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H.R. 956, DRUG-FREE COMMUNITIES ACT OF 1997

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE

OF THE

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT HOUSE OF REPRESENTATIVES

ONE HUNDRED FIFTH CONGRESS

FIRST SESSION

ON

H.R. 956

TO AMEND THE NATIONAL NARCOTICS LEADERSHIP ACT OF 1988 TO ESTABLISH A PROGRAM TO SUPPORT AND ENCOURAGE LOCAL COMMUNITIES THAT FIRST DEMONSTRATE A COMPREHENSIVE, LONG-TERM COMMITMENT TO REDUCE SUBSTANCE ABUSE AMONG YOUTH, AND FOR OTHER PURPOSES

MARCH 13, 1997

Serial No. 105–19

Printed for the use of the Committee on Government Reform and Oversight

U.S. GOVERNMENT PRINTING OFFICE

41–843 CC WASHINGTON : 1997

For sale by the Superintendent of Documents, U.S. Government Printing Office
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H.R. 956, DRUG-FREE COMMUNITIES ACT OF 1997

THURSDAY, MARCH 13, 1997

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE,
COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT,
Washington, DC.

The subcommittee met, pursuant to notice, at 1:40 p.m., in room 2157, Rayburn House Office Building, Hon. J. Dennis Hastert (chairman of the subcommittee) presiding.

Present: Representatives Hastert, Mica, Souder, Barr, and Barrett.

Staff present: Robert Charles, staff director; Chris Marston, legislative assistant; Ianthe Saylor, clerk; Elizabeth Mundinger, minority counsel; and Ellen Rayner, minority chief clerk.

Mr. HASTERT. The Subcommittee on National Security, International Affairs, and Criminal Justice will come to order.

I am pleased to conduct this hearing on H.R. 956, the Drug-Free Communities Act of 1997, which I had introduced with my colleagues, Mr. Portman of Ohio, Mr. Rangel of New York, and Mr. Levin of Michigan, all who will testify today.

I am especially pleased that this subcommittee's distinguished ranking member, Tom Barrett of Wisconsin, has signed on as a cosponsor. Thank you, sir, for that.

The crisis of drug use among our Nation's youth calls out for an answer. This bipartisan bill rechannels existing resources to community-based solutions. I believe that it will form the beginning of such an answer.

The problem of drug abuse among our Nation's youth is growing. Illicit drug use among 8th and 10th graders has doubled in the last 5 to 6 years. Five percent of high school seniors smoke marijuana on a daily basis. Our children are using LSD and other hallucinogens—cocaine, heroin, and methamphetamine—at increasing levels.

Parents have stopped talking to their children about the dangers of drug use. Only 3 of 10 children say their parents have actually talked to them about drugs.

In my own home in Aurora, IL, I have a brother who teaches at the junior high level. Out of his class just this calendar year, he has already lost one of his students because of gang-bangs and assassinations.

It is a real problem. It is a real problem with our kids, and it is a real problem right at home.

Decentralized Federal programs cannot answer this problem alone. In order to reduce demand for drugs among our Nation's youth, we must address the problems one community at a time.

This bill will support the efforts of local communities to form coalitions from all sectors, Government, education, faith, business, and media, to effectively address their own local problems. By integrating the efforts of all of these groups, such coalitions can make the most of a limited pool of resources, and find the most effective way to reach our young people.

The bill provides this support responsibility. It rechannels funds into matching grant programs with built-in accountability provisions. Coalitions must meet certain sustainably reasonable requirements to be eligible and they will be held accountable for all Federal dollars that they spend.

Citizens Against Government Waste and other organizations support the proposal along with community-based organizations from all over the country.

I look forward to the testimony from our witnesses today, and the insights of our Members, as we turn to the markup of this bill immediately following this hearing today.

I am pleased to turn to my colleague on the subcommittee, the ranking minority member and co-sponsor of H.R. 956, Tom Barrett, for any opening remarks that he may have.

[The text of H.R. 956 follows:]

I

105TH CONGRESS
1ST SESSION

H. R. 956

To amend the National Narcotics Leadership Act of 1988 to establish a program to support and encourage local communities that first demonstrate a comprehensive, long-term commitment to reduce substance abuse among youth, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 5, 1997

Mr. PORTMAN (for himself, Mr. HASTERT, Mr. LEVIN, and Mr. RANGEL) introduced the following bill; which was referred to the Committee on Government Reform and Oversight, and in addition to the Committee on Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

---

A BILL

To amend the National Narcotics Leadership Act of 1988 to establish a program to support and encourage local communities that first demonstrate a comprehensive, long-term commitment to reduce substance abuse among youth, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Drug-Free Communities Act of 1997".

1 **SEC. 2. NATIONAL DRUG CONTROL PROGRAM.**

2 (a) IN GENERAL.—The National Narcotics Leader-
3 ship Act of 1988 is amended—

4 (1) by inserting between sections 1001 and
5 1002 the following:

6 **"CHAPTER 1—OFFICE OF NATIONAL DRUG**
7 **CONTROL POLICY";**

8 and

9 (2) by adding at the end of such chapter the
10 following:

11 **"CHAPTER 2—DRUG-FREE COMMUNITIES**

12 **"SEC. 1021. FINDINGS.**

13 "The Congress finds the following:

14 "(1) Substance abuse among youth has more
15 than doubled in the last four years, with substantial
16 increases in the use of marijuana, inhalants, cocaine,
17 methamphetamine, LSD, and heroin.

18 "(2) The most dramatic increases in substance
19 abuse over the last four years are among younger
20 Americans—13 and 14 year olds.

21 "(3) Casual or periodic substance abuse by
22 youth today will contribute to hard core or chronic
23 substance abuse by the next generation of adults.

24 "(4) Substance abuse is at the core of other
25 problems, such as rising violent teen and violent

1 gang crime, increasing health care costs, HIV infec-
2 tions, teenage pregnancy, high school dropouts, and
3 lower economic productivity.

4 "(5) Increases in substance abuse among youth
5 are due in large part to an erosion of understanding
6 among youth of the high risks associated with sub-
7 stance abuse, and to the softening of peer norms
8 against use.

9 "(6) Substance abuse is a preventable behavior
10 and a treatable disease; in fact, between 1979 and
11 1992, monthly use of illegal drugs among 12 to 17
12 year olds declined over 70 percent; and data sug-
13 gests that if parents would simply talk to their chil-
14 dren regularly about the dangers of substance abuse,
15 use among youth could be expected to decline by as
16 much as 30 percent.

17 "(7) Community anti-drug coalitions through-
18 out the Nation are successfully developing and im-
19 plementing comprehensive, long-term strategies to
20 reduce substance abuse among youth on a sustained
21 basis.

22 "(8) Intergovernmental cooperation and coordi-
23 nation through national, State, and local or tribal
24 leadership and partnerships are critical to facilitate

1 the reduction of substance abuse among youth in
2 communities throughout the Nation.

3 **"SEC. 1022. PURPOSES.**

4 "The purposes of this chapter are—

5 "(1) to help reduce substance abuse among
6 youth in communities throughout the Nation, and
7 over time, to reduce substance abuse among adults;

8 "(2) to strengthen collaboration among commu-
9 nities, the Federal Government, and State, local,
10 and tribal governments, and to enhance intergovern-
11 mental cooperation and coordination on the issue of
12 substance abuse among youth;

13 "(3) to serve as a catalyst for increased citizen
14 participation and greater collaboration among all
15 sectors and organizations of a community that first
16 demonstrates a long-term commitment to reducing
17 substance abuse among youth;

18 "(4) to rechannel existing resources from the
19 Federal drug control budget to provide technical as-
20 sistance, guidance, and financial support to commu-
21 nities that demonstrate a long-term commitment in
22 reducing substance abuse among youth;

23 "(5) to disseminate to communities timely in-
24 formation regarding the state-of-the-art practices

1 and initiatives that have proven effective to reducing
2 substance abuse among youth;
3 "(6) to enhance, not supplant, local community
4 initiatives for reducing substance abuse among
5 youth; and
6 "(7) to encourage the creation of and support
7 for community anti-drug coalitions throughout the
8 Nation.

9 **"SEC. 1023. DEFINITIONS.**

10 "For purposes of this chapter—
11 "(1) the term 'Administrator' means the Ad-
12 ministrator appointed by the Director pursuant to
13 section 1031(c); and
14 "(2) the term 'Director' means the Director of
15 the Office of National Drug Control Policy.

16 **"SEC. 1024. AUTHORIZATION OF APPROPRIATIONS.**

17 "(a) IN GENERAL.—
18 "(1) IN GENERAL.—There are authorized to be
19 appropriated to the Office of National Drug Control
20 Policy to carry out this chapter, $10,000,000 for fis-
21 cal year 1998, $20,000,000 for fiscal year 1999,
22 $30,000,000 for fiscal year 2000, $40,000,000 for
23 fiscal year 2001, and $43,500,000 for fiscal year
24 2002.

1 "(2) OFFICE OF NATIONAL DRUG CONTROL
2 POLICY.—The authorizations provided in paragraph
3 (1) shall be effective only to the extent that amounts
4 are appropriated for each fiscal year for the Office
5 of National Drug Control Policy.
6 "(b) ADMINISTRATIVE COSTS.—Not more than the
7 following percentages of the amounts authorized under
8 subsection (a) may be used to pay administrative costs:
9 10 percent for fiscal year 1998; six percent for fiscal year
10 1999; four percent for fiscal year 2000; three percent for
11 fiscal year 2001; and three percent for fiscal year 2002.

12 **"Subchapter I—Drug-Free Communities**
13 **Support Program**

14 **"SEC. 1031. ESTABLISHMENT OF DRUG-FREE COMMUNITIES**
15 **SUPPORT PROGRAM.**

16 "(a) ESTABLISHMENT.—The Director of the Office
17 of National Drug Control Policy shall establish a program
18 to support communities in the development and implemen-
19 tation of comprehensive, long-term plans and programs to
20 prevent and treat substance abuse among youth (referred
21 to in this chapter as the 'Program').
22 "(b) PROGRAM.—The Program shall include grant
23 making and tracking, technical assistance and training,

1 data collection and dissemination on state-of-the-art prac-
2 tices which have proven effective in reducing substance
3 abuse, and general administration.

4 "(c) ADMINISTRATION.—Not later than 30 days after
5 receiving recommendations from the Advisory Commission
6 established under title II, the Director shall appoint an
7 Administrator to carry out the Program.

8 **"SEC. 1032. PROGRAM AUTHORIZATION.**

9 "(a) GRANT ELIGIBILITY.—To be eligible to receive
10 a grant under this chapter, a coalition shall meet the fol-
11 lowing criteria:

12 "(1) APPLICATION.—A coalition that desires to
13 receive a grant or to renew a grant under this chap-
14 ter shall submit an application at such time and in
15 such manner and form as the Administrator shall
16 reasonably require.

17 "(2) MAJOR SECTOR INVOLVEMENT.—A coali-
18 tion shall consist of one or more representatives of
19 youth, parents, businesses, the media, schools, orga-
20 nizations serving youth, law enforcement, the faith
21 community, civic and fraternal groups, health care
22 professionals, State and local or tribal government
23 agencies with expertise in the field of substance
24 abuse, including, if applicable, the single State au-
25 thority for substance abuse, and other organizations

1 involved in reducing substance abuse, and, if fea-
2 sible, an elected official from each of local or tribal,
3 State, and the Federal Government.
4 "(3) COMMITMENT.—A coalition shall also dem-
5 onstrate that its representatives have worked to-
6 gether on substance abuse reduction initiatives for
7 not less than six months through entities such as
8 task forces, subcommittees, or community boards
9 and shall demonstrate substantial participation from
10 volunteer leaders in the community, especially
11 among individuals involved with youth such as par-
12 ents, teachers, coaches, youth workers, and clergy.
13 "(4) MISSION AND STRATEGIES.—A coalition
14 shall—
15 "(A) have as its principal mission the re-
16 duction of substance abuse in a comprehensive
17 and long-term fashion, with a primary focus on
18 youth in the community;
19 "(B) describe and document the nature
20 and extent of the substance abuse problem in
21 the community;
22 "(C) provide a description of existing sub-
23 stance abuse prevention and treatment pro-
24 grams and activities and identify substance

1 abuse program and service gaps in the commu-
2 nity;
3 "(D) develop a strategic plan to reduce
4 substance abuse among youth in a comprehen-
5 sive and long-term fashion; and
6 "(E) work to develop a consensus regard-
7 ing the priorities of the community to combat
8 substance abuse among youth.
9 "(5) SUSTAINABILITY.—A coalition shall dem-
10 onstrate that it is an ongoing concern, by having a
11 structure (such as a 501(c)(3) organization de-
12 scribed in title 26, United States Code or a division
13 of an existing entity), non-Federal financial support
14 (including, within the discretion of the Adminis-
15 trator, in-kind contributions), and a strategy to
16 identify and solicit substantial non-Federal funding
17 sources to ensure that the coalition and its programs
18 are self-sustaining.
19 "(6) ACCOUNTABILITY.—The coalition shall—
20 "(A) establish a system approved by the
21 Administrator to measure and report outcomes
22 consistent with common indicators and evalua-
23 tion protocols established by the Administrator,
24 in consultation with the Advisory Commission;

1 "(B) conduct an initial benchmark survey
2 of drug use among youth (or use local surveys
3 or performance measures already available or
4 accessible in the community) and conduct sur-
5 veys (or incorporate existing local surveys into
6 its evaluation) to measure the progress and ef-
7 fectiveness of the coalition on a biennial basis;
8 and
9 "(C) provide assurances that the entity
10 conducting the evaluation, or upon which the
11 coalition is relying for its information, has expe-
12 rience in gathering data related to substance
13 abuse among youth or in evaluating the effec-
14 tiveness of community anti-drug coalitions.
15 "(b) GRANT AMOUNTS.—
16 "(1) IN GENERAL.—
17 "(A) GRANTS.—The Administrator is au-
18 thorized to provide an amount not to exceed the
19 amount of non-Federal funds raised by the coa-
20 lition, including in-kind contributions, in any
21 fiscal year and is authorized to renew such
22 grant awards annually for a period not to ex-
23 ceed four years. Each such grant award may
24 not exceed $100,000 in any fiscal year.

