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Building a Drug-Free County

A Partnership of
Community, Business,
Schools, and Government

The Final Report to the County Executive

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Community Leadership Task Force on
Drug and Alcohol Abuse Prevention

Staff support provided by:
Montgomery County Government
Department of Family Resources
Division on Children and Youth
101 Monroe Street
Rockville, Maryland 20850
(301) 217-1100

June 1989



Montgomery County Government

June 28, 1989

Mr. Sidney Kramer
County Executive
Executive Office Building
101 Monroe Street
Rockville, Maryland 20850

Dear Mr. Kramer:

On behalf of the Community Leadership Task Force on Drug and Alcohol Abuse Prevention, I am pleased to transmit to you our final report: Building A Drug-Free County: A Partnership of Community, Business, Schools and Government.

The following report will provide you with a framework and action plan to reverse the unfortunate trends of the past decade. This plan can be effective only if every segment of our community focuses on the need for preventing substance abuse. We are confident that this report will give you specific strategies for creating a partnership with business, schools, communities, neighborhoods and families to address the problem that affects us all.

You need to know that the following report and recommendations are a result of the dedication, expertise and combined thinking of some of the best talent in Montgomery County. We appreciate the commitment you demonstrated by convening this Task Force and are grateful for the opportunity to assist you.

I feel honored to have been chosen as Chair of this hardworking group and pledge my full commitment to do my part as a community member to decrease the proliferation of substance abuse in our County. I feel each of us must make this personal commitment if we are ever to reach our goal of a drug-free community.

Sincerely yours,

A handwritten signature in cursive script that reads "William H. Jones".
William H. Jones
Chairman

WHJ:

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Building a Drug-Free County

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Chapter 1

Executive Summary

Background

The metropolitan Washington area seems to be suffering more from drug abuse than are most other urban regions in the United States. As part of the metropolitan area, Montgomery County is in no way immune from a growing regional crisis, because the problem is not restricted by age, race, economic status, or geographic boundaries.

Problems related to alcohol and other drugs are harming the intellectual and social development of our young people, the safety of our retail centers and neighborhoods, the productivity of our work force, and the physical and emotional health of our citizens.

County, State, and Federal governments are working hard to stem the tide of alcoholism, other drug abuse, and related violence. However, government by itself cannot be expected to solve our problem. To reverse the adverse trends of the past decade, every segment of our community must focus on education, prevention, and treatment of substance abuse. We must focus both on preventing substance abuse among our youth and among people who are not users and on early detection and intervention with those individuals who are already abusing substances.

To bring all segments of the community together to help develop new strategies for prevention, Montgomery County Executive Sidney Kramer formed the Community Leadership Task Force on Drug and Alcohol Abuse Prevention on June 10, 1988. The 39-member Task Force represents a partnership of community, business, and government.

The Task Force was asked to:

- 1) Determine the extent of the problem.
- 2) Define target groups for prevention activities.
- 3) Identify action strategies.
- 4) Identify the roles of various community segments.

The Task Force has met regularly as a whole and as committees. Task Force members have reviewed extensive information, received briefings from a variety of experts, conducted site visits to prevention and treatment programs, sponsored a household survey, conducted dialogues with representatives of a variety of groups, and interviewed many individuals.

In September 1988 the Task Force presented its interim report and recommendations to the County Executive. The recommendations were to:

- Establish a county substance abuse policy.
- Prepare an inventory of prevention resources.
- Conduct a comprehensive information and media campaign.
- Develop an enhanced coordination infrastructure in the County Government.
- Educate employers and help them develop drug and alcohol policies for their workplaces.
- Conduct outreach in high-risk communities.
- Build on natural-tie ins with other programs and events.

Substantial progress has been made in carrying out each of these recommendations.

This Final Report presents the Task Force's further findings, its conclusions, a summary of progress to date, and our recommended Two Year Action Plan for Montgomery County.

The Extent of the Problem

The available evidence all points in the same direction. There is a severe substance abuse problem in Montgomery County. The problem affects everyone, not just youth. It affects people from all social, economic, and cultural backgrounds.

Alcohol is the substance most commonly abused, but the use of other drugs is also common. Juvenile alcohol use, which is illegal, remains at an alarmingly high level, well above the national level. The health, social, and crime problems related to substance abuse are also straining county resources, including the police, prosecutors, corrections, treatment services, and social services.

Substance abuse is also causing Montgomery County economic losses estimated at \$275.6 million annually in health care, sick days, loss of productivity, and theft. The substance abuse problem is so pervasive that it is likely to worsen the stress on the criminal justice and treatment systems without a strengthened commitment to prevention efforts.

Results of the Household Survey

To measure the perceptions of county residents and their recommended solutions to the problem, a telephone survey conducted by the University of Maryland gathered information from 1,001 randomly selected Montgomery County households in April and May 1989. Results showed that residents view drug selling, using drugs, and public drinking as more serious problems than violent crime in their neighborhoods. Also, 42% think illegal drugs are being sold in their neighborhood. Health and family problems were perceived as the main risks

of drug use, and almost one in five reported experiencing problems with family or friends because of substance use. However, very few reported receiving treatment for alcohol or other drug abuse.

Respondents voiced strong support for more school health and drug educators and more prevention programs. In addition, 79% said they would be willing to pay 5 to 10 cents more for a 6-pack of beer or a bottle of wine if the money were used for prevention and education.

