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ABSTRACT

Keynote addresses, issues forums, workshops, and panel discussions from a conference on making schools and communities drug free are summarized in this document. Keynote addresses by Jonathan Kozol, Protase Woodford, and Jeff Howard are summarized. Issues forums are included on the topics of building successful school and community partnerships; building knowledge about children prenatally exposed to drugs; understanding the diversity of culture; and gang awareness and violence prevention strategies. Twenty-three workshops are summarized. Some of the topics covered include: (1) self-esteem; (2) innovative strategies to reach urban families at risk; (3) resilience; (4) cultural diversity in planning youth programs; (5) disabilities and juvenile justice and substance abuse; (6) developing tobacco, alcohol, and other drug policies that work; (7) collaboration among state education agencies, schools, and communities to prevent alcohol and other drug use by children; (8) strategies for community mobilization; (9) peer helpers/leaders; (10) student assistance programs; (11) curriculum infusion; and (12) the forgotten addiction of tobacco. Panel discussion from six winning schools are presented, including three elementary schools, one middle school, one junior high school, and one high schools. (ABL)

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Doing What it Takes to Make Schools and Communities Drug Free

Conference Proceedings

Second Annual Conference

March 26-28, 1992

*Sheraton Chicago Hotel and Towers
 Chicago, Illinois*

Sponsored by the
 Midwest Regional Center for Drug-Free Schools and Communities of the
 North Central Regional Educational Laboratory

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DOING WHAT IT TAKES TO MAKE SCHOOLS AND COMMUNITIES DRUG FREE

March 26-28, 1992

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Sponsored by the

Midwest Regional Center for Drug-Free Schools and Communities

CONFERENCE PROCEEDINGS

Prepared by

**The Midwest Regional Center for Drug-Free Schools and Communities
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INTRODUCTION

The Midwest Regional Center for Drug-Free Schools and Communities (MRC) holds a dissemination conference for its constituents each year. Constituents are invited to attend the conference and to give presentations on topics ranging from outstanding prevention programs in schools to gang awareness to evaluation. They also can review and collect the latest prevention materials from exhibitors.

These conference proceedings summarize the information presented at MRC's second conference, held in Chicago, Illinois, March 26-28, 1992. The conference provided numerous opportunities for participants to learn from others who are, as the conference theme states, "Doing what it takes to make schools and communities drug-free." The conference was held in conjunction with "Cause for Applause: Strategies That Work in Urban Schools," sponsored by NCREL's Urban Education Network (UEN).

Conference presenters came largely from the Midwest Region, and included educators, researchers, and community members who provide alcohol and other drug prevention strategies and programs that are making a difference in the lives of children. Participants not only attended the various workshops, special issue forums, and plenary sessions, but also took the opportunity to raise questions, talk informally, network with people from the region, and establish relationships that will last beyond the conference.

MRC would like to express its appreciation to all of the presenters, exhibitors, and contributors for helping to make this conference a success.

It is important to remember that the views expressed are those of the presenters and speakers and do not necessarily reflect the views of the Midwest Regional Center or the U.S. Department of Education.

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KEYNOTE ADDRESSES¹
(excerpts)

■ JONATHAN KOZOL, Author, *Savage Inequalities: Children in America's Schools*

I consider myself not to be an expert, but a witness to history with all its hopes and fears and dreams.

When I ask to visit schools in low-income districts, the principals and superintendents face a tough dilemma. On the one hand, they'd like me to report the cheerful stories and avoid the stories of desperation. On the other hand, they want to get the message out that they are facing unfair fiscal shortages and they want me to describe the toll this takes on their pupils. I understand this, and I am grateful that so many have given me open access and have encouraged me to pull no punches. I do not blame school administrators one bit for the disrepair and devastation I describe. They are as much the victims of injustice as the children and the teachers. They are asked to build bricks without straw, without the money they have been denied by the unjust allocation of resources in this country. It has been the struggle of my life to bring that cruel injustice to an end.

In this context, it is particularly sad that the press and politicians tend to scapegoat the administrators of urban schools. It took two centuries before public schools in large cities, now predominantly nonwhite, chose to delegate their management to nonwhite superintendents who have become for the press objects of condescension. In one city in the east, business leaders took me aside and told me that all the problems of inner city schools had nothing to do with inequality or segregation. The problem was that their superintendent was overpaid. Her salary was \$180,000—I wouldn't take that job for half a million dollars!

I started my career as a teacher 28 years ago in Boston in a segregated school. I taught 35 fourth graders in the public schools. We had no classroom. We had to share an auditorium with another fourth grade, drama club, and glee club. In early spring I was transferred to another fourth grade that at least had its own classroom, but in many ways was worse, because these kids had never had a permanent teacher since they had entered public school. That year alone they'd had 12 teachers before me. That still goes on in many inner city schools. The texts were typical old fashioned basal readers. The worst thing about them was that they were boring. I wouldn't ask those kids to read poetry I wouldn't read myself. So I bought a book by Robert Frost and one by Langston Hughes. I read a poem from each book to the kids. "Stopping by Woods on a Snowy Evening" and "What Happens to a Dream Deferred?" The kids loved these poems.

The next day I was fired. They said Langston Hughes was inflammatory and Frost was too old for these children. Soon I was hired by the best and richest school system outside of Boston at twice the pay to teach half as many children in a beautiful school, with our own classroom, no string of substitute teachers, and a principal who loved poetry. That was my first experience with inequality.

When I hear Reaganites today condemning black parents and asking "Why don't they read to their kids? Why don't they come up to school? Why don't they help with homework?" I think of the children I saw destroyed 25 years ago. Those are today's parents.

¹ These addresses have been edited for clarity only. Every effort was made to retain the actual words of the speakers.

Three years ago I wanted to see if anything had changed, so I visited 30 schools across the country. I wish I could tell you I found dramatic differences. But it wouldn't be the truth. Schools almost everywhere across the United States are still separate, still unequal, and in most parts of the country, more separate and less equal than they were before.

Let me take you with me on a journey. In a South Bronx neighborhood in New York City, a neighborhood where the infant death rate is now higher than in Bangladesh, the rain poured into the roof of the Morris High School, filling a barrel in the counseling office and creating a waterfall.

I visited an elementary school of 1,300 children, every one of them black, packed into a building meant to hold half that number. It wasn't even a school building, it was a roller skating rink with no windows, no air—stifling. The children were sweltering, falling asleep at their desks. Five classes took place in a huge undivided room—four kindergartens and a bilingual class of 39 children. The library had 700 books in it. They had no encyclopedias.

East St. Louis is the saddest place I've ever been, an all-Black city that the newspapers call America's Soweto, buried in the toxic smoke of waste incinerators and pollution from two chemical plants—the city has one of the highest rates of child asthma, the highest rate of fetal death in Illinois, the second highest rate of infant mortality in the state. The city is so poor there's been no municipal garbage pickup in four years. When I was there, heaps of garbage were piled in the back yards of children's homes.

In a city poisoned by two chemical plants, the chemistry teacher at the high school told me she was running out of chemicals, and the physics teacher had no water in his lab. I asked the physics teacher, "What kind of reforms would help this school? What do you need here? How about site-based management? competency-based instruction? accountability?" He shook his head and said, "It would be great if we had water."

Shortly before I visited, the sewer main ceased to function. Some of the schools filled with sewage to their second floors. There's a school in East St. Louis named for Martin Luther King. An eighth grader who went there told me, "The school is full of sewer water and the doors are locked with chains. Every child in the school is black. Why is it named for Martin Luther King? It's like a terrible joke on history."

A child at a school in New York City wrote this two-line poem:

America the beautiful.
Who are you beautiful for?

If you want to visit sorrow deeply, you've got to visit a kindergarten in one of these schools. You think of how absolutely vulnerable these children are, how totally their destinies depend on us. There are many people in this country who are very good at teaching us to blame black adults for their suffering. They're very good at teaching us to blame black adolescents for their suffering. But nobody, not even the meanest man in America, is going to blame a kindergarten baby. These kids didn't do anything wrong. They're too small to hurt us, too young to scare us, too innocent to fear us. They've committed no crime. The only crime is to be born poor in a rich country. I think to myself, so many years, so many lives, so little change.

What we have in the United States today are two entirely separate and unequal schooling systems. One for the rich and one for the poor. One for the kids who will be educated and the other for kids who will be little more than trained. One for those who will govern, decide, manipulate, employ; the other for those who will be governed, will be manipulated, and occasionally employed. If this nation doesn't summon up the will to help these children, we are asking for disaster. Millions of desperate and unemployable poor people will be thrust into our streets. Our cities will be almost uninhabitable.

Ranking 20th worldwide in literacy, the United States now ranks first in infant deaths among the 24 most developed nations, first in the portion of our population now in prison. There are more black men in prison than in college. If this doesn't stop, our cities will soon look like penal colonies, crowded projects desperately protected by barbed wire, guards with walkie talkies in the halls of our public school, AIDS, drug addiction, child mortality at third world levels, neighborhoods where children are treated almost like untouchables, and their schools too frequently like medieval lazarettos. Is this something that we can endure in a democracy?

We are all probably aware of the extraordinary violence erupting in the inner city schools. The press never calls me up to comment on inequities in New York City, or overcrowding in the schools, or Head Start. But the day after kids were killed at Thomas Jefferson High in Brooklyn a couple weeks ago, they wanted me to go on television to talk about the violence of inner city children. The press has certainly does its best to give the public an acute awareness of the violence of these poor segregated children. But there are all kinds of violence.

When I see the anger in the eyes of many inner city kids, the middle school and high school kids, not the little kids, I think of the words that W.H. Auden wrote in 1939, "When will we ever know what all school children learn, those to whom evil is done, do evil in return."

A little girl in East St. Louis said to me, "When you turn on the television, you see a lot about the crimes committed by black children here in East St. Louis. Do they show the crime committed by the government that puts black people here to start with?"

The public demands that you who work in inner cities run a drug-free ghetto school, a ghetto school devoid of ghetto violence, a ghetto school with greater input from the ghetto parents, a site-based ghetto school, a restructured ghetto school, a ghetto school with ghetto choices for the ghetto children. But that the ghetto itself has become a permanent disfigurement on the horizon of American democracy goes virtually unquestioned.

People often ask me for suggestions of how to make improvements without speaking about race or inequality. I refuse to do it. I didn't spend 25 years of my life within the fight for civil rights in order to design a more efficient system of apartheid.

In many cities I visited, more money is being spent to build new prisons than to build new schools, a real sign of the times. Paterson, New Jersey a couple years ago demolished its public library to build a jail. What a metaphor for the conscience of this nation! When I visited Camden, New Jersey, fourth poorest small city in the country, I asked the teachers who invited me to get me a hotel reservation. They told me, "There's no hotel in Camden. No one would sleep here overnight." The next day after I visited their school, they took me for a ride through the city at night. It was like going through London after the Blitz. There were burnt out homes, boarded factories. In a desolate section, a wonderful priest pointed to a giant smokestack that had just gone up behind his church. He said, "That's our waste incinerator and next to it, a sewage treatment plant where all the sewage of southern New Jersey comes each day to be processed. They wouldn't dare put these things in Princeton. It would ruin their property values, and they wouldn't have the money for their schools."

The climate of the times is not responsive to passion. I visit suburban schools sometimes so that I can compare. I went to Rye, a wealthy suburb of New York that spends twice as much on each child as they spend in New York City. The school looked like a New England prep school. In the library there were 200 IBMs in individual carpeted carrels. The kids who weren't studying were sitting in a lounge reading a *Wall Street Journal*. I visited an AP history class. I told them what I had seen the day before in the Bronx, about the school with the waterfall, no computers, no AP classes while in Rye they had 10 different AP classes. I asked if they thought that was fair, and they all said, "No, of course it wasn't." I said, "Do you think it would be fair if your folks paid a higher tax if you knew that money would go to give the kids in New York the same good education you get?"

There was this awkward silence in the room. Finally, one girl said, "I just don't see how that would benefit me." I felt sad to hear that.

There are a lot of people in Washington like that student. At least she was innocent. People in Washington are more vindictive, more venomous, more clever. It's easy to be verbally vicious if you're unburdened by compassion. I have to debate with these people. These people are mean and smart and there are a lot of them. I call them the Reagan Youth. The president listens to these guys and so he tells us money is not the problem. I won't comment on that. I'll let the wonderful principal of Camden High answer the president. She told me of going out to speak in Princeton at a church. "I tell them this," she said, "If you don't believe that money makes the difference, send your kids to school in Camden for one year. Trade with our children. Don't do it in high school, that's too easy. Do it in second grade when they're most vulnerable." When I say this, people will not meet my eyes, they feel embarrassed. They stare down at the floor."

Instead of calling for further spending, the president is calling for a national exam. I'm not against exams. But American children already take 200 million standardized exams each year, and virtually every state has mandated state exams. If the nation could be tested into excellence, we would be the smartest country in the world. When will the president understand what they tell you up in Vermont, "You don't fatten your lambs by weighing them." If the president has his way, we'll be weighing our lambs more and more, but the lambs will be getting thinner and thinner.

Instead of speaking about money, the president and the education secretary speak to us about restructuring. I'm all in favor of restructuring, but restructured destitution is still destitution. A parent in Chicago described the president's approach as more inventive insufficiency.

The president says we can't invest more money in education until we know what works. I find that an extraordinary notion. After 150 years of public education in this country we do not yet know what works? If this is really true, what arrogance would lead us to believe that we're just now on the verge of finding out? Are we smarter than everybody who lived before us? Are we living in a more compassionate, generous age? Obviously not. The problem is not the things that we don't know, it is our unwillingness to pay the bill to act on what we know already.

Head Start came into existence a long time ago. Its success has been acknowledged for a quarter of a century. Everyone agrees that Head Start works, even the president. Will he then take action and provide it to all kids who need it? No. Instead of the \$6 billion it would take to give it to all eligible 3- and 4-year-olds, the president has offered about 1/10 that much. Why not give it to all these kids if we know it works? The president says we don't have enough money. "We have more will than wallet," he says. But when he wanted \$50 billion to restore the emir of Kuwait to his accustomed luxuries, the president found both will and wallet. Where did that money come from? When the S&Ls went broke, he and Congress found \$100 billion more. If we can find \$100 billion for the S&Ls and \$50 billion for the Persian Gulf, we can find 6 billion dollars for poor children in this country.

The president's pushing now for vouchers to enable people to pay for private schools with public funds, so-called schools of choice. I'm not opposed to certain forms of very limited choice of public schools within a given district. But the president's proposal for a voucher system based on a private market model troubles me profoundly. I believe that vouchers have the potential to rip apart the social fabric of this nation. I'm troubled by the enormous danger of particularizing our society to a degree that parents will no longer seek the best for every child, but only for their child. I hate to see that happen. In Massachusetts we just started a statewide choice plan. Of the first 800 people who took advantage to ship their kids to other school districts, 795 were white and middle class. Of course, they don't provide transportation money. Welfare people in my state aren't allowed to own cars, so that cuts those kids out to start with.

"What the best and wisest parent wants for his own child," wrote John Dewey, "that must the community want for all its children. Any other ideal for our schools is null and unlovely. Acted upon, it destroys our democracy." But the destruction of democracy is not necessarily regarded as a great misfortune by the voucher advocates. John Sharp, for example, is quite explicit. "What is the problem with the public schools?" he asks. The problem is that the schools are "captives of democracy." The objective of his agenda "is to break the bonds of democratic governance." Private market, he says, is more responsive than democracy to the will of what he calls "chosen segments of the population." What does he mean by chosen segments? He's very clear on what he means. "Public schools," he says, "must take whoever walks in the door. As a result they don't have the luxury of being able to select the students most suited to their goals. A voucher school, in contrast, has the right to keep out students who may need slow-paced instruction." It's amazing he's so candid! "Under a voucher scheme," he says, "instead of schools that try to serve a large diversity of children in one setting, we would see a constellation of different schools serving different kinds of children differently. Such schools would tend to be homogeneous." Strip that fancy language bare, and we are talking about social Darwinism, triage, intensified re-segregation, and an end to all that we have dreamed of in the common school that binds us all together as one people.

Sometimes I think we're a bit too courteous with people in the Bush administration. I know what school people are suffering. And when they find themselves in the Rose Garden they have a glazed smile on their faces which totally denies the fact that this administration and its predecessor have been savage to the children that we represent. The cruelist thing the inner city kids have suffered recently is not the cuts in money—they're bad enough—not the cuts in housing, health, nutrition, public school funding. The worst pain these children undergo lies the knowledge, in the deep down recognition, in the certitude that their government, their president, and his administration are not on their side, that they have been discarded, written off as societal expendables. I am not recommending rudeness to the education secretary and his disciples, but I am recommending justified skepticism for their pretense of concern for the poor children whose destinies are in your hands.

The president's America 2000 program is not an education program, it's a reelection platform. Those people who accept it are like slaves requesting extra rations from slave owners.

I'm usually asked, especially in Washington, "Is money really the issue?" I'm always amazed that they could ask that question as though it were a bizarre idea to suggest that money might be the answer to poverty. As though it were an odd idea that it would take real money to fix the roof of Morris High School in the Bronx, that it would take real money to get the sewage out of East St. Louis High, that it would take real money to split a class of 36 kids here in Chicago into two classes of 18 each! As though it were bizarre to suggest that IBM would want real money for its computers: Usually they ask it differently. They say, "Can you really solve these kinds of problems by throwing money at them?" They never speak of throwing money at the Pentagon. They *allocate* money to the Pentagon. They *throw* money at anything that has to do with human pain. When they say that to me, I say "Sure! That's a terrific way to do it! Throw it! Dump it from a helicopter. Stuff it in my pocket, I'll take it there myself. That's a great way to solve this problem!"

Someday, in another age when there's a different president and I'm the secretary of education, we're going to throw money at the *Pentagon* and *allocate* funds to make America a good and decent land.

Thank you very much.

•PROTASE "WOODY" WOODFORD, Distinguished Cultural Linguist, U.S. Naval Academy

One of the ideas I will talk about is multiculturalism and dealing in other cultures. I myself am the product of a couple of cultures.

I thought I'd share something I found in the newspaper last week on a visit to North Carolina. The governor of North Carolina has decided that the state will have a North Carolina Center for World Languages and Cultures. That's a good idea because they will teach the people of North Carolina how to deal with the rest of the world. That's a great way to bring us all together. I was almost reminded at that visit that we have a long way to go, because I picked up the newspaper and there was a letter to the editor that I will read a portion of.

Keep riffraff out. The picture on the front page of February 4 showing a Haitian woman not happy to be going home makes me extremely happy. America has been more than generous for over forty years to all the riffraff who want to come to this country because they are oppressed, when actually all they want to do is get to this country so they can share the good life without working. But thankfully, the American public has had enough. If we had all these Haitians into this country it wouldn't be long before they were all on welfare and producing offspring at a rapid rate. I am British born, but I have lived here for forty years.

The irony of this is so transparent. I thought, she never even realized it. I think it's what we all do. "This is a wonderful country and we welcome everybody, but as soon as I get in, let's shut the door."

Thank you for inviting me.... Every time, it seems, I'm preceded by food. It's not just happenstance. It's ritual. Sometimes we overlook the fact that food is acquisition, it's cultivation. Its preparation and presentation is one of our common shared experiences everywhere on earth. There's great symbolism attached to food in every country and culture. In Roman times a legionnaire was worth his salt because that's what he got paid, a salary. Salt flavored food and preserved it. It was a critical commodity as well as a critical element. The British in India had a state-controlled salt monopoly. It became a prime target because of its symbolic value in Mohandas Ghandi's decades-long struggle for independence. In Spanish when we want to say someone is kind and good, we say he's a piece of bread, because bread is to us the staff of life and what could be more complimentary than to be compared to that?

As a matter of fact, it was food and food preservation that caused the Europeans to rediscover many of the great works of ancient Greece. The works of Plato and Aristotle and Ptolemy were not carefully archived and stored in Roman libraries and then Xeroxed and passed on to the libraries of Europe during the middle ages. One reason was that the Xerox machines were monks with quill pens who looked upon the works of classical antiquity as pagan and sinful. Since a good, clean copy of one book might take a lifetime to complete, that time would be better spent copying books that were not sinful. An additional drawback was that hardly anybody in Europe could read anyway.

So the great works of philosophy and mathematics and astronomy all lost, the flower of Hellenic thought wiped out, civilization diminished because we couldn't preserve these treasures of our common heritage. Well, not really, not to worry. What was lost going west was preserved going east. While Europe was in the midst of what we now call the Dark Ages, the Middle East was in an age of enlightenment where the arts and literature and learning were flourishing. The preservation of the great works of Classical Greece has to be credited to the scholars of Asia Minor and the Arabian Peninsula who understood the value of those masterworks and translated them and kept them alive. These works returned to Europe through the spice trade as European traders worked through Arab merchants to obtain the spices and condiments of the East. Along with food for the body, they found food for the mind.

They're curious, those images and stereotypes that we all grow up and live with. For most Americans, civilization means Western, or European, civilization and an even narrower definition, Western European civilization. But we know that there existed throughout the world other civilizations that rivaled or exceeded those of the Romans and the Greeks with which we're more familiar.

When I was a kid, the word "Arab" conjured up the image of a silent movie hero, Rudolfo Valentino, the son of a sheik in white robes and liquid brown eyes and a heaving chest, lifting up to his Arabian stallion a beautiful woman who had fainted just at the sight of him. He would ride off into the trackless desert. The movie never told us how he made a living, how he paid for his horse, how he furnished the tent to which he would take all those fainting ladies, and so forth. Anyhow, Valentino wasn't even an Arab, he was an Italian who emigrated from Argentina.

For most Americans of that and later generations, the silent movie Arab represented the sum total of information about a civilization and a people. It wasn't until much later when I majored in Spanish at my little state teachers' college that I learned more about a culture and a faith that reached from the Pyrenees to the Pacific. At a time when Europe was in constant turmoil, when hundreds of little kingdoms were daily at war with each other, and the general population was illiterate and blissfully ignorant, from Cordoba in Spain to Baghdad and beyond, in Cairo and Basra, there were great universities.

The University of Cordoba in Spain in particular had great numbers of Christian students through whom the influence of Arabic philosophy eventually spread to the universities of Paris and Oxford and northern Italy. An example is the 12th century teacher of Cordoba...who developed the teachings of Aristotle along lines that separated religious and scientific truth and paved the way for modern scientific research.

In the year 970 of the Christian era, there were 27 free schools for the poor in Cordoba, almost a thousand years before the idea took hold in the West. In the year 1289, the library of the Sorbonne had all of 100 books. As late as 1375, an Oxford library had a couple hundred books. Five hundred years earlier, in 800 AD, the Royal Library of Cordoba could boast of some 400,000 volumes, so many, that according to a Baghdad scholar, "it required 400 camel loads to transport them."

It's also noteworthy during this time of tragedy in the Middle East, that in Islamic Cordoba, Christian, Jew, and Muslim lived in relative harmony. Indeed, some the greatest works of Judaism were written in Arabic, the religious writings of Maimonides being an example.

The contributions of Arabs to mathematics are well known. Many of us have been exposed to Al-ge-bra, a mostly Arabic invention, along with spherical trigonometry, sine, tangent, and co-tangent that have made life fascinating for some and absolutely dreadful for the rest of us. The one contribution of the Arabs to mathematics that almost everybody knows, Arabic numerals. Can you imagine doing long division with Roman numerals? Arabic numerals are not used by the Arabs. They use Indian numerals.

We could go on about the Arabs, in medicine, and chemistry. Alcohol is an Arabic word, although Muslims don't touch it. They were among the first scientific farmers. Their irrigation systems are still operating in Spain, precisely 500 years after their departure at the violent insistence of Ferdinand and Isabella in 1492, the same year that Isabella decided to help out a poor Genoan navigator who had some great ideas about how to get spices cheaper and more quickly....

...The gentleman navigator convinced Isabella that he could make this terrific deal on spices if he could find a shortcut to the Spice Islands, cut out the Arab middleman, and cut a nice profit for Spain. "I hope you make it," said Isabella. Actually, she said, "Ojala" which means, "If Allah is willing." But being her Catholic majesty, she didn't realize that she was using an Arabic word, since everybody used it and they still do.

Anyhow, that's how our first immigrant arrived. He set out to find India and the Spice Islands. Instead, he landed somewhere south of here. And he didn't believe it! When the Americans came out to greet him and offer him a smoke, he called them "Indians." Now, the real Indians were in India writing epics, building, studying, unaware that Columbus was claiming to have found them. And anyway, the Americans apparently didn't realize

that they were being called Indians because Columbus must have said *Indio* in Italian or in Spanish, and besides, the Americans didn't call themselves Americans either. They called themselves ...Seminoles, Menominee, and Apache, or just human beings.

And that was the beginning. After Columbus came more and more immigrants....St. Augustine in 1565. After that, the flood of immigrants never stopped. In 1620, some people who had never really fit in at home, who had offended their neighbors with their odd religious beliefs and practices, left home, went to Holland and then headed to Plymouth, Massachusetts. They had a tough first year. But the Americans helped them out. They brought them corn and turkeys and other local delicacies. And the Pilgrims stayed on.

It seems that the only Americans who did not, at first, anyway, resent the arrival of new immigrants were our *only* non-immigrants, our only native Americans. The early and later immigrants did not treat them particularly well. It's too easy for us to forget that, with the exception of Native Americans and Black Americans, we are all immigrants and their children, whether they came over on the *Mayflower* or some nameless tramp steamer out of Bremen, or Philippine Airlines Flight 8. Long before anyone on this continent spoke English, there were people speaking Arapaho and Sioux and naming strange places like Mississippi, Michigan, and Kankakee. And the first Europeans also spoke French and Spanish and Dutch named places like Des Plaines and Las Vegas and New Netherland....

...It helps sometimes to look backward as well as forward. When I entered the first grade in PS 41 in Manhattan New York in 1940 in the wonderful good old days whose past everyone laments, it was expected that about 1/3 of us would make it through high school. Of those who graduated from high school, a handful would go on to college or university. When I applied to my little state teachers' college, they made me take an entrance exam. And it was *not* the SAT. Those who took the SAT were a handful. In that year, 80,000, now over a million. They were the people who were going to Princeton and Yale or Harvard. And no graduate of my little high school would ever have been so bold as to think that he—and only much much later she—had even the slimmest chance of being admitted into any of those institutions.

You realize that the original intent of all those examinations was to give people who graduated from schools in obscure places like Des Plaines and Kankakee the opportunity to demonstrate what little we knew using the same criteria as were used with young scholars from the preparatory, later called private, and now called independent schools, that handful of institutions whose faculty and curricula and standards, both academic and social, were well known to the determiners of admissions at the colleges and universities that prepared the nation's leaders.

So it becomes tiresome to be compared constantly, compared chronologically, to the wonderful teachers and schools of the past and geographically to the wonderful teachers and schools in other places, to be compared and always come off second.