1 "(B) COALITION AWARDS.—The Adminis-
2 trator is authorized to make grants to not more
3 than one eligible coalition representing a com-
4 munity, except that the Administrator has the
5 discretion to make grants to more than one eli-
6 gible coalition in each community that has a
7 population that exceeds 2,000,000 people, ex-
8 cept that coalitions receiving such grants shall
9 demonstrate that they are collaborating with
10 one another and have independently met the re-
11 quirements set forth in section 1022(a).
12 "(2) RURAL COALITION GRANTS.—In order to
13 stimulate the development of coalitions in sparsely
14 populated and rural areas and to any tribal govern-
15 ment, the Administrator is authorized to provide
16 grants, not to exceed $50,000 in any fiscal year, to
17 coalitions representing a county, a parish, a bor-
18 ough, or a census area that has a population that
19 does not exceed 30,000 people and is authorized to
20 renew such grant awards annually for a period not
21 to exceed four years. The Administrator is author-
22 ized to make grants to not more than one coalition
23 representing a county, a parish, a borough, or a cen-
24 sus area.

1 **"SEC. 1033. INFORMATION COLLECTION AND DISSEMINA-**
2 **TION WITH RESPECT TO GRANTEES.**

3 "(a) COALITION INFORMATION.—

4 "(1) GENERAL AUDITING AUTHORITY.—The
5 Administrator shall have access for the purpose of
6 audit and examination to any books, documents, pa-
7 pers, and records that are pertinent to any grant or
8 grant renewal request under this title and may peri-
9 odically request information from a grantee to en-
10 sure that the criteria set forth in section 1022(a) are
11 being met.

12 "(2) APPLICATION PROCESS.—The Adminis-
13 trator shall issue rules and regulations regarding the
14 application process, grant renewal, and suspension
15 or withholding of any renewal grant awards. All ap-
16 plications shall be in writing and shall be subject to
17 bona fide review by the Administrator initially and
18 upon renewal.

19 "(3) REPORTING.—The Administrator shall
20 make every effort, consistent with existing law, to
21 minimize reporting requirements by a grantee and to
22 expedite any grant renewal requests.

23 "(b) DATA COLLECTION AND DISSEMINATION.—The
24 Administrator may collect data from national substance
25 abuse organizations working with coalitions, community
26 anti-drug coalitions, departments or agencies of Federal,

1 State and local or tribal governments and any other entity
2 or organization whose activities relate to the purposes of
3 the Program. The Administrator may evaluate the utility
4 of specific initiatives, engage in research and development
5 activities related to the Program, and disseminate such in-
6 formation to eligible coalitions, any other substance abuse
7 organization, or the general public.

8 **"SEC. 1034. TECHNICAL ASSISTANCE AND TRAINING.**

9 "The Administrator may offer technical assistance
10 and training, enter into contracts and cooperative agree-
11 ments, and coordinate programs with any grantee or other
12 organization. The Administrator may train any represent-
13 atives designated by a grantee in coalition building, task
14 force development, mediation and facilitation, direct serv-
15 ice, assessment and evaluation or any other activity relat-
16 ed to the purposes of the Program.

17 **"Subchapter II—Advisory Commission**

18 **"SEC. 1041. ESTABLISHMENT OF ADVISORY COMMISSION.**

19 "(a) ESTABLISHMENT.—There is established the 'Ad-
20 visory Commission on Drug-Free Communities' (referred
21 to in this chapter as the 'Advisory Commission').

22 "(b) PURPOSE.—The President shall appoint mem-
23 bers to the Advisory Commission pursuant to section 1043
24 to advise, consult with, and make recommendations to the

1 Administrator concerning matters related to the activities
2 carried out under the Program.

3 **"SEC. 1042. DUTIES.**

4 "(a) IN GENERAL.—The Advisory Commission—

5 "(1) shall, within 30 days after its first meet-
6 ing, make recommendations to the Director regard-
7 ing the selection of an Administrator;

8 "(2) may review any grant, contract, or cooper-
9 ative agreement proposed to be made by the Pro-
10 gram;

11 "(3) may make recommendations to the Admin-
12 istrator regarding the activities of the Program;

13 "(4) may review any policy or criteria estab-
14 lished by the Administrator to carry out the Pro-
15 gram;

16 "(5) may collect, by correspondence or by per-
17 sonal investigation, information as to initiatives,
18 studies, services, programs, or other activities of coa-
19 litions or organizations working in the field of sub-
20 stance abuse in the United States or any other coun-
21 try and, with the approval of the Administrator,
22 make such information available through appropriate
23 publications or otherwise for the benefit of coalitions
24 and for the general public; and

1 "(6) may appoint subcommittees and convene
2 workshops and conferences.
3 "(b) RECOMMENDATIONS.—If the Administrator re-
4 jects recommendations of the Advisory Commission, the
5 Administrator shall notify the Advisory Commission and
6 the Director in writing of the reasons for so doing not
7 later than 15 days after receiving such recommendations.
8 "(c) CONFLICT OF INTEREST.—A member of the Ad-
9 visory Commission shall recuse himself or herself from any
10 decision that would constitute a conflict of interest.
11 **"SEC. 1043. MEMBERSHIP.**
12 "(a) IN GENERAL.—The President shall appoint 15
13 members to the Advisory Commission as follows:
14 "(1) Six members shall be appointed from the
15 leading representatives of national substance abuse
16 reduction organizations, of which at least four must
17 have extensive training or experience in drug preven-
18 tion.
19 "(2) Six members shall be appointed from the
20 general public and shall include leaders in fields of
21 youth development, public policy, law, business, or
22 private foundations that fund substance abuse pro-
23 grams.

1 "(3) Three members shall be appointed from
2 the leading representatives of substance abuse reduc-
3 tion organizations in the States.
4 "(b) CHAIRPERSON.—The Advisory Commission shall
5 elect a chairperson or co-chairpersons from among its
6 members.
7 "(c) EX OFFICIO MEMBERS.—The ex officio mem-
8 bership of the Advisory Commission shall consist of any
9 two officers or employees of the United States as the Di-
10 rector determines necessary for the Advisory Commission
11 to effectively carry out its functions.
12 **"SEC. 1044. COMPENSATION.**
13 "(a) IN GENERAL.—Members of the Advisory Com-
14 mission who are officers or employees of the United States
15 shall not receive any compensation for service on the Advi-
16 sory Commission. The remaining members of the Advisory
17 Commission shall receive, for each day (including travel
18 time) they are engaged in the performance of the functions
19 of the Advisory Commission, compensation at rates not
20 to exceed the daily equivalent to the annual rate of basic
21 pay payable for GS–10 of the General Schedule.
22 "(b) TRAVEL EXPENSES.—Each member of the Advi-
23 sory Commission shall receive travel expenses, including
24 per diem in lieu of subsistence, in accordance with sections
25 5702 and 5703 of title 5, United States Code.

1 **"SEC. 1045. TERMS OF OFFICE.**

2 "(a) IN GENERAL.—The term of office of a member
3 of the Advisory Commission shall be three years, except
4 that—

5 "(1) of the members first appointed under sec-
6 tion 1043(a)(1), two shall be appointed for a term
7 of two years, and of the members first appointed
8 under section 1043(a)(2), two shall be appointed for
9 a term of two years, and of the members first ap-
10 pointed under section 1043(a)(3), one shall be ap-
11 pointed for two years, as designated at the time of
12 appointment; and

13 "(2) any member appointed to fill a vacancy for
14 an unexpired term shall serve for the remainder of
15 such term.

16 "(b) VACANCY.—A member of the Advisory Commis-
17 sion may serve after the expiration of such member's term
18 until a successor has been appointed and taken office.

19 **"SEC. 1046. MEETINGS.**

20 "(a) IN GENERAL.—After its initial meeting, the Ad-
21 visory Commission shall meet at the call of the Chairman
22 or a majority of its members or upon the request of the
23 Director or Administrator of the Program for which the
24 Advisory Commission is established.

25 "(b) QUORUM.—Eight members of the Advisory
26 Commission shall constitute a quorum.

1 **"SEC. 1047. STAFF.**

2 "The Advisory Commission may elect its own execu-
3 tive secretary to facilitate the conduct of business. The
4 Administrator shall make available to the Advisory Com-
5 mission such staff, information, and other assistance per-
6 mitted by law as it may reasonably require to carry out
7 its functions.

8 **"SEC. 1048. TERMINATION.**

9 "The Advisory Commission shall terminate on the
10 date that is five years after the date of the enactment of
11 this chapter, except that the Advisory Commission shall
12 be authorized to conduct its business only to the extent
13 that amounts are appropriated to carry out the Pro-
14 gram.".

15 (b) REFERENCE.—Every reference in Federal law to
16 subtitle A of the Anti-Drug Abuse Act of 1988, with the
17 exception of section 1001 of such subtitle, shall be deemed
18 a reference to chapter 1 of the National Narcotics Leader-
19 ship Act of 1988.

Mr. BARRETT. Thank you, Mr. Chairman. Thank you for holding this important hearing and markup.

I am pleased to be a co-sponsor of this bill that will provide communities with the funding and organization for implementing a coordinated attack in the war on drugs. I compliment Mr. Portman and Mr. Levin for showing the leadership that they have today.

We all know that we have a serious problem. Teen drug use is on the rise. Monitoring the Future study that was released in December found that the increase is caused in part by the fact that youngsters are not hearing about the dangers of drug use. Community partnerships can help us get this information out.

The Federal Government already recognizes their importance by providing Federal funding to community coalitions, so they can demonstrate that their prevention methods work. In fact, Federal seed money has helped build a strong community network, which now includes over 4,000 community partnerships nationwide.

I look forward to hearing from the witnesses today, who can tell us more about their successes and I am pleased to be a co-sponsor of the Drug-Free Communities Act of 1997, because we need to continue our commitment to these coalitions. This bill authorizes Federal matching grants and an organizational framework to help communities disseminate information in the best way to prevent drug abuse.

There are some issues, however, Mr. Chairman, that I would like to delve into further. First, the bill provides that the Office of National Drug Policy will appoint an administrator of the program after receiving a recommendation from the Advisory Council.

The choice of an administrator is obviously an important one. I hope that we will have followup discussions in which we can hear from those who are in the running for administrator, like representatives from the Office of National Drug Control Policy, who will be the director of the program in the Substance Abuse and Mental Health Services Administration, which currently runs the grant program for Community Partnerships.

I also hope that we can fund this new initiative without damaging existing drug programs, which have been successful. For example, the substance abuse bloc grant, which provided the funding used to treat 340,000 people with serious substance abuse problems in 1995. Or the National Institute on Drug Abuse, which provides us with 85 percent of drug abuse research, including studies like Monitoring the Future, which describe the drug problem and its causes.

I do not want to see the future programs, like the Secretary's substance abuse youth initiative, hurt in this process. In other words, I do not want to rob Peter to pay Paul.

It is time, however, that we take an integrated approach to fighting the war on drugs. It is time that we brought together the entire communities, schools, media, law enforcement, parent groups, and others, so that we can work together to fight this serious problem. This bill does just that.

Thank you.

Mr. HASTERT. I thank the ranking member. Certainly, his advisements we will take under consideration as we move this bill from subcommittee and before we go to full committee. I would hope

that we will have some field hearings, and that we would listen to some of the concerns of yours as well as others about how this bill could be made even better.

At this time, I would like to welcome Congressman Portman and Congressman Levin to testify. Gentlemen, would you please proceed. Congressman Portman.

STATEMENTS OF HON. ROB PORTMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO; AND HON. SANDER M. LEVIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr. PORTMAN. Thank you, Mr. Chairman and members of the subcommittee. I certainly appreciate the opportunity to testify today in support of the Drug-Free Communities Act of 1997. As mentioned earlier, I introduced this along with Mr. Levin, who is with me this afternoon, Chairman Hastert, and Mr. Rangel.

I want to thank you, Mr. Chairman, for your help in developing what we think is a very good bill, but also in expediting this process. Not only are we having a hearing, but a markup today and we are very appreciative that this is moving forward rapidly.

I also have to acknowledge that my friend, Tom Barrett, was the first cosponsor of this legislation. I take very seriously his concerns expressed this afternoon, and want to work with him on any of those.