Prevention Principles

The following common themes and prevention principles have emerged from our efforts:

- **At the heart of prevention is stopping the action before it starts.**
- **A major component of prevention is the process of changing attitudes in order to change behavior.**
- **Prevention must address denial of the problem.**
- **Implementation of any prevention strategy should include formal systems of coordination, monitoring, and evaluation.**
- **The issue of role-modeling for children is important for adults and parents to understand.**
- **Education is the most frequently cited means of conducting prevention efforts—in the homes, workplaces, and schools.**
- **The media of mass communication must be involved with any strategies undertaken to increase public awareness of the problem.**
- **The County Executive, County Council, city mayors and councils, State Delegates and Senators, and members of Congress representing Montgomery County should play a visible leadership role.**

- **A long-term commitment is needed.** Prevention strategies put in place now need to be flexible, to react to change, but they will need to be at work throughout the balance of the Twentieth Century.

Recommended Targets

The Task Force recommends a focus on two main targets:

- Families with preschool and school-age children.
- Communities with a high incidence of drug-related crime activities.

Targeting **families** is crucial, because parents are role models for their children. However, they currently do not receive education on how to reinforce the prevention messages their children receive in the school curriculum. In addition, many parents are unaware of the seriousness of the problem and the need to start prevention education early at home.

Targeting **communities** is also important, to reduce both substance abuse and the crime and violence associated with it. Prevention represents the long-term hope for reducing the demand for drugs.

The Two-Year Action Plan

The Task Force recommends that efforts for the next two years focus on following 6 goals, their associated objectives, and the more than 100 action steps to achieve these goals and objectives.

GOAL 1: To empower the community -- neighborhoods, organizations, and institutions -- to eliminate substance abuse by helping to build awareness, skills, and resources.

Objective 1: To help individual neighborhoods take responsibility for preventing substance abuse and obtain access to the resources they need for their efforts.

Objective 2: To encourage prevention efforts by religious institutions.

Objective 3: To encourage employers to promote a drug-free work force through flexible workplace programs.

Objective 4: To increase the role and leadership of young people in prevention efforts.

Objective 5: To educate and train key leaders throughout the County.

Objective 6: To encourage the empowerment of racial, cultural, and language minority groups.

Objective 7: To support, maintain, and enhance grants for grassroots prevention efforts.

GOAL 2: To provide outreach and direct service programming to reduce substance abuse.

Objective 1: To provide County staff for program development and technical assistance to grassroots organizations.

Objective 2: To provide education, training, and support for youth and parents using both existing and added services.

Objective 3: To increase peer counseling programs and outreach services for a variety of target groups.

Objective 4: To increase the number of student support groups in junior and senior high schools.

Objective 5: To support and expand alternative activities for youth and young adults, including latchkey children and youths not in school.

Objective 6: To provide a linkage to youth in non-public schools in Montgomery County whereby comprehensive alcohol and other drug education can take place.

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Objective 7: To increase the amount of formal and informal prevention education in public and nonpublic schools, particularly those serving elementary and mid-level students.

GOAL 3: To conduct a broad public education and awareness campaign for substance abuse prevention.

Objective 1: To implement an educational campaign in collaboration with community representatives.

Objective 2: To promote the services of public information centers.

Objective 3: To inform the news media and raise their awareness of prevention efforts.

GOAL 4: To strengthen treatment and enforcement as prevention tools.

Objective 1: To enhance the availability of the full range of treatment options, both public and private.

Objective 2: To ensure that illegal activity related to substance abuse results in swift and sure consequences.

Objective 3: To raise public awareness about treatment resources and enforcement efforts.

GOAL 5: To ensure the ongoing monitoring and evaluation of prevention efforts in Montgomery County.

Objective 1: To establish and operate an oversight body to monitor the implementation of all phases of the Task Force final report for two and one-half years.

Objective 2: To evaluate ongoing prevention programs in the County and do periodic reviews of research literature on substance abuse prevention.

Objective 3: To follow up on remaining and new issues and to allow for continuation and expansion of prevention efforts.

GOAL 6: To seek creative funding for further prevention efforts.

Objective 1: To seek grant funds from public and private sources.

Resources

The Task Force urges that resources to carry out these recommendations be thought of in the broadest possible terms -- donated time and services as well as financial resources. Money spent on prevention is a good investment. In addition, the commitment to prevention must be a long-term one if the efforts are to succeed.

The Future

This Action Plan reflects the agreement of the Task Force that many specific actions are needed. Much progress has already taken place, and much remains to be done.

We must keep reminding ourselves that the commitment to prevention is a long-term promise. Many years of hard work are ahead of us if we are determined to succeed. Our goal is to have prevention take its rightful place as a sustained effort to deal with a sustained threat to our society.

To the individual Montgomery County citizen, the Task Force urges you to do only one thing -- make a commitment to not abuse alcohol and/or use other drugs personally, and, when you see a problem occurring, to do something. Do not just turn aside.

If each community leader and citizen, as an individual, is not part of the solution, then he or she is a major part of the problem. There is no higher priority to which we can address our time and efforts for the good of our County.

Chapter 2

Introduction

The metropolitan Washington area seems to be suffering more from drug abuse than are most other urban regions in the United States.

Montgomery County is in no way immune from a growing regional crisis, because the problem is not restricted by age, race, economic status, or geographic boundaries.

To reverse the adverse trends of the past decade, every segment of our community must focus on education, prevention, and treatment of substance abuse. This is our main long-term hope for bringing the crisis under control. We must provide increasing resources for programs that have a primary aim of preventing substance abuse among our youth and among people who are not users, as well as for the early detection and intervention with those individuals who already are abusing substances.

Leaders in all walks of life are crucial to this effort. The Task Force refers to them as "gatekeepers," "stakeholders," and "opinion leaders." They range from the clergy and teachers to doctors, workplace supervisors, union leaders, fraternity presidents, and civic association heads. They are key persons who must set the example for the non-use of controlled dangerous substances and the abuse of alcohol.

These leaders need to be highly visible in their approach to the drug abuse problems in the workplace and the community. They should seize every opportunity to build in a message of "no first use" and provide opportunities for intervention for those already victimized by dangerous substances. These leaders need to adopt or establish policies on the abuse of alcohol and other drugs by people in their organizations. More important, they need to enforce that policy once it is adopted.