The teachers who suffered me in my generation were not paragons. Some were good, some were not, and they did not suffer us too gladly. The weeding out process was constant—working papers at 14, on your 16th birthday half the high school, it seemed, lined up to drop out. We were told very early what our role in life would be. The commercial track was filled with young women who would pound the keys of the Smith Coronas and the Remingtons and the Royals that would keep our commerce thriving. The rest, that great mass of the proletariat, was relegated to the general track, a little shop, a little general math, mark time until 16. Those decisions, if not irrevocable, surely seemed so to our parents and to us. So, I can't share the enthusiasm for the past that everyone seems to voice.

We can all point to evidence of real progress in American education over the last decades, with occasional lapses. But what stands out most, at least to me, is the humane quality of our public education system. For a long

time, it was assumed that if the children of immigrants did not speak English when they entered school, it was their responsibility to learn the language. If they did not learn it, it was, to put it inelegantly, their tough luck. We like to think now about those waves of immigrants like Hyman Kaplan. They learned English in night school and joined the American dream. We forget the thousands upon thousands who dug the ditches and laid the track, who toiled and sweated with little reward and whose children were destined for the same fate because they could not master the language at the school.

American educators saw the injustice of blaming the victim for the ill. In the 50s and 60s in Texas, for example, the ratio of first grade pupils to pupils in grade 12 was about 3 to 1 for all pupils. For Spanish surname pupils, it was about 12 to 1.

Obviously, not all the educational problems were attributable to language, but language was an important factor. Imagine walking into school on your first day, and not understanding what the teacher and most of the other kids were saying. You finally find another little kid with big brown eyes and olive skin who can talk to you, and you talk, but you are caught and you get your mouth washed out with soap. Those were the good old days. Well, maybe not so old. Because I just picked this up from the newspaper less than a year ago.

Schools try to encourage using English. Discipline requested for speaking Spanish. In a campaign to increase grades, schools have asked parents to discipline their children if they are caught speaking Spanish at school, the superintendent said Wednesday.

Our bilingual and multicultural programs may not always deliver all that's promised, but they've recognized the needs of significant numbers of our children. They've attempted to meet those needs, needs cognitive and affective, because they also help those youngsters understand how they enrich America and how we would not enjoy the wealth of diversity and creative ferment were it not for the contributions of that painter's palette of colors and races and that battle of tones. An objective evaluation of past and present in American education will confirm higher marks for today on most criteria.

Just as we suffer from an onerous comparison across time, so too do we suffer from an onerous comparison across space. We hear, especially from our most privileged citizens, who've lived or worked overseas in a foreign service or with the multinationals, about the extraordinary effective educational systems in Europe or Japan, the gymnasium, they tell us, their students learn more than ours do in college. International studies have shown that students in one country after another out perform American 11th graders in math and science. Well, we know who gets into those schools, and we know who finally graduates from them. It's not everybody's kids. You're well aware of the sorting process that occurs very early in European education.

By the way, all those international studies, so often cited, the ones conducted by the International Assessment of Educational Progress, over 25 percent of the countries, not the United States, restrict their participation to some students only. The former Soviet Union, for example, included only Russian-speaking schools, and Israel, only Hebrew-speaking schools. Contrast to the effort made by our schools to provide the most effective education possible to children from a variety of linguistic and cultural backgrounds with the treatment provided the children of the guest workers in Europe. If the children of Turks and Yugoslavs and Moroccans and Tunisians cannot master the national language, then they obviously cannot profit from academic training. They can, however, provide another generation of street sweepers and domestics and day laborers.

An educational system for good or ill, tends to reflect the values and goals of a society. We all look at Japan and the Japanese economic miracle. In Asia, the scholar is someone worthy of great respect. And that respect is reflected in some very practical ways. The average skilled worker in Japan has a salary lower than his or her American counterpart, but the Japanese teacher, however, is paid more than the average American teacher.

The Japanese educational system is extremely centralized. It's very hierarchical. There's one common syllabus for the entire nation. Try to get two school districts five miles apart here to agree on a common syllabus! We go in the opposite direction. We've gone into single city districts and broken them down into smaller units more responsive to local, not national, needs. But beyond that, there's the sense of the individual and her role in the society. Rightly or wrongly, we look primarily to the growth and development of the person, and secondarily to the institution, or when we finally think about it, the nation. You're all acquainted with the Japanese saying that the nail that sticks out will be hammered down. We, on the other hand, are constantly praising the creative, singular person whom we allow to march to a different drummer.

Obviously, much needs to be improved. But that's always true. That we must do better does not mean implicitly that all that has gone before was bad. It only means the perfection, as unattainable as it is, must always be sought.

...Everyone today is talking about restructuring our schools and multicultural education. In looking at the proposals for restructuring, there's little with which to take issue. The framework for restructuring of the National Governors' Association is typical. It says, for example, curriculum and instruction must be modified to support higher-order thinking for all students. Use of instructional time needs to be more flexible. Learning activities must be made more challenging and engaging. Sounds pretty good. Authority and decision making should be decentralized. New staff roles must be developed. Accountability systems must clearly link incentives to student performance at the building level....

...We're told that restructuring is vital in order to deal with low student achievement, as evidenced by our rankings in those international assessments, drop-out rates, and teacher dissatisfaction. A few weeks ago, I visited a secondary school where teacher satisfaction was high and student achievement outstanding. The structure of the school was as hierarchical as any anywhere. The instructional style was hypertraditional: lecture, followed by a somewhat Socratic question-and-answer format. I gotta tell you, I was not comfortable in that school. I felt out of place. It was a school for the privileged. Secretary of State Baker went there. I'm sure many future statesmen (because it was a boys' school) and corporate leaders and millionaires will come out of there. They have not restructured in a century. But they do enjoy some other advantages. Their faculty and administrators are well paid, well housed, and well respected. The classes are laughably small by most of our standards. Their equipment is first rate. The parents invest lots of money in their children's schooling and they're committed to the school.

There's another school near my home, an elementary school. It doesn't enjoy the financial base that the first school does. It's a Quaker school. The commitment of the parents is just as great. Their building is 150 years old. When it needs painting, the parents and the children supply the paint and the muscle. When there are field trips, the parents drive the kids.

Now you all know this. It's not new or surprising. My home town is just outside of Princeton. And it "ain't poor." It has good schools with good teachers and competent administrators. The high school principal took early retirement. The superintendent just quit. They couldn't get a tax raise of a few pennies approved to repair buildings that are falling apart.

We need restructuring all right. We need to restructure the hearts and the minds of our people. We need to rid ourselves of the hypocrisy that mouths how important education is for our nation and yet refuses to support that education materially or spiritually. I say spiritually, because it isn't just a matter of money....

...In my introduction it says that I was appointed distinguished cultural linguist at the Naval Academy in Annapolis, Maryland. I said I would work on a research project if I could teach a class. I said I wanted Spanish 101. the beginners, 13 midshipmen who stood at attention when I walked into the carpeted classroom which had a picture window overlooking the river where you could see sailboats. At the end of the course, I got high

evaluation. But that's nothing. Teaching 7th grade Spanish at State Street Junior High School in Hackensack, that's teaching! Teaching 13 midshipmen who stand at attention, that's a piece of cake.

I said spiritual.... I went to a cocktail party at Annapolis. Someone said, "Oh, hellooo, and what do *you* do?" And I said, "I'm a Spanish teacher." They said, "Oh, how nice," and went to talk to somebody else. Ten minutes later somebody came by and said, "Oh, have you met Professor Woodford who's on loan from Princeton?" This person said, "Oh! Why didn't you tell me?" I said, "I told you, I'm a Spanish teacher." It's the same task. What's the difference if I do it here or there?

That's the spiritual difference. If you don't really believe and respect, how can you expect there to be any kind of progress?

Of course we can find better ways to structure the educational enterprise. But that alone is not the answer. We'll always be presented with a myriad of solutions that place the entire onus on the educators, absolving the greater population of responsibility for their own future. If we really believed in the importance of education, why did we let our best and brightest children become arbitrageurs or account executives instead of classroom teachers?

Multicultural education. "What means that?" I have to admit to some ambivalence about the concepts. That's another hot issue today in American education. After having spent a lifetime in measurement and evaluation, I suffer from what the French call *deformation professionelle*, professional deformation. You see everything through the eyes of your own business. How do you evaluate this thing? I have to start with the objective, the purpose, the intended outcome. After wading through the rhetoric, the impassioned statements of position, the assent and dissent, it seems that there are purposes and hoped for outcomes. These are the ones one humble servant sees:

The need for truth, fairness, and balance in the information that we pass on to our children about their world and its condition, past and present. Here's an example of what I mean. This is from a book called *Our War with Spain for Cuba's Freedom*, by Trumbell White. Now our war with Spain for Cuba's freedom, some Cubans might call an oxymoron. This pictorial history was very popular in school libraries around the turn of the century. And this is the introduction:

Civilization against barbarism. Freedom against oppression. Education against ignorance. Progress against retrogression. The West against the East. The United States against Spain.

That seems nice and balanced and fair. Later in the chapter, it says:

The Spanish have ever been perfidious, avaricious, ferocious. Spain is the China of modern Europe. Her spirit is still the spirit of inquisition. Her policy is not to conciliate, but to coerce, not to treat justly, but to rob and enslave, and her dependence is the ignorance and superstition of her people.

Now, my mother [who was Spanish] straightened me out about some of that stuff. But I've often wondered how all the Vegases and Rodriguezes felt when hearing that kind of thing. In grade school at PS 173, I learned that the first European settlement in America was Jamestown, Virginia, in 1607. No mention of St. Augustine, Havana, San Joaquin, Santo Domingo, Buenos Aires, Concepcion in the previous century by you-know-who.

History, as we well know, depends upon who wrote it. Ours, prior to our own revolution, was inherited from Britain. So it is time that there be some balance.

Another important goal is to make clear to all our children that they and their forbears are *all* part of this ongoing enterprise that is our America, that we would not be the nation we are without the Jews from Eastern

Europe, the Greeks and Italians, and Lebanese and Poles, and Cantonese and Filipinos and Native Americans and Africans abducted from their homeland. Our kids have to realize that we're all takers *and* givers. The Chinese who laid the track from west to east met the Irishmen banging the spikes from east to west. The Mohawks walking the girders of New York skyscrapers and the Italians and Poles digging in the mines and tunneling under the rivers, all have contributed to the common weal [stet]. That does not diminish in any way our respect for the nation's founders and early settlers. In dealing with multiculturalism, we must take care not to be guilty of the very ills that we purport to redress. A friend in South America once said to me, "You Americans are exaggerators, you always go to an extreme." What he meant was that we tend to excess. More is better. Well, not always. In order to recognize and value the contributions of some Americans, Native Americans or newer Americans, for example, we need not diminish or demean the contributions of earlier Americans.

Truth, fairness, and balance. Not a whitewash, not a jingoist nativism, but truth, fairness, and balance. Kids have to learn that history is not a TV western, people who are the good guys or the bad guys. It's about an imperfect world of imperfect people who are capable of cruelty and evil as well as goodness and virtue. Yes, it was Thomas Jefferson the slaveholder who wrote, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain inalienable rights." One truth does not negate the other.

It's almost ritualistic to refer to this nation of immigrants. We invoke the collective memory of the odysseys that ended or began at Ellis Island. Lee Iacocca puts the muscle on us and we donated millions to the Ellis Island museum. The Statue of Liberty is revered. She welcomed parents and grandparents and great grandparents when they arrived at the promised land. This nation of immigrants.

Somehow, though, we always think of some *previous* wave of immigrants. We don't hear the hard working, honest immigrants, the salt of the earth. We don't hear talk of this nation of *new* immigrants, of all those dark skinned people from Asia and Africa and Latin America.

In our country, the concern over the education of new arrivals is not new. A century ago the public schools offered immigrants English language and Americanization courses. Those are the courses where Hyman Kaplan became Americanized. Rapid Americanization of immigrants was public policy. Part and parcel of that policy was the eradication of immigrant languages.

As a language teacher, it amazes me. I go out to the Army language school, now called the Defense Language Institute, in Monterey, California, where they teach all our military people all these languages. I think, doesn't it seem a little ironic that you gotta teach Sergeant Schmidt how to talk German and Colonel Gonzalez has to learn Spanish because we took it away from their parents and grandparents and eradicated those skills, those abilities that we needed ourselves?....

...The President of Princeton University (where I am from), as you may know, at one time was Woodrow Wilson who later on went to become president of something else. Woodrow Wilson spoke to the Federation of High School Teachers. This was part of his address:

We want one class of persons to have liberal education. And we want another class of persons, a much larger class of necessity in every society, to forego the privilege of a liberal education and fit themselves to perform specific, difficult, manual tasks.

No comment.

Power is pretty intoxicating stuff, and nobody shares it, except reluctantly. Dominant groups like to be dominant. One way you maintain dominance is by proclaiming others are not worthy, or at least they're not ready

to exercise control over their destiny. This is nothing new. It has a long history in our country. The only thing that changes is the target population.

In 1891, Morfield Story appeared before the National Civil Service Reform League and said, "We must make our naturalization laws more stringent. It is not consistent with business principles to admit men as equal partners in a prosperous firm who bring neither experience nor capital, who know nothing of the business, who do not even speak the same language with the other partners. We certainly may insist that a man may not vote here until he's been here long enough to understand our institutions and speak our language. And as we must have an arbitrary rule, it would seem safe to require 15 or 20 years residence."

The debate has been going on forever. From the 1880s until World War II, the concern over great waves of immigration resulted in a number of restricted laws. Some of you may know that in Iowa in 1919, a law was passed making it illegal to speak any language but English on the telephone.

Things don't always change. This article is two years old:

English-only rule for courts is blocked by Appeals Panel. A rule requiring Los Angeles court employees to speak only English on the job has been blocked by a Federal Appellate Court. The rule had been adopted in 1984 by the Los Angeles Municipal Court, reportedly after an employee complained that co-workers seemed to be making derogatory remarks about her in Spanish.

Today we see the proliferation of those official English proposals. A lot of well-meaning and goodhearted people support such proposals. Obviously, it's a good idea to learn English in order to succeed in a predominately English-speaking society. Who would ever dispute that? Does anyone truly believe that immigrant parents *don't* want their children to speak English?

Two weeks ago in the *New York Times*, there was something about a Russian immigrant who "didn't have no money," couldn't go to an English class, so you know what he did? He got all the 800 numbers he could find and he would call up to practice speaking English.

I can picture my mother saying to me, "You are no' allowed to learn English. I forbid you to speak English, to get an education and become successful. If you do that, you will break our hearts." I don't believe that.... This is [part] of a questionnaire that the English-only people sent out. Question number 4 was the best:

English is by custom alone, not by law, the language of the United States. In order to avoid the political upheavals over language that have torn apart Canada, Belgium, Sri Lanka, India, and other nations, would you favor legislation making English the official language of the United States?

And I keep saying, they never mention Switzerland, with four official languages....

...The issue that we're talking about is charged and it's emotional. What we're really here to talk about is kids, kids who probably don't resemble us. It's part of the human condition to be uneasy with difference. But it's also normal and instinctive to believe that our ways are better than others. That's not evil, that's normal....

...Fascinating thing about bigots is that you can never win. Blacks and Hispanics don't work hard enough. Jews and Asians work too hard. Who's just right?

The public attitude toward Japan is a wonderful example. I, too, am concerned about foreign ownership of Rockefeller Plaza and the other landmarks. I'm worried about foreign domination of the U.S. auto market, but I

don't recall being too concerned about U.S. domination of the auto market in Latin America and much of Europe or about the Hiltons and the Sheratons in every major city around the world or about our ownership of the forests in the Philippines, the mines in Chile, and everything else.

Why is it that when the Japanese buy a piece of Manhattan real estate, everybody goes bonkers. And when working men and women buy an inexpensive Toyota or Datsun, probably assembled in Tennessee, it's considered the death knell for Detroit. And yet the truth is that Britain owns far more U.S. real estate than the Japanese. The British literally own the American advertising industry and play a dominate role in many others. As a matter of fact, my publisher all of a sudden is not an American publisher anymore. It's a British publisher--the guy who fell off the boat. He owned Pergamon Press, Prentice Hall Information Services, McMillan Publishing House, the Official Airline Guide, Colliers Encyclopedia, and Who's Who in America? And nobody complained. I also fail to hear any complaints about people spending 60-70 grand for BMWs and Mercedes Benzes....

...It may be useful for those of us who are so fearful of new immigrants to know that the percent of the U.S. population that is foreign born today is 6 percent, exactly the same as the foreign born population in 1950, exactly half of what it was in 1930, and 40% of what it was at the turn of the century. So what's the problem? The problem is where they come from. In 1950, the greatest proportion of immigrants or new Americans came from Great Britain and Italy. That's no longer true, as you know.

When people ask us how come we have to provide all this help for the children of immigrants, when we're told about grandfathers who came from the other side with nothing, who got no special treatment, who had to sink or swim, and who made it, they deserve an honest answer. I wonder how many of them really *did* make it, and how many were simply swallowed up in the mass of humanity that provided the muscle for the work gangs that built the cities and the railroads and the hands that toiled in the sweat shops.

The point is, however, that in those days of nation building, a bright, ambitious illiterate *could* make it. Luigi Gambarelli started with a pick and a shovel, then he bought an old truck, then he hired some men right off the boat, and now it's Gambarelli and Sons, General Contracting. The old man *still* can't read, but his daughter the lawyer and his son the accountant can.

In Gambarelli's day, the entry level job required muscle and little else. Today the pick and shovel man is a key punch operator, and she has to know how to read. Her literacy is not just an issue of *her* survival, it has to do with *our* survival.

You remember the stock market crash of '87? A couple days before the crash I saw two articles on page 1 of that radical red journal, the *Wall Street Journal*. "A shallow labor pool spurs businesses to act to bolster education" was column 1. In column 4 was "Easing the burdens of an aging America." And here are a couple quotes from the first article:

...the New York Telephone Company gave its simple, 50-minute exam in basic reading and reasoning skills to 21,000 applicants for entry level jobs. Only 16 percent passed. These results, dismal as they are, still don't define the full extent of the problem facing employers in years to come. To begin with, the total number of young people in the labor pool will constrict sharply when the generation of the baby boom gives way to that of the baby bust. Second, a rising proportion of those people in the pool will be minority group members, the very group that schools have had the least success in educating.

In column 4, the aging America article says:

The percentage of the U.S. population 65 years old and above will nearly double by 2030. The labor force will grow much more slowly, sharply reducing the number of workers supporting each retiree.

That's a good economic reason for providing the best opportunity possible for all our kids. But there are other reasons as well.

People have always worried about the assimilation of immigrant peoples into our society. Assimilation is a two-way street. The majority learns from the minorities, too. For most Americans 30 years ago, garlic could just as well have been arsenic. Today, foods with garlic are just as ubiquitous as the all-American hot dog and kraut that was introduced at the Philadelphia exposition of 1896, known as "sauerkraut and frankfurterwurst." There's still much to be learned from our newer Americans. At a time when we're appalled by the breakdown of the American family, we might do well to look at the unity and support provided by family in many of our immigrant groups.

It's a commonplace today to speak of interglobal interdependence. It's a commonplace, but it's also a truth. In a world that's extraordinarily competitive, we need every advantage we can get. One advantage is the ability to function in different cultures and in different languages. Our new American children are an asset, not a liability. Not only will they have those abilities, but if we are wise and can exploit those abilities, we'll be able to share them with all our children, minority and majority. We can no longer enjoy the dubious luxury of always functioning within the context of our own national language and culture. We can no longer expect that all dealings, financial, diplomatic, and social, will be carried out in our way and in our language. We need the rest of the world every bit as much they need us.

But you already know all this. You don't need some old Spanish teacher from Jersey to come down here and tell it to you. But then again, maybe you do! We all get caught up in our daily work. We prepare reports, we go to meetings, we make and answer phone calls from parents, administrators, the police. We prepare programs, we prepare lessons, we explain, we illustrate, we drill, we listen. We listen to our students and their parents. We listen to stories that would move a stone to tears. Then we go home. More work, more paper. Then we read about budget cuts, about lack of resources, and the unkindest cut of all, about the sorry state of American education.

Well, here is one of your fellow Americans who wants to say thank you. Thank you for taking on an enormous, difficult, and too often thankless task, for dedicating yourselves for providing all of us with a more hopeful future. [Says thank you in many languages, including sign language.]

Thank you all very, very much.

■JEFF HOWARD, President, Efficacy Institute, Lexington, MA

Think of a picture of [two sets of] cars. One set is high quality cars. Another, C cars, are not high quality. Both sets of cars are produced through certain production processes. What is the matter with the C cars? There are three possible reasons they are not high quality:

- The production people are bad.
- The production process is bad.
- The C cars are just not good cars.

The last explanation doesn't make sense, but this is the one we often use with children who do not do well in school. We say the problem with some children is that they aren't "good." Others say the workers/teachers aren't doing their job. And still others say the process isn't working.

What's really wrong is the production process.

Efficacy is a method for operationalizing the idea that all children can learn. Efficacy takes that idea from a hope to a set of concrete strategies to use in the classroom. This means changing many schools. People think about school reform as involving changes such as:

- Changing the structure of school governance
- Changing school board composition
- Changing from central administration to site-based management
- Changing curriculum so that we connect school learning to the universe
- Changing instruction
- Changing how we assess students
- Changing staff development

All these changes are necessary, but they are not sufficient. One more is required—change in the fundamental beliefs about intelligence.

We need a movement to develop our children. Development is not a thing, not a state. It's a process of building identity, character, analytic and operational capability, and self-confidence. It's a process of building a constructive personal identity into children. Development is the basis of a person's capacity at least to contribute to the goals of the community and, at the highest level, to envision new goals.

For development to happen, you need an environment of high expectations and positive support. You also need commitment on the part of the child to intensive effort and high standards of mastery. Development also requires effective collaboration. Black and Hispanic students almost always work alone. White and Asian students work effectively in groups.

The success of a community can be measured by how well it develops its children. Failure to do this is the fault of the adult community, not the children. Racism plays a part, but Black and Hispanic communities have failed to take advantage of what was won in the civil rights movement to develop their children. History will judge the Black community very harshly because they are worse off now than before the movement.

Assumption 1—Development is the main thing, the only thing for children for the 21st century. Prosperity depends on development. We are seeing a reduction of the middle class today that will last. Jobs will go elsewhere if we can't develop our youngsters.

Assumption 2—Development is not fixed at birth. It is a process.

Assumption 3—There are obstacles to development, especially for children of color. Some obstacles are external and institutional. The way we do education is the biggest obstacle. Some obstacles are personal and psychological. We internalize external and institutional obstacles. Some obstacles are cultural.

Assumption 4—All the obstacles can be overcome. It takes commitment and courage. The process of development can be managed.

What is the basis of development?

Until now, the answer has been fixed innate ability; one ability is intelligence. This is the fundamental belief about intelligence in our society. It's a paradigm. Paradigms structure our behavior toward people. We start to classify

children this way as soon as they get to school. Children understand this system and the "low" ones never recover. The implication is that you can't change a child, that his or her ability is fixed.

In the Efficacy model, intelligence is not based on an innate fixed trait, but on effective effort. Effective effort means that those who work with commitment, focus, and strategy become highly developed.

Why do some people exert effective effort while others do not? Those who put forth effort have confidence. Effort leads to development which leads to more confidence. Teachers need to boost confidence and shape effective effort. Capabilities can change. Intelligence can change. Educational practice is what produces quality.

This is an alternative paradigm--intelligence is not something you are, it's something you can get. "'Smart' is something you 'can get'" if you know how. The teacher's job is to show children how. Teaching is managing development and helping children learn how to do their own development.

ISSUES FORUMS²

•BUILDING SUCCESSFUL SCHOOL AND COMMUNITY PARTNERSHIPS

Elvira Tinio Asuncion, Project Director, Community Relations-Social Development Commission, Milwaukee, WI

Richard Sherman, Project Director, Chicago Department of Health, Chicago, IL

William Morford, Director, Community, Family, and Children Services, Alpena, MI

Judith Brinkman, Director, DuPage County Department of Human Resources, Wheaton, IL

Betty Johnson, Project Director, United Way of East Central Iowa, Cedar Rapids, IA

Moderator: Kathy Marshall, Associate Director, Minneapolis Area Office, MRC

Presenters discussed the importance and challenges of developing strong partnerships for effective prevention. Elvira Tinio Asuncion described the Neighborhood Partners Program in central city neighborhoods of Milwaukee. The goal of this program is to implement a grass-roots, community-directed prevention strategy. Its objectives are:

- To build capacity of neighborhoods through free consultation services, training, technical assistance, and community linkages
- To develop partnerships among neighborhood groups
- To form a strong network of neighborhood partnerships for citywide representation and sharing resources

A coalition, including representatives of the mayor's and county executive's offices, the Milwaukee Public Schools, the Milwaukee Council on Drug Abuse, office of the District Attorney Drug Enforcement Group, and the Drug-Free Network Workplace, oversees program planning, assists in developing linkages with other city programs, builds support for the program, and monitors performance.

Program staff developed a profile of potential or existing partnerships in four target neighborhoods. They will then assess which have viable prevention programs and which are committed to working with them. Eventually, the following will be available:

- Neighborhood data to help track what is happening in the neighborhoods
- Training and technical assistance for individual and group needs
- Access to information
- Teaching materials and ideas on how to fight drugs
- Assistance and training in intervention efforts

² *Except as noted, the remaining proceedings are not verbatim transcriptions of presentations, but are paraphrased summaries. The views expressed are those of the presenters and do not necessarily reflect the views of the Midwest Regional Center nor of the U.S. Department of Education.*

This strategy is unique because the responsibility for solving AODA problems is shifted to the community itself; residents (which include a variety of ethnic groups) are included at all levels of programming and decision making; the program provides easier and more direct access to services; and resources are concentrated in targeted areas.

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Richard Sherman described comprehensive efforts in Chicago. Since alcohol and other drug abuse is just one of the problems communities face, a broad view of prevention through community development and empowerment is needed to address the sources of problems, for example, racism, housing, economic development, violence, and public safety. Agencies should be partners in community development.

In its first year, Sherman's group conducted a citywide needs assessment. Overall, drugs were seen as a big problem but few people felt they had adequate contact with prevention activities.

The organization began with a Program Advisory Council, a citywide group of 60 individuals representing agencies, government, etc., whose purpose was to leverage resources for community partnerships at the local level. The council divided Chicago's 77 community areas into nine prevention service areas. At the first of a series of semiannual citywide conferences, organizations and agencies were invited to submit proposals to become one of nine coordinating entities whose task will be to pull together a local community partnership of agencies and organizations within each of these service areas. Money will go to the nine agencies through contracts. Currently, local partnerships are being set up. Schools are not involved yet, but their participation is invited.

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Bill Morford described efforts in four rural counties in Michigan where 60,000 people are scattered over a wide area. All eight school districts in the area are suffering severe financial difficulties. While the counties have lost population overall, the number of people over age 60 is increasing. Young people move away because few jobs are available. Unemployment ranges from 15 to 25 percent.

A few years ago, the Michigan State Department of Mental Health started an initiative called Coordinated Community Planning for the Prevention of Human Disabilities. In response, the local board organized a Prevention Council of public and private agency directors to examine what was needed to prevent disabilities. A survey of students and adults indicated that substance abuse was the leading cause of disability in Northern Michigan. A work group, headed by Catholic Charities and Mr. Morford, was formed to focus on substance abuse prevention.

