first place. For example, our new Screening, Brief Intervention, Referral, and Treatment (SBIRT) program allows States to intervene early with nondependent users and stop drug use before it leads to addiction. SBIRT is designed to expand the continuum of care available to include screening, brief interventions, brief treatments, and referrals to appropriate care. By placing the program in both community and medical settings such as emergency rooms, trauma centers, health clinics, and community health centers, the program can reach a broad segment of the community at large. In addition, SAMHSA has recently designed and implemented its Strategic Prevention Framework.

STRATEGIC PREVENTION FRAMEWORK

President Bush has called upon the U.S. Department of Health and Human Services to realize his vision of a Healthier US, in which its citizens use the power of prevention to help them live longer, healthier lives. Whether we speak about abstinence or rejecting drugs, tobacco, and alcohol; promoting exercise and a healthy diet; preventing violence; or promoting mental health, we really are all working towards the same objective – reducing risk factors and promoting protective factors.

SAMHSA's Strategic Prevention Framework is based on the risk and protective factor approach to prevention. For example, family conflict, low school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance abuse, delinquency, and violence. Protective factors such as strong family bonds, social skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors. People who work in communities with young people and adults understand the need to create an approach to prevention that is citizen centered, cuts across existing programs, system levels, and funding streams, and share common outcome measures.

I have seen the results of operating without a framework numerous times, firsthand. I have had the privilege to visit many cutting-edge prevention programs. I have been tremendously impressed, but I also have walked away frustrated time and again. I see prevention programs competing for dollars from multiple Federal, State, local, public and private sector funding streams – all of which have specific and, very often, competing requirements. Each alone provides a stream of funding; if combined under the framework, together they can produce an ocean of change.

To align and focus prevention resources at the State and local level, SAMHSA awarded 5-year Strategic Prevention Framework grants to 19 States and 2 territories last year. We expect to continue these grants and fund new grants in FY 2006 for a total of $93 million. These grants are working with our Centers for the Application of Prevention Technology to systematically implement a risk and protective factor approach to prevention across the Nation.

The success of the framework rests in large part on the tremendous work that comes from grass-roots community anti-drug coalitions. That is why we are pleased to be working with ONDCP to administer the Drug-Free Communities Program. This program supports approximately 750 community coalitions across the country.

Consistent with the Strategic Prevention Framework and the Drug Free Communities grant programs, we are transitioning our drug-specific programs to a risk and protective factor approach to prevention. This approach provides States and communities with the flexibility to target their dollars in the areas of greatest need.

Moving the Framework forward has required and will continue to require the Federal Government, States, and communities to work in partnership. Under the new grant program, States will provide leadership, technical support, and monitoring to ensure that participating communities are successful in implementing the five-step public health process that is known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The five steps are:

First, communities assess their mental health and substance abuse-related problems including magnitude, location, and associated risk and protective factors. Communities also assess assets and resources, service gaps, and readiness.

Second, communities must engage key stakeholders, build coalitions, organize and train, and leverage prevention resources.

Third, communities establish a plan that includes strategies for organizing and implementing prevention resources. It must be based on documented needs, build on identified resources, and set baselines, objectives, and performance measures.

Fourth, communities implement evidence-based prevention efforts specifically designed to reduce the risk and promote protective factors identified.

Finally, communities will monitor and report outcomes to assess program effectiveness and service delivery quality, and to determine if objectives are being attained or if there is a need for correction.

The success of the Strategic Prevention Framework will be measured by specific national outcomes that are true measures of whether our programs are helping people achieve our vision of a life in the community. These National Outcome Measures (NOMs) emphasize ten domains that were based on a history of extensive dialogue with our colleagues in State mental health and substance abuse service agencies and, most importantly, the people we serve.

The ten key domains are: (1) abstinence from drug use and alcohol abuse, or decreased mental illness symptomatology/improved functioning; (2) increased or retained employment and school enrollment; (3) decreased involvement with the criminal justice system; (4) increased stability in housing conditions; (5) increased access to services; (6) increased retention in services for substance abuse treatment or decreased utilization of psychiatric inpatient beds for mental health

treatment; (7) increased social connectedness to family, friends, co-workers, and classmates; (8) client perception of care; (9) cost effectiveness of services; and (10) use of evidence-based practices.

These NOMs are already being implemented through the Strategic Prevention Framework grants, and we are rapidly moving to implement the consistent use of these measures across all of SAMHSA's programs. The NOMs will allow us to identify what is and is not working, assist in the targeting of resources, and more easily and readily translate into action what is proven to work in prevention.

SCIENCE TO SERVICE

To speed the delivery of science into the prevention and treatment service delivery systems, SAMHSA developed a Science to Service Initiative in 2002. The overarching goal is to facilitate the rapid implementation of effective, evidenced-based mental health and substance abuse interventions into routine clinical practice, and to strengthen feedback from the field to influence and frame services research programs.

Over the past two years, SAMHSA has partnered with the National Institutes of Health, including NIDA, NIAAA, and the National Institute of Mental Health, as well as the Agency for Healthcare Research and Quality to advance a Science to Service agenda. As an example of this collaboration, in FY 2004, NIDA began contributing $2.5 million per year to support a comprehensive evaluation of the Strategic Prevention Framework.

Another key component of the Science to Service agenda is SAMHSA's expansion of its National Registry of Evidence-based Programs and Practices, or NREPP. NREPP is a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions – a system designed to categorize and disseminate information about programs and practices that meet established evidentiary criteria.

NREPP began in 1998 as the National Registry of Effective Prevention Programs within SAMHSA's Center for Substance Abuse Prevention (CSAP). From 1998 through 2004, NREPP reviewed over 1,100 prevention programs, with over 150 programs being recognized as promising or effective.

In 2004, SAMHSA began expanding the NREPP to include reviews of programs and practices for the treatment of mental and substance use disorders and the promotion of mental health. Ultimately, NREPP will become the leading national resource for contemporary and reliable information on the scientific basis and practicality of interventions to prevent and/or treat mental and addictive disorders. Information on these efforts is currently available on the Internet at www.modelprograms.samhsa.gov.

Increasingly, SAMHSA-funded technical assistance centers, such as the Addiction Technology Transfer Centers, the Centers for the Application of Prevention Technology, the Older Americans Technical Assistance Center, and the Suicide Prevention Resource Center, will be

positioned to provide assistance both to organizations wishing to implement an NREPP intervention, as well as program developers wishing to improve the quality of their interventions.

Improving the quality of prevention and treatment services on a national scale is the very essence of SAMHSA's mission to build resilience and facilitate recovery. Addiction's toll on individuals, their families, and the communities they live in carries with it a devastating and cumulative impact on American society. This ripple effect leads to costly social and public health issues, including HIV/AIDS, domestic violence, child abuse and crime in general, accidents, teenage pregnancies, co-occurring mental health disorders, and other adverse outcomes.

SAMHSA will continue to do our part. We will continue to more effectively and efficiently align and focus prevention resources while creating greater flexibility for States and communities to target their dollars in the areas of greatest need. We will also continue our efforts to make it possible for even more Americans who are already battling addiction and struggling with mental illness to live, work, learn, establish themselves, and enjoy themselves in communities across the Nation.

Mr. Chairman and Members of the Subcommittee, thank you for the opportunity to appear today. I look forward to continuing to work with you in partnership toward a healthy and addiction-free America. I will be pleased to answer any questions you may have.

Mr. SOUDER. Thank you very much. Let me first thank you for your work in the areas of treatment. We have had multiple hearings on treatment and, of course, that is one of the major components. In many ways what is difficult about today's hearing is we are trying to prevent things that then often the Government has to deal with if we fail to prevent, whether that be treatment, whether that be interdicting, eradicating, throwing people in jail, trying to deal with the drug problems in jail. And the big question we get a lot of times is how are you focused on treatment and what are you doing.

So let me ask, because that is not the primary responsibility of your agency, but the ONDCP budget summary said that they viewed your program, the Substance Abuse Prevention Treatment, as about 20 percent prevention and about 80 percent treatment. Is that a rule or just an estimate, or how do you work through a number like that?

Mr. CURIE. I think what they are referring to is the block grant, and the intent of the block grant in statute is 80 percent of the block grant dollars, which is approximately $1.8 billion, is to be geared toward the treatment system. And I describe that 80 percent as really the foundation of the public substance abuse treatment system in this country, because other public funding streams such as Medicaid and Medicare are a very, very small portion as compared to other types of illnesses and disorders.

So with SAMHSA's block grant, with our discretionary program of funds, Access to Recovery, as well as with the State match that is required in terms of the maintenance of effort, that basically comprises the major part of the treatment system in this country. Twenty percent of the block grants—we work in partnership with State drug and alcohol authorities in monitoring this process—are to go toward prevention activities. Then we have the discretionary budget within CSAP, where, again, the Strategic Prevention Framework is funded, so we have the dollars in the CSAP budget that also go toward prevention, which are approximately $190 million, in that vicinity, $200 million.

Mr. SOUDER. So you are saying that was by statute it is 80/20.

Mr. CURIE. I believe it is required in the block grant. We can double-check that, but I believe that is where it is coming from, yes.

Mr. SOUDER. And how do you view yourself in the sense of obviously you have more dollars in treatment, but, in fact, if the administration were successful in wiping out Safe and Drug-free Schools, other than the small national program, you are the biggest prevention player on the block then.

Mr. CURIE. I think that may be right. I would have to double-check all those figures.

Mr. SOUDER. Because if you take your $190 plus one-fifth of $1.8 billion, you are close to double anything else.

Let me ask another question, because one of the frustrations that I see as a Congressman and I saw as a staffer, we have so many different programs, for example, we have who knows how many programs that, say they are reducing low birth weight. Now the current trend is gangs, so all these programs are going to run to the gangs question. Recently ONDCP apparently acknowledged

that they suspended regular meetings of the Demand Reduction Working Group. Were you or any of your deputies part of the Demand Reduction Working Group that is supposed to be of the different agencies at work?

Mr. CURIE. There have been some meetings over the past 4 years. I participated in some of those meetings or sent representatives over the course, especially during the first term. I can recall I attended personally at least two or three of those meetings.

Mr. SOUDER. Do you feel they were useful?

Mr. CURIE. I feel they were useful from the perspective of sharing what we were all doing, as well as it gave ONDCP the opportunity to share overall directions. What I found most useful has been the ongoing dialog we have with ONDCP on a pretty regular basis. It is more informal, but staff at various levels of SAMHSA, including myself, having contact with ONDCP has been occurring.

Mr. SOUDER. But nobody has ever come in and said, boy, we are spending nearly $1 billion here on drug prevention, we ought to have a coordinated drug prevention strategy? In other words, you are saying it is useful to kind of swap notes, but when you are pouring $360 million into the States, roughly a fifth of $1.8 billion, the Safe and Drug-Free Schools is pouring similar amounts in; you have another $190 million in, they have some under the CTAC program; we used to have it in Housing, which is now more optional in the Housing for various types of activities, but can include drugs. Is anybody looking and saying, boy, we have all this money going every which direction. Rather than just saying that it is not working, maybe we ought to figure out how to make it work. Instead, we suspended the meetings, the little meeting that we did have. I don't understand.

Mr. CURIE. Well, again, I might be biased, but I clearly think that is what SAMHSA is doing with HHS and working with partnership with ONDCP and the other Federal agencies through Strategic Prevention Framework. I couldn't agree with you more in terms of the dynamic you describe, and ONDCP has been extremely supportive of us pursuing SPF. I think our prevention efforts, while there has been money out there at a lot of levels—and, again, I know you are talking about some reductions today. My concern has been we haven't had a handle from the local community, the State level, or the national level totally in terms of how many prevention programs are really being funded and looking at it from a systemic level.

With Strategic Prevention Framework and working with the States and communities, as I indicated, one of the first steps is each community being empowered to put all their dollars on the table, what they are receiving, and then embark on a process of assessing the risks that are in that community that contribute to the substance abuse problem in that community, as well as the protective factors, and then from that have a baseline of use and then begin to embark upon a plan to fund, in a leveraged way and an augmenting way and a coordinated way, in the community the evidence-based programs that address those risk factors and for the first time have a real science base as well as a framework which empowers entities at all levels. And as I mentioned in my remarks, youth development agencies, faith-based organizations, the school

systems needing to be very much a part of that process, local law enforcement, all the entities that touch youths lives in a youth development sort of way. And the anti-drug coalitions are, of course, critical to that process as well, and we want to buildupon what is already there.

So I couldn't agree with you more that we need to be pressing a systemic look at prevention, how we are leveraging it, and, most importantly, how we are empowering local communities to leverage the resources they have. I have been pleased with the enthusiasm and discussions I have had with Justice, Education, as well as my fellow other operating divisions in HHS around Strategic Prevention Framework, seeing how their programs can fit into that.

The other thing, we are trying to make Strategic Prevention Framework not another prevention program that is competing for more dollars, but to be the framework to really help leverage the dollars from other programs. And we think that is the most important thing we can do in leadership right now.

Mr. SOUDER. Thank you.

Mr. Cummings.

Mr. CUMMINGS. Thank you again for being here. I just want to go back to something that you said. You talked about reducing the risk factors. Talk about that a little bit more.

Mr. CURIE. What we want to do and what you need to do in a community is take a look at what are the types of potential risk factors that exist. For example, a community that has a lot of mobility in it, that there is not a real stable neighborhood in that community, taking a look at identifying how do you address that risk factor through bringing some stability around a sense of neighborhood. How do you address that? Is there a focus on strengthening family relationships, the parent-child relationship, does the community do anything about looking at that? How active are the children in extracurricular activities and how active is the school system in engaging that community? Again, that can either be a risk or protective factor depending on what level you find. And there is a way of identifying, there is a range and a way, and we can show you risk factors that have been identified scientifically, that can be identified in a community.

And then protective factors that already do exist in communities, how do you strengthen those protective factors. A community that has a real strong sense of community, a real sense of its neighborhood and where the institutions are connected together. That is a protective factor in and of itself. There are ways you can promote those protective factors.

Also, with our national registry of effective programs, we have 65 evidence-based programs that have been demonstrated through a scientific review to reduce substance abuse 25 percent or less. We want that to be a resource with Strategic Prevention Framework that communities could select those programs that would best meet the needs that community has based on the risk factors identified.

So there would be a real tailored approach based on the unique needs of that community.

Mr. CUMMINGS. Going back to those 65 programs, these, I guess, would be considered best practices for certain circumstances, is that accurate?

Mr. CURIE. Yes. It depends how you use the terms. I think they would be better than best practices, actually, in terms of being evidence-based. So they actually have an evidence base to them that they have demonstrated that they have lowered substance abuse use in communities.

Mr. CUMMINGS. I don't know whether you were listening to me when I was going over my opening statement.

Mr. CURIE. I was.

Mr. CUMMINGS. Right answer. Thought I would catch you sleeping.

But you know the thing that I think Congressman Souder and I, and I think many Members of Congress, will attest to, is that when we go from neighborhood to neighborhood and we talk to our constituents, there are so many people that want to do something, but they don't know what to do and they don't know how to do it. So that is why I am so big on this community stuff, because I cannot imagine—I mean, if you can take some people who are already committed to do something, I mean, you think about all the competing tasks that we have as a parent, our job and all that, and these people say, look, I want to help. And a lot of times in some of our communities these are people who don't even have children or their children are gone on and they are professionals or whatever, but they still want to help. So I am just trying to make sure that as we deal with our budget priorities, that we are not only reducing money to go to those kind of efforts. So, for example, you say $10 million. When it comes to manpower and all the volunteer hours and the product—because I really believe that if somebody is willing to go out there and volunteer, they may very well work harder, maybe not as many hours, but harder than somebody who is getting paid, and they have that sense of community.

There is a guy in my neighborhood and he is a very interesting fellow. Every Saturday and Thursday and Tuesday he goes around and he picks up all the trash. He does a great job for free. And I look at him sometimes and I say, you know—then I go to the other neighborhoods where they have people cleaning up, and he does a better job. But it is because it is coming from somewhere in here.

I just don't want us to be in a position where we spend so much time trying to pinch pennies and then leave communities out, and then cause their morale—first of all, cause them to say, OK, well, I guess there is nothing I can do, because that is one of the easiest things for us to do, say there is nothing I can do, and keep getting up, because we have all these other things to do. So we lose that and we lose the product that they would produce, and the prevention and all that kind of stuff. We used to talk a lot about volunteerism and all this, and I have to tell you in some kind of way we have to make sure we use that here, because if we don't we have lost an incredible resource.

Mr. CURIE. I couldn't agree with you more. In fact, what you have just described is exactly what I think Strategic Prevention Framework can help empower community. One of the things we envision is that a community actually brings its full leadership, and we are talking from the faith community, the school district again, city government, chamber of commerce, law enforcement, all the youth development agencies, United way, the anti-drug coalitions

that are already in these communities set up. Come to the table and, first of all, get a sense of community; take a look at the resources. And the goal of Strategic Prevention Framework long-term, in my mind, is not only to better use the dollars we have—and I get real worried that prevention is vulnerable all the time anyway. Prevention is vulnerable because historically it has been hard to measure. Prevention is vulnerable because it is hard to understand and you can actually understand treatment a little more.

Now, I advocate continuing to keep treatment services funded as well because we want to help the people who are drowning in the river. But we also can make the most impact by preventing people from getting in that river in the first place. And with Strategic Prevention Framework, I am convinced if a community knew how much they had in terms of prevention resources and they were willing—and this is also to help give incentives to doing away with the turf that can occur in the communities. And if a community can have a clear point of contact around a prevention framework, then those individuals you just described, who have a desire to be of service, or they are at a point in their life where perhaps their family has grown and they really want to be invested in the community, that they would know where to turn, because that community would have a plan, a strategy; they would know where to go for the resources and they would know where to volunteer.

So it gives an opportunity for a community to truly empower people at all those levels, and that is why I feel this is a rather profound approach, trying to do it at a systemic level, and I think it is an appropriate level for the Federal Government to be really working with States and communities to empower them to do this, because I think it is hard to just do that on your own.

Mr. CUMMINGS. You know, last but not least, General Dean and others had some folks come to Baltimore, and I just found it so amazing that these people came to Baltimore and they met with people who were neighborhood people who were struggling. They came because they had good experiences in their neighborhoods and they had discovered their power. So they came to Baltimore and presented their—these are regular, everyday people. I mean, it was so powerful. I sat there and I was just like amazed that you could have one group that had figured it out, and they looked just like the people they were talking to, similar circumstances, and they flew in and they were like superstars, you know, superstars of prevention. And my folks looked at them and said, wow, you know, and they got ideas and they were empowered by seeing people who looked like them, who came from neighborhoods like theirs, who had effectively addressed a drug problem in their neighborhood, and they were able to say, hey, you know, we can do that too. So it became contagious. That is the other piece.

And I am a big person on treatment, but I tell you, Mr. Curie, as much as I am a big proponent of treatment, I tell you, I hate for people to have to go through the process to have to have treatment.

Mr. CURIE. Absolutely.

Mr. CUMMINGS. Because I see the destruction. I really do. I live in a neighborhood—well, it has gotten better now, but I live in a neighborhood where, if you bought your house in 1982 for

$100,000, when crack cocaine came around, you could have put $100,000 into that $100,000 house and you couldn't sell it for $35,000 period. And that happens to neighborhoods. So the wealth goes down, families are destroyed.

So all I am saying to you is when you have your discussions, I hope that you will take back that message, since you already believe in it, because there are so many people who are out here, and I don't want them to be discouraged. I really don't. I think that is one of the worst things that we can do. That is our army. It is like telling your military we are not going to support you, go home, see you later, and let us give us. And I think that is one of the most crucial messages that we have to get to the folks that make these decisions.

Mr. SOUDER. Thank you.

I had a detailed question that is off the budget. I guess this is more on ONDCP, but let me see if I can communicate this clearly enough. If not, we can get it a written response.

In your budget, the President's budget you have a reduction of $15 million in prevention programs and you have an increase of about $23 million in treatment. It appears that almost all the $15 million reduction is in "programs of regional and national significance." That is by looking at the breakout of the budget as to where that occurred. Yet, later on in the report it says that SAMHSA will be able to expand the Strategic Prevention Framework, which is what you have been talking about today, with five new grants, for a total of $12½ million.

If the program is going down 15, but you are increasing that 12½, what is the money coming out of?

Mr. CURIE. I am glad you asked that question. First of all, as you all know, because you are dealing with it, it is very challenging budget times all the way around, so overall there is a 1½ percent reduction in the SAMHSA budget overall. And I will be testifying tomorrow before the Subcommittee on Appropriations about the overall budget. So we had some very tough decisions to make in terms of prioritizing where we needed to put dollars, to mitigate some of the issues that we are facing, we developed some key rules of thumb as we made some budget decisions. First of all, we generally looked at grants and contracts that were coming to an end, and in those $15 million that you have discussed in the Center for Substance Abuse Prevention, it is primarily either programs that were coming to their natural conclusion; second, some of them were earmarks that were coming to their natural conclusion as well; and, third, we were able to gain efficiencies by combining contracts, our clearinghouse efforts and some other contracts. And our director of CSAP, Beverly Watts Davis, worked to try to gain some efficiencies through those contracts. So that is all reflected in that $15 million.

Now, the additional dollars for Strategic Prevention Framework is over the past 2 years we have been making a decision to try to use some of the dollars that are not continuing in grants that they were in, using our existing budget as much as we can to shift toward Strategic Prevention Framework, because, again, we felt that was also an appropriate focus for CSAP, as the lead Federal agency around substance abuse prevention, to set the stage for a frame-

work for other prevention programs that are being funded by other Federal agencies, as well as State, local, and private sector organizations.

So those three dynamics were in play as we evaluated where we needed to make some reductions. We tried to mitigate it as much as possible and at the same time make decisions.

One thing I haven't mentioned today is the SAMHSA matrix, which is unusual for me, but on the matrix we have those priorities outlined, Strategic Prevent Framework is one of them, and that has been guiding us even in the better budget years. It especially became useful in the tougher budget years, when you had to make some tougher decisions to keep our eye on the ball, so to speak, to fulfill our mission based on what we have set in stage over the past 3 to 4 years.

Mr. SOUDER. I thank you. We may have some more written questions. I may come back, but I want to do something else first. Do you have another question for him?

Mr. CUMMINGS. Let me make sure I understand what you just said. You are saying that your staff was able to look at—is it mainly duplication?

Mr. CURIE. It can be duplication of management efforts, and when you can consolidate contracts and grants, you do eliminate and gain some overhead efficiencies.

Mr. CUMMINGS. And the ones that were coming to an end, are we missing out on something now? In other words, I assume those are things, some of which, folks would have wanted to renew, is that accurate?

Mr. CURIE. Well, I would imagine some of the people that were receiving the grants may have wanted to have an opportunity to renew some, but it has not been unusual for a 3-year grant cycle to end, and the grantee knows it is going to come to an end. So, again, I think decisions were made trying to keep that in mind, as well as we did make a clear decision, a conscious decision over the past 2 to 3 years to try and move our dollars as much as we can into funding the Framework, because we felt ultimately those dollars will serve communities better by leveraging all the other dollars than just going into individual programs, because this way we can truly bring some things to scale on more of a national level.

Mr. CUMMINGS. Do you have more control when you put them in the Framework also?

Mr. CURIE. I believe we do.

Mr. CUMMINGS. More accountability too?

Mr. CURIE. Well, with the outcome measures, I am confident we are going to have more accountability. And, again, the outcome measures are going to be consistent outcome measures that we are utilizing with all of our grants, but most importantly coming from all communities and States. So for the first time we hopefully will be able to paint a national portrait, if you will, of really what these dollars are impacting and affecting. And then my goal is not only to continue to see substance abuse use go down, but to be in a position where I can come to you or I can talk to, within the executive branch, OMB and our budget folks and be able to demonstrate that the dollars were used the best way possible and any new dollars can go into these evidence-based efforts that you can have con-

fidence they are going to be used wisely. And I think that has been one of the challenges that the prevention community has been up against for many years.

Mr. CUMMINGS. Well, as I listened to the President's State of the Union, he was talking about programs in general, and he said that they were duplicating and that he needed to get rid of some programs. And after I began to look at some of the programs—and I am not talking about your agency, I am talking about in general—some of them were not things that were duplicated. One could make the argument as to whether they fit in the priority list of the President, but duplication was not the right word for all of them, and I guess what I was trying to get at is what it sounds like you all did.

Congressman Souder has heard me say it 50 million times. If there is one thing that Democrats and Republicans agree on, it is that their tax dollars be spent in an effective and efficient manner, and that sounds like what you are talking about. I guess what I want to make sure, though, is that when we move toward effectiveness and efficiency, it is true effectiveness and efficiency, and not perhaps leaving out something or some things that although they may have gone under discretionary—would that be the right category?

Mr. CURIE. Programs of regional and national significance.

Mr. CUMMINGS. Right. I just want to make sure—and even some of them I would guess were probably good things.

Mr. CURIE I think everything we have funded have been good things.

Mr. CUMMINGS. OK.

Mr. CURIE. Historically. I mean, I think they are always well intended. Again, if we see that there is a program that isn't achieving the outcomes, we first of all try to provide technical assistance to help them, but over time if they don't "meet muster" that is our responsibility, to do the appropriate review and monitoring of that. But I think every program that generally gets funded, the intention is always good and it is addressing a need.

Mr. CUMMINGS. All right, thanks.

Mr. SOUDER. I think to make this a little easier, because I think for the record what we ought to have—basically it is $27 million, it is not a small amount, because you have a $15 million reduction and $12 increase, so it is a $27 million switch. It would be helpful if you could provide for us a list—I will talk to Mr. Regula, too, because I think the Appropriations Committee should have that too, because it may be we are in complete agreement, but I suspect, given your own report, very minimal of that was ineffective programs. I think you only had a small percentage of programs that were deemed ineffective. He used the magical word, which was another way of saying part of what is happening here is the administration makes its request on what it thinks is important, but he used the word earmarks in here. So we probably have a pretty good chunk of this $27 million being earmarks, of which there will always be earmarks.

So the question is then what happens to the drug budget. And partly what happens here is when the administration comes up with a budget and it isn't really a comprehensive budget that cal-

culates in what is going to happen in Congress, we freelance. And instead of having a drug prevention budget, our guys start to add things on the Hill because it wasn't thought that, oh, my lands, you mean they might add something in Congress? Of course they might add something in Congress, since they do every year in every single program. And then we have to go back and say we are short $27 million. So what does it come out of? And, defacto, Congress winds up setting up a drug policy program that is not necessarily well developed because it hasn't been reflected in a realistic appropriations question.

Now, this isn't directed at you. It is a little, but you are asked to come up with what you think you would do in your agency, and what I am saying is that, strategically, when OMB clears what comes up, they also have to think a little bit of what is realistically going to happen on the Hill. And I think a listing of these projects will give us some indication of what is happening, because we are likely to get earmarks back. If half of that $27 million is earmarks, we are likely to get that same amount again. Therefore, you are going to be $13 million short. And then we come back to our question that we asked, which you don't have an answer yet today because you don't know what the number is going to be. But that money is going to come from somewhere, or there is going to have to be a budget increase, and the question is what type of programs are we giving up even when we do an earmark, because if we don't have a realistic budget match-up, it is hard to figure out what tradeoffs we are making when we do an earmark, when we do different things in Congress; and it is a systemic problem, it is not new this year.

But in my opinion, with all due respect, this year's budget, of which yours are minor changes, but compared to wiping out Drug-Free Schools and then moving the money over, when you move figures like $360 million, as opposed to $15, or try to wipe out most of the HIDTA program or knock out all the Burn grant, the overall drug budget is so unrealistic and so uncoordinated coming out of the administration this year it is irrelevant. And what it is forcing Congress to do between the House and Senate is put together for the first time—really, working with the Senate you are getting more cooperation in Congress, because what do we do when the administration chooses not to lead? In drug treatment that has not been a problem, but in drug prevention we have no coordinated leadership strategy. We have no leadership strategy whatsoever. You are the only one who is willing to even talk about it. I wouldn't want to talk about it if I were the other agencies either. They don't have a strategy. Department of Education is getting zeroed out. ONDCP didn't like it last time that we said, how come you are gutting the drug czar's office? It is basically a repeat of Bill Clinton's administration, watching the drug czar's office get gutted, and it is embarrassing to come up to the Hill and face that.

Now, I have some questions I am going to put on the record, because it should never be said that skipping a hearing is easier than being at a hearing. So I have some questions that I am going to ask publicly that I want written responses to, and I will continue to work with the Appropriations Committee, that, by the way, is equally appalled. These are questions I would have asked ONDCP

and the Department of Education had they been here and been willing to defend their budgets, as Mr. Curie has been.

No. 1, since Director Walters became head of ONDCP in 2001, the administration has identified drug use prevention as one of the critical three pillars of the effective drug control. The percent of Federal funding proposed in the administration's budget for prevention, however, has dropped to only 13 percent of the total drug control budget. Why is this pillar so much shorter than the other pillars?

Two, if the Safe and Drug-Free Schools State Grants cannot demonstrate results by OMB's reckoning, why didn't the administration, at any time in the last 4 years, propose reforming the grants to make them more accountable and effective?

Three, if the administration has lost confidence in the Safe and Drug-Free Schools State Grants, but is prepared to boost the funding for Safe and Drug-Free Schools' national program grants, then why didn't the administration propose moving all of the funding for the State Grants to the national programs instead of only a portion?

Four, the administration has proposed level funding for the National Youth Anti-Drug Media Campaign and the Drug-Free Communities Support Program. Given inflation, this amounts to a reduction in total resources for both programs. Why didn't the administration at least propose an increase to keep pace with inflation?

Five, why did ONDCP suspend the regular meetings of the Demand Reduction Working Group, which used to bring together senior political appointees from the Federal agencies involved in drug control?

Six, does the administration believe that student drug testing alone, unaccompanied by education or other prevention programs, will be effective? If not, what kind of programs need to accompany the testing?

Now, remember, when I was a staffer in the Senate for Senator Coats, I wrote the first drug testing provision, and it was based off of a high school in Indiana, McCutchen High School, where they had a problem on their baseball team, and we allowed testing through Drug-Free Schools program for the first time. We also worked with then Senator Danforth in the Transportation drug testing, which were the first two drug testing programs in 1989 and 1990, and I was a staffer, I was a legislative director and we had a number of other staffers on it that worked with this. I am enthusiastic of drug testing, but drug testing alone does not solve the problems. Drug testing is a monitor of the effectiveness of programs and of treatment programs, it is not a prevention program, it is a supplemental prevention program.

Seven, what changes to the law authorizing the Media Campaign would ONDCP like to request from Congress? What should the role of the Partnership for Drug-Free America and other non-government organizations be?

And since they have chosen not to be here, we are going ahead and writing a bill without them. And we would like at least some written input, but it is a very frustrating process.

Now, let me make one other statement for the record. I find it extraordinary that everybody from the administration comes up

and says how we are winning the war on drugs. But then they want to wipe out the prevention part, and the local law enforcement part, as we heard in an earlier hearing. If we are winning, why would you gut the prevention leg strategy for more or less, or at least take about 50 percent of it out, and why would you take out the section on the Burn grants, which are the local drug task forces, and the HIDTA funding, not to mention most of CTAC, if your drug program is working? Furthermore, as we learned, which is why they didn't want to come forth, there are no studies that suggest that the HIDTA program is a problem; there may be opinions. There are no studies that suggest that the Burn grants weren't part of the reduction. There are no studies that prove that Safe and Drug-Free Schools—there is one GAO report that was 5 years ago. Give me a break. And, furthermore, no suggestions of what the alternatives will be.

And when they said they were going to transfer the crime programs over to OCDEF, they had no proposal on the table, they had no idea of what management plan there would be. Even though they couldn't name a single HIDTA that wasn't working, they couldn't name an alternative for what was going to substitute for the HIDTA, because they had given no thought, no test, no proposal to test, and it was supposed to be, take this, blind Congress. Now we come to prevention programs and we have the same thing. They don't even want to talk about it. They don't even want to come up and explain Safe and Drug-Free Schools. There have been no proposals with it; they are presenting no evidence that Safe and Drug-Free Schools don't work, yet it gets a big zero.

Then when we get to the other kind of general prevention strategy, the fact is we aren't having coordinated meetings. The director is meeting with Mr. Curie and says that he believes his program is working. You have some of the biggest programs. But we all know we have a huge coordination problem at the local level and that this can't be done one-on-one, OK, we are going to work on this group over here and this group over here. We have to have a national prevention strategy, which can only be done by getting the principal players together and talking about it, starting with the President, a national prevention strategy.

I just see a little bit, and this is one of my biggest concerns, and I believe that your Strategic Prevention Framework is a good idea, but we, as conservative Republicans, are drifting to a very dangerous philosophy, and this budget is the clearest example I have seen of it. I have believed from the beginning—I am not a Libertarian. I believe we have a Constitution, not the Articles of Confederation. I believe it is important to have national programs. But I believe we believe in local and State flexibility, and what we saw in the local law enforcement hearing was an attempt to nationalize law enforcement and say, instead of having a 50/50 vote on HIDTA's, we are going to give it to OCDETF, where the Federal Government can force them to do what these stupid people don't know how to do themselves. And by taking the Burn grants, they are saying, look at this local cops' money. Even though they do 90 percent of the arrests, we think the Federal Government should set drug arrest strategy.

Now we come to prevention programs. It appears that the underlying reason why they don't like Safe and Drug-Free Schools is it goes to the schools to determine the strategy, which, quite frankly, if you get $600, it is tough at a given school to come up with a strategy. So as we work through this program, we need to figure out how to make it more effective. But the solution then is to zero it out and only keep the portion that is national, in other words, the portion that Washington can say this is what we need to do, and Washington is going to review and say this is how you should do programs on national significance.

Now, in the Strategic Prevention Framework, the same thing has to be, it has to be a true partnership. It doesn't have to be the thousand pound gorilla telling these dumb yokels at the local level what they need to know. The science can't be rigged to throw out what is important, and that is sometimes, you know, the passion of the individual at the local community overcomes some of what is pure science here, because by getting people who are very passionate, like you said, it is one at the dinner table. And in prevention it is going to be a lot of the one at the dinner table in the community, and it is messy and it is hard. It is much easier to sit in the Washington office and say this is what we think the prevention strategy ought to be; this is what we think, we ought to go for these big crime people, we shouldn't bother with the local police and State police, and the local task forces and these local school people and everybody. Just do what we say, we know, we are in Washington; we have been on the Hill a while now, so we need to do this.

The fact is that it has to be cooperative. When it is cooperative, it is tough, because you have all these diverse voices, and particularly in drug prevention, who don't agree on anything, who, depending on the circumstances of their kids, their neighborhood—my sociology prof used to call them my Aunt Annie theory of evidence. It is tough. But if you are going to make this Strategic Prevention Framework work, and if you are going to in fact wind up knocking out, after we get the earmarks done and stuff, a number of other programs that historically went to grants to do Strategic Prevention Framework, make sure that your program gives them a real voice and not a manipulated voice that OCDETF says. OCDETF task forces, by the way, are great for their limited function, but their limited function heretofore has been the Federal Government paying overtime for police officers to testify in cases. As they want to get into the policy end, part of the problem here is, as we heard from local law enforcement, do we get a real voice or do we get to go to a meeting and be told what to do? And that is the fundamental of cooperative, of true empowerment, is there a vote to decide the Strategic Prevention Framework; is there real input or is it this is what we want to do, you are welcome to be on our board.

So if you would like to comment on the Strategic Prevention Framework, but it is a general concern I have across the board. At least you are here today to defend your position and explain what you are doing, so thank you.

Mr. CURIE. Thank you, Mr. Chairman. The essence of Strategic Prevention Framework is to empower the local community, for them to really be able to get a handle on their particular needs,

their particular risk factors. And I see the role of Federal Government is one of facilitation, one of providing an economy of scale, of resources to State and the community to be able to make decisions; not tell the community this is what you must do, but open up the reservoir of information that is available in efficient and effective ways for the community so they know what type of assessment tool to use in that community, so that they can begin making informed decisions. When I mentioned NREPP earlier, and I know there are efforts going forth right now to look among several Federal agencies to increase the repository of evidence-based programs, that a community not be told you have to use this program, but a community takes a look and they select, based on their needs, make an informed choice of what will work for their community.

And also I couldn't agree with you more. Both you, Mr. Chairman, and Congressman Cummings talked about the passion of the individual. I think bringing all those leaders to the table in the first place, with the whole notion that this community is going to have its own prevention strategy that is coordinated, in which there is collaboration, begins to clearly set the stage to open up the door to volunteerism. I have spoken also to many private foundations about this concept, and they are very enthused that if a community has a strategy and they have a handle on what the needs of their community are and then they have embarked upon a process of funding programs which meet those particular needs, I think it is going to invite the private sector to have more confidence to invest in a community because they will see that a community has a true basis and strategy that is going to be measurable.

And the other issue that I think for the Federal Government plays a role is helping empower in terms of evaluation. That is always difficult for a local community and State, but we can help facilitate that process to paint that national picture. And, again, I think we have a responsibility to keep those measures clear, to keep them consistent and not put undue burden on grantees or States.

So I would view the Federal role in Strategic Prevention Framework as facilitation, technical assistance, providing an economy of scale for information, and empowering so informed decisions can be made.

Mr. SOUDER. I want to pursue just a little bit more. My friend Bob Woodson always talked about—and by the time I leave this place, I am going to put this in a certain number of places, and we are moving toward it—a zip code test, that the bulk of the grants have to go to people who live in the zip code where the money goes through, because too often we have tried to address this with overhead percents, that to some degree what I feel is the Federal Government funds 10 different committees to coordinate and very little money to actually do, and that we need to figure out how to better streamline those type of systems.

So I agree with you, evaluation is there, so maybe you put a percent in evaluation, things that you can better do by pooling. But now we come back to the fundamental question: How in the world do you do this without talking to Safe and Drug-Free Schools, without talking to the other big players at the table? Because here is what you would theoretically do—and the only place right now we

have to do this is through ONDCP, but they are not here, so I will ask you. You would think that all of you would be sitting down together, because what really is going to get people at the table is if they think dollars are coming.

And if there was a way to reform some of these systems and say, look, we have a schools-based program, we have a communities-based program and the community anti-drug things, we have all your dollars, which you are kind of trying to put together through this Strategic Prevention Framework but, as you said, not overlap with the other dollars that are already out there, which is hard to do if you aren't sitting talking together, and that in this Framework that you would have a Strategic Prevention Framework that in fact would define and the people would participate and want to participate, and if they felt a sense of ownership, which has to be there, otherwise we are never going to end the set-aside grants in the schools. Even though multiple people have tried to do this, it has never been struck out. Why? Because nobody wants to cut the money for their local schools when there is no alternative vision on the table.

And if there was an alternative vision on the table that said this is going to flow in by region, and that we are going to have a Strategic Prevention Framework, and the community anti-drug people and whatever else you are doing with your dollars, and the Safe and Drug-Free Schools dollars are going to be looked at in a comprehensive way by region so that it both flows as somewhat of an entitlement funding into a region so it isn't a zero sum game—that California is going to get all Indiana's money, for example—that there is some kind of a fairness and equity in the distribution of funds, then maybe people will come to the table and talk about this.

Right now it really and honestly, as somebody who has worked with this for more than a decade now, looks so incredibly random that CADCA grants are funded this way in a bid process and this over here is a set-aside and an earmark over here and this one over here, and Safe and Drug-Free Schools entitlement down to the school, which, if you are a big school you can probably do something; if you are a little school, it is not enough dollars. Some of the programs are great; some of the programs are at least a program and they are saying drugs are bad, which is better than nothing.

And you look at that and say why didn't the administration come forth with a more comprehensive way to address this rather than just proposing, more or less, chopping in half—your program is the least impacted, $15 million, but it is still a reduction. Everybody else is nearly wiped out. Why is there not any discussion? Have you heard any discussion about anything that I just mentioned? Has anybody ever mentioned that in a meeting?

Mr. CURIE. Well, I couldn't agree with you more that I think historically—and, again, that has been part of what I think has been the challenge to prevention, as well as a range of Federal programs, when there seems to be more of a funding stream mentality where certain funding streams get created and certain providers or certain grantees tend to find the end of that funding stream and

they kind of stay in place and they never connect. And I think historically that is what we are up against.

We have had discussions with Justice, with Education, and with DEA and other agencies around our Strategic Prevention Framework and discussed the very types of dynamics you just described, how we envision at the local level if we can have alignment at the Federal level, that other Federal agencies recognize Strategic Prevention Framework and think of ways of incentivizing grantees to be involved in that process.

And I think your regional approach has merit for consideration, and as we make these awards to States, a State can definitely consider a regional approach in terms of how they manage this for local communities. But clearly I know the need you just described has been identified, has been seen, and we have had discussions, and I am pleased to say there has been enthusiasm expressed by those other entities around our SPF notion. I think what you have described is how can we continue to take SPF and a national strategy to ensure it is institutionalized, if you will.

Mr. SOUDER. Thank you. And I am going to say for the record, and I have been a longtime friend of Director Walters too, but this is part of what a drug czar is supposed to be doing, and we need to have this proposed.

Thank you very much for coming today.

Mr. CURIE. Thank you.

Mr. SOUDER. Will the second panel please come forward?

Now that everybody is comfortable, I am going to ask you to stand and raise your right hands.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that all the witnesses responded in the affirmative.

We are going to start with General Dean, chairman and CEO of the Community Anti-Drug Coalitions of America [CADCA].

Thank you very much for coming today.

STATEMENTS OF GENERAL ARTHUR T. DEAN, RET., CHAIRMAN AND CEO, COMMUNITY ANTI-DRUG COALITIONS OF AMERICA; STEPHEN J. PASIERB, PRESIDENT AND CEO, PARTNERSHIP FOR A DRUG-FREE AMERICA; BONNIE HEDRICK, PH.D, EXECUTIVE DIRECTOR, OHIO RESOURCE NETWORK FOR SAFE AND DRUG FREE SCHOOLS AND COMMUNITIES; CLARENCE JONES, COORDINATOR, SAFE AND DRUG-FREE YOUTH SECTION, FAIRFAX COUNTY, VA PUBLIC SCHOOLS; TRACY MCKOY, PARENT COORDINATOR, FAIRFAX COUNTY, VA; AND ASHLEY IZADPANAH, STUDENT, FAIRFAX COUNTY, VA

STATEMENT OF GENERAL ARTHUR T. DEAN

General DEAN. Chairman Souder, Ranking Member Cummings and other distinguished members of the subcommittee, thank you for the opportunity to testify before you today on behalf of Community Anti-Drug Coalitions of America and our more than 5,000 community members nationwide. I am very excited to provide you with CADCA's perspective on the critical importance of drug prevention.

According to national experts, drug addiction is a development disorder that begins in adolescence, for which effective prevention

is critical. The younger a person first uses drugs, the higher their chance of adult dependency and addiction.

Drug prevention programs ensure that youth have accurate information about the harmfulness of drug use, as well as the skills necessary to refuse drugs.

Historically, drug prevention has been severely underfunded relative to its importance and effectiveness in reducing drug use.

Preventing drug use must be a major priority.

There is a core set of Federal drug prevention programs that have worked to compliment each other in reducing youth drug use by 17 percent over the past 3 years.

Each of these programs is unique and serves a specific function in our Nation's drug prevention efforts. Together, these programs constitute only 11.3 percent of the total Federal drug control budget in fiscal year 2005.

The President's fiscal year 2006 budget proposes the elimination of the State Grants portion of the Safe and Drug-Free Schools and Communities program and the DEA Demand Reduction Program. It also proposes to reduce funding for the National Guard Drug Demand Reduction Program and CSAP's Program for Regional and National Significance.

The President's fiscal year 2006 budget would severely underfund drug prevention. My written statement goes into detail about the importance of all the core Federal drug prevention programs. My remarks, however, due to time constraints, will focus only on two of these programs, the State Grants portion of the Safe and Drug-Free Schools and Communities Program and the Drug-Free Communities Program.

The State Grants portion of the Safe and Drug-Free Schools and Communities Program is the backbone of the youth drug prevention in the United States. There are a number of misconceptions about the State Grants program that I would like to address.

The first is that the program has not shown results. The reality is the Department of Education has not yet implemented the Uniform Management Information and Reporting System required by the No Child Left Behind Act. Despite this fact, States have exercised due diligence and collected the data to show positive impacts and documented outcomes. A comprehensive list of outcomes from selective States around the Nation is attached to my written testimony.

Finally, there is a misconception that these funds are spread too thin to be effective. In fact, local education agencies who receive less than $10,000 have leveraged this small amount of money to provide effective programs and services. Under the President's proposed fiscal year 2006 budget request, the entire $441 million for State Grants would be eliminated, while $87½ million would be added to the National Program for Competitive Grants. The new program is problematic. It will result in a very limited number of local education agencies receiving funds while leaving the majority of our Nation's schools and students with absolutely no drug prevention programming.

CADCA is fully supportive of the President's fiscal year 2006 proposal to increase the funding for the President's Student Drug Testing Initiative. CADCA is concerned, however, that this pro-

gram cannot be effective without school-based drug prevention and intervention infrastructure provided by State Grants program. Eliminating the funding for the State Grants portion of the Safe and Drug-Free Schools and Communities Program is simply not an option for our Nation. Congress needs to intervene and restore this funding.

The Drug-Free Communities Program is an essential bipartisan component of our Nation's demand reduction strategy. This program empowers citizens to get directly involved in solving their local drug issues. Drug-Free Communities Grants have achieved impressive results in communities throughout the country. My written testimony highlights significant outcomes achieved by Drug-Free Communities Grants across America.