County, State, and Federal governments are working hard to stem the tide of alcoholism, other drug abuse, and related violence. These efforts,

including those in Montgomery County, are to be applauded. However, government by itself cannot be expected to solve our problem. In particular, law enforcement efforts alone are insufficient to deal with the health and social consequences of drug abuse.

Problems related to alcohol and other drugs have an adverse effect on the intellectual and social development of our young people, the safety of our retail centers and neighborhoods, the productivity of our work force, and the physical and emotional health of our citizens.

How severe is the drug problem in metropolitan Washington?

- Among 24 of the nation's largest metropolitan areas, the Washington area has been ranked highest in PCP-, cocaine-, and heroin-related deaths.
- During 1988, homicides in the District of Columbia--the region's central city--increased 62% over the previous year. Most of these are believed to be drug-related, and there has been no letup in the scourge of drug-related deaths during 1989. Without question, the drug appetite of suburban residents, who conduct major purchases across the District line, is fueling the conflict between sellers over "turf" and adding to the death toll.
- And the suburbs are not immune from drug trafficking. In recent years, the rate of cocaine-related emergency room admissions was 50% higher in the suburbs than in the District of Columbia. The powerful cocaine derivative, crack, is widely available in Montgomery County and throughout the Washington region.
- Reacting to these dangerous developments, which threaten to destroy family life, the

United States government has targeted the Washington area for intense efforts to reduce drug use and violence, including a still-to-be-determined prevention strategy.

Task Force Formation and Organization

Alarmed by the growing crisis, Montgomery County Executive Sidney Kramer formed the Community Leadership Task Force on Alcohol and Drug Abuse Prevention on June 10, 1988, with the support of the County Council. He formed this Task Force to bring together all segments of the community and he gave them a mandate of providing, within one year, an action plan to develop new strategies aimed at prevention. He appointed William H. Jones, Vice President for Corporate Affairs of the Potomac Electric Power Company, as Chairman.

The Task Force's four mandates, as outlined by Mr. Kramer, were as follows:

1. Determine the extent of the substance abuse problem in Montgomery County.
2. Define specific target groups for prevention and education activities.
3. Identify action strategies for early implementation in the fall of 1988.
4. Identify the appropriate roles of various segments of the community, including government, schools, business, civic, clergy and families.

The 39-member Task Force, representing a partnership of community, business, and government, has met as a whole and as committees. From June through September 1988, it met as Business, Community and Government Committees. An Interim Report, submitted to the County Executive on September 22, 1988, recommended several specific actions for

immediate attention. All of these recommendations have been partly or completely implemented. These include:

- Action by the County Executive and by the Montgomery County Public Schools to establish and implement a substance abuse policy governing all County employees.
- Developing enhanced coordination of all substance abuse programs within County Government.
- Identifying and training of community "gatekeepers" and "stakeholders."
- Preparing an inventory of available prevention resources.
- Conducting a comprehensive information and media campaign.

Additional recommendations in the Interim Report, for the long-term, included:

- Educating employers and helping them develop policies on drug and alcohol abuse for their workplaces.
- Conducting outreach in high-risk communities.
- Building prevention efforts on natural tie-ins with existing programs.

Starting in October 1988, the Task Force members regrouped into these three committees: (1) Youth, (2) Public Awareness and Information, and (3) Community Outreach. While the committees went to work on educating themselves and building an understanding of actions needed for the future, the whole Task Force has continued to hold monthly meetings as well as several special meetings.

To gather information and develop recommendations, Task Force members have reviewed a wide variety of perspectives and disciplines. They have conducted dialogues with youths, business leaders, elected officials, teachers, treatment professionals, and others, and have interviewed numerous individuals. In

addition, they have gathered information from a random survey of Montgomery County households and from independent surveys conducted by Business Against Drugs, Inc. and the County's Ad Hoc Youth Speak Out Committee. Staff support for the Task Force was provided through the Montgomery County Department of Family Resources and its Substance Abuse Coordinator.

This report presents the Task Force's recommended comprehensive action plan for prevention of substance abuse in Montgomery County. The Task Force action plan reflects the agreement of Task Force members that many specific actions are needed and can be carried out effectively in Montgomery County.

Prevention and Education: The Task Force Perspective

As we consider prevention efforts we must first look at the problem. A source of great impact on people's behavior, among all age groups, is peer pressure. And in our community in particular, the peer pressure to succeed and achieve is dominant.

Too many children are growing up in households headed by over-burdened parent(s). Jobs in an increasingly competitive, complex, and rapidly-evolving society are very demanding. Thus both children and adults suffer from the absence of nurturing and guidance that help establish a set of values.

This perspective has been supplied to the Task Force repeatedly in our meetings and discussions with young people in Montgomery County. A sobering summary statement is provided by the Youth Speak Out Ad Hoc Committee of the Commission on Children and Youth in its May 24, 1989 report:

"Pressure is a major concern among youth. It has been consistently cited as such at all Youth Speak Out Forums. Students who attended the forums expressed their concerns that pressure is causing: increasing depression, a rising number of suicides, and

the abuse of alcohol and drugs. Most students have either experienced these problems first hand or have seen the effects of them on their friends and families. Many of the problems that result from students being under pressure are forms of escapism. These may include drug and alcohol abuse, isolationism, and obsession with one particular activity to the detriment of others. Because youth are unsure of where to turn for help, or they see no answer to their problems, they often avoid dealing with these issues. Students are displaying more risk-taking behavior as results of the pressure they experience. We should keep in mind however, that all of these examples are merely symptoms of the problem, and that the problem will persist, and perhaps get worse, until we address the sources of pressure."