This is a bipartisan effort, and it reflects some new thinking. It takes existing Federal drug control resources, and rechannels them to support the community efforts around the country, that are actually working to reduce teenage drug abuse. In my view, this shift in priorities is long overdue.

As those of you on the panel know well, and Chairman Hastert has already talked about, after more than a decade of substantial progress in reducing drug abuse in America from 1979 to roughly 1991, those trends have now reversed and reversed pretty dramatically. It is about younger and younger kids.

There was a new study released last week by the Partnership for a Drug Free America showing for the first time significant increases in drug use among 9, 10, 11, 12-year-olds, fourth, fifth and sixth graders.

Of course, the real stories of lost opportunities and even lost lives are even more disturbing than the sobering statistics that you, Mr. Hastert, and others have talked about.

Within the last year, in my own district, 21 high school students were expelled from a suburban school I represent for LSD use, cocaine, and marijuana use. Twelve middle school students, these are 12- and 13-year-olds, from the school that I attended as a young man, were suspended last month for dealing, possession, and use of marijuana on school property.

It goes on and on. One of the reasons I got into this in the first place is that the mother of a 16-year-old from my district came to Washington to talk to me about the tragic death of her son. He died huffing gasoline and smoking marijuana a few years ago.

It is significant to point out, I think, that no area of our country, no district represented by this panel, or Congress indeed is being spared.

A well-respected study, which you may be familiar with, called Monitoring the Future from the University of Michigan, tells us that usage is up because young people view drugs as more socially acceptable and less dangerous than they did 5 or 10 years ago.

This has got to be a call to action for all of us here and around the country to get organized community by community, if we want to reverse these trends, and address all of the other social problems that drug abuse is behind. Violent teen and gang crime is an example; spouse and child abuse; high rates of high school dropouts. These are all issues that are related to drug abuse.

This act that we are talking about today is designed to support those communities around the country, that have demonstrated the will with substantial volunteer participation to address the drug problem.

The bill also gives incentives to spark those communities that are not yet organized. It focuses on providing support in every case in what I think is a very cost effective manner.

I would like to highlight the six main points of the legislation quickly, and then turn to my colleague, Mr. Levin. First, a local community must demonstrate, before any money goes to that community, that there is a comprehensive commitment to reduce drug abuse. This would enable them to qualify for matching Federal grants of up to $100,000.

Experience in the field, Mr. Chairman, good research, and I think just common sense tells us that communities that have every major sector involved in this effort are going to be more successful.

That is why this legislation awards those communities that mobilize youth, parents, businesses, faith leaders, law enforcement, educators, and all of the other key sectors working together for at least 6 months with a focused mission and targeted strategies.

Second, the local community must demonstrate that it is not dependent on the Federal dollar. I think that this is very important. Because with local will and local financial support, the program is going to be more successful. Without it, in my view, the program just will not survive over the long haul.

In fact, we have I think a good record in this regard in the sense that from CSAP, the community partnership program, grants were given to many communities that simply did not have a sufficient non-Federal support base. During its 6-year life, the CSAP community partnership program has made at least 252 grants, typically ranging from $350,000 to $700,000 to community programs.

Today, we understand that only 137 of those programs survive. So about half of them are gone. Again, I think this goes in large measure to a lack of support in the community.

In my view, we should be a catalyst to these communities to get organized to do the right thing, but we cannot sustain it solely with Federal support.

Third, one of the most common and often criticismed of the Federal programs that support State and local initiatives is the lack of accountability. We have heard that with drug free schools and many other programs. This bill requires the local community to have a system of evaluation in place. It has to measure outcomes, and it has to be consistent with the common indicators out there.

This again is very significant and a change from where we have been. We have learned, I think, over time that successful community efforts around the country who evaluate their progress over time are going to be much more successful.

Most have to do so in order to get private sector funding. Again, I think, that is something that we have built into this program. Where if you have to go out to the business community, and other foundations, and other private sector sources to get funding, you are going to have to have a program in place to measure your results.

To put the full responsibility for evaluating these programs, Mr. Chairman, on the Federal Government in this case, I think would lead to a larger bureaucracy, more costs, and more onerous reporting requirements for the participating community. So we have the community group itself do this.

One of the common criticisms of the CSAP program as an example is that the community coalitions had to hire someone just to comply with the Federal reporting requirements. This bill meets the need for real accountability with a minimum of red tape, I think, by requiring the administrator to approve the local system evaluation with help from people immersed in the field, and then monitor the progress of local communities.

But it also requires the administrator to make every effort consistent with existing law to minimize the reporting requirements to the Federal Government. I think that it is the right balance.

Fourth, although the data shows us that broad based local efforts work best, we also know that national and State leadership can play a role at the local level. For example, national and State experts in the field can assist local communities by sharing the best ideas from around the country, and helping put in place effective systems to sustain and evaluate those local efforts.

The bill encourages local communities to involve their Federal and State leadership, including Members of Congress. I can speak from my own experience, as can other members on the panel, over the last 2 years in organizing our own coalition in Greater Cincinnati, we had helped mobilize our local community, but also brought national groups to the table like the Partnership for Drug Free America; like CADCA, Community Anti-Drug Coalitions of America; the PRIDE group, the National Parents Resource Institute for Drug Education. We also brought in, of course, the State anti-drug resources.

Because the drug issue has to be addressed at the local level, I believe all of us must focus our efforts at the local level. But we have something to bring to the table too at every level.

Fifth, the Federal support provided under this program I think provides a lot more bang for the buck. The bill redirects, at its height, less than three-tenths of 1 percent of the existing drug budget. Once again, I take Mr. Barrett's concerns very much to heart. But we have to remember here that not one Federal dollar will be spent under this program without a dollar or more first having been generated by the local community. It is a relatively small part of our national drug budget.

Communities with larger populations can qualify for more than one grant. Federal support is also available to sparsely populated

areas, and the bill recognizes the very special challenges many of these communities face in trying to organize an effort to reduce drug abuse.

I want to just tell you what a couple of people in the field have told us recently about what they would do with this Federal support. We have a lot more testimony on this that we can provide for the record.

One example would be from Ronda Kopelke. She is from the North Woods Coalition in Marshfield, WI. She wrote, "If you have Federal support based on community buy-in, then it can help us leverage support from the community. A small grant, even $5,000, could enable our coalition to build a regional youth alliance, send youth to camp to learn drug and alcohol strategies, and hire a part-time person to marshall the volunteers," in other words leveraging volunteers, "necessary to sustain the effort over time."

Marilyn Culp, executive director of the Miami coalition, a well-known coalition in Miami, FL, that has cut community drug use there to about half the national average, has said that a $100,000 grant from the Federal Government would enable that coalition to leverage an additional $300,000 to $400,000 immediately from the private sector. That this would train an additional 20,000 parents on how to talk to their kids about the dangers of drug abuse, practical steps that they can take.

The Miami Coalition could also send community drug free messages on up to 200 more billboards across the Miami area, and could train up to 300,000 students on the dangers and unacceptability of drug abuse, and on life enhancing skills.

Again, I could go on and on. The stories do go on and on, and they are good ones. But the point is that a small amount of Federal support that tracks local will can act as a catalyst to help these local communities fashion effective solutions to meet their communities' needs.

Finally, to ensure that this program assists those efforts that are truly working, and to ensure that it gives communities the flexibility to continue to fashion local solutions and try innovative initiatives, an advisory commission is in this legislation. It is made up of local community leaders and national and State experts in the field, and they will help the administrator oversee this program.

I think that this is a good change. The members of this advisory commission will be able to review grant applications, policies and criteria relating to the program, to ensure the program remains responsive to local needs.

The legislation, as you know, I think, has the support of hundreds of community groups in all fifty States. It has the support of national leaders like former Drug Czar William Bennett; Community Anti-Drug Coalitions of America; the Partnership for a Drug Free America; PRIDE; and D.A.R.E. America.

Because it is fiscally responsible, believe it or not, it has the support of the Council for Citizens Against Government Waste. What a combination. This bill is also consistent, I think, with the goals of the National Drug Control Strategy that the President has submitted. I think that it frankly improves on the proposals within those goals.

We have already received constructive input over the past few months from the Office of National Drug Control Policy, and this bill actually reflects much of their input on the legislation. We are also working with the appropriations staff and so on to help identify appropriate offsets, although they are not made part of this legislation.

I am hopeful that we can work together on a bipartisan basis to move this bill forward, Mr. Chairman, so that we can provide the necessary support to our communities around the country to truly reduce teenage drug abuse.

Again, I want to thank you and members of the subcommittee for moving this process so quickly forward. I am happy to answer any questions.

[The prepared statement of Hon. Rob Portman follows:]

HONORABLE ROB PORTMAN
SUBCOMMITTEE ON NATIONAL SECURITY,
INTERNATIONAL AFFAIRS & CRIMINAL JUSTICE
MARCH 13, 1997

THANK YOU, MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE. I APPRECIATE THE OPPORTUNITY TO TESTIFY TODAY IN SUPPORT OF THE DRUG-FREE COMMUNITIES ACT OF 1997, LEGISLATION I INTRODUCED LAST WEEK WITH CHAIRMAN HASTERT, MR. RANGEL AND MR. LEVIN. I WANT TO THANK YOU IN PARTICULAR MR. CHAIRMAN, NOT ONLY FOR YOUR HELP IN DEVELOPING THIS LEGISLATION, BUT ALSO FOR AGREEING TO MOVE THIS LEGISLATION EXPEDITIOUSLY STARTING WITH TODAY'S HEARING. I ALSO WANT TO ACKNOWLEDGE THAT MY FRIEND TOM BARRETT ON THE SUBCOMMITTEE WAS THE BILL'S FIRST COSPONSOR.

THIS BIPARTISAN EFFORT REPRESENTS SOME NEW THINKING. IT TAKES EXISTING FEDERAL DRUG CONTROL RESOURCES AND RECHANNELS THEM TO SUPPORT COMMUNITY ANTI-DRUG GROUPS AROUND THE COUNTRY THAT ARE ACTUALLY WORKING TO REDUCE TEENAGE DRUG ABUSE. IN MY VIEW, THIS SHIFT IN PRIORITIES IS OVERDUE.

AS THOSE OF YOU ON THIS PANEL KNOW, AFTER MORE THAN A DECADE OF SUBSTANTIAL PROGRESS IN REDUCING DRUG ABUSE IN AMERICA FROM 1979 TO 1991, THE TRENDS HAVE NOW REVERSED. SINCE 1991, THE USE OF MARIJUANA HAS TRIPLED AMONG 8TH GRADERS. AND THIS IS MARIJUANA WITH A THC CONTENT THAT IS UP TO 15 TIMES STRONGER THAN A GENERATION AGO. BUT IT'S MORE THAN MARIJUANA. USE OF COCAINE, CRACK COCAINE, AMPHETAMINES, BARBITURATES AND HEROIN AMONG TEENAGERS ARE ALL ON THE RISE. LSD USE IS AT ITS HIGHEST RECORDED LEVELS. AND IT'S ABOUT YOUNGER AND YOUNGER AMERICANS. THE PARTNERSHIP FOR A DRUG-FREE AMERICA POLLING DATA RELEASED

LAST WEEK REVEALS FOR THE FIRST TIME THAT MORE 9 TO 12 YEAR-OLDS -- 4TH, 5TH AND 6TH GRADERS! -- ARE USING DRUGS. AND, OF COURSE, THE REAL STORIES OF LOST OPPORTUNITIES AND LOST LIVES ARE EVEN MORE DISTURBING THAN THE SOBERING STATISTICS.

WITHIN THE LAST YEAR, TWENTY-ONE HIGH SCHOOL STUDENTS WERE EXPELLED FROM A SUBURBAN SCHOOL DISTRICT I REPRESENT FOR LSD, COCAINE AND MARIJUANA USE. TWELVE MIDDLE SCHOOL STUDENTS -- 12 AND 13 YEAR OLDS -- IN THE SCHOOL I ATTENDED AS A BOY WERE SUSPENDED FOR DEALING, POSSESSION AND USE OF MARIJUANA ON SCHOOL PROPERTY. ONE OF THE REASONS I BEGAN TO FOCUS MORE TIME ON THIS PROBLEM WAS THE TRAGIC DEATH OF A 16 YEAR-OLD FROM ANOTHER SCHOOL IN MY DISTRICT WHO WAS SMOKING MARIJUANA AND HUFFING GASOLINE. EACH OF YOU CAN RECOUNT STORIES FROM YOUR OWN DISTRICT; NO AREA OF OUR COUNTRY IS BEING SPARED.

THE WELL-RESPECTED UNIVERSITY OF MICHIGAN MONITORING THE FUTURE STUDY TELLS US THAT USAGE IS UP BECAUSE YOUNG PEOPLE VIEW DRUGS AS MORE SOCIALLY ACCEPTABLE AND LESS DANGEROUS THAN FIVE OR TEN YEARS AGO. THIS MUST BE A CALL TO ACTION FOR US TO GET ORGANIZED, COMMUNITY BY COMMUNITY, IF WE WANT TO REVERSE THESE TRENDS AND ADDRESS OTHER SOCIAL PROBLEMS -- LIKE VIOLENT TEEN AND GANG CRIME, SPOUSAL AND CHILD ABUSE, AND HIGH RATES OF HIGH SCHOOL DROP OUTS -- THAT DRUG ABUSE IS BEHIND.