Since CADCA received a grant to manage the National Community Anti-Drug Coalition Institute, it has worked directly with hundreds of communities across the country to build and strengthen their capacity. Last year's appropriation included $2 million for the Institute. A funding level of $2 million is also necessary for fiscal year 2006 to ensure the effectiveness of Drug-Free Communities grantees.

CADCA and its members are disappointed that the President's fiscal year 2006 budget did not include a request to increase funding for the Drug-Free Communities Program. This program not only has a proven track record in reducing drug use, but funding for it has historically been insufficient.

In conclusion, all youth must have the benefit of effective prevention efforts. Cutting or eliminating any of the core Federal programs will strain already insufficient levels of activities and services available to prevent drug use. When funding for drug prevention wains, youth drug use surges. With drug use on the decline over the past 3 years, this is not the time to eliminate or cut funding for critical drug prevention programs. Enhanced drug prevention funding is needed to raise awareness about the dangers, costs, and consequences of illegal drug use, and provide the skills and support for youth to stay drug-free.

Thank you for the opportunity to testify on this important subject, and I would be happy to answer any questions that you may have.

[The prepared statement of Gen. Dean follows:]

"Drug Prevention Programs and the Fiscal Year 2006 Drug Control Budget:
Is the Federal Government Neglecting Illegal Drug Use Prevention?"
Government Reform Committee
Criminal Justice, Drug Policy and Human Resources Subcommittee
Written Testimony of General Arthur T. Dean
Major General, U.S. Army, Retired
Chairman and CEO
Community Anti-Drug Coalitions of America
625 Slaters Lane, Suite 300
Alexandria, VA 22314

Chairman Souder, Ranking Member Cummings and other distinguished members of the Criminal Justice, Drug Policy and Human Resources Subcommittee, thank you for the opportunity to testify before you today on behalf of Community Anti-Drug Coalitions of America (CADCA) and our more than 5,000 coalition members nationwide. I am very excited to be able to provide you with CADCA's perspective on the critical importance of drug use prevention.

According to national experts, such as Dr. Nora Volkow, Director of the National Institute on Drug Abuse, drug addiction is a developmental disorder that begins in adolescence, sometimes as early as childhood, for which effective prevention is critical. The younger a person first uses drugs, the higher their chance of adult drug dependency and addiction (see attachment 1). Youth who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs in their adulthood.[1]

Research also demonstrates that illegal drug use among youth declines as the perception of risk and social disapproval increases (see attachment 2). Drug prevention programs are the primary mechanisms to ensure that youth have the accurate information to realize that drugs are harmful, as well as the skills necessary to refuse drugs.

Historically, drug prevention has been severely under funded at the federal and state levels, relative to its importance and effectiveness in reducing drug use. In fact, a recent report by Columbia University's National Center on Addiction and Substance Abuse (CASA) found that only about one half cent of every dollar that states spend on substance abuse goes for prevention.[2]

Investments in prevention can pay huge dividends. For example, the savings per dollar spent on substance abuse prevention are substantial and range from $2.00 to $19.64, depending on the methodology used to calculate costs and outcomes.[3]

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[1] Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Science. (2003). *The 2002 National Household Survey on Drug Use.* Rockville, MD.
[2] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Shoveling up: The impact of substance abuse on state budgets*. Columbia, SC. 2, 17. Available: http://www.casacolumbia.org/pdshopprov/files/47299a.pdf.
[3] Swisher, John. (2004). *Journal of Primary Prevention.* "Cost-benefit estimates in prevention research." (25)12.

Preventing drug use must be a major priority because every new cohort of youth needs the benefit of effective drug prevention. Given the major negative costs and consequences of drug abuse on our society, which have been estimated at $50 billion per year, investing in the prevention of drug use should be a much higher priority for our nation.[4]

There is a small core set of federal drug prevention programs across federal agencies that have worked to complement each other in reducing youth drug use by 17% over the past three years. These programs are:

- The Department of Education's Safe and Drug Free Schools and Communities (SDFSC) program, State Grants portion and National Programs portion, including the President's Student Drug Testing initiative;
- ONDCP's Drug Free Communities (DFC) program and the National Youth Anti-Drug Media Campaign (the Media Campaign);
- The Substance Abuse and Mental Health Services Administration's (SAMHSA) 20% prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant and the Center for Substance Abuse Prevention's (CSAP) Programs of Regional and National Significance;
- The Drug Enforcement Administration's (DEA) Demand Reduction program; and
- The National Guard's Drug Demand Reduction program.

Each of these programs is unique, serves a specific function in our nation's drug prevention efforts, and is critically important in helping to reduce drug use. Together, all of these programs constituted only 11.3% of the total federal drug control budget in FY 2005 (see attachment 3).

Unfortunately, a number of these programs are slated for cuts or total elimination in the President's FY 2006 budget request. The President's FY 2006 budget request proposes the elimination of the State Grants portion of the SDFSC program (-$441 million) and the DEA Demand Reduction program (-$9 million). It also proposes to reduce funding for the National Guard's Drug Demand Reduction program (-$4 million),[5] and CSAP's Programs of Regional and National Significance (-$15 million).

The President's FY 2006 budget would severely under fund drug prevention. It would be reduced from 11.3% of the total FY 2005 drug control budget to only 8.3% of the total FY 2006 drug control budget. The under funding of prevention in the FY 2006 budget is further

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[4] Executive Office of the President, Office of National Drug Control Policy. (2001). *The economic costs of drug abuse in the United States, 1992-1998.* Washington, DC: Executive Office of the President. Available: http://www.whitehousedrugpolicy.gov/publications/pdf/economic_costs98.pdf.

[5] The National Guard Bureau estimates that 10% of the total appropriation for Counterdrug State Plans is allocated to Demand Reduction. The figure of $4.1 million represents 10% of the difference between the total amount allocated to the National Guard Counterdrug State Plans in FY 2005 and the President's budget request in FY 2006.

exacerbated by the fact that the President's budget proposes a 2.2% overall increase for the drug control budget,[6] while it drastically shrinks the funding for drug prevention programs.

The Safe and Drug Free Schools and Communities Program

The State Grants portion of the SDFSC program is the backbone of youth drug prevention in the United States, serving more than 37 million youth per year with effective services, including peer resistance and social skills training, student assistance, parent training, and education about emerging drug trends. The SDFSC program costs less than one dollar per month, per child served. Comparatively, drug, alcohol and tobacco use currently cost schools throughout the country an EXTRA $41 billion per year in truancy, violence, disciplinary programs, school security and other expenses.[7]

There are a number of misconceptions about the State Grants portion of the SDFSC program that I would like to address (see attachment 4). The first misconception is that the low Office of Management and Budget (OMB) Program Assessment Rating Tool (PART) score means the program has not shown results and is ineffective. The reality is, the Department of Education (DOE) has not yet implemented the Uniform Management Information and Reporting System (UMIRS) required by the No Child Left Behind Act. By law, the UMIRS includes a specified minimum data set to be collected by all states and reported on to the Secretary. To date, the DOE has provided NO guidance or direction to the states about any specific data requirements. Despite the fact that the DOE has not collected and reported on the data necessary to demonstrate this program's effectiveness to OMB, states have exercised due diligence and collected the data to show positive impacts and documented outcomes. For example, Indiana's SDFSC program contributed to a decrease of 15.7% in past 30 day marijuana use among 12th graders, down from 23.5% in 2001 to 19.8% in 2003. Maryland's SDFSC program contributed to a decrease of 47.4% in past 30 day meth use among 8th graders, down from 1.9% in 1998 to 1.0% in 2002.

Another misconception is that the State Grants portion of the SDFSC program is duplicative of other programs. The SDFSC program is actually the only federal program that provides funding for universal drug prevention to all of our nation's school-aged youth.

In addition, there is a misconception that this program is not accountable and that the funds are not used to implement science-based programs. In fact, the No Child Left Behind Act requires SDFSC programs to adhere to principles of effectiveness. Specifically, it requires that states perform an assessment of their substance abuse problem, using objective data and the knowledge of a wide range of community members; develop measurable goals and objectives; implement evidence- and science-based programs that have been shown to be effective and meet identified needs; and perform an assessment of program outcomes. States and Local Education Agencies (LEAs) have taken these stringent new requirements very seriously and are implementing best

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[6] Executive Office of the President, Office of National Drug Control Policy. (2005). *National drug control strategy FY 2006 budget summary.* Washington, DC: Executive Office of the President. Available: http://www.whitehousedrugpolicy.gov/publications/policy/06budget/.

[7] U.S. Department of Health and Human Services and Education and SAMHSA's National Clearinghouse for Alcohol and Drug Information. (2002). *Prevention Alert.* "Schools and Substance Abuse (I): It Costs $41 Billion." 5(10). Available: http://www.health.org/govpubs/prevalert/v5/5.aspx.

practices and science-based programs as well as monitoring their progress in reducing youth drug use through student surveys (see attachments 5-10).

Finally, there is a misconception that these funds are spread too thin to be effective. In fact, although over half of the LEAs in the country receive less than $10,000, most of them have leveraged this small amount of money to develop consortia to pool their resources to provide optimally effective programs and services.

Under the President's proposed Fiscal Year 2006 budget request, the entire $441 million for the State Grants portion of the SDFSC program would be eliminated, while $87.5 million would be added to the National Programs portion of SDFSC for competitive grants to LEAs. This proposed new program is problematic as it would totally undermine local control and accountability and result in a very limited number of LEAs, with sophisticated grant writers, receiving these funds while leaving the majority of our nation's schools and students with absolutely no drug prevention programming at all. This is a major issue, as the SDFSC program acts as the portal into our nation's schools, gives community partners access to K-12 students and also provides the school-based representation in community-wide anti-drug efforts.

CADCA is fully supportive of the President's FY 2006 proposal to increase the funding for the President's Student Drug Testing initiative, as one important tool in a comprehensive drug prevention strategy. CADCA is concerned, however, that this program cannot be effective without the school-based drug prevention and intervention infrastructure provided by the State Grants portion of the SDFSC program.

Eliminating the State Grants portion of the SDFSC program will ultimately leave drug use unchecked in America's schools and have a devastating impact on the educational performance of students nationwide. Drug prevention is critical to ensuring the academic success of our youth. A recent study by the University of Washington found that lower reading and math scores are linked to peer substance use. On average, students whose peers avoided substance use had test scores (measured by the Washington Assessment of Student Learning reading and math scores) that were 18 points higher for reading, and 45 points higher for math.[8] Additionally, students who use alcohol or other drugs are up to five times more likely to drop out of school.[9]

Eliminating the funding for the State Grants portion of the SDFSC program is simply not an option for our nation. Congress needs to intervene and restore this funding.

Drug Free Communities Program

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[8] Bence, M., Brandon, R., Lee, I., Tran, H. University of Washington. (2000). *Impact of peer substance use on middle school performance in Washington: Summary.* Washington Kids Count/University of WA: Seattle, WA. Available: http://www.hspc.org/wkc/special/pdf/peer_sub_091200.pdf.

[9] Lane, J., Gerstein, D., Huang, L., & Wright, D. (1998). *Risk and protective factors for adolescent drug use: Findings from the 1997 National Household Survey on Drug Abuse.* Available: http://www.samhsa.gov/hhsurvey/hhsurvey.html; Bray, J.W., Zarkin, G.A., Ringwalt, C., & Qi, J. (2000). Health Economics. "The relationship between marijuana initiation and dropping out of high school." 9(1), 9-18.

The Drug Free Communities (DFC) program has been a central, bipartisan component of our nation's demand reduction strategy since its passage in 1998 because it recognizes that the drug issue must be dealt with in every home town in America. This program empowers local citizens to get directly involved in solving their own community's drug issues. Even with the exponential growth of the program, since its inception, on average, there has only been enough money to fund 33% of those who have applied for funds (see attachment 11).

DFC grantees have achieved impressive results in communities throughout the country. Communities where anti-drug coalitions exist have shown a marked decline in drug use as compared to communities where coalitions do not exist. For example, in Cincinnati, Ohio, from 1993 to 2000 there was a **decrease of 41.0%** in marijuana use among seventh to twelfth graders. In the same region, over the same period, there was **an increase of 33.0%** in marijuana use, where a coalition **did not exist**.

I would like to take a few minutes to highlight some of the significant results achieved by DFC grantees:

- The Countywide Anti-Substance Abuse Efforts Coalition in Bonifay, Florida reports that lifetime use of marijuana among middle schools students decreased at a rate of 39.3%, from 14.0% in 2002 to 8.5% in 2004.
- The Drug Free Noble County in Albion, Indiana reports that monthly marijuana use among ninth graders decreased at a rate of 34.4%, from 24.4% in 1998 to 16.0% in 2003.
- The Harford County Coalition in Bel Air, Maryland has seen the number of 10th graders reporting past 30 day use of heroin decrease at a rate of 67.6%, from 3.7% in 1998 to 1.2% in 2002.
- In Michigan, the Troy Community Coalition reports that the number of 12th graders using inhalants in the past 30 days decreased at a rate of 33.3%, from 6.0% in 2000 to 4.0% in 2003.
- Finally, in Wilmington, Vermont, the Deerfield Valley Community Partnership reported that past 30 day use of marijuana among eighth graders decreased at a rate of 78.9%, from 19.0% in 1997 to 4.0% in 2003.

Outcomes such as these are indicative of the successes that community anti-drug coalitions are achieving nationwide. They also demonstrate that when broad based groups consisting of multiple community sectors use their collective energy, experience and influence to address the drug problem in their neighborhoods, cities and counties, they achieve substantial results.

A more comprehensive list of significant outcomes from selected states around the nation is included as attachment 12.

Since CADCA received the grant to manage the National Community Anti-Drug Coalition Institute (the Institute), it has worked with hundreds of communities across the country to build and strengthen their capacity to plan, implement and evaluate data driven, community-wide, anti-drug strategies. Last year's appropriation included $2 million for the Institute. A funding level of $2 million is also necessary for FY 2006, as it will allow the Institute to provide the training, technical assistance and performance evaluation components needed to make existing coalitions

more effective in reducing drug use and to increase the number of community coalitions nationwide. In addition, as DFC grantees receive their last year of funding, it is critical to fund the Institute at a sufficient level to ensure the sustainability and growth of our DFC graduates.

CADCA and its members are disappointed that the President's FY 2006 budget did not include a request to increase the funding for the DFC program. This program has not only proven to reduce drug use in communities around the nation to levels lower than national averages, but funding for this program has historically been insufficient to meet the overwhelming demand for grants.

The National Youth Anti-Drug Media Campaign

The Media Campaign is another drug prevention tool that has generated major opportunities to raise awareness among both youth and adults about illegal drugs. It has proven to be an important prevention program that has put the issue of youth drug use back on the American public's radar screen. CADCA sees the benefits of the Media Campaign and believes funding for this program should be maintained at a level of at least the $120 million in the President's FY 2006 budget request.

Twenty Percent Prevention Set-aside in the Substance Abuse Prevention and Treatment Block Grant

The 20% prevention set-aside within the Substance Abuse Prevention and Treatment Block Grant supports community-based prevention programs and services that help reduce drug use among youth. This set-aside supports a large range of services and activities in six key areas: information dissemination; community-based processes; environmental strategies; alternative activities; education and problem identification and referral. The 20% set-aside complements the SDFSC program by providing community programming that enhances and reinforces the prevention education youth receive in schools.

The Center For Substance Abuse Prevention Programs of Regional and National Significance

CADCA fully supports CSAP's leadership in improving the capacity, effectiveness and accountability of substance abuse prevention through implementation of the Strategic Prevention Framework.

CSAP's Strategic Prevention Framework/State Incentive Grant (SPF/SIG) program is an important mechanism to help expand effective substance abuse prevention infrastructure. This program ensures that states and communities implement data driven, targeted and effective substance abuse prevention programming and services. The President's FY 2006 request proposes increasing the funding for SPF/SIG grants by $8 million, from within CSAP's existing funding base, to support a total of 32 grants (25 continuations and seven new).

CADCA has had continuing concerns about long-term trends that started in the Clinton Administration to request insufficient funding levels for CSAP. The President's FY 2006 budget

request continues this trend by proposing a cut of $15 million for CSAP. CADCA recommends that Congress restore all of CSAP's funding and that this additional funding be allocated to the SPF/SIG grant program.

The Drug Enforcement Administration's Demand Reduction Program

The Drug Enforcement Administration's (DEA) Demand Reduction function plays a pivotal role in bridging the supply/demand split of the drug control field. The DEA's Demand Reduction program provides anti-drug coalitions with timely and critical information about local, regional and national drug threats, such as meth and prescription drug abuse.

The DEA's Demand Reduction Coordinators (DRCs) are unique. They are DEA agents who are also highly trained as prevention specialists. The DRCs' in-depth knowledge of the illegal drug scene, as well as prevention, make them a valuable resource to the drug prevention field. DRCs provide guidance and drug intelligence expertise to state and community leaders about all drugs of abuse, with an emphasis on emerging drug trends. They also facilitate collaboration between enforcement and demand reduction functions, by serving as law enforcement representatives on state and community-wide coalitions that deal with illegal drug issues. CSAP's requirement that the DRCs be included on the SPF/SIG Governor's Advisory Councils is an excellent example of this collaborative effort. The DRCs provide a great benefit to the DEA by creating and maintaining strong community support for their enforcement efforts.

The President's FY 2006 budget recommends "zeroing out" the DEA's entire Demand Reduction program, which, including personnel costs, is currently less than one half of one percent of the DEA's total budget. This program is much too important to be slated for elimination. Congress needs to ensure that this program is fully funded in the FY 2006 appropriations process.

The National Guard's Drug Demand Reduction Program

The National Guard's (the Guard) Drug Demand Reduction program represents approximately 10% of the Guard's total Counterdrug State Plans program. The logistical and program support provided to community anti-drug coalitions around the country by the Guard's Drug Demand Reduction program have been invaluable. Through the Guard, community coalitions and others at the local level have had access to facilitators, speakers, trainers, facilities and equipment that would otherwise have been unaffordable or unavailable. CADCA's partnership with the Guard enables our National Community Anti-Drug Coalition Institute to educate and train thousands of Drug Free Community grantees and other community leaders nationwide on a broad range of topics in an extremely cost effective manner.

The President's FY 2006 budget would reduce the Guard's Drug Demand Reduction efforts by approximately $4 million, because it proposes to cut the overall Counterdrug State Plans program by $40 million. CADCA and its members hope that the National Guard's Counterdrug State Plans program is funded at the highest possible level in FY 2006 so that the Drug Demand Reduction program does not have to sustain any cuts.

Conclusion

Every new cohort of youth MUST have the benefit of effective prevention efforts to ensure that drug use rates continue to decline. Unfortunately, the President's FY 2006 budget request for drug prevention is totally inadequate. Cutting or eliminating any of the core programs that make up the nation's drug prevention infrastructure in schools, communities and states will strain the already insufficient level of activities and services available to prevent drug use.

Historically, the funding levels for drug prevention have inversely correlated with youth drug use rates. Overall, the higher the funding, the lower the levels of drug use. Funding has been highest when the nation has been most concerned with the illegal drug issue. When funding for, and attention to, drug prevention wane, as they did in the mid-to late 1990's, youth drug use surges. With drug use on the decline over the past three years, for the first time in a decade, this is certainly not the time to eliminate or cut funding for critical drug prevention programs, such as the DOE's State Grants portion of the SDFSC program, the DEA Demand Reduction program, CSAP's Programs of Regional and National Significance and the National Guard's Drug Demand Reduction program.

Given that drug prevention has historically been woefully under funded, we would have hoped to see the President's FY 2006 budget request focused more aggressively on drug prevention. Enhanced drug prevention funding is needed in order to reach all of America's youth, parents and citizens with comprehensive strategies and services, which raise awareness about the dangers, costs and consequences of illegal drug use, and provide the skills and support for youth to stay drug free.

Thank you for the opportunity to testify on this important subject. I would be happy to answer any questions that you may have.

Written Statement for the Record

General Arthur T. Dean (ret.)
Chairman and CEO
Community Anti-Drug Coalitions of American (CADCA)

APPENDIX

ATTACHMENT 1:
Addiction is a Developmental Disease That Starts in Adolescence and Childhood

ATTACHMENT 2:
12th Graders' Past Year Marijuana Use Vs. Perceived Risk of Occasional Use

ATTACHMENT 3:
Drug Prevention Funding Chart, Including CADCA's FY 2006 Recommendations

ATTACHMENT 4:
Perception vs. Reality: The State Grants Portion of the Safe and Drug Free Schools and Communities Program

ATTACHMENT 5:
Funding for the State Grants Portion of the Safe & Drug-Free School Program MUST Be Maintained: Elimination is Not an Option!

ATTACHMENT 6:
The Forgotten Link: Drug and Alcohol Use and Academic Performance

ATTACHMENT 7:
The Safe and Drug Free Schools and Communities (SDFSC) Program Has Been Successful in Alabama

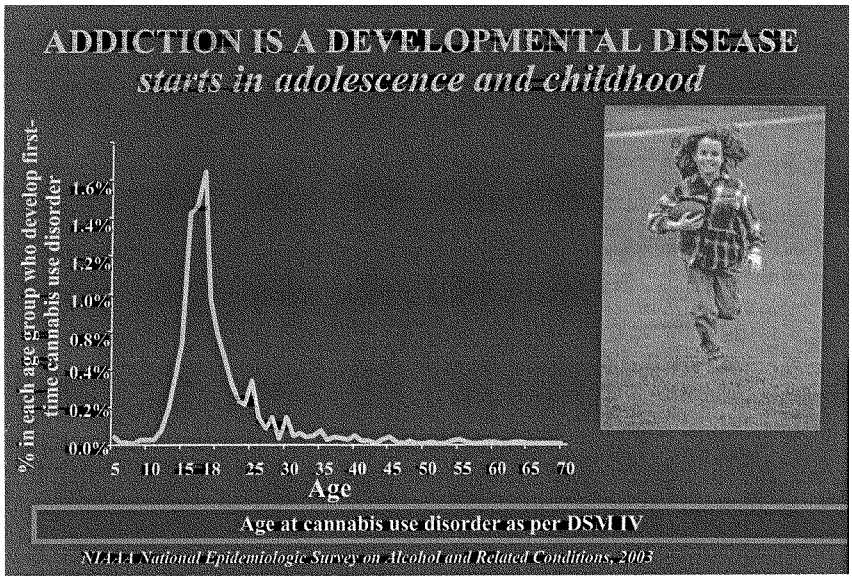
ATTACHMENT 8:
Maine's Safe and Drug Free Schools and Communities Act Program, Title IV-A No Child Left Behind Act

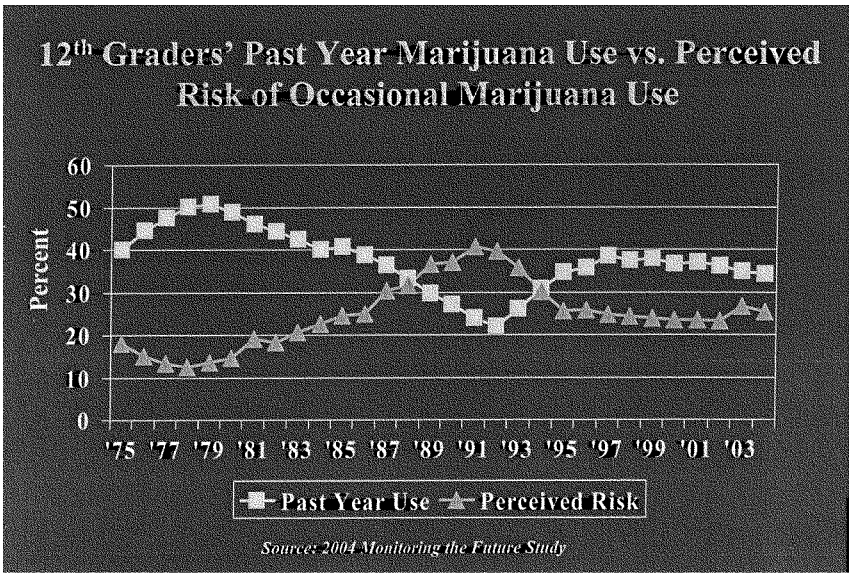
ATTACHMENT 9:
The Safe and Drug Free Schools and Communities (SDFSC) Program Has Been Successful in Ohio

ATTACHMENT 10:
Washington's Prevention and Intervention Services Program: Highlights from the 2003–04 Statewide Evaluation

ATTACHMENT 11:
Drug-Free Communities (DFC) Support Program Application Statistics

ATTACHMENT 12:
The Drug Free Communities program *IS* making a difference in lowering drug use in communities throughout the nation.


ADDICTION IS A DEVELOPMENTAL DISEASE
starts in adolescence and childhood
% in each age group who develop first-time cannabis use disorder
1.6%
1.4%
1.2%
1.0%
0.8%
0.4%
0.2%
0.0%
5 10 15-18 25 30 35 40 45 50 55 60 65 70
Age
Age at cannabis use disorder as per DSM IV
NIAAA National Epidemiologic Survey on Alcohol and Related Conditions, 2003


12th Graders' Past Year Marijuana Use vs. Perceived Risk of Occasional Marijuana Use
Percent
60
50
40
30
20
10
0
'75 '77 '79 '81 '83 '85 '87 '89 '91 '93 '95 '97 '99 '01 '03
Past Year Use
Perceived Risk
Source: 2004 Monitoring the Future Study

Drug Prevention Funding Chart,
Including CADCA's FY 2006 Recommendations[1]

	FY 2005 Appropriated	FY 06 President's Budget Request	CADCA Recommendation
Safe and Drug-Free Schools and Communities:			
State Grants	$441 million	0	$441 million
National Programs	$153 million[2]	$269 million[3]	$168.5 million[4]
Drug-Free Communities Act (DFCA)	$80 million[5]	$80 million[6]	$90 million[7]
Nat'l Anti-Drug Media Campaign	$120 million	$120 million	$120 million
20% Prevention Set Aside in the Substance Abuse Prevention and Treatment Block Grant	$356 million[8]	$356 million	$369 million[9]
Center for Substance Abuse Prevention (CSAP)	$199 million	$184 million	$210 million[10]
Drug Enforcement Administration Demand Reduction Program	$9 million	0	$9 million
National Guard Demand Reduction Program	$21 million[11]	$17 million[12]	$21 million

Total Prevention Budget	$1.379 billion	$1.026 billion	$1.429 billion
Total Drug Control Budget	$12.2 billion	$12.4 billion	N/A
Prevention Percentage of Total Drug Control Budget	11.3%	8.3%	11.5%[13]

[1] The figures in this chart are not reflective of the across the board cut in FY 2005 of .83%.
[2] Includes $9.9 million for the President's Student Drug Testing initiative
[3] Includes $25.4 million for the President's Student Drug Testing initiative
[4] Includes $25.4 million for the President's Student Drug Testing initiative
[5] Includes $2 million for National Community Anti-Drug Coalition Institute
[6] Includes $750K for National Community Anti-Drug Coalition Institute
[7] Includes $2 million for the National Community Anti-Drug Coalition Institute
[8] $356 million represents the set-aside for prevention, which is 20% of the total amount appropriated for the Block Grant.
[9] This number was agreed to by the coalition of national organizations representing the substance abuse prevention and treatment fields and represents 20% of the total amount requested by the field for the Block Grant.
[10] This number was agreed to by the coalition of national organizations representing the substance abuse prevention and treatment fields.
[11] The National Guard estimates that approximately 10% of the total funding for the Counterdrug State Plans program is used every year for Drug Demand Reduction. The figure of $21 million represents 10% of the appropriated level for FY 2005 for the Counterdrug State Plans program.
[12] The National Guard estimates that approximately 10% of the total funding for the Counterdrug State Plans program is used every year for Drug Demand Reduction. The figure of $17 million represents 10% of the President's FY 2006 requested level for the National Guard Counterdrug State Plans program.
[13] This figure assumes a Fiscal Year 2006 total drug control budget of $12.4 billion.

CADCA PERCEPTION VS. REALITY

The State Grants Portion of the Safe and Drug Free Schools and Communities Program

Perception vs. Reality

Background

The State Grants portion of the Safe and Drug Free Schools and Communities (SDFSC) program is the backbone of youth drug and violence prevention and intervention in the United States and serves more than 37 million youth per year.

The SDFSC program costs less than one dollar per month, per child served. Comparatively, drug, alcohol and tobacco use currently cost schools throughout the country an EXTRA $41 billion per year in truancy, violence, disciplinary programs, school security and other expenses.[1]

Despite the fact that the State Grants portion of the SDFSC program has contributed to the 17% overall decline in drug use among youth over the past three years, the Administration has recommended eliminating it.

Perception vs. Reality

Perception: The low Office of Management and Budget (OMB) Program Assessment Rating Tool (PART) score justifies elimination of the State Grants portion of the SDFSC program.

Reality: The Department of Education (DOE) has not yet implemented the Uniform Management Information and Reporting System (UMIRS) required by Title IV, H.R. 1, the No Child Left Behind Act (NCLB). As a result, the DOE has not collected and reported on the data necessary to demonstrate this program's effectiveness to OMB. Despite the DOE's failure to implement the UMIRS, the states have exercised due diligence and collected the data to show positive impacts and documented outcomes (see the reverse side for a sample of significant outcomes).

Perception: The State Grants portion of the SDFSC program is duplicative of other federal programs.

Reality: The State Grants portion of the SDFSC program is the portal into schools for all drug and violence prevention activities. It provides the prevention infrastructure to 97% of the nation's schools. No other federal program provides funding for universal prevention to all of our nation's school aged youth.

Perception: The thin distribution of funds prevents Local Education Agencies (LEAs) from designing and implementing meaningful interventions.

Reality: Although over half of the LEAs in the country receive less than $10,000, most of them have leveraged the limited funds from the program to recruit partners who have committed additional public and private resources and manpower to implement school based programs that work for their communities. LEAs receiving a small amount of money develop consortia to pool their resources to provide optimally effective programs and services.

Consequences of Implementing the Administration's Budget Proposal

Eliminating the State Grants portion of the SDFSC program will ultimately leave drug, alcohol and tobacco use and abuse unchecked in America's schools and have a devastating impact on the educational performance of students nationwide. Drug prevention is critical to ensuring the academic success of our youth. A recent study by the University of Washington found that lower reading and math scores are linked to peer substance abuse. On average, students whose peers avoided substance use had test scores (measured by the Washington Assessment of Student Learning reading and math scores) that were 18 points higher for reading, and 45 points higher for math.[2] Additionally, students who use alcohol or other drugs are up to five times more likely to drop out of school.[3]

The Administration's budget proposal would be detrimental to our nation's youth. Under the proposed Fiscal Year 2006 budget request, the entire $441 million for the State Grants portion of the SDFSC program would be eliminated, while $87.5 million would be added to the National Programs portion of SDFSC for competitive grants to LEAs. This new program would allow only a very limited number of LEAs with sophisticated and skilled grant writers to successfully compete for these funds. **The Administration's proposal would leave the vast majority of our nation's schools and students with no drug and violence prevention programming at all.**

[1] U.S. Department of Health and Human Services and Education and SAMHSA's National Clearinghouse for Alcohol and Drug Information. (2002). *Prevention Alert.* "Schools and Substance Abuse (I): It Costs $41 Billion." 5(10). Available: http://www.health.org/govpubs/prevalert/v5/5.aspx.

[2] Bence, M., Brandon, R., Lee, I., Tran, H. University of Washington. (2000). *Impact of peer substance use on middle school performance in Washington: Summary.* Washington Kids Count/University of WA: Seattle, WA. Available: http://www.hspc.org/wkc/special/pdf/peer_sub_091200.pdf

[3] Lane, J., Gerstein, D., Huang, L., & Wright, D. (1998). *Risk and protective factors for adolescent drug use: Findings from the 1997 National Household Survey on Drug Abuse.* Available: http://www.samhsa.gov/hhsurvey/hhsurvey.html; Bray, J.W., Zarkin, G.A., Ringwalt, C., & Qi, J. (2000). *Health Economics.* "The relationship between marijuana initiation and dropping out of high school." 9(1), 9-18.

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Significant Outcomes From Selected States

Alabama - Reported a decrease at a rate of 46% in lifetime incidence of inhalant use by students in grades six through 11, down from 19.4% in 1997 to 10.5% in 2003. (*Youth Risk and Behavior* survey, 1997 and 2003)

Alaska - Reported a decrease at a rate of 54% among Alaska high school students reporting having ever used inhalants from 22.2% in 1995 to 10.2% in 2003. Reported a decrease at a rate of 19% among Alaska high school students reporting having had at least one drink of alcohol in the past 30 days from 47.5% in 1995 to 38.7% in 2003. (*Youth Risk Behavior* survey, 2003)

California - Reported a decrease at a rate of 71% among 7th graders reporting binge drinking (five or more drinks in a row) in the past 30 days from 10% in the 1997–1998 school year to 2.9% in the 2001–2002 school year. Reported a decrease at a rate of 31% among 11th graders reporting having used inhalants in the past 30 days from 5.8% in the 1997–1998 school year to 4.0% in the 2001–2002 school year. (*Alcohol, Tobacco and Drug Use Among California Students 2001/2002: Report to Attorney General Bill Lockyer Results from the Ninth Biennial California Student* survey-tables)

Florida - Reported a decrease in past 30 day marijuana use among 6th through 12th graders at a rate of 11.1% from 14.4% in 2000 to 12.8% in 2003. (*Florida Youth Substance Abuse* survey, 2003)

Hawaii - Reported that the perception of harm associated with the "occasional use of inhalants" among 12th graders increased at a rate of 58% from 48.5% in 1998 to 76.8% in 2002. (*Hawaii Student Alcohol, Tobacco and Other Drug Use* study, 2002)

Idaho - Reported a 22% reduction in lifetime alcohol use among 8th graders from 49.7% in 1996 to 38.7% in 2002. (*Idaho Schools Survey Shows Prevention Is Working: 2002 Statewide Substance Use and School Climate* survey)

Illinois - Reported a decrease of 19.8% among 8th graders reporting past month use of alcohol from 21.2% in 2000 to 17% in 2002. (*Illinois Youth* survey, 2002)

Iowa - Reported that the number of 11th graders who have used marijuana in the last 30 days decreased at a rate of 11.8%, from 17% in 1999 to 15% in 2002. (From the Iowa Department of Public Health News Release: *Iowa Teens Using Fewer Illegal Substances: Survey Shows Drop in Tobacco, Alcohol, Drug Use.* Released April 15, 2003)

Maryland - Reported a decrease at a rate of 47% in past 30 day meth use among 8th graders, down from 1.9% in 1998 to 1.0% in 2002. (*2002 Maryland Adolescent* survey)

Kentucky - Reported an increase at a rate of 29.5% among 12th graders reporting no lifetime use of marijuana from 44% in 2000 to 57% in 2003. (*2003 Kentucky Incentive Program* survey)

Nevada - Reported a decrease at a rate of 16% among high school students reporting past use of marijuana from 26.6% in 2001 to 22.3% in 2003. (*Youth Risk Behavior* survey, 2003)

New Hampshire - Reported a decrease at a rate of 10% among high school students reporting past month use of alcohol from 52.5% in 2001 to 47.1% in 2003. (*Youth Risk Behavior* survey, 2003)

New York - Reported a decrease at a rate of 22.4% among students reporting past 30 day use of marijuana from 26.7% in 2001 to 20.7% in 2003. (*Youth Risk Behavior* survey, 2003)

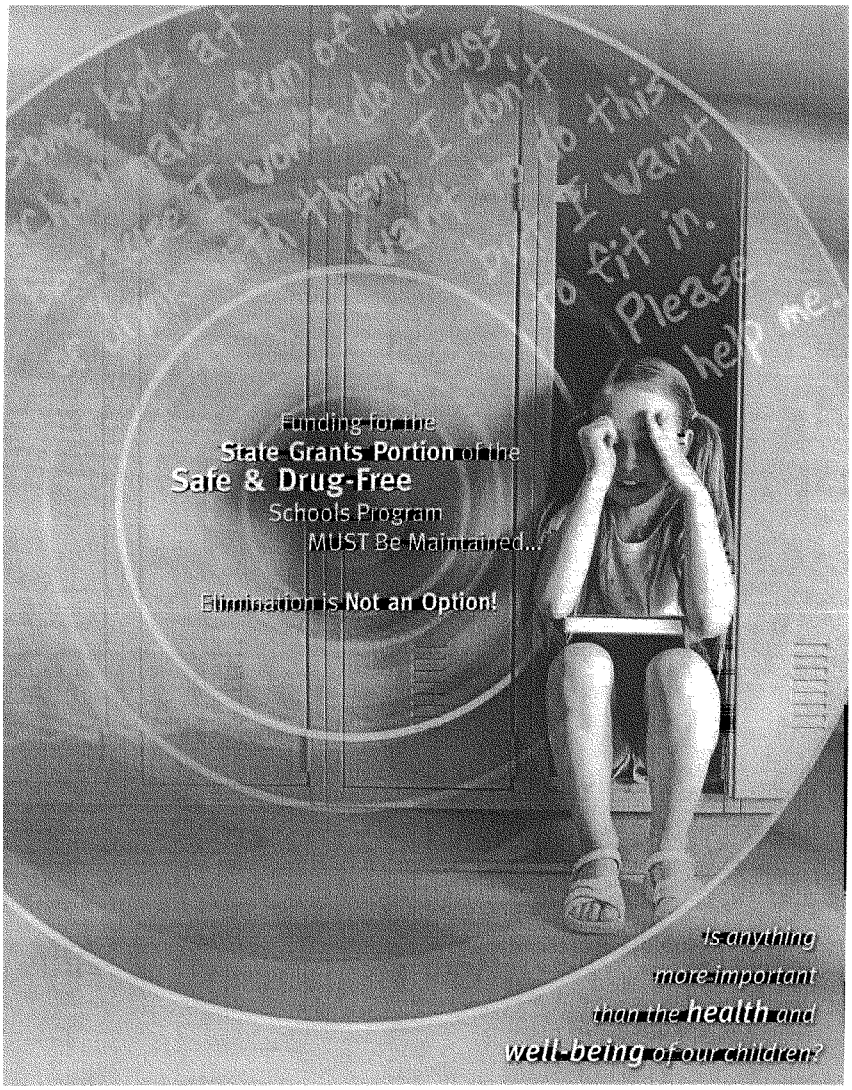
Ohio - Reported that the percentage of youth in grades six through eight who reported using illegal drugs at least once during the past year declined at a rate of 21%, from 14.9% in 1998–1999 school year to 11.7% in 2002. This decline is far better than the decline experienced nationwide in 2002, which was 16%. (From News Release: *Ohio Eclipses Nation in Reducing Adolescent Drug Usage: "Remarkable Progress" Cited in Lowering Teen Problems in the State.* Released April 11, 2002 by the Ohio Department of Alcohol and Drug Addiction Services)

Pennsylvania - Reported a decrease at a rate of 64% in the number of students violating drug and alcohol school polices from 11% in 1996–1997 to 4% in 2001–2002. (Collected using quarterly reports submitted to the Pennsylvania Commission on Crime.)

Washington - Reported that 25% fewer students reported past 30 day use of marijuana and 21% fewer students reported binge drinking in the past 30 days after participating in Washington State's Prevention and Intervention Services Program during the 2003–2004 school year. (From *Washington's Prevention and Intervention Services Program: Highlights from the 2003–2004 Statewide Evaluation* by Dennis Deck, Ph.D. of the RMC Research Corporation.)

Wisconsin - Reported that the number of 12th graders reporting lifetime use of inhalants has decreased at a rate of 28.9%, from 14.5% in 2001 to 10.3% in 2003. (*Youth Risk and Behavior* survey, 2003)

**Please note that the rates of change above were determined using the standard rate of change calculation method. The Administration used this same method to calculate the 17% reduction in youth drug use over three years.*


Funding for the
State Grants Portion of the
Safe & Drug-Free
Schools Program
MUST Be Maintained...
Elimination is Not an Option!
Is anything
more important
than the health and
well-being of our children?

Background

The Safe and Drug-Free Schools and Communities (SDFSC) program is the only source of federal funding for school-based prevention that directly targets all of America's youth in grades K–12 with drug education, prevention, and intervention services.

Title IV of H.R. 1, the No Child Left Behind (NCLB) Act, requires SDFSC programs to adhere to principles of effectiveness. Specifically, it requires that states must perform an assessment of the substance abuse and violence problem, using objective data and the knowledge of a wide range of community members; develop measurable goals and objectives; implement evidence- and science-based programs that have been shown to be effective and meet identified needs; and perform an assessment of program outcomes. As a result of these stringent requirements the SDFSC program has had a significant impact on helping to achieve the 17% overall decline in youth drug use over the past three years, documented by the *2004 Monitoring the Future* survey.

The President's Budget Request

In his FY 2006 budget request, President Bush recommended the elimination of the State Grants portion of the SDFSC program. According to recent data, upwards of 37 million youth are served annually by programs funded through SDFSC.[1] Cutting the SDFSC program will leave millions of American children without any drug education.

Although over half of the LEAs in the country receive less than $10,000 annually, most of them have leveraged their limited program funds to recruit partners who have committed additional resources and manpower to make SDFSC work for their communities. Even in districts where the funding is minimal, someone is responsible for addressing the impact of alcohol and other drugs on the school learning climate. LEAs receiving a small amount of money develop consortia and pool their resources to provide effective programs and services. Even a small amount of money from this program can be the catalyst for greater community involvement and can leverage funding from other sources.

If a school does not receive funds to address the substance abuse prevention and intervention issues it faces, it cannot deal with the negative impact that drugs and alcohol undoubtedly cause. Schools must have the ability to address these issues and provide accurate information to children and their parents, so that the negative influences that encourage drug use will not have unchecked access to the minds of our children.

[1] Bennett-Harper, Sarah M., Brizius, Marilyne G., Donaldson, Sonia J. "Characteristics of SDFSCA SEA and Governors' Programs: Volume I Summary of the 1999-2000 Data Collection. Available at http://www.ed.gov/admins/lead/safety/9900statereport/report.pdf

Key Findings

- The SDFSC program has had a significant impact on helping to achieve the **17% overall decline** in youth drug use over the past three years.
- The SDFSC program is the backbone of youth drug prevention and intervention efforts in the United States. State and local SDFSC programs are showing positive impacts and impressive, documented outcomes, despite the Department of Education's failure to implement the Uniform Management Information Reporting System (UMIRS).
- Drug and alcohol use continue to be a pervasive problem for America's youth.
- The American public consistently identifies illegal drugs as one of the most serious problems facing communities and children.
- Peer substance use has been linked to lower reading and math scores.
- Teachers are as likely as parents to warn youth about the problems of alcohol and drugs.
- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "costs associated with drug, alcohol and tobacco use add 10%—or **$41 billion**—to the already strained budgets of schools across the nation."
- The savings per dollar spent on substance abuse prevention are substantial, ranging from **$2.00** to **$19.64**.
- Every new cohort of youth **MUST** have the benefit of prevention efforts to ensure that drug and alcohol use rates continue to decline.

Peer Substance Use Impacts Academic Performance

A recent study by the University of Washington provided the first large-scale documentation that found that the level of peer substance use in schools has a substantial impact on academic performance. **The study findings link lower reading and math scores to peer substance abuse—not to individual student use as one might expect.** On average, **students whose peers avoided substance use** had test scores (measured by the Washington state math and reading standards) that were **18 points higher for reading, and 45 points higher for math.**[1] The study concluded that if the public is concerned with academic performance, the challenges in students' learning environment, particularly substance use, must be addressed.[2]

This fact is further substantiated in the Substance Abuse and Mental Health Services Administration's 2002 National Household Survey on Drug Abuse Report entitled *Marijuana Among Youths*, as it states that poor performance in school has been associated with marijuana use, **as youths with an average grade of D or below were more than four times as likely to have used marijuana in the past year as youths with an average grade of A.** Other data also supports the fact that **adolescents who use alcohol may remember 10% less of what they have learned than those who don't drink.**[3]

Students whose peers avoided substance use had test scores that were 18 points higher for reading and 45 points higher for math.

[1] Bence, M., Brandon, R., Lee, L., Tran, H. University of Washington. (2000). *Impact of Peer Substance Use on Middle School Performance in Washington: Summary.* Washington Kids Count/University of WA: Seattle, WA.
Available: http://www.hspc.org/wkc/special/pdf/peer_sub_091200.pdf
[2] *Ibid*
[3] Brown S.A., Tapert S. F., Granholm El, et al. (2000). *Alcoholism: Clinical and Experimental Research.*

Enhance the Prevention Infrastructure in Our Nation's Schools

Recent research states that schools play a critical role in getting the antidrug message out to children. In today's changing society, schools serve as one of the *few* sources of information for most children about the dangers of drug use. The 2002–2003 *PRIDE* survey found that teachers are as likely as parents to warn youth about the problems of drug use, "Only 19% of students said their teachers never talk to them about alcohol and drug problems, and only 15% said their parents never do so." This fact was further substantiated by the 2003–2004 *PRIDE* survey, which found that four out of five students said their teachers talk to them about illegal drugs. The same percentage said their parents talk to them about illegal drugs. Further, 72% of teachers recognize that they need additional training in drug education. Clearly, schools play a critical role in getting the antidrug message out to students. Because children spend more than a quarter of their day at school and find many role models within school walls, schools have a unique opportunity to deliver effective drug prevention programs. In doing so, they reinforce norms against drug use and give students peer refusal and other life skills.