The Task Force believes that Montgomery County citizens ignore this eloquent analysis only at our peril. It is clear that we must focus every possible effort that we can mount on improving the "wellness" of our citizens, to reduce pressure and help with coping skills.

A critical area in which education is needed is the education of parents and other adults about the effects their own behavior has on their children. Parents who smoke raise children who smoke. Parents who need a pill give children the message that if something is not right then it can be changed by taking a substance. Parents who come home from work and need a drink to relax give their children the message that it's "ok" to drink to relax. Parents who support beer parties hosted by their teenagers, in their own homes and backyards, send a completely irresponsible message to our youths.

We continue to give young people wrong messages even if we do not intend to send those messages. We need to break through the widespread denial of the problem and to send clear messages to youth.

We must also recognize that the greatest problem of all is alcohol. Among youth, the current abuse rate of alcohol in Montgomery County is 20% higher than the national average. Nationally, 66% of high school seniors use alcohol; Montgomery County statistics indicate usage by 86%. Unfortunately, this rate continues an 8-year trend of a consistently high rate of alcohol use by

minors. Alcohol is, along with tobacco, the drug of choice. But parents often justify youths' alcohol use by saying: *"Thank God, I'm glad that my kid is only doing alcohol. He could be doing crack, PCP, or coke!"*

However, we must distinguish between the use and the abuse of alcohol. For those under the legal drinking age of 21, non-use is the appropriate message. Use is clearly abuse for this group. For the rest of the population, abuse begins when social or other functioning falters.

Young people continue their involvement with alcohol and other drugs partly because adults allow it or even encourage it. However, the youths who talked with us told us that substance use sometimes results from or contributes to other problems. These include depression and suicide, family problems, teen pregnancies, and, most recently, the spread of HIV, the AIDS virus. These problems are interrelated and show the need to develop constructive mechanisms to deal with pressures in daily living.

This analysis also holds true for many adults. We often rationalize the use of destructive substances through statements like *"Joe is a really good worker, he just likes to party hard at the end of the day with our other employees."* Joe also responds, *"I don't have a problem; I can stop any time."* Most likely Joe, like many other adults, has a significant alcohol problem that will become a problem of multi-substance abuse or addiction. The abuse of alcohol and other drugs is a serious matter in all levels of our society and has a significant impact on our citizens' health and safety and the economy of our County, State, and nation.

Prevention and Education: Definitions and Principles

It is important to remember that as we discuss prevention and education we define and understand the common features of definitions and educational processes. By its very nature all prevention strategies require a long-term commitment. Short-term, one-shot approaches (*"Just Say No"*) are the least effective.

In using the term "prevention," the Task Force applies more than one meaning. **The first is the posture of "no first use."** This is the idealist's definition and one that many of us hope to achieve through our school programs--hopefully before young people get involved with abusing substances.

A second part of the definition of prevention is to create actions to interrupt the cycle of abuse. This can be called secondary prevention, education, or intervention. To be successful, it must always be followed immediately by some form of treatment and rehabilitation. However, in some cases others see secondary prevention being forcefully applied through arrests, convictions, and/or incarceration.

Therefore, prevention is many things! Because of the amount and variety of human resources required, prevention is expensive and is most difficult to evaluate in terms of program effectiveness and overall cost-benefit.

Prevention is a multi-faceted process that encourages individuals to maintain or improve their levels of health, focuses on individuals and communities before a crisis occurs, and involves a community by giving the people the ability to change conditions detrimental to their health and well-being.

Prevention is also a continuum of integrated activities that compliment each other and that involve providing information about substance abuse, education, and alternatives to substance abuse.

The Task Force has used such nationally accepted prevention definitions as guidelines in developing its strategies for Montgomery County.

These definitions indicate the need to enlist all segments of the community into action to reach a single goal: to encourage the individual and society to turn away from the use of controlled dangerous substances and from the abuse of alcohol. Although we have not developed our own definition, the following common themes and principles have emerged from our efforts:

- At the heart of prevention is stopping the action before it starts.
- A major component of prevention is the process of changing attitudes in order to change behavior.
- Prevention must address denial of the problem.
- Implementation of any prevention strategy should include formal systems of coordination, monitoring, and evaluation.
- The issue of role-modeling for children is important for adults and parents to understand.
- Education is the most frequently cited means of conducting prevention efforts—in the homes, workplaces, and schools.
- The media of mass communication must be involved with any strategies undertaken to increase public awareness of the problem.
- The County Executive, County Council, city mayors and councils, State Delegates and Senators, and members of Congress representing Montgomery County should play a visible leadership role.
- A long-term commitment is needed. Prevention strategies put in place now need to be flexible, to react to change, but they will need to be at work throughout the balance of the Twentieth Century.

What Is Being Done To Address the Issues?

The Federal government has provided a great deal of funding over the past several years. It adopted the Drug-Free Schools and Communities Act of 1986 and the Omnibus Drug Act of 1988, which extends and expands the prevention funding at least through 1992. Many schools and community action agencies are now implementing or expanding programs that emphasize assertiveness training and that give young people the ability to refuse peer pressure that exposes them to negative behaviors. Other programs seek to identify persons who are "at-risk" and get them into programs that will help them avoid some of the pitfalls of alcohol and other drug abuse. Recently the Federal government enacted the Drug-Free Workplaces Act, which went into effect on March 17, 1989. This law requires governmental agencies and certain private corporations which receive Federal funds or contracts to establish drug abuse policies, and to meet certain other requirements for alcohol and other drug abuse prevention programs and activities with their employees and with contractors they employ.

The federal initiatives are complemented by important legislation passed recently by the Maryland General Assembly and signed into law by Governor William Donald Schaefer. These include the Drug Kingpin Act, assets forfeiture, setting up drug-free zones near schools, and the Governor's Executive Order on Drug Abuse. Together they provide the necessary support for us to address the problem of alcohol and other drug abuse with more vigor. Momentum appears to be gathering which promises success for concerted efforts.