THE DRUG-FREE COMMUNITIES ACT IS DESIGNED TO SUPPORT THOSE COMMUNITIES AROUND THE COUNTRY THAT HAVE DEMONSTRATED THE WILL, WITH SUBSTANTIAL VOLUNTEER PARTICIPATION, TO ADDRESS THE DRUG PROBLEM. THE BILL ALSO GIVES INCENTIVES TO SPARK THOSE COMMUNITIES THAT ARE NOT YET ORGANIZED. AND, IT FOCUSES ON

PROVIDING SUPPORT IN EVERY CASE IN A COST-EFFECTIVE MANNER.

I'D LIKE TO HIGHLIGHT SIX MAIN POINTS ABOUT THE LEGISLATION AND EXPLAIN WHY I BELIEVE IT REPRESENTS A NEW AND MORE EFFECTIVE APPROACH.

FIRST -- A LOCAL COMMUNITY MUST FIRST DEMONSTRATE A COMPREHENSIVE COMMITMENT TO REDUCE DRUG ABUSE TO QUALIFY FOR THE FEDERAL MATCHING GRANT THAT CAN BE UP TO $100,000. EXPERIENCE IN THE FIELD, GOOD RESEARCH AND COMMON SENSE TELL US THAT COMMUNITIES THAT HAVE EVERY MAJOR SECTOR INVOLVED IN IMPLEMENTING STRATEGIES TO REDUCE DRUG ABUSE ARE THE MOST EFFECTIVE. THAT'S WHY THIS LEGISLATION REWARDS THOSE COMMUNITIES THAT HAVE MOBILIZED YOUTH, PARENTS, BUSINESSES, FAITH LEADERS, LAW ENFORCEMENT, EDUCATORS AND OTHER KEY SECTORS THAT HAVE BEEN WORKING TOGETHER FOR AT LEAST SIX MONTHS WITH A FOCUSED MISSION AND TARGETED STRATEGIES.

SECOND, THE LOCAL COMMUNITY MUST DEMONSTRATE THAT IT IS NOT DEPENDENT ON THE FEDERAL DOLLAR. WITH LOCAL WILL AND LOCAL FINANCIAL SUPPORT, A PROGRAM WILL BE MORE SUCCESSFUL; AND WITHOUT IT, A PROGRAM CANNOT SURVIVE OVER THE LONG HAUL. IN FACT, ONE OF MY CONCERNS WITH THE CSAP COMMUNITY PARTNERSHIP PROGRAM IS THAT GRANTS WERE GIVEN TO MANY COMMUNITIES THAT DID NOT HAVE SUFFICIENT NON-FEDERAL FINANCIAL AND OTHER SUPPORT. DURING ITS SIX YEAR LIFE, THE CSAP COMMUNITY PARTNERSHIP PROGRAM HAS MADE AT LEAST 252 GRANTS, TYPICALLY RANGING FROM $350,000 TO $700,000, TO COMMUNITY PROGRAMS; TODAY WE UNDERSTAND THAT ONLY 137 OF THOSE PROGRAMS SURVIVE. ALMOST 50% ARE GONE. IN MY VIEW, THE FEDERAL GOVERNMENT SHOULD BE A CATALYST TO COMMUNITIES THAT WILL THEN

SUSTAIN THE EFFORT WITH OR WITHOUT FEDERAL SUPPORT.

THIRD, ONE OF THE COMMON AND OFTEN DESERVED CRITICISMS OF FEDERAL PROGRAMS THAT SUPPORT STATE AND LOCAL INITIATIVES IS THE LACK OF ACCOUNTABILITY. THIS BILL REQUIRES THE LOCAL COMMUNITY TO HAVE A SYSTEM OF EVALUATION IN PLACE THAT MEASURES OUTCOMES, CONSISTENT WITH COMMON INDICATORS. WE HAVE LEARNED THAT SUCCESSFUL COMMUNITY EFFORTS AROUND THE COUNTRY EVALUATE THEIR PROGRESS OVER TIME TO BE SURE THEY ARE ADDING VALUE. MOST HAVE TO IN ORDER TO GENERATE LOCAL FINANCIAL SUPPORT. TO PUT THE FULL RESPONSIBILITY FOR EVALUATING THESE PROGRAMS ON THE FEDERAL GOVERNMENT WOULD LEAD TO A LARGER BUREAUCRACY, MORE COSTS AND ONEROUS REPORTING REQUIREMENTS FOR THE PARTICIPATING COMMUNITY. IN FACT, ONE OF THE COMMON CRITICISMS OF THE CSAP COMMUNITY PARTNERSHIP PROGRAM IS THAT COMMUNITY COALITIONS HAD TO HIRE SOMEONE SIMPLY TO COMPLY WITH FEDERAL REPORTING REQUIREMENTS. THIS BILL MEETS THE NEED FOR REAL ACCOUNTABILITY WITH THE MINIMUM OF RED TAPE BY REQUIRING THE ADMINISTRATOR TO APPROVE THE LOCAL SYSTEM OF EVALUATION WITH HELP FROM PEOPLE IMMERSED IN THE FIELD AND TO MONITOR PROGRESS OF LOCAL COMMUNITIES. BUT IT ALSO REQUIRES THE ADMINISTRATOR TO MAKE EVERY EFFORT, CONSISTENT WITH EXISTING LAW, TO MINIMIZE FEDERAL REPORTING REQUIREMENTS.

FOURTH, ALTHOUGH THE DATA SHOWS US THAT BROAD-BASED LOCAL EFFORTS WORK BEST, WE ALSO KNOW THAT NATIONAL AND STATE LEADERSHIP CAN HELP AT THE LOCAL LEVEL. FOR EXAMPLE, NATIONAL AND STATE EXPERTS IN THE FIELD CAN ASSIST LOCAL COMMUNITIES BY SHARING THE BEST IDEAS FROM AROUND THE COUNTRY AND HELPING PUT IN PLACE EFFECTIVE SYSTEMS TO SUSTAIN AND EVALUATE THE LOCAL

EFFORTS. THIS BILL ENCOURAGES LOCAL COMMUNITIES TO INVOLVE THEIR FEDERAL AND STATE LEADERSHIP. I CAN SPEAK FROM MY OWN EXPERIENCE OVER THE LAST TWO YEARS ORGANIZING THE COALITION FOR A DRUG-FREE GREATER CINCINNATI. WE HELPED MOBILIZE OUR LOCAL COMMUNITY, BUT ALSO BROUGHT NATIONAL GROUPS TO THE TABLE, LIKE THE PARTNERSHIP FOR A DRUG-FREE AMERICA, COMMUNITY ANTI-DRUG COALITIONS OF AMERICA (CADCA), THE NATIONAL PARENTS RESOURCE INSTITUTE FOR DRUG EDUCATION (PRIDE), AS WELL AS OUR STATE ANTI-DRUG RESOURCES. BECAUSE THE DRUG ISSUE HAS TO BE ADDRESSED AT THE LOCAL LEVEL, I BELIEVE ALL OF US MUST FOCUS MORE OR OUR EFFORTS THERE.

FIFTH, THE FEDERAL SUPPORT PROVIDED UNDER THIS PROGRAM WILL PROVIDE MORE BANG FOR THE BUCK. THE BILL REDIRECTS, AT ITS HEIGHT, LESS THAN THREE-TENTHS OF ONE PERCENT OF EXISTING MONEY FROM THE $16 BILLION FEDERAL DRUG CONTROL BUDGET TO SUPPORT COMMUNITIES. AND NOT ONE FEDERAL DOLLAR WILL BE SPENT UNDER THIS PROGRAM WITHOUT A DOLLAR OR MORE FIRST HAVING BEEN GENERATED BY A LOCAL COMMUNITY. COMMUNITIES WITH LARGER POPULATIONS CAN QUALIFY FOR MORE THAN ONE GRANT. FEDERAL SUPPORT IS ALSO AVAILABLE TO SPARSELY POPULATED AREAS AND THE BILL RECOGNIZES THE CHALLENGES THESE COMMUNITIES FACE IN TRYING TO ORGANIZE AN EFFORT TO REDUCE DRUG ABUSE.

LISTEN TO WHAT A FEW PEOPLE IN THE FIELD TOLD ME ABOUT HOW THEY WOULD USE THIS FEDERAL SUPPORT.

RONDA KOPELKE FROM THE NORTH WOODS COALITION IN MARSHFIELD, WISCONSIN WROTE, "IF YOU HAVE FEDERAL SUPPORT BASED ON COMMUNITY BUY-IN, THEN IT CAN HELP US LEVERAGE SUPPORT FROM THE COMMUNITY. A SMALL GRANT -- EVEN $5,000 -- COULD ENABLE OUR COALITION TO

BUILD A REGIONAL YOUTH ALLIANCE, SEND YOUTH TO CAMP TO LEARN DRUG AND ALCOHOL STRATEGIES AND TO HIRE A PART-TIME PERSON TO MARSHALL THE VOLUNTEERS NECESSARY TO SUSTAIN THE EFFORT OVER TIME."

MARILYN CULP, EXECUTIVE DIRECTOR OF THE MIAMI COALITION IN FLORIDA, THAT HAS CUT COMMUNITY DRUG USE TO HALF THE NATIONAL AVERAGE, SAID THAT A $100,000 GRANT FROM THE FEDERAL GOVERNMENT WOULD ENABLE THE COALITION TO LEVERAGE AN ADDITIONAL $300,000 TO $400,000 FROM THE PRIVATE SECTOR. THIS WOULD TRAIN AN ADDITIONAL 20,000 PARENTS ON HOW TO TALK TO THEIR KIDS ABOUT THE DANGERS OF DRUG ABUSE AND PRACTICAL STEPS THEY CAN TAKE TO KEEP THEIR KIDS DRUG FREE. THE MIAMI COALITION COULD ALSO COMMUNICATE DRUG-FREE MESSAGES ON 200 MORE BILLBOARDS ACROSS DADE COUNTY AND COULD TRAIN UP TO 300,000 STUDENTS ON THE DANGERS AND UNACCEPTABILITY OF DRUG USE AND ON LIFE-ENHANCING SKILLS.

DON LYNCH OF THE PORT GAMBLE, WASHINGTON S'KLALLAM TRIBE IS TRYING TO DEVELOP A COMPREHENSIVE ADOLESCENT TREATMENT PROGRAM. WHILE THERE IS SUBSTANTIAL VOLUNTEER PARTICIPATION IN THE EFFORT, SOME SMALL SUPPORT FROM THE FEDERAL GOVERNMENT WILL ENABLE THE HIRING OF A FULL-TIME ADOLESCENT COUNSELLOR AND ADDITIONAL PRIVATE SUPPORT CAN BE LEVERAGED TO SUSTAIN THE EFFORT OVER TIME.

FINALLY, WITH $5,000 FROM THE FEDERAL GOVERNMENT, KAREN HOFF FROM THE CLEAN FOCUS COALITION IN CHARLES TOWN, WEST VIRGINIA, STATES THAT A LOCALLY SUPPORTED PARENT EDUCATION PROGRAM COULD BE EXPANDED TO REACH 1,000 MORE PARENTS. A PEER MEDIATION PROGRAM WHICH HELPS KIDS RESIST PEER PRESSURE TO TAKE DRUGS AND TEACHES THEM LIFE-ENHANCING DECISION-MAKING SKILLS COULD BE FULLY UP AND RUNNING.

THE STORIES GO ON AND ON, BUT THE POINT IS THAT A SMALL AMOUNT OF FEDERAL SUPPORT THAT TRACKS STRONG LOCAL WILL CAN ACT AS A CATALYST TO HELP LOCAL COMMUNITIES FASHION EFFECTIVE SOLUTIONS TO MEET THEIR COMMUNITY'S NEEDS.

FINALLY, TO ENSURE THAT THIS PROGRAM ASSISTS THOSE EFFORTS THAT ARE TRULY WORKING, AND TO ENSURE IT GIVES COMMUNITIES THE FLEXIBILITY TO CONTINUE TO FASHION LOCAL SOLUTIONS AND TRY INNOVATIVE INITIATIVES, AN ADVISORY COMMISSION MADE UP OF LOCAL COMMUNITY LEADERS AND NATIONAL AND STATE EXPERTS IN THE FIELD WILL HELP SELECT THE ADMINISTRATOR AND OVERSEE THE PROGRAM. THE MEMBERS OF THIS ADVISORY COMMISSION WILL BE ABLE TO REVIEW GRANT APPLICATIONS, POLICIES AND CRITERIA RELATING TO THE PROGRAM TO ENSURE THE PROGRAM REMAINS RESPONSIVE TO LOCAL NEEDS.