The role that schools play in reducing substance use and abuse is both critical and measurable:

- Students who reported that their teachers warned them about the dangers of drugs were 17% less likely to use drugs.[4]
- The number of 8th, 10th, and 12th grade students who reported using any illicit drug during the last 12 months declined for the fourth straight year, to 15%, 31%, and 39%, respectively.[5]
- 8th and 10th graders continued to show significant increases in perceived risk of marijuana use this year, a fact that may well help to explain this year's declines in use.[6]
- 11.8 % of 8th graders reported past year marijuana use in 2004, the lowest rate seen since 1994, and well below the peak of 18.3% in 1996.[7]
- After several years of seeing steady increases in ecstasy use among 8th, 10th, and 12th graders, recent data reports that annual rates of ecstasy use decreased across the board respectively:[8]
  - 8th graders from 2.1% in 2003 to 1.7% in 2004
  - 10th graders from 3.0% in 2003 to 2.4% in 2004
  - 12th graders from 4.5% in 2003 to 4.0% in 2004
- 50.4% of students reported drinking alcohol in the past year and 26.4% of students reported smoking cigarettes in the past year, **these rates are the lowest in 15 years.**[9]

[4] *Ibid*
[5] Johnston, L.D., O'Malley, P.M., Bachman, J.G. & Schulengerg, J.E. (December 21, 2004). *Overall teen drug use continues gradual decline; but use of inhalants rises.* University of Michigan News and Information Services: Ann Arbor, MI [On-line].
Available: www.monitoringthefuture.org.
[6] *Ibid*
[7] *Ibid*
[8] *Ibid*
[9] PRIDE—Parents' Resource Institute for Drug Education. (2003). *PRIDE questionnaire report for grades 6–12: 2002–2003 PRIDE Surveys national summary/total.* Bowling Green: KY. Available: http://www.pridesurveys.com/main/supportfiles/nso203.pdf

Significant Outcomes For Alcohol and Drug Use

The information below clearly demonstrates the fact that the SDFSC program has contributed to the downward trend in the use of various drugs in states throughout the country. All of the statistics cited reflect student use of alcohol and drugs well below the rates reflected in the *Monitoring the Future* survey for the same years:

Alcohol Use Reductions

- Idaho's SDFSC program contributed to a 22% reduction in lifetime alcohol use among 8th graders from 49.7% in 1996 to 38.7% in 2002. When compared to the *2002 Monitoring the Future* results for lifetime alcohol use among 8th graders, which is 47%, this number is particularly impressive.
- Illinois' SDFSC program reported a decrease of 19.8% among 8th graders reporting past month use of alcohol from 21.2% in 2000 to 17% in 2002, which is below the national average of 19.6% for 8th graders as reported in the *2002 Monitoring the Future* survey.
- Maryland's SDFSC program reported a 38% decrease in 30 day use of alcohol from 26.6% in 1998 to 16.4% in 2002.
- Michigan's SDFSC program contributed to a 15% decrease among 12th graders reporting past month use of alcohol from 55% in 2001 to 47% in 2002. This is well below the national average for 12th graders of 48.6%, as cited in the *2002 Monitoring the Future* survey.

Marijuana Use Reductions

- Florida's SDFSC program helped reduce past 30 day marijuana use among 6th through 12th graders by 11.1% from 14.4% in 2000 to 12.8% in 2003. Similar data obtained from the 2003 *Monitoring the Future* survey show that past 30 day marijuana use among 12th graders was 19.9%, which is well above the 12.8% reported by the Florida students.
- Indiana's SDFSC program contributed to a 15.7% decrease in past 30 day marijuana use among 12th graders, down from 23.5% in 2001 to 19.8% in 2003.
- Maryland's SDFSC program contributed to a 25.4% decrease in past 30 day marijuana use among 10th graders, down from 22.4% in 1996 to 16.7% in 2002. In contrast, national data obtained from the *2002 Monitoring the Future* survey showed that 17.89% of 10th graders reported past 30-day marijuana use.

Methamphetamine Use Reductions

- Kansas' SDFSC program contributed to a 54% decrease in past 30 day meth use among 8th graders, down from 2.19% in 1997 to 1% in 2003. These statistics are well below the national average of 1.29%, as reported in the *2003 Monitoring the Future* survey.
- Idaho's SDFSC program contributed to a 52% reduction in lifetime meth use among 12th graders from 10% in 1996 to 4.8% in 2002. This data is especially impressive when compared to the national data from the *2002 Monitoring the Future* survey, which reported that 6.7% of 12th graders reported lifetime use of meth.
- Maryland's SDFSC program contributed to a 47% decrease in past 30 day meth use among 8th graders, down from 1.9% in 1998 to 1.0% in 2002. Similar data from the *2002 Monitoring the Future* survey showed that 1.1% of 8th graders reported past 30 day use of meth.

Uniform Management Information Reporting System

The text of Title IV of the NCLB Act specifically requires the development and implementation of a Uniform Management Information and Reporting System (UMIRS) by all states that includes a specified minimum data set laid out in the law. To date, the Department of Education has not yet provided any guidance or direction to the states about what specific reporting requirements or data it will in fact impose on the State Education Agencies and the Governors concerning Title IV. In the absence of such guidance, however, the states have exercised due diligence and collected the data necessary to demonstrate the effectiveness of their SDFSC programs.

The SDFSC program is the backbone of youth drug prevention and intervention efforts in the United States.

ALABAMA – Reports decreases among 6th to 11th graders in alcohol use, illicit drug use and marijuana use. Among these students, 30 day use of marijuana decreased at a rate of 1.2%, from 16.8% in 2003 to 16.6% in 2004. Thirty-day alcohol use also decreased among 6th to 11th graders at a rate of 1.3%, from 45.7% in 2003 to 45.1% in 2004.

ALASKA – Reports a decrease of 54% among Alaska high school students reporting having ever used inhalants from 22.2% in 1995 to 10.2% in 2003. Reports a decrease of 19% among Alaska high school students reporting having had at least one drink of alcohol in the past 30 days from 47.5% in 1995 to 38.7% in 2003.

CALIFORNIA – Reports a decrease of 71% among 7th graders reporting binge drinking (five or more drinks in a row) in the past 30 days from 10% in the 1997–1998 school year to 2.9% in the 2001–2002 school year. Reports a decrease of 31% among 11th graders reporting having used inhalants in the past 30 days from 5.8% in the 1997–1998 school year to 4.0% in the 2001–2002 school year.

DELAWARE – Reports a decrease of 16% among high school students reporting ever having tried a cigarette from 74% in 1997 to 62% in 2003.

FLORIDA – Reports a decrease of 14.9% among 6th to 12th graders reporting binge drinking in the past two weeks from 18.8% in 2000 to 16.0% in 2003.

HAWAII – The perception of harm associated with the "occasional use of inhalants" among 12th graders was increased by 58% from 48.5% in 1998 to 76.8% in 2002.

IDAHO – Reports a decrease of 19.3% among 8th graders reporting ever using marijuana or hashish from 10.9% in 1998 to 8.8% in 2002.

IOWA – Reports a decrease of four percentage points in current alcohol use from 1999. The largest decrease (5 percentage points) was again reported by respondents in the 11th grade (comparison years 1999–2002).

INDIANA – Reports a decrease of 26% among 12th graders reporting past month use of cigarettes from 38.9% in 2001 to 28.8% in 2003.

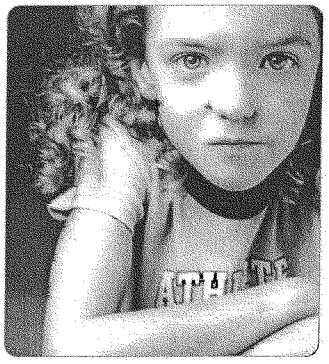
KANSAS – In 2003 the average ages of first use were 14.4 for alcohol, 12.2 for cigarettes and 13.6 for marijuana. These are all increases from 1997 and based on results from subsequent years, Kansas' age of initiation is trending upward.

KENTUCKY – Reports an increase of 29.5% among 12th graders reporting **no lifetime use** of marijuana from 44% in 2000 to 57% in 2003.

MAINE – Reports a decrease of 20% among students in grades 6–12 reporting past month alcohol use from 38% in 1995 to 30.3% in 2002.

MINNESOTA – Reports an increase of 11% among middle school students reporting they **never** smoked and are committed to **not** smoking from 50.5% in 2000 to 56% in 2002.

NEVADA – Reports a decrease of 16% among high school students reporting past use of marijuana from 26.6% in 2001 to 22.3% in 2003.



NEW HAMPSHIRE – Reports a decrease of 10% among high school students reporting past month use of alcohol from 52.5% in 2001 to 47.1% in 2003.

NEW YORK – Reports a 22.4% decrease among students reporting past 30 day use of marijuana from 26.7 percent in 2001 to 20.7 percent in 2003.

OHIO – The percentage of youth in grades six through eight who reported using illegal drugs at least once during the past year declined by 21%, from 14.9% in 1998–1999 school year to 11.7% in 2002. This decline is far better than the decline experienced nationwide in 2002, which was 16%.

PENNSYLVANIA – Reports a 64% decrease in the number of students violating drug and alcohol school polices from 11% in 1996–1997 to 4% in 2001–2002.

UTAH – Reports that the number of 7th through 12th graders who reported using marijuana in the last 30 days decreased at a rate of 53%, from 11.8% in 1984 to 5.5% in 2003.

WASHINGTON – Reports that 25% fewer students reported past 30 day use of marijuana and 21% fewer students reported binge drinking in the past 30 days after participating in Washington State's Prevention and Intervention Services Program during the 2003–2004 school year.

The statistics above are evidence of the fact that there have been significant decreases in the number of students reporting 30-day use and even increases in the number of students who exercise abstinence.

Drug and Alcohol Use Continues to be a Pervasive Problem

Despite the positive results documented by the *Monitoring the Future* survey and those that SDFSC programs are achieving in states across the nation, drug and alcohol use continues to be a pervasive problem. According to the 2004 *Monitoring the Future* results, 51% of high school seniors have tried an illicit drug. The late 1990s saw a huge resurgence in marijuana usage. In fact 19.9% of high school seniors report that they have used marijuana in the last 30 days.[1]

This problem, however, is not limited in scope to the use of marijuana. Unfortunately, many of today's youth also are addicted to other substances, such as inhalants, meth and prescription drugs. For example, in 2004 alone, the percentage of 8th, 10th and 12th graders reporting annual use of inhalants increased significantly, particularly among 8th graders, where its use jumped nearly 10%, from 8.7% in 2003 to 9.6% in 2004.[2] Further, while annual meth use decreased slightly among 8th and 10th graders in 2004, among 12th graders, it increased by 5.9%.[3]

In the next 15 years, the youth population will grow by 21%, adding 6.5 million youth—even if drug use rates remain constant, there will be a huge surge in drug-related problems, such as academic failure, drug-related violence and HIV incidence, simply due to this population increase.[4] **Our nation cannot afford to live with these statistics.**

19.9% of high school seniors report that they have used marijuana in the last 30 days.

The American Public Consistently Identifies Illegal Drugs as One of the Most Serious Problems in the Country

The American public consistently identifies illegal drugs as one of the most serious problems facing communities and children. A survey released by the Pew Partnership for Civic Change found that illegal drugs are considered the third most serious problem in communities across the country.[5] Additionally, in a recent nationwide survey of 300 police chiefs, 63% reported that "drug abuse was a serious problem in their community—more than any other issue."[6] According to a poll conducted by MTV and Peter D. Hart Associates on February 13, 2003, drug use tied with the war in Iraq as the most important issue facing people between the ages of 14 and 24.

Clearly, substance use and abuse continue to rank among the most troubling issues our society faces. It is imperative, that we as a nation invest in programs, such as the SDFSC program, that provide "no use" messages to delay for as long as possible the age at which youths use alcohol and to prevent them from ever starting to use illegal substances.

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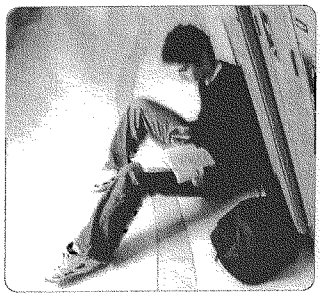
[1] Johnston, L.D., O'Malley, P.M., Bachman, J.G. & Schulenberg, J.E. (December 21, 2004). *Overall teen drug use continues gradual decline; but use of inhalants rises.* University of Michigan News and Information Services: Ann Arbor, MI [On-line]. Available: www.monitoringthefuture.org.
[2] *Ibid*
[3] *Ibid*
[4] Center for Substance Abuse Prevention, FY 2001 Department of Health and Human Services Request 2000.
[5] Pew Partnership For Civic Change (2005). *Addressing the Real Issues.* Available: www.pewpartnership.org/pubs.rwa/summary/real_issues.html
[6] Adapted by CESAR from *Drug Strategies.* (2004) "Drugs and Crime Across America: Police Chiefs Speak Out." Available: http://www.drugstrategies.org/police_poll.pdf

Substance Abuse Prevention is a Good Investment

Studies indicate that the "costs associated with drug, alcohol and tobacco use add 10%—or $41 billion—to the already strained budgets of schools across the nation."[1] According to Hope Taft, First Lady of Ohio, "... by 2020, the need for alcohol and other drug treatment will increase by 57%. One of the most important indicators for the number of people who will need treatment in 2020 is the age of first use of marijuana. Currently the age of first use of marijuana is about 13 ... **If we can immediately reduce the number of initiates into drug use by 25%, we can reduce the number who need treatment by one million.**"[2]

> **"Costs associated with drug, alcohol and tobacco use add 10% ($41 billion) to the already strained budgets of schools across the nation."**



The statistics below provide further support of this fact:

- The savings per dollar spent on substance abuse prevention can be substantial and range from $2.00 to $19.64, depending on how costs were calculated, outcomes included, and the differences in methodologies.[3]
- A study of the Social Influence/Skills Building Substance Prevention Programs, which are school-based programs that include information about the short- and long-term consequences of substance use and other health-related information, located in Snohomish, Thurston, and Whatcom Counties in Washington State, found that these programs resulted in a $70.34 benefit for dollar savings.[4]
- A community-based prevention program implemented in 26 schools in Kansas City, Kansas (Project STAR), reported that, for every $1 expended for prevention programming, $4.83 was saved in outpatient counseling or similar treatment over a five year period in affected family members.[5]
- For every dollar spent on drug use prevention, communities can save $4 to $5 in costs for drug abuse treatment and counseling.[6]
- Children who first smoke marijuana under the age of 14 are more than 5 times as likely to abuse drugs as adults, as compared to those who first use marijuana at age 18.[7]
- People who begin drinking before the age of 15 are four times more likely to develop alcohol dependence as an adult than those who wait until age 21. Each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14%.[8]

> **The savings per dollar spent on substance abuse prevention are substantial, ranging from $2.00 to $19.64.**

[1] U.S. Department of Health and Human Services and Education and SAMHSA's National Clearinghouse for Alcohol and Drug Information. (2002) *Prevention Alert.* "Schools and Substance Abuse (I): It Costs $41 Billion. Volume 5, Number 10. Available: http://www.health.org/govpubs/prevalert/v5/5.aspx

[2] Taft, Hope R. (May 19, 1999). *Helping Youth Succeed.* Columbus Foundation.

[3] Swisher, John. (2004). *Journal of Primary Prevention.* "Cost-Benefit Estimates in Prevention Research."

[4] Washington State Institute For Public Policy. (2004). *Benefits and Costs of Prevention and Early Intervention Programs for Youth.* Olympia: WA. Available: http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf

[5] Pentz, M. A. (1998). *NIDA Research Monograph No. 176.* "Costs, Benefits, and Cost-Effectiveness of Comprehensive Drug Abuse Prevention." In Bukoski, W. J. & Evans, R. I (Eds.). U.S. Government Printing Office. Washington, DC: U.S.

[6] U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. (1997). *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide.* Bethesda: MD. Available: www.nida.nih.gov/prevention/prevopen.html

[7] Substance Abuse and Mental Health Services Administration (SAMHSA). (2002). *The National Household Survey on Drug Abuse Report.* "Marijuana Use and Drug Dependence." Rockville: MD. Available: http://www.drugabusestatistics.samhsa.gov/2k2/MJ&dependence/MJ&dependence.htm

[8] Grant, B. F. (1998). *Alcohol Health and Research World.* "The Impact of a Family History of Alcoholism on the Relationship Between Age at Onset of Alcohol Use and DSM-IV Alcohol Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey." Volume 22, Issue 2. Bethesda: MD.

Conclusion

The State Grants portion of the SDFSC program is an integral part of America's substance abuse prevention efforts, educating millions of American youth. It provides the infrastructure through which all other school based prevention and intervention programs are coordinated and has contributed to the 17% decline in youth drug use over the last three years. However, this does not mean that substance abuse is no longer a pervasive problem. Our nation cannot afford to take its "eye off the ball" simply because drug use is on the decline. **This is NOT the time to cut funding for the State Grants portion of the SDFSC program!** Without continued substance abuse prevention and intervention efforts funded by the State Grants portion of the SDFSC program, generational forgetting inevitably will occur, causing drug and alcohol use among youth to increase. School-based programs such as SDFSC are imperative as they provide both parents and all of America's school-aged youth with the information and skills that are necessary to remain substance-free.

Every American child needs drug education. Cutting drug education at this critical time will reverse years of progress in the fight against youth drug use.

Every new cohort of youth MUST have the benefit of prevention efforts to ensure that drug and alcohol use rates continue to decline. The State Grants portion of the SDFSC program represents an investment in our children's future and has the potential to leave a long-lasting legacy: a healthier America where fewer children are addicted to drugs and alcohol. In an effort to attain this legacy, and in the absence of any guidance from the Department of Education, the states have conscientiously implemented, directed and maintained effective programs and collected all the data necessary to prove that the SDFSC program is having a positive impact on youth drug and alcohol use throughout the country. **Unless Congress intervenes, the State Grants portion of the SDFSC program will be eliminated, leaving millions of American youth without drug education and prevention skills.**

Left unchecked, drug, alcohol and tobacco use and abuse cost schools throughout the country an EXTRA $41 billion per year and have a devastating impact on the educational performance of students nationwide. Given that drug use still plagues America's youth, and positive academic outcomes are linked to schools with low levels of drug and alcohol use, the State Grants portion of the SDFSC program must be maintained in the FY 2006 appropriations process. **Eliminating the funding for the State Grants portion of the SDFSC program is simply not an option for our nation. To ensure the health and academic success of American students, funding for the State Grants portion of the SDFSC program must be restored.**

Funding Table

SDFSC Funding Levels	FY 05 Appropriated	President's Budget Request for FY 06	CADCA Recommended FY 06 Funding Level
State Grants	$441 M	$0	$441 M

Examples of Resources and Programs Supported by the SDFSC Program

- School Resource Officers
- Safe Schools/Healthy Students
- Underage Drinking Prevention
- Peer Mediation
- Student Assistance
- K–12 Substance Abuse Prevention
- Emergency Response
- Crisis Management
- Student Drug Testing
- Information Dissemination About Drugs and Violence
- Peer Resistance Training
- K–12 Violence Prevention Programming
- Crisis Management Planning
- Parent Education on Drug Use
- Middle School Coordinators
- Information on Emerging Drug Trends and Dangers

"Safe and Drug-Free Schools and Community dollars provide the backbone of the prevention efforts in the United States ... If schools do not receive SDFSC funding, no thought will be given to the negative impact alcohol and drugs could be causing, especially on the school learning environment. Without any voice encouraging kids to not use, those voices — and they are prevalent — that encourage use will have unchecked access to the minds of our children."

Hope Taft
First Lady of Ohio,
Ohio Certified Prevention Specialist II

CADCA

CADCA THE FORGOTTEN LINK

Drug and Alcohol Use and Academic Performance

In its FY 2006 budget request, the Administration recommended the elimination of the State Grants portion of the Safe and Drug Free Schools and Communities (SDFSC) program. Eliminating the SDFSC program will leave millions of American children without any drug education.

Student Drug Use and Academic Performance

- Student substance use precedes, and is a risk factor for, academic problems, such as lower grades, absenteeism and high dropout rates.[1]
- Alcohol, tobacco and illegal drugs can interfere with a student's ability to think, making learning and concentration more difficult and impeding academic performance. The more a student uses alcohol, tobacco and other drugs, the lower his grade point average is likely to be and the more likely he is to drop out of school.[2]
- Poor performance in school has been associated with marijuana use, as youths with an average grade of D or below were more than four times as likely to have used marijuana in the past year than youths with an average grade of A.[3]
- Adolescents who use alcohol may remember 10% less of what they have learned than those who don't drink.[4]
- Compared to non-drinkers, heavy and binge drinking students are more likely to say that their school work is poor and up to five times more likely to report skipping school.[5]
- According to recent research, 16% to 18% of teen drinkers have missed school or work because of alcohol use.[6]

Student Drug Use and Level of Schooling

- Youth who initiate marijuana use by age 13 report less schooling than those who never use marijuana and those who begin using marijuana after age 13. Those who begin using marijuana before age 13 usually do not go to college, while those who have abstained from marijuana use, one average, complete almost three years of college.[7]
- Even if they decrease their usage later in life, those who begin using marijuana by age 13 are more likely to report lower income and lower level of schooling by age 29.[8]

Student Drug Use and High School Completion

- Students who use marijuana before the age of 15 are three times more likely to have left school by age 16 and two times more likely to report frequent truancy.[9]
- Compared to their non-using peers, high school students who use alcohol or other drugs are up to five times more likely to drop out of school.[10]

Peer Drug Use and Academic Performance

- Study findings link lower reading and math scores to peer substance abuse. On average, students whose peers avoided substance use had test scores (measured by the Washington state math and reading standards) that were 18 points higher for reading, and 45 points higher for math.[11]

School based prevention programs, such as SDFSC, are imperative as they provide parents and American students with the information and skills necessary to remain drug and alcohol free, thereby enabling youth to focus on learning.

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CADCA

Footnotes

[1] Dewey, J.D. (1999). "Reviewing the relationship between school factors and substance use for elementary, middle, and high school students." *Journal of Primary Prevention*, 19(3), 177–225.

[2] Dewey, J.D. (1999) "Reviewing the relationship between school factors and substance use for elementary, middle, and high school students." *Journal of Primary Prevention,* 19(3), 177–225.; Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (1998). *National survey results on drug use from the Monitoring the Future study, 1975–1997, Volume 1: Secondary school students.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Services, National Institutes of Health, National Institute on Drug Abuse.

[3] Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). *SAMHSA's National Household Survey on Drug Abuse Report—Marijuana Use among Youths.* July 19, 2002. Available at www.samhsa.gov/oas/nhsda.htm

[4] Brown, S.A., Tapert, S.F., Granholm, E., et al. (2000). "Neurocognitive functioning of adolescents: Effects of protracted alcohol use." *Alcoholism: Clinical and experimental research, 24*(2).

[5] Greenblatt, J.C. (2000). *Patterns of alcohol use among adolescents and associations with emotional and behavioral problems.* Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

[6] Eilickson, P.L., McGuigan, K.A., Adams, V., Bell, R.M., & Hays, R.D. (1996). Teenagers and alcohol misuse in the United States: By any definition, it's a big problem. *Addiction*, 91(10), 1489–1503.

[7] Eisner, Robin. (2005). "Marijuana Abuse: Age of Initiation, Pleasure of Response Foreshadow Young Adult Outcomes." *National Institute on Drug Abuse (NIDA) Notes.* 19 (5)

[8] Ibid

[9] Fergusson, D.M., Lynskey, M.T., & Horwood, L.J. (1996). "The short-term consequences of early onset cannabis use." *Journal of Abnormal Child Psychology*, 24(4), 499–512.

[10] Lane, J., Gerstein, D., Huang, L., & Wright, D., (1998) *Risk and protective factors for adolescent drug use: Findings from the 1997 National Household Survey on Drug Abuse.* [Online]. Available at www.samhsa.gov/hhsurvey/hhsurvey.html ; Bray, J.W., Zarkin, G.A., Ringwalt, C., & Qi, J. (2000). "The relationship between marijuana initiation and dropping out of high school." *Health Economics*, 9(1), 9–18.

[11] Bence, M., Brandon, R., Lee, I., Tran, H. University of Washington. (2000). *Impact of peer substance use on middle school performance in Washington: Summary.* Washington Kids Count/University of WA: Seattle, WA. Available: http://www.hspc.org/wkc/special/pdf/peer_sub_091200.pdf

The Safe and Drug Free Schools and Communities (SDFSC) Program Has Been Successful in Alabama

SDFSC Funding Received By Alabama

In FY 2004, $6.5 million were distributed, by formula and through the 20% Governor's set aside, to Local Education Agencies (LEAs) throughout the state. A total of 729,783 Alabama students were served by this program. In FY 2005, Alabama is also slated to receive $6.5 million from this program.

The SDFSC Program Provides School Based Prevention Infrastructure

The SDFSC program is the cornerstone of youth drug prevention and intervention efforts within the State of Alabama. It provides effective programs, services and activities, such as K-12 science-based prevention curricula, student assistance programs, law and civic education, drug testing, peer resistance training, crisis management planning, information dissemination about the dangers of drug use and violence, school resource officers, parent programs, peer mediation programs and youth-created video broadcasts explaining the dangers of substance use. It also provides training in drug and violence prevention science to teachers and other program implementers/coordinators throughout the state.

The SDFSC Program Is the Backbone of Youth Prevention

The SDFSC program is the portal into schools for all drug and violence prevention activities. Funds from the program are used to recruit partners who commit additional resources and manpower to make programs optimally effective for their communities. This program has historically been a catalyst for community involvement, volunteerism and the leveraging of funding from other sources to address drug and violence prevention and intervention throughout Alabama.

What will happen if the program is eliminated?

If the program is eliminated, **Alabama will lose its $6.5 million** allocation as well as the funding and manpower leveraged by the program.

Without SDFSC funding, a majority of Alabama students will be left with absolutely no drug and violence prevention or intervention programming and services. Additionally, schools will lack a point of contact for substance abuse prevention and intervention activities. Therefore, even if community groups want to donate funding and manpower to school based efforts, there will be no one to coordinate these efforts within the schools. Finally, there will be no school based representation in community wide efforts to deal with drug use and violence among school-aged youth.

What are the statewide outcomes of this program?

For the past three years, Alabama has funded a statewide student survey on drug and violence indicators for all 6th - 12th graders in the state. Previous to that, the Center for Disease Control's Youth Risk Behavior Survey was administered every other year.

- The Alabama Safe and Drug Free Schools program contributed to a 27% decrease in the reported use of alcohol by junior high students. In 2003, 49.9% of junior high students had drank alcohol in their lifetime, while in 2004, only 36.6% had drank alcohol in their lifetime (PRIDE Survey, 2003 and 2004).

- The Alabama Safe and Drug Free Schools program contributed to a 46% decrease in lifetime incidence of inhalant use by students in grades 6 through 11. In 1997, 19.4% reported lifetime inhalant use, while in 2003, only 10.5% reported lifetime inhalant use (Youth Risk Behavior Survey, 1997 and 2003).

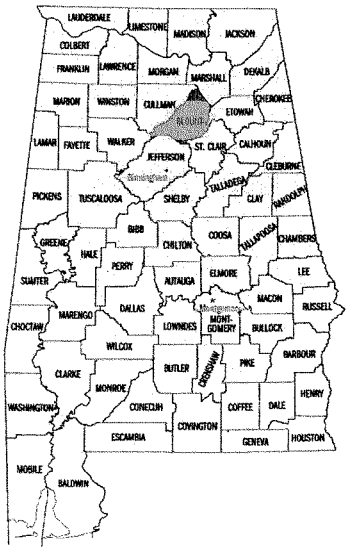
- The Alabama Safe and Drug Free Schools program contributed to a 14% decrease in the past 30 day use of alcohol by students in the 6th to 11th grade. In 1997, 46.7% had drank alcohol in the last 30 days, while in 2003, only 40.2% had drank alcohol in the last 30 days (Youth Risk Behavior Survey, 1997 and 2003).

- The Alabama Safe and Drug Free Schools program contributed to a 19% decrease in the past 30 day use of marijuana by students. In 1997, 21.8% had used marijuana in the last 30 days, while in 2003, only 17.7% had used marijuana in the last 30 days (Youth Risk Behavior Survey, 1997 and 2003).

Spotlight on: Blount County

Local Education Agencies throughout Blount County are all implementing science-based curricula.

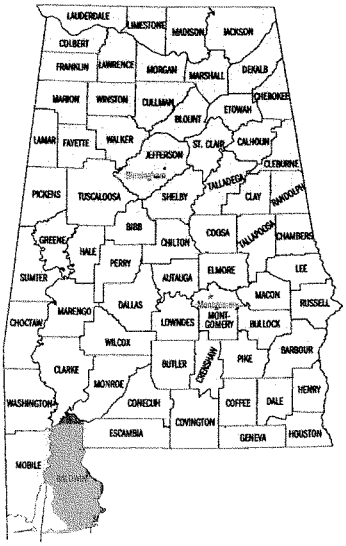
During the 2003-2004 school year, the Blount County SDFSC program focused on reducing the use and possession of alcohol, tobacco and other drugs in school by educating students in refusal and decision-making skills. Because of these efforts there was a 44% reduction in the number of students suspended for use, possession or sale of tobacco, alcohol and drugs during the 2003-2004 school year, as measured by the Student Incident Report.



Spotlight on: Baldwin County

Local Education Agencies throughout Baldwin County are all implementing science-based curricula.

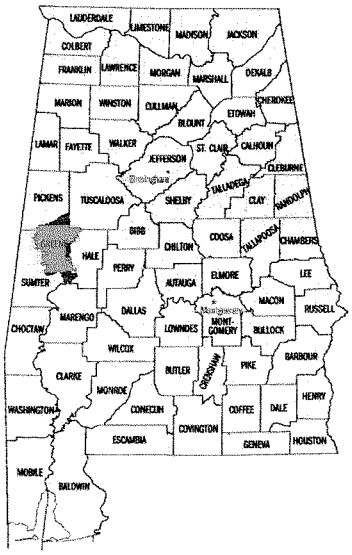
During the 2003-2004 school year, the Baldwin County SDFSC program focused on reducing student use of tobacco, alcohol and other drugs. Students were taught prevention skills using the *Too Good for Drugs* curriculum. Prior to taking classes, students were given a pre-test to asses their knowledge of the harms of substance use. The average pre-test score was 67%, while the average post-test score was 83%, a 23% improvement. NIDA research has shown that the perception of harm and social disapproval of illegal drugs are inversely correlated to the extent of drug use among youth.



Spotlight on: Greene County

Local Education Agencies throughout Greene County are all implementing science-based curricula.

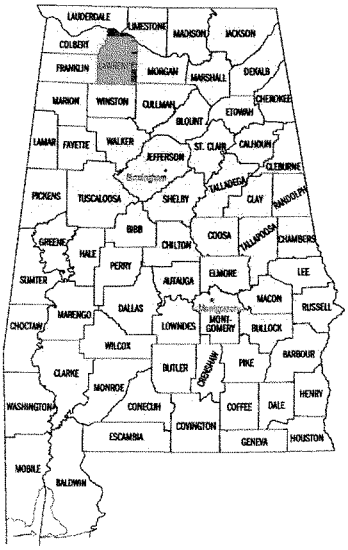
Between 2002 and 2004, the Green County SDFSC program reduced the incidence of alcohol and tobacco use in grades 9-12. Most notably, during this period there was a 66% reduction in the incidents of tobacco use among students in grades 9-12. Research has shown that early tobacco use is a predictor of later alcohol and other drug use.



Spotlight on: Lawrence County

Local Education Agencies throughout Lawrence County are all implementing science-based curricula.

The Lawrence County SDFSC program aimed to reduce the use of tobacco by 5% during the 2003-2004 school year. The program exceeded this goal, and achieved a 29.5% reduction in tobacco use. In 2003, 44% of students were using tobacco, while in 2004 only 31% of students were using tobacco. Research has shown that early tobacco use is a predictor of later alcohol and other drug use.



Maine's Safe and Drug Free Schools and Communities Act Program, Title IV-A No Child Left Behind Act

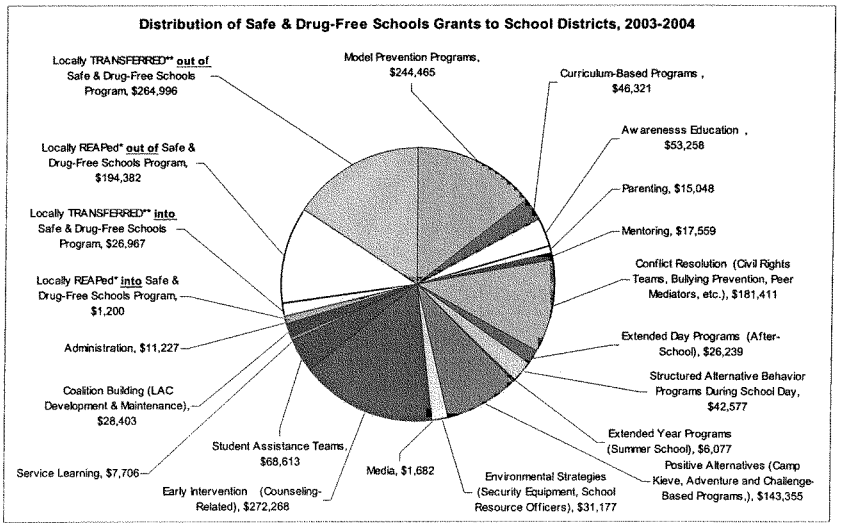
The purpose of Maine's Safe & Drug-Free Schools & Communities Act (SDFSCA) Program is to support programs that prevent violence in and around schools and to strengthen programs that prevent the illegal use of alcohol, tobacco, and other drugs. In Maine, the SDFSCA Program is jointly administered by the Department of Education and the Office of Substance Abuse.

In July, 2004, Maine received $2,152,629 in SDFSCA funds. Following is a breakdown of how these funds are used:

- Seventy-five percent (approximately $1.6 million) is granted directly to Maine school districts through an annual application process to provide substance abuse prevention and violence prevention programs in their schools.
- Eleven percent (approximately $240,400) is granted to 9 community prevention programs throughout the state through an RFP and contracting process. These agencies provide programs to children not normally served by State or local education agencies, or to populations that need special services or additional resources (such as youth in juvenile detention facilities, runaway or homeless children and youth, pregnant and parenting teenagers and school dropouts).
- Fourteen percent (approximately $310,673) supports four staff positions at the Office of Substance Abuse and the equivalent of one staff position at the Department of Education to administer the programs, provide technical assistance, and provide substance abuse and violence resources to the schools and communities.

President Bush's proposed budget would eliminate this funding completely as of July, 2006. In other words, Maine would expect to receive a final allotment in July 2005 which would fund programs through school year 2005-06. Federal funding for this program would end June 30, 2006.

Following is more specific information on the breakdown of how Maine schools used these funds in 2003-04, and a listing of the 9 agencies that are partially funded by SDFSCA funds.



** The Rural Education Achievement Program (REAP) allows rural school districts with less than 600 students greater flexibility in how they utilize NCLB Title funds. The option allows these districts to combine up to 100% of funds from certain Titles to support projects that are allowable under other Titles.*

***The TRANSFER option allows school districts to transfer up to 50% of certain Title funds to support projects that are allowable under other Titles.*

Current Contracts Partially Funded by Safe and Drug Free Schools Funds - 2005

Region I Agency	Project	Total SDFSCA Funds	Total Funds
Kittery K-CAP P.O. Box 83 Kittery, ME 03904	Kittery Chemical Awareness and Prevention - After school programming, community service for court referrals, local television programming; first time offenders/parents education & awareness.	$24,082	$42,576
People's Regional Opportunity Program 510 Cumberland Avenue Portland, ME 04101	Peer Leader Program - Youth development program to assist youth to recognize, nurture and build on their innate resiliency; develop key social competencies while gaining accurate prevention information and support for healthy decisions.	$28,282	$50,000
Maine School Administrative District #61 RR2, Box 554 Bridgton, ME 04009	Reconnecting Youth Curriculum in combination with assessment, support and counseling services to be delivered by a trained clinician in alliance with the Day One organization in Portland.	$28,267	$49,973
Region II			
Ad Care Educational Institute of Maine 75 Stone Street Augusta, ME 04330	Prime for Life - Under 21 Program - Will serve an indicated population of youth who are referred by 6 high schools in the greater Augusta/Lewiston areas. Youth will have violated school alcohol/drug use policy. Parenting Wisely Program - Each parent will be offered a parenting education kit and access to an inter-active parenting program.	$28,282	$49,998
Community School P.O. Box 55 79 Washington Street Camden, ME 04843	Passages Program - Annually services 30-35 students and provides a realistic educational option resulting in a state approved high school diploma, and approved parenting skills for 14-20 year old pregnant and/or parenting teens in Knox and Waldo Counties who have dropped out of school	$28,282	$50,000
Kennebec Valley Mental Health Center 67 Eustis Parkway Waterville, ME 04901	School-based behavioral health substance abuse prevention/early intervention program that will serve at least 50 students in grades 6, 7 and 8 in five communities in Kennebec, Somerset and Waldo Counties.	24,042	$42,502
Region III			
Carleton Project P.O. Box 1603 454 Main Street Presque Isle, ME 04769	Alternative high school serving youth that have been unable to function in a traditional high school environment because of discipline problems, substance abuse, peer pressure and behavior problems.	$28,282	$50,000
Penquis Community Action Program P.O. Box 1162 262 Harlow St. Bangor, ME 04401	Selective prevention and intervention for pregnant and parenting teens, including confliction resolution & communication skills workshops to build assets such a restraint, resistance skills, peaceful conflict, planning and decision making, family support, positive family communication and bonding between youth and adults.	$23,758	$42,000
YWCA of Bangor-Brewer 17 Second Street Bangor, ME 04401	After school programs to serve disadvantaged girls in grades 6-12 through the Opportunity Program for Teens and K-Club. Project will develop leadership and resiliency skills that will focus on drug resistance, personal self-management and general social skills.	$27,123	$47,951
Totals		**$240,400**	**$425,000**

PROGRAM CONTACT INFORMATION

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The Safe and Drug Free Schools and Communities (SDFSC) Program Has Been Successful in Ohio

SDFSC Funding Received By Ohio

In FY 2004, $15.7 million were distributed, by formula and through the 20% Governor's set aside, to 790 Local Education Agencies (LEAs) throughout the state. A conservative estimate of the number of Ohio students served by this program is 1,144,000. In FY 2005, Ohio is also slated to receive $15.7 million from this program. The Ohio Safe and Drug Free Schools program meets the five behavioral indicators of effectiveness established by the USDOE.

The SDFSC Program Is Vital to an ATOD Prevention Infrastructure in Ohio

The SDFSC program is the cornerstone of youth drug prevention and intervention efforts within the State of Ohio. It provides effective programs, services and activities, such as K-12 science-based prevention curricula, student assistance programs, law and civic education, drug testing, peer resistance training, crisis management planning, information dissemination about the dangers of drug use and violence, school resource officers, parent programs, peer mediation programs and youth-created video broadcasts explaining the dangers of substance use. It also supports workforce development for prevention program coordinators, teachers/school personnel, and parents throughout the state.

By design, the SDFSC program links schools with community partners. This program has historically been a catalyst for community involvement, volunteerism and the leveraging of funding from other sources to address drug and violence prevention and intervention throughout Ohio. Community-based SDFSC programs aim to reduce environmental factors that place youth at higher risk for alcohol and other drug involvement or to reach specific populations. School-based programs aim to build protective factors through research-based ATOD education, life skills development, and community service initiatives. Research indicates that a coordinated risk and protective factor approach has the greatest likelihood for reducing alcohol and other drug use.

What will happen to schools and families if the program is eliminated?

In Ohio, youth drug prevention efforts have been integrated into each school's continuous improvement plan as an essential element to removing the non-academic barriers to learning.

Without the $15.7 million in SDFSC funding, schools will lose essential resources needed to implement programs aimed at removing drug-related barriers to learning. Youth will have limited opportunities designed to increase their inherent resiliency, their skills to navigate life's challenges, and their knowledge about the social, legal, and medical effects of alcohol and other drug use. Families will lose their resource link to the community drug treatment centers.

Additionally, schools will lack a point of contact for substance abuse prevention and intervention activities. Therefore, even if community groups want to donate funding and manpower to school based efforts, there will be no one to coordinate these efforts within the schools. Finally, there will be no school based representation in community wide efforts to deal with drug use and violence among school-aged youth. ***The bottom line: the State of Ohio's ATOD prevention infrastructure will be significantly weakened without the SDFSC programmatic and financial underpinnings.***

What are the statewide outcomes of this program?

Data from student surveys reveal that Ohio's Safe and Drug Free Schools/Communities Program has contributed to:

- An 11.7 % decrease in illicit drug use from 1998-2002. (Ohio PRIDE Student Survey, 1998 and 2002).
- A 32.6 % decrease in alcohol use from 1998-2002 (Ohio PRIDE Student Survey, 1998 and 2002).
- A steady decline in the percentage of students who reported carrying a weapon to school from 1993 to 2003, from 21.8% to 12.5% (Ohio Youth Risk Behavior Survey, 2003)
- an overall decline in the percentage of students who smoked cigarettes on one or more of the past 30 days between 1993 and 2003 , from 29.7% to 22.2% (Ohio Youth Risk Behavior Survey, 2003)
- County-specific successes are described on the following pages.

Students/Families often need extra help:

Spotlight on Student Services in Belmont County

Student intervention services are a common feature of SDFSC programming in schools funded through Title IV funds.

The Belmont County Student Services Center has been in existence for 23 years. Two-thirds of their budget relies on SDFSC monies. The Student Services Center provides student assistance programs to four school districts and one career center. Of the 631 individual students served in SY 03-04, 239 received long-term services (3 months or more). Despite their personal challenges, 93% of students served were promoted to the next grade. Other highlights for SY 03-04 include:

- 203 non-adjudicated students in detention received intensive services; 174 (86%) remained free from court involvement post intervention.
- 48 formal school interventions were successfully made to various community agencies for mental health and drug and alcohol services to assist families.
- Crisis information and services were provided for students/families to help them cope with the trauma of loosing their homes, animals etc, during a massive 3-county flood.
- Grief-counseling services were provided for students and staff over a 3-week period following the death of two prominent school officials within a week of each other.
- Besides the individual cases mentioned above 1429 students received group prevention services throughout the year. Eight-nine percent (89%) of these students showed an increase in substance abuse knowledge, decision making skills and the ability to be assertive with peers.

3

Everyone plays a role in developing resilient youth:

Spotlight on School-Community Approaches in Delaware County

Asset development, a program of the Search Institute, was introduced to Ohio SDFSC programs in 1993. Since that time, numerous schools have adopted it as a way to increase protective factors among youth.

Olentangy School District in Delaware County uses $22,000 in Title IV funds to implement a district-wide asset-building model. To achieve maximum impact, school-based SDFSC coordinators build the capacity of school personnel, parents, and the community at large to build developmental assets within their classrooms, youth groups, homes, juvenile courts, and other community systems. In addition to capacity building, SDFSC coordinators also provide direct services for youth including: support groups for at-risk students; ATOD intervention services to students and their families including referral to community agencies; classroom prevention presentations centering on ATOD education, bullying issues, safety, and violence; public awareness campaigns using RED RIBBON week and PROM PROMISE activities; peer prevention programs at the middle and high school level including active participation in Teen Institute, Youth to Youth, and STAND; and prevention curriculum revision and implementation. As a result of this asset-building philosophy:

- Parents have become coordinators of community parent forums and parent fairs to encourage asset building in homes and community events
- Older youth mentor sixth-grade students to facilitate a smoother transition from elementary to middle school; more sixth grade students are staying involved in prevention programs longer as a result of this program
- Intensive outreach to at-risk youth using a strengths-based approach has contributed to a 19% decrease in disciplinary actions and a slight increase in graduation rate for the school district.

Successful schools provide a continuum of services for students/families.

Spotlight on Multi-faceted SDFS Programming in Lorain County

4

To assist in removing the non-academic barriers to learning, SDFS programs in Ohio provide a range of prevention, early intervention, and referral services for students.

Elyria School District in Lorain County receives $56,580 in Title IV funding and has planned a comprehensive SDFSC program. Coordinators ensure that:

- all 6-7-8th grade students receive life skills training;
- peers in 12 elementary, 3 junior high, and 1 high school are trained to mediate conflicts;
- public awareness is raised through RED RIBBON and PROM PROMISE initiatives;
- families/students have an advocate in suspension hearings related to alcohol and other drug or violence policy infractions
- Individual counseling is available for students experiencing grief, divorce of parents, depression; during SY 2003-04, 1153 youth in three junior high schools received intensive, individual intervention services.
- each school building's staff receives ongoing training and support for ways to increase developmental assets in students
- a strong link exists with community prevention efforts to enhance student environments—at home, at school, and in the community through asset building and a strong link exists with community treatment options to get families/students the services they need

These prevention and intervention services have contributed to a decrease in policy violations for alcohol and other drug issues from 28 in SY 2002-03 to 20 in SY 2003-04; a 10% decrease in truancy referrals to Juvenile Court from SY 2002-03 to SY 2003-04; and a reduction in physical fights on school grounds from 74 in SY 2002-03 to 62 in SY 2003-04.

Personal Example of Success: Dana was a constant referral for behavioral problems; she had received several suspensions and was failing. Dana was referred to SDFSC coordinator who arranged for Dana to get the support she needed at home as well as in school. Dana was trying to support her family with a job at McDonalds—her Mom was an alcoholic and there were two younger siblings; no father present. Dana became part of the Children of Alcoholics support group convened by the SDFSC coordinator. She later graduated and went on to college, and is currently doing very well. Without intervention and support from a caring adult at school, Dana would have likely dropped out of school and continued the cycle of addiction that had been modeled for her in her home.