Based on interviews, surveys, primary and secondary data; and outside resource people who explained what was happening in the prevention field, the work group concluded that alcohol was the drug that caused the most harm to people. Since the group did not believe they could eliminate alcohol use, their goal was to manage it by reducing abuse and adverse consequences.

Early efforts included promoting awareness of alcohol as a drug and its consequences; determining that 80 percent of jail inmates were incarcerated for alcohol-related offenses; and studying factors that put not only individuals, but also communities, at risk. The group created a chart of prevention programs (mostly in schools) in the four counties. The group concluded that alcohol is not a school problem, but a community problem because of community norms, attitudes, and behaviors regarding alcohol. If messages from school contradict messages at home and in the community, they noted, then school prevention will not be effective. The group recommended:

- Forming a planning body
- Increasing the number of people who understand the problem
- Developing community consensus about alcohol use

The community partnership now has a director and a board. Anyone can join the partnership who agrees that there is a substance abuse problem in the community and wants to help reduce it. The partnership will hire a community organizer to work with local community groups and a community educator. They hope to include alcohol retailers. The goals of the partnership are to:

- Conduct needs assessment to identify community norms
- Build coalitions
- Promote community awareness
- Encourage community organization
- Conduct process and outcome evaluation

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DuPage County, Illinois, the site of Judy Brinkman's program, presents a striking contrast to rural Michigan. The county is the wealthiest in the state and has experienced phenomenal population growth over the past 15 years.

The goal of Brinkman's organization is to build a comprehensive, nonduplicative, and excellent system that pulls the community together. AOD problems require both a community development model and a public health model. The organization is looking at social indicators to guide and evaluate activities. In addition to Brinkman, the organization will have two community liaisons for outreach and networking and five specialists: an evaluator, fund raiser, trainer, resource person, and a media person. The board consists of government and agency people, but is under-represented by people of color, business, and clergy. The functions of the organization will be widespread needs assessment; community planning; training of trainers; resource collection, generation, and dissemination; and evaluation. The organization cosponsored a prevention showcase with the state attorney's office.

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Finally, Betty Johnson described the SAFE Coalition of Cedar Rapids, Iowa. Currently, the Core group of the Coalition has 200 members. The goal of SAFE is to establish task forces that deal with community issues. The first four were business, family, community, and treatment. Two others, media and religion, are about to be launched, and education and positive alternatives will be in the future. SAFE first promoted community awareness of community problems. The group also trained themselves in evaluation before hiring evaluators. The coalition has completed a community needs assessment, developed a resource directory, created a newsletter, and produced an annual report. The partnership is changing. For example, they are increasing their staff, trying to balance cultural representation, and are forming a special youth task force.

■ BUILDING KNOWLEDGE ABOUT CHILDREN PRENATALLY EXPOSED TO DRUGS

Iris E. Smith, M.P.H. Director, Applied and Clinical Research, Human Genetics Laboratory, Emory University School of Medicine, Atlanta, GA

The Reverend Starline Bouyer-Carter, SBC Associates, Chicago, IL

Moderator, Tom Barlow, Associate Director, Denver Area Office, MRC

Iris Smith pointed out that over 75 percent of women of childbearing age use alcohol. In addition, many things besides prenatal exposure to alcohol and other drugs—heredity, family, and social factors—affect development.

Teratogens, substances that can cause birth defects, are mediated by many things, such as genetic and physical vulnerability, which we still do not understand. Not every chronically alcoholic woman has a Fetal Alcohol

Syndrome (FAS) child, for example. The type of drug the mother uses and the combination she uses have an impact on the child. Type of exposure—dose, duration, period of fetal development in which she uses—has an effect, as does access to health and social services. Environment and care after birth have an effect. Finally, many children do not have access to prevention services.

Diagnosis is based on facial features, growth (these children are small), and the central nervous system. Drug-exposed children are at risk for medical problems, SIDS (Sudden Infant Death Syndrome), failure to thrive (organic or non-organic), failure to attach, neglect of medical care, neglect and abuse, developmental delays, increased ear infections and hearing loss, cardiac abnormalities, skeletal and muscular problems, impaired immune response, learning and language disabilities, and mental retardation—80 percent of FAS children are retarded. Many of these children develop conduct and attention deficit disorders. Children who are alcohol-exposed but who do not have FAS, may also have cognitive, attention, health, and emotional problems. Often, mothers die by the time children are 10, and the youngsters are placed in foster care.

The pattern of use during pregnancy matters. Mothers of FAS children tend to be heavy, chronic users of alcohol. Stopping, even during the second trimester, can have a positive effect. Binge drinking is sometimes associated with more severe effects. Blood alcohol level is important. Women with liver damage may be less efficient at metabolizing alcohol, leading to higher and longer blood alcohol levels.

A follow-up study of medical records of 40 children of alcoholic mothers found that 15 percent had features associated with alcohol-related birth defects; 50 percent had abnormal post-natal development; 15 percent died during the neonatal period; and 53 percent required institutional care. But *none* had been diagnosed as having FAS. Thus, there were many missed opportunities for intervention with the child or family. By one evaluation, the costs of special education and custodial care (not even considering medical costs) could be \$814,000 per FAS individual. So, the cost of not identifying these children and intervening early is high. Furthermore, an FAS child has a mother who needs remediation. She is at risk of early death and may have medical conditions secondary to alcohol, as well as brain damage, a history of physical or sexual abuse, and other kinds of psychopathology.

People who care for FAS children also have needs. Financial assistance and case management are critical. There is misinformation about FAS and other prenatal drug exposure, so parents need good information and support, including emotional support. They need parenting education in dealing with the special needs of their child and advocacy for services for the family and child.

Even though alcohol is the biggest problem, cocaine and crack babies are prominent in the media. The picture the public gets is of a premature baby in an intensive care unit who's been abandoned by its mother and who has birth defects. Some are like this, but this is a stereotype. The majority of cocaine-exposed babies are not likely to have the severity of problems reported in the media. Unlike FAS, which has a definite set of symptoms, research has not identified a cocaine syndrome.

There were false alarms in the early research of prenatal cocaine exposure. One prediction was a very high incidence of SIDS. Cocaine-exposed babies are at higher risk than normal children, but no higher than children exposed to other drugs such as alcohol and cigarettes. There is also talk about multiple birth defects. Some have them, but there is no general pattern. Another prediction was withdrawal syndrome. Withdrawal does occur in infants exposed to central nervous system depressants but not with cocaine because it's a stimulant. Jittery, nervous infants are probably not that way because of cocaine, but because of alcohol, opiates, or something else. Abnormal neonatal behavior was also talked about. Recent studies have not documented any consistent patterns of behavior with cocaine.

A recent study done at Emory University controlled for many usually confounded factors and looked at many outcomes. The researchers found that growth was affected by all forms of drug exposure—alcohol, cigarettes, marijuana, cocaine—and that cocaine probably has some independent effect. Anorexia is common among cocaine using mothers and may affect infant growth. All of the cocaine-exposed children fell into the normal range of behavior; thus, the effects of other drugs may mask effects of cocaine. They also found no evidence of withdrawal in cocaine babies, but did find withdrawal in alcohol-exposed children.

Many other risk factors exist in the babies' environments—family disruption; possible family psychopathology; drug use; domestic violence, abuse, and neglect; and crime and violence in the community. Contrary to expectations, one study of 45 children found that children with the most medical and behavioral problems were not the cocaine-exposed children, but those affected by environmental factors. In conclusion, current research suggests *avoiding*:

- Assuming the worst. There is no such thing as a bio-underclass.
- Labeling—"crack babies" is a meaningless term; also, why not call them cocaine babies? Cocaine is an "upper class" drug that's been around a long time and there probably are many children prenatally exposed to cocaine in upper and middle income schools. Labeling began only when crack, a new form of cocaine, began to be used in lower income communities.
- Segregating these children. Setting up separate schools and classes is a bad idea that supports a self-fulfilling prophecy. There is no research at all on cocaine-exposed children in schools.
- Overinterpreting the research. This research has been going on only for six years. FAS research with a longer history has not provided all the answers; still fewer answers are available about cocaine-exposed babies. These children must be given the benefit of the doubt. In addition, attention needs to be given to families and environments.

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The Reverend Bouyer-Carter considers children the victims of an urban battlefield and believes this has happened because of a moral breakdown and a lack of education, discipline, self-control, and money. Any society, community, or culture that pays more attention to its privileges than to its principles, she noted, is in great danger of losing them both. She has designed culturally specific prevention that focuses on consciousness of who and what we are, commitment to community, and living without drugs.

She told the story of her five-year-old nephew whose mother had used heroin. He was hyperactive and required a lot of care, but had a strong family support system. His development wasn't delayed. His family has educated him against drugs. He considers himself as a prevention specialist.

Bouyer-Carter visited a shelter for 30 mothers and 100 children, and 12 pregnant women. Four mothers were employed. Some were prostitutes. About 15 were heroin or cocaine users. She talked to the mothers and children in the shelter and realized the shelter was not doing its job because the children were not physically and emotionally safe. She found help for some of the children, but reminded the audience that too many children and parents fall through the cracks.

A great deal of commitment is required to work with these children. We don't know what behaviors children prenatally exposed to alcohol and other drugs will exhibit as they get older. We must understand what's going on, resist labeling children, and find out what we *can* do and do it.

■ UNDERSTANDING THE DIVERSITY OF CULTURE: STRATEGIES AND PROGRAMMING FOR SUCCESSFUL AOD PREVENTION PROGRAMS

Robert Hollowell, Program Specialist, Winnebago Drug Dependency Unit, Winnebago, NE

Larry So, Program Director, Chinese-American Service League, Chicago

Ronald Johnson, Director, Family Life Educational Center, Los Angeles, CA

Gabrielle Montez Lopez, Alcohol and Drug Abuse Services Administration, Chicago, IL

Moderator: Robbie Hayes, Associate Director, Training and Special Projects, MRC

Robert Hollowell defined culture as government, religion, music, language, greetings, friendship, dress, service, hobbies, clubs, home furnishings, diet, family. Images of the American Indian, most of which we get from mass media, are outdated and inaccurate, but not necessarily racially motivated. Realizing that American Indians are diverse is a first step to understanding. In the United States there are over 500 recognized tribes that have different histories, languages, and cultures. The second step is seek additional information.

Some attitudes, he noted, are racially motivated. A state official recently said that the Indian culture was "one of hopelessness, ...godlessness, ...joblessness, and ...lawlessness. Indian youngsters are raised without a sense of moral responsibility; and alcoholism, social disease, child abuse, and poverty are the hallmarks of Indian life." But before contact with the white man, Indians did not have these problems.

Hollowell pointed out that before the white man arrived, Indians had hope. Their life revolved around spiritual beliefs. Heaven was masculine and earth was feminine. Rain that came down from heaven was the semen that gave life to all things. A force, or will, connected all things and caused people to think and act. That force caused animals to move and held things, like rocks and the mountain, stationary. Earth was the mother. People came from her and showed her respect by not taking from her more than was necessary and by not desecrating her. God existed because of regularity, sharing, honesty, and trustworthiness. Showing these qualities to others was evidence of one's spirituality.

Indians had a 100 percent employment rate before the white man. The clan determined one's role in the tribe. Rites of passages prepared youth for adult responsibilities. Old and young, weak and strong, adults and children, men and women were respected.

There was no lawlessness—alcoholism, social disease, poverty, and child abuse were not problems. Indians lived by a value system that still exists. To enforce the value system, tribes are limited to between 50 and 600 people and split when they get too big. Hollowell discussed the following differences between Indian and non-Indian value systems.

Indian value system

Respect for age.

Excellence comes from contribution to the group, not personal glory.

Non-Indian value system

Emphasis on youth.

Excellence comes from competition, status and personal glory, being Number 1.

Children participate in adult activities.

Adults participate in youth activities—little league, softball.

Extended family; built-in adoption and welfare system.

Nuclear family, single-parent families, step families.

People express ideas and beliefs through actions; no need for legal contracts.

People use speech to persuade and express ideas.

Give and share; not only from a surplus. Since Indians were mobile, they couldn't accumulate things, often had to borrow. Don't take a gift unless you need it, and when done with it, give it to someone else. Can ask for a gift back if the person you gave it to isn't using it (origin of the phrase "Indian giver"). Admiring another person's possession means you want it, the owner is supposed to give it to you.

Taking, acquiring, saving for a rainy day. Giving from one's surplus.

Listening skills are emphasized.

Verbal skills are emphasized.

Religion is a way of life.

Religion is a part of life.

There are various degrees of assimilation. Indians experience a cultural evolutionary process. At one time they may be traditional, at another, highly acculturated. They may become pro-Indian, not to be anti-white, but to draw attention to injustice and recapture Indian values. Being bicultural isn't always the best way to cope.

According to research summarized by Larry So, Chinese are not heavy drinkers. In one study of 3,000 young adults, 18 percent of Chinese, 17 percent of Japanese, and 4 percent of Caucasians reported that they do not drink. Sixty-nine percent of Chinese compared to 82 percent Caucasians say they drink. Another study compared Asian groups—54.7 percent of Chinese, 66 percent of Koreans, and 47 percent of Japanese say they are abstainers. Only 8.4 percent of Chinese are heavy drinkers, compared to 13.6 percent of Koreans, and 20.8 percent of Japanese. Why don't Chinese drink that much? First, the Chinese culture attaches shame to being an alcoholic or a drug addict. Second, the problem may exist but not be reported. If Chinese have a problem, they usually deal with it within the community and go to the hospital only if it is very severe.

But a study conducted in New York's Chinatown found that more than 80 percent of new, middle-aged, and poor immigrants became heavy drinkers. These immigrants had not assimilated into American culture and were drinking partly for escape; thus, difficult social adjustment and similar factors can overcome the cultural values which keep Chinese from drinking. Consequently, helping immigrants adjust is an important ingredient of prevention. Of the 15,000 Chinese in Chicago's Chinatown, 70 percent are from rural China and have strong traditional values. These people have a difficult time adjusting to American life and tend to become heavy drinkers and drug addicts, although the problem is hidden. Mr. So's agency helps integrate them into the mainstream community and access resources.

Ronald Johnson noted that culture is how we organize our ideas, behave, talk, love, and act. It is a frame of standards for interacting with the world. It is important to understand the world from the eyes of people you work with.

Fifty-six percent of Black families don't have men in the household, Johnson reported. Half of Black students drop out of school. Black men are only 6 percent of America's population, but 38 percent of the jail population. One of every two Black females will have a child before she is 18; 19 percent will have another child before they leave their teens. By the year 2000, 70 percent of Black men will not have jobs and may never have worked in their lives. African American males have a 1 in 18 chance of being shot down in the street. These statistics result from past racism, according to Johnson, and are not the fault of the present generation of African American males. But it is up to them to change them.

Johnson works with fathers age 13-19. These young men are Black, White, and Hispanic; all are poor. He discovered that his job was not so much to teach these young men to be fathers, but to be men. They need to develop a personal link with God, he said, and to connect with life, put something into life, have some power, and feel unique. Johnson's organization provides resources that are not always available to support these young men when they decide to change their lives. Strategies are to:

- Help them outline issues as they see them
- Involve them in some work on the issue
- Produce their own instruments, or tools, to handle the problem

In African American families, respect is the most important thing. After respect is excellence. Style is important, too. For example, in basketball, *how* you put the ball in the hoop is important. If you want to learn who someone is, there are some things you can do.

- Read their history as written by their own people.
- If you want to see healthy Black boys, go to a mosque or church on Sunday. This counteracts what you see in the press.
- Speak to the mothers. Black women teach values.

Schools don't understand the young people they are trying to serve, said Johnson. In most African American families, the school is not seen as part of the neighborhood, but as something that is imposed on them.

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Gabrielle Lopez noted that culture is not color, but a way of living developed by a group of human beings and transmitted from one generation to another. Cultural traditions keep us rooted, set us in motion, give us balance and things to care deeply about; and allow for stability and transformation. Multiculturalism is the ability to hear other voices. We should *celebrate* diversity rather than just recognize, understand, and accept differences, she said.

Prevention should involve individuals, families, and communities. Prevention specialists need to respect and respond to the values and heritage of each group. A culture's family structure, religious beliefs and practices, communication networks, languages, lifestyles, and values should determine prevention approaches.

Lopez noted that some people need to rediscover their own culture to understand who they are. Preventionists need to understand how their own culture influences their decisions, be sensitive to the dynamics of differences when two cultures meet, and seek cultural information (e.g., from community leaders).

"GANG AWARENESS/VIOLENCE PREVENTION STRATEGIES

Craig Chval, Assistant States Attorney, Gang Crimes Division, Wheaton, IL

Joel Perez, Jr., Director, Operation Outreach, Elgin, IL

Carmella Lewis, Senior Intervention Worker, Chicago Department of Human Services, Chicago Intervention Network

Moderator: Lawrence Whitman, Associate Director, Chicago Area Office, MRC

Craig Chval pointed out that several years ago, gang activity in DuPage county was primarily graffiti and damage to property. This has evolved into more serious property crimes and crimes of violence. In 1991, DuPage had its first two gang-related murders, a natural evolution of gang activity. DuPage is still in the early stages; gangs do not exist yet for economic purposes. When that happens, the problem will become much more significant.

The state's attorney's office tries to go beyond law enforcement, although that's its first priority, because the problem and solution go far beyond law enforcement. Jim Ryan, Illinois Secretary of State, established a gang-crimes advisory commission to examine some of the causes of gang presence in DuPage and other suburban areas and to identify solutions. The commission includes leaders law enforcement, government outside of law enforcement, business, education, and other agencies.

The problem must be attacked through education, intervention, and finally, prosecution, according to Chval. DuPage trains law enforcement personnel and has a center for intelligence gathering and sharing; is establishing workshops for educators and other leaders; and is investigating what other communities have done and making those resources available.

People need to be aware that gang presence is real and growing. Suburbanites, including law enforcement, often deny the problem. Even having a young person who *wants* to be a gang member is a problem. "Wannabes" are a natural progression to gang crime. There is also a serious provincial attitude in the suburbs toward gangs, Chval explained. People think gang members are in the "next community" but not "here," "it can't happen here." This isn't true. Besides, gangs are very mobile. They may be from downstate, Milwaukee, or even Florida. No community is immune. Oriental gangs are remarkably different from all other gangs—they are national in scope. They will gather together from all across the country to commit a crime or series of crimes.

People need to be aware of some of the more obvious indicators of gang presence: graffiti; colors—though those change and some gangs are getting away from colors and wearing all black or sports team colors; ways of representing—e.g., hats all tilted one way.

What can citizens do? Parents should be aware of what their children and other children are doing. Are they changing the people they hang around with? What kind of hours do they keep? Are they coming home with property they can't afford? The point is to "pull our heads out of the sand," said Chval. Once we see it, we can deal with it.

Children who join gangs tend not to have high self-esteem. Providing jobs is one way to help avoid this problem, as well as providing other alternative activities—recreational, educational, through churches and other groups. Stopping this problem before it gets worse will benefit not only youngsters, but the entire community.

Joel Perez grew up in the Pilsen neighborhood of Chicago where he was a gang member for six years. Every building on 13th Street seemed to have a gang, he said.

Gang activity is high because gangs work together—15,000 youth may be involved. Jail isn't the answer. Often they leave jail even more loyal to the gang. When you join a gang, you give up on life. You have a small vision. It's a one-neighborhood vision. The worst thing we can do is give up or deny we have a problem, said Perez explained.

Elgin, where Perez works, is a model city. They put police back on the streets—they are called "residential cops." There's a different perspective of what a cop is in Elgin. Perez has worked with gangs for seven years through Operation Outreach, funded by a grant from Elgin. Operation Outreach networks with existing programs in Elgin. He first worked in a church basement. Attendance was 500 the first year, then 500 a month. Now 240 known gang members attend each day. One way to reach gangs is through alternative activities. But that's not the only answer, said Perez; there must be communication, love, and relationship.

Elgin had about a 20 percent decrease in gang activity last year, primarily because of cooperation among programs and organizations, according to Perez. The community, churches, business, and police make a difference in a community. The gang members are aged 9-13. They are not big dope dealers or kids going out and shooting drugs every day. They are looking for answers and role models, said Perez. Role models have to see what is in the hearts and minds of young people. Elgin does this. The town cares for you, and all programs work together.

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Carmella Lewis's organization networks with the state attorney's office and police department to educate youth about Safe School Zone laws. Many youth believe that they can do what they please because they are minors. But, not only can youngsters be convicted for doing things in the safe school zone, they may be found guilty on two counts: being in the safe school zone and the crime itself.

Lewis provides information to young people on criminal sexual assault. While youth understand behaviors, they don't always understand what leads to these behaviors. She also explains gang activity, arson, burglary, and different drugs and consequences for being caught with them. Aggravated battery is any kind of fighting, pushing, or shoving. Recruitment is encouraging someone to get involved in a gang. Intimidation is forcing someone to become a gang member. Association is hanging out with gang members. A Class 4 weapon is any object used to harm another person—it could be a fist, a chair, or a knife. In Illinois you have to be 18 to be executed; in Montana you only have to be 12.

Young people already know about gangs, so Lewis educates parents. There are two gang nations, People and Folks. People colors are red, black, and yellow. Black and yellow are Latin Kings, black and red are Vice Lords, Cobra Stones, and King Cobras. There are other factions in this nation. Folks are Disciples, Brothers of Struggle, and other factions. Their colors are black and blue, and black and pink. Gangs are identified by a combination of things, not just colors. They communicate nonverbally through attire, body language, and gestures; and through combinations such as earrings and colors; and symbols such as pitchforks, guns, knives, swords, bunny rabbits, and the money sign.

These youth know they have problems and that many of their activities are negative. But some are mother, father, and breadwinner in their families. These youngsters are looking for love. If they can't find it at home, they will find it somewhere else. Gangs are an extended family.

Gang activity committed by young ladies has increased. Young men are limited in where they can travel in the community, but young ladies can travel freely. Crime is often triggered by young ladies' behavior. A gang

leader can get a young woman to become intimately involved with a rival gang member and set him up. A lot of young ladies, some as young as eight and nine, have to go through certain rituals to show loyalty to the gang.

These youngsters pay too much attention to clothes, according to Lewis. They think clothes measure who they are. Lewis helps them understand that their mind makes them who and what they are. They also have too much time to play. Lewis helps them get involved in other activities such as art. Some have participated in art competitions.

Lewis tells these youngsters that 40 percent of homicides are caused by arguments that often begin as playing, joking, and "signifying;" in 75 percent of homicides, the perpetrator is known by the victim. Over 50 percent of homicide victims have alcohol in their blood. Armed victims are twice as likely to be killed as unarmed. Fifty percent of homicides involve hand guns. These youth have no compunction about picking up a 9mm gun and "blowing someone away," she said.

WORKSHOPS

■SELF-ESTEEM/IDENTITY AND SUBSTANCE ABUSE PREVENTION

Patricia Hibbeler, Project Director, Toward a Drug Free Nebraska, Hastings, NE

Barbara Poitra, Director of Youth-Alcohol Education, Belcourt, ND

Julie Brown Wolf, Indian Education Program, Audubon Elementary School, Chicago, IL

Moderator: Louise Vallandra, Director, Women's Treatment, Minnesota Indian Women's Treatment Center, Minneapolis, MN

According to Patricia Hibbeler, research indicates American Indians have lower self-esteem than other cultural groups. She discussed the need to help American Indians regain their culture in order to increase their self-esteem. Cooperamith [a prominent researcher in self-esteem] concluded that classrooms that are democratic, warm and nurturing, and that have clearly defined limits can encourage self-esteem. High expectations are also important. Teachers do not always have high expectations for American Indians; instead, they tend to "feel sorry" for Indian students.

Hibbeler also maintained that research has found a link between low self-esteem and the high rate of AOD use among American Indians. Their rate of alcoholism is higher than the national average and age of onset is as much as two to three years earlier than the national average. Heavy drinking is one of main reasons Indian youth never finish high school, she said. In fact, American Indian adolescents evidence many high risk factors—delinquency, learning and behavior problems, and a very high suicide rate. Many have a sense of cultural dislocation. The goal of her program is to give American Indians a sense of cultural identity in order to increase their self-esteem.

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Barbara Poitra helps students understand and use different learning styles. She uses color, movement, and music in order to attend to the "right" side of the brain. Most teaching, she said, focuses too much on "left" brain learning. The ideal teaching style taps both the "left" and "right" brain. Her style of teaching works for any culture.

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Julie Brown Wolf uses American Indian culture in her classroom. Circles are one example. A circle symbolizes the seasons and life. Sitting in a circle at a meeting lets people touch and connect. A talking stick is used for order. Since only the person holding the stick can talk, children learn respect for the person talking. Smudging, with sage or cedar, clears a room of negative energy and purifies it. Brown Wolf smudges her classroom as soon as she arrives. The medicine wheel shows the seven sacred directions and four cardinal directions. Each drawing on the wheel represents a guardianship which is the responsibility of the different races. Black people have guardianship of the water; Yellow, of the air; Red, of the earth; and White, of fire. When children hear this explanation, they feel they all share responsibility for their world. The wheel shows the cycle of life; the center is the spirit, will, and self-esteem.

Brown Wolf uses the circle-of-life for a variety of activities; for example, the class talks about war and pollution and also thinks about good things that happen. It helps students focus their energy. Because of what had happened to American Indians since the Europeans arrived, these are important ways to teach our children and help each other learn, she said.

American Indian children are not considered part of the family, tribe, or nation until they are about five years old. Before that, they are considered sacred beings. Indians believe that children are a channel to the creator and the next world.

■BEYOND THE VIEW FROM THE HIGHWAY: AT RISK IN RURAL AMERICA

Part 1

Malcolm Bush, Senior Vice President, Voices for Illinois Children, Chicago, IL

Sonya Salamon, Anthropologist, University of Illinois, Urbana-Champaign

Paul Sarvela, Department of Health Education, University of Southern Illinois, Carbondale

Part 2

Kent Roberts, Community Youth and Family Agency, Sturgis, MI

Ernest Bantum, Black Hills Special Services Corporation, Sturgis, SD

Gordon Karim, Rural Project Specialist, Midwest Regional Center

Part 3

John Foulke, Guidance Counselor, Harding County Schools, Buffalo, SD

Steve Schwartz, Curriculum Director, Wabash County Community Unified School District, Mt. Carmel, IL

Lorraine Garkovich, Sociologist, University of Kentucky, Lexington, KY

Moderators: *Gordon Karim, Rural Project Specialist, MRC and Dee Owens, Rural AOD Prevention Specialist, Governor's Commission for a Drug-Free Indiana*

Part 1

Malcolm Bush explained that *Voices for Children* analyzes policy issues impacting children and does advocacy for children. Over the last 10 years families have experienced deep economic and social changes that are bound to have an impact on children. Some statistics are:

- Sixteen percent increase of children in single parent families. Twenty-four percent of all children in Illinois live in single parent families; 60 percent of African-American and 35 percent of Hispanic children live in single parent families.
- Forty-one percent increase over the last 10 years in the number of children growing up in poverty

- Twenty-two percent of children in Illinois live in families whose cash income is below the poverty level. In the Eisenhower era, it was 15 percent; in the early 70s, it dropped to 11 percent—the War on Poverty was working.
- Crime is not going up in Illinois but there has been a 50 percent increase in 10-15-year-olds who've been incarcerated. Why this increase? Several state attorneys ran on a platform of getting tough on crime and now incarcerate more people. In three years, the Illinois Department of Corrections budget has increased from \$300 million to \$600 million.
- Certain kinds of crime have increased. The 23 percent increase in teen violence and death rate is related to drug trade. Death rate is highest when gangs move into a new territory and "shoot it out" for control. This is increasing in suburbs and areas other than cities.
- 16% increase in births to single teens. The percent of sexually active teens is the same in the U.S. and other developed countries, but their teen birth rates are about half of ours. One bright spot is a 20 percent reduction in infant mortality in the U.S.