THIS LEGISLATION HAS THE SUPPORT OF HUNDREDS OF COMMUNITY GROUPS IN ALL 50 STATES; IT HAS THE SUPPORT OF NATIONAL LEADERS SUCH AS FORMER BUSH DRUG CZAR WILLIAM BENNETT, COMMUNITY ANTI-DRUG COALITIONS OF AMERICA, THE PARTNERSHIP FOR A DRUG-FREE AMERICA, PRIDE AND D.A.R.E. AMERICA; AND BECAUSE IT IS FISCALLY RESPONSIBLE, IT HAS THE SUPPORT OF THE COUNCIL FOR CITIZENS AGAINST GOVERNMENT WASTE. THIS BILL IS ALSO CONSISTENT WITH THE GOALS OF THE NATIONAL DRUG CONTROL STRATEGY, AND IMPROVES ON ITS PROPOSALS. WE HAVE ALREADY RECEIVED CONSTRUCTIVE INPUT OVER THE PAST FEW MONTHS FROM THE OFFICE OF NATIONAL DRUG CONTROL POLICY AND THIS BILL REFLECTS MUCH OF THAT INPUT. MY STAFF IS ALSO WORKING WITH APPROPRIATIONS STAFF TO HELP IDENTIFY APPROPRIATE OFFSETS.

I AM HOPEFUL THAT WE CAN WORK ON A BIPARTISAN BASIS TO MOVE

THIS BILL SO THAT WE CAN PROVIDE THE SUPPORT NECESSARY TO HELP COMMUNITIES THROUGHOUT OUR COUNTRY REDUCE TEENAGE DRUG ABUSE AND GIVE COMMUNITIES THE SMALL IMPETUS THEY NEED TO PUT IN PLACE SYSTEMS THAT CAN BE SUSTAINED OVER TIME.

THANK YOU, MR CHAIRMAN, AND MEMBERS OF THE SUBCOMMITTEE FOR THIS OPPORTUNITY TO TESTIFY. I AM HAPPY TO ANSWER ANY QUESTIONS.

Mr. HASTERT. I thank the gentleman from Ohio for the excellent work that he has done.

At this time, I would like to recognize the gentleman from Michigan, who has also been a leader in Michigan and certainly in his home area in making these types of programs work. The gentleman from Michigan, Mr. Levin.

Mr. LEVIN. Thank you, Mr. Chairman; my friend also, the ranking member.

Mr. Chairman, you and Mr. Portman, my colleague, and Mr. Barrett have spelled out vividly what the problem is. So I will not dwell on it. The data is disconcerting.

We are struggling to find answers to a clear problem. I have joined Mr. Portman over these months. It has been going on now for some time. Because our experience indicates that there are some answers. When we have a tough problem, we better grab hold of some good answers.

I have seen in the district that I represent, that I came to represent in 1992, experiments with coalitions. The one that I first became intimately involved with was the Detroit Coalition. Essentially, that experience is one of those mirrored in this legislation.

They decided in this suburban community, a fairly well-to-do suburban community, that there was a drug problem that was not being confronted. So they called on all of the communities to pull together—the education community, parents, students, the law enforcement community, the business community, the religious community—and put together a broad-based comprehensive coalition approach.

They received some assistance from the Federal Government, a grant. But they have run this coalition. It has not been operated from Washington or anyplace else, except from Troy, MI.

We asked them to use this grant to work within Troy, and to spread the effort to neighboring communities and they have done just that. There is evidence that it is working within Troy, where they took a targeted area, and drug abuse has diminished substantially.

So this proposal builds on the experiences of coalitions like Troy and others in our district, and those in Mr. Portman's district, and Miami, and other places. It says what is the role of the Federal Government here.

I think No. 1, to express a national commitment, leadership, use the bully pulpit, all of us. Second, to spread the word. Because it is hard for one community in one State to know what has worked in another community. Third, to spark further efforts and that is what this bill endeavors to do.

So I would urge strongly that you proceed as you are planning to do so. We are pleased that you are going to proceed to markup quickly.

Let me just say in response to the concerns that have been raised. I, with others, have worked hard to try to make sure that SAMHSA has received adequate funding, and will continue to do so.

I do not think that there is any robbing of Peter to pay Paul here. What this effort is is to say that among the resources that we are spending, Federal resources, we want to take a very small

portion of them, and apply them to an approach that we know is working.

I think that this is a wise move, to try to make sure that we prioritize among programs while they are not implemented here, but they are carried out locally.

So I will be glad to answer any questions, as Mr. Portman will. I have become a true believer. This is something that is happening in the grassroots. We are not manufacturing it. What we are really doing is carrying messages and experiences from the grassroots here to Washington, and then trying to spark their realization in other places.

So we thank you for this hearing, and we look forward to continuing to work with you.

[The prepared statement of Hon. Sander M. Levin follows:]

SANDER M. LEVIN
12TH DISTRICT, MICHIGAN

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Congress of the United States
House of Representatives
Washington, DC 20515

STATEMENT OF
THE HONORABLE SANDER LEVIN
BEFORE THE
SUBCOMMITTEE ON NATIONAL SECURITY,
INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE
MARCH 13, 1997

Thank you, Mr. Chairman and Members of the Subcommittee for holding this hearing on the Drug-Free Communities Act. I very much appreciate the opportunity to testify today in support of this legislation, which will help local communities bring down the rising use of drugs among our young people.

The statistics are staggering. Since 1991, marijuana use has almost doubled among kids in 8th through the 12th grade. Studies have shown an increase in the use of hard-core drugs such as cocaine and heroin. Also, among young people there has been a dramatic increase in the use of alcohol and tobacco, the precursors to trying other more dangerous drugs.

There are the faces behind these numbers. In recent months, I have spent a great deal of time talking with high school students throughout my district. What I found was alarming. Many students I spoke to had no real perception of the dangers associated with drug abuse.

RECYCLED PAPER

These visits have convinced me the problem is worse than the statistics show. For instance, in one school, the very first question I was asked was about the legalization of drugs. In another instance, young women in the audience were indifferent toward the addictiveness of tobacco products and their effects during pregnancy, or on long-term health. It was clear to me from these and other discussions that there was a lack of adequate and frank discussion about these issues, either at home or at school.

It is for this reason that I believe the Drug-Free Communities Act is essential. The problem is not an easy one to solve. But there are local efforts under way — some of them in my own home district — that are working. This bill focuses on these solutions.

In fact, the idea of this legislation developed directly from the work of these local community anti-drug coalitions. Their plan is simple, but effective. Bring togther all segments of the community -- parents, students, teachers, police officers, clergy, health care providers, government officials, and others — to develop a community-wide strategy to fight this national problem.

Youth drug use has an impact throughout the community, on our workforce, our health, our personal safety, and our values. Acknowledging that youth substance abuse harms entire communities — beyond the serious harm it causes the individual drug users, their parents, and their schools — these coalitions can help to change attitudes throughout a community. The coalition concept is a home-grown solution that empowers individuals to work together to solve a community-wide problem.

Coalitions foster a partnership between public and private interests, allowing them to draw upon a variety of financial resources. Combined, these sources can make a real difference.

By supporting community coalitions, we will be investing in a solution that has already been proven to work.

In my district, the Troy Community Coalition has changed the role of the community in the fight against drugs, and has been successful in substance abuse and related crimes in targeted areas. For example, in the spring of 1995, the Troy Community Coalition targeted a troubled housing complex that had baffled local law enforcement for years. Within a year, their Neighbor-by-Neighbor program yielded concrete results. Marijuana use and possession is down 50 percent. Assault and battery is down 15.4 percent. Vandalism is down 50 percent. And reports of child abuse are down 50 percent.

In addition, neighborhood awareness was also improved. The Troy Police Department reports that local citizens have been more likely to report suspicious activities in their neighborhood. Such reports to the police have gone up an astonishing 250 percent.

Coalitions have worked in other places as well. The Miami Community Coalition is one example. In 1988, the city of Miami had the worst drug problem in the nation. The community realized this and mobilized all sectors of the community. By 1991, drug use was reduced by half, giving them the best record among the top six cities in the country.

This approach has been successful because it involves the people who care most about each individual community — the people that live, work, and raise their children there. If a local community demonstrates a serious, broad-based commitment to the fight against youth drug use, there is much that the federal government can do to help them help themselves.

Federal support can give these local groups the credibility they need to gain leverage with other segments of the community to get involved. For example, after one local anti-drug coalition in my district won a federal grant, other local interests were more enthusiastic about offering their support. A local school donated free office space, and local businesses provided enough additional support to nearly double their staff.

The federal government can help different communities share their experiences, so that they can learn from each other's successes and failures. This legislation will help to provide a constant flow of information back and forth between the communities and the federal government, and among individual communities. One of the major criticisms of earlier programs was the lack of accountability. This bill requires that the community coalition must have in place a universally accepted evaluation process as a requirement of the application. In this way, we can monitor results and learn from mistakes.

In addition, Federal funding will help to encourage other communities across the country to organize themselves. In many instances, it is not a lack of will within a community, but rather a lack of resources. The Drug Free Communities Act gives local communities the minimal amount of financial help that, to many of them, will make the difference between success and failure. It is not intended to be the primary source of funds for local communities. Rather, it is intended to provide a small investment — the money to rent a modest office, hire one community organizer, or even pay for one mailing — that will provide much greater returns.

I hope that we can continue to work together on this legislation in a bi-partisan manner. This bill will give our nation the ability to tackle the problem of teenage drug and substance abuse community-by-community and put into place a lasting network that will stand the test of time.

Thank you, Mr. Chairman, and Members of the Subcommittee for this opportunity. I'd be happy to answer any questions.

Mr. MICA [presiding]. Thank you, Mr. Levin, and also my colleague, Mr. Portman, for your leadership on this issue and other issues relating to drug education, and trying to do a better job in our communities to address this problem.

I have just one or two quick questions, if I might.

When you all were constructing this legislation, did you find that there were instances where it duplicated some existing programs for grants or assistance from the Federal Government?

Mr. LEVIN. I know Mr. Portman and the chairman had to leave. There is a debate on the floor.

Mr. MICA. Right.

Mr. LEVIN. On an issue that involves drugs.

I think that the answer is no. There is presently a series of demonstration projects being undertaken, most of them being phased out. I really do not think that this is duplicative. The only thing that this is duplicative of, it is really not duplicative but it is replicative. I mean this is an effort to carry out what I think in our experience is one of the most difficult things, to replicate successful programs.

Mr. MICA. The other question I had is having dealt with Federal grants before, and I heard small amounts for these grants, I think Mr. Portman mentioned $5,000 or something to get started, one of the problems with receiving Federal money is that it requires a great deal of reporting, and bookkeeping, and things of that sort.

I am wondering if there is any way that we can still have some oversight of how these funds are expended and in what fashion they are expended in an appropriate manner, and yet keep the mounds of paperwork that usually accompany Federal programs to a minimum?

Mr. LEVIN. Well, like you, I have worked with a variety of Federal programs. This is fashioned so that there will be a minimum amount. If you look at the dynamics here, what we are saying to community groups, you get together, and we are going to provide some seed moneys, but you are going to run your programs. They are not going to be operated from here.

I think that the experience from within our own district indicates that the Federal Government can spark and support initiatives if it is careful without a lot of paperwork.

Mr. MICA. I thank you for your response, and again for your leadership on this issue with Mr. Portman, Mr. Rangel, and others. I yield now to the ranking member, Mr. Barrett.

Mr. BARRETT. Thank you, Mr. Mica.

Sander, I just want to thank you for the leadership you have shown on this issue. Obviously, we all recognize that if we are going to make progress in our fight against drugs, that it is going to take a lot of different factions working together. I think that this is a very good faith effort to do that in a coherent manner, and do it with a lot of local input. So thank you.

Mr. LEVIN. Thank you. As I leave, I just want to say one thing. I spent quite a bit of time, as you probably did, in the fall at high schools, and I left them kind of shaking my head. We are not facing up to these issues. Where communities are willing to take the lid off and to really look inside the dynamics of these issues, and to pull together the resources, we should encourage it.

Mr. BARRETT. Thank you.
Mr. LEVIN. Thank you very much.
Mr. MICA. Thank you, Mr. Barrett.
[The prepared statement of Hon. Charles B. Rangel follows:]

Representative Charles B. Rangel

Statement before the
Subcommittee on National Security, International Affairs and Criminal Justice
in support of the

Drug Free Communities Act of 1997

March 13, 1997

Good afternoon, Mr. Chairman. Thank you for welcoming me to testify before your committee regarding the Drug Free Communities Act of 1997, legislation to help support community coalitions across America instill hope and opportunity and to abate the increasing level of drug abuse among our young people.

I am pleased to be joined in this effort by Mr. Levin, yourself, and Mr. Portman in this effort and I am confident that this initiative will serve as a model for bipartisan efforts to attack the drug problem in this country. The goal of this legislation is to empower communities committed to stopping the spread of drug abuse by creating a powerful partnership between Federal, State and local governments, communities and parents. This legislation empowers communities to create and carry out their own plans for narcotics control with the resources and expertise of Federal agencies to assist them; all at a cost ($143 million over five years) of less than 1% of the entire Federal narcotics control budget for one year.

The community commitment necessary to design, implement, and sustain a drug free community is comparable to the Empowerment Zone initiative that was created by Congress in 1993 to encourage community development for many of the poorest areas in America. Just like the Drug Free Communities program, Empowerment Zones are locally developed blueprints for success. It's now time for Congress to support the efforts of the thousands of locally-based initiatives that struggle daily to maintain the quality of life for their children and communities.

One of the best ways to overcome the damage done by increasing drug use among our young people is to invest in the human capital of America. Investments in education and training in all of our citizens is the surest way to provide opportunity and empowerment for all in the next century. As America moves from the industrial to the information age, this country must match the world wide needs of the global economy.