Special populations are reached through community-based programs.

Spotlight on Hispanic Services in Lucas and Cuyahoga Counties

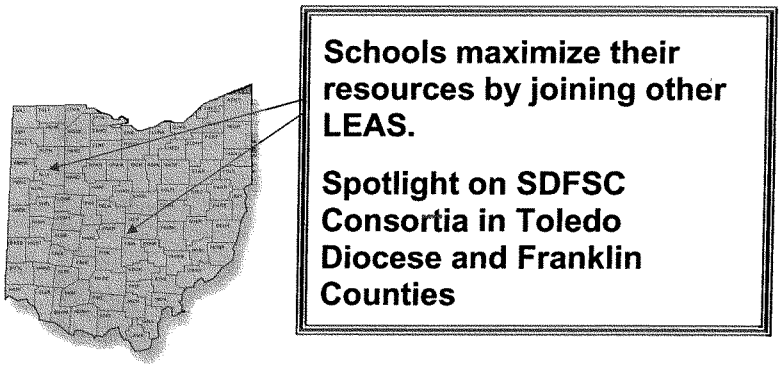
Lucas County: The Adelante Program in Lucas County receives $84,000 from the Governor's Portion of Title IV. Their focus is on training and support for Latino parents, who will in turn use their learned skills to better communicate a message of non-acceptance of ATOD use to their children. Parents engaged in one of two tracks meet two times a week for three hours each day. Optional weekend meetings are arranged for parents who work. Components of the tracts are: ATOD prevention education; parenting education; parent leadership training; life skills, English as a Second Language; General Equivalency Diploma classes; and supportive services such as food pantry, clothing, shelter and/or referral to other community agencies. Seventy-five percent of participants in the ESL classes learn fluent English; 3 of 10 candidates for the GED have already passed, 4 candidates have taken the pre-test and three are still practicing. Seventy-five percent (75%) of participating parents say they feel more confident in talking to their children about alcohol and other drug use.

Success Story: Mr. and Mrs. Garcia have five children. They are first generation Latinos who have migrated here from Mexico. Upon arrival they had limited English speaking skills. They have no family here and depend on Adelante for support. They have been attending the Parenting and English as a Second Language classes and they have enrolled their children in Adelante's corollary youth programs. As a result of involvement in the program, the family has assimilated into their American community; they attend other Latino events as a family unit. Mrs. Garcia recently attended a parent/teacher conference at her daughter's school (2nd grade), something immigrants often avoid. An older daughter attended the US/Hispanic Leadership Institute in Chicago with a group of Adelante students and is now leading Adelante's STAND (tobacco prevention) program.

Cuyahoga County: The Hispanic Urban Minority Alcohol and Drug Abuse Outreach Program receive $90,000 in SDFS funds to reach Latino students in kindergarten through 5th grade, which attend bilingual Cleveland Public Schools located on the Near West Side of Cleveland. "Project Niño's" uses "Skills for Growing" to teach 825 Latino students each year. Ninety-six percent (96) % of these students state that Project Niño's is their primary source of ATOD information. In addition to the curriculum, staff conducts home visits to work with the family.

Using pre/post test knowledge surveys and teacher interviews, data reveals:

- ☐ 90% of K-2 grade students are able to identify beer and wine as harmful to their health among other developmentally appropriate content
- ☐ 61% of children in grades 3-5 give more fuller, realistic descriptions of responsible behavior and decision making at post-test



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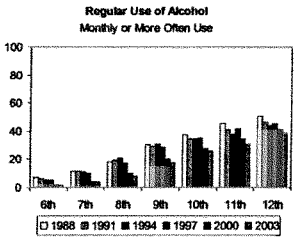
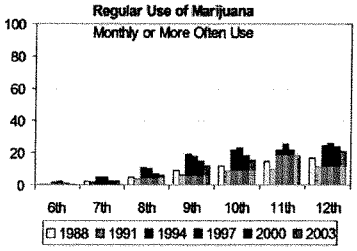
Approximately 10 SDFSC Consortia are operating in Ohio. These consortia convey they achieve more impact with their limited SDFSC funds when resources are pooled and the emphasis is on capacity building of school personnel and community prevention providers.

Toledo Diocese. The Toledo Diocese receives Title IV funds to serve a consortium of 100 schools in 19 Northwest Ohio counties. Because their service region is so large, they have adopted a capacity building approach that enables school staff in each building to provide ATOD prevention education; classroom management, conflict resolution, and crisis response. They also use students as resources and provide training of peer mediators for students in grades 5-12. Diocesan SDFS staff is also available to each school for consultation and counseling if requested by a principal. Many requests revolve around mediation of school and family issues. In addition to staff development, the Diocesan SDFS coordinators provide direct education for students upon request on special topics such as stress management and other life skills and drug specific information.

Franklin County. Schools in Franklin County have formed a Consortium to maximize the impact of their SDFSC dollars. Each school contributes $15,000 of their allocation to support consortium efforts. Staff at the Consortium use a capacity building approach to empower school staff with best practices through ongoing in-services and workshops. They also conduct the Primary Prevention, Awareness & Use Survey (PPAUS) student survey. According to the 2003-04 PPAUS, 83% of the Franklin County students had participated in Drug Abuse Resistance Education (D.A.R.E) at least once in school.; 31% of all students surveyed had been in drug-free clubs or activities such as Youth to Youth or Teen Institute; 24% of students had participated in conflict resolution programs like peer mediation and Peaceful Schools; and 37% of the Franklin County students had participated in drug-free leadership or camps or retreats (for example Youth to Youth). PPAUS data has consistently shown a decrease in all drug use categories since its first administration in 1988, as reflected in the charts on alcohol and marijuana use below.





The "Big 8" districts in Ohio present special challenges.

Spotlight on Reaching Urban Youth in Hamilton County

Ohio has eight large metropolitan areas. Urban school districts in these areas are faced with numerous risk factors for alcohol and other drug use.

Cincinnati Public Schools receives $387,000 to reach their student body of 37,708 students. Four full-time staff is paid from these funds. A focus of this program is on capacity building of school personnel to integrate quality ATOD education and prevention programming in their classrooms. Parents are also viewed as a resource and are trained in each school building on talking to their child about drugs, asset development, and parenting skills. The remainder of SDFS funds ($301,000) is allocated to each school through a formula based on enrollment to address school-specific risk factors. Schools with 5-9th graders are targeted. As a result of enabling school staff and parents, district-wide successes have been achieved. SDFSC funds have contributed to a county-wide reduction in alcohol and other drug use as presented in the charts on alcohol and marijuana use. Features of this urban-based SDFSC program are:

- Every student in Cincinnati Public Schools receives Life Skills training by the time they have completed 5th grade.
- Every student in CPS receives Second Step by the time they have completed the 7th grade.
- Strong collaboration with other prevention service providers in Hamilton County is viewed as a priority and achieved through the Community SDFS Advisory Board.
- Parents are empowered resulting in their organization of safe and drug free parent initiatives, which includes safe home manuals, after-prom activities, parent education and networking, and a school SDFS web page.

Monthly Usage	2000	2002	2004
Cigarettes	21	16	15
Beer	30	23	19
Marijuana	15	13	13

Table: 30 Day use rates for aggregate 7-12 grade students; 64,000 students surveyed
Source: Coalition for a Drug-Free Greater Cincinnati Student Drug Use Survey (adaptation of the National PRIDE survey.

Washington's Prevention and Intervention Services Program

Highlights from the 2003–04 Statewide Evaluation

Dennis Deck, Ph.D., RMC Research Corporation

What does this program do?

In 1989 the Washington State Legislature passed the Omnibus Alcohol and Controlled Substances Act that authorized state agencies to conduct a variety of programs that address the public's concern about the level and consequences of alcohol, tobacco, and other drug use. The Prevention and Intervention Services Program, operated by the Office of Superintendent of Public Instruction (OSPI) with a mix of local, state, and federal (e.g., Safe and Drug Free Schools and Communities) funds, places intervention specialists in schools to implement comprehensive student assistance programs that address problems associated with substance use and violence. As stated in the act (ESSHB 1793, Subpart B, Section 310, Paragraph 2), intervention specialists are to (a) provide early alcohol and other drug prevention and intervention services to students and their families, (b) assist in referrals to treatment providers, and (c) strengthen the transition back to school for students who have had problems of alcohol and other drug abuse.

Where are the local programs?

Annually, nearly $5 million are distributed to 13 local grantees—including the four largest school districts (Seattle, Tacoma, Spokane, and Kent) and nine consortia—covering virtually the entire state. Funding allocations are based on a formula that accounts for both the school enrollment and the estimated need for services of each region.

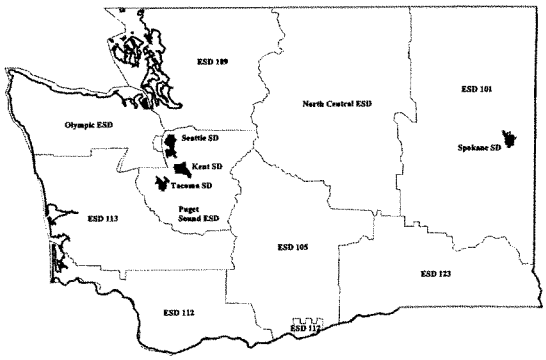
How are students served?

Universal prevention activities typically target intact classrooms or the entire school. Examples include assistance to classroom teachers in the use of age-appropriate prevention curricula, supervision of peer leadership or pledge programs, and promotion of drug-free after-school activities.

Intervention strategies involve the identification of students who are: (a) at risk of initiating substance use or antisocial behavior, (b) coping with the substance use of significant others, (c) using tobacco, alcohol, or other drugs, or (d) developing a dependence on drugs. An array of counseling, peer support groups, social skills training, and individual and family interventions are used to address the particular needs of each student. When the severity of use requires services that cannot be provided in the school setting, students are referred to community services such as chemical dependency treatment.

What are the outcomes of this program?

Prevention and intervention strategies are intended to (a) promote the skills and attitudes



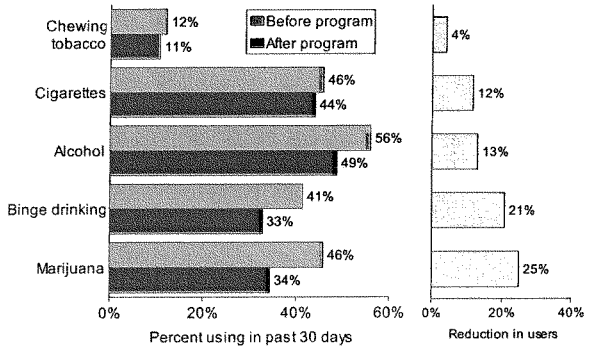
necessary to resist pressures to use alcohol, tobacco, and other drugs, (b) help students avoid antisocial behavior that may disrupt learning, (c) encourage students to reduce the substance use for which they were referred, and (d) remove barriers to school success. The findings of an independent statewide evaluation suggest that the program has resulted in positive outcomes in each of these areas as assessed by a self-report instrument administered before and after participation in program services.

Skills and attitudes. Students reported that social skills and attitudes that help them resist drug use and other inappropriate behavior were strengthened while participating in the Prevention and Intervention Services Program. Students with an intervention goal of strengthening protective factors reported significantly higher scores on 9 scales such as self-esteem, self-control, assertiveness, cooperation, and bonding with school. Students emphasized that bonding with intervention specialists was a key factor in re-establishing a connection with their school.

Antisocial behavior. Students with an intervention goal of reducing antisocial behavior indicated significant reductions in 6 different behaviors including truancy and fighting.

Substance use. Students with an intervention goal of reducing substance use reported changes in their level of use:

- Significantly more students perceived moderate to high risk in 5 forms of substance use after the program.
- Significantly fewer students reported using alcohol and marijuana in the past 30 days after participation in the program as shown in the chart below. Students reported modest reductions of tobacco use but substantial reductions for other substances. For example, 26 percent fewer students reported marijuana use and 21 percent fewer students reported binge drinking in the past 30 days after participating.



School success. Both teacher ratings and school records provided evidence that participation in the Prevention and Intervention Services Program can be linked to improved school success:

- Participating students reported a significant increase in school bonding.
- Elementary and alternative school teachers observed improved classroom performance among students who had participated in the program during the school year.
- A small high participation sample of middle school and high school students who were rated as dependent on alcohol or other drugs achieved a higher grade point average at the end of a second school year while a similar low participation group showed a decline.

How can I learn more about this program?

To learn more about the Prevention and Intervention Services Program, contact Mona Johnson, Office of Superintendent of Public Instruction in Olympia, Washington, at (360) 725-6059.

Detailed findings from an ongoing statewide evaluation are presented in Deck, D.D. (2003), *Addressing Adolescent Substance Abuse: An Evaluation of Washington's Prevention and Intervention Services Program: 2001-03 Final Report.* Office of Superintendent of Public Instruction, Olympia, WA.

More information about adolescent substance use in the state of Washington is provided in Einspruch, E.L., and Hyatt, G. (2003). *Washington Healthy Youth Survey 2002: Analytic Report.* Office of Superintendent of Public Instruction, Olympia, WA.

Drug Free Communities (DFC) Support Program
Application Statistics

	Appropriated Level	Number of Applications Received	Number of New Grants Awarded	Percentage of Applicants Receiving Funding	Cumulative Total of Grants
FY 1998	$10 Million	486	93	19.1%	93
FY 1999	$20 Million	322	124	38.5%	217
FY 2000	$30 Million	228	94	41.2%	311
FY 2001	$40 Million	388	157	40.5%	468
FY 2002	$50.6 Million[1]	452	70	15.5%	538
FY 2003	$60 Million[2]	582	183	31.4%	721
FY 2004	$70 Million[3]	512	227[3]	44.3%	948[3]
FY 2005	$80 million[4]	404	TBD	TBD	TBD

[1] Includes $2 million for the National Community Anti-Drug Coalition Institute
[2] Includes $2 million for the National Community Anti-Drug Coalition Institute
[3] Includes $1 million for the National Community Ant-Drug Coalition Institute
[4] Includes $2 million for the National Community Anti-Drug Coalition Institute

The Drug-Free Communities program *IS* making a difference in lowering drug use in communities throughout the nation.

The Drug-Free Communities Program Works
Successes include:

Alabama

The Council on Substance Abuse, Montgomery

- Tenth graders who reported using marijuana in the past year decreased at a rate of 32.9% from 7.0% in 2003 to 4.7% in 2004.
- Eleventh graders who reported using marijuana in the past thirty days decreased at a rate of 13.4%, from 18.7% in 2003 to 16.2% in 2004.

Hoover Coalition for a Safe and Healthy Community, Hoover

- Eleventh graders who reported **NEVER** drinking beer in their lifetime has increased at a rate of 34.6% from 54.0% in 1989 to 72.7% in 2003
- Ninth graders who reported **NEVER** using marijuana in their lifetime has increased at a rate of 20.0% from 73.0% in 1989 to 87.6% in 2003.

The Shelby County Coalition for Safe and Drug-Free Communities, Saginaw

- Ninth through twelfth graders who reported using marijuana in the past month decreased at a rate of 36.1% from 20.5% in 2001 to 13.1% in 2003.

California

Irvine Prevention Coalition

- Seventh graders who reported lifetime use of alcohol decreased at a rate of 47.1% from 17.0% in 1999 to 9.0% in 2003.
- Eleventh graders who reported using inhalants in the past thirty days decreased at a rate of 50.0% from 4.0% in 1999 to 2.0% in 2003.

Vallejo Fighting Back Partnership, Vallejo

- Seventh graders who reported using marijuana in the past thirty days decreased at a rate of 20.0% from 5.0% in 1999 to 4.0% in 2001.
- Ninth graders who reported smoking cigarettes in the past thirty days decreased at a rate of 50.0% from 22.0% in 1999 to 11.0% in 2001.

Colorado

Steamboat Springs Anti-Drug Coalition, Steamboat Springs

- In 2000, 72.2% of twelfth graders reported using marijuana in their lifetime. In 2001, that number decreased at a rate of 48.1% to 37.5%.

- In 2000, 66.7% of twelfth graders reported using alcohol in the last thirty days. In 2001, that number decreased at a rate of 25.0% to 50.0%.

TEAM Fort Collins, Fort Collins

- Thirty day alcohol use for twelfth graders decreased at a rate of 12.7% from 63.0% in 2002 to 55.0% in 2003.

Florida

Countywide Anti-Substance Abuse Efforts Coalition, Bonifay

- Lifetime use of marijuana among middle schools students decreased at a rate of 39.3%, from 14.0% in 2002 to 8.5% in 2004.

- Thirty day use of marijuana among high school students decreased at a rate of 41.4%, from 19.1% in 2002 to 11.2% in 2004.

Georgia

Augusta-Richmond County Community Partnership for Children and Families, Inc, Augusta

- In 2003, 24.0% of tenth graders reported using marijuana in the past year. In 2004, this number decreased at a rate of 20.8% to 19.0% in the 2004 school year.
- In 2003, 7.0% of eighth graders reported smoking marijuana during the past thirty days. In 2004, this number decreased at a rate of 28.6% to 5.0% in the 2004 school year.

Illinois

Coalition for Healthy Communities, Communities CAN Make a Difference, Zion

- Sixth grade students reporting drinking alcohol in the past thirty days decreased at a rate of 33.3%, from 12.0% in 1999 to 8.0% in 2001.
- Eighth grade students reporting lifetime use of marijuana decreased at a rate of 30.6%, from 33.0% in 1999 to 22.9% in 2001.

Indiana

Drug-Free Noble County, Albion

- Monthly marijuana use among seventh graders decreased at a rate of 16.7% from 10.2% in 1998 to 8.5% in 2003.
- Monthly marijuana use among ninth graders decreased at a rate of 34.4% from 24.4% in 1998 to 16.0% in 2003.
- Monthly alcohol use among twelfth graders decreased at a rate of 42.9% from 57.4% in 1998 to 32.8% in 2003.

Iowa

Mason City Youth Task Force, Mason City

- Eighth grade students reporting drinking alcohol in the past thirty days decreased at a rate of 33.3%, from 33.0% in 1997 to 22.0% in 2002.
- Eighth grade students reporting using marijuana in the past thirty days decreased at a rate of 38.9%, from 18.0% in 1997 to 11.0% in 2002.

Kansas

Emporians for Drug Awareness, Inc., Emporia

- Tenth grade students reporting using marijuana in their lifetime decreased at a rate of 27.4%, from 40.9% in 1998 to 29.7% in 2004.
- Eighth grade students report using alcohol in the past thirty days decreased at a rate of 44.1%, from 40.1% in 1998 to 22.4% in 2004.

Kentucky

Ohio County Together We Care, Inc., Hartford

- Tenth grade students reporting using alcohol in the past thirty days decreased at a rate of 16.7%, from 36.0% in 1998 to 30.0% in 2004.
- Eighth grade students report using marijuana in the past thirty days decreased at a rate of 53.3%, from 15.0% in 1998 to 7.0% in 2004.

Maryland

Harford County Coalition, Bel Air

- Eighth graders who reported smoking cigarettes in the past thirty days decreased at a rate of 53.7% from 21.6% in 1998 to 10.0% in 2002.
- Tenth graders who reported using marijuana during the past thirty days decreased at a rate of 41.2% from 31.3% in 1998 to 18.4% in 2002.

- Tenth graders reporting past thirty day use of heroin decreased at a rate of 67.6%, from 3.7% in 1998 to 1.2% in 2002.

Talbot Partnership for Alcohol & Other Drug Abuse Prevention, Easton

- Eighth graders who reported using tobacco in the past thirty days decreased at a rate of 34.5% from 29.0% in 1996 to 19.0% in 2001.
- Twelfth graders who reported consuming five or more drinks in one sitting during the past thirty days decreased at a rate of 15.4% from 52.0% in 1996 to 44.0% in 2001.

Massachusetts

Healthy Malden Coalition, Malden

- Seventh and eighth graders who reported using inhalants in the past thirty days decreased at a rate of 62.5% from 16.0% in 2002 to 6.0% in 2003.
- Seventh graders who reported drinking alcohol in the past thirty days decreased at a rate of 60.0% from 20.0% in 2001 to 8.0% in 2002.

Northern Berkshire Community Coalition, North Adams

- Tenth graders who reported drinking alcohol in the past thirty days decreased at a rate of 27.6% from 58.0% in 2001 to 42.0% in 2003.
- Twelfth graders who reported using marijuana in the past thirty days decreased at a rate of 13.9% from 36.0% in 2001 to 31.0% in 2003.

Michigan

Troy Community Coalition, Troy

- Eighth graders who reported drinking alcohol in the past thirty days decreased at a rate of 6.7% from 15.0% in 2000 to 14.0% in 2003.
- Tenth graders who reported smoking cigarettes in the past thirty days decreased at a rate of 30.0% from 20.0% in 2000 to 14.0% in 2003.
- Twelfth graders who reported using inhalants in the past thirty days decreased at a rate of 33.3% from 6.0% in 2000 to 4.0% in 2003.

Mississippi

Substance Abuse Task Force, Long Beach

- Past thirty day use of marijuana use among ninth graders decreased at a rate of 33.5%, from 17.3% in 2003 to 11.5% in 2004.
- The perception of peer disapproval for use of marijuana among ninth graders increased at a rate of 40.6%, from 45.6% in 2003 to 64.1% in 2004.

Missouri

Community Partnership of the Ozarks, Inc.

- Seventh graders who reported not using alcohol in the past thirty days increased at a rate of 11.7% from 80.6% in 2003 to 90.0% in 2004.
- The perception of harm for use of marijuana among seventh graders increased at a rate of 16.5%, from 48.6% in 2003 to 56.6% in 2004.

Montana

Sheridan County Youth Action Council & Community Incentive Program, Plentywood

- Eighth graders who reported using alcohol in the past thirty days decreased at a rate of 48.6% from 36.8% in 2000 to 18.9% in 2004.
- Tenth graders who reported using marijuana in the past thirty days decreased at a rate of 17.5% from 21.1% in 2000 to 17.4% in 2004.

Nevada

Anti-Drug Coalition - Partnership of Community Resources, Minden

- Ninth to twelfth graders who reported using marijuana in the past thirty days decreased at a rate of 22.6% from 31.0% in 1999 to 24.0% in 2001.
- Ninth to twelfth graders who reported using alcohol in the past thirty days decreased at a rate of 13.1% from 61.0% in 1999 to 53.0% in 2001.

New Jersey

Cape May County Healthy Community Coalition, Wildwood

- Sixth through eighth graders who reported using inhalants in their lifetime decreased at a rate of 22.4% from 6.7% in 2001 to 5.2% in 2003.
- Sixth through eighth graders who reported smoking cigarettes in their lifetime decreased at a rate of 17.2% from 26.1% in 2001 to 21.6% in 2003.

New York

Leatherstocking's Promise, the Alliance for Youth, Cooperstown

- Eleventh graders who reported using tobacco in the past thirty days decreased at a rate of 10.2% from 20.5% in 2000 to 18.4% in 2002.
- Eighth graders who reported using alcohol in the past thirty days decreased at a rate of 20.8% from 22.6% in 2000 to 17.9% in 2002.

STOP the MADNESS Partnership, Batavia

- Between 2000 and 2002 past month use of alcohol decreased:
  - at a rate of 34.2% from 23.7% to 15.6%, among eighth graders.
  - at a rate of 16.5% from 38.8% to 32.4%, among ninth graders.

North Dakota

The Answer Community Coalition, Grand Forks

- Thirty day use of alcohol among ninth graders decreased at a rate of 25.6%, from 33.2 in 2001 to 24.7 in 2003.
- Tenth graders reporting past thirty day use of tobacco decreased at a rate of 14.3%, from 30.7% in 2001 to 26.3% in 2003.

Ohio

Coalition for Drug-Free Greater Cincinnati

- There are greater reductions in adolescent substance abuse in communities where coalitions exist than in communities where coalitions are not present. From 1993 to 2000 among seventh to twelfth graders there was a 41.0% decrease in marijuana use. In the same region where a coalition **did not** exist, there was a 33.0% increase in marijuana use.
- From 1993 to 2000 among seventh to twelfth grader there was a 23.0% decrease in alcohol use In the same region where a coalition **did not** exist, alcohol use remained constant
  (National Averages based on 2000 PRIDE Survey)

Sylvania Community Action Team, Sylvania

- Tenth grade students reporting drinking alcohol in the past thirty days decreased at a rate of 13.6%, from 39.1% in 2002 to 33.8% in 2004.
- Eighth grade students reporting using marijuana in the past year decreased at a rate of 28.8%, from 6.6% in 2002 to 4.7% in 2004.

Oklahoma

East Tulsa Prevention Coordinator, Tulsa

- Lifetime use of methamphetamines decreased at a rate of 69.1% among ninth graders, from 11.0% in 2001 to 3.4% in 2004.
- Past thirty day use of marijuana among tenth graders decreased at a rate of 24.3%, from 25.9% in 2001 to 19.6% in 2004.

Partners Acting As Change Agents (PACA), Woodward

- Lifetime use of cocaine among tenth graders decreased at a rate of 22.5%, from 10.2% in 2001 to 7.9% in 2004.
- Lifetime use of alcohol decreased at a rate of 7.1% among twelfth graders, from 84.8% in 2001 to 78.8% in 2004.

Oregon

Hood River County Anti-Drug Coalition, Hood River

- In 1997, 38.0% of eleventh graders used tobacco, which decreased at a rate of 39.5% to 23.0% in 2002.
- In 1996, 51.0% of eleventh graders used alcohol, which decreased at a rate of 12.2% to 44.8% in 2002.

Lane County Coalition to Prevent Substance Abuse, Eugene

- Thirty day use of marijuana among eighth graders decreased at a rate of 25.0%, from 12.0% in 1998 to 9.0% in 2004.
- Thirty day use of marijuana among eleventh graders decreased at a rate of 19.2%, from 26.0% in 1998 to 21.0% in 2004.

Pennsylvania

Community Prevention Partnership of Berks County, Reading

- Thirty day alcohol use among ninth graders decreased at a rate of 41.4% from 29.0% in 1998 to 17.0% in 2002.
- Past year marijuana use among seventh and ninth graders was reduced at a rate of 52.2% from 32.4% in 1998 to 15.5% in 2002.

South Carolina

Lexington Richland Alcohol and Drug Abuse Council, Columbia

- Ninth to twelfth grade students reporting that peers who smoke cigarettes harm themselves a lot increased at a rate of 70.0%, from 20.0% in 2001 to 34.0% in 2003.
- Ninth to twelfth grade students reporting that peers who use marijuana harm themselves a lot increased at a rate of 10.4%, from 48.0% in 2001 to 53.0% in 2003.

Texas

Nacogdoches Safe & Drug Free/Alcohol & Drug Abuse Council, Nacogdoches

- Sixth grade students reporting past year alcohol use decreased at a rate of 23.8%, from 24.0% in 2000 to 18.3% in 2004.
- Tenth grade students reporting past thirty day use of marijuana decreased at a rate of 43.9%, from 22.8% in 2000 to 12.8% in 2004.

Vermont

Deerfield Valley Community Partnership, Wilmington

- Past thirty day use of marijuana among eighth graders decreased at a rate of 78.9%, from 19.0% in 1997 to 4.0% in 2003.
- Past thirty day use of marijuana among twelfth graders decreased at a rate of 20.5%, from 44.0% in 1997 to 35.0% in 2003.

Virginia

Safe Community Coalition, McLean

- In 2001, 21.0% of eighth grade students reported drinking alcohol in the past thirty days, which decreased at a rate of 39.0% to 12.8% in 2003.
- In 2001, 13.3% of tenth grade students reported using marijuana in the past thirty days, which decreased at a rate of 12.8% to 11.6% in 2003.

Washington

Orcas Island Prevention Partnership, Eastsound

- Past thirty day marijuana use among eighth graders decreased at a rate of 76.0% from 25.0% in 2000 to 6.0% in 2004.
- Past thirty day marijuana use among twelfth graders was reduced at a rate of 59.3% from 54.0% in 2000 to 22.0% in 2004.

Wahkiakum Community Network Coalition, Cathlamet

- Past thirty day alcohol use among twelfth graders decreased at a rate of 13.6% from 50.0% in 1998 to 43.2% in 2002.
- Lifetime marijuana use among eighth graders was reduced at a rate of 18.8% from 15.4% in 1998 to 12.5% in 2002.

West Virginia

Creating Opportunities for Youth Coalition, Bluefield

- The percentage of Mercer County ninth graders reporting alcohol usage before age 13 was reduced at a rate of 10.2% from 36.4% in 2002 to 32.7% in 2003.
- The percentage of Mercer County youth (ages 12 to 18) reporting marijuana usage during their lifetime was reduced at a rate of 22.3% from 30.0% in 2002 to 23.3% in 2003.

Wisconsin

Green Bay Area Drug Alliance, Green Bay

- Past thirty day marijuana use among eighth graders decreased at a rate of 7.1% from 14.0% in 1999 to 13.0% in 2002.
- Past thirty day tobacco use among tenth graders decreased at a rate of 36.8% from 38.0% in 1999 to 24.0% in 2002.

Substance Abuse is Perceived as a Much Greater Problem Nationally than at the Community Level

- Between 1994 and 2000, there was a 43% increase in the percentage of Americans who felt progress was being made in the war on drugs at the community level (PEW)
- Only 9% of Americans say drug abuse is a "crisis" in their neighborhood, compared to 27% who say this about the nation.[1]
- The percentage of those who felt we lost ground in the war on drugs on a community level fell by more than a quarter, from 51% in 1994 to 37% in 2000. (PEW)

Substance Abuse Prevention Is a Good Investment

- Children who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs, as adults, than someone who first uses marijuana at age 18.[2]
- Between 2000 and 2020, the youth population will grow by 10%, adding 8.4 million youth.[3] Even if drug use rates remain constant, there will be a huge surge in drug-

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[1] Pew Research Center for the People and the Press. (February, 2001). *News interest index final top line.* "Interdiction and incarceration still top remedies." Available: http://people-press.org/reports/print.php3?PageID=122.

[2] The National Household Survey on Drug Abuse (NHSDA) report. August 23, 2002. Available at oas.samhsa.gov/2k2/MJ&dependence/MJdependence.htm

[3] From U.S. Census Interim Projections. Available at http://www.census.gov/ipc/www/usinterimproj/natprojtab02a.pdf

related problems, such as drug-related violence, HIV incidence and academic failure, simply due to this population increase.[4]

- Effective substance abuse prevention can yield major economic dividends. **The savings per dollar spent on substance abuse prevention can be substantial and range from $2.00 to $19.64,** depending on how costs were calculated, outcomes included and the differences in methodologies.[5]

Substance Abuse Prevention Works

- The number of eighth, tenth and twelfth grade students who reported using any illicit drug during the last 12 months declined for the fourth straight year, to 15%, 31% and 39%, respectively.[6]
- Eighth and tenth graders continued to show significant increases in perceived risk of marijuana use this year, a fact that may well help to explain this year's declines in use.[7]
- 11.8 % of eighth graders reported past year marijuana use in 2004, the lowest rate seen since 1994, and well below the peak of 18.3% in 1996.[8]
- After several years of seeing steady increases in ecstasy use among eighth, tenth and twelfth graders, recent data reports that annual rates of ecstasy use decreased across the board respectively[9]:
  - Eighth graders from 2.1% in 2003 to 1.7% in 2004
  - Tenth graders from 3.0% in 2003 to 2.4% in 2004
  - Twelfth graders from 4.5% in 2003 to 4.0% in 2004
- 50.4% of students reported drinking alcohol in the past year and 26.4% of students reported smoking cigarettes in the past year, these rates are the lowest in 15 years.[10]

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[4] Center for Substance Abuse Prevention FY 2001 DHHS Request, 2000

[5] Swisher, J.D., Scherer, J. and Yin, K. The Journal of Primary Prevention. "Cost-Benefit Estimates in Prevention Research." 25:2, October 2004.

[6] Johnston, L. D., O'Malley, P. M., Bachman, J. G. & Schulenberg, J. E. (December 21, 2004). *Overall teen drug use continues gradual decline; but use of inhalants rises.* University of Michigan News and Information Services: Ann Arbor, MI. [On-line]. Available: www.monitoringthefuture.org.

[7] *Ibid*

[8] *Ibid*

[9] *Ibid*

[10] PRIDE – Parents' Resource Institute for Drug Education. (2003). *PRIDE questionnaire report for grades 6-12: 2002-2003 PRIDE Surveys national summary/total.* Bowling Green: KY. Available: http://www.pridesurveys.com/main/supportfiles/ns0203.pdf

Mr. SOUDER. Thank you very much.

Next is Mr. Stephen Pasierb, president and CEO of the Partnership for Drug-Free America.

Thank you for coming.

STATEMENT OF STEPHEN J. PASIERB

Mr. PASIERB. Mr. Chairman, thank you for having me testify today. I want to thank this subcommittee, and particularly you, Mr. Chairman, for your steadfast attention to this issue and your tireless efforts. Particularly, Mr. Cummings, if you were in the room, you have done so much for this effort over the years that we are deeply, deeply appreciative.

The Partnership, as you know, is a coalition of volunteers from throughout the communities industry. We are best known for our research-based education campaigns that have been proven to be effective not only in changing attitudes about drug use, but in changing behavior: reducing illicit drug use.

Since 1998, the Partnership has served as the primary creative partner to the Office of National Drug Control Policy on the National Youth Anti-Drug Media Campaign. As you know, Congress authorized the Media Campaign knowing that the private sector, working through the nonprofit Partnership for a Drug-Free America, had agreed to contribute its time, its talent, and its expertise in advertising and marketing to this first-of-a-kind effort in the truest sense of a public-private partnership.

I am happy and proud to report, Mr. Chairman, that the private sector volunteerism has delivered on this commitment and has contributed approximately $125 million to the advertising campaigns and professional services of the Media Campaign. And the good news is that commitment remains absolutely steadfast.

The President's budget has requested $120 million for the Media Campaign for fiscal year 2006, which is the same allotted by Congress for this fiscal year, fiscal year 2005. This is down from $145 million in the previous year and, as was noted earlier, a far cry from the $195 million originally appropriated in 1998. Congress appropriated $195 million in 1998 so that the Campaign could achieve very specific objectives in terms of reach and frequency, and it is important to note that the Campaign is operating with much less today, in an environment where media costs far exceed what they were in 1998. In fact, given annual inflation in the costs of media, just to keep pace with 1998's investment of $195 million would require $256 million today. The gap between the current $120 million, or even the preferred $145 million investment, and $256 million is very obvious.

Furthermore, Mr. Chairman, every cut to the Campaign translates into a double cut in exposure, if you will, because the media is required by law to match every dollar invested by the Government with a dollar in equal quality free time. So when $25 million was cut from the Campaign, the fact is that $50 million was cut from the impact on reaching at-risk teens and their parents.

To remain effective, the National Youth Anti-Drug Media Campaign requires a sustained investment, not cuts. In the business world, when marketing campaigns are producing solid results like

this campaign is, brand managers invest even more, not less, to sustain and accelerate the results.

The Partnership for a Drug-Free America is advocating that the Media Campaign's funding level for fiscal year 2006 be restored to the previous level of $145 million. We do so, Mr. Chairman, because we believe this program is delivering unprecedented leverage and excellent results for the investments that have been provided so far.

I would like to offer some evidence on the effectiveness of the Media Campaign from data drawn from the 2004 Partnership Attitude Tracking Study. This is the 17th year of our Nations largest study on attitudes and drug use. The study was conducted on over 7,000 high school and middle school kids in private, parochial, and public schools. We know some things from this study specific to the Media Campaign.

First, significantly fewer teenagers are using marijuana today when compared to 1998, the year the Media Campaign was launched. Reductions are evident in all measured categories, of prevalence, be it lifetime, past year, or past month. Marijuana-related risk attitudes among teens have improved significantly over the same time. And, as you know, the Media Campaign has focused primarily on marijuana abuse.

Second, significantly few teenagers are using ecstasy. In fact, the data report a 25 percent decline in the number of teens using this dangerous drug since it peaked in 2001. Our collective efforts to reduce demands for ecstasy have produced exceptional results.

Third, the PATS data continue to report strong correlations between heavy exposure to Media Campaign advertising and lower drug use and stronger anti-drug attitudes among our teens. In 2003, RoperASW reported that teens exposed frequently to ads were far more likely to have stronger anti-drug attitudes and up to 38 percent less likely to use drugs. Ed Keller, who is the CEO of RoperASW, is quoted as saying, "There is a clear correlation between exposure to anti-drug ads and the decisions teens make regarding drugs." He added, "With a relationship this strong, it's evident that working to boost the number of teens who see or hear anti-drug messages on a daily basis can help drive down drug use."

Fourth from the study, the number of teenagers reporting learning a lot about the risks of drugs from television commercials has increased steadily since the launch of the Media Campaign. In fact—and this is somewhat a mixed story—the data report this year for the first time in history that teens are more likely to cite television commercials as a key source of anti-drug information than any other source. And, unfortunately, parents slipped to the No. 2 position in that study.

Finally, 2004 was the first year the data reported a decline in the number of teenagers reporting seeing or hearing anti-drug messages daily or more frequently. Cuts in funding are starting to hurt the Media Campaign and put our hard-won progress at risk.

As long as we are blessed with each new generation of children, we are going to need to educate them about the dangers of an ever-changing, even more dangerous drug landscape.

Mr. Chairman, committee, we will not find a more efficient, more effective way to reach and educate teenagers about the dangers of

illicit drugs than through research-based efforts like the National Youth Anti-Drug Media Campaign. We will not find a more efficient way to educate teens about the dangers of drugs than through the power and influence and reach, most importantly, of mass media.

Consider, Mr. Chairman, that even at a restored funding level of $145 million, the Media Campaign is exceptionally efficient, requiring just $6 per teenager per year. Consider that every year, to sell its products, Proctor and Gamble spends well over $1 billion on television advertising alone; Walt Disney Co. $800 million; PepsiCo $740 million; McDonald's $560 million for burgers, fries, and soft drinks.

While $145 million is indeed a great deal of money, we face stiff competition to reach teenagers in America. We must give the Media Campaign every chance to continue to produce results. Reducing the demand for illicit drugs by changing consumer attitudes works. That is what the Media Campaign is all about, and we must invest more in it, not less, to realize its full potential.

Thank you.

[The prepared statement of Mr. Pasierb follows:]

Testimony of Stephen J. Pasierb, President and CEO
The Partnership for a Drug-Free America®

Hearing on Drug Prevention Programs and the FY 2006 Drug Control Budget
House Subcommittee on Criminal Justice, Drug Policy & Human Resources

The Honorable Mark E. Souder, Chairman
The Honorable Elijah Cummings, Ranking Member

United States House of Representatives, April 26, 2005

Mr. Chairman, Ranking Member Cummings, members of the subcommittee, thank you for inviting me to testify today. I'm Steve Pasierb, president and CEO of the Partnership for a Drug-Free America.

Before I offer my brief comments, I want to thank this subcommittee – and especially you, Mr. Chairman and you, Mr. Cummings – for your unyielding commitment to the drug issue. You are among a handful of remarkable leaders who, year in and year out, remain steadfast in your focus on helping the country contend with the issue of substance abuse. Your leadership not only benefits your constituents in Indiana and Maryland, but all of us. And I have no doubt that your leadership and hard work has contributed to the progress we've made in recent years in reducing the number of teenagers who use illicit drugs in our nation. All of us who work in prevention, law enforcement and treatment are grateful for the work of this subcommittee, and especially to both of you.

The Partnership, as you know, is a non-profit coalition of volunteers from the communications industry. Founded in 1986 by the American Association of Advertising Agencies and with major, on-going core support from the Robert Wood Johnson Foundation, the Partnership is best known for its research-based communications campaigns. Independent research documents the effectiveness of the Partnership's campaigns, not only in changing consumer attitudes about drugs, but in changing behavior as well. The story behind the Partnership is a story of extraordinary volunteerism, Mr. Chairman. Thousands of communications professionals – from the advertising and media industries; from research, production and public relations; from the Screen Actors Guild and the American Federation of Television and Radio Artists – give of their time, talent and resources to create our education campaigns. It's a story of exceptionally skilled

professionals using their expertise to benefit the country. Those who contribute to the Partnership do so for one simple reason: To make a difference in the lives of our fellow citizens.

Since 1998, the Partnership has served as the primary creative partner on the National Youth Anti-Drug Media Campaign (commonly referred to as "the media campaign"). As you know, the media campaign is coordinated by our colleagues at the Office of National Drug Control Policy. As you will surely recall, the Congress authorized the media campaign knowing that the private sector, working through the Partnership for a Drug-Free America, had agreed to contribute its expertise in advertising and marketing to this first-of-its-kind effort. I am happy and proud to report, Mr. Chairman, that the private sector has delivered on this commitment. To date, the private sector, through the Partnership, has contributed approximately $125 million in advertising campaigns and services to the media campaign. And the good news is this: That commitment remains strong. Advertising agencies, through the Partnership, are lined up and ready to produce effective communications campaigns for this effort.

While I have been invited to testify on the proposed drug budget for the coming fiscal year, I will focus my testimony on the insufficient level of funding proposed for the National Youth Anti-Drug Media Campaign and on the efficiency and effectiveness of reducing demand for illicit drugs. I must say, for the record, that drug-prevention efforts work best through strategic coordination involving many organizations. For example, we have worked with the Drug Enforcement Administration's Demand Reduction Unit for many years. Recently, we collaborated on a campaign targeting methamphetamine and Ecstasy in two U.S. cities – St. Louis, Missouri and Phoenix, Arizona. The DEA's knowledge of each city and the drug problems in these regions were incredibly valuable in our efforts. Participation of DEA's Demand Reduction Officers played an instrumental role in helping us make these particular efforts successful.

The president's budget has requested $120 million for the media campaign for fiscal year 2006, the same amount allotted to the campaign by the Congress for this fiscal year (FY '05). This is down from $145 million in fiscal year 2005 and a far cry from the $195 million appropriated for the media campaign in 1998. Congress appropriated $195 million in 1998 so that the campaign could achieve very specific objectives, in terms of the campaign's reach and frequency. It is important to note, Mr. Chairman, that the campaign is operating with much less today in an environment in which media costs (broadcast time, print space, etc.) far exceed what they were in 1998. Furthermore, Mr. Chairman, every cut to this campaign translates into a "double cut in exposure," if you will. For example, last year's budget for the media campaign was cut by $25 million. This actually results in a cut in media exposure of $50 million, when you consider that by reducing the media campaign's buying power, the media's campaign's "match" component also suffers as well.

To remain effective, the National Youth Anti-Drug Media Campaign requires a sustained investment, not cuts in its operating budget. In the commercial marketplace, when marketing campaigns are producing solid results, brand and product managers invest more – not less – to

sustain and drive increased results. Mr. Chairman, the Congress would be well served to consider these private sector practices as this relates to the media campaign.

The Partnership for a Drug-Free America is advocating that, minimally, the media campaign's funding level for FY '06 be restored to FY' 05 levels of $145 million. We advocate for this, Mr. Chairman, as public servants to this program. (As you know, we currently receive no funding for our role in the National Youth Anti-Drug Media Campaign.) We do so, Mr. Chairman, because we believe this program is delivering an excellent return on investments by producing solid results. We believe this program – the largest, federally-funded demand-reduction effort currently operating – is an essential component of the country's overall effort to combat the drug problem. Without sufficient funding for the media campaign, I believe that we will, over the short term, forfeit hard-won progress that has been achieved in recent years.

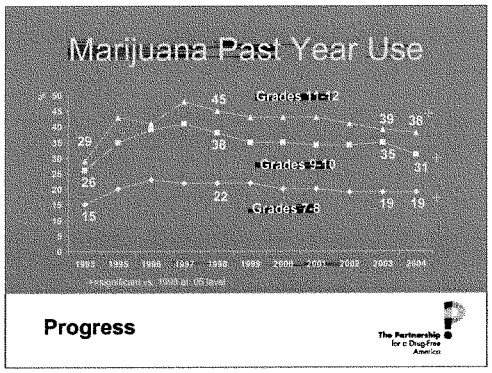
General Arthur Dean, chairman and CEO of Community Anti-Drug Coalitions of America, has described the importance of the media campaign this way: The media campaign, General Dean has said, is the "strategic air cover" for all anti-drug efforts in the country. General Dean's analogy is exactly right: The media campaign not only has a direct impact on changing attitudes and behaviors of its target audiences, but it also strengthens all local anti-drug efforts, especially those driven by local coalitions. The media campaign strengthens other grassroots anti-drug efforts as well – those led by community groups and churches, by civic organizations and school districts. And surely, the messages deployed in this media campaign actually help families address the issue of substance abuse. Evidence of the contributions made by the media campaign are measured in improving anti-drug attitudes and reduced drug use, as tracked in the Partnership Attitude Tracking Study and Monitoring the Future.

Allow me to offer evidence of the effectiveness of the media campaign, in the following points and charts. The data cited below are drawn from the 2004 Partnership Attitude Tracking Study (PATS). This is the 17th year we've conducted this valuable research; this body of data form the largest on-going tracking study on drug-related attitudes and drug use in the country. Last year, we sampled over 7,300 teenagers, in grades 7 through 12, across the country; we also over-sampled for African- and Hispanic-Americans to ensure actuate representations of these constituents. Our findings in PATS track consistently with those of the Monitoring the Future study, conducted by the University of Michigan's Institute for Social Research under grants from the National Institute on Drug Abuse.