Economic change is especially striking. The 1980s saw the largest redistribution of wealth in this country since the 1890s. This redistribution went in two directions—middle income people have held steady, the poor have gotten poorer, and the very rich have gotten richer. In 1980s, the average family income of bottom 10 percent of households dropped 15 percent. Only the top 20 percent saw any increase in income. The middle range—60 percent of the population—have seen no change. This is partly the result of tax policy, partly due to loss of manufacturing jobs, and partly due to the spread of low income jobs (e.g., fast foods), Bush maintains. Furthermore, more people in a family are in the workforce than ever before, are working longer hours than ever before, and getting fewer benefits. Thus, there has been a sizable shift in economics toward insecurity, he said.

The largest group of poor people are the working poor, not those on welfare. Some of the most severe poverty in Illinois is in rural counties. The 10 southern counties now vote more Democratic than Republican, due largely to increased poverty. There is also massive urban poverty in Springfield, Rockford, and especially in East St. Louis.

Children are more separated from adults in their lives than ever before. They don't need "quality time," they just need adults around so they can talk to them when they feel like it. We are seeing some more flexibility in the workplace—hours, vacation, family leave, according to Bush. The average vacation in Western Europe is 5 weeks; sometimes this is mandated by law. A policy like this would have an enormous impact on children if we could do it here. There are other ways to connect adults to young people; for example, businesses could give time off so adults can tutor.

We know that preschool is critical to avoid dropping out in high school. Illinois increased its funding for preschool from \$6 million in 1986 to \$72 million.

A few politicians now realize that many working Americans need subsidized housing and medical care and that the nation needs a national industrial policy, said Bush. Other nations have addressed these issues for years.

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Sonya Salomon researches cultural differences in rural communities to determine which communities do better and why. Her data are from rural Illinois. Community issues that influence what is happening to rural youth include:

- Incredible changes are taking place in farming—vast consolidation of farms, increase in absentee ownership. Heirs to the land live elsewhere because they don't want to be taxed. Fewer people are involved in agriculture.
- A change in rural institutions has resulted in the loss of businesses, services, and medical care. Schools and churches have consolidated. Fundamental institutions are gone, and rural populations are diffused and disconnected.
- Rural communities are becoming more suburban—becoming bedroom communities. Residents must drive to get services.
- Rural women are entering the workforce in same numbers as in cities—they no longer volunteer as they used to.
- Rural areas are aging—up to 25 percent are aged compared to 11-12 percent in cities. Many young people don't want to leave, but must.

What do these changes mean for youth?

- Farming changes—potential lifelong career with kin is gone. The connection with family severed. There is no monitoring of youth behavior as there used to be.
- Institution loss—youth have lost attachment and loyalty to community; loss of belonging to place, security, and friendliness. Youth can hardly participate in activities without a car, so there is a loss of activity. They go to the mall, sometimes 75 miles away from home.
- Suburbanization—increasing heterogeneity is occurring in rural communities. Immigrants come without roots and commitment. These are not just poor people moving in, but more wealthy people. Communities have surplus housing which developers sometimes buy. Teens tend to get bored as do suburban teens. Families who move in tend to end up isolated, leading to problems with their children.
- Aging community—reverse ageism. Old people are turning on the young; they don't want to spend money on schools, don't like video game parlors, places where youth congregate.

Salamon studied two communities in western Illinois: Smallville has 800 people; Bigville has 1,200. (These are not the real names of the communities). Smallville has a restaurant that's packed all the time. Bigville has nothing like this. Smallville's businesses do better. The people are committed to the community. They financed a bowling alley for youth as an alternative to teen drinking. Bigville is much less concerned with community goals. The communities feel differently about school taxes. Smallville pays twice the school tax rate that Bigville pays and conducts community fund raising for high school youth to take trips. Bigville citizens just complain about their schools. Smallville people care about all their children. There is an egalitarian feeling in Smallville, less class feeling.

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Paul Sarvela discussed the negative consequences of drug use among rural, Southern Illinois youth, drinking and driving of rural Illinois teens, and age of first use of drugs and alcohol among rural Illinois teens.

He found that 15 percent of youth reported that they had initiated alcohol use by grade 4; 25 percent said they had tried cigarettes by 6th grade; and age of first use is going down. Thus, alcohol and tobacco are bigger problems than other drugs. We must start prevention programs early; middle school and junior high may be too late. Regarding negative consequences, 13 percent said they'd gotten in trouble with their families and that problems increased as they got older.

A big problem in Southern Illinois is drinking and driving, explained Sarvela. Drinking and driving data indicate that 2/3 of all traffic fatalities occur in rural areas. Seventeen percent of youth said that in the past six months, they had driven at least once after using alcohol. Forty percent, including 7th graders, said they had been a passenger in a car with someone who had been drinking; 60 percent of 12th graders said they had. Thus, rural youth have a special problem with drinking and driving. According to Sarvela, drinking and driving is primarily a white male phenomenon that increases with age.

Rural teens also need better prenatal care since there is a high teen pregnancy rate in southern Illinois. Good nutrition and eliminating smoking would help greatly. Teens tend to have poor nutrition habits, such as drinking pop. In addition, 21 percent have used alcohol and 36 percent smoke. Predictors of substance use among pregnant rural teens are parents' use of alcohol and teen smoking. Alcohol and tobacco use are costing us money, maintained Sarvela.

How do we deal with these problems? We must begin prevention early, Sarvela explained. We should determine the age that 10 percent of youth are using and start prevention a year or two before that. We need to get families involved. And we need to ensure that the programs we are using are effective. Communities need to work together, as they do in Smallville.

Part 2

Sturgis, Michigan began with a comprehensive school program to combat substance abuse and evolved into a comprehensive community plan to solve problems of youth and family.

Kent Roberts started as a classroom teacher with release time and eventually became the full-time coordinator for the Community Youth and Family Agency. The school district pays one-third of his salary, city government pays one-third, and the community pays one-third. He is really a community employee who is a networker and partnership builder.

The community has health care and housing problems. The school has a reduced lunch program. But it believes there is no problem that cannot be solved with resources in the community. The community formed a coalition, the Youth and Family Assistance Council, whose mission is as follows:

Acknowledging that the strength of our community is based on a partnership of youth, family, and community, we shall identify needs, create awareness, and assist efforts to promote healthy lifestyles, thus making our community a more caring place to live.

Building partnerships is essential to accomplishing this mission, according to Roberts. The coalition focuses on problems facing people, not just on substance abuse, and uses a systematic approach to ease community pain. They identify community pain through Student Assistance Programs, which exist in all the schools, which identify problems with youth. They use the SAP concept in the churches and the workplace to identify problems there. When the problems are found, Roberts identifies community resources that can help. If there are no resources, he makes the community aware of this and finds a way to solve the problem.

The agency works at many levels; for example, in the schools, the neighborhood housing program, in health care, and on community conflict resolution. The emphasis is on parenting. They go to where the parents are, rather than expecting them to come to school. They also go to churches and workplaces, ask what parenting support is need and offer that support. Businesses are very supportive of this approach.

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Ernest Bantum works with youth who are at risk for not participating in society, for not being good parents, for not getting jobs, and for dropping out of school. There are 12 school districts in his intermediate education agency region and 38,000 youth. The area is not only rural, but remote. He is working with a new project funded by money from the Juvenile Justice Act even though South Dakota is not participating. He tries to empower local people to deal with their local issues.

He visited with judges and county commissioners who know who the problem youth are. They were interested in helping solve these young people's problems. They dealt with the questions: How can we (commissioners) help the schools? What do we do about other kinds of juvenile issues? How can we help with AOD problems? The eight counties that have already signed up have 24,000 of the 38,000 youth in the area. The board includes a county commissioner, states attorney, and sheriff from the eight counties.

The basic idea of the approach is to provide juvenile justice resources such as foster care, transportation, security detention, home detention, data collection, intake, runaway diversion, fund raising, and grant writing. These were the services the commissioners thought youth needed. In later meetings they talked about other services. This effort goes beyond juvenile justice issues.

Besides a board, there is a steering committee and staff. Subcommittees were formed for data collection, foster care, transportation, security detention, and holdover. In the future they may have subcommittees to deal with AOD issues. The Joint Powers Agreement provides for bringing in additional people for specific issues.

Part 3

Like Bantum, John Foulke hails from a remote, sparsely populated area of South Dakota. The state population is nearly 700,000; Sioux Falls, the largest city, has about 100,000 people; Rapid City is second largest with a population of approximately 54,000. Minnehaha County has a population of 123,000. Buffalo has 488 people; its county, Harding, has 1,169 people spread over 2,500 square miles. There are 312 students in the whole district—in the whole county! In South Dakota, 19 counties have less population than they do. There are eight schools in the district. The smallest, Waynesboro School, has five-six students. Buffalo has 150 students. Some Montana and North Dakota children go to school in Buffalo. The closest town is 40 miles away, over the state line. The shopping center is 118 miles away, the airport 130 miles; Walmart, K-Mart, and McDonalds, 85 miles. You have to go to Rapid City to see a movie.

Harding is the second richest county in state because it produces oil and has extensive coal deposits. The area has very little rainfall. Real cowboys live here. They are a strong influence. Young people know about horses and miss school for sheep shearing, explained Foulke. Some people, but not all, see no need for education beyond 8th grade. The majority of youth go to a tech school in Rapid City. Many people leave the area because of a lack of opportunities.

Buffalo has two health clinics, which is unusual. A dentist is available one day a week. They have an AA chapter, and social services are available.

Foulke is working on getting more of the community involved. He will use an existing group—the Drug-Free Community Team. This will be the core group to spread the message into the community. The State has a program called Torch, which is very successful in their community. Torch will help fund the local organization.

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Steve Schwartz is from Mt. Carmel, a town of 9,000 on the Illinois-Indiana border. Due to oil in the area, the town used to have the highest per capita millionaires in Illinois. Today, about 50 percent of its population is economically disadvantaged. The Wabash County School District is in the bottom 25 percent in the state in terms of school financing. Malpractice insurance drives doctors away. At one time, they had the highest teenage pregnancy rate in the state.

The area has a huge disparity in services—the best and worst of things. There is no public transportation, so some children never get anywhere because their families cannot afford a car. Some have never even seen the bridge to Indiana. Some ride the school bus 1 1/2 hours to get to school. The district has 26 buses.

Schwartz is responsible for the district's prevention program, but he approached the issue from a different angle, by looking at prevention as dealing with the whole child. Prevention is implemented through the regular school program. The school networks extensively with the community. This is a true grassroots effort in which people have put aside turf issues to play multiple roles. Everything is so tied together, you can't separate them anymore.

Schwartz was named to be the curriculum director, a new position in the district. His goal is to implement programs and strategies so that children see success. They have hands-on math and science, whole language; and a good writing program. After these new approaches were implemented, 85 percent of students scored in the upper half on the state test. This was a jump of 50 percent. The early childhood program is a part of prevention as well.

The district has excellent staff development, what Schwartz calls saturation. Every teacher goes to workshops. Teachers are willing to attend workshops on Saturday because there are few substitutes available during school time. Every staff member and board member go at least once. Now Mt. Carmel teachers conduct workshops themselves.

Schwartz has applied for and won many grants. He includes school districts other than Wabash County and involves the parochial school in town. For example, the district now has a program for at-risk pre-kindergartners, thanks to a \$280,000 grant from the state. The program serves 62 children, which is a large number for the population. The program provides activities for families as well as children. They often have 100 percent parent participation. Parents also come into classroom to work.

The district has many other programs aimed at prevention. One is Project Drug Free, jointly implemented with the University of Illinois. It teaches orientation skills, study skills, and life skills in addition to AOD prevention to 5th and 6th grade students. There are many projects to build self-esteem.

The district is establishing a peer network. Fifth graders are teamed with pre-kindergartners for visiting the local nursing home. These children will continue to be paired when they are in 6th and 1st grade, respectively, and a new network will be formed between the new 5th graders and preschoolers. In addition, high school students conduct some classes in the elementary schools. The high school has ALPHA and TREND programs, and new programs will continue to be formed.

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Lorraine Garkovich stated that the problem of youth substance use in rural areas is one that demands a broad-based attack on multiple fronts. It is not enough to tell our children to "just say no" or to delude ourselves into thinking

that by building their self-esteem they will turn away from the lure of alcohol and other drugs, he said. Youth substance use in rural areas may be partly explained by peer pressure and low self-esteem, but it is also explained by the absence of recreational alternatives, by the lack of opportunities for work today and careers tomorrow in their home communities, by the breakdown in family support systems, by the absence of community support services, by the sense of powerlessness and normlessness that is so characteristic of youth, and by a popular culture that conveys the message that risk and excitement are the essence of a good life.

If our conventional prevention programs are not enough, what do we need to do to succeed in saving our future—our youth—and our communities? According to Garkovich, we need to begin by recognizing that youth substance use in rural areas is a community problem—the consequences of these behaviors affect not just children, but also their families, their neighbors, and everyone else in the community. Moreover, the roots of this problem spread far beyond the children themselves, or their families, into all corners of our communities' lives and organizations and institutions. Therefore, we must develop comprehensive prevention programs that bring together all these organizations and institutions, individuals and families in a partnership for success.

We presume we have a common definition of what we're talking about, Garkovich argued. This may not be true. Do we share a common understanding of what we mean by a good program, a good outcome? What are our goals? These shape our programs and how we measure them.

A community is a complex system. Everything is related to everything else, so we need multi-focused prevention programs. All problems have multiple roots. Think of the analogy of a yard filled with weeds—if you just mow down weeds, they will return. Many of our social problems are really *symptoms* of problems that have roots that go into many parts of the community. It is hard for a parent to think about high expectations for their children when they are worried about providing food. Prevention needs to ask why risk behaviors happen.

Rural communities are not all alike. They are not "little urban areas"; they are profoundly different. We can't just graft urban prevention programs on to rural communities, nor can we have "one" rural program that will fit all rural areas.

•INNOVATIVE STRATEGIES TO REACH URBAN FAMILIES AT RISK

Lynn McDonald, *Families and Schools Together (F.A.S.T.), Madison, WI*

Moderator: *Yvonne Butchee, Urban Project Specialist, MRC*

F.A.S.T., a collaboration among community mental health substance abuse agencies, parents, and the school, is a prevention program for elementary school children at high risk for substance use and school failure. A school social worker or counselor facilitates the program. In Wisconsin, a state law permits the transfer of funds from schools to community agency F.A.S.T. programs. Almost 70 Wisconsin schools have F.A.S.T. programs; it also is active in Illinois and Iowa. The program deals with whole families to support parents in becoming their own child's prevention agent. Eight weeks of a highly structured multifamily curriculum are followed by two years of monthly follow-up. The structure and routine help counteract the chaos often found in alcoholic families. F.A.S.T. emphasizes broad-based wellness in addition to specific AOD prevention. It is not a problem-focused program.

At the first meeting, families make flags that symbolize their family unity. After that, a typical session begins with each family eating a meal at their own table followed by a family communications exercise intended to support a strong self-image and reinforce individuality. Families learn to cope with feelings through a "feelings identification" exercise instead of using alcohol and other drugs. The children then go to supervised play time while

the parents attend a parent support group meeting. Next, the high-risk child returns for one-to-one quality time (15 minutes) with the parents, after which the rest of the children return. There is then a "lottery" that one family wins. The closing ritual involves the entire group. Sessions 4 and 5 emphasize AOD issues. Often, parents are heavily into denial, so intervention is not always possible during the first eight weeks. Monthly meetings are held in Phase 2, called F.A.S.T. WORKS (Wisconsin's Opportunity to Raise Kids Successfully). The program is repeated but fun activities (e.g., miniature golf) are added. Parent graduates of the program help facilitate Phase 2.

Classroom teachers identify the high-risk children. A school representative contacts the parent and asks permission for the F.A.S.T. facilitator to visit the home and discuss the program. Recruitment can be a challenge. Often parent graduates are paired with professional staff for recruitment. Since this program often involves families who do not usually participate in school activities (60 percent have no car, 40 percent have no phone), families are offered free transportation to and from meetings, a free meal at each session, free onsite child care for infants and toddlers, and a lottery at each meeting with \$30 worth of prizes. Also, the program is fun.

Collaboration has been difficult, said McDonald, but worth the effort. Everyone can reach their goals. The school reaches parents before children fail; mental health people see people they might not reach otherwise; AOD agencies can provide assessment and treatment as needed; and families become primary prevention agents for their own children.

■ RESILIENCE: CHILDREN WHO OVERCOME THE ODDS

David Wilmes, *Director of Training and Consulting Services, Johnson Institute, Minneapolis, MN*

Moderator: Barbara Williams, *Principal, Cook County Juvenile Detention Training Center, IL*

Mr. Wilmes' early work with resilience was with foster families caring for high-risk children, many of whom came from chemically abusing families. He developed a curriculum to help these foster families deal with children who come from such environments.

Resilience is the ability to adjust to or recover from misfortune or change. One problem with prevention is that we focus on what puts children at risk, explained Wilmes. We need to focus on the positives these children have and create a relationship that helps them build on these strengths.

Certain children are at high risk because of their life situations, but all of us have had high risk moments. How do we get through these moments? Almost always, someone helps us. According to Wilmes, this person is usually the same sex as we are, older than we are but younger than our parents. He or she is a mentor, a sounding board. Children don't develop resilience in a vacuum, but in a relationship with someone they consider significant who "teaches" them critical life skills. Resilience research has investigated personal qualities and environmental factors associated with survivors of abuse, poverty, and alcoholic families.

- Children who survive physical and sexual abuse. (Zimrin, *Abused Children Who Survive*, 1985)

Personal qualities:

- Feel in control of their own destiny; sometimes have a grandiose view of their own control
- Have a high self-image
- Aggression is directed outward; nonsurvivors feel extreme aggression, too, but direct it inward
- Have good cognitive skills; ability to think

- Have a sense of hope and fantasy; nonsurvivors have a fatalistic view of the future; survivors sometimes have unrealistic dreams, but these help them survive
- Tend to be more belligerent; this doesn't make the youngster a good client, but is important to his or her survival

Environmental factors:

- Involved with a caring, significant adult
 - Had been delegated responsibility for someone else, could even have been a pet. This is like the AA's 12th step—helping others
- Children living in poverty. (Garmizi and Lorres)

Personal qualities:

- Have good social skills; able to relate. (Although in another study, both survivors and nonsurvivors had poor social skills.)
- Have positive sense of self
- Capable of controlling the environment, or believe they can, even though this may be a delusion
- Have good cognitive skills
- Able to control impulses adequately

Environmental factors:

- Live in uncluttered, relatively clean home
 - More likely to come from a home where books are available. (Today, 30 percent of American homes do not have books while only 20 percent do not have VCRs!)
 - Parents involved in the school; help with homework, etc.
 - Parents recognize and validate the child's goals
 - Child can connect with a present, reliable adult
- Children from alcoholic families. (Warner, *Resilient Offsprings of Alcoholics*, 1985.)

Personal qualities:

- Have hope and fantasy; have something they are living for
- Have good cognitive skills; can engage in critical thinking
- Have good social skills
- Have positive self-image

Environmental factors:

- Involved with a caring, dependable adult

Wilmes has developed the following strategies based on these studies:

- Increase external support—a person, not a motivational speaker or video.

- Reinforce child's confidence and inner resources; reinforce perception that they can make a difference in the world.
- Teach lifestyles that integrate cognitive, emotional, behavioral, and social skills. Cognition needs more attention than it gets. Poor decisions are based on emotion only.
- Give children the opportunity to help someone else.
- Encourage hope and fantasy. Concept of higher power is related to hope. Most children in trouble had a simple idea of a higher power, but you can't take that away from them.
- Create constructive opportunities for emotional release (not permissiveness); children need to express anger and rage constructively as in art and dance.

According to Wilmes, we should avoid many things people do in the name of self-esteem, such as giving hugs and high grades, which help the teacher, but not the child, and often totally contradict the youngster's life outside school. Similarly, "Just Say No" actually undermines prevention. No adult memorizes a slogan to resist friends. But life skills that are the foundation of self-image and resiliency should be taught to high-risk youth. The following skills have been liberally adapted from Gilbert Bodkin. They influence each other and must be integrated with each other in therapy.

- Feeling processing skills
- Decision-making skills
- Behavior management skills
- Mood maintenance skills

For example, children from alcoholic families have been taught *not* to feel, trust, or talk. They feel bad but make decisions that relieve them from bad feelings without dealing with the feelings. This is maladaptive, said Wilmes. They are in a self-defeating cycle because they lack skills to respond to stress. They must learn to handle stress, fear, anger, hurt, and inadequacy.

■ CULTURAL DIVERSITY IN PLANNING YOUTH PROGRAMS

Fred Wright, Outreach Specialist, North Omaha Alcohol Counseling Program, and Omaha Project Director, NETWORK, Omaha, NE

Frank Peak, North Omaha Alcohol Counseling Program, and Chairman, Nebraska Ethnic Together, Working on Reaching Kids (NETWORK), Omaha, NE

Mentha Munirah A.L. Bakari, Prevention Specialist, Inner City Council on Alcoholism, Milwaukee, WI

Moderator: Christina Gonzalez, Urban Task Force Member, MRC

One goal of Fred Wright's program is to keep youth away from AOD and gangs. This is a 24-hours-a-day, 7-days-a-week job. Collective Work and Responsibility is his part of NETWORK.

Networking is key. Wright works with 15 other agencies to provide activities for these youth. These youngsters need to be constantly involved in doing something. There are many sports activities. Basketball is

especially important in African-American communities. Basketball can hook them, and then Wright can get them involved in education activities. The key is to help young people assume a responsibility in these programs. They can hold an office, be responsible for seeking out new programs to be involved in, attend meetings and activities even when the adult is not there, get involved in fund raising, and bring new young people into the group.

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Several years ago, Frank Peak worked with PRIDE Omaha, primarily a white organization, to make PRIDE materials culturally suitable for African-Americans. This collaboration led to work with many agencies and a good network. He hired the director of PRIDE for his agency when she resigned from PRIDE. He then worked for a statewide coalition. The state provided scholarships for youth of color to attend a drug-free retreat. To get this money, Peak had to form a nonprofit agency, hence NETWORK, which is staffed by volunteers.

Peak believes that "collectively, we are all cultures of color, individually we are who we are, and we have a responsibility to teach our kids about their own culture." Youth from all over the state attended the first retreat—they were African-American, American Indian, and Hispanic. At the retreat, they conducted cultural activities from each of these cultures so that everyone learned something about everyone else's culture. White youth attended as friends of the children of color. Youth themselves planned later retreats, such as one in North Platte, a "good ol' boy" type place. Another time rural youth came to the city for a drug-free retreat and the city youth had to teach the rural young people how to behave in a city. They were able to meet Muslims and a Black professor—new experiences for them. The second half of the retreat was held in Lincoln where they conducted a rite of passage and put on an African-American play.

One time they won second place in the Nebraska Day Parade. Such visibility helps to change the perceptions of people who've been isolated from people of color. They also plan activities for African-American history month.

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Mentha Bakari's Prevention in Action is a state-funded program for inner-city youngsters, most of whom are African-American. She first discussed the meaning of the terms *culturally specific*, *culturally sensitive*, *culturally appropriate*, *culturally relevant*, and *cultural rupture*. These are not synonymous. A program can be culturally specific, but does it have any healing properties? A program can be culturally sensitive, geared to styles and habits of a group. These styles and habits can be acquired, but are they healthy? Culturally appropriate and relevant programs are designed to heal or correct special traumas of a particular group. Cultural rupture is the psychosocial trauma of the ancestors of African-Americans. Aspects of culture were taken away and replaced by something foreign and then passed on to today's youngsters. Bakari's program addresses cultural rupture and restructuring culture for young people.

In the program, the Core group helps youngsters understand what's good and what's not good about themselves; how they relate in their families, and the world around them. A great deal of team building takes place. Young people also learn about alcohol and other drugs. They produce a newsletter, and research their African heritage and events in the community. They had a career day featuring people in the community. The youngsters spent a day with one of the adults and then wrote a report on their experience. They have a program in which older youth read books by Black authors to younger children. The youth also decided they wanted to celebrate African Heritage more than one month a year.

Bakari stays in contact primarily by telephone. Many of these parents work two jobs, so the telephone keeps them involved, but they can become more involved if they want to and are able to. Bakari conducts Outreach programs on cultural diversity in elementary and high schools, primarily in Milwaukee. One activity is to ask children to plan an animal school. They know that lions can't do what squirrels do, so they begin to see the point of diversity.

■POLICY ISSUES: A. ARE ADOLESCENT MALES AT RISK OF INCARCERATION DUE TO THE MACHO SYNDROME?; B. ADDRESSING PREGNANT ADDICTED WOMEN

Patty Murphy, Health Education Teen Age Medical Service, Minneapolis, MN

Peg Rider-Hankins, CCDC III, American Bar Association, Special Committee on Youth Education for Citizenship, Chicago, IL

Moderator: Barbara Daniels-Espy, Program Supervisor, Drug-Free Schools and Communities, Detroit, Public Schools, Detroit, MI

Part A. Are Adolescent Males At Risk of Incarceration Due to the Macho Syndrome?

Patty Murphy reported some statistics on adolescent males. Six percent are homeless or on their own. The arrest rate for 18-year-old males is 15 times higher than it was in the late 60s and early 70s, and it continues to rise. Forty percent of young offenders are under the influence during the act of a crime. Adolescents are increasingly the victims of crimes, especially in inner cities. African-American males between 16-19 are the most affected. Sexually transmitted disease rates continue to rise. Marijuana and LSD use have increased. The Number 1 killer of young men is injuries in motor vehicle accidents; 90 percent of these involve chemical use, usually alcohol. Reasons for destructive behavior include unclear parental values, communication problems with parents, parents who use chemicals, and an unstable family environment. Child abuse and family violence also contribute to low self-esteem and isolation. Unclear societal values influence their behavior. We tell them not to use alcohol and other drugs but do not model nonusing behavior and often expect males to drink as a rite of passage, reported Murphy. The media also convey confusing messages. They advertise chemicals, especially alcohol, and depict sex and fast driving as glamorous. All of these factors can lead to risky behaviors—sexual, chemical use, suicide, dropping out, delinquency, or criminal activity.