The risk of failure, through drug abuse and the associated problems of teenage pregnancy, crime, disease, and despair, are too great a cost. With 1.6 million people in our prisons, almost 3 million hard core users, and a $350 million annual drag on our economy, drugs have already taken a heavy toll on our society. The Drug Free Communities Act of 1997 gives our local coalitions a fighting chance of success at the grass roots level. Again, thank you for allowing my to testify today. I look forward to working with our colleagues to help make every town in America a Drug Free Community.

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Mr. MICA. Thank you, Mr. Levin. We will excuse you at this time.

We will call our second panel this afternoon. The second panel is Mr. James E. Copple, president and CEO of the Community Anti-Drug Coalitions of America.

Our second panelist is Mr. Robert Francis, who is the executive director of the Regional Youth and Adult Substance Abuse Prevention Program.

Gentlemen, this is an investigations and oversight subcommittee of Congress. We do swear in our witnesses, when we are considering this legislation. So if you would please stand and raise your right hand.

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative. We thank you again for joining us, and for your commentary today on this important legislation issue before this subcommittee and Congress.

We do have a practice of limiting the addresses to 5 minutes, and we will enforce that today. If you have additional comments or documentation that you would like submitted for the record, we will accommodate that request.

So first, I will recognize Mr. James E. Copple of the Community Anti-Drug Coalitions of America. Welcome, and you are recognized, sir.

STATEMENTS OF JAMES E. COPPLE, PRESIDENT AND CEO, COMMUNITY ANTI-DRUG COALITIONS OF AMERICA; AND ROBERT FRANCIS, EXECUTIVE DIRECTOR, REGIONAL YOUTH AND ADULT SUBSTANCE ABUSE PREVENTION

Mr. COPPLE. Thank you, Congressman Mica, and Mr. Barrett. I appreciate the opportunity to address this important committee on this important topic. We are thrilled today that this legislation is being introduced, and that it has bipartisan support. It gives us great promise and hope in terms of what we hope to see happening in local communities throughout America.

I am here today to speak to the power and to really the promise of coalition building in local communities throughout our country. In today's complex community environment, coalitions promote coordination and corroboration in needless competition and redundancy in community services aimed at preventing and treating drug abuse.

A coalition which engages all sectors of a community is able to identify key problem areas, as well as opportunities, and can chart the best use of available resources to address priorities in the community. Coalition building is a smart strategy that can make a dynamic difference when it works to its fullest potential. This legislation that we are here to consider recognizes this potential, and provides important resources.

The Drug-Free Communities Act of 1997 offers great promise and hope to those of us who have long worked in this field. Communities can no longer afford to work in isolation. Resources are too few and programs too diffuse. Program and organizational isolation is our enemy at a time when our children need consistent and persistent messages from all sectors of society.

The Drug-Free Communities Act of 1997 brings about the whole community, and brings them together to address this problem.

This legislation represents a shift in the way that we have historically funded and addressed this issue. The shift can be highlighted in the following ways. This legislation requires the communities to participate in this program to have clear documentation and outcome evaluation. Grant recipients must demonstrate that they can and will document the extent of the community drug problem, and implement programs with outcome evaluation that will assess whether or not their programs actually produce change.

The emphasis is on outcome evaluation. Previous efforts by the Federal Government have focused on process evaluation, leaving us little to assess in terms of effectiveness, and also quite frankly a far more expensive evaluation process.

Communities must now build coalitions that will reduce drug abuse, and they must demonstrate how these coalitions make a difference.

The second major shift is that these grant awards are reasonable, and they are targeted grants. Grant awards cannot exceed $100,000. Community driven coalitions should not be dependent upon the Federal Government or any other single source for their sustainability. These awards match existing community efforts that reflect the size and will of the community to address their own substance abuse problems.

Previous efforts have poured large amounts of Federal dollars into the community with little or no regard to the community's capacity to sustain themselves after the Federal funding was no longer available.

The third major shift is participation by elected officials, which bring local, State, and national leaders to the table in this process. This is a top down, bottom up strategy that has proven its effectiveness in many community coalitions throughout the country.

True coalition building engages the political leadership in a way that helps to create and strengthen community and volunteer based assets and leadership. Further, another shift is it is a coordinating agency.

This program will be housed and administered in the Office of National Drug Control Policy. ONDCP's mission is to provide a coordinated and comprehensive national strategy. Grant recipients under this legislation are required to build coordinated and comprehensive strategies at the local level.

It is fitting that this program be administered by the one agency with the mandate to create a coordinated national strategy against the drug problem. This will help circumvent many of the turf-ish issues that we often address in local communities.

A fifth shift is citizen participation. This legislation recognizes the importance of volunteer leaders such as parents, civics clubs, and clergy. A local coalition will be required to demonstrate a substantial participation from citizens whose lives are directly affected by drug abuse.

I want to also comment briefly on how this strategy has worked, and it has worked in numerous communities. We have strong evidence that when diverse sectors of a community corroborate on

planning and implementing coordinated strategies, the result is a positive change in environment behavior.

Just 2 weeks ago, I was in Wisconsin with the Governors Alliance looking at 132 separate coalitions. The number of those alliances that are demonstrating outcome evaluation is very impressive.

A couple of coalitions that I want to highlight is Little Rock, AR, which is a partnership between the city of Little Rock and a citywide coalition. It has implemented a comprehensive program which has been so well received that Little Rock voters have chosen to institutionalize these pilot programs with an additional half cent sales tax to support and expand them.

The innovative programs include the establishment of neighborhood centers with action teams that include community police, code enforcement, and neighborhood residents, and have reduced the victim crime rate by 37 percent in the eight target areas. A special treatment program for pregnant women, which has reduced the rate of alcohol use by mothers at the time before birth from 37 percent to only 4 percent. It has reduced the incident pre-term labor from 50 percent to only 8 percent.

These coalitions are working, and they are working to reduce substance abuse. In Miami, the reported drug use decreased by 55 percent during the campaign from 5.4 percent in 1991 to 2.4 percent in 1993.

In Hattiesburg, MS, the outcome of these targeted efforts was the DUI arrests decreased by 28 percent, and arrests for individuals under 21 years decreased by 45 percent. Additionally, the rate of DUI related injuries decreased by 42 percent.

This was the result of coalition strategies. Other examples are included in my testimony, Congressman Mica, as to how these coalitions have worked, and worked effectively when they are coordinated and corroborative.

This legislation gives us additional tools for local communities to address this issue in a comprehensive and strategic manner. Thank you.

[The prepared statement of Mr. Copple follows:]

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TESTIMONY IN SUPPORT OF THE DRUG-FREE COMMUNITIES ACT

by
James E. Copple
President and CEO
Community Anti-Drug Coalitions of America

Chairman Hastert and members of the National Security, International Affairs and Criminal Justice Subcommittee, I appear on behalf of the 4300 community coalition members that comprise Community Anti-Drug Coalitions of America (CADCA). I am very pleased for the opportunity to address this distinguished committee on the importance of supporting coordinated and collaborative strategies aimed at controlling our nation's drug problem. I am particularly hopeful today because Congressman Rob Portman has advanced legislation that has bipartisan support from Congressman Hastert, Congressman Levin and Congressman Rangel. America's drug problem is not a partisan issue, and it must have leadership from both sides of the aisle. Because of the bipartisan support of this legislation, it is our hope that this may be the first major piece of legislation of this Congress that communicates to the American people that the drug problem must be addressed by the entire nation, by all sectors and all walks of life, regardless of political affiliation. This bill also recognizes that the drug problem must be addressed in local communities. We are very encouraged by this kind of leadership.

I am here today to speak to the power and promise of coalition building in local communities throughout our country. In today's complex community environment, coalitions promote coordination and collaboration to end needless competition and redundancy in community services aimed at preventing and treating drug abuse. A coalition which engages all sectors of a community is able to identify key problems as well as opportunities, and can chart the best use of available resources to address priorities of the community. Coalition building is a "smart" strategy that can make a dynamic difference when it works to its fullest potential. The legislation we are here to consider recognizes this potential and provides important resources for preventing and reducing drug abuse.

CADCA Membership Working for You

In affiliation with National Drugs Don't Work Partnership and National Association of Drug Court Professionals

The Drug-Free Communities Act of 1997 offers great promise and hope to those of us who have long worked to build coordinated strategies and to engage the many diverse sectors of our communities in prevention efforts. Communities can no longer afford to work in isolation. Resources are too few and programs too diffuse. Program and organizational isolation is our enemy at a time when our children need consistent and persistent messages from all sectors of society. **The Drug-Free Communities Act is about bringing the whole community together to address substance abuse problems.** This Act, if passed, will compel communities to think through a coordinated strategy that produces change in behavior and in our environment. It brings together the public and private sectors, the faith and business communities, schools and law enforcement, medical and criminal justice systems and parents and civic organizations. The central goal of this legislation is to strategically plan community programs and build a community voice that emphasizes that illicit drug use will no longer be tolerated. This community approach will be aimed at building a comprehensive and inclusive system of prevention and treatment.

This legislation represents a shift in the way we have historically funded and addressed this issue. The shift can be highlighted in the following ways:

1. **Documentation and Outcome Evaluation**: Grant recipients must demonstrate that they can and will document the extent of the community drug problem and implement programs with outcome evaluation that will assess whether or not their programs actually produce change. The emphasis is on outcome evaluation. Previous efforts by the federal government have focused on process evaluation leaving us little to assess in terms of effectiveness. Communities must now build coalitions that will reduce drug abuse and they must demonstrate how these coalitions have made a difference.

2. **Reasonable and Targeted Grants**: Grant awards are realistic and targeted. Grant awards cannot exceed $100,000. Community driven coalitions should not be dependent upon the federal government or any single source for their sustainability. These awards match existing community efforts that reflect the size and "will" of the community to address their own substance abuse problems. Previous efforts have poured large amounts of federal dollars into communities with little or no regard to the community's capacity to sustain themselves after the federal funding was no longer available. The Drug-Free Communities Act alters this framework.

3. **Participation by Elected Officials**: Under this legislation, communities will bring national, state and local leadership into the process. Coalitions have long sought to engage elected officials in the creation and sustainability of their efforts. The presence of elected officials is critical to the success of a comprehensive and inclusive strategy. Elected officials bring status and visibility into the process. This is a "top-down and bottom-up" strategy that has proven its effectiveness in many communities throughout the country. **True coalition building engages the political leadership in a way that helps to create and strengthen community and volunteer-based assets and leadership.**

4. **Coordinating Agency**: This program will be housed and administered in the Office of National Drug Control Policy (ONDCP). ONDCP's mission is to provide a coordinated and comprehensive national strategy. Grant recipients, under this legislation, are required to build coordinated and comprehensive strategies at the local level. It is fitting that this program be administered by the one agency with the mandate to create a coordinated national strategy against the drug problem. Grant recipients will be able to move through various federal agencies in their local communities without regard to "turf". Previous programs in community-based substance abuse prevention and treatment have been administered by single federal agencies whose interest in collaboration and coordinated planning were often overshadowed by the interests of the specific federal department.

5. **Citizen Participation**: This legislation recognizes the importance and role of volunteer leaders, such as parents, civic clubs and clergy. A local coalition will be required to demonstrate a "substantial participation" from citizens whose lives are directly affected by drug abuse. The problem of drug abuse in our communities can no longer be left to the few professionals working in this field. This is a community problem and it requires a community solution.

The Drug-Free Communities Act is built on the realization that communities must work together to prevent and treat drug abuse. Fragmented and reactive "shot-gun" programming is counter-productive to reducing substance abuse. It is also too costly. We have strong evidence that when the diverse sectors of a community collaborate on planning and implementing coordinated strategies, the result is a positive change in environment and behavior. Drug abuse can be reduced in a cost-efficient manner. To illustrate this point,

please note the following examples of how coalitions have had an impact on reducing substance abuse:

Little Rock, Arkansas: A partnership between the City of Little Rock and a city-wide coalition has implemented a comprehensive program which has been so well received that Little Rock voters have chosen to institutionalize these pilot programs with an additional 1/2 cent sales tax to support and expand them. Innovative programs include the establishment of neighborhood centers with action teams that include community police, code enforcement and neighborhood residents who have reduced the victim crime rate by 37 percent in the eight target areas and a special treatment program for pregnant women which has reduced the rate of alcohol use by mothers at time of birth from 37 percent to only four percent and has reduced the incidence of pre-term labor from 50 percent down to only eight percent.

Gallup, New Mexico: As the principal business center serving the Navajo Nation, Gallup had become infamous for having a high incidence of fatal car accidents and exposure deaths. This has been particularly problematic of the Native American Indian population. As a result of the Fighting Back Coalition's efforts to establish responsible alcohol retail policies, Sunday Blue Laws, and a centralized detox and referral system, six of the seven most frequent causes of death have reversed their trend dramatically. In 1975, the suicide rate was 50 percent above the state average, and has dropped to be 40 percent below the state average in 1994. Similarly, the rate of drug-induced deaths in the county has dropped by 50 percent in the past 20 years, when at the same time the state average has increased by 70 percent.