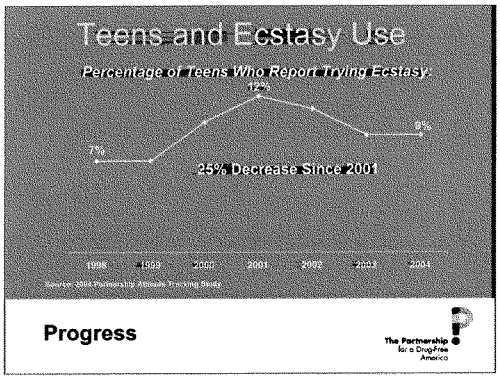
The latest data from our PATS survey report the following:

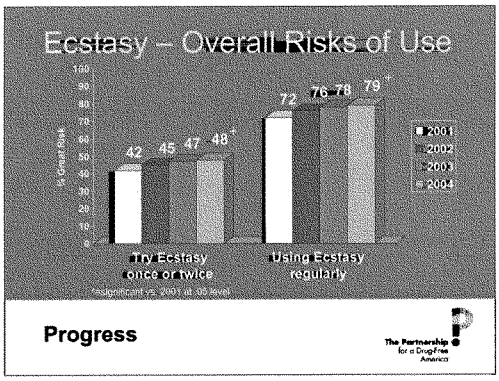
- **Significantly fewer teenagers are using marijuana today when compared to 1998, the year the media campaign launched.** Reductions are evident in all measured categories of prevalence – lifetime, past year and past month. Marijuana-related attitudes among teenagers have improved significantly over the same time. As you surely know, the media campaign

focuses heavily on preventing adolescent use of marijuana – the most widely abused of all illicit substances.



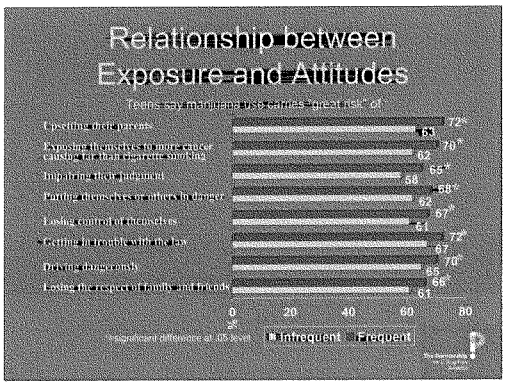
- **Significantly fewer teenagers are using MDMA, or Ecstasy.** In fact, the data report a 25 percent decline in the number of teens using this dangerous drug since it peaked in 2001. The Partnership launched the first national campaign targeting Ecstasy in February of 2002, immediately after the experimentation rates had hit 12 percent among teens. Our anti-Ecstasy messages received additional and widespread distribution through the media campaign's match component. While we still have too many teenagers experimenting with this drug on an annual basis, our collective efforts to reduce demand for Ecstasy have produced excellent results in the short-term. Again, attitudes are the key determinant. Our PATS data report increases in teens who associate risk with MDMA.





PATS data continue to report strong correlations between heavy exposure to media campaign advertising and low drug use / stronger anti-drug attitudes among teenagers.

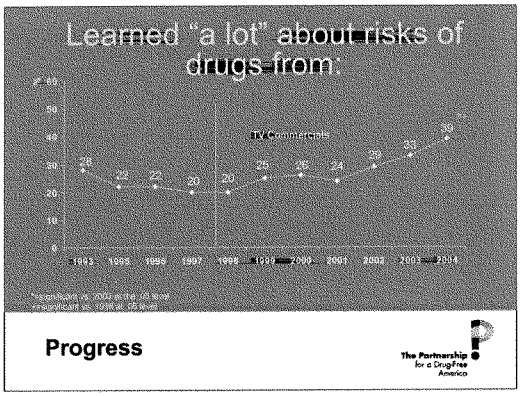
In 2003, Roper Public Affairs and Media, formerly RoperASW, reported that teens exposed frequently to anti-drug ads were far more likely to have stronger anti-drug attitudes and up to 38 percent less likely to use drugs. "There is a clear correlation between exposure to anti-drug ads and the decisions teens make regarding drugs," said Ed Keller, CEO of Roper Public Affairs and Media. "With a relationship this strong, it's evident that working to boost the number of teens who see or hear anti-drug messages on a daily basis can help drive down drug use."

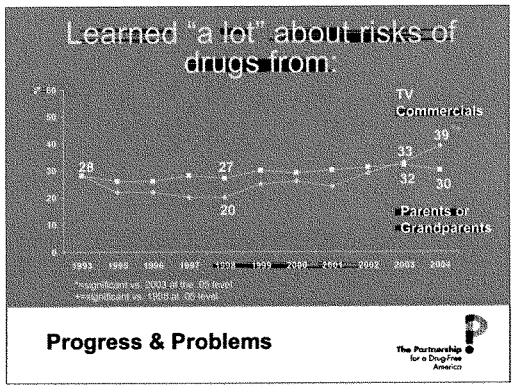


Roper Public Affairs and Media (RPA&M), a leading global marketing research and consulting firm, collected and analyzed the data used in the Partnership Attitude Tracking Study. RPA&M found that compared to teens who see or hear anti-drug ads less than once a week, teens who get a daily exposure to such messages were:

- 38% less likely to have tried methamphetamine (8% vs. 13%)
- 31% less likely to have tried crack/cocaine (9% vs. 13%)
- 29% less likely to have tried Ecstasy (10% vs. 14%)
- 14% less likely to have tried marijuana (38% vs. 44%)
- 8% less likely to have tried any illicit drug

- **The number of teenagers reporting learning a lot about the risks of drugs from television commercials has increased steadily since the launch of the media campaign in 1998.** This demonstrates the importance of the media campaign's buying power and ability to deliver these research-based messages to large portions of our target audiences consistently over time. In fact, the data report this year for the first time that teens are more likely to cite television commercials as a key source for anti-drug information than any other source – including, unfortunately, than their parents.



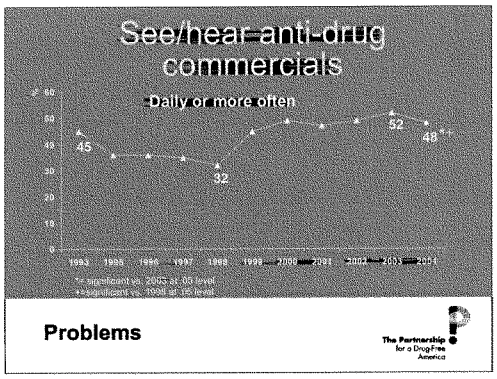


- This year's PATS study also has another "first" to report": **2004 was the first year the data report a decline in the number of teenagers reporting seeing or hearing anti-drug messages daily, or more frequently.** While the media campaign has endured consistent funding cuts over the past few years, the media campaign's "match" component has helped ensure a consistently high level of exposure for campaign messages.

  The media campaign has endured steady budget cuts since its launch. In 1998, it began with $195 million and widespread bi-partisan support in the Congress. Since then, the media campaign's budget was cut to $185 million in 1999; $180 million in 2000; $175 million in 2001; $150 million in 2003; $145 million in 2004; and $120 million in FY 2005. As

campaign coordinators planned the campaign's media buys around budget cuts, more of the campaign's "match" was deployed to deliver core anti-drug ads. This approach, however, has exhausted all possibilities for sustaining required media weight.

The data suggest that cuts to the campaign's budget are resulting in fewer messages reaching our target audience. This development should not surprise anyone. While we have not seen evidence of a negative impact of this on drug-related attitudes and behavior yet – in other words, shifts in drug-related attitudes and behavior – this is likely to follow if recall rates continue to decline.



Mr. Chairman, we will not find a more efficient, more effective way to reach and educate teenagers about the dangers of illicit drugs than through research-based efforts like the National Youth Anti-Drug Media Campaign. Yes, the media campaign requires significant resources, but when you consider a) the need to educate each and every generation about the dangers of drugs; b) the efficiency of the approach employed by the media campaign; and c) the competitive landscape, and what commercial advertisers are spending to reach consumers, I believe you will agree that this program is worth investing in, and investing in at higher levels than currently recommended.

First, the need. The need to educate teenagers about the dangers is obvious, and it is a need that is not going away. As long as we are blessed with new generations of children in the United States, we will need to educate them about the dangers of an ever-changing, even more dangerous drug landscape.

Second, efficiency and effectiveness. We will not find a more efficient way to educate teenagers about the dangers of drugs than through the power, influence and reach of mass media. Consider,

Mr. Chairman, that even at the restored funding level of $145 million, the media campaign is exceptionally efficient, costing approximately $6 per year, per teen to execute. We could spend federal resources in countless ways to educate teenagers about the dangers of drugs, and many of these are surely worthy and effective methods. We will not, however, find a more efficient and effective way to do so than through mass media.

Finally, staying competitive requires investment – and one that increases over time to address inflation and other factors. The commercial marketplace in America is exceptionally competitive. Those companies and concerns that are vying for the important and lucrative teen market all compete against each other, in essence, for a share of voice, a piece of the consumer mindset, for a sliver of each teen's time and attention. To breakthrough on a regular basis through mass media requires exceptional creative and exceptional messaging. But even the best, most effective advertising campaigns are meaningless unless they reach their target audience with broad reach and high frequency. This requires smart media planning and a consistent investment of resources.

Consider that every year Procter & Gamble spends well over $1 billion on television advertising alone – marketing items like cosmetics, perfume and snack foods to American teens. The Walt Disney Company spends over $800 million advertising its merchandise, theme parks and movies; PepsiCo spent $740 million in 2003 to advertise its products on television; McDonald's spent $560 million. While $120 million is indeed a great deal of money, we face stiff competition to reach teenagers in America. We must give the media campaign an even chance to continue to produce results.

Reducing demand for illicit drugs has proven to be a remarkably effective strategy to combat drug use in America. Consider: Since 1985, the number of Americans using drugs on a regular basis is down by 30 percent. The number of Americans using cocaine on a regular basis is down by more than 70 percent. And most recently, the number of teenagers experimenting with MDMA (Ecstasy) was reduced by 25 percent since the drug peaked in 2001.

We would argue, Mr. Chairman, that the most significant factor behind these encouraging trends is changes in consumer attitudes about drugs. Drugs are still available, as our colleagues in law enforcement know. Availability does not translate into demand for products, legitimate or otherwise. Reduced numbers of Americans demanding drugs, or demonstrating a willingness to use drugs, explains why drug consumption has dropped by these levels. That's what the media campaign is all about. It's an incredibly potent and important part of our overall efforts to reduce drug use in America. We must invest more in it, not less, to realize its potential.

Thank you for your time and consideration.

Mr. SOUDER. Thank you.

Our next witness is Dr. Bonnie Hedrick, executive director of the Ohio Resource Network for Safe and Drug-Free Schools and Communities at the University of Cincinnati.

Thank you for joining us today.

STATEMENT OF BONNIE HEDRICK

Ms. HEDRICK. Thank you and good afternoon. Thank you, Chairman Souder, Ranking Member Cummings, and other committee members, for allowing me to speak today. I will be sharing information about drug prevention efforts in Ohio as it relates to one of the findings of the Rand Report on the Safe and Drug-Free Schools State Grant program. I reference this report as it was quoted frequently in the PART review of Title IV, which has contributed to its proposed elimination.

One criticism emphasized in the Rand Report is the formula-based distribution of funds. The report recommends that a competitive grant process be used and that funds be reserved for schools in greatest need. They contend this approach would be superior to the current practice of spreading the money too thinly across all schools.

I am here to tell you today that Title IV operations in Ohio, the people who operate those operations, contend that assumption. They say that even meager amounts help small rural towns with minimal resources.

Ohio, like many States, is approximately 75 percent rural farmland. We have found that people in these areas approach prevention in non-traditional ways, but in the end they accomplish their goals, as you will see in the handout that has been prepared for you. Ohio schools have used their Federal funds to leverage local dollars, volunteers and donations to get the job done.

For example, in Lucas County, Maumee Junior High School only gets about $8,000 a year in Title IV funds, but the local hospital contributes another $25,000 to keep the student assistance program running. In Mahoning County, South Range Elementary School gets even less, $5,200, and the school guidance counselor, who serves as the Safe and Drug-Free School coordinator, still manages to run an after-school mentoring program by using volunteers and donations. That is the kind of effort that the Congressmen were speaking about earlier.

Ohio "scatters" our $15.7 million in Title IV funds over 790 Local Education Agencies in 88 counties. Despite what the Rand Report would call a "misdirected program," we reach over a million school children every year. That figure includes every 5th and 7th grade student in Cincinnati public schools who receive life skills training. The Governor's portion funds another 44 programs in 26 counties and reach 70,000 children who are frequently out of school, runaway youth, homeless youth, youth in detention centers, pregnant and parenting teens.

If Safe and Drug-Free Schools funding is eliminated, or if it is allocated only to a select number of schools, with a good grant writer, I might add, the new cohort of Cincinnati students will not have the opportunity to build social competencies that will make them more employable in the future. Newly settled Latino families in

East Cleveland and Toledo will lose culturally relevant support during their transition into America. But the children of Mahoning County will probably still have a mentor, because once a good mentoring relationship is established, they don't fade away with the absence of funding.

Ohio, like other States, has seen decreases in alcohol and other drug use over the past few years. Title IV funds have contributed to that. Drugs that have not received a lot of attention, however, are creeping back on the scene. Four students near my hometown, for example, have died of heroin overdose.

I ask you to refer to your handout to look more specifically at what the accomplishments have been for that program specific to Ohio.

Last week, news surfaced about the gang rape of a female student in Columbus that occurred behind the curtain in the school gym. Later that day we learned about a riot on a playground during a fire drill at another school near Cleveland. One of my staff finished the day by counseling a parent of a child who had been chronically bullied since the beginning of school in another school near Cleveland. Our work is real and it is not finished.

Dana is a testament to the impact that Safe and Drug-Free School coordinators have on the lives of students. Her school receives $56,000 in Safe and Drug-Free School funds, which is enough to hire a full-time coordinator; not much left of programming. When a Lorain County student, Dana was a constant referral for behavior problems; she was failing, she was dropping out of school, she had been suspended. And then she got referred to the Safe and Drug-Free School coordinator. When she started working with her, it was discovered that Dana was trying to support her family. Her mom was an alcoholic, she had two younger siblings, there was no father present. She was working at McDonald's to make money to keep the family going. Homework was left until late at night, if she had energy to do it.

With the support of a caring adult and Children of Alcoholics support group, Dana has since graduated and gone to college. Today she is doing very well. Without intervention and support from a caring adult at school, Dana would have likely dropped out of school and continued the cycle of addiction that had been modeled for her in her home.

What is scary is that under the Rand proposal, Dana's school would never have met the criteria of a school in greatest need. That didn't preclude Dana from being a child of great need.

Certainly there are flaws in the present Safe and Drug-Free School program that require fixing, but not elimination. As a Nation, I don't see how we can afford to eliminate a program that has changed the lives of children like Dana. Schools might deny that this is not their problem, but Safe and Drug-Free School coordinators know better, and they act differently.

Thank you for allowing me to share Ohio efforts with you today.

[The prepared statement of Ms. Hedrick follows:]

4-26-2005
Bonnie Hedrick, Ph.D.
Executive Director
Ohio Resource Network for Safe and Drug Free Schools and Communities
University of Cincinnati, Cincinnati, Oh

I would like to thank Chairman Souder, Ranking Member Cummings, and other Committee members for allowing me to speak today.

I will be sharing information about drug prevention efforts in Ohio as it relates to one of the findings in the Rand Report[1] on the SDFSC State Grants program. I reference this report as it was quoted frequently in the PART[2] review of the Title IV program, which has led to its proposed elimination.

One criticism emphasized in the Rand Report is the formula-based distribution of funds. The report recommends that a competitive grant process be used and that funds be reserved for schools in greatest need. They contend this approach would be superior to the current practice of spreading the money too thinly across all schools.

Title IV operations in many Ohio schools counter that assertion. We contend that even a meager amount of federal assistance helps small, rural towns with minimal resources. Ohio, like many states, is made up of approximately 75% rural farm land. We have found that people in these areas approach "prevention" in non-traditional ways, but in the end, they accomplish their goals. Ohio schools have used their federal funds to leverage local dollars, volunteers, and donations. For example:

- In Lucas County, Maumee Jr. High School gets about $8,000 in Title IV funds but the local hospital contributes another $25,000 to keep the student assistance program running.
- In Mahoning County, S. Range Elementary School receives only $5,200 a year but the guidance counselor, who serves as the safe and drug free school coordinator, still manages to run an after-school mentoring program using volunteers and donations.

Ohio "scatters" our $15.7 million dollars in SDFSC funding over 790 LEAs in 88 counties. The Governor's portion funds 44 programs in 26 counties. Despite what the Rand Report would call a "misdirected program", we reach over a million children each school year. That figure includes **EVERY** 5th and 7th grade student in Cincinnati Public Schools who receives life skills training. In addition to school children, the Governor's portion reaches more than 70,000 pregnant/parenting teens, runaway youth, homeless youth, and youth in detention centers each year.

If SDFSC funding is eliminated or if it is allocated only to a select number of schools with a good grant writer, the new cohort of Cincinnati students will not have the opportunity to build social competencies that will make them more employable in the future. Newly-settled Latino families in East Cleveland and Toledo will lose culturally-relevant support during their transition into America. But the children of Mahoning County will probably still have their mentor, because once a good mentoring relationship is established, they don't fade away with the absence of funding.

Ohio, like other states, has seen decreases in alcohol and drug use over the past few years. Title IV funds have contributed to that. Drugs that have not received a lot of attention, though, are

creeping back on the scene—four students near my home town, for example, have died because of heroin overdose. Starfish, to quote an over-used analogy, line the beaches....and if SDFS money is eliminated, there will be no one left to pick up a few and throw them back in the ocean.

Last week, news surfaced about the gang rape of a female student in Columbus that occurred behind the curtain in the gym. Later, we heard about a riot on the playground during a fire drill in another school near Cleveland. One of my staff finished the day by counseling a parent of a child who has been chronically bullied since the beginning of the school year near Cincinnati. Our work is real and it is not finished. As a health educator, a parent, and now as a grandparent of children in Ohio schools, it scares me to death to think what the school environment would be like without the positive influences of SDFSC programs.

Dana is a testament to the impact that safe and drug free school coordinators have on the lives of students. Her school receives $56,000 a year in SDFS funds, enough to fund a full-time coordinator. When a Lorain County student, Dana was a constant referral for behavioral problems; she had received several suspensions and was failing. After being referred to the DFS coordinator, it was discovered that Dana was trying to support her alcoholic Mom and two younger siblings with a job at McDonalds leaving late nights to do homework that is if she had enough energy left to do it. No father was present in the home. With the support of a caring adult and a Children of Alcoholics support group, Dana has since graduated and gone to college. Today, she is doing very well. Without intervention and support from a caring adult at school, Dana would have likely dropped out of school and continued the cycle of addiction that had been modeled for her in her home. What is scary is that under the Rand proposal, Dana's school would probably not meet the criteria for "schools in greatest need."

Certainly there are flaws in the present SDFSC state grant program that require fixing—but not elimination. As a Nation, I don't see how we can afford to eliminate a program that has changed the lives of children like Dana, homeless youth, and children who have to walk through unsafe neighborhoods to get to school, often hungry. Schools might deny that this is not their problem, but SDF coordinators know better and act differently. Thank you for allowing me to share my thoughts and your time.

[1]Peter H. Reuter, P. Michael Timpane (2001) "Options for Restructuring the Safe and Drug-Free Schools and Communities Act", RAND Drug Policy Research Center.

[2]OMB Program Assessment Rating Tool (PART) Safe and Drug Free Schools State Grants. US Department of Education, FY 2004 Budget.

The Safe and Drug Free Schools and Communities (SDFSC) Program Has Been Successful in Ohio

SDFSC Funding Received By Ohio

In FY 2004, $15.7 million were distributed, by formula and through the 20% Governor's set aside, to 790 Local Education Agencies (LEAs) throughout the state. A conservative estimate of the number of Ohio students served by this program is 1,144,000. In FY 2005, Ohio is also slated to receive $15.7 million from this program. The Ohio Safe and Drug Free Schools program meets the five behavioral indicators of effectiveness established by the USDOE.

The SDFSC Program Is Vital to an ATOD Prevention Infrastructure in Ohio

The SDFSC program is the cornerstone of youth drug prevention and intervention efforts within the State of Ohio. It provides effective programs, services and activities, such as K-12 science-based prevention curricula, student assistance programs, law and civic education, drug testing, peer resistance training, crisis management planning, information dissemination about the dangers of drug use and violence, school resource officers, parent programs, peer mediation programs and youth-created video broadcasts explaining the dangers of substance use. It also supports workforce development for prevention program coordinators, teachers/school personnel, and parents throughout the state.

By design, the SDFSC program links schools with community partners. This program has historically been a catalyst for community involvement, volunteerism and the leveraging of funding from other sources to address drug and violence prevention and intervention throughout Ohio. Community-based SDFSC programs aim to reduce environmental factors that place youth at higher risk for alcohol and other drug involvement or to reach specific populations. School-based programs aim to build protective factors through research-based ATOD education, life skills development, and community service initiatives. Research indicates that a coordinated risk and protective factor approach has the greatest likelihood for reducing alcohol and other drug use.

What will happen to schools and families if the program is eliminated?

In Ohio, youth drug prevention efforts have been integrated into each school's continuous improvement plan as an essential element to removing the non-academic barriers to learning.

Without the $15.7 million in SDFSC funding, schools will lose essential resources needed to implement programs aimed at removing drug-related barriers to learning. Youth will have limited opportunities designed to increase their inherent resiliency, their skills to navigate life's challenges, and their knowledge about the social, legal, and medical effects of alcohol and other drug use. Families will lose their resource link to the community drug treatment centers.

Additionally, schools will lack a point of contact for substance abuse prevention and intervention activities. Therefore, even if community groups want to donate funding and manpower to school based efforts, there will be no one to coordinate these efforts within the schools. Finally, there will be no school based representation in community wide efforts to deal with drug use and violence among school-aged youth. ***The bottom line: the State of Ohio's ATOD prevention infrastructure will be significantly weakened without the SDFSC programmatic and financial underpinnings.***

What are the statewide outcomes of this program?

Data from student surveys reveal that Ohio's Safe and Drug Free Schools/Communities Program has contributed to:

- An 11.7 % decrease in illicit drug use from 1998-2002. (Ohio PRIDE Student Survey, 1998 and 2002).
- A 32.6 % decrease in alcohol use from 1998-2002 (Ohio PRIDE Student Survey, 1998 and 2002).
- A steady decline in the percentage of students who reported carrying a weapon to school from 1993 to 2003, from 21.8% to 12.5% (Ohio Youth Risk Behavior Survey, 2003)
- an overall decline in the percentage of students who smoked cigarettes on one or more of the past 30 days between 1993 and 2003 , from 29.7% to 22.2% (Ohio Youth Risk Behavior Survey, 2003)
- County-specific successes are described on the following pages.

Spotlight on Student Services in Belmont County

Student intervention services are a common feature of SDFSC programming in schools funded through Title IV funds.

The Belmont County Student Services Center has been in existence for 23 years. Two-thirds of their budget relies on SDFSC monies. The Student Services Center provides student assistance programs to four school districts and one career center. Of the 631 individual students served in SY 03-04, 239 received long-term services (3 months or more). Despite their personal challenges, 93% of students served were promoted to the next grade. Other highlights for SY 03-04 include:

- 203 non-adjudicated students in detention received intensive services; 174 (86%) remained free from court involvement post intervention.
- 48 formal school interventions were successfully made to various community agencies for mental health and drug and alcohol services to assist families.
- Crisis information and services were provided for students/families to help them cope with the trauma of loosing their homes, animals etc, during a massive 3-county flood.
- Grief-counseling services were provided for students and staff over a 3-week period following the death of two prominent school officials within a week of each other.
- Besides the individual cases mentioned above 1429 students received group prevention services throughout the year. Eight-nine percent (89%) of these students showed an increase in substance abuse knowledge, decision making skills and the ability to be assertive with peers.

Spotlight on School-Community Partnerships in Delaware County

Asset development, a program of the Search Institute, was introduced to Ohio SDFSC programs in 1993. Since that time, numerous schools have adopted it as a way to increase protective factors among youth.

Olentangy School District in Delaware County uses $22,000 in Title IV funds to implement a district-wide asset-building model. To achieve maximum impact, school-based SDFSC coordinators build the capacity of school personnel, parents, and the community at large to build development assets within their classrooms, youth groups, homes, juvenile courts, and other community systems. In addition to capacity building, SDFSC coordinators also provide direct services for youth including: support groups for at-risk students; ATOD intervention services to students and their families including referral to community agencies; classroom prevention presentations centering on ATOD education, bullying issues, safety, and violence; public awareness campaigns using RED RIBBON week and PROM PROMISE activities; peer prevention programs at the middle and high school level including active participation in Teen Institute, Youth to Youth, and STAND; and prevention curriculum revision and implementation. As a result of this asset-building philosophy:

- Parents have become coordinators of community parent forums and parent fairs to encourage asset building in homes and community events
- Older youth mentor sixth-grade students to facilitate a smoother transition from elementary to middle school; more sixth grade students are staying involved in prevention programs longer as a result of this program
- Intensive outreach to at-risk youth using a strengths-based approach has contributed to a 19% decrease in disciplinary actions and a slight increase in graduation rate for the school district.

Spotlight on Multi-faceted SDFS Programming in Lorain County

6

To assist in removing the non-academic barriers to learning, SDFS programs in Ohio provide a range of prevention, early intervention, and referral services for students.

Elyria School District in Lorain County receives $56,580 in Title IV funding and has planned a comprehensive SDFSC program. Coordinators ensure that:

- all 6-7-8th grade students receive life skills training;
- peers in 12 elementary, 3 junior high, and 1 high school are trained to mediate conflicts;
- public awareness is raised through RED RIBBON and PROM PROMISE initiatives;
- families/students have an advocate in suspension hearings related to alcohol and other drug or violence policy infractions
- Individual counseling is available for students experiencing grief, divorce of parents, depression; during SY 2003-04, 1153 youth in three junior high schools received intensive, individual intervention services.
- each school building's staff receives ongoing training and support for ways to increase developmental assets in students
- a strong link exists with community prevention efforts to enhance student environments—at home, at school, and in the community through asset building and a strong link exists with community treatment options to get families/students the services they need

These prevention and intervention services have contributed to a decrease in policy violations for alcohol and other drug issues from 28 in SY 2002-03 to 20 in SY 2003-04; a 10% decrease in truancy referrals to Juvenile Court from SY 2002-03 to SY 2003-04; and a reduction in physical fights on school grounds from 74 in SY 2002-03 to 62 in SY 2003-04.

Personal Example of Success: Dana was a constant referral for behavioral problems; she had received several suspensions and was failing. Dana was referred to SDFSC coordinator who arranged for Dana to get the support she needed at home as well as in school. Dana was trying to support her family with a job at McDonalds—her Mom was an alcoholic and there were two younger siblings; no father present. Dana became part of the Children of Alcoholics support group convened by the SDFSC coordinator. She later graduated and went on to college, and is currently doing very well. Without intervention and support from a caring adult at school, Dana would have likely dropped out of school and continued the cycle of addiction that had been modeled for her in her home.

Spotlight on Community-based Outreach to Latino Families in Lucas and Cuyahoga Counties

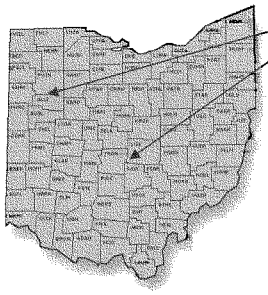
Lucas County: The Adelante Program in Lucas County receives $84,000 from the Governor's Portion of Title IV. Their focus is on training and support for Latino parents, who will in turn use their learned skills to better communicate a message of non-acceptance of ATOD use to their children. Parents engaged in one of two tracks meet two times a week for three hours each day. Optional weekend meetings are arranged for parents who work. Components of the tracts are: ATOD prevention education; parenting education; parent leadership training; life skills, English as a Second Language; General Equivalency Diploma classes; and supportive services such as food pantry, clothing, shelter and/or referral to other community agencies. Seventy-five percent of participants in the ESL classes learn fluent English; 3 of 10 candidates for the GED have already passed, 4 candidates have taken the pre-test and three are still practicing. Seventy-five percent (75%) of participating parents say they feel more confident in talking to their children about alcohol and other drug use.

Success Story: Mr. and Mrs. Garcia have five children. They are first generation Latinos who have migrated here from Mexico. Upon arrival they had limited English speaking skills. They have no family here and depend on Adelante for support. They have been attending the Parenting and English as a Second Language classes and they have enrolled their children in Adelante's corollary youth programs. As a result of involvement in the program, the family has assimilated into their American community; they attend other Latino events as a family unit. Mrs. Garcia recently attended a parent/teacher conference at her daughter's school (2nd grade), something immigrants often avoid. An older daughter attended the US/Hispanic Leadership Institute in Chicago with a group of Adelante students and is now leading Adelante's STAND (tobacco prevention) program.

Cuyahoga County: The Hispanic Urban Minority Alcohol and Drug Abuse Outreach Program receive $90,000 in SDFS funds to reach Latino students in kindergarten through 5th grade, which attend bilingual Cleveland Public Schools located on the Near West Side of Cleveland. "Project Niño's" uses "Skills for Growing" to teach 825 Latino students each year. Ninety-six percent (96) % of these students state that Project Niño's is their primary source of ATOD information. In addition to the curriculum, staff conducts home visits to work with the family.

Using pre/post test knowledge surveys and teacher interviews, data reveals:

- 90% of K-2 grade students are able to identify beer and wine as harmful to their health among other developmentally appropriate content
- 61% of children in grades 3-5 give more fuller, realistic descriptions of responsible behavior and decision making at post-test

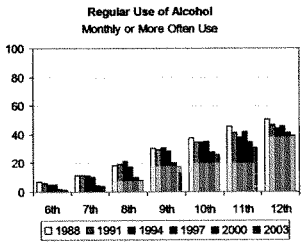


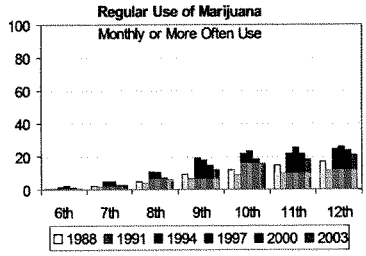
Spotlight on SDFSC Consortia in Toledo Diocese and Franklin Counties

Approximately 10 SDFSC Consortia are operating in Ohio. These consortia convey they achieve more impact with their limited SDFSC funds when resources are pooled and the emphasis is on capacity building of school personnel and community prevention providers.

Toledo Diocese. The Toledo Diocese receives Title IV funds to serve a consortium of 100 schools in 19 Northwest Ohio counties. Because their service region is so large, they have adopted a capacity building approach that enables school staff in each building to provide ATOD prevention education; classroom management, conflict resolution, and crisis response. They also use students as resources and provide training of peer mediators for students in grades 5-12. Diocesan SDFS staff is also available to each school for consultation and counseling if requested by a principal. Many requests revolve around mediation of school and family issues. In addition to staff development, the Diocesan SDFS coordinators provide direct education for students upon request on special topics such as stress management and other life skills and drug specific information.

Franklin County. Schools in Franklin County have formed a Consortium to maximize the impact of their SDFSC dollars. Each school contributes $15,000 of their allocation to support consortium efforts. Staff at the Consortium use a capacity building approach to empower school staff with best practices through ongoing in-services and workshops. They also conduct the Primary Prevention, Awareness & Use Survey (PPAUS) student survey. According to the 2003-04 PPAUS, 83% of the Franklin County students had participated in Drug Abuse Resistance Education (D.A.R.E) at least once in school.; 31% of all students surveyed had been in drug-free clubs or activities such as Youth to Youth or Teen Institute; 24% of students had participated in conflict resolution programs like peer mediation and Peaceful Schools; and 37% of the Franklin County students had participated in drug-free leadership or camps or retreats (for example Youth to Youth). PPAUS data has consistently shown a decrease in all drug use categories since its first administration in 1988, as reflected in the charts on alcohol and marijuana use below.





Spotlight on Developing Life Skills among Urban Youth in Hamilton County

Ohio has eight large metropolitan areas. Urban school districts in these areas are faced with numerous risk factors for alcohol and other drug use.

Cincinnati Public Schools receives $387,000 to reach their student body of 37,708 students. Four full-time staff is paid from these funds. A focus of this program is on capacity building of school personnel to integrate quality ATOD education and prevention programming in their classrooms. Parents are also viewed as a resource and are trained in each school building on talking to their child about drugs, asset development, and parenting skills. The remainder of SDFS funds ($301,000) is allocated to each school through a formula based on enrollment to address school-specific risk factors. Schools with 5-9th graders are targeted. As a result of enabling school staff and parents, district-wide successes have been achieved. SDFSC funds have contributed to a county-wide reduction in alcohol and other drug use as presented in the charts on alcohol and marijuana use. Features of this urban-based SDFSC program are:

- Every student in Cincinnati Public Schools receives Life Skills training by the time they have completed 5th grade.
- Every student in CPS receives Second Step by the time they have completed the 7th grade.
- Strong collaboration with other prevention service providers in Hamilton County is viewed as a priority and achieved through the Community SDFS Advisory Board.
- Parents are empowered resulting in their organization of safe and drug free parent initiatives, which includes safe home manuals, after-prom activities, parent education and networking, and a school SDFS web page.

Monthly Usage	2000	2002	2004
Cigarettes	21	16	15
Beer	30	23	19
Marijuana	15	13	13

Table: 30 Day use rates for aggregate 7-12 grade students; 64,000 students surveyed
Source: Coalition for a Drug-Free Greater Cincinnati Student Drug Use Survey (adaptation of the National PRIDE survey.

Mr. SOUDER. Thank you very much.

Now we are going to focus in on Fairfax County for a little bit here. Mr. Clarence Jones, coordinator of the Safe and Drug-Free Schools Youth Section, Fairfax County Public Schools.

Thank you for joining us today.

STATEMENT OF CLARENCE JONES

Mr. JONES. Thank you.

Chairman Souder, Ranking Member Cummings, and other distinguished members of the Criminal Justice, Drug Policy, and Human Resource Subcommittee, thank you for the opportunity to testify before you today on behalf of Fairfax County Public Schools.

I am pleased to be here today to share my concerns about the 2006 budgetary decision to eliminate funding from the State Grants portion of the Safe and Drug-Free Schools program. I am here representing Fairfax County Public Schools Safe and Drug-Free Section and the school system at large.

Fairfax County Public Schools receives approximately $564,000 each year from the Virginia Department of Education Safe and Drug-Free School's office to accomplish anti-drug related programs. These funds are the foundation on which Fairfax County Public Schools drug prevention efforts are based. These funds help provide anti-drug prevention programs to over 230 schools which serve more than 170,000 students in the 12th largest school system in the United States.

The No Child Left Behind Act requires all Safe and Drug-Free Schools programs to adhere to the principles of effectiveness and to use funding on scientifically based programs. Fairfax County Public Schools has been using these principles of effectiveness since it was first introduced by the Virginia Department of Education, long before No Child Left Behind made it mandatory.

Mr. John Walters, head of the Office of ONDCP, invited the Safe and Drug-Free Youth Section staff to meet with him and his staff after he entered his position. He wanted to see how an effective school system blended funding from local, State, and Federal sources into a working process to get the desired results and to prove that their programs were making a difference. We provided Mr. Walters with information on how we use our funding and impressed upon him that the Safe and Drug-Free Schools program funding was the foundation of all programs in Fairfax County Public Schools. Fairfax County Public Schools was also the school system chosen by President Bush to bring Mr. Walters when he was announced as the new head of ONDCP. Fairfax County Public School system was chosen because of its outstanding drug prevention programs.

In 2001, Fairfax County Public Schools completed the Community that Cares Survey. This survey provided Fairfax County with much needed information on the direction of its drug prevention programs. In 2003, the followup survey was conducted with the following results. And you have those in front of you, but I do want to point out some of the stats.

Within a 30-day period prior to the survey, the use of alcohol was reported as 12.8 percent of 8th graders, compared to 21 percent in 2001, a big drop; 33.2 percent of 10th graders, compared to 36 per-

cent in 2001, another drop; 27.6 percent of 12th graders reported binge drinking in the last 2 weeks, compared to 31 percent in 2001.

The use of Safe and Drug-Free funding helped to reduce alcohol use at all of the survey grade levels.

Same situation with marijuana use: 2.8 percent of 8th graders, compared to 5.1 percent in 2001; 11.6 percent of 10th graders, compared to 13 percent in 2001; and this also using Safe and Drug-Free moneys.

Also, when you talk about cigarettes, the same scenario is happening: 4.1 percent of 8th graders, compared to 9.3 percent in 2001; and you see the trend going on and on and on.

The use of Safe and Drug-Free Schools and Communities moneys made a major difference.

The above information just demonstrated that the use of Safe and Drug-Free funding is making a difference. The next youth survey will be conducted in October 2005. Because of the increase in the prevention programs I am about to mention, we believe these percentages will continue their downward trend as we continue to use Safe and Drug-Free funding to support our programs.

Mr. Cummings said earlier that he would love to see other parts of the community come together, and he did this here, he pointed to his heart, for those volunteers right here: I can say this. Fairfax County Public Schools has established school community coalitions in order to bring parents, community members, medical, law enforcement, business, faith, and many other sectors into the prevention family. Educating the community on the dangers of drugs and how they can support the drug prevention efforts of the schools has proven to be invaluable. These coalitions have become the bridge from the schools to the community, and now we all can speak the same drug-free language.

Fairfax County, VA is one of the most diverse counties in America. These drug prevention coalitions have made it possible to reach out to the many different cultures in our county. We have the No. 1 diverse high school in America, Stewart High School, that has over 110 different languages spoken in that particular school.

Using scientifically researched-based programs in schools paid for by Safe and Drug-Free funding has proven, as I said, to be invaluable. Such programs as Too Good for Drugs, Life Skills, and Guiding Good Choices are just a few that have provided students and parents with information to help in the prevention of drugs in our schools and communities.

There is a perception that the Program Assessment Rating Tool [PART], score justifies eliminating the State Grant portion of the Safe and Drug-Free program. If that same rating tool is used in Fairfax County Public Schools, it would soon become evident that our system met the requirements as well as collected data to show a very positive impact with documented outcomes.

The Virginia Department of Education has produced this document right here with all the different programs provided using Safe and Drug-Free funds in the Commonwealth of Virginia. These programs are making a difference.

As a member of the Executive Board of the National Network for Safe and Drug-Free Schools Coordinator, I feel it is also my role to speak for school systems across America. Elimination of this

funding will have a catastrophic effect on the balance of drug users among school-aged children in America. Many school systems across America have found unique ways to combine these funds with very little local moneys in order to provide the highest level of drug prevention.

Removing the monetary foundation of these programs could cause many, if not all, of them to collapse. I know this because in our system, one of the wealthiest in the Nation, elimination of these funds would severely impact or cancel many well developed, well documented and successful drug prevention programs. I can't imagine how drug prevention programs in other smaller systems will survive.

In closing, I want to say this here: As a veteran of the U.S. Air Force for 24 years, and now retired, I understand the need to fully fund programs that deter and prevent undesirable and negative behavior that will impact the American way of life. My current role as the coordinator of the Safe and Drug-Free Schools for Fairfax County Public Schools is not much different. I am still in the role of finding ways to prevent undesirable and negative behaviors: in this case drug use among our youngest citizens. Therefore, I was shocked when I first heard the news of President Bush's budget for 2006. The message that this budget is sending to our youth and communities is simple: we don't care about the health and well-being of our children.

I, as well as other school systems across America, am asking for your support to continue to prove to all Americans that our children are truly worth the effort. This funding does make a difference.

Thank you for the opportunity to testify on this subject.

[The prepared statement of Mr. Jones follows:]

"Drug Prevention Programs and the Fiscal Year 2006 Drug Control Budget:
Is the Federal Government Neglecting Illegal Drug Use Prevention?"
Government Reform Committee
Criminal Justice, Drug Policy and Human Resources Subcommittee
Written Testimony of Clarence Jones
Coordinator, Safe and Drug-Free Youth Section
Fairfax County Public Schools
2831 Graham Road
Falls Church, VA 22042

Chairman Souder, Ranking Member Cummings and other distinguished members of the Criminal Justice, Drug Policy and Human Resources Subcommittee, thank you for the opportunity to testify before you today on behalf of Fairfax County Public Schools.

I am pleased to be here today to share my concerns about the 2006 budgetary decision to eliminate funding for the state grants portion of the safe and drug-free schools program. I am here representing Fairfax County Public School's Safe and Drug-Free Youth Section and the school system at large.

Fairfax County Public Schools (FCPS) receives approximately $564,000 each year from the Virginia Department of Education Safe and Drug Free School's office to accomplish anti-drug related programs. These funds are the foundation on which FCPS drug prevention efforts are based. These funds help provide anti-drug prevention programs to over 230 schools which serve more than 170,000 students in the 12th largest school system in the United States.

The No Child Left Behind Act requires all Safe and Drug Free Schools programs to adhere to the principles of effectiveness and to use funding on scientifically based programs. FCPS has been using these principles of effectiveness since it was first introduced by the Virginia Department of Education and long before the NCLB made it mandatory.

Mr. John Walters, head of the Office of National Drug Control Policy (ONDCP) invited the Safe and Drug-Free Youth Section staff to meet with him and his staff after he entered his position. He wanted to see how an effective school system blended funding from local, state and federal sources into a working process to get the desired results and to prove that their programs were making a difference. We provided Mr. Walters with information on how we used our funding and impressed upon him that the SDFSCA funding was the foundation of all programs in FCPS. FCPS was also the school system chosen by President Bush to bring Mr. Walters when he was announced as the new head of ONDCP.
FCPS system was chosen because of its outstanding drug prevention programs.

In 2001, FCPS completed the Communities That Cares Survey. This survey provided FCPS with much needed information on the direction of its drug prevention programs. In 2003 the follow-up survey was conducted with the following results.

Survey responses indicated that in the 30 days prior to the 2003 survey administration:

- Use of alcohol was reported by:
  12.8 percent of 8th graders – compared to 21 percent in 2001
  33.2 percent of 10th graders – compared to 36 percent in 2001
  45.8 percent of 12th graders – compared to 52.4 percent in 2001
  27.6 percent of 12th graders reported binge drinking in the last two weeks compared to 31 percent in 2001
  The use of SDFSCA funding helped to reduce alcohol usage at each of the surveyed grade levels.

- Marijuana use was reported by:
  2.8 percent of 8th graders – compared to 5.1 percent in 2001
  11.6 percent of 10th graders – compared to 13.3 percent in 2001
  20.8 percent of 12th graders – compared to 22.4 percent in 2001
  The use of SDFSCA funding helped to reduce marijuana usage at each of the surveyed grade levels.

- Cigarette use was reported by:
  4.1 percent of 8th graders – compared to 9.3 percent in 2001
  12.4 percent of 10th graders – compared to 15.4 percent in 2001
  26.7 percent of 12th graders – compared to 29.6 percent in 2001
  The use of SDFSCA funding helped to reduce cigarette usage at each of the surveyed grade levels.

The above information demonstrated that the use of SDFSC funding **is making a difference**. The next youth survey will be conducted in October 2005. Because of the increase in prevention activities listed below, we believe these percentages will continue their downward trend as we continue to use the SDFSCA funding to support our programs.

FCPS has also established School Communities Coalitions in order to bring parents, community members, medical, law enforcement, business, faith and many other sectors into the prevention family. Educating the community on the dangers of drugs and how they can support the drug prevention efforts of the schools has proven to be invaluable. These coalitions have become the bridge from the schools to the community and now we all can speak the same drug-free language. Fairfax County, Virginia is one of the most diverse counties in America. These drug prevention coalitions have made it possible to reach out to the many different cultures in the county.

Using scientifically researched-based programs in schools paid for by SDFSCA funding has proven to be invaluable. Such programs as Too Good for Drugs, Life Skills, and Guiding Good Choices are just a few that has provided students and parents with information to help in the prevention of drugs in our schools and communities.

There is a perception that the Program Assessment Rating Tool (PART) score justifies eliminating the State Grant portion of the SDFCA program. If that same rating tool is used in FCPS, it would soon become evident that our system met the requirements as well as collected data to show a very positive impact with documented outcomes.

As a member of the Executive Board of the National Network for Safe and Drug-Free Schools Coordinators, I feel it is also my role to speak for school systems across America. Elimination of this funding will have a catastrophic effect in the balance of drug usage among school-aged children in America. Many school systems across America have found unique ways to combine these SDFSCA funds with very little local monies in order to provide the highest level of drug prevention. Removing the monetary foundation of these programs could cause many if not all of them to collapse. I know this because in our system, one of the wealthiest in the nation, elimination of these funds would severely impact or cancel many well developed, well documented, and successful drug prevention programs. I can't image how drug prevention programs in other smaller systems will survive.

As a veteran of the United States Air Force for 24 years and now retired, I understand the need to fully fund programs that deter and prevent undesirable and negative behaviors that will impact the American way of life. My current role as the Coordinator of Safe and Drug-Free Schools for FCPS is not much different. I am still in the role of finding ways to prevent undesirable and negative behaviors, in this case drug use among our youngest citizens. Therefore, I was shocked when I first heard the news of the President's Budget for 2006. The message that this budget is sending to our youth and community is simple - we don't care about the health and well-being of our children. I, as well as other school systems across America, am asking for your support to continue to prove to all Americans that our children are truly worth the effort. This funding does make a difference.

Thank you for the opportunity to testify on this important subject.

Mr. SOUDER. Thank you very much.

Our next witness is Ms. Tracy McKoy, parent coordinator in Fairfax County.