Montgomery County is creating a Substance Abuse Prevention Unit under the Department of Family Resources. The County has also increased the prevention budget for FY1990 by approximately \$400,000.

The Role of the People

Government can only do so much. Money can only do so much. The real key to addressing the substance abuse problem is to fan the fire in the soul of every person in Montgomery County to take an individual stand that he or she will not tolerate the proliferation of substance abuse in our community.

We must all work together to coordinate existing resources and programs to make the best use of the current projected dollar and human resources. To make programs work we must consider new approaches and, if necessary, tear down such barriers as institutional parochialism to help establish new programs and services. We must not be afraid to think in grandiose terms and to develop innovative approaches to dealing with old problems. We must not continue to use old approaches on a more grand scale. It may create "great press" and be "glitzy," but ultimately it will not have any significant impact on demand reduction by users or affect attitudes that will result in changes in behavior.

The Task Force advocates, in the recommendations in this report, that the citizens of Montgomery County form local coalitions designed to help our adults and children achieve a healthier environment, as well as help them reclaim our streets from the drug pushers and dealers. There must be support for youths and their families so they may get involved in positive activities that are alternatives to alcohol and other drug abuse.

The Task Force realizes that the empowerment process can allow individuals and communities to regain their lives and neighborhoods from the devastation of substance abuse. Evidence from within the County suggests that the process can and does work, and successful strategies can be shared. Such a process requires commitment from all segments of the community, working together.

We also urge, in the strongest possible terms, that every employer, large or small, establish employee assistance programs for those willing to come forward and admit a need for help. Employers need to identify intervention strategies

for employees and their families, to identify local resources in our community, and do what they can to assist in making these resources available to everyone who desires them. Since such efforts are beyond the financial and staff resources possible for small employers, one of our key recommendations is that assistance be provided to such small workplaces by government and larger employers in a public-private partnership.

Our community leaders need to set examples by taking an interest in the County's schools and in their jobs and fellow workers. Most of all, we urge these leaders to set an example for their fellow citizens by demonstrating a commitment to their family and thus send a message to co-workers and employees.

Youth must be empowered with coping skills that will enable them to confront the problems they will inevitably face and to overcome them through non-chemical means.

The Focus of Prevention Efforts

Because of the concerns and trends detailed above, the Task Force identified two major **target groups** on which we should focus prevention and education programs:

- Families with preschool and school-age children.
- Communities with a high incidence of drug-related crime activities.

The family is naturally a key target group; the leaders of families are the parents, generally in the 20-40 age groups. Therefore, our recommended education and communication efforts focus on 20-40 year-olds.

We must never allow our thinking to become stagnant. We must welcome and investigate new ideas. And we must develop solutions to serious problems through an ever-changing process in which we must continually "think in other terms."

Contents of This Report

The following chapters present the results of the Task Force's work. Individual chapters assess the current problem, the attitudes of Montgomery County residents as expressed in a recent survey, progress to date in prevention and education, and the work of our committees.

Our recommendations for future action and activities form the framework for elevating substance abuse prevention and education efforts to a more important priority on the agenda of Montgomery County. We recommend a broad array of active steps to empower our neighborhoods and institutions to eliminate substance abuse, to increase public awareness about the dangers of and implications of using dangerous substances, to establish education in the workplace, to help youths and parents strengthen their coping skills, to strengthen treatment and enforcement as prevention tools, to regularly monitor and evaluate progress, and to seek creative funding toward the ultimate goal of making Montgomery County drug-free.

The Task Force urges that resources to carry out these recommendations be thought of in the broadest possible terms--that all citizens of Montgomery County "think in other terms." Money spent on prevention is a good investment. But donated time and services will be as important as financial resources.

And, we must keep reminding ourselves that the commitment to prevention is a long-term promise. Many years of hard work are ahead of us if we are determined to succeed. Our goal is to have prevention take its rightful place as a sustained effort to deal with a sustained threat to our society.

To the individual Montgomery County citizen, the Task Force urges you to do only one thing--make a commitment to not abuse alcohol and/or use other drugs personally, and when you see a problem occurring, do something. Do not just turn aside.

If each community leader and citizen, as an individual, is not part of the solution, then he or she is a major part of the problem. There is no higher priority to which we can address our time and efforts for the good of our County.

Chapter 3

The Problem

The following stories show several sides of the substance abuse problem in Montgomery County. Most are based on case records from the Police Department and treatment programs. What isn't shown is the long-term impact on the individuals involved, their families, the community, employers, and the County government.

- **A STUDENT.** Susie tried her first beer when she was 11 years old. While in junior high, she drank more. Her grades began to fall, and she began skipping school. By the time her parents realized she needed treatment, Susie was 15 and using marijuana, cocaine, and alcohol several times a week. She ran away from the first treatment program, but after many months the second one has been successful. At age 16 she's doing better in school, is glad to be drug- and alcohol-free, and plans to graduate.
- **A DRINKING DRIVER VICTIM.** Jim had just arrived in Montgomery County to work as a physical education teacher. He got out of his car, opened the trunk, and started unpacking. Helen, who had been drinking, was driving down the street at the same time. She lost control of her car, swerved, and hit Jim. Jim lost both legs in the accident.
- **A FAMILY CRISIS.** John, a 27-year-old professional, mortgaged his house, sold his car, often missed work, stole

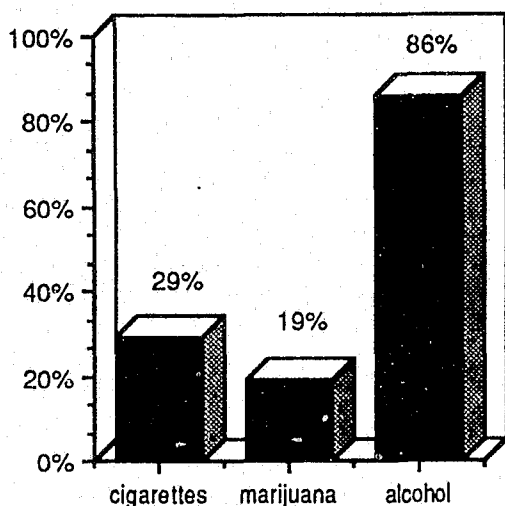
money from his employer, and was more than \$150,000 in debt--all to support his cocaine addiction. His family feared for his life as his health deteriorated. His wife left him, taking their infant child out of fear for their lives. John was unsuccessful in his

first treatment program. He recently accepted his family's offer to loan him money to pay for another program.