Miami, Florida: The Miami Coalition created an intensive and targeted media campaign and drug awareness initiative which integrated the resources from the schools and community into one strategy. Businesses, law enforcement, local media and parent/teacher organizations worked together on message development and outreach to reach the youth populations targeted. In Miami, the reported drug use decreased by 55 percent during the campaign (from 5.4 percent in 1991 to 2.4 percent in 1993).

Hattiesburg, Mississippi: Project DREAM in Hattiesburg, Mississippi, implemented a strategy which included a school-based program for recovering teens, youth-focused substance abuse education in subsidized housing, and quarterly prevention seminars for new businesses. The outcome of these targeted efforts was that DUI arrests decreased by 28

percent, and arrests for individuals under 21 years decreased by 45 percent. Additionally, the rate of DUI related injuries decreased by 42 percent.

Wichita, Kansas: Project Freedom of Wichita, Kansas implemented a comprehensive community-based substance abuse initiative that reduced single day-time and night-time vehicular accidental deaths attributed to illicit drugs and alcohol by 100 percent over a two year period. During the same period, programs established and funded by Project Freedom reduced DUI related arrests by 35 percent, juvenile drug-related crime following curfew by 65 percent and the birth of drug-exposed babies went down by 40 percent. Over the past four years, the rate of substance abuse increases among youth has remained well below the national average.

It is important to remember that a successful coalition will embrace a number of different strategies which engage multiple sectors of the community. Because of the diversity in target populations, behavioral manifestations and drugs of choice, no one single strategy can be expected to be a single bullet solution. Media, prevention, education, early interventions, a variety of treatment options, and a range of recovery support structures must be in place at adequate scale to manage this problem. Coalitions must use a consistent and persistent message coming from all sectors of the community. The environment must speak to a "no-use" message. Young people must understand that there is consistency in community norms and consistency in community concern regarding the dangers and consequences of drug use. These messages must follow them from early childhood through adolescence.

It is important to note that the most successful coalitions seek to build a comprehensive plan and to implement that plan in a coordinated and targeted manner. Schools, businesses, law enforcement, the faith community, the media, and social service agencies must all be engaged if this is to have the needed impact. Planning across sectors encourages creativity, forces people to "think outside of the box", and allows them to share in resource development and resource allocation. This kind of strategic planning and coordinated implementation is precisely what the Drug Free Communities Act will provide.

Finally, it is important to note, that in the current debate around the announcement of the National Drug Control Strategy, General McCaffrey has provided a comprehensive plan. However, when it comes to supporting and funding local community-based coalitions and efforts, there are too few resources directed toward this important objective. Goal one, objective six of the Strategy clearly emphasizes the need to support and sustain community

coalition efforts. Yet, coalitions are not to be found in the budget priorities. While General McCaffrey and President Clinton are advocating for more resources for prevention, those resources are not necessarily directed toward a comprehensive and inclusive plan in local communities. The Drug-Free Communities Act will give us the resources and provide us with the mechanism for a comprehensive and inclusive plan and it does so in a cost-efficient way. This legislation will give us the capacity to implement our responsibilities within the Strategy. Our members have long maintained that a strategy is only as good as the resources that support it. On behalf of 4,300 coalitions working in communities throughout the country, I strongly support this legislation--it's smart and cost-efficient and can help communities in tangible ways to reduce drug abuse.

Mr. MICA. We thank you for your testimony. We will defer questions until we have heard from Mr. Francis.

Mr. Francis is the executive director of the Regional Youth and Adult Substance Abuse Prevention Program. You are recognized, sir.

Mr. FRANCIS. Thank you, Congressman Mica and thank you to the other members of this committee, and especially Congressmen Portman and Levin and others who introduced this legislation.

As was said, I am the executive director of the Regional Youth Adult Substance Abuse Project in Bridgeport, CT. We are a regional coalition. My testimony today is going to represent some of the long-term work that we have done in Bridgeport by a coalition similar to that in this legislation.

Greater Bridgeport consists of a poor medium-sized city and five suburban communities ranging from working class to quite wealthy. The total regional population is about 320,000.

RYASAP was started in 1984 with seed money from the local United Way in response to a student survey that demonstrated a very high incidence of alcohol, tobacco, and other drug use. Cocaine and hallucinogen use in our region was especially high, with rates that far exceeded the national data.

Since 1984, RYASAP has conducted substance abuse surveys in 1989, 1992, 1995, and again next year to continue to track our efforts in this region. The research in those years demonstrated a major reduction in all forms of drug use, but especially with cocaine, crack, heroin, and hallucinogen use among young people.

With alcohol, tobacco, and marijuana, there were also major reductions from 1984 to 1992. Alcohol and tobacco use has remained low. But from 1992 to the present day, we have had increases in marijuana use. Not quite as high as the national levels, but high enough to give us alarm.

RYASAP's reduction in the maintenance of low use of cocaine, crack, and other harder drugs is much better than the national data, while the use of alcohol, tobacco, and marijuana is not quite as good.

Why the discrepancy? When RYASAP was founded, we placed a much greater emphasis on these harder drugs, because we were so far out of whack with the rest of the country. We implemented broad community awareness campaigns, new school based substance abuse prevention curricula, student assistance teams in our schools, school police policies, as well as several other targeted prevention activities.

We did not place as much targeted emphasis on marijuana as we should have and we believe that greater efforts such as the kind we are pursuing now will have a greater impact.

What are the principles that we used during this time that have had us had such a strong local impact? These are some of the same principles represented in this legislation.

First, we focused on an entire continuum of services, not just one effort—community awareness, education, prevention, intervention, treatment, law enforcement, and alternative community pilot programs.

We established task forces of grassroots community leaders and the top level leaders in our community in every area of the con-

tinuum. We used our United Way money to leverage other dollars, the same way that coalitions across the country would use the money in this to leverage other funds.

We got funding from the Robert Johnson Foundation, from our local municipalities, from the State of Connecticut, and others to fill gaps in service, and to give us a comprehensive continuum.

Comprehensive school policies were established. There was one curriculum established for the entire region in seven different school systems. Student assistance teams were established in 106 elementary and secondary public and parochial schools. An assessment and case management system for early intervention was introduced and alternative education programs were established.

Through all of this, we had over 1,600 volunteers a year working in all of these areas from all of the different areas that we are talking about. Second, we focused on sustainability. We knew that the United Way seed money for 3 years would not be enough to solve the problem. Substance abuse has been with us for an awfully long time, and we were not going to lick it in 3 years time.

One of the major things that we did with these funds is we leveraged a lot of other dollars. We secured municipal funding from each of our six municipalities. We worked to create State legislation that put coalitions like RYASAP and like the coalitions across the country into the State budget. We conducted local fundraisers.

This allowed us to maintain a core staff that was focused on creating the kind of programs that we need here, and it gave us some sustainability over an entire period of time.

Third, we know that it takes an entire community, regional in our case, involving one central city and some of its suburbs. The problems and therefore the solutions did not belong to one town. They do not belong to one community or one State. They involve a corroboration of several communities working in concert with local, State, and Federal Government.

It also involves all sectors of the community, business, education, Government, law enforcement, clergy, and human service leaders working with young people, parents, neighborhood residents, and senior citizens.

We organized groups block by block, town by town, sector by sector, and we cross-fertilized the different populations, so that they are all working together, knowing that it took all of us to solve the problem.

Fourth, we found out that young people need meaningful opportunities to determine their own fate. Our studies and focus groups tell us that young people are skeptical of what adults have been telling them about drugs, and especially recently about marijuana.

What they have told us they want, and I feel that they are correct, is meaningful involvement in their own education, and to work on topics that are developmentally relevant to them. They want guidance from adults, but they also want to listen to their peers. They want their opinions to be seriously discussed regarding legalization, decriminalization, responsible use of alcohol, modeling of alcohol and drugs by parents, and other things.

Finally, single-focused intervention, such as targeted prevention, education, cracking down on pushers, or holding more community

meetings, are by themselves ineffective. Beware of those who have one answer.

Unfortunately, we are a Nation of fads and magic potions, excuse the pun. We demand instant or congressional-term-length solutions. I hope that we would not do that here.

Youth and adults taking mind-altering drugs have been with us longer than any of you. We will not solve this problem overnight. Our approach must be long term. It must be sustainable, especially by the kind of legislation you put forward here.

I want to thank you for your time this afternoon and any questions you have about a local coalition, I would be glad to answer. Thanks again.

[The prepared statement of Mr. Francis follows:]

Subcommittee on National Security – March 13, 1997

Drug Free Communities Act of 1997

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Good afternoon ladies and gentlemen. My name is Robert Francis and I am the Executive Director of the Regional Youth Adult Substance Abuse Project (RYASAP) in Bridgeport, CT.

I am here to speak in support of the Drug free Communities Act of 1997. In order to do this, I would like to tell you why this legislation is important to us at RYASAP, to my colleagues in substance abuse coalitions and all people in the United States.

Greater Bridgeport consists of a poor medium sized city of and 5 suburban communities which range from working class to very wealthy. The total regional population is approximately 320,000. RYASAP was started in 1984 with seed funding from the United Way in response to a student survey that demonstrated a very high incidence of alcohol, tobacco and other drug use among young people in our region. Cocaine and hallucinogen use were especially high with rates which far exceeded national data.

Since 1984, RYASAP has conducted substance abuse surveys in 1989, 1992 and 1995 of students, grades 7 - 12. The research in those years demonstrated a major reduction in all forms of dug use but especially cocaine, crack, heroin and hallucinogens. With alcohol, tobacco and marijuana there were reductions from 1984 to 1992, but then, we more closely mirror the rest of the country with especially large increases in adolescent marijuana use.

RYASAP's reductions and the maintenance of low use of cocaine, crack and harder drug use is much better than the national data while the use of alcohol tobacco and marijuana has returned to the very high levels of 1984. Why this discrepancy? When RYASAP was founded, we placed a much greater emphasis on cocaine, crack, heroin,

hallucinogens and other so called "hard drugs" because we were so far out of whack with the rest of the country. We implemented broad community awareness campaigns, new school-based substance abuse prevention curricula, Student Assistance Teams in all elementary and secondary schools, school/police policies as well as several other targeted prevention activities. We did not place as much targeted emphasis on marijuana as we should have and we believe that with greater effort such as the kind we are pursuing now, we will have a greater impact. I must also note that the rise in alcohol use from 1992 to the present time was minimal. In fact, there has been very little fluctuation in overall alcohol use by teens since our first survey in 1984. The most significant changes in alcohol use by teens is when and how they use it – not how much. There are greater tendencies toward binge drinking today to get drunk, but there is also greater use of designated drivers, or staying at someone else's house than there has been at any time in our research. Know when to say when and designated driver messages are having a positive impact.

What are the principles that have made us successful and which will we carry forward as we approach youthful marijuana, alcohol and tobacco use?

First, we focused on an entire **Continuum of Services** – community awareness, education, prevention, intervention, treatment, law enforcement and alternative programming. We established task forces of community grassroots leaders in every area of the continuum and we used our United Way seed money to leverage dollars from the Robert Wood Johnson Foundation, local municipalities, State of Connecticut and others to fill gaps in service delivery and also to expand prevention programming. Consistent school policies were established, one curriculum for the entire region was implemented, Student Assistance Teams were established in 106 elementary and secondary public and parochial schools, an assessment and case management system was established, alternative education programs were established and over 1500 volunteers and community leaders have been mobilized in this effort. We focused major comprehensive attention on youth and drug use went down dramatically.

Second, we focused on **Sustainability** knowing that if we weren't around in 3 years to pay ongoing attention to the issues, we could backslide at any moment. I think this is what occurred nationally from 1992 to the present. We lost focus and we forgot that that we must be diligent. If we don't continue our efforts, we will have the problems again! Sustainability for RYASAP means ongoing support beyond the 3 year cycles of federal and state grants and securing funding we could depend on from year to year. In addition to United Way funds, we secured municipal funding from each of our 6 local governments, worked to create state legislation that established a state agency line item for coalitions and we conducted local annual fund-raisers. This allowed us to

maintain a core staff focused on planning, grant development, monitoring, community capacity building to help itself and attempting pilot programs in new and promising areas. This core funding allowed us to provide ongoing continuous attention to substance abuse and related issues of crime, violence and other youthful behaviors.

Third, we know it takes **an entire community (Regional in our case – city and suburbs) to make a real difference.** The problems and therefore the solutions, do not belong to one town – they involve a collaboration of several communities working in concert with local, state and the federal government. It also involves all sectors of the community – business, education, government, law enforcement, clergy and human service leaders working with young people, parents, neighborhood residents and senior citizens. We organized groups block by block, town by town, sector by sector and cross fertilized their involvement whenever possible. "It takes all of us to raise a child."

Fourth, **Young people need meaningful opportunities** to be determine their own fate. Our studies and focus groups tell us that youth are skeptical of what adults have been telling them about drugs, and especially marijuana. What they have told us they want, and I feel they are correct, is meaningful involvement in their own education and work on topics that are developmentally relevant to them. They want guidance from adults, but they also want to listen to their older peers. They want their opinions to be seriously discussed regarding legalization and decriminalization, responsible use of alcohol, harm caused by marijuana, and adult modeling of appropriate behavior.