STATEMENT OF TRACY MCKOY

Ms. MCKOY. Chairman Souder, Mr. Cummings, and committee members, thank you for this opportunity to speak to you.

Though I am a middle school educator by profession, I am here today as the parent of three daughters, each of whom has benefited from the program set forth by the Safe and Drug-Free School and Community Act. With the help of these programs, my girls have successfully navigated through their teenage years. They have successfully navigated through the halls of their high school drug and alcohol-free. They have made the choice to walk away from substance abuse.

Jaime was a Just Say No Club president in her elementary school 14 years ago. She learned leadership skills and developed confidence as she conducted meetings and school-wide assemblies. She attended rallies at the Patriot Center here in northern Virginia along with thousands of other students. They learned through music, drama, the Air Force band, speeches from the attorney general that you can have fund and be successful without alcohol and drugs.

My second daughter just graduated from college last week. She was also a member of the Just Say No Club in elementary school and as a senior in high school she was successful as the president of the Youth to Youth Club, which promotes prevention and alcohol substance abuse. Members of this club travel to many schools, confidently sharing their views of the importance of keeping their lives drug-free. Stacey and her friends were excellent role models for their younger audiences.

Yesterday I asked her to reflect on her experiences. She said, "Mom, I don't know how much I impacted the elementary schools that I visited when I was a senior and through my high school years, but I know that it affected me a lot to listen to the high school kids when they came to me in 5th and 6th grade. That's why I did what I did."

She believes if parents include staying away from drugs and alcohol in the teaching of their moral values, this program gives kids the confidence to make choices that they want to make anyway. It shows them how to make good choices and how to stick to them.

Currently, my third daughter, Erin, serves on the same committee that Ashley does, and you will hear from her in a moment. She too has learned leadership skills and has brain-stormed with other teenagers on how to keep our communities and school drug, alcohol, and tobacco-free. Recently she participated in a public service announcement which airs frequently. This particular announcement is focused on educating parents as to what some of their children may be doing and where they may be hiding some of the paraphernalia in their own homes.

As a youngster, Erin was the vice president of her Just Say No Club in elementary school, and as a 7th grader she wrote this paragraph regarding her experiences there: "I have had numerous leadership positions throughout the past few years. In the 6th grade I

was a Just Say No vice president as well as a second counselor in my church youth group. Serving as Just Say No vice president was a great experience for me because of the opportunities I had. Walking down Eldon Street in the middle of a cold October homecoming parade, chanting at the top of my lungs with a couple hundred group of kids from my elementary school is an experience I will never forget. The whole town heard what I thought about drugs that day. Losing my voice and having people yell 'sing it, girl,' are some of my favorite memories."

And later she writes about citizenship, "I believe it is being an individual, but at the same time it is working with others to reach a common goal"—which is, I think, what we are doing here today. "I showed my fellow students that I had excellent citizenship when they elected me as their Just Say No vice president. They knew I would do a good job, and that is why I ran. I believe that is why they voted for me."

It is my testimony that drug prevention programs in the schools and communities do make a difference. I believe I speak today for many parents. There is one thing that parents are passionate about, and that is their children. We cannot put a price tag on the youth of our Nation who choose to stay drug and alcohol-free.

Do I give sole credit to these programs for the successes of my children? No. Do I take credit for their successes as a parent teaching them within the laws of my own home? No. But I think all of those things coupled together with their good decisionmaking makes a great difference in the lives of our youth. I can't even imagine that this funding was considered being cut, and when I heard that it was, I am happy to be a voice today.

I am grateful for these programs, and my children's voices have been heard and continue to be heard in their arenas. I hear their voice; their teachers hear their voices; their friends and peers hear their voices; their coaches; their associates in the workplace. I believe what these programs give our children is the ability to step inside an arena, whether it be a puppet show, presentation, or an assembly in the Patriot Center. It gives them an arena to step into knowing that standing next to them are other students and friends who have the same values that they do and that they know that it is not just about mom and dad wanting them to be making these choices, but they can make the choices that they want to knowing it is the right thing.

Thank you for your time.

Mr. SOUDER. Thank you.

Our closing witness today, our cleanup hitter is Ms. Ashley Izadpanah, student at Fairfax County Robinson High School.

Thank you for coming today.

STATEMENT OF ASHLEY IZADPANAH

Ms. IZADPANAH. Good afternoon. Thank you for giving me the opportunity to speak before you today. My name is Ashley Izadpanah, and I am a junior at Robinson Secondary School.

When I was in the 7th grade, I joined the Safe and Drug-Free Youth Council as a representative for the Robinson Community Coalition. I wanted the chance to make a difference in the way my community responded to issue surrounding teens: drugs, alcohol,

and tobacco. Along with the Robinson Community Coalition, Robinson also offers a program called Power Team, a group of students who aim to lead drug-free lives and spread anti-drug messages.

During my involvement with the Safe and Drug-Free Youth Council, I have done just that. I have joined together with other concerned students locally, across the Commonwealth of Virginia, and across the Nation to gain knowledge, offering opinions and speaking out in an effort to spread the message of health and safety to youth and their families.

When young people talk, young people listen. Oftentimes, when young people talk, parents listen. One of the projects I am very proud to have participated in was the development of a series of Public Service Announcements on drug abuse that air on Cox Communications television stations. The clips are geared toward informing parents about issues their children might be having in their schools and communities. People who don't know me have stopped to ask me if that was me they saw on the PSA. Hopefully, their parents were watching too. The fact that I have had random people from school and even the grocery store talk to me about the PSA makes me feel that the anti-drug message is spreading effectively in my community.

Another project I have participated in as a member of the Safe and Drug-Free Youth Council is the production of anti-drug posters. These will be all over the walls in northern Virginia schools and will serve as a constant reminder of the importance of drug awareness.

Youth Against Drug Abuse and Prevention Project [YADAPP], is a week-long, student-run leadership conference that includes students from all over Virginia who talk about problems they see in their school and community regarding drug and alcohol abuse. During the camp, a primary focus is enforcing leadership qualities within each participant, so we return home with the confidence and knowledge to be leaders within our communities.

I am so excited to have the opportunity to attend YADAPP because it has impacted my life in so many ways. As a student, I have seen when other students are placed in a positive drug-free environment, it strengthens our desire to remain drug-free and enforces our decision to spread that message. Last summer I attended YADAPP as a participant and have been chosen to attend YADAPP again this summer as a Youth Leader. This would not have been possible if programs like the Safe and Drug-Free Youth Council did not exist.

The Safe and Drug-Free Youth Council adult sponsors provide us with the opportunity to be heard on issues that matter to the youth today. They guide us and help us to make a difference in the way our community makes decisions on not only today's, but also tomorrow's uncertain world.

I have two younger brothers, ages 5 and 12, who will benefit from my involvement in the Safe and Drug-Free Youth Council. I take the experiences, leadership skills, and the confidence I find at council meetings and practice them on my family, neighbors, and peers at school. This program has not only helped me stay safe and drug-free, but has also impacted the lives of countless youth across the United States.

However, as we are all aware, the budget for the anti-drug efforts has been dramatically reduced. When I first heard of this cut, I could not get over the fact that the Government is willing to take money away from an effort that aims toward the well-being of today's youth, my generation. Today's youth make up tomorrow's America, and without anti-drug programs to help teens to choose correct paths, I fear for the future's outcome. To take money away from those whose actions are easily influenced by the media and peers is to me just asking for further drug abuse by today's youth.

The self-respect, self-esteem, confidence, and knowledge gained through the experiences provided by programs like the Safe and Drug-Free Youth Council help young people and their families make wise decisions that can impact them for a lifetime.

In closing, I would like to say that even though the Government is willing to reduce its investment in its anti-drug efforts, it is safe to assume that drug dealers will not cut back on their efforts and will continue to invest in their corrupting activities.

I urge you to rethink reducing the budget for the well-being of today's youth and to continue to support programs like the Safe and Drug-Free Youth Council.

Thank you.

[The prepared statement of Ms. Izadpanah follows:]

"Drug Prevention Programs and the Fiscal Year 2006 Drug Control Budget:
Is the Federal Government Neglecting Illegal Drug Use Prevention?"
Government Reform Committee
Criminal Justice, Drug Policy and Human Resources Subcommittee
Written Testimony of Ashley Izadpanah
Student at Robinson High School in Fairfax, Virginia

Good afternoon,

Thank you for giving me the opportunity to speak before you today. My name is Ashley Izadpanah and I am a junior at Robinson High School in Fairfax, Virginia.

When I was in the seventh grade, I joined the Safe and Drug Free Youth Council as a representative for the Robinson Community Coalition. I wanted the chance to help make a difference in the way my community responded to the issues surrounding teens: drugs, alcohol, and tobacco. Along with the Robinson Community Coalition, Robinson also offers a program called Power Team, a group of students who aim to lead drug-free lives and spread anti-drug message.

During my involvement with the Safe and Drug Free Youth Council, I have done just that. I have joined together with other concerned students locally, across the Commonwealth of Virginia, and across the nation to gain knowledge, offering opinions and speaking out in an effort to spread the message of health and safety to youth and their families.

When young people talk, young people listen. Often times, when young people talk, parents listen. One of the projects I am very proud to have participated in was the development of a series of Public Service Announcements (PSA's) on "Drug Abuse" that airs on Cox Communications television stations. The clips are geared towards informing parents about issues their children might be having in their schools or communities. People who don't know me have stopped to ask me if that was me they saw in the PSA. Hopefully, their parents were watching too. The fact that I have had random people from school and even the grocery store talk to me about the PSA makes me feel that the anti-drug message is spreading effectively in my community.

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I am so excited to have the opportunity to attend YADAPP because it has impacted my life in so many ways. As a student, I have seen that when students are placed in a positive, drug-free environment, it strengthens our desire to remain drug-free and re-enforces our decision to spread that message. Last summer I attended YADAPP as a participant and I have been chosen to attend YADAPP again this summer as a Youth Leader. This would not have been possible if programs like the Safe and Drug Free Youth Council did not exist.

The Safe and Drug Free Youth Council adult sponsors provide us with the opportunity to be heard on the issues that matter to the youth of today. They guide us and help us to make a difference in the way our community makes decisions in not only today's, but also tomorrow's uncertain world.

I have two younger brothers, ages 5 and 12, who will benefit from my involvement in the Safe and Drug Free Youth Council. I take the experiences, leadership skills, and the confidence I find at council and practice them on my family, neighbors and peers at school. This program has not only helped me stay safe and drug free, but it has also impacted the lives of countless others across the United States. As I move on to college, I hope to stay involved with the issues important to today's youth.

However, as we are all aware, the budget for the Anti-Drug efforts has been dramatically reduced. When I first heard of this cut I could not get over the fact that the government is willing to take money away from an effort that aims towards the wellbeing of today's youth, my generation. Today's youth make up tomorrow's America and without anti-drug programs to help teens to choose correct paths, I fear for the future's outcome. To take money away from those whose actions are easily influenced by the media and peers is just asking for continued drug use by today's youth.

The self-respect, self-esteem, confidence and knowledge gained through the experiences provided by programs like the Safe and Drug Free Youth Council help young people and their families make wise decisions that can impact them for a life time.

In closing, I would like to say that even though the government is willing to reduce its investment in anti-drug efforts, it's safe to assume that drug dealers will not cut back on their efforts and will continue to invest in their corrupting activities.

I urge you to re-think reducing the budget for the wellbeing of today's youth and to continue to support programs like the Safe and Drug Free Youth Council.

Thank you.

Mr. SOUDER. I thank you all for your testimony.

There are so many different ways to go in the questioning. Let me start with General Dean and Mr. Jones. I want to zero in on, in particular, the Safe and Drug-Free Schools for a minute. This isn't the first time we have been through this.

My assumption is if we make some strong statements here, we will not have to go through it on an annual basis. It makes it very difficult to plan, very difficult to—so many resources get spent trying to maintain something that has never been eliminated. The closest we came that I recall I think was in 2001, when—excuse me, in 1995, when the Republicans first took over Congress, and the speaker and Chairman Porter and the subcommittee and the full Appropriations chairman were all committed to eliminating it, along with the Clinton administration, and it was a big fight to try to preserve the program.

But, bottom line, the same thing was true then as is true now, which is that everybody talks about prevention, but they don't really have an alternative if we don't do this program. And we had a GAO study then, a Rand study, where people take shots at the program, but nobody really has come up with something else as to how to exactly do this. This is not easy.

Yet it is clear that given the budget tightness, unless we make some changes in the program it is going to be very difficult, long-term, to sustain the funding. In other words, if they come at this with a 10 to 20 percent reduction, this would be a different battle than going after the whole thing. So as a practical matter we need to look at this.

And one of my questions is—let me mention one other thing. I mentioned I was on Education the last time this bill went through. I believe I counted it up at the end. I believe I had 32, but it was over 30 personal changes in the bill as we worked through to try to do this and keep the funds separated under President Bush. It must have been 2001, I think, when we did reauthorization, because we have to be coming up close to it again.

I went directly to President Bush and the White House, because they were going to block grant this as part of a broader block grant without any Safe and Drug-Free Schools targeted money, and said, point blank, that they didn't have an alternative. And I know John Boehner was chairman of the committee, so it had to be somewhere in that timeframe. In the question, and one of my frustrations was this started as an anti-drug program in the schools. Then we made it Safe and Drug-Free Schools.

Then at one point in the Education Committee I got so exasperated because there were three different, I believe, or 25 different allowable uses, because everybody would propose something—mental health, health, after-school programs, basketball, whatever—as an allowable use for Safe and Drug-Free Schools, the argument being all these activities reduce drug abuse. At one point in my frustration I offered education, because, in fact, education dollars theoretically reduce drug abuse if you do well in school, so why not have an after-school reading program? Then what is the point of a drug program? At some point why don't we just put it in the education budget? We negated our own argument by having this long list of other types of things.

So if we are realistically going to address this long-term, do you think it is time to separate the anti-violence from the anti-drug, or what other suggestions would you have to try to get this. If we are going to argue it as a drug prevention program, it needs to be a drug prevention program, and that is part of our problem here. I would be interested, General Dean, in your comments and Mr. Jones.

General DEAN. As I have traveled the country and talked to people like Dr. Hedrick and others, and Clarence, it is clear that, one, the program needs, in my opinion and their opinion, national leadership, which means that the Uniform Management Information Reporting System needs to be implemented so that guidance is clearly given and States are not working based on their own guidance, No. 1.

No. 2, there is concern that there has been too much emphasis—and it goes back to Columbine and other incidents that happened in schools that have been violence incidents—that there has been a shift in the emphasis in the program and a great deal of the dollars have been spent on the violence side, to the point that it may be out of balance, and it has become a little bit more violence prevention than it is drug prevention.

So I would agree with your comment that we need to look carefully at the program and ensure that it is in fact doing what it was originally intended to do, and that we have not made it a program that has taken on new responsibilities for which it was not designed to do. So I sum up by saying we are concerned lack of leadership; two, yes, we believe what you said is correct, that it has become too broad of a program.

Mr. SOUDER. Mr. Jones, maybe—and I meant to have Dr. Hedrick, too, kind of go through what is happening Ohio, but could you describe at Fairfax, at the school level, do you make sure these are all anti-drug, or do you have a proliferation of different things? How does it tie together thematically?

Mr. JONES. Actually, we combine them both. We do programs for parents that will talk about drugs and violence. We do programs in the schools that do the same. To give you an example, at the middle school level, the school system provides funding for an after-school program at all our middle schools. Using Safe and Drug-Free moneys and working with our coalitions, we provide those same middle schools, which are 25 of them, a science-based program for after-school programs such as Get Real About Violence or on the Drug Side of the House over here we look at life skills and for parents Guiding Good Choices.

So we have found a way to bring those programs together to work. And by doing that right there, we are getting a lot of positive results both from the violence side of the House and also on the drug side of the House.

But I do agree with General Dean. We need to take a real good look at that because there is a push to use more of that funding to take a look on the violence side, because of the gang situation. And I think I am the only one right now standing in the way of not letting it being pushed that way because I believe that we need to take a very hard look even more at the drug side because drug use leads to everything that is going to be on the right side. So we

have found a way to mesh those programs, and right now they are working pretty successful.

Mr. SOUDER. Let me have Dr. Hedrick, then I will come back.

Ms. HEDRICK. In Ohio we have used the research of Dr. David Hawkins and Joseph Catalano that was published in the Psychological Bulletin of 1993, first published, that outlined a series of risks and protective factors. Mr. Curie spoke of that earlier as part of the National Prevention Framework. So we use risk and protective factors helping a community or a school look at specific risk factors for either violence or drugs, and then placing more emphasis on programs or solutions that build the protective factors.

There are certain risk factors that are very specific to alcohol and drugs, for example accessibility of alcohol in the neighborhood, that have to be focused on, and this is where the marriage between Drug-Free Communities and Safe and Drug-Free Schools becomes real clear, because when a community is working on those environmental risk factors, and the school is working at the drug education and building a connection and the relationships and having the leadership programs that Ashley talked about, that is the best case scenario.

The other thing that we have used is the National Longitudinal Study that was produced by the National Institutes of Health, and that is one of the best bodies of research that is out there to tell us really what makes a difference in the lives of kids, and that is connections. And when kids feel connected, they feel less alienated from home, from school, from community, they are less likely, and it is proven in the research, to be violent, to be a bully, or to use alcohol and other drugs; and there are some other antisocial behaviors that they are less likely to do too.

A lot of our programming in Ohio is focused on those strength-based approaches. Taking young people like the Danas I mentioned earlier, or Ashley, and saying look at these valuable resources we have before us. Now, what can we do to embrace them, to build that potential to the very best that it can possibly be? And we try to build the capacity of schools and school leadership to facilitate those mentoring relationships, those positive relationships for kids.

Mr. SOUDER. Ms. Watson.

Ms. WATSON. Thank you so much, Mr. Chairman.

I represent Los Angeles, CA, certain area of Los Angeles, and what I have observed over the years being a member of the school board and so on, we have a subculture going, and in that subculture that emanates from the lack of a functional home environment, therefore, a dysfunctional neighborhood and community, that there is a culture that requires you to use drugs, alcohol, and leading to the violence that we see every single day. We see the drive-bys killing youngsters coming to and from school. If we had the intact family like Ms. McKoy describes and like the young student over there, that kind of setting, then I can understand. But we are dealing with hardcore deviants that are dealing with the way of life that causes them to survive. The Just Say No program was a laugh, it did not work.

Anyone on the panel, can you tell me the kinds of programs that have been funded in the past that you feel are effective in this kind of environment? Because we are losing the battle, and we possibly

can lose the war. We send our youngsters to California Youth Authority and they come out as hardened criminals. And there is more drugs supplied inside than outside on the streets. There is no rehabilitation going on, and they leave there and they become really hardened criminals.

And I am a big supporter of mental health services because I think we have to deal on an even keel with mental health if we are going to talk about the physical and biological health of these youngsters.

So can somebody help me understand how we are going to get to that hardcore culturally involved young person on the streets of some of the areas that I represent?

General DEAN. I will start first. We believe that the Community Anti-Drug Coalition addresses your concern, and I say that in all due respect because the Coalition is designed to be owned by the community, to be empowered so that the community will make its own recommended solutions, and it does that with guidance and help from organizations like mine and others. But what is most important is that all of the sectors in the community come together to work the problem holistically.

When you can bring all of the sectors together, the school officials, parents, youth groups, law enforcement, civic leaders, business leaders, all of the important sectors of the community, we believe that them working holistically will get at the issues associated with the kinds of youth that you are talking about, as well as the other issues.

We believe that it takes time, it takes effort, it takes commitment and ownership, but it is the best strategy with help from the other national programs that we talked about, the Media Campaign, Safe and Drug-Free Schools program and others that we can get at it and begin to have some impact. And we have seen outcomes in other places and we are working diligently in your city and your State as well.

Ms. WATSON. A couple of things. Do we have the resources, I mean the dollars, that are flowing into California, flowing into L.A. Unified, which is our largest school district in the State? Their funding has been cut through the State budget, but are these programmatic funds coming into California to match the need? That is No. 1. And can you give me the program and the contacts you have made in L.A. Unified?

Because we have a serious, serious problem and I would like to know, because I can join with them and we can help, and I hope we can make policy here. And if we can increase the funding, I believe that is why the Chair has called this hearing, to look at and see if we have adequate resources, because we have a real serious problem, and I don't see us making a dent in it. So if you can provide me with the names and the contacts within the district or within the police department or mental health, or whatever administration you are working with, I would be happy to contact them, because I have initiated a program that deals with youth and violence.

Then our Black Caucus has had now 14 different forums around the country dealing with the status of the Black male, zeroing in on violence, and we had a very successful turnout. But we did that

on our own and we don't see the funds that are coming from the administration into California into programs like this. So if you can provide me with that information, I would be very, very happy to followup.

Mr. JONES. I just want to add to what General Dean said about those coalitions right there. I also want to add this here too: I understand where you are coming from in California, but here in Fairfax, VA, we are one of the wealthiest in the United States. People think all that money and all this, there are no drug problems. Every school system in America has a drug problem. Every school system in America and every community has an underground culture just like what you are talking about.

Using the coalitions like what General Dean was talking about, we have been able to go into the community, the heart and soul, and find out what is going on, and work with the people there who can make a difference and empower those people. We educate them, we train them, and then they can start working in their communities, and we help provide funds for them. And having as many different languages as we have in northern Virginia, it is amazing how many things we have to get translated for the people there.

But I can say what we are finding out is going into those communities, using our coalition connections, we are seeing a difference, and we are seeing people come out and say, hey, you know. And one of the things, just a few weeks ago I was talking with a group of Hispanic youth, and they said, you know, all we knew before was chop-chop or shoot or something like that. He said, hey, I like this, it gives us something else to do. So that is where we are going.

Ms. WATSON. Well, let me just respond by saying that we can be a conduit for you, and if you tell us how this network gets put together, we would be happy to supply you the venue and do the communication and so on. I just don't see the results of all that wonderful—you know, it sounds like a dream, something we are reaching for. I would like to see it in reality, be able to touch it, feel it, and see the results of it, and have the appropriate resources to put it together.

Mr. JONES. Actually, you know, we all dream and, believe me, we are trying to make those dreams come true. I will give you a name, Bruner Summers, in L.A. Unified school system. By the way, we are coming out to your school system in September to talk with them about the gang situation out there because it has moved over into our area. So there we are once again making that network to make it happen.

Ms. WATSON. OK. And I would like to give you another name, Marguerite Lamott, who represents a certain area, you know we used to call it South Central area. She is the school board member representing that area. We work together. We would be happy to assist you. Get in touch with us when you come.

Mr. JONES. I will see you in September.

Ms. WATSON. OK.

Thank you so much, Mr. Chairman. I have to leave now.

Ms. HEDRICK. Could I, just before you leave? There is a teacher in Long Beach, CA, who was in Long Beach, CA, Erin Gruell, who made such a difference in the lives of 30 or 40 kids that she had in her classroom. They have since written a book called the Free-

dom Writers' Diary. Every student in her class went on to college and are doing well, and all the donations from the proceeds of their book goes to fund their college.

She used some very nontraditional instructional techniques, but the one thing that she did more than anything else was she approached them where they were. She knew the struggle they were in, she heard their story, she helped them relate it to things that had happened in history like the Holocaust and other horrible events, and she turned those kids around. And I think that you are talking about the same kind of culture. Erin Gruell, she is a teacher in Long Beach, CA.

Ms. WATSON. That is a long way from the area that I am talking about.

Ms. HEDRICK. I don't know.

Ms. WATSON. Yes, it is. I am talking about L.A. Unified, and here is Long Beach way down here. OK, thank you.

Mr. SOUDER. Ms. McKoy, how did you get hooked in with the Safe and Drug-Free School programs? I know you talked about your kids, but I was curious what the initial links were.

Ms. MCKOY. I have spent most of my adult life as a volunteer in the schools.

Mr. SOUDER. But how did that start? So you were volunteering with the schools before?

Ms. MCKOY. I was just a volunteer mom in an elementary school, and that was many years ago, probably 15, when Mr. Jones was a counselor at that school. He was the faculty sponsor for the club that my oldest daughter was the president of. And together with faculty members and other students, we started there and it just grew.

Mr. SOUDER. Is that pretty typical in your system how it starts? You were at her school.

Mr. JONES. That started back then. I was a counselor back then. Since that time, things have really changed and our Safe and Drug-Free Office really initiates a lot. We put it into the hands of the community members and they are the ones that look right in their communities to make the difference.

I can say this. I think it was 5½, 6 years ago when I became the coordinator. The second thing I did, I picked up the phone and I called somebody by the name of General Arthur Dean, at someplace called CADCA. When I called there, we went and met with him, and from that point on, building those coalitions, getting those parents involved—because me sitting at a place with our superintendent and trying to make those decisions would not work; we had to go to the grassroots level. And that has made all the difference in the world.

Mr. SOUDER. Ashley, you said in 7th grade you joined the Safe and Drug-Free School Youth Council. Did you read about it or did somebody talk to you about it, or how did that happen?

Ms. IZADPANAH. Since I was already a member of the Robinson Community Coalition, they offered us the opportunity to attend a big meeting, and at the end of the meeting they said if you want to be part of the Safe and Drug-Free Youth Council, let us know.

Mr. SOUDER. Do you know who put the meeting together that you went to?

Ms. IZADPANAH. Mr. Jones, probably.

Mr. JONES. Everything will come back sooner or later. Because I am the coordinator, it is my responsibility to oversee those programs. So we got the committee started up, and those young men and women in that Council have done an outstanding job. If you live in northern Virginia, you may have seen them on Cox TV, three PSAs that will be running for the next 3 years. Ashley is in them and so are a lot of our community people. But the Youth Council she is talking about represents the whole school system. Each one of the coalitions has their own little youth group, but we represent the whole school system because we need to get the message out, and we needed people like Ashley.

Mr. SOUDER. I want to come back to this in just a second, but I want to digress because it reminded me of a question I had earlier.

Ashley, at Robinson do you have an in-house TV and radio studio that does announcements or occasional programming?

Ms. IZADPANAH. Yes. In the mornings we watch the morning announcements and we have anchors, TV anchors.

Mr. SOUDER. Is that pretty typical for most of the schools in Fairfax?

Mr. JONES. All of our schools have them.

Mr. SOUDER. Is there any kind of Drug-Free Schools program that you work there with the kids in each school, in addition to like Cox?

Mr. JONES. Yes. Different schools do their coalitions. Coalitions work very closely with the schools. We have to have that connection. I don't believe in one—so different schools will put announcements on in the morning, especially during Red Ribbon Week or during the prom, graduation, the holiday period. Those announcements and programs increase big time.

Mr. SOUDER. I have never understood why the National Department of Education doesn't collect like best ideas and share them with the different schools. We have a whole network of TV and radio stations right inside the schools, and even down in rural Indiana, and I have never understood why we are out there trying to figure out how to get on national TV, but we aren't utilizing in-house. Has Partnership ever looked at the in-house?

Mr. PASIERB. Yes. We supply our messages to a lot of school systems around the country through our local affiliates, because those schools want to do exactly what you are describing.

Mr. SOUDER. Have you ever looked at how to tap into the homegrown kind of a sub-theme? In other words, it is one thing if it is coming in and it is something that reinforces the outside, but something that is bottom-up?

Mr. PASIERB. There is a lot of passion and talent in those schools, and if we could rally them all together to be doing the same things in Indiana and Virginia and everywhere else, we could have a significant force.

Mr. SOUDER. I want to come back to what I was trying to piece together here. Bottom line is if you hadn't had the program that drew the parent volunteers in, that set up the meeting that Ashley went to, how would it get started?

Mr. JONES. Actually, we didn't. Actually, the coalition now is 11 years old. They were just using Safe and Drug-Free moneys, putting them in what we call school teams. I came on board 11 years ago in the Safe and Drug-Free Office, and one of the questions I asked along with the coordinator at that time was is this making a difference, and the bottom line was no. So let us turn this. How can we make a difference? Let us get a bang for our buck, we would say. Let us see that we get results out of this. And I think I brought that—and they kid me a lot—from the military.

Mr. SOUDER. Again, I missed the start of what you said. If I understand what you said, it is that there was no system-wide thing like what you describe.

Mr. JONES. Not like we have now.

Mr. SOUDER. But you were using your local schools' money to do that. Is that what you said?

Mr. JONES. Oh, no, no. They used Safe and Drug-Free moneys way back then, 10, 11, 12 years ago.

Mr. SOUDER. At the school where you were a counselor?

Mr. JONES. When I first came to Fairfax County, I was a counselor at Dogwood Elementary School.

Mr. SOUDER. And did you get Mrs. McKoy involved?

Mr. JONES. As soon as I got there and they wanted to do a drug program, I said I am going to get me some parents, because I can't do this. So I started grabbing parents and bringing them in. At my first meeting I had 30-some parents and said, this is great. And one of the things that we did, and probably the biggest project, and Mrs. McKoy will probably never forgive me for this, but we even called Just Say No International and they sent a person out.

We have the largest Just Say No quilt in the world because we got a group of parents together one evening, gave over 280 kids an 8 x 8 piece of cloth they could put a design on that cloth. We brought all these parents in and they sewed all night long to put this quilt together. So that was just one of the many things we did. And we started getting a lot of attention about this program and Just Say No, and how to do anti-drug programs there.

And then from there, once I moved over to the Safe and Drug-Free Office, that is when we started getting in touch with General Dean and said, hey, let us expand this even more. Then he started talking about coalitions, you know, we have something small here, let us find out what it is all about. And they educated us. They trained us. We hold trainings several days, actually 3 weeks with 2 days at Ft. Belvoir, where he brought in through CADCA trainers to train our people, not just school people, we are talking about community people and some school people mixed in with them, on how to build unity, how to do the grass roots work that the young lady was talking about. We brought those people in.

And from that right now, I can give you probably the best example. Three months after one of our coalitions, because a coalition, they had a house bill on the floor in the general assembly in Richmond to increase the age at which students can sell alcoholic beverages. Now, that is how fast some of those coalitions are going. And right now we are pushing those same coalitions into becoming 501(c)(3) just in case something like this happens and we have none. Right now we have four of our coalitions—and we have 19

of them—501(c)(3)'s, but we want to keep growing, because that is what it is all about, getting people involved and community members. And by doing that you do make a difference. When you walk up and down the streets, you see on TV and go into our schools, you see anti-drug posters and stuff. That is what it is all about.

Mr. SOUDER. Dr. Hedrick, during Mr. Curie's testimony he talked about these prevention networks, the Strategic Prevention Framework. Are you familiar with that?

Ms. HEDRICK. Yes, I am.

Mr. SOUDER. Do they work with your State trying to coordinate, or how does it interact with this program?

Ms. HEDRICK. Well, it specifically applies to the Governor's portion. They require their grantees to use an outcome framework, but also to use the national prevention framework for going through the process of identifying needs, building capacity and building in the evaluation. There is a lot of emphasis in that structure on building the capacity from within, whether that is a school or a community. It still is the same thing; it enables people to carry on and sustain beyond a funding period.

Mr. SOUDER. Has that been helpful?

Ms. HEDRICK. And it has been very helpful, yes.

Mr. SOUDER. General Dean, do the CADCA programs interact with the Strategic Prevention Framework?

General DEAN. Yes, they do. We have created a National Coalition Academy, where we are training community groups, and we are working with the National Guard to do that and we are using the Strategic Prevention Framework, which is really just that, it is a framework, a five-step framework as the basis for providing the training to these communities. So you are teaching them how to do an assessment, how to strategically write a plan, how to implement that plan, and how to evaluate it. I forget the fifth step. So the bottom line is we are teaching this prevention framework to community groups across America so that all of us are working from the same basis.

Mr. SOUDER. Do you know is anybody looking, and I presume each State drug coordinator is, but who looks at a zone and says there is a CADCA program here and here is where the Safe and Drug-Free Schools programs are? I am still kind of confused as to where the $600 million from Mr. Curie's administration goes into prevention programs. But are all those prevention programs coming in an area rhymed or coordinated?

General DEAN. Mr. Curie's dollars go to States, to include his Strategic Prevention Framework money goes to States. So those are grants that go to States.

Mr. SOUDER. They bid for those grants?

General DEAN. And then States that have a plan take those dollars and improve the communities within the State. So the State is sorting out how to distribute and utilize the dollars that come in through the treatment block grant, as well as the prevention block grant, as well as the Strategic Prevention Framework dollars, and how they have access to recovery dollars coming in as well. So the State prevention effort is determining how best to use those dollars in the State.

Now, at the community level, the coalition is doing what you just said, because the Safe and Drug-Free Community people are a part of the coalition. Therefore, they are working holistically and strategically and complimentary to each other, and not getting in the way of each other. And that is why in my testimony I was so concerned that if you pull away the Safe and Drug-Free Schools dollars that provides the infrastructure in the schools, how then do you implement student testing? And then who the coalition people have to work with in the schools to have a holistic approach in the community?

Mr. SOUDER. Is Ohio divided into regions? I know Indiana is.

Ms. HEDRICK. Well, every system has different regions.

Mr. SOUDER. Does the Governor have a subset in his program that he is doing?

Ms. HEDRICK. No. In Ohio, those two programs, however, have really set an example of working collaboratively together. In fact, the education coordinator goes to many of the SAMHSA, and there is a part of SAMHSA called Central Cap. They attend those functions together so that they present a more unified picture of Safe and Drug-Free Schools programming.

What we don't have as much within our State, and I think a lot of States are like us, is a sort of clearinghouse of all of those different programs where there is coordination and synergy created. I think that is probably an ideal world, and certainly the Drug-Free Communities Coalitions would be a vehicle for doing that.

Mr. SOUDER. General Dean, do you know if in most States there are subregions? In other words, partly what I was trying to get at is I believe that every State has political dynamics that are impossible to deal with if we move off of the school funding formula. Our State versus Detroit versus Chicago and Indianapolis thinks they are the only thing there, and the rest of us have to fight for every little crumb we get. There is this constant big city/small city/midsize city battle. Even in a county like Noble County, IN, the west side and the central side and the east side fight with each other as to who is going to be dominant even in a rural county.

But what often this means is the units of dollars that go down to the schools are often not necessarily functionable. In other words, they can't hire a full-time staffer. If we pulled it back larger so you kind of clustered, whether it is similar counties together, I don't know how big that is, do you know how many people pool their resources? Is it banned from pooling resources now? How many do that? Is there a way to try to encourage that more, give incentives that you get some bonus out of State money if you pool resources?

A system like Fairfax is the 12th largest. You pool resources because you already do that. A lot of my high school districts only have one high school in them, and one middle school and two elementary schools. Yet, they will get a certain amount of funding in, and that is how we get these horror stories that come through on pencils or a school that didn't get the supplement, particularly if they don't have outside resources. If it is a reasonably wealthy or activist community, they pool the outside resources to leverage it.

But what do you do in a community where you maybe have Back to School Nights? When I was a staffer, I lived in Little Rocky Run.

The first time I went to a Back to School Night at Little Rocky Run out in West Fairfax, there were, I believe—they had to split it into two nights—there were 900 students and 1,600 parents at Back to School Night. When you go into an urban center, often there will be 900 students, and if you have 20 students at Back to School Night in some areas in rural, it is a different ball game with resources and how you can leverage.

So what can we do and what would be some creative ways to look at this to push some of that kind of cooperation or standards? Because the truth is that we are at the edges of a problem, but the administration didn't propose a solution to the problem, they just proposed wiping out the dollars.

General DEAN. I guess obviously we believe, and we have had some professional discussions with Department of Education and others, that the community, the local education agency is the place where the money needs to be. Fairfax County is an example of the end of the pipe chain, whereas States are important, but I would agree that they have a difficult time ensuring that every entity in the State is afforded the appropriate treatment and appropriate dollars.

So we are of the opinion that when you can send dollars directly to LEAs or directly to communities, that is the best way to do that, and that is why we are concerned if too many of the dollar start having to go through States to get down to communities.

Mr. SOUDER. How much do you get per student in an LEA?

General DEAN. It varies I guess depending on the LEA.

And you probably can answer that question better than I can.

Mr. SOUDER. Is there a minimum?

Ms. HEDRICK. No, I can't answer that question.

Mr. JONES. In Virginia, if I am correct, something like $4.75 prevention per student, something like that.

Mr. SOUDER. Four?

Mr. JONES. It is $4.75 per student.

Mr. SOUDER. So around $5 per student.

Mr. JONES. Yes. I can say this: one of the things that we have done, actually because of our collaboration with a lot of different programs, when we have trainings for violence prevention, definitely drug prevention, we open it up to other counties around us to make sure this is what you are getting at, make sure they can come in and take part in that also.

Each year we have our peer mediation conference, which over 2,000 people attend. We actually invite counties as far away as the other side of Virginia, way out in the southwest corner, to come up to be a part of that, and they love it. So I think the more individual school systems can do that, it really brings a bond between those systems right there.

But you are right, that money getting down to LEAs, there is a lot that is cutoff before it gets there.

Ms. HEDRICK. In the handout I prepared for you, on page 8, it is called the Spotlight of Safe and Drug-Free School Consortia in Toledo Diocese and Franklin Counties. In Ohio we have 10 collaborative or consortia that operate. What they do in a particular county is they will pool their Safe and Drug-Free School funds, because many of them are $2,000 or $600 or whatever, so they get more out

of the money by pooling it together. And they have been quite effective, and some of the examples are there for you on page 8.

Mr. SOUDER. Thank you.

I want to finish with a few questions on the National Ad Campaign. There are a lot of different ways I can go. One thing, by the way, in your testimony, I believe you showed in your one chart that meth use declined. Have ads been run on meth?

Mr. PASIERB. We have been doing those on our own as a public service through the Partnership for a Drug-Free America. But the overall national teen trend on methamphetamine is continuing downward. The damage that methamphetamine is doing to communities in perhaps older teens and young twenties folks is very significant. So what you are seeing in Indiana in terms of methamphetamine impact may not always surface in the high school in the other studies, so we, through the Partnership for a Drug-Free America, have been doing meth campaigns and actually doing more year in and year out.

Mr. SOUDER. Why do you believe methamphetamine is declining at a faster rate than all the others?

Mr. PASIERB. Well, I don't think it is declining at a faster rate, but what we are seeing is that——

Mr. SOUDER. Thirty-eight percent less likely have tried methamphetamine, 31 percent less likely tried crack, 29 ecstasy, 14 percent marijuana, 8 percent others.

Mr. PASIERB. Well, among teenagers, certainly, the risk profile of methamphetamine is very high. We did a program in Arizona and in Missouri, which really helped the parents understand how much further their kids were out in front of them. Kids know that methamphetamine is a very dangerous, very addictive drug, so it has a very high risk profile, versus things like ecstasy did originally, like right now prescription and over-the-counter drugs don't have among teens. So it is that driving the perception of risk which is one of the keys. And it is happening not only through the Media Campaign, but also through the news media. Teens are seeing the damage meth is doing to their communities.

Mr. SOUDER. Driving up the risk and communicating it is probably what you are saying. The more clear-cut it is, the easier it is to have a major reduction.

Mr. PASIERB. Absolutely.

Mr. SOUDER. And that marijuana is the hardest sell?

Mr. PASIERB. Yes, because kids know that use won't addict them, first use won't kill them; whereas, with methamphetamine, you can talk about the incredible damage it does and it is very obvious. And they also see. Again, teenagers see what the clandestine labs, what the things are doing to the community they live in; it is a noisy drug, which, for those of us in prevention, does tend to help a little bit.

Mr. SOUDER. I am having an extremely difficult time. We are starting to see some flat-lining in Indiana on meth, but every time we have a drug task force meeting, every time any group of members get together, I mean, clearly 75 percent of the discussion is on meth. And out of our opinion, leaders in the administration and others, there is minimal discussion on meth, and what we hear is that it is flat at 8 percent. Now, I think part of it is that people

make the risk assessment, that area starts to go flat, and it hits another area.

Have you thought about an Ad Campaign? When you look at this geographically, it is not too hard to see where it is headed. How come we don't do the risk attention on the meth the second it appears in a community, before it devastates a community? In other words, can't we look at any kind of regional strategies here? It is moving through Kentucky, it is heading to Tennessee, it is starting to show its head in North Carolina. There are a few edges of some suburbs. If this hits the cities like crack——

Mr. PASIERB. Exactly.

Mr. SOUDER [continuing]. We may fix it, but we are going to spend so many millions and billions fixing it. If it is an easier sell, why can't we get ahead of this curve?

Mr. PASIERB. That is one of the things I think people are fooled by. They look at the small number and they say it is not that big of a problem. But it could go from being a fringe behavior to being a mainstream teen behavior, like crack did, like ecstasy did. You can all of a sudden go from this much to a huge amount.

We did a piece of research in Phoenix and St. Louis, where we launched a program called the Meth and Ecstasy Health Education Campaign, where we went into the community, mobilized the community much in the way that we are talking about here, but very importantly got law enforcement together with the medical community, media trained pediatricians who the American Academy of Pediatrics, so that when this hit, just as you said, when you saw this coming, we could go in, get the media together, help them understand the health risks, the reason why mom and dad might engage, might say we live in a good neighborhood, that is not going to happen here; understand the risk to their own kids and very quickly implement that with the health message, the health messenger being the doctor, with the support of law enforcement kind of standing behind them saying we can't arrest our way out of this.

We have taken the Phoenix and St. Louis program now this year to four State-wide initiatives and eight major city initiatives. So we are trying, through the budgets and the efforts of the Partnership for a Drug-Free America on our own to do exactly what you said, because you are seeing that in Indiana and we need to be in Indiana doing that as well.

That is the way to do it. When this hits a community, help the community understand what is going on. And even absent of the usage numbers, the damage this does to families, to communities, to the kids that are in where these clandestine labs are, to spousal abuse, to violence in the communities. Methamphetamine does damage well beyond the absolute numbers in the usage study.

Mr. SOUDER. I would like you to address—and we will finish with this—for the record two big things as we are working on the authorizing legislation for ONDCP. If we actually named you in the authorizing legislation, one of the historic things—and this is kind of a two-part—is how we evolved into having Ogilvy and Mather privately contracted. Part of the thought was to have competition.

Could you address that question? If in fact, because partnerships have been there before we had the Ad Campaign. I am not saying we are going to quit the Ad Campaign, but it will probably be there

after we don't have an ad campaign someday. Could you, as we are wrestling with this fundamental question, what assurances would we have if we, in effect, sole-source this? That indeed there would be competition, that we get the best rates, that there is a double-check. If you could address that.

And the second part of it is I have some empathy, and we have had lots of discussions about this in public and private and all types of things over the last few years as we tried to get over some bumps that existed a number of years ago. How can, when the drug czar or the office of ONDCP, the Director, wants to set a direction, how can he be assured if he, in effect, sole-sourced, that the ad content would reflect what he has been charged with by the President and by Congress to reduce that, when you wouldn't necessarily? You have goals, but everybody has differences of opinion, but aren't necessarily now in a position where the contract could be moved around or don't feel the same pressures?

Mr. PASIERB. Well, I think, if I understand the first one right, our involvement in the Media Campaign, the original idea behind the Media Campaign was to invest the public dollars to give maximum exposure to our Campaign. And we work on the Campaign for free. We receive none of the dollars from the Campaign.

We really exist to get advertising agencies, production firms, the talent union, SAG and AFTA, to volunteer their time. So from a competitive standpoint, you can't get better than free. And we exist to do this. This is our only purpose in life as an organization. We were created to bring the talent and the energies of the communications industry to bear on this issue. So we exist to do exactly what needs to be done on this.

And if we are named in it, I think what it may do from the most standpoint is create some clarity around this of what our roles are, what the expectations are, quite frankly, of the Federal Government for the things that we provide. I think codifying that and a lot of the things that have been discussed with ONDCP, talking about codifying our role, makes great sense, and it helps a lot of the folks who we have to go out and ask for free to do that.

The contractor issues, the people that ONDCP has hired to work for them, I think John Walters has done a masterful job of cleaning their house and getting that to a point where his contractors, the people who meet his needs for media planning and some of the public relations and things that he wants to have around the campaign be on the advertising that we provide, he has done a good job of sorting that out with Foote, Cone, and Belding and the people he has now. He has good folks.

But our role, the Partnership for a Drug-Free America, is to work for free and to harness volunteerism in support of the campaign. That is why in my testimony I mentioned that by our accounts we have actually contributed $125 million to the campaign. So we see ourselves as a stakeholder.

To your second question, we are all, for the most part—obviously people want to focus on different things—guided by the research. We can't do what we would like to do, we have to do what the data tells us—the National Household Survey, the Partnership Attitude Tracking Study. While we, over the past few years, have felt through our good offices we should focus on things like meth-

amphetamine and ecstasy, John Walters had pursued the President's strategy of the 10 percent and 25 percent reduction. The only way to achieve those numbers is to go after marijuana.

So we view ourselves as actually right now being in very good synch with ONDCP, because they are tackling the major, most difficult issue, driving down the marijuana numbers, while we are working at the community level on ecstasy, methamphetamine, more and more on prescription and over-the-counter drug abuse things like cough medicine. So we are always going to be in sync with ONDCP.

I think where we fell out of synch, particularly in the gap between Director McCaffrey leaving and Director Walters coming in is when ONDCP hired a group of theorists to come up with something that made no sense, and a program which was more testing theory for the purpose of writing journal articles than doing what the campaign was created to do, serve the public. So as long as there is a leader at ONDCP with focus on reducing drug abuse, by the very nature of that, ONDCP and the Partnership are going to be in perfect synch.