Murphy's program is The Male Adolescent Community Health Outreach (MACHO). Topics are sexuality and development; relationship with peers, families and others; power and how young males can empower themselves; importance of education; violence prevention; employment opportunities; disease and stress prevention; and chemical use prevention. A major issue is what it means to be male. The program uses peers who represent athletes, gangs, lower and higher economic Black, White, Southeast Asian, and Hispanic groups. These young people work well together and are committed to the program because they form their own support group.

The organization collaborates with the juvenile justice system, schools, employment training programs, teen father groups, community centers, alternative education programs, other school-based clinics, churches, parents, coaches, and other youth agencies. Collaboration is effective and saves money. It keeps a child "in the system" in terms of routing, referrals, and tracking. Young people do not fall through the cracks. Collaboration permits a more holistic approach wherein agencies can address many issues without overwhelming the youngster. They can help youth legally, medically, economically, and spiritually.

Part B. Addressing Pregnant Addicted Women

Peg Rider-Hankins addressed the questions: What should be done with pregnant addicts? Is putting a pregnant woman in jail a racist-sexist-classist answer to a major social issue? Is it a narrow response that lets society and the government off the hook of providing adequate and appropriate medical care and social services to women?

We³ must look at pregnant addicts from several legal viewpoints—legal, including maternal, baby's, and the states' rights, and treatment. The public thinks that forcing a woman into chemical dependency treatment or putting her in jail is an easy answer. This is a false assumption due to the lack of jail space and appropriate treatment. Prosecutors and politicians try to satisfy society's indignation at a pregnant woman who doesn't take care of herself and her baby. They are trying to satisfy society's desire for revenge, their ignorance at the realities of this issue, and their emotional response to media information, which assumes the worst and promotes the fear of a "bio-underclass." However, the early research from which the news stories have been taken were based on case studies with methodological problems such as lack of appropriate experimental controls and lack of controls for psychosocial risk factors of maternal lifestyle and polydrug use.

The media would have us believe that poor black women are the only women who are using drugs while pregnant. This totally ignores the number one drug—alcohol—and all the fetal alcohol syndrome and fetal alcohol effects babies. The Pinellas County, Florida study showed that blacks, whites, and all socioeconomic levels equally give birth to drug-affected babies, but black women were reported to law enforcement at 10 times the number of white women. The media focus on the users of "illegal" drugs, not alcohol and cigarettes which also have been shown to affect fetuses. It emphasizes the effect of a child damaged in utero over one damaged by postnatal environmental factors such as domestic violence, parental psychopathology, neglect and abuse, crime and violence, and poverty. In utero effects from alcohol and other drug use implies permanent damage while damage from postnatal environmental factors is amenable to therapeutic intervention and puts responsibility on society to do something.

The Legal Perspective

Maternal rights include privacy, parental authority, equal protection, and confidentiality. Privacy rights include bodily integrity; the right to govern one's body; the right to refuse medical treatment and be free from non-consensual invasions (the basis of informed consent); the right of autonomy in reproductive and familial decision-making; and the right of personal privacy in making decisions about marriage, procreation, contraception, family relations, child-rearing, and education. Parental authority includes the right to oversee the upbringing of one's child. State intervention is only appropriate to protect and promote public welfare (vaccinations) or when a parent is determined to be unfit. The right of equal protection means that women are not treated any differently from men. Confidentiality is the bedrock of a professional relationship. It encourages the seeking of medical care and honesty and openness with one's doctor or helping professional and decreases one's exposure to public censure, ridicule, and embarrassment.

States' rights include the right to legislate to reduce infant mortality, promote public health, and protect children where there is concern about child abuse/neglect. State intervention has been found to be constitutional. However, the laws are narrowly written to preserve family units, protect parental rights, and limit state intervention to situations where there's no alternative to protecting the child. Adhering to strict procedural requirements protects parents' privacy and their right to due process. It is ironic that emerging law tends to support the use of medical evidence of prenatal drug use for the purposes of reporting child abuse and neglect, but limits its role in the proof of neglect and abuse to that of one factor among many.

As of December 1991, over 40 women in the United States had been charged with felonies (primarily drug trafficking) for the delivery of drugs to a minor [their babies]. All 50 states recognize prenatal injury as a legitimate cause of tort action against a third party as long as the child is born alive and the child's injury was caused by a specific act or omission occurring prior to birth. Applying this to the mother varies according to the court.

³ The remainder of this session is directly quoted from a document provided to MRC by Ms. Rider Hankins.

Neglect/abuse statutes based on the mother's prenatal conduct vary according to state. Legal approaches against women also include court-ordered chemical dependency treatment for women.

In the area of infants' rights, *Roe v Wade*, which prohibits post-viability abortions, sets the stage—for now. A child has the right to be born with sound mind and body. Once a woman decides to carry to term, the state has a right to intervene because the woman has a duty of care as well as legal responsibility to ensure a healthy baby. Some symptoms of a woman's alcohol and other drug use while pregnant don't manifest themselves immediately after birth. It may take several days for the impact to become obvious. Typically, symptoms reach a peak on the third or fourth day and persist for 2-3 weeks. Subacute symptoms, such as poor eating, poor weight gain, irritability, and irregular sleep patterns peak at 6 weeks and can occur for 4-6 months. Given that most women are discharged one or two days after delivery, many alcohol and other drug-affected babies are missed.

What are some legal recommendations?

- Strengthen child abuse/neglect laws to include drug dependency at birth and give greater protection to diagnosticians and/or reporters of child abuse and neglect and increase the liability of those who do not diagnose and/or report.
- Give child protection agencies earlier and more frequent opportunities to intervene and provide services
- Ease prosecutors' burden of proof in child abuse and neglect cases.
- Give courts more access points to drug-exposed families, e.g., guardian ad litem/advocates.
- Give pregnant women treatment advantages and opportunities in lieu of incarceration.
- Infants born dependent should be removed from parents and returned only when the parents are clean and living a sober lifestyle. Documented lifestyle changes should be the most important factor.

The Treatment Perspective

Most treatment professionals believe that it is important to do whatever it takes to get a pregnant woman into treatment and to stay in treatment once there so that she can work on recovery in a supportive environment. Does coercive treatment work? Many people wonder about motivation and the ability to trust in a therapist or therapeutic process if jail is "hanging over a woman's head." But studies have shown that coercive treatment is just as successful as treatment entered into "voluntarily." No chemically dependent person enters treatment until enough areas of life become so painful that sobriety seems better. The important factor in successful recovery is what the person does while in treatment, and follow through with a comprehensive aftercare program.

Treatment program fears of liability when treating a pregnant woman are the major factor in the lack of appropriate treatment facilities. In this era of decreased funding for social services, there has been a small increase in the number of facilities specially designed to treat pregnant women, but it has been at the expense of providing treatment to other addicts.

The American Medical Association's 1990 publication *Legal Interventions During Pregnancy: Court-ordered Medical Treatment and Legal Penalties for Potentially Harmful Behavior by Pregnant Women* states "Although women have a moral responsibility to make reasonable efforts toward preserving fetal health, that responsibility doesn't imply a legal duty to accept medical procedures or treatment in order to benefit the fetus." Many chemical

dependency treatment professionals have voiced the following concerns about doctors, especially general practice and obstetricians, dealing with pregnant addicts: Can they identify abuse/addiction? Do economic factors prevent doctors from confronting middle and upper class women? Is there selective reporting to the authorities based on a doctor's beliefs about confidentiality and his/her view of what abuse/addiction is and who an addict is?

What are some treatment recommendations?

- The medical community needs to provide better education about effects of alcohol and other drug use/abuse during pregnancy. This would necessitate their learning more about the subject.
- Forge coalitions of community multi-disciplinary teams to combat alcohol and other drug use/abuse and promote the availability of adequate and appropriate treatment and other social services.
- Find adequate points of intervention where abusing/addicted women can be identified and referred to treatment prior to pregnancy, in addition to intervening with women already pregnant.
- Outreach educational programs about alcohol and other drug use that are geared to women.
- Adequate and appropriate treatment programs for pregnant women which include prenatal care, parenting education, and child care.
- Follow-up treatment and parenting services.
- Developmental programs for alcohol and other drug-affected children.

What does jail accomplish?

NOTHING! Alcohol and other drugs are almost as easily obtained inside institutions as on the outside. There is some medical care, but, with a few exceptions, quality prenatal care is not available. Incarcerated pregnant women experience increased levels of depression—even more than the average female inmate. But "what else can be done if a pregnant woman is unwilling to follow through with treatment?" asked a chemically dependent woman in a treatment facility who has been in prison and a pregnant addict who chose abortion rather than have a drug-affected baby. But, does society have the interest, inclination, and courage to take a more proactive and humane approach?

•DISABILITIES: THE HIDDEN THEME IN JUVENILE JUSTICE AND SUBSTANCE ABUSE

Dennis Moore, *Department of Community Health, School of Medicine, SARDI, Wright State University, Ohio*

Moderator: Gregory Hall, *Senior Trainer, Chicago Area Office, MRC*

The purpose of the project Dennis Moore directs is to train and sensitize professionals about substance abuse and disability issues. The project focuses on young people older than high school, but is expanding to lower ages. The project, the first of its kind, is two years old and serves Ohio, Indiana, Illinois, Michigan, and Kentucky.

Moore explained that children in the juvenile justice systems often have some mild retardation or learning disabilities. Learning disability occurs in about eight percent of the population. Mental retardation occurs in about 1 percent (used to be three percent). Of the five million special education students in the U.S., nearly 1/2 are

learning disabled. It is the disability that's most hidden, most children are "learning disabled" only between 8:00 a.m. and 3:30 p.m., said Moore. In 1982, the National Center on State Courts found that 36 percent of cases in juvenile justice involved a child with a learning disability. That was a conservative figure. Other studies range from 12-70 percent. A child with learning disabilities is twice as likely to be adjudicated as a child without learning disabilities. Often these cases involve alcohol or other drugs. In addition, the rates for recidivism and parole violation are much higher for persons with learning disabilities.

However, the disability may hide other conditions, or the child is labeled delinquent and the disability never shows up when the child is dealt with by the juvenile justice system. Conditions are hidden, said Moore, and not identified by the court system or other social systems, or sometimes not even by the school. This is becoming quite clear to the Office of Treatment Improvement which now has a major initiative to provide enhanced treatment for these youth. Treatment people now realize the extent of the problem—they sometimes had to change their drug treatment programs to address the educational needs of their learning disabled clients. Suddenly, the problem is getting national attention. Moore thinks that treatment programs will systematically have to address the educational needs of these children.

Learning disabilities is very much misused as a label. It is *not* just another name for mental retardation, explained Moore. It affects more than academic achievement. Problems tend to continue into adulthood, although some people find strategies for dealing with their disabilities. A person can be both physically and learning disabled. Attention deficit disorder is a new buzz word that some people use interchangeably with learning disabilities.

Moore showed a video of JR, a young, learning disabled quadriplegic with whom he worked for over a year after the young man had been arrested for selling cocaine. The tape illustrated common characteristics of these youth.

- They sometimes choose peer groups that are enabling, less demanding, and more accepting of deviance. People working with these youth need to help them identify 1-2 friends who are uplifting. JR changed his phone number to keep old "friends" away.
- They tend to be high risk takers. They may sustain injuries; JR had multiple, serious injuries.
- They experience multiple consequences but do not always learn from them. Consequences that don't work well include:
 - Punishment and negative reinforcement—because these young people don't see positive alternatives
 - Nebulous consequences (e.g., "if you do this one more time...")—These children need to know *what* horrible things are going to happen. They won't make the connection. It helps to have them rehearse: "When will you know when you've gone too far?" "What proves that I'm really in trouble?" They have to be involved in their own recovery. They also should pick the consequences that are really unacceptable to them, that show them they are really over the line. You can't tell them what they are.
 - Family involvement—desirable, but does not always work; it didn't with JR.
 - Adult incarceration—doesn't work, especially for youth with learning problems. They are brutalized in jail and learn negative things only. Individual attention works better.

The following are some strategies for helping these youth:

- Work with families.
- Provide drug education. Drugs are sometimes prescribed for learning disabled children, but many of these youth don't know what they are taking and what the drug is for.
- Teach for multimodality learning.
- Create specialized treatment groups. This is the opposite of mainstreaming, but this it is therapeutic.
- Make peer connections for children, broker new friendships.
- Investigate usefulness of medication, e.g., Ritalin, newer psychotropic drugs.
- Provide opportunity for juvenile justice people to dialogue with educators about the child.
- Utilize many services, e.g., Big Brother or another volunteer organization.
- Access disability services, e.g., community disability services, tutoring, vocational rehabilitation.
- Be sensitive to learning problems no matter what setting you're in.
- Identify, refer, and assess. Use a team approach to working with these children. Each child should have an individual plan like an IEP. Working in a team gives support to everyone.

Moore's organization publishes a newsletter. Within a year, they will begin developing school-based curriculum.

▪DEVELOPING TOBACCO, ALCOHOL, AND OTHER DRUG POLICIES THAT WORK⁴

Carol Sager, President, Sager Educational Enterprises, Chicago, IL, and Consultant to the U.S. Department of Education and the Drug Enforcement Administration, Author of Drug-Free Zone! Keeping Drugs Out of Your Child's School

Moderator: Kay Lovelace, Director, Staff Development/Management, Detroit Public Schools, Detroit, MI

Components of Effective School Policies for Student Tobacco, Alcohol, and Other Drug Use

- A strong statement that the use, possession, distribution, sale or being under the influence of tobacco, alcoholic beverages, illegal drugs, or look-alike drugs will not be tolerated in school, on school property, or at school-sponsored events.
- A clear definition of all terms used so as to leave no doubt in anyone's mind as to what constitutes a violation of the policy.

⁴ This session is directly quoted from a document provided to MRC by Ms. Sager.

- Consequences that are real to the student.
- Opportunities for students who want information about drugs or where to get help for a drug or drug-related problem to get this assistance without fear of reprisal.
- Conditions for returning to school after suspension or expulsion that are linked with counseling and/or rehabilitation.
- Review by the school's attorney to ensure compliance with Federal, state, and local law.
- Procedures for orienting new student and staff members.
- Written *Administrative Guidelines* which detail the roles and responsibilities of school staff in implementing the policy.

Policies that work are:

- Developed with school-community input.
- Enforced fully and fairly for all.
- Publicized broadly throughout the school and community. There need to be procedures for informing students, teachers, parents, and the community about the content of the policy.
- Supported by a consistent "no use" philosophy in all school policies, curricula, and student and parent activities.
 - Is a strong "no use" norm the focus of the school's drug-use prevention curriculum?
 - Do all school-sponsored student activities support zero tolerance of tobacco, alcohol, and other drugs(TAOD)?
 - Are all parent activities and fund raisers TAOD FREE?
 - Is there a smoking area for staff?
- Evaluated for effectiveness by collecting and reviewing data regarding the success of reentering students; changes in the number of suspensions, expulsions, detentions, dropout rates, attendance, and achievement test scores.
- Supported by staff education.
 - Is the entire school staff (from the bus drivers on up) well-versed on the symptoms of drug use and their responsibilities in implementing school policy?
 - Is staff trained in:
The philosophy of prevention?

How to recognize signs and symptoms of drug use?

How to recognize needs of children from families where there is chemical dependence?

How to minimize the risk factors associated with drug use?

When and how to refer students who need help?

The importance of being role models for students?

- Supported by parent and community education
 - Does the school inform all parents about drug facts and what they can do to raise drug-free children?
 - Is the school a member of a school-community group that meets regularly?
- Supported by programs for assisting students who are reentering school after suspension, expulsion, or rehabilitation.
- Supported by procedures such as monitoring of the halls and parking lots, elimination of smoking areas and open campus.

Where policies work there is an obvious total school commitment to zero tolerance of drug use.

Sample Policy: Student Tobacco, Alcohol, and Other Drug Use

Non-medical use of tobacco, alcohol, and other drugs is hazardous to the health of students. It interferes with the education of the user. It disrupts the proper conduct of school activities. It is illegal. Therefore, this policy has been established to assure that students attending the _____ schools will be educated in a drug-free environment.

The purpose of this policy is to provide a clear message to students, parents, and citizens, in the community that the use, possession, distribution, sale, or being under the influence of tobacco, alcoholic beverages, illegal drugs or look-alike drugs as defined in (cite chapter, section, and state code) will not be tolerated on school buses; in stretch limousines, vans, and other vehicles used as transportation to a school event; in school buildings, on school property, or at school-sponsored events. This policy extends to all school-sponsored or related activities (including field trips, athletic, and music trips) whether held on school property or at locations off school property including private clubs, businesses, or commercial establishments.

The _____ School Board recognizes its responsibilities to provide a program of drug education so that all students are made aware of the physical and psychological dangers incurred through the illegal use of drugs. Furthermore, the school system will provide, without penalty, available information to any student seeking drug treatment or advice and will protect, in accordance with the law, the due process rights of all students.

However, once it has been determined that a student has used, possessed, distributed, sold, or is under the influence of tobacco, alcohol, or other drugs as defined in this policy in school buildings or upon school property or at school-sponsored events, the penalty for the first offense shall be:

Suspension from school for ___ days. During any period of suspension, the student will lose credit for all school work missed, including examinations, and will not be allowed to make up any lost credits; and

Forfeiture of the privilege of participating in any and all extracurricular school activities for ___.

In addition:

The student's parent or guardian will be called to remove him or her immediately from the school property; and

The police will be notified promptly of the offense by means of a complete report prepared by the building principal which will include a description of the drugs involved along with any physical evidence obtained for analysis; and

The student's parent/guardian will be asked to meet with the school administrator(s) and members of the school staff during the first ___ days of the suspension for the purpose of determining a specific plan for monitoring the student's subsequent behavior. If a satisfactory plan is developed within this ___ school-day period, the suspension will be automatically reduced to ___ days.

Given reasonable grounds for suspicion, school officials may search for and seize drugs brought onto school buses or school property and submit such drugs to the proper authorities for analysis.

In the event of a second violation of this policy, the student shall be referred directly to the School Board with a recommendation for expulsion. The parent/guardian and student will be advised of the expulsion procedures and their right to notification and hearing before the Board in accordance with the provisions of (cite chapter, section, and state code).

Within ___ days of the start of each school year, a copy of the policy will be distributed to students and their parents or guardian. An explanation of this policy shall be given to the students by the building principal(s). All newly entering students will be given the policy at the time of registration.

In addition, this policy and the administrative procedures adopted to implement it shall be reviewed annually with staff and parents at the beginning of each school year and be part of the orientation of all new staff members.

Note: According to Board Policy (), students are also prohibited from possessing prescription drugs and "over the counter" drugs on school property. Any student who is required to carry a prescription or non-prescription drug on his/her person during school hours shall immediately, upon entering school property, deposit such drug with the school nurse or principal, who, if necessary, will administer the drug; and the student will pick up the same upon leaving school.

Legal References:

Cross References: Refer to other directly related policy.

Adopted: Date policy was adopted by the Board of Education.

=COLLABORATION AMONG STATE EDUCATION AGENCIES, SCHOOLS, AND COMMUNITIES TO PREVENT AOD USE BY CHILDREN

Sharon Smith, Program Specialist, TARGET, Kansas City, MO

Gart Pollard, Department of Mental Health, Jefferson City, MO

Michael Thompson, *Wisconsin Department of Public Instruction, Madison, WI*

Moderator: Ed Virant, *Coordinator, Drug-Free Schools and Communities, Omaha, NE*

Young people who participate in athletics and activities are not immune to the ravages of tobacco, alcohol, and other drugs, explained Thompson. According to a study conducted for the United States Olympic Committee, over their lifetime, high school athletes (male and female) used alcohol significantly more than the general population over their lifetime. Without the proper framework, athletics and activities by themselves are not a defense against substance use.

The National Federation of State High School Associations, composed of 51 activity/athletic associations in 19,000 public and private high schools, established TARGET to help schools implement and/or develop programs to promote drug-free lifestyles. Through the Federation, TARGET can reach 10 million students and their parents. To accomplish this mission, TARGET provides training, materials, and other resources. Almost half of all students are involved, making co-curricular activities an ideal setting for prevention.

Athletic directors and administrators; activities coordinators; band, orchestra, chorus; speech and debating; coaches associations; officials association; cheerleaders, pompon, and other spirit associations are organizations that belong to the National Federation.

TARGET, the Missouri Division of Alcohol and Drug Abuse, and the Missouri State High School Activities Association co-sponsor training. They focus on 100 communities that already participate in Missouri's 100 Initiative. The planning committee includes Missouri DADA, the National Federation, the Activities Association, Missouri Department of Education, University of Missouri at Kansas City, University of Missouri Extension, athletic directors, and community development specialists. This committee allows for networks throughout the state. Other states could develop this kind of collaborative resource. Technology and distance learning are a part of the program and have many positive features. People can hear and see instructors and presenters who can't travel. The message is very consistent. It is important to have onsite facilitators at downlink sites to support the video. Missouri has a satellite network for Missouri school districts; 443 districts (83 percent of the districts in the state) have downlink sites. The University Extension is another statewide network with 60 downlink sites. The University of Missouri video network has production staff, studios, and uplink capability.

* * * * *

Wisconsin's Model⁵ for a comprehensive K-12 AODA program is promoted through the Department of Public Instruction's (DPI) *Count on Me* program. The latter reflects DPI's belief that the state must be able to count on many segments of society to stop youth from using alcohol and other drugs. The DPI provides school districts with leadership and resources, including:

- **Technical Assistance** AODA consultants plan workshops as needed to guide schools with such projects as assessing needs and developing policy, curriculum, or grant proposals. A popular workshop features the consultants explaining how to use the newly released resource and planning guide to develop a comprehensive K-12 AODA program.

Consultants also provide technical assistance through phone calls and personal visits to schools. A directory of consultants is available from the Bureau for Pupil Services.

⁵ This session is directly quoted from a document provided to MRC by Michael Thompson.

Department consultants work with staff members from the Department of Health and Social Services to sponsor workshops to assist schools in developing student assistance programs. Two workshops address critical issues and training.

- **Financial Assistance** The department provides school districts with opportunities for financing their AODA programs through grants. Every school district in Wisconsin is eligible for federal entitlement funds available through the federal Drug-Free Schools and Communities Act of 1986. The amount is based on student enrollment and population characteristics.

Competitive grants allow school districts to develop or expand their AODA programs with grants awarded largely according to demonstrated need. In addition to grants for general use, the following grant programs fund specific types of prevention and intervention programs:

- After-school and summer programs;
- Pupil services grants to hire additional school counselors, psychologists, and social workers;
- Drug Abuse Resistance Education (DARE) operated in conjunction with local law enforcement agencies;
- Programs for families and schools together, provided cooperatively with mental health and AODA specialists; and
- Programs for students enrolled in Head Start programs.

Two grant programs are administered by DPI through the AODA Education Network. Youth grants enable groups of students to develop and implement projects for fellow students. Training fellowships reimburse educators for tuition incurred for AODA-related graduate study.

- **Conferences** The AODA Program-Sharing Conference in November brings together professionals from school and community agencies. Participants share successful programs, practices, and strategies for helping youth combat alcohol and other drug abuse and related problems. The Youth Program-Sharing Conference in March serves a similar purpose for its student participants.
- **Publications** Each school district received a copy of *Alcohol and Other Drug Abuse Programs: A Resource and Planning Guide* upon its publication in April 1991. The department is also developing an AODA curriculum guide to be released by June, 1992.
- **Partnership Approach** Meeting the goals of the *Count on Me* program requires partnerships at every level. Following are a few projects that contribute to the core of the department's AODA program:
 - Each year the department works with the U.S. Department of Education to administer Wisconsin's share of federal Drug-Free Schools and Communities Entitlements.
 - At the state level, consultants for the department's Alcohol and Other Drug Program work closely with staff members from the Department of Health and Social Services to evaluate student AOD use and related high-risk behaviors, provide training in developing student assistance programs, expand the development of school employee assistance programs, and explore ways to improve planning between schools and treatment centers.

- DPI staff members also work with the Wisconsin Interscholastic Athletic Association to sponsor Student Athlete Workshops with the Wisconsin Department of Transportation for Youth Alcohol and Traffic-Safety Conferences, and with the Communication Development Institute of the University of Wisconsin-Stevens Point for Communications Skills Workshops that deal specifically with communicating about AODA issues.
 - The department continues to fund the Wisconsin AODA Education Network it established during the 1988-89 school year. In each cooperative educational service agency (CESA) a network facilitator promotes the development of comprehensive K-12 AODA programs in local school districts by working with local partnership councils and school staff. The facilitators also work closely with DPI staff to effectively communicate the department's services and resources.
 - The local partnership councils that form the network involve educators, representatives of community agencies, law enforcement officers, and other community representatives. The councils serve the community by promoting awareness, involvement, and ownership of AODA programs.
 - At the school level, AODA advisory committees are the first step each school must take to develop a comprehensive K-12 AODA program.
- The Wisconsin AODA Education Network The *Count on Me* program has established an AODA Education Network that promotes the development of comprehensive K-12 AODA programs in local school districts. The Network also develops partnerships at the regional and local level between schools and communities. Network facilitators in each CESA form a link between local needs and DPI resources. Wisconsin is divided into 12 CESA Regions.
 - The Goal The goal of the *Count on Me* program is to establish K-12 AODA Programs in every district in the state.

The Wisconsin DPI defines a comprehensive K-12 AODA program as one that includes a curriculum; programs for students, including a student assistance program, peer programs, and alternative activities; and collateral programs for adults, including an employee assistance/wellness program and opportunities for parents.

- A comprehensive K-12 curriculum ensures students are receiving accurate and developmentally appropriate information about alcohol and other drugs throughout their school years.
- A student assistance program provides support and education for young people who are concerned about their own use of alcohol and other drugs or use by someone close to them.
- Peer programs select students to receive the training and skills needed to provide fellow students with support, education, and leadership concerning AODA issues.
- Alternative activities allow students to have fun in a drug-free setting.
- Employee assistance/wellness programs give school staff the support needed to maintain and enhance their personal and professional lives.
- Opportunities for parent help them become more involved in their children's educations and empower them to become primary prevention agents for their children.

•MICHIGAN ALCOHOL AND OTHER DRUGS: SCHOOL ASSESSMENT PACKAGE⁶

Guy Golomb, Regional Drug-Free Schools Health Education Coordinator, Calhoun Intermediate School District, Marshall, MI

Barbara Hower-Knutson, Health Education Specialist, Coordinator of Drug-Free Schools Program, Michigan Department of Education, Lansing, MI

Mark Steinberg, Acting Prevention Chief, Michigan Department of Public Health/Office of Substance Abuse Services, Lansing, MI

Moderator: Kathleen Rinker, Senior Trainer, Chicago Area Office, MRC

The Michigan Alcohol and Other Drugs School Package Assessment Package is a statewide service which provides school districts and communities with useful tools for addressing AOD problems at the local level. Its intent is to raise school and community awareness of AOD problems specific to their community and to provide a vehicle to look at the comprehensiveness of the district's prevention programs.

It was a statewide initiative of the Michigan Department of Education in cooperation with the Michigan Department of Public Health/Office of Substance Abuse Services, Dr. Stanley S. Robin of Western Michigan University, and Dr. Lloyd Johnston of the Institute for Social Research, University of Michigan. All services regarding the AOD Student survey are provided through the Kercher Center for Social Research at Western Michigan University by Dr. Robin. Funding for the development of this project was provided with funds available under the Drug-Free Schools and Communities Act of 1986 and through grants to Macomb Intermediate School District.