Finally, **single focused interventions such as targeted prevention and education or cracking down on pushers or creating more treatment alternatives or holding more community meetings by themselves are ineffective**. Beware of those who have one answer! Unfortunately, we are a nation of fads and magic bullets (Excuse the pun!) and we demand instant or congressional-term length solutions. Youths and adults taking mind altering drugs has been with us longer than any of you. We will not solve this problem overnight. Our approach must be long term and it must involve all of us. Approaches must address the entire continuum of care across community borders in a comprehensive and collaborative manner. Community coalitions do this. We approach issues from every angle and we involve everyone. This is the scripture according to community coalitions. There is no single better investment you can make than to promote comprehensive community substance abuse coalitions for the healthy development of young people and communities.

Thank you for your time and I would hope that you vote affirmatively on the Drug Free Communities act of 1997 that can assure long term, comprehensive coalitions which reduce the harm of substance abuse to a community.

Mr. BARR [presiding]. Thank you very much.

One of the things you said is it takes an entire community. I am glad that you did not use the worn phrase that it takes a village. I appreciate that.

Mr. FRANCIS. I do not believe that Mrs. Clinton started that, by the way. I think that has been around long before her.

Mr. BARR. What effect from your work in communities on this issue do role models in the media and in the entertainment business play in this effort?

Mr. FRANCIS. Well, they are an important part. In our area, of course, we do not have ready access to those folks in terms of using them. I think that they have an impact on young people. There is no doubt about that.

Mr. BARR. How about from a negative standpoint? I subscribe to Car and Driver magazine. I picked up Car and Driver last month and flipped it open, and there is a picture of a naked Dennis Rodman advertising for milk.

How about from a negative standpoint, the role models that the media have, the advertisers, and that the entertainment business portrays, is that something that sort of eats away at all of the good work that we are trying to do in communities for our kids?

Mr. FRANCIS. I think that it is definitely a fight on our part in terms of counteracting those messages. I think that we need enough resources to counteract those messages on a regular basis. I do not think that you can put up enough money to counteract things like Joe Camel, and the frogs on the Budweiser commercials, and people like that. Some of our role models give you mixed messages, like the Dennis Rodman commercial.

Mr. BARR. I do not think that there is anything mixed about the message that Dennis Rodman gives.

Mr. FRANCIS. I think that what we do in the community by community approach is that we are the people out there talking to young people on a regular basis. You need people out there talking.

Mr. BARR. Over the long term.

Mr. FRANCIS. Over the long term to counteract that.

Mr. BARR. How about mentoring programs? One of the programs in which I participated when I was a U.S. Attorney in Atlanta was a mentoring program at the local high school. At least in Atlanta, we found that was really, in talking to the kids, one of the types of programs that meant a lot more to them than just bringing somebody in who is a big name and deliver a message in the school auditorium.

They appreciated the mentoring program, because the kids could count on those men and women in the mentoring program being there month after month after month for the entire school year.

Is it important in looking at these programs and these grants to understand, as I think we need to, that if we are not serious about making funds available and having the programs being able to sustain themselves over a long period of time, that it is almost not worth doing?

Because if we jump in for a little bit and then we leave, that in and of itself I find gives the kids a bad message. That we are not going to trust you in the future, because we feel you are going to

abandon us. You are here today, and maybe you will be gone tomorrow.

Is that an important thing to keep in mind in these programs?

Mr. FRANCIS. I would like you to come to my community and almost give that talk. Because we are supporting a couple of local mentoring programs with our funds right now, and it is to do exactly that.

One of the programs that we are supporting are some people who have been through the criminal justice system themselves and have already been in jail. But when they come out, we have supported a program where they have been picked up by this organization and they have been trained, and they have turned their lives around. They have sort of adopted young people themselves that they are following, who have started to get into some trouble, who have been in the juvenile court, and they have linked up with them. They are providing a model for them to do positive things.

They are always there. Their telephone numbers are available 24 hours a day 7 days a week. They are almost better than the parent who is missing in many cases here, and they are providing a very positive role model. They are able to tell them from firsthand life experience what is going on.

Mr. COPPLE. If I could add too, Mr. Barr. Mentoring is one of those programs nationally that has good evaluation data. We are seeing that mentoring makes a difference and that many of our coalitions and one of the powers of this piece of legislation, it gives coalitions the option to design those kinds of programs.

Because kids at risk, all kids, need a significant adult in their life. Those adults come from multiple sectors, be it the faith community, the schools, the media, the business community, they are present in this kind of effort. It gives coalitions and community groups the leverage and the power to do those kinds of programs.

Mr. BARR. One program, at least, Mr. Francis, you did not mention by name—and I do not know, Mr. Copple, if you did—is the Just Say No program, that I think was a very effective program in the 1980's.

In your view, was it an effective program?

Mr. COPPLE. It was effective to the extent that it was part of a larger media message. It is important for young people to hear those messages. It was something around which communities, and groups, and young people could rally.

But again, as I think Bob indicated earlier, there is no single solution and it requires no single curriculum. There is no single message. Kids are different, and communities are different. We need those messages coming across culture, and across the various sectors that intersect with the child.

I think that a media strategy that focuses on that will be important. But it has to be bolstered, as it was in the 1980's. It has to be bolstered by strong community participation.

Mr. BARR. Are there some coalitions that are in fact demonstrably reducing teenage substance abuse, and some communities that are doing far better than the national figures that we see?

Mr. COPPLE. A number of them. I have indicated in my testimony, to call your attention to Hattiesburg, MS that focused on substance abuse reduction. The Miami Coalition reduced it by over

50 percent and a coalition that I worked with, Project Freedom in Wichita, KS, we reduced DUI instances by 35 percent.

MOMS, we did a live study and evaluation on 800 live births, where we found that 18 percent of the live births in our community were drug-exposed. We reduced that to 9 percent over a 2-year period. Because it brought the various sectors, multiple sectors, together.

In Gallup, NM, they reduced substance abuse significantly ahead of the national average, as well as in Little Rock.

There are a number of coalitions that are making this happen. When they do coordinated, corroborative strategies, and they link good strategic planning with evaluation, we generally see impact and this is what this legislation requires happening.

Mr. BARR. Thank you.

Mr. FRANCIS. You cannot let up. I think that is one of the keys. We cannot fall asleep at the wheel here. We need coalitions that we can count on day to day. They cannot be out there just struggling for dollars all of the time. They have to be out there with the people, and actually doing the work that we have discussed here.

Mr. BARR. OK. Thank you.

At this time, I would like to recognize the distinguished ranking member.

Mr. BARRETT. Thank you, Mr. Chairman.

In the introduction to the bill or in the findings of the bill, one of the statements that is made refers to the increase of drug usage among younger teens.

What do you see as the cause of that?

Mr. COPPLE. I have labeled and I have borrowed the phrase from Lloyd Johnson at the University of Michigan. I think that we have one significant influence, and that is generational forgetting. That as Bob has indicated earlier, this is a long term strategy that requires consistent and persistent messages.

We have parents who are very much conflicted over the messaging, when 60 percent of them themselves used drugs during the 1960's. They are struggling with how to frame their response and frame their reaction.

We have lost sight of this message. In the last couple of years, we are starting to recover the message. But I think that media norms have changed, and community norms have changed and that the greater peer pressure is beginning to focus on young people.

I have often illustrated. I have a 21-year-old daughter. When she was in junior high, she was not offered drugs, not even one time. My 14-year-old daughter, who just finished middle school, junior high, last year was offered drugs seven times last year.

The attitude of how it is normalized in the mainstream culture is significantly different over a period of 6 years. But a lot of it has to do with generational forgetting, and not keeping consistent with the message.

Mr. BARRETT. Mr. Francis.

Mr. FRANCIS. I think that the No. 1 question, I talk to a lot of parent groups in my travels, and the question arises in every single group, I used drugs when I was a teenager and when I was in my twenties, what do I say to my kids when they ask me whether I

used drugs, or what do I tell them, that it is wrong having a joint or having some marijuana?

What we have done is we have instituted a pretty broad educational program to really help parents put that message across. You can either be very honest with your kids and tell them that you did use. I think that is a judgment call. That is not something that I am going to say one way or another in terms of whether you tell your kids the truth about that.

But I think that the truth worked well can work. It is not the idea that I used drugs, and I am using generically, when I was a young person. Whether I can talk to my children well about that or not. It is sort of how I convey that message, the harm that will be done, how it stunts their motivation.

Parents are having a very difficult time with this issue and it starts a discussion every time we meet with parents too about that issue in general. You know, the parents today of these teenagers are in their thirties, forties, early fifties possibly at the latest. They are the generation that experimented probably more than any other.

If you look at substance abuse in the late 1960's and early 1970's, that data far exceeds what we are looking at today. As high as we think it is today, it was almost double than it is today back then.

Mr. BARRETT. Have we seen a more dramatic increase in the use of cocaine; and if you have a generation of adults who used primarily marijuana, are we seeing their children moving to cocaine, or are their children basically staying with marijuana?

Mr. FRANCIS. We are not seeing that. We focused a lot of attention on cocaine and our cocaine use in 1984 was the highest in the country. We had a 12 percent of high school seniors who had tried cocaine in 1984. We had less than 1 percent last year when we did our survey. So we are not seeing it with harder drugs, but we are seeing it with marijuana.

Mr. COPPLE. I would concur with that. The rates of increase in cocaine use is not as dramatic as we are seeing with marijuana, methamphetamine, and inhalants, which have become more of the popular drugs for younger kids.

Mr. BARRETT. When I looked out over the audience in the hearing, and looked at the faces of all of the good people here, I noted that there were no minorities here. That troubles me, obviously. Because I think that in many of the minority communities in our country that the problem is that they do not have the resources to go into treatment programs, if they get tripped up by drugs.

What makes you confident that this type of program will work in minority communities?

Mr. COPPLE. This is by coincidence more than design. I was in Milwaukee 2 weeks ago meeting with a group of neighborhood coalition leaders, part of Milwaukee Fighting Back. When we talked about this legislation, and its promise and its prospect, there were two messages that I heard. That drug abuse disproportionately affects minority communities and neighborhoods, because of drug trafficking. But 70 percent of the drug abuse in this country is white middle class.

Unfortunately, the minority community, we have got to deal with its disproportionate impact that oftentimes the issue is exacerbated by poverty, joblessness, and a number of other factors.

The message that I heard is that any resources that can be directed toward local communities to give them the power to choose the program designs that best work for their neighborhoods and communities will be welcomed.

They are tired of prescriptive programs. Because it worked in Chicago does not mean that it will work in Milwaukee. Because it works in Milwaukee does not mean that it will work in Wichita. They want the flexibility to be able to design and implement programs that work for them.

It is critical that we give them resources to look at a variety of solutions. Because a spokesperson in Milwaukee in terms of a housing project working with low income families to actually purchase housing, and to target drug abuse in those environments that are having an impact on housing prices, he has to have the flexibility to be able to design a program, and to be given the resources to effectively implement it.

Again, from my perspective with 4,300 coalition members that are very diverse, we need to give resources in a flexible manner that gives them the power to design their programs.

Mr. FRANCIS. Let me reinforce that a little bit. Because we have one of these phasing out CSAP grants from the Center for Substance Abuse Prevention. One of the things we did with that is we are trying to demonstrate a new concept that reinforces exactly what Jim is talking about.

That the prescription formula of doing for people and doing what you think is best for them is gone. Where we are right now is that people really need to come up with their own solutions, and they are fully capable of doing that.

What we did with this grant is that we started taking a look neighborhood by neighborhood, going to neighborhood action councils in Bridgeport, and mapping their assets, not their deficits. Not how desperate and destitute these communities were, but the kind of positive resources they had in that community.

Once we identified those through a geo-mapping process, we then organized them to come up with OK, how do you want to organize your block and your community to do something about the drug dealing and the drug use you have here. Where they did not have block clubs, they formed block clubs and they formed neighborhood watch programs.

They started working with each other. This mentoring program that I talked about earlier they had mentors on the street that started intervening with the young people who were there and dealing with them. They did it themselves.

The beauty of the coalition piece working with this is that we were able to facilitate that process. We taught them how to conduct meetings, and to put together plans to figure out where the money was, either in enterprise community money, or community develop block grant money or whatever, and taught them how to go after those resources to do something on their blocks.

But they did it themselves. We were just there as a guide for them, as a helper in that process. We had some skills that they did

not have. But we are in the process of transferring our skills to them.

I think that is the beauty of what we are talking about here and what I said earlier, that there is no one prescription or no one formula.

In Bridgeport right now, we are working with 16 neighborhood groups. There are at least 16 different solutions. Those neighborhood groups have formed block groups and we even have more than that. It keeps multiplying.

Mr. BARR. Thank you, Mr. Barrett.

I would like to thank the witnesses for being here, for providing their materials both in writing and orally, as well as answering questions. I look forward to continuing to work with you and I appreciate your support of this important legislation.

Thank you, gentlemen.

Mr. FRANCIS. Thank you.

Mr. COPPLE. Thank you.

Mr. BARR. At this point, the subcommittee will stand in recess until 3:30 or 5 minutes after the last vote on Mexico, whichever occurs the latest, for the markup.

[Whereupon, at 2:35 p.m., the hearing adjourned, with the subcommittee to reconvene at 3:30 p.m., Thursday, March 13, 1997, for markup.]

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