Mr. SOUDER. But isn't part of that because, in fact, on the marijuana campaign, to take that example, that he had the ability to go to another ad agency and say I want marijuana ads that do this; whereas, if we said——

Mr. PASIERB. We did them all. We did all the marijuana ads, Partnership for a Drug-Free America did. No other advertising agency did them. I mean, we came together on strategy under the gap between Director McCaffrey and Director Walters——

Mr. SOUDER. I thought you just said that you did the meth.

Mr. PASIERB. No, we run our media. We get over $150 million a year of contributions.

Mr. SOUDER. Because Ogilvy was doing placement.

Mr. PASIERB. Exactly. We did all of the creative, all of the marijuana creative. When Director Walters came in and he said he wanted to hit hard on negative consequences, and he really wanted to go after marijuana, that was exactly what we had put in our letter to General McCaffrey.

Mr. SOUDER. If you did all the placement——

Mr. PASIERB. If we did.

Mr. SOUDER. If you did under a new bill, would that affect the director's ability to use leverage to get his campaign done the way he wanted it?

Mr. PASIERB. Absolutely not. We have to look at this as whoever is in that office as being a client, and he works for the President and he works for you, and he has to do what you all want and we have to do what he wants. And, again, that is where I come back to we support fully what he is doing on marijuana because we know that is the overall suppressant, and we deal very tactically in Kentucky and Indiana and places on things like methamphetamine, which are really kind of inefficient for the Media Campaign to do, go in and buy the same television program in a bunch of different cities.

So I think you can structure something that would definitely lead to a degree of sync and support and understanding of what people's roles and responsibilities are.

Mr. SOUDER. This is a question we are trying to work through, and it is a very difficult question because depending on what your creative department was thinking, which is what we tried to work it through, because guys aren't going to devote their time if they don't think their ads are going to be run. Bottom line, they are not going to donate their time. Second, the question is if you can get the placement for free, why would you pay for it, which has been another question.

But also this feared question of management. I think it is fairly safe to say, as somebody who has followed politics just kind of as an observer and a staffer, and now as a Member, is that it isn't always true that the person who is in the director's position can dominate groups that are there before and after them. And we had some of that tussling, and we had a very frank discussion with your board, who believed that there had built up some resistance, because there can be ideological differences about whether you go hard line or soft line in drug abuse, and what do you do when you have a sudden administration change and an ideological change? And we need to make sure that we have a system here that is flexible enough to reflect that.

On the other hand, as you know, I have been a strong advocate of the Partnership, and I believe that if you are going to get the most skilled people who donate it, it doesn't necessarily make sense to pay for what you can get people to do for free, particularly if we are fighting for every dollar to try to get air time, because the bottom line here is we want to make sure we have research, we want to make sure we have creativity. But bottom line, if nobody sees it, so what if you have great ads? Or a more correct marketing way to say it is if you don't meet the threshold where it is remembered, it is not that we are not putting it up there, if it doesn't meet the threshold that it is remembered, then you have wasted all the other money.

And at some point here we are going to reach, if we don't keep this at a threshold with the leverage, the return declines, and then the whole program tanks. In other words, at $100 million you might be wasting money. I don't know what the number is. Obviously you can cluster it in regions and do it in waves and that kind of stuff, but your returns become such a decline that you have wasted the whole batch; whereas, another $10 million makes it so that you get the reach with which to accomplish the goals.

And that is what we are teetering on the edge of, and you need to continue to push and speak out if you think we are getting to that, because I think we are nearly there, because with rates in advertising going up, with consolidation in the industry, not to mention the changes with the Internet and satellite and everything else, I don't know how you get reach and frequency anymore.

Mr. PASIERB. You covered a lot of territory, and let me say I agree with everything you just said. And you are right, I mentioned in my testimony that $195 million, the original number that you and a lot of others put together a number of years ago, was the right number, and over the last 8 years there has been between 8 and 12 percent per year media inflation.

So the threshold of this campaign at $120 million is right about there. We couldn't suffer another cut and continue the level of ef-

fectiveness, the level of good reads we are getting out of the research, seeing Monitoring the Future mention the Media Campaign specifically as driving the marijuana trends at any lower than we are now, and we have been fighting and advocating very hard over the last several months to try to restore that last $25 million cut, because, to your point, the beautiful model of this campaign is that $25 million leverages another $25 million. We are able to get the best and brightest advertising agencies around the country to volunteer hundreds and millions of dollars worth of talent to make sure the very best message gets in that time. And we agree with Director Walters to make sure that every one of those messages, before it runs, is tested so that we actually make sure we put the best possible message in that time.

And doing all these things, as you identified, is absolutely essential to making sure the campaign works this year, next year, and years in the future, regardless of who is the ONDCP director, doing what is right for the issue, doing what is right for the consumer.

Mr. SOUDER. You made a great point earlier too when you said that basically if McDonald's has a great—you didn't say it exactly this way, but that is what you said—if McDonald's has a great ad campaign, they don't say, well, we don't need as much advertising for the next 3 to 6 months. Obviously, if you are pushing it, tomorrow is another day, and you maybe get a little bit of residual brand name, but the second you back off it is gone, and in advertising there is no principle "we had a great ad, now we can tank it." That is not what you see anywhere.

Mr. PASIERB. In advertising you invest in success and you don't invest in failure, and right now we have success at a time when we are decreasing our investment, and it doesn't make any sense. And particularly in my written testimony I mentioned I came from the community coalition field. I worked for Governor Schaeffer in Maryland and did a lot of different things like that. One of the benefits of ONDCP's Media Campaign in particular is it gives all of us working in this field the national umbrella, the air cover when we are either working in a community on methamphetamine. The fact that ONDCP ran a parenting message on TV that night helps us with the efforts we are trying to do on methamphetamine specifically in a community. So it really becomes a 1 + 1 = 5 in this case, and it is important to keep it going.

Mr. SOUDER. And we want to make sure that the record shows that the Partnership said that it was mixed, it was good news for the Ad Campaign, but not necessarily good news for America, so it doesn't come across as Partnership praises TV now more important influence than parents. That is absolutely not. In fact, it was a very troubling statistic, but it shows how the country is changing. And the fact that No. 1, as I understood your testimony, the No. 1 way that kids said they were getting their information now was through, in effect, this National Ad Campaign, the Partnership, and television.

Mr. PASIERB. And even Ashley's message running on Cox in Virginia. Media, television is the way. And, unfortunately, what we have learned through our own parents' research is in the last 3 years the number of parents who have never talked to their kids about drugs has doubled from 6 percent to 12 percent. So at a time

when we have the most drug experienced generation in the history of parents, they are talking less. The ones who are very overconfident in the discussion that they are having, because we know that about 85 percent of parents say they are talking, but only about 30 percent of kids say the message is coming through.

And parents don't understand the evolution of the drug issue. If you were a high school student in 1979, the drug issue looked like marijuana and cocaine. To a high school student today, depending on where you live, it looks like methamphetamine, it looks like ecstasy, it looks like prescription drugs, it looks like over-the-counter drugs, it looks like alcohol, it looks like inhalants, and it looks like, looks like, looks like. It is much more complicated, and we need now parents engaged. I want to see parents beat the pants off television commercials.

Mr. SOUDER. I am sure there are studies that compare the informal movie TV shows, the Jay Leno and joking about marijuana and somebody on crack and the movies, that type of thing with the official messages and how the kids are viewing the two messages separate from each other and how they reconcile it in the cognitive dissidence?

Mr. PASIERB. Right now we are at a point where the negative social impact of a lot of the joking around about marijuana and things like that is a low point. So it is not having a negative impact against us. But what we need and what we know really helps is when a show like ER does a story line that talks about teens and drugs and the impact it can have. That has such a power even beyond our messages for all of us that popular culture, popular media could be our biggest ally, but it can also be our biggest problem. Right now they are essentially neutral.

Mr. SOUDER. I saw some pro-drug group whining away about the Law and Order type shows, that they always show the drug people as kind of whacked out and violent, as opposed to having normal lives. A lot of this is just kind of fortunate and cultural, because we have all this CSI and Law and Order and all this kind of stuff, and they need criminals, and since 85 percent of all crime is somehow related to drug and alcohol abuse, they are going to find their examples from that.

Mr. PASIERB. I don't know many regular meth users who look normal. Or many regular a lot of different drugs. I mean, there are a lot of folks out there, particularly on the marijuana front, who want to make it sound like that is as socially acceptable as having a bottle of Evian, but clearly we need the CSIs, and actually it is a good point in time when reality TV and a lot of the crime shows to show the potential downside of drug use.

Mr. SOUDER. Well, I thank you all very much for your testimony, for coming today. If there is anything else you want to put into the record, any other documents, articles, different things, we get a hearing book when we are done that will be one of the resources on prevention that we can then use in debates and different groups can use as well.

Mr. PASIERB. Mr. Chairman, if you have any written questions for us regarding our role, the questions you asked me, we would be happy to answer those in writing as well.

Mr. SOUDER. OK. We may do some followup on that.

Mr. PASIERB. Anything you want from us you have.
General DEAN. Thank you, Mr. Chairman.
Mr. PASIERB. Thank you, sir.
Mr. SOUDER. Thank you very much.
The subcommittee stands adjourned.
[Whereupon, at 4:59 p.m., the subcommittee was adjourned.]
[Additional information submitted for the hearing record follows:]

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SAFE AND DRUG-FREE SCHOOLS

ASSISTANT DEPUTY SECRETARY

September 1, 2005

Honorable Mark E. Souder
Chairman, Subcommittee on Criminal Justice, Drug Policy, and
Human Resources
Committee on Government Reform
U.S. House of Representatives
2157 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Chairman:

Thank you for your letters of August 5th and August 9th to Secretary Spellings. You asked for feedback on a recent Committee Report on the National Drug Control Strategy. You also invited us to provide our response to a series of questions related to the Subcommittee's April 26 hearing on drug prevention programs and the Fiscal Year 2006 drug control budget.

We appreciate your sharing information with us about the recently released Committee Report. We have reviewed the report with particular attention to the information contained about the U.S. Department of Education's (ED's) drug prevention initiatives. Our responses to the questions posed by the members of the Subcommittee are enclosed, and provide feedback to the Subcommittee about the ED programs mentioned in the Committee report.

Thank you for this opportunity to provide information for the record. I hope that you will not hesitate to contact me if you have questions about our responses, or if I can provide any additional information about the youth drug prevention programs administered by ED.

Sincerely,

Deborah Price

Enclosure

400 MARYLAND AVE., S.W., WASHINGTON, DC 20202
www.ed.gov

Our mission is to ensure equal access to education and to promote educational excellence throughout the nation.

Follow-Up Questions for the Record
for the Department of Education

" Drug Prevention Programs and the Fiscal Year 2006 Drug Control Budget:
Is the Federal Government Neglecting Illegal Drug Use Prevention?"

Subcommittee on Criminal Justice, Drug Policy, and
Human Resources
Committee on Government Reform

April 26, 2005

Question: If the Safe and Drug-Free Schools and Communities (SDFSC) State Grants cannot demonstrate results by the Office of Management and Budget's (OMB) reckoning, why didn't the Administration – at any time in the last four years – propose reforming the grants to make them more accountable and effective?

Answer: The Department provided considerable, ongoing technical assistance to Congress during the last reauthorization of the program. While the final legislation reflected some of the Administration's suggestions, overall, the program is not structured in a manner that makes it likely to achieve significant results in terms of reduction in drug use or school violence.

Question: The recommendation in the President's Fiscal Year 2006 budget request to "zero-out" the State Grants portion of the Safe and Drug-Free Schools and Communities program will leave most of America's schools and K-12 students with absolutely no substance abuse prevention and intervention services. With drug use finally on the decline, isn't this the wrong time to get rid of the prevention program that provides America's school-aged youth with drug prevention programming?

Answer: The Administration proposes to terminate funding for Safe and Drug-Free Schools and Communities (SDFSC) State Grants because of the program's inability to demonstrate effectiveness and the fact that funds are spread too thinly to support quality interventions. For example, SDFSC State Grants provides about 60 percent of local educational agencies (LEAs) with allocations of less than $10,000, amounts typically too small to mount comprehensive and effective drug prevention and school safety programs.

By comparison, under SDFSC National Programs the Department has greater flexibility to provide awards large enough to support quality interventions. In addition, the National Programs authority is structured to permit grantees and independent evaluators to measure progress, hold projects accountable, and determine which outcomes are most effective. We are requesting $317. 3 million for SDFSC National Programs, an $82.7 million or 35 percent, increase over 2005.

These are not the only funds available to LEAs for drug prevention programming – State, local and private resources complement these Federal funds. Also, funding for activities that may not be directly identified as drug or violence prevention programs but that help students bond to their schools may also serve to prevent youth alcohol and other drug use. For these reasons, it is incorrect to conclude that, because of the proposed reduction in funding for Safe and Drug-Free Schools, most schools will have no resources for drug prevention programs and services.

Question: If the Administration has lost confidence in the Safe and Drug-Free Schools and Communities (SDFSC) State Grants, but is prepared to boost the funding for the SDFSC National Programs grants, then why didn't the Administration propose moving all of the funding for the State Grants to the National Programs, instead of only a portion?

Answer: The budget request to eliminate funding for the SDFSC State Grants program is also part of an overall budget strategy to discontinue programs that have achieved their original purpose, that duplicate other programs, or that involve activities that are better or more appropriately supported through State, local, or private resources. Specifically, the Fiscal Year 2006 budget proposes termination of 48 programs in order to free up almost $4.3 billion (based on 2005 levels) for reallocation to other activities within the Department.

The President's budget request for the Department still includes considerable resources to promote safe and drug-free schools. This includes an $88 million request under SDFSC National Programs for grant assistance to LEAs to support the implementation of drug prevention or school safety programs that research has demonstrated to be effective in reducing youth drug use or violence. It also includes funds for implementation and scientifically based evaluation of additional approaches that show promise of effectiveness.

Other significant amounts within our 2006 budget request for SDFSC National Programs include $30 million for the school emergency preparedness initiative the Department is developing and implementing to coincide with the recent inclusion of the Nation's schools in the Department of Homeland Security's National Critical Infrastructure Plan; $25.4 million for school-based drug testing programs for students; $88.5 million for grants to LEAs for comprehensive, community-wide "Safe Schools/Healthy Students" drug and violence prevention projects that are coordinated with local law enforcement and also include mental health preventive and treatment services; and $5 million for Project School Emergency Response to Violence (SERV), to ensure that funds are available for the Department, if called upon, to provide emergency response services to LEAs in which the learning environment has been disrupted by a violent or traumatic crisis.

While under our budget request fewer schools will receive services paid for with SDFSC National Programs grants than would receive services if the SDFSC State Grants

program were to be continued, we feel it is better to do fewer things and do them well, rather than maintain the status quo.

Question: Does the Department of Education believe that student drug testing alone, unaccompanied by education or other prevention programs will be effective? If not, what kinds of programs need to accompany the testing?

Answer: We believe that drug testing is an important grassroots tool that communities should consider integrating into a more comprehensive drug prevention strategy. Consistent with the National Drug Control Strategy, we feel that drug testing is an important part of our efforts to intervene early with a young person's drug use, to use research-based prevention approaches that guide users into counseling or drug treatment, and to deter others from initiating drug use. Communities and their schools should carefully assess their drug problem, and select and implement a comprehensive array of strategies that mitigate the risk factors and enhance the protective factors they have identified.

Communities that do choose drug testing as part of their comprehensive drug prevention strategy must develop and implement a plan for referring students identified as drug users through the testing program to student assistance programs, counseling, or drug treatment if necessary.

Question: To date, the Department has failed to implement the requirements in the "No Child Left Behind Act of 2001" (P.L. 107-110) (the "Act") for a Uniform Management Information and Reporting System (UMIRS) under the State Grants portion of the Safe and Drug-Free Schools and Communities program. This system was intended to collect uniform data and outcome measures for drug use and violence across all States. The poor PART score this program received is largely due to the failure of the Department to collect this required information and is one of the reasons being given for the zeroing out of the program. What does the Department of Education intend to do to comply with the requirements of the Act as far as implementation of the UMIRS?

Answer: The Department has not failed to implement the UMIRS requirements. To the contrary, we have taken a number of steps to implement those provisions. We have, first of all, issued non-regulatory guidance to States concerning implementation of the UMIRS requirements contained in Section 4113 of the Elementary and Secondary Education Act as reauthorized by NCLB. The guidance reiterates the general data elements that must be included in the UMIRS, as well as the kinds of data sources that must be included as part of the system. Consistent with NCLB's emphasis on flexibility and discussions with House and Senate staff during reauthorization, the guidance also gives States the flexibility to select and define the specific data elements and data sources used to meet the UMIRS requirements. It addresses the issue of which entity within a State is responsible for implementation of the UMIRS, and covers questions about funding for the system and periodicity of data collection.

Second, we have made State implementation of the UMIRS requirements a key part of on-site monitoring visits for the Safe and Drug-Free Schools and Communities (SDFSC) State Grants program. Finally, we have provided additional support to States to support implementation of the UMIRS requirements via a grant competition and technical assistance activity described in more detail in a following question.

Under the PART analysis of the SDFSC State Grants program, which was completed in January 2003, the program received a rating of "ineffective" because it is not well designed to accomplish its objectives and because it could not demonstrate results, among other factors. While we believe that the UMIRS provisions are an important part of improving State and local accountability for their use of funds under the program, the data collection and reporting required by UMIRS were not relevant to the PART review or to the resulting PART rating.

Question: Congress specifically included a minimum data set as part of the State Report required in Section 4116 of the "No Child Left Behind Act." This minimum data set requires that the following data be collected, tracked and reported to the Secretary by all States: incidence and prevalence, age of onset, perception of health risk and perception of social disapproval of drug use and violence by youth in schools and communities. As outlined in the law, the data set for the drug related indicators is identical to what is currently being collected both by the Office of National Drug Control Policy's (ONDCP) Drug-Free Communities Act (P.O. 107-82), sec. 1(e)(3). [21 U.S.C. Section 1533] grantees, and the Center for Substance Abuse Prevention's (CSAP) State Incentive Grant sub-recipients [see P.L. 102-321, Sec. 107; as amended by P.O. 106-310, Sec. 3112(a)(1)]. Why has the Department neglected to implement these specific requirements of the "No Child Left Behind Act?" When and how does the Department intend to implement these requirements?

Answer: We are already implementing these requirements, consistent with the flexibility provided by NCLB to reduce burden on States and localities. We have requested information from States concerning implementation of the SDFSC State Grants program as part of the Department's Consolidated Report for NCLB programs. As you know, Section 9303 of the NCLB Act authorizes the creation of the consolidated report, and mandates that the report collect information on the performance of the States under "covered programs," including SDFSC State Grants. The consolidated report replaced pre-NCLB individual, program-specific reports.

Responses from States to the first consolidated report were due to the Department in June 2004. The report includes information from the States about the performance measures and targets they have established for the SDFSC State Grants program. This initial report covered school year 2002-2003, and also included baseline information for the performance measures that States had established for the program. States submitted responses to the second consolidated report on or about April 15, 2005. This most recent version of the consolidated report requires that States provide data for their targets for the 2003-2004 school year.

In addition to information about performance measures and progress toward achieving targets, States were asked to provide information about the number of out-of-school suspensions and expulsions by school type (elementary, middle/junior high, or high school) for alcohol or drug-related offenses, or for fighting or weapons possession.

We are very sensitive to the issue of creating burden related to information collection and reporting, and worked hard to select the smallest possible data set that will permit us to assess the extent to which States are meeting their established targets to prevent youth drug use and violence. We believe that our focus on progress toward identified targets and suspension and expulsion data is consistent with that goal. Unfortunately, this information or data about prevalence of youth drug use or violence within a State cannot provide information about the effectiveness of the SDFSC State Grants program. Only research studies that include experimental designs are capable of demonstrating the effectiveness of an intervention. We do believe that this sort of surveillance data does provide an important tool for States to use in assessing their progress in addressing youth drug use and violence.

Question: The Department has neglected to implement any of the data collection and reporting requirement reforms that Congress specifically included in Title IV of the "No Child Left Behind Act", including the Uniform Management Information and Reporting Systems and a minimum data set, to be reported on by all States to the Secretary. States and LEAs across the nation have exercised due diligence and are working to document what they think is required by Title IV, but have had to do this without any guidance at all from the Department. How and when do you intend to do to rectify this situation, especially given that this failure on the Department's part is one of the main reasons this program has not been able to "demonstrate results" and is slated for elimination?

Answer: Our response to the two previous questions documents that we have, in fact, implemented the requirements for UMIRS and for data collection and reporting. In addition, our experience in administering the SDFSC State Grants program and other NCLB provisions, including the Unsafe School Choice Option (USCO) requirements, indicates that States need to focus additional attention and resources on improving the quality and consistency of their youth drug use and violence data. States also need to take steps to improve the way in which such data are being used to manage youth drug and violence prevention initiatives. Accordingly, we conducted a grant competition for States in FY 2004 and 2005 to provide them with resources to address these concerns. We made awards to 11 States in 2004 and have another slate of grant awards for FY 2005 pending at this time. Among other things, these grants will assist recipients of SDFSC State Grants funds to use data to assess needs, establish performance measures, select appropriate interventions, and monitor progress toward established performance measures.

As a complement to this activity, we awarded a contract at the end of fiscal year 2004 to help support development of a model data set that includes, at a minimum, the UMIRS elements. The statement of work for the proposal builds on the work done by the

Office of Substance Abuse Prevention, as well the activities of other Federal agencies that either collect youth drug use and violence data, or use those data in policymaking, including the Centers for Disease Control and Prevention, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the Office of Juvenile Justice and Delinquency Prevention, and the Office of National Drug Control Policy. We are working with these Federal agencies and all of the States to develop a uniform data set that can be adopted by States. The initiative also includes technical assistances services for the States, as well as activities designed to identify and disseminate best practices in this area. We believe that this approach provides the appropriate balance between leadership and State flexibility in this area.

Question: Section 4124 of the "No Child Left Behind Act" directed the Department of Education to establish the Safe and Drug-Free Schools and Communities Advisory Committee. It was specifically intended by Congress that this Advisory Committee play a major role in the oversight and implementation of the entire Safe and Drug-Free Schools and Communities program. To date, the Department has failed to operationalize the Advisory Committee. When does the Department intend to establish and use this Advisory Committee?

Answer: We have drafted a charter for the Advisory Committee, and are currently in the process of selecting members for the group. We plan to hold an Advisory Committee Meeting later this year. We look forward to working with the Federal and non-Federal members of the Committee on a variety of issues, including performance measurement.

Question: Student Drug Testing programs have been very successful, not the least of which, because reporting their results has proven uncomplicated. Should student drug testing pilot programs be authorized for permanence and also be allotted a greater portion of the overall SDFSC budget?

Answer: ED is currently administering a discretionary grant program to support School-Based Student Drug Testing using the SDFSC Act National Programs authority. We believe that this broad and flexible authority is fully adequate to support student drug testing and, in fact, works quite well in connection with student drug testing because it permits us to update drug testing initiative activities to reflect current Constitutional law and other developments without the need to seek legislative amendments.

While we believe that student drug testing shows significant promise as part of a comprehensive drug prevention strategy, we are supporting research to document its effectiveness. Outreach and other efforts are also required in order to share information about the strategy with communities and encourage them to consider implementing student drug testing. As a result, we are confident that the Administration's budget request for the initiative reflects the appropriate level of funding at this time.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Rockville MD 20857

SEP 7 2005

The Honorable Mark E. Souder
Chairman, Subcommittee on Criminal Justice,
Drug Policy and Human Resources
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

Thank you for your letter of August 3 requesting that the Substance Abuse and Mental Health Services Administration (SAMHSA) respond to five questions raised by members of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources. Enclosed you will find SAMHSA's answers to the Subcommittee's questions.

I appreciate your interest in these important issues relating to preventing substance abuse in the Nation. Please feel free to contact me if you have further questions.

Sincerely,

Charles G. Curie, M.A., A.C.S.W.
Administrator

Enclosure

QUESTIONS AND ANSWERS
Subcommittee Hearing "Drug Prevention Programs and the Fiscal Year 2006 Drug Control Budget: Is the Federal Government Neglecting Illegal Drug Use Prevention?"
April 26, 2005

1. The question is that given the major problem many regions of the country are having with methamphetamine abuse, why does the FY'06 budget request propose ending and terminating the Methamphetamine program within the Center for Substance Abuse Prevention's (CSAP) Programs of Regional and National Significance? How will this proposed change impact meth abuse programs?

We are very concerned about the impact methamphetamine is having in various regions of the country. Over the past five years the methamphetamine program funded by SAMHSA's Center for Substance Abuse Prevention has provided prevention services to numerous individuals, families, and communities that need them, but we are taking a different approach to prevention which we believe offers the promise of even greater effectiveness in future efforts to prevent methamphetamine abuse and addiction overall.

To provide States and communities with the funds and flexibility to target resources in the areas of greatest need, including the prevention of methamphetamine abuse, SAMHSA launched the Strategic Prevention Framework grant program. In FY 2004 SAMHSA awarded the first Strategic Prevention Framework grants to 19 States and 2 territories. Five more grants were awarded in FY 2005 and we expect to continue these grants and fund seven new grants in FY 2006 for a total of $93 million.

We are in the process of transitioning from a drug specific to a risk and protective factor approach to prevention. We have taken this approach because, for many individuals in many communities, the problems lie not just with a single drug but with the use and abuse of multiple drugs. Most users of methamphetamine, for example, are polydrug users. In addition, many of the same risk and protective factors are associated with the use and abuse of different drugs, and with other adverse behaviors, such as delinquency and violence. Therefore, programs that focus on risk and protective factors can have a broader positive impact on preventing a wider range of drug use, drug abuse, and other adverse behaviors.

2. The question is how will the Strategic Prevention Framework (SPF) State Incentive Grant's (SIG) emphasis on using community epidemiology techniques to identify "hot spots" affect areas of a state that do not show up a high need? Given the universal need for primary prevention, will this targeting result in leaving some areas of these states underserved?

One of the primary reasons for creating the Strategic Prevention Framework (SPF) State Incentive Grant is to ensure that the limited prevention resources available are being used to obtain maximum results. To achieve this goal States are required by the terms and conditions of their SPF grant to account for all prevention dollars available and to implement a data driven planning and funding process. In the first year of the grant,

States must identify areas of critical need in the State. Critical need can be defined in multiple ways, including as (1) a specific substance related consequence or consumption pattern; i.e., alcohol-related motor vehicle crashes, underage alcohol use, (2) a group with high level of substance related consequences; i.e., youth, pregnant women, Hispanic males between the ages of 24-30 or (3) a geographic community with high numbers or rates of substance related consequences. States are then required to determine mechanisms to allocate grant resources to address the identified priority problems or groups/communities with critical need. Throughout the 5 year grant period, the states are required to continuously monitor and evaluate the allocation of funds to ensure the needs of critical areas are being addressed.

In addition to their SPF grant, States utilize other sources of funding to support universal prevention practices, the primary source being the Substance Abuse Prevention and Treatment Block Grant, also funded by SAMHSA. The SPF grants supplement these resources and are designed to help States develop an ongoing system and process to efficiently and effectively allocate overall resources to address substance abuse prevention and related consequences. SAMHSA anticipates that these systems will endure after the grant dollars end and ultimately allow States to monitor and efficiently allocate resources over the long term.

3. The question is how is SAMHSA working with SPF SIG grantees to ensure that they do not build duplicative regional systems but utilize those already functioning and funded by programs such as the Drug Free Communities program and the 20% Governor's set aside in the Safe and Drug Free Schools and Communities program?

As part of the requirements, grantees must submit a strategic prevention plan to SAMHSA's Center for Substance Abuse Prevention for approval. In the plan, grantees must describe how they will ensure that they will not fund duplicative anti-drug coalition infrastructures, but will utilize those already functioning and funded by programs such as the Drug Free Communities.

4. The question is how will the proposed $5 million reduction in funding for the National Clearinghouse for Alcohol and Drug Information (NCADI), which is coming out of CSAP's budget, effect the ability of NCADI to serve the public with substance abuse prevention materials and services? What prevention related services and/or materials will no longer be available if this cut is implemented?

SAMHSA has consolidated two contracts for clearinghouse functions to achieve economies of scale and reduction of duplication in such areas as warehouse facilities, call centers, library facilities, mailings, overhead costs and IT functions. The two contracts that were consolidated were for the National Clearinghouse for Drug and Alcohol Information (NCADI) and the National Mental Health Information Center (NMHIC). The public will not be impacted by or notice the consolidation because the new contract will retain the unique identities of each clearinghouse including name, content, publications, and phone numbers for drug and alcohol information, drug treatment referral and mental health information. Ultimately the public will be better served

because of improved coordination within SAMHSA, oversight of the contract, and use of taxpayer resources.

The savings realized by the consolidation of the contracts, the addition of funding from SAMHSA offices and centers that were using the clearinghouse but not contributing a proportionate share for the services received, and contributions from other Federal agencies that use the clearinghouse services will offset the reduction in CSAP funding. We do not anticipate any reduction in prevention related services. The budget for prevention materials comes from other contracts that have not been influenced by this management consolidation. Just as our previous consolidation of efforts in public affairs activities at SAMHSA have improved effectiveness and efficiency; we expect the consolidation of the clearinghouse contracts with improved oversight will enhance service for the public and professionals that use the clearinghouse.

5. The question is the National Registry of Effective Programs (NREP) has historically analyzed and identified promising, model and exemplary substance abuse prevention programs. We understand that the new contract for NREP also includes substance abuse treatment and mental health under NREP as well. How will this addition of other responsibilities affect the traditional focus of this contract on substance abuse prevention? How much of the new contract will be specifically focused on substance abuse prevention in terms of both dollars and specific emphasis?

Over the years the National Registry of Evidence-based Programs and Practices (NREPP), has grown as a nationally recognized tool that is useful for identifying and promoting effective interventions to prevent substance abuse. Since SAMHSA launched NREPP, science has evolved and so have the fields of substance abuse prevention, addictions treatment and mental health services. As a result, we are proposing to expand NREPP to create a leading national resource for the latest information on the scientific basis and practicality of interventions to prevent and/or treat mental and substance use disorders. We are currently soliciting comments from the public and professionals in the fields through a Federal Register Notice on the best ways to ensure expansion of NREPP is successful. To facilitate review and comment, SAMHSA is making the notice (as well as supporting documents) available through the SAMHSA Web site.

The new NREPP contract maintains a strong focus on substance abuse prevention both in emphasis and resources. With the NREPP expansion, each of SAMHSA's three Centers now contributes financially to the NREPP contract, with the majority of each Center's contributions targeted to the identification and review of interventions relevant to that Center's mission. Moreover, the NREPP contract retains flexibility such that if additional substance abuse prevention programs are identified for review – over and above the targets within the contract – SAMHSA's Center for Substance Abuse Prevention can provide additional contributions to the contract specifically for the purpose of conducting these reviews.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 7, 2005

The Honorable Mark E. Souder
Chairman
Subcommittee on Criminal Justice
Drug Policy and Human Resources
Committee on Government Reform
U.S. House of Representatives
B-377 Rayburn House Office Building
Washington, DC 20515

Dear Mr. Chairman:

Thank you for the opportunity to help the subcommittee better understand the President's Drug Control Budget for Drug Prevention Programs. Please find enclosed answers to the Committee's questions for the record. I hope they prove to be helpful in the work of the Committee.

Thank you again for your dedication on the issue of drug control and your support for the President's *National Drug Control Strategy*. I appreciate your valuable insights and perspectives. If I may be of further assistance, please contact me directly at (202) 395-6700 or have your staff contact my Office of Legislative Affairs at (202) 395-6602.

Respectfully,

John P. Walters
Director

FOLLOW UP QUESTIONS FOR THE OFFICE OF NATIONAL DRUG CONTROL POLICY

APRIL 26, 2005

1. Since Director Walters became head of ONDCP in 2001, the Administration has identified drug use prevention as one of the critical three "pillars" of effective drug control. The percent of federal funding proposed in the Administration's budget for prevention, however, has dropped to only 13 percent of the total drug control budget. Why is the "pillar" so much shorter than the other two?

   The Administration continues to implement a balanced strategy that emphasizes the need for both demand and supply reduction efforts. While the prevention and treatment "pillars" combine to reduce the demand for drugs, the supply reduction "pillar" seeks to disrupt the availability of drugs through domestic enforcement, interdiction, and international efforts. The President's FY06 Budget request includes the following funding levels: Prevention $1.565B; Treatment $3.251B; Domestic Enforcement $3.359B; Interdiction $2.882B and International efforts $1.373B. These levels reflect the fact that funding for interdiction and international efforts is a key Federal responsibility, while funding for prevention, treatment and domestic enforcement efforts is a responsibility shared by both Federal and state governments.

2. If the Safe and Drug-Free Schools and Communities (SDFSC) state grants cannot demonstrate results by the Office of Management and Budget's (OMB) reckoning, why didn't the Administration propose the appropriate changes to grants more accountable and effective?

   The Office of National Drug Control Policy worked at length with the Department of Education's Office of Safe and Drug-Free Schools to develop effective evaluation strategies. However, it is unlikely that local program results would reflect sufficient effectiveness in view of the RAND study finding that the thin distribution of formula funds, as required by statute, prevented many local administrators from designing and implementing meaningful interventions.

3. If the Administration has lost confidence in the Safe and Drug-Free Schools and Communities (SDFSC) state grants, but is prepared to boost the funding for the SDFSC national programs grants, then why didn't the Administration propose moving all the funding for the state grants to the national programs, instead of only a portion?

   One component of the President's Management Agenda is budget and performance integration. This agenda supports a results-oriented approach where scarce federal resources should be allocated to programs that deliver results. The Administration's PART review concurred with the RAND Corporation finding that state grants were spread too thinly to support quality interventions.

   Therefore, resources are being reallocated to SDFSC National Program activities that provide direct support to local education agencies in sufficient amounts to make a real

difference. Research-based grant assistance to local education agencies will support the focused implementation of drug prevention or school safety programs, policies, and strategies that research has demonstrated to be effective in reducing youth drug use. The Administration believes the National Programs not only hold much greater promise of achieving significant results, but also help increase the national knowledge base on effective strategies and activities. The Administration believes that the current level of funding is sufficient to provide adequate support for this program.

4. The Administration has proposed level funding for the National Youth Anti-Drug Media Campaign and the Drug-Free Communities support program. Why didn't the Administration at least propose an increase to accommodate inflation?

The President's proposed FY 06 budget of $120 million for the Media Campaign will provide adequate funds to continue its efforts to meet the President's five-year youth drug reduction goal of 25 percent. This budget will permit the development of new hard-hitting ads (in collaboration with the Partnership for Drug-Free America), the purchase of media time and space to reach both youth and their parents, and collateral efforts to support the Campaign's advertising, such as interactive web sites, as well as news media and entertainment industry outreach.

Despite modest media inflation, the Campaign has been able to meet its advertising targets for both youth and parents through a variety of means, including strengthening media negotiating approaches to secure deep discounts and premium media placements at no additional cost, maintaining high levels of match (well over 100 percent), taking a larger proportion of the media match for Campaign ads, and improving sophistication of ad buying to reach teens and parents more efficiently.

In addition, the Campaign has benefited from an unprecedented amount of private sector contribution since its inception. To date, the Partnership for a Drug-Free America (PDFA), working with the nation's best advertising agencies, has contributed approximately $125 million in advertising campaigns and services to the Media Campaign. In 2005 the total value of media match dollars will exceed $1 billion.

To ensure the greatest possible value at the lowest possible cost, the Media Campaign closely monitors advertising production costs and has realized substantial savings. For example, the advertising industry average for the production of a 30 second television commercial costs $400,000. Working with PDFA, the Campaign has averaged $175,000 per commercial.

The Administration believes that prevention is a critical component of a balanced National Drug Control Strategy, and the Drug-Free Communities Support Program is an important part of the Federal prevention arsenal. Evidence of the Administration's commitment to DFC can be seen in the

President's previous four budget submissions, where the Administration sought DFC funding increases of $10 million per year, starting with a $50 million request in FY02 that grew into an $80 million request by FY05. We have been pleased that Congress has supported those requests with full funding.

ONDCP is working to better enforce the requirements of receiving DFC grants, including making sure that grantee coalitions live up to their obligations and requiring coalitions applying for year 6-10 funding to meet the higher standards requisite with being a more mature coalition. In addition, ONDCP is implementing a DFC evaluation that will better measure coalitions' outcomes and effectiveness. By making the program more efficient and requiring better outcomes, DFC will be able to serve effective coalitions across the country and help nurture new coalitions where they are needed.

In addition to the Administration's support for the DFC support program, the FY 06 budget request also increases funding to the Department of Education's Safe and Drug-Free Schools and Communities National Grants by $87.5 million. This money is now available for targeting to LEAs that need assistance implementing drug prevention or school safety programs, policies, and strategies that research has demonstrated to be effective in reducing youth drug use or violence. The Administration has also requested an addition $15.4 million for student drug testing grants to support schools in the design and implementation of programs to randomly screen selected students and to confidentially intervene with assessment, referral, and intervention for students who test positive for drug use. Overall, the Administration seeks nearly $1.6 billion in prevention funding in its FY06 budget request. The Administration strongly supports prevention programs that are effective at reducing drug use in America.

5. Why did ONDCP suspend the regular meetings of the "demand reduction working group," which used to bring together senior political appointees from the federal agencies involved in drug control?

   ONDCP works regularly with senior officials and their staff from across the Federal government. Meetings of demand reduction partners are convened when required. Recent ONDCP efforts to develop an interagency response to synthetic drugs and the ongoing inter-agency data initiative are two examples of recent ONDCP leadership.

6. Does the Administration believe that student drug testing alone, unaccompanied by education or other prevention programs will be effective? If not, what kinds of programs need to accompany the testing?

   The Administration believes in a comprehensive approach to stopping use before it starts, which includes education, screening, treatment, and informing parents and other authority figures of the need to discuss the dangers of drugs with young people. The Media Campaign is one program that works hand in hand with Student Drug Testing by

reaching teens in ways that other programs do not (Television, Radio, Print and the Internet). The Drug Free Communities program reaches out to our nation's youth by issuing grants to support community coalitions that focus on preventing youth drug use.

7. What is ONDCP doing to strengthen the drug prevention infrastructure in states, schools and communities around the country? How is ONDCP coordinating other federal agencies' efforts to accomplish this?

   ONDCP currently funds 714 community coalitions in all 50 states and the District of Columbia through the Drug Free Communities Program. The program provides funds and resources to eligible community anti-drug coalitions to enable the community to better prevent youth drug problems including the use of inhalants, alcohol, and tobacco. By design, community coalitions bring together multiple sectors of the community to work on reducing and/or preventing substance abuse. Eligible coalitions that receive funding are expected to serve as catalysts for increased citizen participation and greater collaboration among the community sectors and organizations represented in the coalition. Together, members of the coalition develop and implement, evaluate, and institutionalize community-based comprehensive, long-term strategies to reduce youth substance abuse.

   The DFCSP is an important component of the National Drug Control Strategy. Community anti-drug coalitions hold a prominent place in the nation's drug prevention infrastructure. This results, in part, from the recognition that parents, families, and schools - the traditional first line of drug prevention - often need help from the larger community in protecting young people from the scourge of illegal drugs and underage alcohol and tobacco use.

   ONDCP has worked closely with the Department of Education, state and local government, and the nonprofit sector to promote student drug testing. ONDCP arranged twelve student drug testing conferences, and has distributed two booklets on the topic: "What You Need to Know About Drug Testing in Schools," *and* "What You Need to Know About Starting a Drug Testing Program." *This summer, a new Student Drug Testing page was launched on the ONDCP website. These efforts are seeing dividends. In this year alone, the number of schools identified with random student drug testing programs increased from 150 to 304. In addition, plans are underway for more regional ONDCP-sponsored summits in 2005-2006, and the drug czar's offices in several states have expressed interest in sponsoring state-wide conferences.*

8. How has ONDCP worked with the Department of Education to ensure the production of the legally required report of uniform statistics from state grants? This minimum data set that includes the incidence and prevalence, age of onset, perception of health risk, and perception of social disapproval of drug use and is required in Public Law 107-110, Title IV, Sec. 401, part A Section 4116(a)(2) [20U.S.C.7116 (a)(2)(B)], The Uniform Management Information and Reporting System, painstakingly detailed in Public Law 107-110, section 4112(C)(3) calls for comparable data both within and among states.

ONDCP did work with the Department of Education to emphasize the need for consistent UMIRS data among states in order to facilitate aggregation that links state and local state activities to national outcomes. However, in the light of the RAND finding that the state grant amounts are spread too thinly for the program to be effective, the Administration has proposed a more effective use of funds – a reallocation to SDFSC National Program activities that provide direct support to critical local education agencies in sufficient amounts to make a real difference.

9. How will ONDCP ensure that the Safe and Drug-Free Schools and Communities (SDFSC) Advisory Committee, required in Public Law 107-110, Title IV, Sec. 401, Part A, Sec. 4124(a)(2) and (3) [20 U.S.C. 7134(a)(1)], is constituted, becomes fully operational and has a direct impact on the administration of the program? This Committee is mandated to be made up of all the federal agencies with expertise in drug prevention, as well as state and local educational agencies, researchers and practitioners.

   The Administration is in the final stages of standing up the Committee. The Department of Education is reviewing potential non-governmental participants, and will host the first meeting in the near future.

828 Forest Avenue
Montgomery, Alabama
36106

Council on Substance Abuse-NCADD

Crisis/Advocacy Line
1-800-SOBER90
1-800-762-3790

April 26, 2005

The Honorable Mark Souder
Chairman
Subcommittee on Criminal Justice, Drug Policy and Human Resources
Committee on Government Reform
U.S. House of Representatives
Washington, D. C. 20515

Dear Chairman Souder:

I wish to express my support for restored FY 2006 (FY 06) funding, at a level of $441 million, for the State Grants portion of the Safe and Drug Free Schools and Communities (SDFSC) program. This program is the is the only source of funding for school based prevention that directly targets all of America's youth in grades K-12 with drug and alcohol prevention and intervention services and it serves more than 37 million youth per year. Alabama received $6.4 million from the State Grants portion of the SDFC program in FY 2004. These funds were used to provide substance abuse prevention and intervention services to 877,783 students during the 2003-2004 school year. SDFSC funding in Alabama has been used to implement drug education and violence prevention programs in most of Alabama's schools. Some specific examples of how these funds are used in Alabama include the implementation of science-based prevention curriculum, the provision of parent workshops, the development of peer mediation programs, and the production of youth-created video broadcasts explaining the dangers of substance abuse.

The SDFSC program is the backbone of youth drug prevention and intervention efforts in Alabama. State and local programs funded by the SDFSC program have achieved impressive outcomes and have had a significant impact in helping to achieve the 17% overall decline in overall drug use over the last three years. In Alabama this program has not only been efficiently and effectively run, but it has achieved outstanding outcomes. For example, the Alabama Safe and Drug Free Schools program resulted in a 32% decrease in the reported use of beer by students in the 11th grade. In 2000, 40.4% of 11th graders had drunk beer in the last 90 days, while in 2002, only 27.3% had drunk beer in the last 90 days. Alabama also reports decreases among 6th to 11th graders in alcohol use, illicit drug use and marijuana use. Among these students, 30 day use of marijuana decreased at a rate of 1.2%, from 16.8% in 2003 to 16.6% in 2004. Thirty-day alcohol use also decreased among 6th to 11th graders at a rate of 1.3%, from 45.7% in 2003 to 45.1% in 2004. In addition, the Alabama Safe and Drug Free Schools program resulted in a 14% decrease in the past 30 day use of alcohol by students in the 6th to 11th grade. In 1997, 46.7% had drunk alcohol in the last 30 days, while in 2003, only 40.2% had drunk alcohol in the last 30 days. The Alabama Safe and Drug Free Schools program also resulted in a 46% decrease in lifetime incidence of inhalant use by students in the 6th to 11th grade. In 1997, 19.4% had used inhalants in their lifetime, while in 2003, only 10.5% had used inhalants in their lifetime.

Although the U. S. Department of Education has not implemented the Uniform Management Information and Reporting System, required by Title IV of H.R. 1, the states have exercised due diligence and collected the data necessary to demonstrate the outcomes and effectiveness of their SDFSC programs. I would strongly urge Congress to take whatever steps necessary to ensure that the U.S. Department of Education collect these outcomes in the future.