The Michigan AOD School Assessment Package has three components:

(1) The Michigan Alcohol and Other Drugs Student Survey

The AOD student Survey enables districts to obtain an accurate estimate of the nature and seriousness of alcohol and other drug use by students. Services include a survey instrument for all students in grades 8, 10, and 12; administration of the survey by trained personnel; and a report on survey results. The survey helps to provide a needs assessment and evaluation tool for monitoring program effectiveness over time. It helps encourage communitywide ownership of the AOD problem of their youth.

The Survey Instrument

The survey contains 55 items focusing on students' attitudes and behaviors related to alcohol, drugs, and cigarettes. The questionnaire addresses the use of 15 types of drugs, including marijuana, inhalants, tobacco, steroids, alcohol, and others. It is designed to reveal a broad range of information that can be put to positive, practical use at the local level.

Some of the topics covered in the survey are:

- Drinking and driving

⁶ This session is directly quoted from a document provided to MRC by the Michigan Department of Education.

- Perceived harmfulness of specific drugs
- Age of first use of specific drugs
- Awareness of school drug policies
- Perception of peer approval or disapproval of use

Michigan's survey instrument closely parallels the one used in the national study of high school seniors. This national study has been conducted yearly since 1975 for the National Institute on Drug Abuse by Dr. Lloyd Johnston and his colleagues at the Institute for Social Research at the University of Michigan. The National Senior Survey is considered the most authoritative study in the country on adolescent AOD use. Dr. Johnston is also a consultant to the Michigan Department of Education on this project. By using the National Senior Survey test items in the Michigan AOD Student Survey, it allows the opportunity to compare Michigan's district results with the national norms generated from that study.

Administration of the Survey

The survey is administered by trained research associates from Western Michigan University (WMU) under the direction of Dr. Stanley Robin. The day and time of administration is arranged well in advance. The students are able to complete the questionnaire in one class period or less. The administration procedures developed by WMU are designed to assure maximum accuracy of student responses as well as adherence to accepted ethical principles in data collection.

The Survey Report

Western Michigan University will submit a report to the district within one month after administering the survey. The report includes narrative descriptions and interpretations geared to non-technical readers. Results are presented for all three grade levels in tables and graphs, showing district data and national comparison data for each survey item. Regional Substance Abuse Coordinating Agencies and regional Drug-Free Schools Consortia Coordinators have been trained to assist districts in interpreting survey findings and suggesting applications for programs and policies.

Many safeguards have been instituted to insure the accuracy of the survey report. Students take this survey very seriously and provide honest and careful answers to the survey questions. However, each questionnaire is carefully examined and several research methods employed to identify any possibility of irregularity, inconsistency, or inappropriately filled out surveys. The data from any questionable surveys are not included in the district results. The research methods employed were designed by research scientists from Western Michigan University and the University of Michigan.

Confidentiality and Anonymity

The district survey report is completely confidential. No district's data will be presented or released to any individual, organization, or agency. No individual district's data will be identified in that report. The AOD Student Survey is being conducted in conformity with the Federal Guidelines for Protection of Human Subjects by the oversight of the Institutional Review Board of Western Michigan University.

Responses by individual students are completely anonymous. No names or other identifying information is obtained on the survey so there is no way to trace any respondent's answer to particular students. Parent informed consent forms were developed by WMU for each participating district. Parents or guardians who wish to have their children excused will have the opportunity to withdraw them from participation.

(2) What Next? A Guide to the Next Steps after a Student Drug Survey

This guide is provided to districts after they receive the student survey report. It provides practical applications for use of the survey data with school personnel, students, parents, community, and the media. It was written by Dr. Lloyd Johnston of the University of Michigan's Institute for Social Research and principal investigator for NIDA's National Senior Survey.

(3) The Michigan Guide to School Policies and Programs on Alcohol and Other Drugs

The Guide is a self-assessment tool for local districts to conduct a district inventory and evaluation of policies and programs in place and can serve as a planning and monitoring device for modifying, enhancing, and expanding efforts. The *Guide* has two parts: (1) The Comprehensive Framework examines five components: program planning and management, district policy, prevention and education programs, intervention, and parent and community involvement. (2) Inventory and Planning Process uses the same items in the five components. It is a self-assessment tool for districts to conduct a district inventory and qualitative evaluation of policies and programs currently in place. It also contains a team-oriented process for deciding whether and how to modify, enhance, and expand existing efforts.

■ STRATEGIES FOR COMMUNITY MOBILIZATION

Robert Hallowell, Program Specialist, Winnebago AOD Unit, Winnebago, NE

Monte Granados, Counseling Specialist, AOD Prevention Program, Eagle Butte, SD

Cindy Young Whirlwind Soldier, Red Cloud School, Pine Ridge, SD

Moderator: Joe Big Bear, Program Manager, Hennepin County Chemical Health Division, Minneapolis, MN

According to Robert Hallowell, community mobilization involves changing a fragmented system into a comprehensive, coordinated, integrated system. He suggested some principles to guide efforts to coordinate services.

- Identify key people in the community who are likable and respectable, and can build bridges and listen, to spearhead the initiative.
- Extend personal invitations to these people to join the effort.
- One or more individuals must assume responsibility for the initiatives. One person can do it, but it's hard.
- Be committed to the long haul, it will take one-two years, two is more likely. Major change comes slowly.
- Keep meetings brief—45 minutes to one hour. Don't try to solve everything in one meeting.
- Remember that change brings controversy. Plan for this. Give people the chance to ventilate their concerns and differences.

- Use outsiders only to transfer information. Local people should do the work—change needs to come from within.
- Avoid confrontation. Set ground rules for respecting different opinions.
- Avoid saying "I, me." Say, "We, us." You need to be inclusive.
- Recognize community heroes.
- Remember there's no room for false pride or hidden agendas.
- Avoid chronic negative thinking. People who criticize should offer solutions.
- People need to believe change can happen.
- When possible, obtain tribal and governmental support.
- Remember your primary responsibility is to the people. Be people-centered, focus on their needs.
- Establish common grounds.
- Learn how to listen. Avoid quick fix, fix-it thinking.
- Recognize changability factors. Change easier things first to give the community energy to change harder things.
- Keep the focus small, demonstrate effectiveness, then expand.
- Recognize your obligation to serve as community role models.
- Define AOD terminology and explain the service system terminology.
- Understand the process of change.
 - Stage 1: Pre-contemplation—denial; the task is to create community awareness
 - Stage 2: Contemplation—people are on a seesaw, can't make up mind to change
 - Stage 3: Determination—people decide to change
 - Stage 4: Action
 - Stage 5: Maintenance
- Expect possible relapse but keep moving ahead. Any effort to change (losing weight, getting off alcohol, etc.) is difficult.

Steps to change are:

- Identifying key people; scheduling meetings; discussing purpose, common bond, and unifying goals. The core of the process is letting the community identify and prioritize the problems according to how long it will take to change things.
- Convert problems into goal statements. Determine the barriers to accomplishing these goals. The barriers become objectives.
- Assign responsibility for working on the objectives to an agency or person. They should develop action steps and timelines.
- Conduct follow-up, report progress to the larger group.

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Monte Granados described the Lakota Youth Camp Courage in South Dakota. Its mission is to enhance the self-concept of Lakota children, and to: (1) impact AOD use through contemporary and cultural techniques, (2) build leadership in Lakota children, and (3) build a support system for children when they return from camp.

The first camp took place in 1988. In 1990, 54 organizations from Pine Ridge, Rosebud, and Cheyenne River pooled their financial resources to establish their own camp. The adults became role models. All job descriptions specify two years sobriety. Other South Dakota tribes are now interested in being a part of the camp. In 1988, 120 children attended the camp; in 1991, 1,127 youth attended six 1-week sessions. If the number increases, the plan is to have two camps. Each day, children have learning and recreational activities. The curriculum, which also teaches about AOD issues, is based on cultural themes, for example:

- Adopting ceremony—*hunka*. An elder talks about this.
- The pipe—*canupa*.
- Circle of Life—*hocoka*. This is to promote health.
- Mother earth—*unci maka*. This is for environmental issues.
- Honoring—*wacan tki yapi*.

PBS produced a video of the camp.

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At Red Cloud Indian High School, the AOD prevention and awareness program deals with personal awareness, family situations, and culture. It is available to all students.

Chemical dependency is a disease which, if untreated, is chronic, progressive, and eventually fatal to a person, family, and culture. The goals of the Red Cloud Chemical Abuse prevention and awareness program are to prevent and promote awareness of chemical use among students, to provide support and education on AOD abuse to family members, and to promote awareness of the severe negative consequences of chemical use on a culture.

Youth who come from a family or culture where drugs and alcohol are abused are at high risk of becoming users and abusers themselves. For this reason, drugs and alcohol abuse awareness is essential, said Cindy Young Whirlwind Soldier. The program encourages students to accept, talk, trust, and feel. The chemical dependency program deals with self-esteem and coping; and spiritual, mental, emotional, physical, social choices, and value systems relevant to the student, family, and culture. The program incorporates the following materials and organizations:

- **Co-Dependency - Family Trap Model** is for grade 9-12 students. Feelings, co-dependency, and family are topics of classroom work and discussions. Family roles—alcoholic, enabler, family hero, scapegoat, lost child, and mascot—are discussed.
- **Red Road Approach to Chemical Health** deals with the Indian culture and AOD abuse. It uses Oglala Sioux Indian values and culture in the classroom.
- **Students Against Driving Drunk (SADD)** goals are: to help eliminate the drunk driver and save lives; to alert high school students to the dangers of drinking and driving; to organize peer counseling programs to help students who may have concerns about alcohol. Red Cloud has been a charter member since 1985 and has been active in community-sponsored marches, wake services, public service announcements, political rallies, workshops, talking with elementary children, and sponsoring straight parties. Students used the local radio station, KILI, for PSAs.
- **Teams on Road to Chemical Health (TORCH)** conveys the message that AOD use does not mix with athletics and extracurricular activities. It deals with physical effects of the use of alcohol, drugs, tobacco; conduct of school teams while travelling and at home to represent RCHS; and being role models for the younger generation and to fellow students. TORCH sponsors a social on Friday night, the night a young person is most likely to drink or "drug."
- **School Team Approach (STA)** provides training to help staff incorporate drug and alcohol curriculum in classroom. Staff are involved in straight parties and dances.

Individual and group counseling for chemical dependency is received through: mandatory referral from the administration, intervention by C.D. counselor, referral by a parent, teachers, students, coach, administration, self, counselor, and staff. Available agencies are: Project Phoenix, Project Recovery, IHS Mental Health, West River Mental Health, Alcoholics Anonymous, parish priests, and the Rediscovery Adolescent Treatment Center.

▪PEER HELPERS/LEADERS: EMPOWERING YOUTH AND POSITIVE RISK TAKERS

Cathy Newton, Prevention Coordinator, and Joanie Harnett, Liberty Junior High School Assistant Principal, Liberty Public School District, Liberty, MO

Elaine Fritz, Partners for Youth Leadership, National Organization of Student Assistant Programs and Partners (NOSAPP), Boulder, CO

Moderator: Gregory Hall, Senior Trainer, Chicago Area Office, MRC

Cathy Newton and Joanie Harnett described a middle-school peer leadership program that involves students, teachers, and parents. It is based on the premise that risks help children understand what they can do. Many teenagers identify risk taking as only negative, e.g., smoking, drinking, sneaking out, cheating, etc. These teens may be URTs: Unhealthy, Unnecessary, or Unlawful Risk Takers. The program encourages teens to be PRTs, or positive risk takers, who take risks for health, friendship, involvement, and personal growth.

Participants in the PRT program learn and pledge to evaluate all situations and make positive rather than irresponsible choices. The program's objectives are to believe in one's self, become the best one can become, be responsible for one's actions, be aware of positive and negative consequences of actions and realize the impact of choices on one's life, and seek positive experiences and take positive risks. The student training is called Targeting

Positive Risks. In addition, the program provides teacher inservices and parent seminars. Students in the PRT program participate in activities including a talent show, sports events, wellness week, recognition week, red ribbon week, friendship week, and others.

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Elaine Fritz pointed out that young people are tremendous resources in helping to solve problems such as substance use, unwanted pregnancy, suicide, and school dropout. The goal of the Partners for Youth Leadership program is to help communities and schools develop youth leaders. The organization provides publications and trainings, and has a data base of exemplary programs. They also sponsor a national conference. Adults can help youth become leaders through modeling; shared decision making; giving youth opportunities for practice, including failing and learning from mistakes; raising expectations; teaching youth how to set goals; and involving many youth.

•PURPOSE AND FUNCTIONS OF PROGRAM EVALUATION

Roger Chesswas, *Associate Director of Evaluation, MRC*

The Midwest Regional Center offers evaluation workshops and technical assistance at no charge.

Important points to remember about evaluation are:

- Evaluation is learned by doing, not by attending a lecture.
- Evaluation is designed to fit a program, not the other way around.
- Evaluation grows. Plans may change. It's an ongoing activity. A needs assessment is evaluation, but that's not all there is.

Why do we evaluate? We evaluate to:

- Improve a program.
- Develop a program.
- Generate information about a program, awareness.
- Set standards.
- Demonstrate accountability.
- Select among alternatives.
- Decide whether or not to continue a program.
- Look at value-cost relationships.

General evaluation questions are:

- What's the problem?

- Are we doing the right work?
- What's the best thing to do among alternatives?
- Are we doing the work, program, and activities we said we would do?
- Are we doing these things well?
- What difference have we made?

Step 1—Describe the object of evaluation from many points of view.

- Who's involved in the program?
- Why does the program exist, what are its objectives and goals?
- What are the functional elements of the program?
- What is the history of the program?

Step 2—Who are the stakeholders? They should be involved in the evaluation in a variety of functions.

- Who are they? Be specific.
- What are their values and interests?

Step 3—Why do you want to evaluate? AOD programs are usually direct services to youth, campaigns, or institutional campaigns. Evaluating these is difficult. Examples of uses for new and existing programs:

- Use evaluation to help establish goals.
- Identify needs.
- Rank or prioritize problems, issues, or needs.
- Select programs.
- Locate potential or real problems.
- Determine outcomes.

Step 4—Key evaluation questions—most evaluation asks too many questions rather than too few. Knowing the purpose of your evaluation is a first step. You need to know what is to be evaluated, who will be involved, and who needs to know. Ask yourself why each question is important. Categories of questions are:

- Effectiveness—what kind of effectiveness, e.g., increased knowledge, selection of friends, taking advantage of positive alternatives.
- Goals or needs.

- Program design.
- Implementation processes.
- Outcomes or products.

Step 5—Potential Indicators and Measures—Examples

- Surveys are not enough
- Goals or needs
- Demographic data
- Community beliefs
- Frequency of AOD-related problems
- Admissions to emergency rooms
- Court cases involving alcohol or other drugs
- Information about designs—plans, kinds of services or programs, expert opinions, pilot studies
- Student attendance
- Teacher or student behaviors
- Teacher or student perceptions
- Changes in use
- Test scores

Step 6—Data Collection

- Two basic kinds of data are facts and opinions
- Four sources of information
 - 1) Performance data
 - 2) People
 - 3) Documents
 - 4) Context—political, policy contexts

Evaluation should draw on both qualitative and quantitative data. After accomplishing the above, you need to collect data, analyze them, report them, and evaluate your evaluation.

■BUILDING SUCCESSFUL SCHOOL AND COMMUNITY PARTNERSHIPS TO PREVENT AOD USE AMONG YOUNG CHILDREN AND ADOLESCENTS

Judy Larson, *Drug Prevention Coordinator*, and Steve Schwartz, *Curriculum Director*, *Wabash County Community Unified School District, Mt. Carmel, IL*

Gloria Lovellette, *Prevention Specialist*, *Southeastern Illinois Counseling Centers, Inc., Olney, IL*

Ed Virant, *Project Coordinator*, *Drug-Free Schools, Omaha, NE*

Moderator: Barbara Daniels-Espy, *Program Supervisor*, *Drug-Free Schools and Communities, Detroit Public Schools, Detroit, MI*

Mt. Carmel is a rural community in southern Illinois. The unemployment rate is 18-20 percent. In a town of not quite 9,000 people, there are 62 at-risk preschoolers. No referendum has passed in the district since 1948. Per pupil expenditure is less than \$3,000. But Steve Schwartz claims that schools can have good programs "without the bucks." The district works hard to raise financial and other resources from many local and state sources.

Schwartz explained that school should provide a secure environment conducive to learning. Safety is the number one thing children want in school. The school system is obligated to adjust and correct its course for the benefit of the student. Prevention is part of the whole curriculum. The basis of everything the school does is the belief that children should experience success from the day they enter school. The curriculum is "user-friendly—it is developmentally appropriate and uses a process and hands-on approach. Programs involve parents as well as children.

Curriculum programs include *Growing Up Well*, for K-8 students which is taught by trained community and parent volunteers and high school students from the TREND and ALPHA programs. The *Building Block* program is for pre-kindergartners. *Project Oz* is for grade 5-8 special education students. *Just Say No* is taught to fourth graders during physical education class. Children learn not only to say "No," but also what to say "Yes" to. Seventh and eighth graders have a *Just Say No* club, begun at the request of students. *Project Drug Free* is for grade 5. ALPHA is a peer leader program for junior and senior high school students. These trained students, who sign a contract to be drug free, conduct orientation for freshmen. The high school had so many students who wanted to be part of ALPHA, that they started another group, TREND—Turning Recreational Excitement in New Directions, which currently has 50 student members. These students also sign drug-free contracts.

The school board and the superintendent are very supportive of what the school does, and Mt. Carmel is committed to children. Part of the district's School Improvement Grant is teachers and community working together to develop different parts of the program. FAD, Families Against Drugs, is the community action group that is a base for all other prevention activities. The schools have been able to break down turf barriers and have a good relationship with local businesses and state agencies. They work with the Chamber of Commerce and cooperated to put up a billboard recognizing Mt. Carmel's participation in MRC's videoconference with PBS. Such efforts build the self-esteem of the whole community. They also work with the City Council, who provides a free meeting room for staff training and other functions. The school counselor started Big Buddies, a program for at-risk students from elementary through high school. A family "adopts" a little buddy and involves him/her in everyday and special activities.

The district averages one staff development activity a week. In addition, the district includes schools in other counties in many programs, including workshops, and works closely with the parochial school in town. Parochial teachers attend workshops, and curriculum materials are shared with them. Students go to other counties to do

workshops and present dramatizations. When there are workshops in other areas, many teachers attend, as do board members. For example, for Project Drug-Free, every middle school teacher will attend a workshop at Partnership Middle School in Champaign.

The Southeastern Counseling Centers do treatment and prevention in eight counties. They work with the school, ministerial council, public health department, local extension service, junior college, and IDEA and In Touch (state organizations). Schwartz and local youth serve on the IDEA advisory board. The Centers use local media to promote awareness for parents and other community members. They get involved in politics. They work with the Alpha group who are high school peer leaders.

Some things are still needed in the community. One is a parent resource center, which they are working on.

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Omaha, an urban community, is both similar and different from Mt. Carmel. Omaha has 78 schools and 48,000 students; 28 percent are minority, not as high as some urban areas, but significant. What happens in Mt. Carmel is difficult to do in an urban setting due to politics and other challenges. But the excitement, commitment, *does* happen. The key is finding the time to do it.

Typically, Ed Virant noted, we tend to focus on school people because they tend to get the money which they usually keep for themselves. This frustrates community people. Prevention people are obligated to move beyond coordination to collaboration. This means sharing money. The key is not *what* you get, but *how* you use it. The schools must reach out, and other service providers need to go to the school and offer to help and be involved.

Successful partnerships, according to Virant, is doing something, not just waiting for someone to come help, because nobody will come. Instead, you need to reach out to key people and build partnerships and do something. If you do, you may attract people. If you put programs together, people will attend. A phone call—"What are you doing? Can I help?"—sometimes is enough. You also need to evaluate what you are doing if you want to get funding. MRC's Roger Chesswas will help.

What are some specific things we should be doing with people? First, said Virant, don't expect instant results. We are really planting seeds for the next generation. We should start drug prevention prenatally, beginning with parents.

You need to increase young people's knowledge, and change their attitudes, and maybe you'll change their behavior. You need to alter drug use by providing activities that may change their behaviors. You need to enhance values and improve their decision-making skills.

But youth involvement is not just focusing on youth who are hurting. Young people who choose not to use need support. Replicate what they do to remain drug free, support them, and ask them to help.

What are some strategies for community involvement? Virant explained that in Omaha, the school-community teams probably work best. The governor spends his discretionary dollars on school-community team training. Teams have about 5 people—one teacher, a parent, a community person, etc. People usually don't think beyond the school people so you should make sure the community is involved. Teams should be developed at the building level with the principal in charge. The community is the school community, the neighborhood. You don't need the mayor, the chief of police, or the chairman of a company.

The team has residential training where they learn what prevention is and some successful strategies. Most importantly, they develop an action plan while they are there. This is a specific process of identifying a problem

they want to address for one year, community resources available to address that problem, and barriers to achieving their goals. They then develop specific objectives that address eight separate areas, including policy, curriculum, team maintenance, and evaluation. Each part of the plan has objectives, activities, and timelines. Thus, the team has something to work on when they return home. These plans are really staff development plans, not just a tool to solve parents' and students' problems. As of now, Omaha has 46 trained teams and new ones scheduled for training.

How do you hook principals on this? Omaha schools have school improvement plans. Principals can relate this training to the parts of their school improvement plans that address prevention. Another consideration is community prevention activities. Some teams have become more *community* teams rather than just school teams.

Staff development in prevention is critical since teachers are woefully underprepared, said Virant. Prevention activities include curriculum; drug-free youth groups; critical transition programs (going from one building to another, because this is when children are most vulnerable); and parent focus programs in which you go to where the parents are if they don't come to school or have a parent liaison contact parents, since schools are not the center of everyone's universe. Prevention programs are essential because youth are still using alcohol and other drugs—90 percent of seniors drink and 30 percent binge drink. We need support groups for children who do not use but who are affected by others who do (COA, etc.). Community activities include Red Ribbon campaigns. Law enforcement usually wants to do something—help them do it. Other activities are post-prom parties, drug-free rallies and walks, and Safe Homes which is a parent networking program.

Finally, drug-free dollars may dry up. Thus, programs must be institutionalized to last not only after dollars go, but after key people go. This is what networking with community will do.

•PROGRAMS TO HELP CHILDREN WHOSE PARENTS ARE ADDICTED TO DRUGS

Jane Van Bremen, *Child Development Specialist, National Association for Perinatal Addiction Research and Education (NAPARE), Chicago, IL*

Margie Clay, *Turning Point, Inc., Minneapolis, MN*

Susan Hupp, *University of Minnesota, Minneapolis, MN*

Anne Gilmore, *Washburn Child Guidance Center, Minneapolis, MN*

Moderator: Kris Van Hoof, *Senior Trainer, Minneapolis Area Office, MRC*

Jane Van Bremen described a Chicago Public Schools pre-kindergarten Program for three- and four-year-old children whose mothers are enrolled in residential and outpatient treatment programs at the Woman's Treatment Center. NAPARE facilitated the establishment of this program and serves as consultants for the teachers.

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Margie Clay and Susan Hupp described a collaboration between Turning Point, Inc. and the University of Minnesota whose intention is to promote understanding of parent and child needs when mothers have used cocaine during pregnancy. Turning Point is one of the first programs that allows addicted, pregnant women to live with their children during the mothers' rehabilitation. The program deals with issues of poverty and is culturally sensitive. The presenters described the program's individualized approach for each woman, the relationship between mother and child, and analyzed expectations for lifestyle changes.

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The Washburn Child Guidance Center fills a gap in the mental health service delivery system by offering a program for 9-12-year-old children whose parents abuse cocaine specifically. This project is unique because it is for children who are environmentally rather than prenatally affected by cocaine. While there are a myriad of programs for infants and preschool children, and their mothers, these at-risk children are underserved.

Group treatment helps these children since it offers a shared experience in which children's own experiences is the theme. The children usually have lived for a significant period of time in an environment in which cocaine use is common. In the group they are able to share these experiences and decrease their isolation. The group helps them identify and express feelings about their parents' drug abuse; increase their coping skills to handle a difficult, chaotic situation; and prepare for potential reunification with parents and siblings.

Amme Gilmore discussed the various social, emotional, and environmental issues elementary school children face who live with a parent who has abused cocaine or crack cocaine. She also assisted participants in gaining greater awareness of cocaine abuse in families.

•STUDENT ASSISTANCE PROGRAMS (SAPS)

Linda Chatfield, Resource Development Specialist, National Organization for Student Assistance Programs and Partners, Boulder, CO

Karen Barber, Student Assistance Coordinator, Centralia High School, Centralia, IL

Noel Adams, District Student Assistance Program Coordinator, Menomonee Falls, WI

Moderator: Joan Moen, Senior Trainer, Denver Area Office, MRC

Linda Chatfield answered basic questions about Student Assistance Programs.

What is a student assistance program?

SAPs are modeled after Employee Assistance Programs (EAPs). They were intended to help students who had problems stay in school. Most started with an AOD focus, but have gone beyond this to deal with other problems youth have. About 25 percent of all schools have SAPs. Six basic functions of SAPs are:

- Prevention
- Identification of students who need help
- Assessment of the seriousness of the problem
- Intervention—confronting student and family on the problem
- Treatment—usually outside of the school
- Support—groups and one-to-one counseling

There is no "cookie cutter" model of an SAP. Three models, not mutually exclusive, are:

- Core team model—faculty, administrators, counselors, etc.
- Internal model—professional counselor
- External model—contract with an outside professional who comes into the school

How do you start an SAP? General steps are:

- (1) Determine that a problem exists, do a needs assessment.
- (2) Analyze, interpret the results, announce the results.
- (3) Design a program. A lot of this is coordinating with existing services. Funding can be through Drug-Free Schools money.
- (4) Train all school staff. "Market" the program. Write clear and enforceable policy. Provide for ongoing education and inservice.

Benefits of SAPs, potentially, are:

- Significant drop in substance abuse
- Improved academic performance
- Increased retention in school, i.e., dropping out decreased
- Improved school climate

How do you evaluate an SAP? Useful steps are:

- (1) Decide what the program is trying to accomplish.
- (2) Define success in measurable terms.
- (3) Compare the design of the program with the change it is expected to accomplish.
- (4) Choose methods and forms to measure change.
- (5) Use qualitative methods for understanding change.
- (6) Select the sample(s).
- (7) Negotiate an evaluation mandate.
- (8) Record data and gather information.
- (9) Display, study, and analyze information.
- (10) Market the information to decision makers.

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Karen Barber described the Centralia Consortium, spearheaded by Centralia High School. It has evolved into a K-12 Student Assistance Program that includes its 19 feeder elementary schools from 14 school districts in four counties.