- **A "PROFESSIONAL" USER.** Cary is a 28-year-old professional who has been using heroin intravenously since he was 25. After bouts of pneumonia and swollen neck glands, he went to his doctor who tested his blood for the presence of HIV--the AIDS virus. Cary's test results were positive--due to intravenous drug use.
- **AN UNWILLING VICTIM.** Jackie dropped out of school during her junior year when she was 6 months' pregnant. She had been drinking since she was 12 and using a variety of drugs since her 14th birthday. For more than a year, she was dependent on daily use of crack. Monica was born 6 weeks premature with a dangerously low birth weight. The nurses caring for Monica noted she was jittery and hard to soothe, signs of withdrawal. Her long-term prognosis is unknown.

PROFILES:**The users, the use, the trends, and the impacts.****The Users: People of all ages and socioeconomic levels in Montgomery County abuse alcohol and other drugs.**

- According to Montgomery County Public Schools, experimentation with alcohol or other drugs begins at age 11 or younger. Alcohol continues to be the substance of choice--used by 86% of high school seniors, 20% higher than the national average.
- Drug use by county youths has apparently declined since 1982, but young adolescents are experimenting with a broader range of drugs and at an earlier age.
- According to the national survey of high school seniors conducted annually by the U.S. Department of Health and Human Services (HHS) the

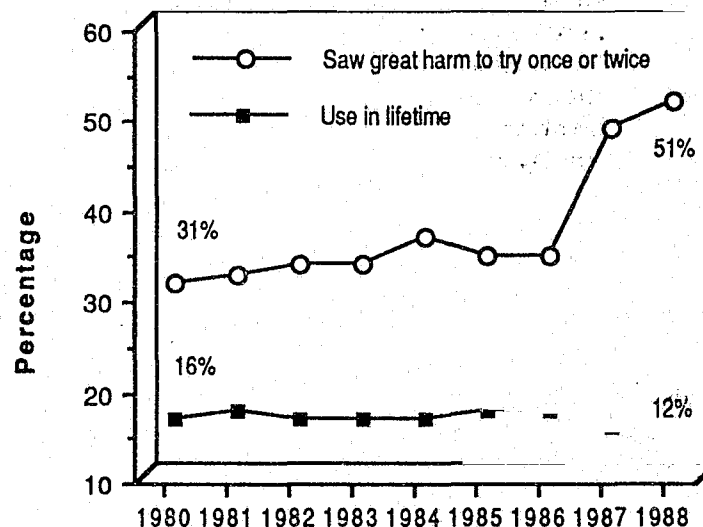
Percentage of MCPS 12th Grade Students Reporting Use of Marijuana, Cigarettes, and Alcohol

Source: Montgomery County Public Schools, Dept. of Educational Accountability, August, 1987.

proportion of seniors who have used cocaine at least once in their life dropped from 15% to 12%. Between 1987 and 1988, current use (at least once in the past thirty days) also dropped from 4.3% to 3.4% in 1988.

Correlation Between Perceived Harmfulness of Cocaine and Cocaine Use

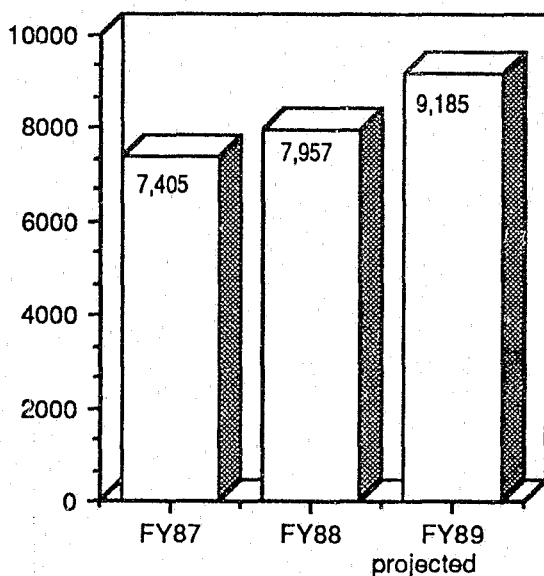
National Institute on Drug Abuse High School Senior Survey



- Historically, those arrested for drug offenses have been employed white males, 18-40 years old, according to Montgomery County Police. Over the past two years, arrest records show an increase in the arrests of minorities, primarily blacks and hispanics, making up about half of all drug related arrests.
- According to the Department of Addiction, Victim and Mental Health Services, drug abusers in County funded treatment programs are primarily white, unemployed, and high school educated. The majority of people in all treatment programs in Montgomery County are young, working adults ages 20 to 40.

- According to the Montgomery County Special Grand Jury on Drug Abuse in 1986, those arrested are adults from all social and economic levels. Most are middle class, well educated, well-paid professionals in their late 20's and early 30's.
- The National Institute on Drug Abuse Household Survey revealed that 65% of 18- to 25-year-olds have used illicit drugs and 44% have used them in the past year.
- Six of seven arrested drunk drivers are males, often between the ages of 25 and 34.
- Alcoholics in publicly funded treatment programs are usually males between ages 20 and 40, with a high school education or less, and employed.