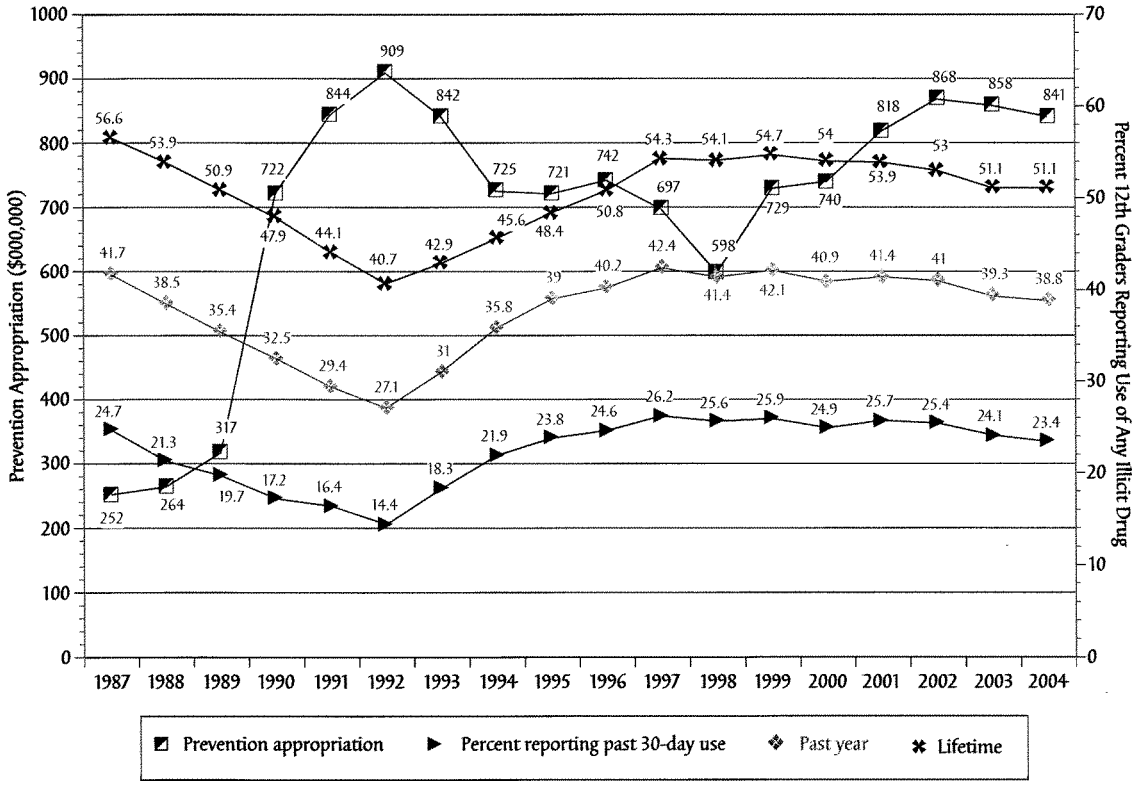
The academic achievement of our nation's children is dependent upon the prevention of substance use in schools. A recent study by the University of Washington concluded that the level of peer substance use in schools has a substantial impact on academic performance. The study findings link lower reading and math scores to peer substance use. On average, students whose peers avoided substance use had test scores that were 18 points higher for reading, and 45 points higher for math. The 2002 National Household Survey on Drug Abuse Report entitled *Marijuana Among Youths*, further substantiated the link between substance abuse and academic performance, noting that youths with an average grade of D or below were more than four times as likely to have used marijuana in the past year as youths with an average grade of A. Other data also supports the fact that adolescents who use alcohol may remember 10% less of what they have learned than those who don't drink.

Every new cohort of youth MUST have the benefit of prevention efforts to ensure that drug and alcohol use rates continue to decline. For most children, schools serve as one of the only sources of information about the harms of drug use. Drug, alcohol and tobacco use and abuse currently cost schools throughout the country an EXTRA $41 billion per year and have a devastating impact on the educational performance of students nationwide. **Eliminating the funding for the State Grants portion of the SDFSC program is simply not an option for either Alabama or our nation! Please work to ensure that funding for the State grants portion of the SDFSC program is restored to $441 million.**

Sincerely,

Alice Murphy
President & CEO

Change in Any Illegal Drug Use, High School Seniors, 1987-2004



CLALLAM COUNTY

Community Mobilization Contact

Jim Borte, Project Coordinator
Clallam County Sheriff's Department
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Overview

Our mission is to work with the community to reduce drug use and violence in our county. Our goals are: to promote community collaboration on substance abuse and violence issues; to provide substance abuse and violence prevention services for at-risk youth and their families; to promote safe and healthy social skills development programs for youth which promote good decision making.

Community Partners/Service Providers

- Clallam County Prevention Works! Community Coalition
- Clallam County Juvenile and Family Services
- Lutheran Community Services NW
- West End Outreach Services
- Port Angeles School District
- Sequim School District
- Quillayute Valley School District
- First Step Family Support Center
- Boys & Girls Club of the Olympic Peninsula
- Healthy Families of Clallam County
- Concerned Citizens
- GUTS, Inc.

Program Outcomes

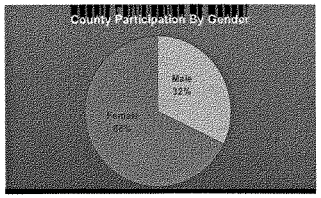
- 80% of participants in Second Step reported more confidence in their parenting skills as measured by a Parenting Ladder.
- 67% of parents participating in the GUTS' Parenting Effectiveness Training said that they felt more confident about resolving conflict with their children based on the knowledge and skills that they learned.
- 60% of the parents who completed the Parents Who Care parent education program said that they had improved communications with their children about school performance as determined by the pre- and post-tests.
- 70% of the parents in the Aunties Program said that they were better able to access support resources in the Community, based on knowledge and skills learned through the program (based on exit interviews).
- 75% of students participating in the school tutoring program at the Forks Teen Center reported improvements in their Grade Point Average (GPA) from the previous quarter

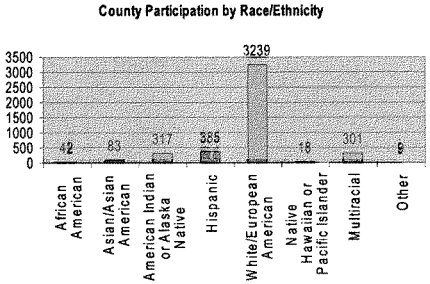
Program Highlights

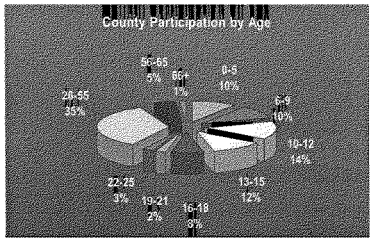
- "The Hideaway (Forks Teen Center) has kept me out of trouble and helped me get better grades. I used to waste my time after school and sometimes get into trouble." (15 year old)
- 100% of the parents in the GUTS' Effective Parenting Program said that they learned a lot about what problems and challenges teens face in their lives. They credited the program for helping them to improve communications with their teen(s).

Number of People Served	
• **Prevention Programs**	4,394
• **Large Community Events**	539
Prevention Program Sessions	1,547
Direct Service Hours	8,550
Leveraging	
• **In-Kind Support (value)**	$65,580
• **Number of Volunteers**	1,291

Participant Demographics







Program Information

Program Name	*Risk/Protective Factors*
ROCK N' Roll Mentoring Camp	Early Initiation of Problem Behavior, Lack of Commitment to School, Early and Persistent Antisocial behavior, Friends Who Engage in the Problem Behavior, Healthy Beliefs and Clear Standards, Bonding, Opportunities, Skills, and Recognition.
Aunts and Uncles	Family Management Problems, Extreme Economic Deprivation, Healthy Beliefs and Clear Standards, Bonding, Opportunities, Skills, Recognition.
Parents Who Care	Family Management Problems, Early Initiation of the Problem Behavior, Low Commitment to School, Healthy Beliefs and Clear Standards, Bonding, Opportunities, Skills, Recognition.

Meth Action Team

The Clallam County Meth Action Team sponsored two 4-hour Methamphetamine Awareness Trainings conducted by CADRE. The sessions were attended by 73 members of the community. Participants included real estate agents, property managers, substance abuse counselors, school personnel, law enforcement, citizens, health care professionals, retail manages, and hotel/motel managers. The Community Meth Action Team (CMAT) also sponsored a regional Meth Watch Training that was attended by 25 people. Work was also begun on a PowerPoint presentation.

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GRAYS HARBOR COUNTY

Community Mobilization Contact

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Overview

The mission of the Grays Harbor County Community Mobilization Services is to collaborate with community partners to effectively promote, improve, and protect the mental and physical health and safety of Grays Harbor County residents in a way that respects the cultures of our community.

Community Partners/Service Providers

- Grays Harbor County After School Program
- Grays Harbor County Sheriff's Department
- Grays Harbor County School Districts
- Educational Service District 113
- Coming Attractions: Theatres @ SouthShore Mall

Program Outcomes

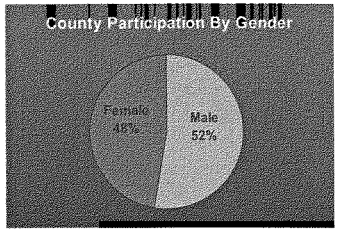
- 95% of students in the after school program improved their grades and attendance.
- 73% of teachers believed that the after school program improved students' academic performance.
- Grays Harbor County had a statistically significant positive result on the rebelliousness scale of the Individual Domain Survey administered to after school program participants.

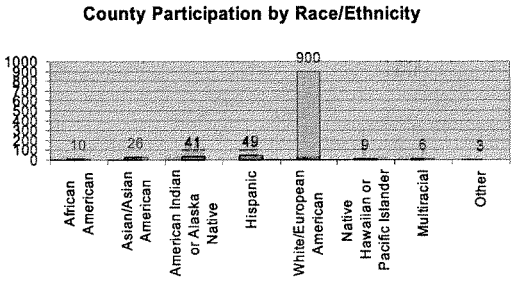
Program Highlights

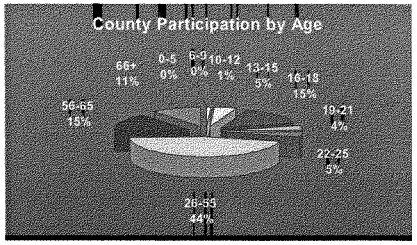
- **Prevention Convention:** Youth from nine schools with approximately 279 students attended. Workshops included Impaired Driving (demonstrations using driving simulators), The Grays Harbor County Drug Task Force, Recovery Panels, Traffic Safety, Choices and Consequences, Tobacco & Secondhand Smoke, Teen Health, MIP/DUI Impact Panel, and MADD.
- **Nine Grays Harbor County High School Prevention Teams:** Activities on campuses and in the community, which included Leadership activities, Safe and Sober Driving activities, Alcohol and Tobacco Prevention activities, and Methamphetamine Awareness activities.
- Ten sessions of the **Meth Action Team** employee trainings were held, with 310 people in attendance.
- **After School Program**: 712 youth, 268 sessions.
- **Cinema Ads:** Ten screens display prevention messages targeting youth, parents, and community members prior to each movie.

Number of People Served	
• **Prevention Programs**	1,044
• **Large Community Events**	2,986
Prevention Program Sessions	64
Direct Service Hours	227
Leveraging	
• **In-Kind Support (value)**	$11,534
• **Number of Volunteers**	562

Participant Demographics







Program Information

Program Name	*Risk/Protective Factors*
Harbor After School Program	Family History of Substance Abuse
Strengthening Families Program	Family History of Substance Abuse
High School Prevention Teams	Availability of Drugs
Media Campaigns	Favorable Attitudes Toward Problem Behaviors

Meth Action Team

- **Restrict the availability of ingredients to manufacture methamphetamine.**
- **Educate citizens and professionals of the toxic dangers and appropriate response to the identification of methamphetamine labs.**
- **Reduce the use of methamphetamines by youth and adults.**

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JEFFERSON COUNTY

Community Mobilization Contact

Beth Wilmart, Program Manager
Jefferson County Community Network
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Overview

The Community Mobilization Program is administered through the Jefferson County Community Network. Our focus is on community organizing, operational support to the area's three youth centers, and our Meth Action Team. We convene the Healthy Youth Coalition—more than 130 individuals representing virtually all family and youth-serving agencies, non-profits, and community groups in the county, as well as parents.

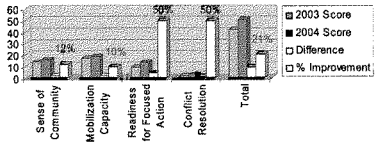
Community Partners/Service Providers

- The Boiler Room
- Tri Area Teen Center
- Quilcene Teen Center
- Jefferson County Public Health
- Jefferson County Parks and Recreation
- Safe Harbor Recovery Center
- Jefferson County Juvenile Services
- Port Townsend Police Department

Program Outcomes

- The Boiler Room demonstrably improved its public perception about substance use, violence, and delinquency by its patrons.
- The Tri Area Teen Center entered into talks with Boys and Girls Clubs of America to expand and improve the services available to youth in the Chimacum, Port Hadlock, and Irondale areas.
- Following the Quilcene Teen Center's drug awareness forum, 3 out of 4 of the 62 attendees who completed an evaluation said they know more ways to prevent drug use in their family and community.

Improvement In Functioning of Healthy Youth Coalition (measured by Community Scorecard)

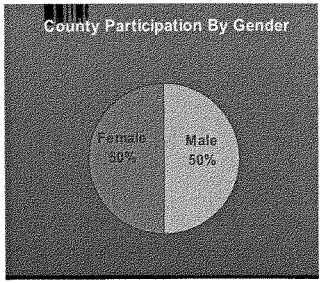


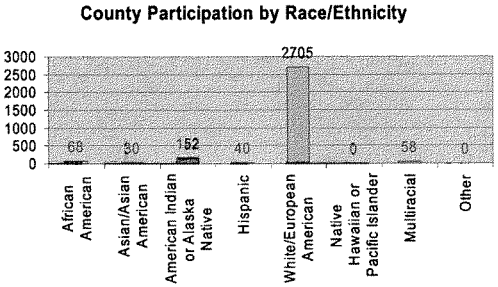
Program Highlights

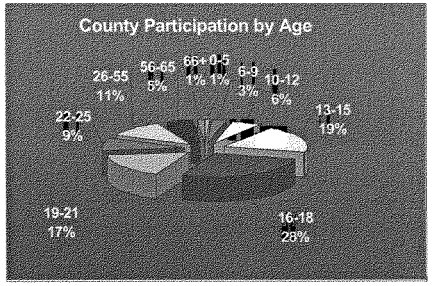
- Each community in the county has its own teen center that is reflective of local needs and culture. All three centers maintain a drug-, alcohol-, and violence-free environment, and provide activities that support and encourage healthy development.
- The Healthy Youth Coalition includes more than 130 members, representing virtually all youth-serving agencies, community organizations, and schools in the county, plus parents.

Number of People Served	
• **Prevention Programs**	3,053
• **Large Community Events**	2,730
Prevention Program Sessions	1,013
Direct Service Hours	7,818
Leveraging	
• **In-Kind Support (value)**	$6,550
• **Number of Volunteers**	479

Participant Demographics







Program Information

Program Name	*Risk/Protective Factors*
The Boiler Room	Healthy Beliefs and Clear Standards; Community Laws and Norms; Bonding
Planning and Implementing Prevention Strategies	Organizing Activities; Support Activities; Community Laws and Norms
Substance Abuse Advisory Board (Meth)	Community Laws and Norms; Healthy Beliefs and Clear Standards

Meth Action Team

The Meth Action Team convened two trainings on drug recognition during the spring of 2004. Drugs that Impair Driving was offered twice, and a total of 36 law enforcement professionals attended. Drug Information Training for Educational Professionals attracted 43 participants from a variety of disciplines, including school administrators, teachers, probation officers, treatment providers, and clergy.

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KING COUNTY

Community Mobilization Contact

Laura E. Edwards, Program Coordinator
King County Community Organizing Program
Phone: (206) 205-6444
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Overview

The King County Community Organizing Program has been implementing a proven approach to prevention since 1989. Community Mobilization (CTC: The Communities That Care® Model program) involves citizens of King County in substance abuse and violence prevention. Since 1989 we have worked with over 300 community coalitions to create safe and healthy communities.

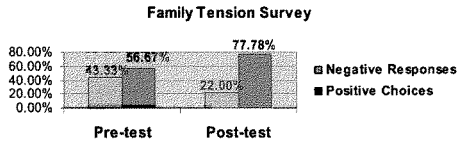
Community Partners/Service Providers

Of the hundreds of partners and community coalitions we work with, here are a main few:

- King County Sheriff's Office
- King County Public Health: Alcohol, Tobacco and Other Drug Prevention
- King County Mental Health, Chemical Abuse, and Dependency Services
- Community Health and Safety Networks
- School Districts
- Puget Sound ESD
- United Way

Program Outcomes

- Of the youth participating in our Juvenile Intervention Projects, youth recidivism was reduced by 96% and family tension was reduced by 20%.
- 396 students participated in a Days of Respect event at Cedarcrest High School in Duvall. 85% felt that the training significantly increased school safety and reduced bullying and harassment.
- 124 Seattle public school students participating in prevention programs from "Fun and Sober Teens" to SADD (Students Against Destructive Decisions) and others: 90% felt more interested in their school and felt they now knew how to keep it safe and drug free.

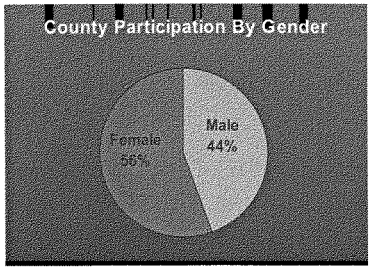


Program Highlights

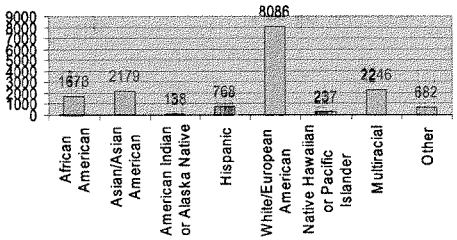
- After a peer mediation training at Ingraham High School, 98% of young people felt their attitudes about drugs, alcohol, and violence had changed due to the training; and that they would be less likely to use drugs or participate in violence.
- Meth labs are down 20%.

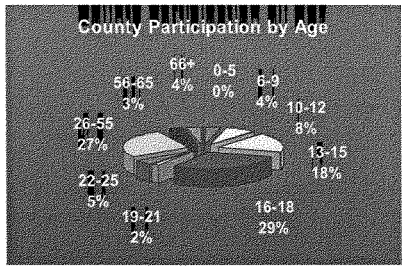
Number of People Served	
• **Prevention Programs**	16,009
• **Large Community Events**	18,866
Prevention Program Sessions	4,058
Direct Service Hours	11,934
Leveraging	
• **In-Kind Support (value)**	$311,080
• **Volunteer Hours**	7,595

Participant Demographics



County Participation by Race/Ethnicity





Program Information

Program Name	*Risk/Protective Factors*
Community Mobilization Against Substance Abuse	Increase Community Problem Solving; Change Norms Related to Substance Abuse and Violence
☆ Family Management Programs	Increase Family Problem Solving
☺ Youth Development Programs	Increase Pro-social Involvement of Youth and Increase Their Perception of Harm of Substance Use and Violence.

Meth Action Team

The King County Meth Action Team has over 60 participating agencies from law enforcement, prevention and treatment (including school counselors), the National Guard, the Mexican Consulate, the postal service, and representatives from Safeway and 7-11. We have implemented a Drug Endangered Children Protocol, and trained over 14 local law enforcement agencies in the use of the protocol. We have prepared backpacks for children found at meth lab sites.

🏆 Best Practice ☆ Promising Practice ☺ Innovation Community Organizing Community Support Activities Other Published Curriculum

OKANOGAN COUNTY

Community Mobilization Contact

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Overview

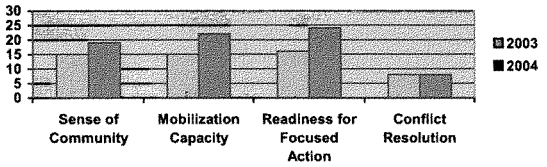
Okanogan County Community Mobilization provides incentive and support for communities to develop targeted and coordinated strategies, in turn creating and sustaining healthy, safe, and economically viable communities free from substance abuse and violence. During 2003-2004, services were provided through parenting education and community events and organizing.

Community Partners/Service Providers

- Okanogan County Sheriff's Office
- Okanogan County Task Force
- Family Planning/Teen Pregnancy Task Force
- Family Empowerment
- The Support Center for Women and Children
- Okanogan County Health Department Tobacco Coalition
- Okanogan County Child Protective Services
- Child Protective Services

Program Outcomes

- Significant drop in teen pregnancy rates for ages 15 – 17 (percentage per 1,000) from 42.5% in 2001 to 28.7%.
- Focus Group studies show that 75% of the participants noted that networking with other agencies has been the most positive aspect of their involvement with the Meth Action Team.
- Meth presentations show 4.66% of correct answers on pre-tests and 10.83% on post-tests, out of a possible 12.
- Meth Labs have decreased by 75% in Okanogan County from 2003.

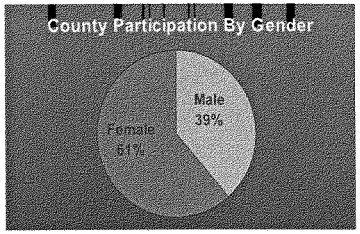


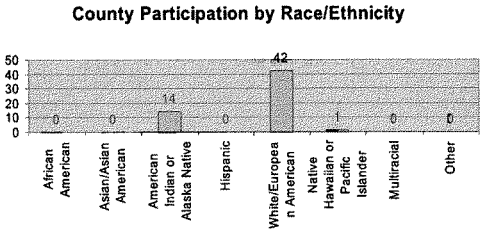
Program Highlights

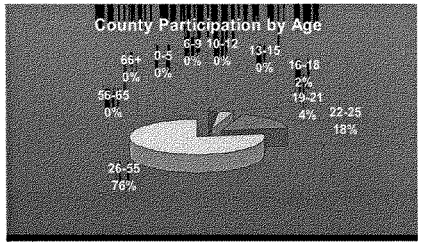
- Community Mobilization scorecard increased from 54 in 2003 to 73 in 2004.
- Readiness for Focused Action has increased 50% from 2003.

Number of People Served	
• **Prevention Programs**	57
• **Large Community Events**	22,605
Prevention Program Sessions	30
Direct Service Hours	244
Leveraging	
• **In-Kind Support (value)**	$39,872
• **Volunteer Hours**	125

Participant Demographics







Program Information

Program Name	*Risk/Protective Factors*
Strengthening Families	Favorable Parental Attitudes towards drugs, crime, and violence & bonding
Parents Who Care	Favorable Parental Attitudes towards drugs, crime, and violence & bonding
Teen Pregnancy Task Force	Friends who engage in Problem Behavior/Early Initiation of Problem Behavior

Meth Action Team

Okanogan County Meth Action Team sponsored a countywide Meth Summit for department heads of law enforcement, hospitals, ambulance services, Health Department, Child Protective Services, firemen, and other county officials. The summit was held to develop a Drug-Endangered Children's Protocol. The protocol is currently being implemented throughout the county. Fifty backpacks will be put together with supplies, assisting children that have been taken from a home where meth is being used and/or manufactured.

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PACIFIC COUNTY

Community Mobilization Contact

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Overview

CM funding supports the coordination of countywide prevention partnerships and the selection, development, implementation, and evaluation of prevention strategies in communities countywide. The Pacific Co. Community Coordination strategy works to effectively address the problem of substance abuse and violence, while the After School Activities Program provides a consistent, safe, and nurturing environment in which children learn, have fun, and grow.

Community Partners/Service Providers

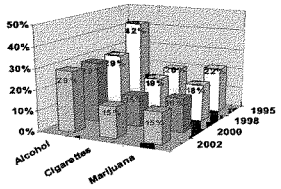
- All school districts (Naselle, Ocean Beach, South Bend, Raymond, and Willapa Valley
- Willapa Bay Youth and Community Services
- Providence Hospital Addictions Recovery Center non-profit agencies.
- Public Health and Human Services
- Juvenile Court
- Site Leaders (After School Activities Program)
- Group Activity Leaders (After School Activities Program)

Program Outcomes

- Community Coordination has led to an increase in the capability of the Pacific Co. community to address and prevent ATOD use by youth.
- Five school districts received prevention services, serving approximately 300 youth countywide.
- After School Activities Program offered opportunities for youth to interact with pro-social adults and peers, and learn new skills in a safe, consistent, and supportive environment.

30-Day Use Trend

(6th, 8th, 10th, & 12th Graders)

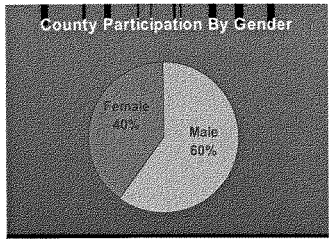


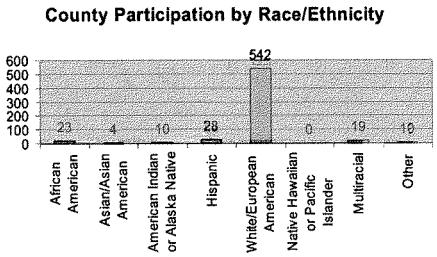
Program Highlights

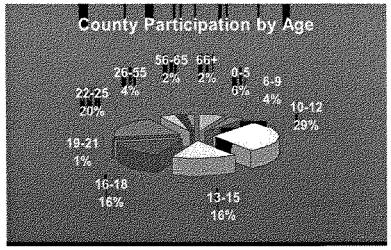
- After School Activities Program focus group report:
  "... the long term impact of the program and how highly the program is valued is what might be called the ASAP 'legacy' or what parents described as 'coming full circle.' A number of ASAP students have grown, left the program, and are now coming back to assist or teach at the program. This speaks to the value of this program from a student's perspective."

Number of People Served	
• **Prevention Programs**	636
• **Large Community Events**	500
Prevention Program Sessions	324
Direct Service Hours	2,322
Leveraging	
• **In-Kind Support (value)**	$4,425
• **Volunteer Hours**	150

Participant Demographics







Program Information

Program Name	*Risk/Protective Factors*
☺ After School Activities Program	Early Initiation of Drug Use
🏆 All Stars	Favorable Attitudes Toward Drug Use
☺ Youth Adventures	Early Initiation of Drug Use
🏆 Project Alert	Favorable Attitudes Toward Drug Use

Meth Action Team

In conjunction with local law enforcement and local retailers, we implemented the Meth Watch program in Pacific Co. Meth Watch is a retailer education program wherein retailers are trained to recognize and report suspicious "meth related" purchases to their local law enforcement officials. Each of the approximately 60retailers in Pacific Co. were recruited to become Meth Watch members. Retailers include supermarkets, convenience stores, pharmacies, and hardware stores. Each retailer received a Meth Watch packet that included a brochure and letter outlining the program, an educational poster for employee's listing commonly used ingredients in the production of Meth, Meth Watch shelf stickers and window clings, and suspicious activity reporting forms. In addition to the Meth Watch packets, ongoing educational support was offered to each retailer.

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SKAGIT COUNTY

Community Mobilization Contact

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Skagit Prevention Council
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Overview

The mission of the Skagit Prevention Council is to promote safer and healthier communities through collaborative efforts, education, and alternative activities. We accomplish this through support of existing prevention programs, and through the provision of parenting classes, healthy youth and family activities, educational theatre, awards banquets, and much more. Our activities are as diverse as our communities.

Community Partners/Service Providers

- Anacortes Community Health Council
- Burlington-Edison Parent Network
- Conway Community Prevention Council
- La Conner Community Prevention Committee
- Mount Vernon Community Wellness Council
- North Cascades Health Council
- Upper Skagit Indian Tribe
- Upper Valley Awareness Task Force
- Sea Mar Community Health Center/Hispanic Community
- Skagit County Human Services
- Skagit County DUI Task Force
- Skagit County Meth Action Team

Program Outcomes

- Participants reported a 26% increase in their knowledge of drug-endangered children and meth (at post-test).
- Youth actors in the educational theatre focus group reported that participation in the group did affect their decision not to use or abuse substances.
- 925 families participated in the Burlington-Edison Parent Network. The total enrollment for Burlington-Edison schools is 3,665 youth.

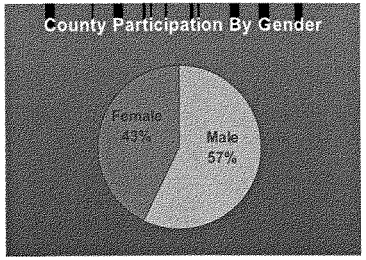
Skagit Meth Summit

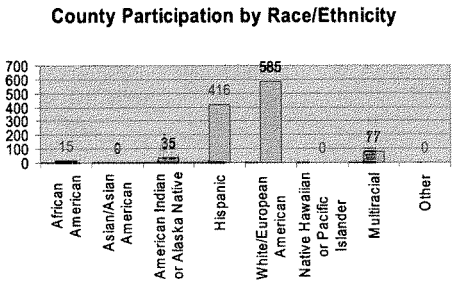
Program Highlights

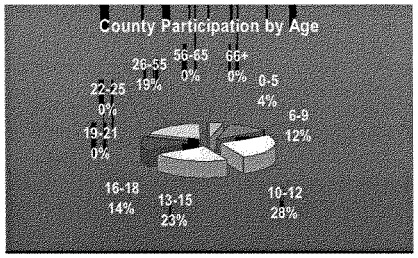
- Skagit Prevention Council presented nine Very Important Prevention Person Awards at the annual banquet in April 2004.
- Skagit Players Educational Theatre student actor: "The best thing about the Skagit Players is the chance to help make a difference while making friends and performing service to our community."
- Skagit Prevention Council narrative for the CM Scorecard included the statement: "We walk the walk and talk the talk."

Number of People Served	
• **Prevention Programs**	1,128
• **Large Community Events**	1,977
Prevention Program Sessions	82
Direct Service Hours	311
Leveraging	
• **In-Kind Support (value)**	$9,000
• **Number of Volunteers**	38

Participant Demographics







Program Information

Program Name	*Risk/Protective Factors*
Burlington-Edison Parent Network	Healthy Beliefs and Clear Standards; Bonding (opportunities, skills and recognition); Community Support
Skagit County Meth Summit	Healthy Beliefs and Clear Standards; Availability of Drugs; Community Support

Meth Action Team

The Skagit County Meth Action Team (SCMAT) presented a workshop, entitled "Blueprint for Success in Forming a Meth Action Team," at the Washington State Meth Summit in Vancouver. They shared the history of SCMAT, including the formation of a Drug Endangered Child protocol—a direct result of the Skagit County Meth Summit in 2003. SCMAT sponsored and implemented another successful Skagit County Meth Summit in March 2004, which was attended by over 250 participants.

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SPOKANE COUNTY

Community Mobilization Contact

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Overview

The Greater Spokane Substance abuse Council's (GSSAC) Prevention Center is home to several programs working towards the prevention of substance abuse and violence. By providing prevention presentations, training and support, GSSAC empowers schools, agencies and the community to effectively implement prevention strategies. Further, through community partnerships and youth coalitions, we strive to create a community wide environment that fosters positive attitudes and behavior.

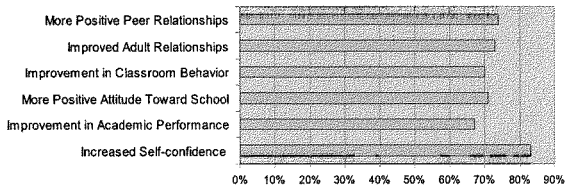
Community Partners/Service Providers

- Big Brothers/Big Sisters of Spokane County
- Riverside School District
- Cheney Outreach Center
- East Central Community Center
- Educational Services District 101
- Local hospitals
- Changing Our Lives Together Program
- Martin Luther King Jr. Family Outreach Center
- Spokane Public Schools
- Local and county law enforcement
- N.A.T.I.V.E. Projects
- County-wide schools and school districts

Program Outcomes

- Teacher surveys stated that 70% of youth in the School-Based Mentoring program showed improvement in classroom behavior and had a more positive attitude toward school.
- Over 90% of participants in the Substance Abuse Prevention Specialist Training stated that they had significantly increased their knowledge and confidence in prevention program planning.
- Teens in the Aggression Replacement Training (ART) program showed an average 61% increase from the pre- to the post-test.

School Based Mentoring Program
Percentage of Participants Reporting Positive Results

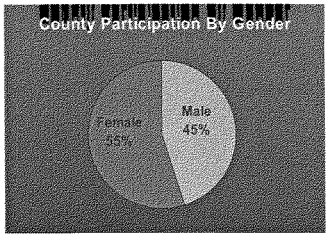


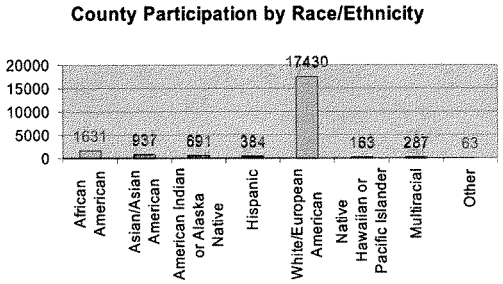
Program Highlights

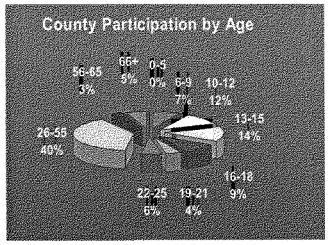
- More than 1,300 elementary aged children were provided services through after-school programs.
- Teen members of the WA Drug-Free Youth (WDFY) program conducted over 30 presentations to younger students.
- Over 500 educators, prevention specialists, youth leaders and others received training on prevention topics and activities.

Number of People Served	
• **Prevention Programs**	21,586
• **Large Community Events**	5,425
Prevention Program Sessions	8,461
Direct Service Hours	10,375
Leveraging	
• **In-Kind Support (value)**	$60,309
• **Number of Volunteers**	122

Participant Demographics







Program Information

Program Name	*Risk/Protective Factors*
☺ Big Brothers/Big Sisters School-Based Mentoring	Lack of Commitment to School; Bonding; Healthy Beliefs and Clear Standards
☆ Aggression Replacement Training	Early and Persistent Anti-Social Behavior; Healthy Beliefs and Clear Standards
Washington Drug-Free Youth (WDFY)	Community Laws and Norms Favorable toward Drug Use

Meth Action Team

The Spokane County Meth Action Team (MAT) continues to grow with vital resources and positive outcomes, including:
Meth Watch Retailer's Program

- **More than 150 retailers in Spokane are members and receive training/support.**
- **75% of meth tips year to date in 2004 came from retailers (major increase from 2003).**

Meth Watch Community Presentation

- **The MAT developed a PowerPoint meth education presentation**
- **100 volunteers statewide have been trained to deliver the presentation and have reached over 400 people.**

Other outcomes: Spokane County has had a 50% reduction in meth labs year to date in 2004.

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THURSTON COUNTY

Community Mobilization Contact

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TOGETHER!
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Overview

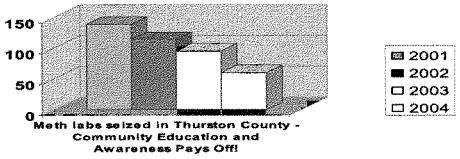
TOGETHER! works to increase awareness and take action to prevent youth violence and alcohol, tobacco and drug use in Thurston County. Community partnerships and collaborative efforts promote the vision of a community where young people are supported, healthy, safe, and valued. Activities such as parent education, tutoring, and after-school programs further these goals.

Community Partners/Service Providers

- North Thurston Public Schools
- Lacey Police Department
- Thurston Community Network
- Thurston County Public Health and Social Services
- WA National Guard Drug Demand Reduction Unit
- Thurston County Prosecuting Attorney's Office
- St. Peter's Chemical Dependency Center
- City of Olympia
- City of Lacey
- Thurston Regional Planning Council
- Girl Scouts Pacific Peaks Council
- South Sound YMCA

Program Outcomes

- 77% of children in the Kids' Place after-school program, grades 1-5, began the school year reading below grade level. At year's end, 63% were reading at or above grade level; 91% had improved their reading scores.
- 75 tobacco prevention classes were provided for 1,111 5th and 6th graders. Teachers returning surveys reported their classes were interested, engaged, and positively impacted.
- 88% of retailers checked did not sell alcohol to minors.

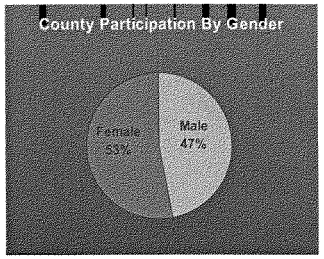


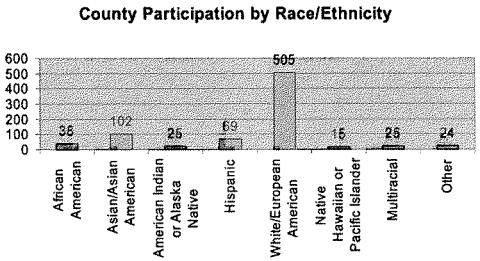
Program Highlights

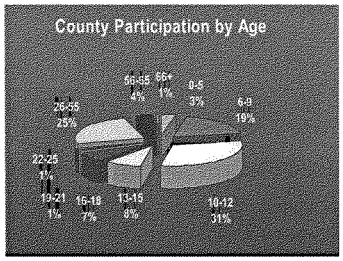
- "I think the TOGETHER! after-school program has been heaven sent. My child is doing better with his homework assignments because he has a quiet place to do it and someone who is aware of what is being taught to help him."
- TOGETHER! and the Thurston Community Network, launched the *Campaign for a Game Smart Thurston Community* to focus on the effects of video game violence on youth.
- 30 area citizens were honored for outstanding work with youth.

Number of People Served	
• **Prevention Programs**	804
• **Large Community Events**	5,581
Prevention Program Sessions	881
Direct Service Hours	5,490
Leveraging	
• **In-Kind Support (value)**	$65,562
• **Number of Volunteers**	321

Participant Demographics







Program Information

Program Name	*Risk/Protective Factors*
Drug-Free Communities Coalition	Community Laws and Norms Favorable Toward Drug Use; Availability of Drugs
Campaign for a Game Smart Thurston Community	Media Portrayals of Violence
After School Programs	Academic Failure Beginning in Late Elementary School; Bonding; Early and Persistent Antisocial Behavior.
Compliance Check	Availability of Drugs

Meth Action Team

The Thurston County Meth Coalition implemented the Meth Watch Retailer Education Program to increase collaboration between retailers and law enforcement, and to reduce the purchase/theft of precursors. A video was produced that is available statewide for use in retailer trainings. Workshops on Identity Theft and Meth Endangerment drew a total of 212 people. Speakers continue to provide meth education and safety trainings for the general public.

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WAHKIAKUM COUNTY

Community Mobilization Contact

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Overview

Wahkiakum County Community Mobilization (CM) supports services for school-aged county youth provided by multiple community partners. Decisions about services to be funded with CM resources are data-driven and aimed at increasing prioritized protective factors and decreasing identified risk factors. A broad range of community partners (the Wahkiakum CM Advisory Board) are involved in setting local priorities. During 2003-2004, services funded by CM included Youth Adventure Program, Teen Adventure Program, and Youth Resiliency.

Community Partners/Service Providers

- Wahkiakum County CD Advisory Board
- Wahkiakum County Meth Action Team
- Wahkiakum County Tobacco Coalition
- Wahkiakum Community Network
- St. James Family Center
- Wahkiakum and Naselle/Grays River School Districts
- Educational Service District 112
- Wahkiakum Health and Human Services
- Washington State Extension
- DASA (both prevention and treatment)
- Wahkiakum County Sheriff's Department

Program Outcomes

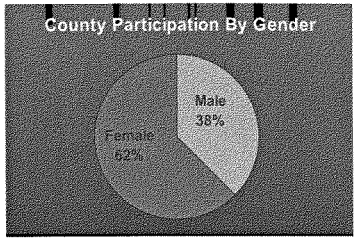
- 91 Wahkiakum County teens participated in 16 drug- and alcohol-free events aimed at increasing community bonding in the St. James Family Center Adventure program.
- Summers 2003 and 2004—120 Wahkiakum youth ages 6 – 15 years participated in community-based education activities. The Youth Adventure Program involves nearly 50 community volunteers and gives youth valuable learning opportunities with healthy role models during their summer break from school.
- 34 Wahkiakum High School Freshmen and 5 Wahkiakum High School Sophomores attended a three-day event in an experiential outdoor setting. A comparison of pre and post surveys from the Youth Resiliency Project **showed a statistically significant decrease in depression scores six months after the event** in teens that participated.

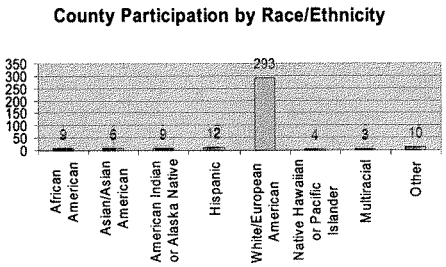
Program Highlights

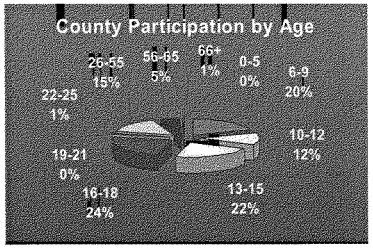
- Our Youth Resiliency Project was developed in response to the challenges and increased risks teens face at the time of transition from middle to high school. The Wahkiakum CM policy board has funded 4 successive years of this project, which is offered to every incoming freshman free of charge. A similar project is being planned for youth in 5th grade.
- In October 2004, Wahkiakum CM was awarded a $2.500 performance award by CTED for evaluation efforts associated with our Youth Resiliency Project.

Number of People Served	
• **Prevention Programs**	346
• **Large Community Events**	453
Prevention Program Sessions	89
Direct Service Hours	557
Leveraging	
• **In-Kind Support (value)**	$37,632
• **Number of Volunteers**	**120**

Participant Demographics







Program Information

Program Name	*Risk/Protective Factors*
☺ Teen Adventure Program	Bonding (opportunities, skills, recognition), Favorable Attitudes Toward Problem Behavior, Low Neighborhood Attachment and Community Disorganization
☺ Youth Adventure Program	Bonding (opportunities, skills, recognition), Healthy Beliefs and Clear Standards, Low Neighborhood Attachment and Community Disorganization
Youth Resiliency Program	Bonding (opportunities, skills, recognition), Healthy Beliefs and Clear Standards

Meth Action Team

The Wahkiakum County Meth Action Team chose to focus on messaging to youth as a priority for 2003-2004. They have allocated Meth funding from each year to the construction of an electronic reader-board to be located at the entrance to the Wahkiakum School District property. The programming of the reader-board will allow intermittent "anti-meth messages" mixed with announcements of school events in a high visibility location for students and community members. This collaborative project with the Wahkiakum School Board has strengthened relationships between community prevention efforts, education, and parents.

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WHATCOM COUNTY

Community Mobilization Contact

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Straight Talk About Responsibility
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star@az.com

Overview

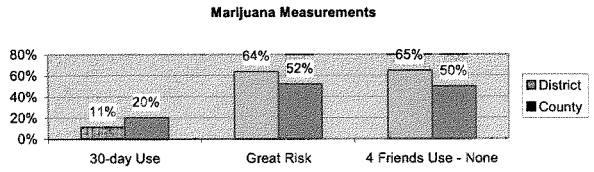
Straight Talk About Responsibility (STAR) works in partnership within Whatcom County to reduce alcohol and other drug abuse. The work of STAR is the promotion of community responsibility regarding community support and participation in substance abuse prevention efforts. STAR's partners supported school-based prevention and community planning, and organized a coordinated meth response plan for the county in 2003.

Community Partners/Service Providers

- Bellingham Police Department
- Whatcom County Sheriff's Office
- Health Department
- Bellingham School District
- Blaine School District
- Meridian School District
- Western Washington University
- Whatcom Family YMCA

Program Outcomes

- 90% of the participants in post program focus groups reported a high level of influence from the educational campaign on their attitudes toward use.
- One district noted a 45% lower rate in marijuana use; a 53% lower rate in binge drinking; a 23% higher rate in friends not using marijuana; and an 18.2% higher perception in harm from marijuana use among 10th grade students after two years of participation in the Drug Free Youth Program.

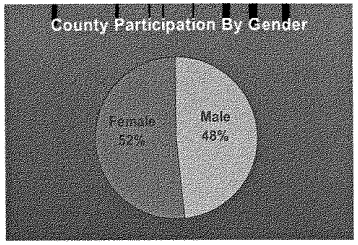


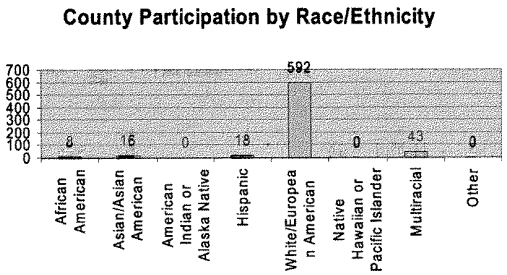
Program Highlights

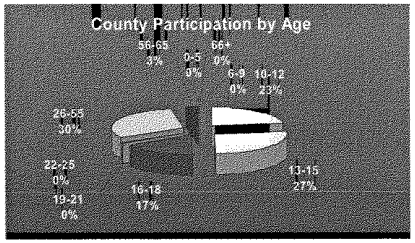
- Drug-Free Youth program to school districts provided membership services to 125 students. Three educational campaigns emphasized tobacco, alcohol, and marijuana awareness with 10 educational events reaching 1,070 students.
- Student leaders helped to produce 12 educational posters emphasizing tobacco, alcohol, and marijuana awareness. A finished planning guide was produced for future campaigns.

Number of People Served	
• **Prevention Programs**	677
• **Large Community Events**	436
Prevention Program Sessions	118
Direct Service Hours	261
Leveraging	
• **In-Kind Support (value)**	$22,622
• **Volunteer Hours**	350

Participant Demographics







Program Information

Program Name	*Risk/Protective Factors*
☺ Drug-Free Youth Program	Early Initiation of the Problem Behavior; Favorable Attitudes Toward the Problem Behavior; Friends Who Engage in the Problem Behavior.

Meth Action Team

The Whatcom County Meth Action Team (WCMAT) developed and implemented a strategic plan that included educational outreach to neighborhoods and retailers, and improved response protocols among local agencies responding to meth labs. The Whatcom County Executive's Office sponsored a 1-day methamphetamine planning summit attended by 65 people from the community and local agencies in order to shape a coordinated community-wide response plan for 2004-2005.

🏆 Best Practice ☆ Promising Practice ☺ Innovation Community Organizing Community Support Activities Other Published Curriculum