The SAP is designed to identify at-risk students in the elementary setting and provide a sequential, comprehensive system to enable these students to receive needed services. The goals are to decrease drop-out rates; provide intense school, parent, and community collaboration; and help youth become happy, productive members of society.

School administrators, parents, law enforcement, and community members and institutions needed to collaborate in order to overcome barriers to coordination, service delivery, and communication common in rural areas. Political issues, too, needed to be dealt with. Thus, a core team representing groups in the area was created to identify strengths in the four-county area. This team recommended policies and strategies for the SAP and other prevention efforts. Other efforts included parent education; ways to share prevention curriculum among schools; and the coordination of school, law enforcement, the states attorney, and judicial systems to develop a diversionary program for teen offenders.

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Noel Adams noted that SAPs had an impact on the normal functioning of a school by raising issues such as enabling (for example, if not properly trained, teachers can inadvertently encourage maladaptive behavior among students), confrontation, prevention principles infused in the curriculum, role boundaries, problem ownership, and a parent-school-community framework. A common mistake, said Adams, is to make promises that can't be kept. Schools have a right to be involved in what's going with students only if it is affecting their school performance. Schools must keep their educational focus, for example, expecting the school to change a family is dangerous, especially for elementary children.

Adams does not believe that external SAP models are valid; the school must be responsible for its students. The four valid components mentioned by Chatfield are prevention, intervention, screening, and support. But school personnel are not qualified to do assessment and treatment, and these should definitely not be going on in school. In Wisconsin, SAPs that have tried to be all things to all people and have lost their AODA focus cease to exist.

SAPs will not stop AOD use, said Adams. In addition, they cannot duplicate community social work resources. Trying to do social work can lead to enabling behaviors and owning a problem that is not theirs. SAPs cannot be parents. This ignores role boundaries. Nor can they become the police. Some schools insist that students participate in SAPs if they have been busted for drugs or if they cannot attend school. In Wisconsin, SAPs must be voluntary. Important considerations are:

- The difference between SAPs and treatment
- The nature of the relationship between SAPs and DARE
- The parent-school-community partnership
- Professional standards for SAPs
- Role boundaries
- Whether SAPs should be broad-brushed or AODA focused

- Training issues
- Ethics for SAPs (e.g., funding from beverage, tobacco, treatment industries and referral agency relationships)
- The responsible use message (SADD programs have a message that drinking is okay if you are responsible.)
- Role of nonuser programs in SAPs

•HIV/AIDS PREVENTION EDUCATION AND THE ROLE OF OUR SCHOOLS

Roy Walker, Assistant Project Director, Advance Resource Technology, Inc., Alexandria, VA

Marilyn Turner, Executive Director, Rally to Life, Chicago, IL

Laura Johnson, Coordinator, Family Life/AIDS Education, Chicago Public Schools, Chicago, IL

Moderator: Lisa Holder, Senior Trainer, Chicago Area Office, MRC

Roy Walker stated that prevention should be health promotion. Advance Resource Technology (ART) offers a training of trainers course funded by the National Institute on Drug Abuse, called AIDS Prevention Among African-Americans. The first module of the course presents the challenge of AIDS. The second covers basic medical facts. The third presents risk behavior awareness, testing issues, cultural sensitive counseling, and legal issues.

African-Americans have strengths, resources, and resiliency that have enabled them to meet challenge after challenge, explained Walker. Their cultural patterns, including styles of learning, may be different but are not deficits. A cultured person has insight into their history, music, art, literature, etc. African-Americans have not been taught these. Afro-centricity is not about curriculum, it's about a way of life.

The ART course talks about strengths. Talking with people of color about what's right about them, what they can say yes to, is a different approach. African-Americans have said yes to many good things in their history. They are in a serious battle for survival, according to Walker. Things are not as bad as they have been, but their spirituality is at its lowest. Hope and faith have sustained African-Americans. The course uses African proverbs as messages for planting productive behaviors and for many other reasons. Examples are:

- The ruin of a nation begins in the homes of its people.
- Anticipate the good so that you may enjoy it.
- It takes time, will, courage, to deal with these problems
- You are an information warrior.
- A strand of a spider web alone is nothing, in a web it's beautiful, strong.
- It takes a community to raise a child.

- Evil enters like a needle and spreads like an oak tree.
- Knowledge is better than riches.
- A little softness is better than a lot of force.
- It is a calm and silent water that drowns a man.
- No one tests the depth of a river with both feet.

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Rally to Life, described by Marilyn Turner, is a six-week program offered by a community-based agency on Chicago's south side that educates youth in school classrooms and trains young people to be facilitators. The student who are trained as peer educators are proud of their achievement and usually want to continue doing it.

Rally to Life offers schools a series of six-seven workshops that have many participatory activities. The workshops determine students' prior knowledge about AIDS, talk about transmission of HIV, and show a video on AIDS. The video is a story that students relate to easily. The workshops also involve demonstration. They show condoms, how to use them, etc. They help students learn how to negotiate, usually through role playing. Sometimes boys and girls switch roles. They also present drug facts and show students a video of young people in rehabilitation. The Introduction to Sexuality workshops are gender specific. Some students know very little about sex.

Turner believes that this type of education should be offered from kindergarten through grade 12. It should be available not only in school, but also in the community and churches. This is a life and death situation, she explained—we are trying to save children's lives.

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Laura Johnson discussed AIDS education in the Chicago Public Schools (CPS). AIDS education is a part of the Kindergarten-grade 9 Family Life curriculum. Family Life is a three-week unit in science. AIDS and Family Life education is required, but many principals don't make sure it's taught.

The schools have ongoing teacher training workshops for Family Life. There are 12 four-day Family Life and AIDS workshops per year and several conferences for home economics teachers; special education teachers; 6th, 7th, and 8th grade teachers; science, especially biology, teachers; and ROTC teachers (ROTC students get more health education/AIDS education than other students).

Every 9th grader is required to receive AIDS education. Johnson is trying to make AIDS, drug, and health education mandatory at every grade level since it seems to help, she noted. In one community in Chicago, 1 out of every 21 persons has a sexually transmitted disease. The schools in this community had almost no Family Life education, even though Family Life materials were free until recently. In a second community "up north" (but still in the city), the ratio is 1 in every 6,000. And 80 percent of the schools were teaching Family Life Education.

With budget cuts, CPS has not been able to do what could be done. Thus, they have worked with community organizations to fill the gaps in services. CPS explain their guidelines and policies and train agencies in what the schools do, although agencies can offer their own training. Schools that have taken advantage of community agency training have benefitted greatly.

CPS has a list of recommended materials for every grade level. These materials are reviewed by the advisory committee, which includes educators from the city and suburbs, students, parents, ministry, and health department. There is at least one Family Life resource person in every Chicago school who periodically receives new information on AIDS from the central office. Family Life also has a newsletter.

Staff development is offered for paraprofessionals. There are conferences for nurses and social workers; a conference on issues for gays, lesbians, bisexual youth; a conference for principals; and a general annual conference. The focus this year and last was African-American youth; next year it will be Hispanic youth.

CPS policy regarding HIV infection and AIDS with respect to faculty states that anyone physically and mentally able can work in CPS. For students, it's a question of who has a need to know. Those informed if a student has AIDS are the district superintendent and in-house administrator, usually the principal or a classroom teacher. After that, it's decided on a case-to-case basis by a medical panel and the central office medical services. Ted Kimbrough, CPS Superintendent, and the Department of Health are informed. Usually the physical education teacher and school nurse need to know.

CPS encourages administrators to offer inservice training to teachers, although training has to be squeezed into 8:30-9:00 a.m. period, or in a special half-day session. Teachers need to practice universal precaution in the classroom such as using latex gloves when handling blood or body fluid. Hand washing should become second nature for everyone, including before eating.

WORKING TOGETHER TO BUILD SUCCESSFUL SCHOOL AND COMMUNITY PARTNERSHIPS TO PREVENT AOD USE AMONG YOUNG CHILDREN AND ADOLESCENTS

Kent Roberts, Youth and Family Coordinator, Sturgis High School, Sturgis, MI

Sue Today, Director, Student Support Services, Green Bay Area Public Schools, Green Bay, WI

Dennis Drosner, AODA Social Worker, Green Bay Public Schools, Green Bay, WI

Moderator: William M. Harvey, Executive Director, Narcotics Service Council, St. Louis, MO

Sturgis, Michigan, has a population of 15,000 and is becoming more diverse ethnically and economically. Like many American communities, it has had its share of alcohol and other drug problems.

The schools adapted a prevention model used in Hazeldon, Minnesota, as part of their prevention. The plan attacks six areas (see Figures), all of which need to be addressed in order to have a comprehensive program. As more and more community people became involved, the school decided to expand its efforts. The Youth and Family Assistance Council decided to form a full time agency and coordinator. The school system, city government, and community each pay one-third of the cost of the program. The program has also received a grant from the Kellogg Foundation and the Sturgis Foundation.

This comprehensive program is succeeding because it was developed from within the school, yet sought community and student input. Of all organizations in a community, the school is in the best position to identify youth who require intervention since it is the common institution of all youth. A successful program must radiate into the community from the school, and the coordinator should be based in a school setting.

Comparison of surveys before and after the program (1986 and 1989) show a dramatic decrease in use of alcohol and other drugs among the community's young people. High school records show a reduction in suspensions, truancy, and vandalism. The Sturgis police department has reported a decrease in overall complaints and arrests concerning high school students. Other evidence shows that students' attitudes and beliefs about chemical use and overall concern for each other have improved. The community was recognized by the State Bar Association of Michigan, and the Ruster Foundation produced a video of the Sturgis Plan for national distribution. The strength of this community comes from the partnership of youth, family, and community. This program has made the community a more caring place in which to live.

Figure 1

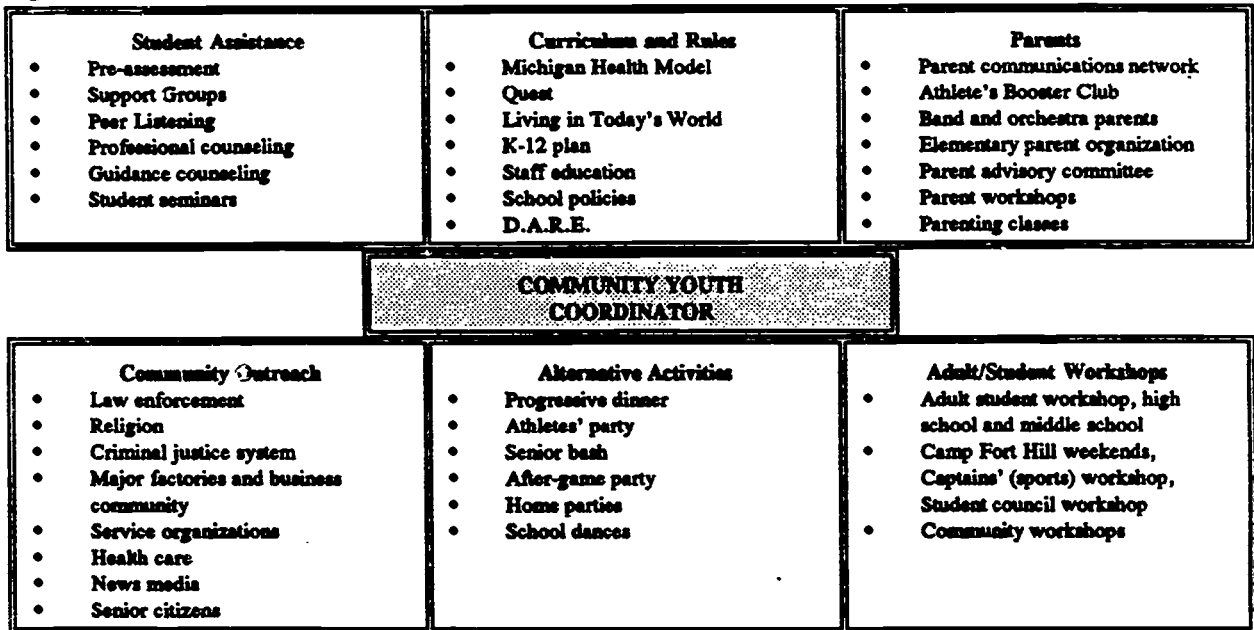
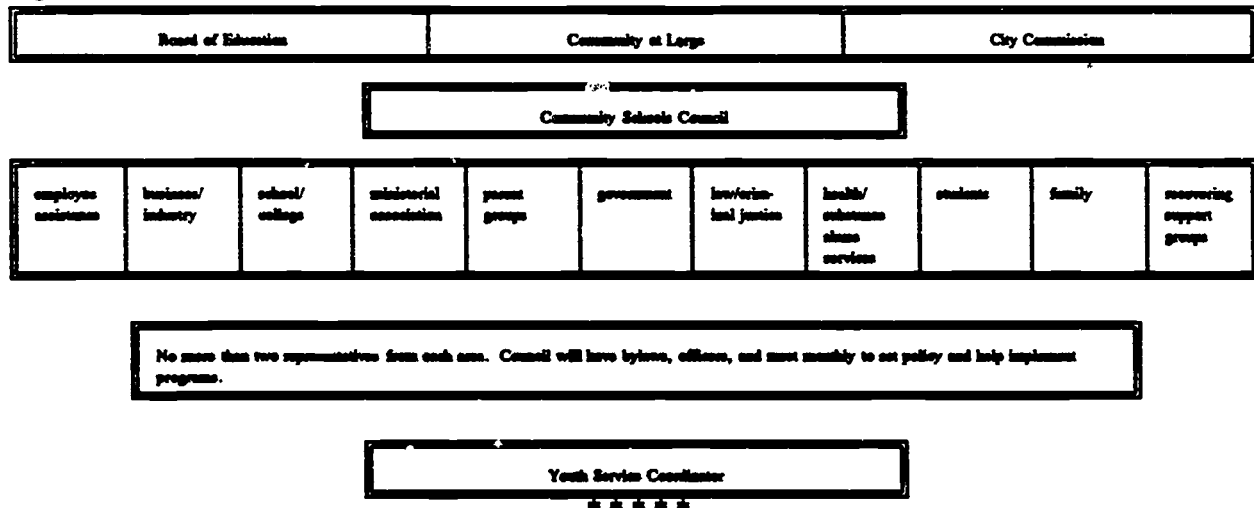


Figure 2



Sue Todey and Dennis Drosner explained how a plan to reduce chemical use within one school radiated into a broad-based comprehensive community approach to solving problems of youth and family. They described the Youth and Family Council, which is a microcosm of their community, and how they plan to attack the problems facing families in the community today.

The Green Bay Area Drug Alliance is a communitywide partnership dedicated to fostering the positive development of youth by addressing the growing problem of alcohol and other drug abuse. The more than forty member of the Alliance represent various segments of the community: education, law enforcement, health care, media, judicial system, labor, business, social services, religion, government, sports, and service organizations. The goals of the Alliance area to:

- Educate citizens about the seriousness, dangers, and costs of alcohol and other drug abuse
- Instill in the community a strong prevention ethic and practice
- Access community leaders' knowledge, expertise, cooperation, and concern to attack alcohol and other drug abuse concerns
- Coordinate community resources to fight chemical abuse
- Strengthen families by providing education and support to parents of young people
- Advocate responsible, legal use of alcohol and oppose all illegal use of alcohol and all other drugs

Since its inception in August, 1989, the Alliance has:

- Facilitated the development of a parent network system in elementary and secondary schools in Green Bay
- Worked with local media on a public service education campaign
- Provided informational programs to area groups and organizations about alcohol and other drug abuse
- Encouraged the sponsorship of chemical-free social events
- Enlisted the support of groups in addressing alcohol and other drug concerns, e.g., business and industry, clergy
- Encouraged parent participation in the *Choices and Challenges* alcohol and other drug education program
- Informed parents about their legal responsibilities regarding underage drinking
- Developed an educational program for grandparents in conjunction with the senior center
- Provided for increase police liaison officer involvement with students and parents on alcohol and other drug prevention activities

- Supported educational programs for underage drinking violators

In the future, the Alliance will strive to:

- Conduct a countywide survey of alcohol and drug abuse issues to assess and identify problems
- Increase community involvement in dealing with alcohol and other drug issues of people of all ages
- Expand school involvement to include all schools in Brown County
- Increase community funding for projects including chemical-free activities for young people and families, scholarship funds for nonusing and recovering students, community alcohol and other drug programs and resources, drug education programs for community members, and training programs for educators
- Provide the necessary personnel to conduct and coordinate community alcohol and other drug prevention efforts

■ PEER LEADERSHIP IN RESISTANCE SKILLS PROGRAMS

Lawrence E. Rotta, *Educational Consultant, Macomb Intermediate School District, Mt. Clemens, MI*

Pamela G. Voss, *Student Leadership Services of Michigan, Mt. Clemens, MI*

Moderator: Dee Owens, *Rural AOD Prevention Specialist, Governor's Commission for a Drug-Free Indiana, Terre Haute, IN*

Lawrence Rotta noted that most people think the function of SADD (Students Against Drunk Driving) is a traffic safety program. In Michigan, it is used primarily as a prevention strategy and secondarily a traffic safety program. SADD has had amazing success in Michigan which has over 500 high school chapters. Hallmarks of prevention are:

- Peer influence/peer approaches. If we could empower youth to do prevention, we'd succeed. Peer programs that teach or provide refusal skills, alternatives, social activities, and leadership skill development are recommended for average and high-risk youth. All of these are modeled or taught in SADD activities.
- Inclusiveness, mix low-risk prosocial youth with high risk youth. Youth who drink occasionally can participate in SADD because youth who do not drink can strengthen their resolve when this happens, and it creates teachable moments.
- Comprehensive programming—programs for all age groups, work with other organizations in and out of school.
- Balanced combination of approaches, e.g., provide relevant information, make the program appealing to young people, create an attitude for healthy living, provide for development of specific skills, provide drug-free activities.

SADD program is not a responsible use program! It supports no-use message in the following ways. Abstinence is valued in the program and is a requirement for being a member of the student advisory board. The peer resistance skills program is delivered by nonusing youth. The newsletter promotes nonuse and parents are informed that the Contract for Life requires nonuse.

* * * * *

Pamela Voss explained that in the peer resistance program, high school students are trained to teach 5th graders. They learn about peer pressure 5th graders face, pressures to use alcohol, and assertiveness. They learn body actions, tone of voice, and words that are assertive. Students also create skits—they're very different in upper Michigan and inner city Detroit.

They train 1,200 high school students a year in 120 schools. Each team has 6-8 members. A team conducts training about five times a year for individual classrooms. The high school students learn a lot. Their own refusal skills are reinforced every time they train.

A different Michigan program, STAND, is for junior and middle school children. Once a STAND club is initiated in a school, it rapidly increases. Some have 400 members.

A Starter Pack is available for schools that want to start a STAND club. Chapters are given a chapter handbook and receive a newsletter. Advisors are supported through workshops and technical assistance. Students attend a workshop on refusal skills. STAND also has a conference. STAND has the following components:

- Leadership, refusal, communication skills development
- Lessons the advisor can do with the group to teach skills
- Community service—youth help senior citizens, nursing homes, ecology (cleaning up the park, etc.)
- Parent involvement, e.g., basketball night, room nights, family nights, Sunday PM, or Saturday with workshops, food, parent booster groups. A parent letter of commitment promises the parent will respond to questions about AOD and other concerns, will give undivided attention, and will use safety belts.
- Chemical free activities—dances, hayrides. SADD helps with these activities.
- Social time during every meeting
- A youth-conducted campaign for wearing seat belts

•CURRICULUM INFUSION

Gary Loertscher, Director of Instruction, Belleville Schools, Belleville, WI

Jim Kampa, AODA Network Facilitator, Cooperative Educational Service Agency 2, Milton, WI

Julie Warweg, Chemical Health Coordinator, Glencoe Public School, Glencoe, MN

Moderator: Loyce Carruthers, Senior Trainer, Denver Area Office, MRC

Gary Loertscher and Jim Kampa described a curriculum development effort in Wisconsin. In Wisconsin, state education mandates require that K-12 curriculum include: (1) AODA, (2) Protective Behaviors (K-6), (3) Suicide Prevention, (4) Gender Equity, (5) Human Growth and Development, (6) Developmental Guidance, and (7) Career Education. A consortium of districts collaborated on a curriculum that integrates these components instead of treating them as add-ons. The curriculum also integrated three models:

- *Iowa Human Growth and Development Model.* This model has moral and spiritual and sex-based exploitation strands. It addresses human behavior, learning concepts, consequences, prevention, responsible alternatives, and decision making as well as pregnancy and dealing with people who are different.
- *Wisconsin Developmental Guidance Model.* This model is developmental. At the elementary level, children "learn about"; at the middle and junior high level they "understand"; at high school, they think "abstractly and apply." The model teaches learning skills and personal, social, career, and vocational competencies.
- Wisconsin Department of Public Instruction's *Guide to Curriculum Planning in Health Education*, which is very well organized, contains 10-11 strands.

Rationales for curriculum development are:

- Reactive rationale—develop new curriculum in reaction to something. This is not ideal, but is necessary.

Some curriculum development is a response to state mandates. Some is constrained by limited resources (money, people, time).

Curriculum development must answer the questions: Who teaches, organizes, coordinates the curriculum? How do you teach it? Schools tend to have sporadic curriculum delivery. This curriculum attempts to get away from that and from "district experts" to dispel the belief that "someone in the district will take care of these things." Teachers and district experts should at least collaborate. What time of year, at what grade levels, and when in child's career should the curriculum be presented? Where should the components be? in social studies? health? science? language arts? physical education?

- Proactive rationale—develop new curriculum because it's the right thing to do. Education should be child-centered rather than teacher-centered. This can mean promoting self-esteem and a safe physical environment. Education should provide a foundation for family, school, and community life. An integrated model makes it easier to tie these together. Education should teach the whole person. It should recognize more than one type of intelligence. Curriculum should be integrated. Integration begins to make education real, tied to real world. Finally, schools need to teach for the 21st century.

To integrate these three models effectively, the developers asked: Are the models rooted in good developmental psychology? Do they follow a similar sequence? Do they have common themes? This is the most important question. Common themes in these three were:

- Developmental
- Sequential
- Long-range goals
- Improve the quality of life
- Make healthy living decisions

- Go beyond knowledge transmission
- Knowledge, skills, attitudes
- Foster self-responsibility
- Intervention strategies
- Prevention
- Integrated across the curriculum
- Foster development of life skills
- Family, school, community collaboration
- Holistic

The scope of the Human Development/Integrated Model is:

- Dimensions of personal development
- Interpersonal skills
- Sex-based exploitation
- Human sexuality and sexually transmitted diseases
- Learning/career
- Substance abuse prevention
- Adolescent pregnancy prevention
- Birth defects, mental retardation, and other developmental disabilities prevention
- Suicide prevention
- Accident prevention and safety
- Community health (grades 4-12 only)
- Consumer health
- Environmental health
- Nutrition
- Prevention and control of disease

The development process can be outlined as follows:

Prevention

- Needs assessment to determine if the program is necessary.
- Identify program/change. Write a mission statement, value statement, goals, objectives.
- Identify support. Internal—teachers, administrators, support groups, students. External—school board, ministerial association, PTOs, chemical task force, church and community organizations, parents.
- Gain support. Make people aware of your program. Solicit them to write a letter of support. Write regular articles in the newspaper.
- Identify groups or individuals who oppose the program. Identify the rationale for opposition—religion, moral, etc. Avoid actions that would make the groups cohesive, such as group meetings, shared data gathering. Meet with them one-to-one. Have them read literature in your office rather than taking it home. Listen to them. Avoid statements that can be misinterpreted. Record their names, telephone numbers, and reasons for opposition.

- Develop specific policy and procedures. (1) Have the school board adopt policy, (2) have the superintendent develop procedures quickly after the policy has been passed, and (3) notify the public of the policy and procedures immediately upon their passage.

Intervention

- Identify problem. Consider the size of problem (how many individuals or organizations are involved). Will it go away by itself? What critical people created the problem? Will more communications remove the problem? What are the timelines for dealing with the problem?
- Design strategy. Who will direct the strategy—chemical director, district administrator, outside consultant? Who will be involved in the strategy—strongest internal supporters; most reliable consultants, organizations? Type of strategy—offensive, defensive, low-key, duration. Timelines—when to initiate strategy, tentative date of completion, important dates. Communications—keeping staff, the school board, and public informed.
- Implement strategy.
- Conclude strategy.
- Evaluate success/failure.

* * * * *

Jim Kampa told how a consortium of eight rural districts successfully used the process described above. Each school first determined which objectives they teach and where in the curriculum they teach them. Districts then met to identify gaps and share ways to fill them. Kampa hopes to repeat this process with a consortium of high schools and their feeder schools, and Class B schools (2,500 children districtwide).

* * * * *

Julie Warweg discussed common complaints about AODA curriculum and answers to counteract this resistance:

1. COMPLAINT: "Research" shows that drug education promotes AOD experimentation. ANSWER: Glencoe School uses data from the Minnesota survey to counteract this concern.
2. COMPLAINT: Teachers assume a parental role. ANSWER: You are not replacing parents, but enhancing parental values.
3. COMPLAINT: Teaching secular humanism. ANSWER: It's not a religion but has values common in all religions. Show the values you teach and ask which they disagree with. They usually agree with them all. Values taught in Glencoe are: self-discipline, healthy life, respect for others, compassion, good judgment, responsibility, honesty, family cohesion, trustworthiness, and involvement in family and community.
4. COMPLAINT: Programs are linked to teen suicide, teen pregnancy, teen depression, etc. ANSWER: No causal effect.
5. COMPLAINT: Violation of Hatch Amendment. Teachers need to know Hatch Amendment. Offer parents refusal rights—child need not participate if parents state they will be responsible for their child's drug education.

6. COMPLAINT: Schools do nondirective psychotherapy by asking children to talk about their feelings, using cooperative learning. ANSWER: Research supports cooperative learning.
7. COMPLAINT: Teaching decision-making skills. ANSWER: Decision making doesn't mean deciding to use chemicals.

•HOW TO BECOME A WINNING SCHOOL IN THE DRUG-FREE SCHOOL RECOGNITION PROGRAM?

Trudy Ross Turner, *Education Program Specialist, U.S. Department of Education Drug-Free School Recognition Program, Washington, D.C.*

Moderator: Lawrence Whitman, *Associate Director, Chicago Area Office, MRC*

The Drug-Free School Recognition Program (DFSRRP) was established by the U.S. Department of Education in 1987. The goals of the program are: (1) to focus national attention on safe, disciplined, and drug-free schools in America; (2) to demonstrate by example that safe, disciplined, and drug-free schools can be achieved and maintained by communities that strive for them; and (3) to offer successful models from which other school systems and communities can learn. The DFSRRP recognizes public and private elementary and secondary schools that have demonstrated that their comprehensive prevention and intervention programs and program components have (1) *succeeded in preventing or substantially reducing the use of alcohol, tobacco, and other drugs by students*; (2) *reduced disruptive behavior and acts of violence*; and (3) *maintained updated plans to remain or become safe and drug free.*

The President and Governors have declared that "by the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning" as one of the National Education Goals. This goal must be achieved for optimal teaching and learning to occur. The DFSRRP is contributing to the success of Goal 6 by identifying and sharing models of success with schools and communities striving to become drug free and create a safe and disciplined environment. Schools selected for national recognition will be looked to for successful ideas and practices to assist others in addressing Goal 6 and the AMERICA 2000 Education Strategy for establishing communities where learning can happen.