Citizens Treated in County Operated Treatment Programs



The Use: Alcohol is the substance most commonly abused, but the abuse of other drugs is also common.

- Tobacco use by Montgomery County school-age females now surpasses that for males, with 24 percent of surveyed females and 19 percent of males in grades 8, 10, and 12 reporting current tobacco use. Tobacco, along with alcohol, are regarded by many as common "gateways" to use of other chemicals.
- Virtually unknown until a few years ago, crack is now the most common street drug. Drug dealers are mainly adults, employing juveniles as "runners" and dealers.
- The Rand Report in July 1988 stated that the Washington metropolitan area has drug abuse problems that are "exceptionally severe and generally getting worse."
- More than 80% of the offenders in the County's Pre-Release Center and Detention Center have alcohol or drug problems.
- Maryland leads the nation in misuse and prescription forgery for Dilaudid, Percodan, and Ritalin. Nationally, there were 744 deaths in 1985 from misuse of prescription and over-the-counter drugs. Tranquilizers, especially Valium caused 517 deaths.
- Alcohol is the most abused drug in Montgomery County, followed by crack, cocaine, PCP, heroin, marijuana and pills. Sixty percent of 8th graders and 86% of seniors currently use alcohol.
- The National Council on Alcoholism estimates that from 4.5% to 8.3% of county residents (31,500 to 58,100) have an alcohol problem requiring

treatment. Five percent are at risk of not being able to cope because of drug abuse.

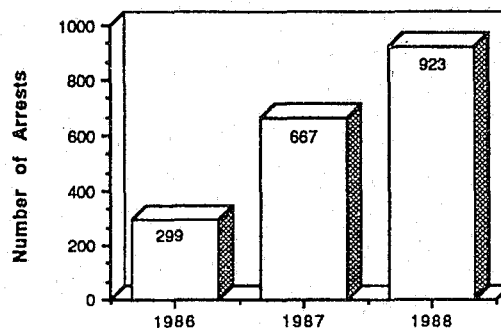
- Alcohol problems account for more than 100,000 deaths per year nationally. Over 10 million people, 7% of the American adult population, have significant alcohol problems affecting their health, work, family, and social lives.

The Trends: Drugs are increasingly available and are having increasing effects on law enforcement and treatment resources in Montgomery County.

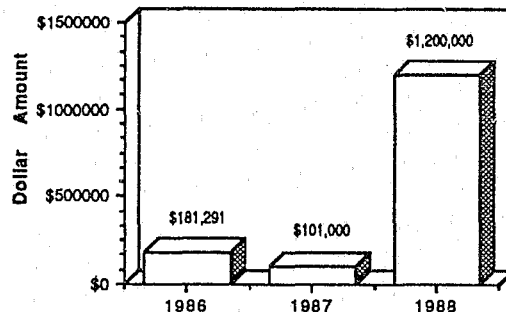
Enforcement efforts are increasing.

- Illegal drugs are sold throughout Montgomery County in a variety of locations including outdoor street markets, public and private housing, parks, in schools, and in the workplace. This is compounded by the easy availability of drugs in the District of Columbia and Prince George's County.
- County Police seized more illicit cash, crack, cocaine, and PCP in the first 5 months of 1988 than they did in all of 1987. Seizures grew from \$2.2 million in 1986 to \$18 million last year. Between 1983 and 1987, arrests for drug related offenses increased 79%. Drug arrests for 1988 were up 50% over 1987. In the first quarter of 1989, arrests were up more than 25%.
- About 6,000 cars are abandoned each year in Montgomery County. Abandoned cars have been used by drug dealers as "offices" to conduct sales.

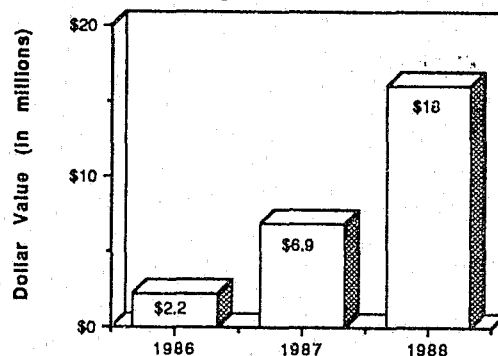
Arrests



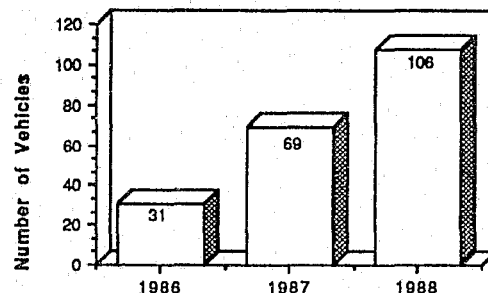
Cash Seized



Value of Drugs Seized

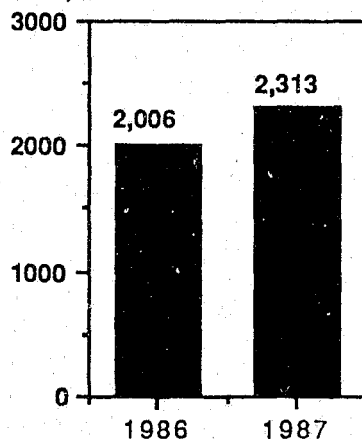


Vehicles Seized

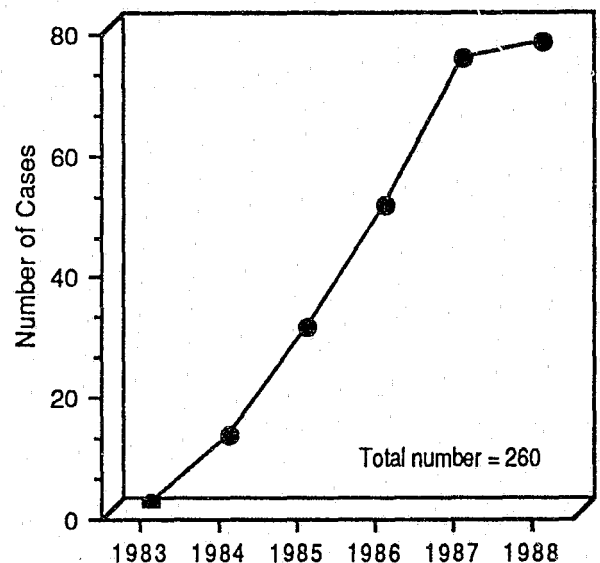


Health effects are growing.