The DFSRRP will recognize schools in two categories:

1. Comprehensive programs which successfully address all of the program criteria and have assessment documentation in place to demonstrate that their schools are safe, disciplined, and drug free, and
2. Exemplary prevention program component(s) that meet the school's stated goals and objectives.

For additional information on drug prevention activities in Education, the following Department of Education publications are available: (1) *Success Stories from Drug-Free Schools: A Guide for Educators, Parents and Policymakers*; (2) *Toward a Drug-Free Generation: A Nation's Responsibility, the final report of the National Commission on Drug-Free Schools*; (3) *What Works: Schools Without Drugs*; and (4) *Drug Prevention Curricula: A Guide to Selection and Implementation.*

⁷ This session is directly quoted from a document provided to MRC by the U.S. Department of Education Drug-Free School Recognition Program.

REVIEW PROCESS

1. **Nominations:** The Department will receive nominations from state educational agencies, the National Federation of Parents for Drug-Free Youth, the National Parent Teacher Association, and the Council for American Private Education (CAPE). Nominated comprehensive programs must have been in place for a minimum of two years.
2. Public and private school nominations are forwarded through the appropriate above-referenced entities to the U.S. Department of Education, where they are reviewed by Department staff for eligibility and completeness.
3. **Review:** Nomination forms are reviewed by a National Review Panel consisting of public and private school teachers, administrators, experts in the field of evaluation, law enforcement officials, parents, and community representatives. CAPE recommends Review Panel members who are representative of the varied interests of the private school community. No Department officials serve on the Panel.
4. The Review Panel meets in Washington, D.C., to recommend to the Department those schools that should be site-visited. No geographic or numeric formulae are used to guide the selection of schools for site visits. Stage 1 recommendations are based solely on the information in the nomination form. Panel members do not site-visit schools from their own states or with which they have had prior personal or professional involvement.
5. **Site-Visits:** Two-day visits are conducted by a team of two reviewers at each school that has been recommended for a site visit. At least one of the site visitors is an educator with extensive public or private school experience. Many panelists have been involved in long-term drug prevention or safe school efforts; some have been on staff at previously nationally recognized schools. Others have a working knowledge of schools and a strong commitment to drug prevention and safe schools. No Department officials serve as site visitors.

The role of the site visitor is to verify the accuracy of information in the nomination form and to obtain answers to specific questions posed by the Review Panel. Site visitors follow carefully prepared guidelines and criteria in conducting their on-site reviews. Visits include a tour of the school building; interviews with students, teachers, community representatives, administrators, parents, support staff, local law enforcement; documentation of any unique or outstanding ideas not covered by program criteria; observations of informal settings before, during, and after school, i.e., between classes, at sports events, during after school activities, and during rap sessions; and careful observation of classes or activities in which drug education is addressed. Site visitors then prepare independently written reports, based on the six "Characteristics of a Safe, Disciplined, and Drug-Free School," and forward them to the Department of Education.

6. **Recognition:** The Review Panel meets a second time to review information on all schools that received site visits. Stage II reviews are based on site visitors' verification of information in the nomination package, the answers to specific Panel questions, and site visitors' firsthand reports on the quality of the drug prevention program and safety efforts. The Review Panel recommends the final group of schools for recognition to the Secretary of Education.
7. Representatives of schools recognized for comprehensive programs are invited to Washington, D.C., for a National recognition ceremony. Schools recognized for an exemplary prevention program component or activity will receive a plaque and letter from the Secretary, and will be encouraged to build upon their success and to compete for recognition in the comprehensive program category in future years.

ELIGIBILITY CRITERIA

1. Individual public and private elementary and secondary schools must be nominated for recognition by State educational agencies, the National Federation of Parents for Drug-Free Youth, the National Parent Teacher Association, or the Council for American Private Education. Only individual schools are eligible for nomination. School districts are not eligible.
2. Nominated schools must have a primary drug prevention program that:
 - a. Has been in place for a minimum of two years;
 - b. Has demonstrated its effectiveness in preventing or significantly decreasing the incidence of tobacco, alcohol, and other drug use; and
 - c. Promotes and supports a "no use" philosophy in all policies, curricula, and activities.
3. Nominated schools must demonstrate their commitment to safe and disciplined schools through:
 - a. A sound, well-articulated discipline policy, including standards of conduct and penalties for violating the policy; and
 - b. Clear provisions for reporting and maintaining records on behavioral problems, including disruptions in class, verbal/physical abuse of staff or other students, and absenteeism, as well as tobacco, alcohol, and other drug violations.
4. Schools nationally recognized in 1987-88 will be eligible in 1991-92. Previous award winners may apply every four years.
5. The school's student body must not include more than 45% of students who are enrolled because of drug use or violent acts or referral by medical, health, or court-appointed officials primarily because of drug use, abuse, or behavioral problems.
6. The Office of Civil Rights (OCR) must not have an outstanding letter of findings with the schools district concerning that the nominated school has violated one or more of the civil rights statutes or that there is a districtwide violation that may affect the nominated school. A letter of findings will not be considered outstanding if OCR has accepted a corrective action plan from the district to remedy the violation(s).
7. The nominated school and its district must not be refusing OCR access to information necessary to investigate a civil rights complaint or to conduct a districtwide compliance review.
8. The Department of Justice must not have pending a suit against a school district alleging that the nominated school, or the district as a whole, has violated one or more of the civil rights statutes or the Constitution's equal protection clause.
9. The Department of Justice must not have pending a suit against a school district alleging that the nominated school, or the district as a whole, has fraudulently used Department of Education (or Government) funds.

10. The Department of Education must not have pending a response or sanction involving the nominated school, or the district as a whole, for violation of its drug prevention program certification submitted in accordance with Section 5145 or the Drug-Free Schools and Communities Act (20 U.S.C. 3224a).

Please note that the following policies and practices will exclude schools from being recognized:

- Using a curriculum that teaches "responsible use" or emphasizes open-ended decision making about the use of tobacco, alcohol, and other drugs;
- Use by staff of resource materials, including audiovisual and library materials, that promote "responsible use" or send a "mixed" message;
- Permitting student activities that promote "responsible use" or send a "mixed" message;
- Allowing students to smoke or use tobacco products in school, on school grounds, or at school-sponsored activities;
- Holding up recovering alcoholics and other drug users as role models for nonusing students;
- Permitting adults to use or sell alcoholic beverages at any school-sponsored activity.

•TOBACCO: THE FORGOTTEN ADDICTION, IMPLICATIONS FOR SCHOOL-BASED INTERVENTION

Andrea G. Barthwell, M.D., *Medical Director, Interventions, Chicago, IL*

Moderator: Robbie Hayes, *Associate Director, Training and Special Projects, MRC*

Interventions is a private, nonprofit treatment organization.

Nicotine is what you want it to be, explained Barthwell. It squashes hunger, wakes you up, calms you down, and so on. But the more you smoke, the more you want it to do.

All tobacco products contain high levels of nicotine, a potentially lethal poison that is absorbed through the lungs, mouth, and nose, and rapidly distributed to the brain. Nothing else works so fast except crack cocaine or free-base cocaine. Nicotine is delivered through the lungs into the blood stream, returned to the left side of heart where it collects; it goes up carotid arteries into the brain and is delivered to the site of desired action—all within 5-7 seconds. Even injected heroin or cocaine takes 10-15 seconds. Nicotine accumulates during the day and persists overnight. People develop acute and chronic tolerance to many of the effects of nicotine. There are nicotine receptors throughout the body that develop differential tolerance. Nicotine also acts on specific binding sites throughout the nervous system and effects the release of chemicals in the body.

Cigarettes are a perfect delivery system for nicotine. The smoker controls the blood level of nicotine he or she wants. For example, when you cut down to 10 cigarettes a day to stop, you go for deeper extraction of the active ingredients and get more nicotine than a person smoking a pack a day! The point is, you extract what you need. The upper limit anyone can smoke in a day is 60 cigarettes.

Cigarette marketing is highly effective. Many people can identify brands immediately, even without the name of the cigarette on the ad. In the past, cigarettes have been marketed as weight control for women—Now we market super slim cigarettes. Cigarettes are marketed to children, said Barthwell. You can't watch any sport event without seeing tobacco and alcohol advertising. A lot of products we buy carry messages about drugs and alcohol. Young people have little difficulty buying cigarettes, even over the counter (as opposed to a vending machine). We also encourage smoking by giving children candy cigarettes, etc. An article in the *New England Journal of Medicine* reported that 90 percent of three-year-olds in Atlanta, Georgia, recognized what Mickey Mouse ears stand for and 30 percent recognized what Joe Camel stands for. Ninety percent of six-year-olds recognized both. So, by the time they are six years old, almost all children know that Joe Camel stands for cigarettes, and they also know the brand.

Some landmarks in the fight against tobacco are:

- In 1942 smoking was considered a means to administer nicotine.
- In 1964 the surgeon general's first report said nicotine is habituating. (The World Health Organization redefined "habituating" as "addicting.") The report stated that smoking is associated with a 70% increase in the age-specific death rates of men; is causally related to lung cancer in men and probably women; and is probably the most important cause of bronchitis and is associated with emphysema.
- In 1979 the surgeon general said smoking is prototypical substance abuse dependency.
- In 1980 the American Psychiatric Association said that tobacco withdrawal is an organic mental disorder (a disorder that has a chemical cause).
- In 1984 the National Institute of Drug Abuse report to Congress stated the nicotine is a prototypic dependence producing drug.

The relationship between smoking and health problems is fairly strong, explained Barthwell. We now know that: male cigarette smokers have a higher death rate from coronary heart disease than nonsmoking males; pipe smoking is related to lip cancer; cigarettes are associated with laryngeal cancer; cigarettes are associated with esophageal and bladder cancer; women who smoke have lower birth weight babies; cigarettes are associated with peptic ulcer disease; smoking leads to stroke and chronic lung disease; habitual use of tobacco is related to psychological and social drives which are reinforced by the chemical actions of nicotine. While incidence of other cancers is falling due to prevention, female lung cancer is rising and has overtaken breast cancer. Many attribute this to smoking. Deaths from nicotine-related illnesses are higher than for any other drug. According to Dr. Barthwell:

- 15 deaths per day due to heroin
- 350 deaths per day due to alcohol
- 1,000 deaths per day due to nicotine
- 390,000 deaths per year from lung cancer due to smoking
- 20% of years lost before age 65 are attributable to cigarettes

Secondhand smoke is also a serious health problem. Tobacco smoke contains many known cancer causing agents, some of which are more concentrated in sidestream than in mainstream smoke. Passive smoke can cause lung cancer. Nicotine can pass through breast milk to the baby. Children of smokers have increased frequency of respiratory infections and symptoms, and slightly smaller rates in increase in lung function. According to the 1986 surgeon general's report, merely putting smokers and nonsmokers in different parts of the same room doesn't solve the problem. A Bar and Grill is the worst place for secondhand smoke. In short, there is no known safe level of exposure to tobacco smoke, said Barthwell.

Public knowledge about the health effects is changing, and both smokers and nonsmokers know these. From 1955-1965, there was a drop in smoking, apparently due to education alone. Women didn't have the same dramatic drop that men had. People also switched from plain tips to filter tips which were marketed as effective in avoiding some effects. During the Depression (1930s) and at the end of World War II there was a drop in smoking. When the tax on cigarettes doubled, smoking rates dropped. Today there has been a continual decline in smoking for men. The decline for women is less. Use by whites is declining faster than use by Blacks. Chewing tobacco and snuff use among men has increased for men aged 17-19 but dropped for other age groups. But there is a backlash movement by some smokers—often, tobacco companies recruit smokers for pro-smoking groups.

Now we have warning labels on packages, said Barthwell, and there's more effort to restrict access by minor. We include tobacco use in drug prevention activities. We are beginning to get reimbursement to third party payers for treatment of tobacco addiction.

Nicotine dependence is baffling and powerful and meets the criteria for drug dependence. Stages of nicotine dependence are:

- Contemplation
- Experimentation
- Dependence—you need the drug
- Attempts to regain control—you quit
- Recovery—stable abstinence from the drug use

According to Barthwell, enabling behaviors interfere with stopping smoking. For example, we often tell people who are trying to stop to smoke because their behaviors when they don't smoke are so obnoxious. We tell people just to cut down instead of stopping. We use smoking as a reward. We install air purifiers rather than making people stop. We use scare tactics. And we supply minors with tobacco.

To intervene successfully, you have to work through change process with each individual. Nicotine withdrawal involves craving for tobacco, irritability, anxiety, poor concentration, restlessness, headache, drowsiness, and upset stomach. At any point in the process, people relapse. One good thing about stopping smoking, you can keep going back to cessation. People who have quit usually have had many failures. The relapse rate parallels the rates for heroin and alcohol. Alcohol may have a lower relapse rate at one year, but a higher rate before that. Stages of giving up smoking are:

- Precontemplation
- Contemplation
- Planning
- Putting it into action
- Maintenance of the behavior
- Stable abstinence

To help eliminate smoking in school, develop a plan, suggests Barthwell. For example, develop a task force that decides what to do and when, sets parameters, how to implement efforts. Educate yourselves about smoking, difficulty in stopping smoking, and pitfalls in trying to implement the plan. Begin by making staff smoke free and help them achieve that. Make sure there are no tobacco sales near the school. Diagnose nicotine dependence in people who are sneaking and help them get therapy. Develop an action plan, treatment model, support network for these people. Eliminate cigarettes from vending machines to make room for condoms to deal with the next pandemic—AIDS.

■EVALUATING YOUR AOD PREVENTION PROGRAMS

David Wilmes, *Director of Training and Consultation, Johnson Institute, Minneapolis, MN*

Moderator: Roger Chesswas, *Associate Director of Evaluation, MRC*

Three reasons people do evaluation are:

- To prove results. Did you make a difference?
- To document need.
- To focus efforts and avoid fragmentation. Evaluation helps you understand your strengths and where you want to be.

Needs assessment is the beginning of evaluation. It gives you something to compare your results to. Programs need to have all four of the following components. People usually concentrate just on activities.

- Goals**—general statements about the outcome you want to achieve, e.g., to prevent middle school students from initiating use of tobacco.
- Objectives**—specific outcome statements that are observable and verifiable, e.g., by 1995, fewer than 10% of 8th graders will report regular use of tobacco.
- Methods**—a description that answers the question, how do you plan to achieve your goal? e.g. ...by teaching curriculum XYZ to 5th and 6th graders.
- Activities**—specific action steps that are behavior and time specific, e.g., school prevention coordinator will pilot curriculum XYZ with all 5th and 6th grade students in Lincoln and Jefferson schools during the first semester of the 92-93 school year.

Three levels of evaluation are:

- Process evaluation**—measures effort or activity. Process evaluation is primarily measurement of methods and activities. Its weakness is that it doesn't measure goals and objectives. Every evaluation should assess process.
- Outcome evaluation**—measures effectiveness, results. Was there really a change? At this level, goals and objectives are measured. We should be doing this.
- Cost effectiveness measure efficiency.** People rarely do this type of evaluation. At this level, you can compare apples to oranges, e.g., teacher training vs. red ribbons. This type of evaluation is important for setting policy.

People usually do the first three evaluation activities listed below. The last two can begin to be a substitute for outcome evaluation.

- Have an action plan.

- Have a schedule for doing it.
- Keep a head count. Keep track of things.
- Measure satisfaction. What did the client think of what we did.
- Conduct pre- and posttests.
- Conduct a key informant interview.
- Provide for a program review/program audit by an outside person.

Important evaluation terms are:

- Reliability**—the consistency of the survey. Test and retest produce the same results; several raters show high agreement.
- Validity**—does the test measure what it says it measures.
- Sensitivity**—the ability of the test to sort out the trait or groups of traits you're interested in.

AOD use surveys should have the following features:

- All classes of drugs should be covered.
- They should ask not only about use, but also about frequency and degree of use, e.g., intoxication).
- They should survey user groupings, e.g., nonuse; use, but no problems; use and with problems; and dependent risk categories.
- They should link with AOD use with other behaviors and attitudes in order to link use with consequences of use.
- They should include demographic information: sex, age, race, private-public school.
- They should address correlations to use, e.g., many parents are permissive about alcohol.

The Johnson Institute developed a survey with these features.

PANEL DISCUSSIONS—WINNING SCHOOLS

•PALATINE HIGH SCHOOL, Palatine, IL, Sue Quinlan, *Substance Abuse Prevention Coordinator*

•MEADOWLAWN ELEMENTARY, Monticello, IN, Sandra Shoemaker, *Counselor*

•EAGLE ELEMENTARY SCHOOL, Eagle, WI, Donna Kalnes, *Principal*

Moderator: Tom Barlow, *Associate Director, Denver Area Office, MRC*

Palatine High School's program is diverse and extensive. It involves many people who continually update programs to meet the needs and challenges of a diverse student body. Key components of the program are:

- Administrative policy and support
- Faculty inservice and awareness
- Peer counseling
- Extra curricular activities
- Student assistance team for intervention and referral
- Strong parent support

The Student Services Wellness Team is the core of the program. It is composed of counselors, psychologists, a social worker, the special education department chair, and administrators. The team meets weekly to review students referred by faculty and staff for assistance, assesses each individual's needs, and refers the student to support groups led by certified staff or to a case manager who follows the individual's progress.

In support groups—Chemical Education, After Care, Concerned Person, Loss, Divorce, and Post Hospital—peers with similar needs work to resolve problems and difficulties.

Teachers infuse a no use message throughout the curriculum. The entire staff receives yearly inservice training and updates from the Student Services Department members. Last year, the focus was AIDS and how drugs and alcohol are linked to sexual promiscuity. A schoolwide survey of the use of drugs and alcohol will be the focus in 1991-92.

The policy forbidding the use, possession, or sale of tobacco, alcohol, or any controlled substance is well publicized. Violation of the policy results in a five-day suspension and mandatory enrollment in a chemical education group.

Seventy percent of Palatine students are involved in drug-free extracurricular activities. Students in athletic and extracurricular activities must attend mandatory chemical awareness programs with their parents.

Student Wellness Weeks and health fairs reach out to students. The annual "Best of Me" self-esteem workshop focuses on self-worth, leadership, refusal skills, drug/alcohol awareness, and positive role-modeling.

TRUST—Teens Reaching and Understanding Students Together—is Palatine's peer counseling program. Each year, 12 to 14 juniors are trained to lead peer groups of 8 to 15 students. Training includes group dynamics, decision-making and listening skills, and emphasizes the importance of personal responsibility. Students are taught how to deal with chemical abuse, peer pressure, suicide, and divorce. They also learn appropriate procedures for

making a referral to a staff member. At the end of the three-month training, students begin leading peer groups. Groups meet weekly and provide a forum for students to discuss concerns and problems. Peer counselors continue in their role of group leader until they graduate. TRUST peer leaders are also role models in the D.A.R.E. program for sixth graders.

Palatine has an active Very Interested Persons (VIP) parent group in the school and community. One committee of 10 to 12 parents works with the school staff to provide an enjoyable, supervised, drug-free post-prom activity. Approximately 400 students annually attend this activity.

Because of the commitment of students, staff, parents, and community, the school can provide a caring, comfortable, supportive, educational environment. Students are given the opportunity and resources to learn and develop good feelings about themselves and those around them. This atmosphere, along with the many varied drug-free programs, allows students the opportunity to make responsible, health decisions for their future.

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The core of Meadowlawn Elementary's effort is the SAFE program—Student Assistance for Education. Their prevention curriculum is *Here's Looking At You 2000*. The school also provides many after-school activities run voluntarily by teachers. Alternative activities are also available in the community.

Early identification is important. Staff observe and document student behaviors and initially contact parents. In the referral process, forms go to counselors who decide if more information is needed. Referrals then go to core team for staffing, unless the situation is a crisis.

The Core Team, consisting of the administrator, counselor, physical education teacher, psychiatrist, many teachers, and parents (by invitation), meets every other week and is responsible for intervention. A continuum of care is provided. AOD screening is done outside of the school. A child could attend a Contemporary Issues group. Such support groups are led by teachers and co-facilitated by trained persons. Groups are educationally curriculum-based, not therapy. Groups last nine weeks. The child then stays out of the group for nine weeks to see how they function, but may return to a group if needed.

The parent education program is called Roots and Wings. This program is offered twice a year for six weeks. At the conclusion, there is a celebration for families.

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Eagle Elementary School is in a very conservative community, but has much community involvement. They have a strong AODA Council that conducts all the planning, implementing, supporting, and evaluating of their program. The Council meets once a month. It includes representatives from all parts of the community—school personnel, community leaders, business leaders, parents, county health officials, and students.

The school's prevention program began with *Project Charlie*, a program facilitated by parents. Training is provided every year for new parents. Kindergarten through grade 5 use the Lion's Club *Skills for Growing Program—QUEST*, which is implemented by teachers and integrated in the curriculum throughout the day. Sixth graders receive D.A.R.E., taught by police officers. The K-12 *Developmental Guidance* program is conducted by the guidance counselor every week for 20 or more minutes per session. Its purpose is to reinforce skills. The school also has a latch key program, an after-school program for children who need academic help. There is an advisory program in the junior and senior high schools in which students meet weekly with advisors to discuss academic, social, etc. issues. The Student Assistance Program has facilitators and referrals to outside resources. The school also has an Employee Assistance Program.

The school's first Newsletter of the year explains the prevention program, including school policy. Parents sign a pledge to keep their children drug free. The school does a lot of networking to involve the whole community, and the school conducts many all-school and all-district activities.

=LAWSON ELEMENTARY SCHOOL, Florissant, MO, Beth McMillan, *Instructional Specialist* and Marcia Haverly, *Guidance Counselor*

=OAKLAND JUNIOR HIGH SCHOOL, Columbia, MO, Mary A. Laffey, *Principal*

=GLENCOE MIDDLE SCHOOL, Glencoe, MN, Julie Warweg, *Chemical Health Coordinator*

Moderator: Margaret Banker Tinzmann, *Associate Director of Technology and Information, MRC*

Lawson Elementary School's voluntary Drug-Free School committee coordinates awareness, prevention, drug education, curriculum, and activities for the Drug-Free program. The counselor coordinates the committee of teachers, teacher assistants, principal, instructional specialist, reading teacher, parents, and students. The program has a clear, no-use drug policy with consequences for violators.

Decision-making skills and thinking for one's self are consistently reinforced to help build self-esteem. Teachers at Lawson provide experiences in which children can discuss problems and find solutions. Students learn ways of saying "no" without feeling they must lose their friends.

Entire classes are recognized for working together, displaying appropriate behaviors in the hallways, etc., through an award called Paw Prints. The Wildcat of the Month and Wild Cat Grams are awarded to individual students for improved behavior and academics. Movies, pizza parties, popcorn, and soda are awarded to students after receiving several wild Cat Grams. The school also chooses a Student of the Week and has a Buddy Program in which individual teachers work with at-risk students. Students who have raised a grade from one quarter to another receive the "B.U.G." award (Bring Up Grades).

The *Substance Abuse Curriculum*, the basis for student program, is augmented with *Quest Skills for Adolescents*; *Project STAR*; *Smoke-Free Classes of 2000, 2001, 2002, 2003*; and *Peer Power*. Activities that promote drug-free living include: a balloon launch, skate night, plays, cheers, songs, rallies, letter writing, essay and poster contests, bake sale, and car wash. The *Just Say No Club* (99 percent of the student body belong) sponsors the annual Red Ribbon Week and Healthy Me Week, have an annual skating party, annual family picnic, and school assemblies. Positive peer pressure is a major goal of the *Just Say No Club*. Sixth graders can participate in the *Peer Power* and the *Star Program*. These programs offer leadership training, peer pressure reversal skills, and decision making. The *Peer Power* Program is a one-day training session. Follow-up includes school productions, peer tutoring, and community service.

Every student in the classes of 2000, 2001, 2002, and 2003 participated in Smoke-Free productions, written and directed by the school counselor. Parents and teachers volunteered to make scenery, sew costumes, and rehearse with students. The counselor received the Outstanding Public Education Award for this work. Parents also serve on the district Drug-Free School and Communities committee and the building committee. The school nurse conducts parent workshops. Community speakers include McGruff, the Florissant Police Department, DePaul Hospital, Christian Northwest Hospital, and the Elks Lodge. Senior high peer leaders also speak at the school.

At Oakland Junior High School, the prevention program's goals are to encourage high self-esteem, to develop problem-solving skills, and to promote alternative choices for students and their families.

There are positive, drug-free activities to interest every student and the extracurricular program is for everyone. School provides a warm, secure, and structured environment in which students know and respect their limits, and know and respect the staff. The drug-free school program builds on the positive school environment, the range and number of activities offered, and the excellence of the academic program. It includes the following programs:

S.O.D.A. - Student Overpowering Drugs and Alcohol offers drug-free activities to more than 300 students and parents, e.g., a car wash, Red Ribbon Week Pot Luck and Pledge Night, Lock In, assemblies, a dance, professional baseball game, end-of-year picnic, skits for elementary schools, and summer leadership conferences.

RAP is led by teachers and counselors during study hall. One or two are available each hour of the day. RAP helps youth examine their feelings on topics ranging from relationships to sex and drugs. Specific topics are: self-esteem, communication skills, conflict resolution, sexuality, drug education, leisure time/summer time activities, and divorce.

Active Parenting of Teens is for parents. Topics are: The Active Parent, Instilling Courage and Self-Esteem, Developing Responsibility, Winning Cooperation, The Challenge of Alcohol and Other Drugs, Parenting and Teen Sexuality.

The Substance Counselor works with students with a previous or current substance use problem.

S.O.S. Teams—Saving Oakland Students involves teacher and counselor teams, trained by Charter Hospital, helping students in emotional or academic danger. The teams determine what can be done at the school and at home, and identify community services. Teachers are paid from the School-Community Grant.

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Glencoe Middle School is located in a rural community of 5,500 people in Minnesota. It has about 400 students. A 1979 assessment revealed AOD problems in the school. Community people and educators formed a group to plan for change. The resulting multi-disciplinary approach involves parents, community members, school staff, and students. It consistently reinforces a "no use" message.

The community is involved. Glencoe Lions provided *Skills for Growing* and *Skills for Adolescence*. Community Education provides parent training. The Glencoe Chamber of Commerce and Stevens Seminary provided funding for a chemical prevention coordinator. The local police have taught students and trained staff. Green Giant provided funding for many new and ongoing programs.

Curriculum includes not only drug information, but civic values, such as honesty, respect for others, and responsibility; and decision-making and refusal skills. The curriculum is infused in every classroom. Besides the *Lions Quest*, 8th graders receive *Tobacco-Alcohol Connections*, and police teach *Counter-Act* to 5th graders. High school and middle school students serve as role models in the cross-age peer education program.

Students are involved in a variety of chemical-free activities, such as support groups, the peer teaching program, red ribbon activities, the Minnesota Twins and the Alliance for Drug-Free Minnesota Project for which they won an award, and chemical-free dances and parties.