- According to the Office for Substance Abuse and the National Clearinghouse for Alcohol and Drug Information, between 1 and 3 of every 1,000 babies born in the United States have fetal alcohol syndrome, one of the leading known causes of mental retardation.
- A national survey by The National Committee on Prevention of Child Abuse cited substance abuse as a dominant characteristic in two-thirds of the child abuse cases.
- A Bureau of Justice study reports that nearly half of all institutionalized juveniles were under the influence of drugs or alcohol when they committed their offense.
- Cocaine-related emergency room admissions are 50% higher in the suburbs than in the District of Columbia, according to the Rand Report. Montgomery County's emergency room admissions for substance abuse related problems increased by 21% between 1983 and 1987. The number of patients using acute care beds in five county hospitals as a result of substance abuse disorders rose 15% from 1986 to 1987.

Hospital Admissions*Acute care beds; disorders related to substance abuse*

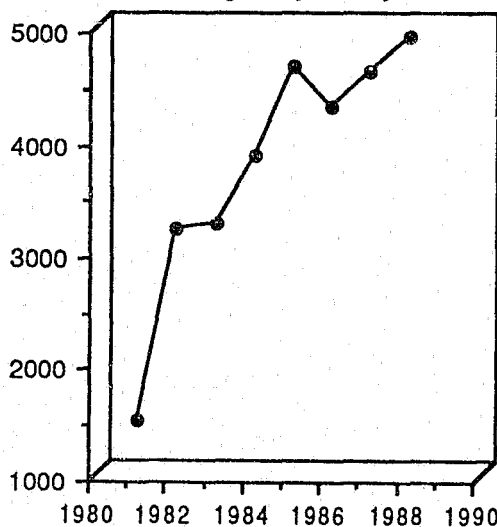
- The rate of positive tests for HIV (the AIDS virus) among intravenous drug users in Montgomery County is increasing. Transmission of HIV is also a risk for abusers of alcohol and other drugs, because they may not take the necessary HIV prevention measures when they are under the influence of a substance.

**Newly Reported AIDS Cases
Montgomery County Residents
1983-1988***(Source: Md. AIDS update May 31, 1989)*

- A survey conducted by the Corporation Against Drug Abuse of the Washington area's largest employers found 69% of those responding have some form of drug abuse policy. Nearly 20% use pre-employment drug testing.
- More than one-third of the patients treated for trauma during a 9-month period at the Maryland Shock Trauma Center had smoked marijuana within hours of being seriously injured. Another third had been drinking alcohol, and 16.5% had used both substances.

- Of the 26 largest metropolitan areas in the United States, excluding New York, the Washington area ranks second for heroin-related deaths, first for PCP-related deaths, and third for cocaine-related deaths.
- Data from the American Public Health Association indicate that 90 - 95% of deaths related to substance abuse results from the use of alcohol or tobacco.
- Alcohol-related fatalities decreased in Montgomery County during 1988 (10 deaths - down from 14 in 1987) while the number of DWI arrests by County Police rose by 300 to 4,866.

Arrests for Drinking and Driving
Arrests by Montgomery County Police



Note: Data does not include arrests by State, Park Police, or municipal police forces in Montgomery County

Impacts: Substance abuse is imposing huge economic, social, safety, and health costs and is straining public resources through its burdens on the entire government system including criminal justice and treatment.

- Children of substance abusers are at higher risk of becoming substance abusers themselves. Without intervention, children of alcoholics are twice as likely as others to become alcoholics themselves. According to the Office of Substance Abuse Prevention, one in eight children nationally is the child of a chemically dependent person.
- The economic loss in Montgomery County in terms of health care, sick days, loss of productivity, and theft has been estimated to exceed \$275.6 million annually.
- According to a 1988 survey of Montgomery County businesses by Business Against Drugs, Inc., 36% of respondents believe that drug abuse is prevalent in the workplace, and 35% believe that alcohol is abused by employees during work hours.

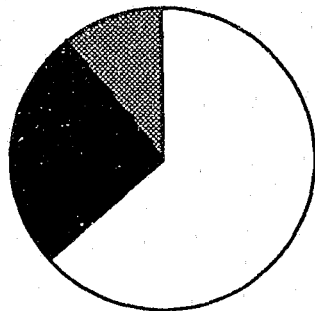
Impacts: Some Perspectives

Montgomery County has responded in a variety of ways to the tremendous impact of alcohol and other substance abuse.

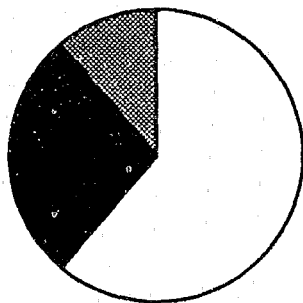
- The FY90 budget approved in May by the County Council includes more than \$25 million for substance abuse efforts, an increase of 14.5% over 1989 funding.

FY 89 Budget

Total = \$22,000,350

Prevention
\$2,432,980
11.1%Treatment
\$5,668,150
25.8%Law Enforcement
\$13,899,220
63.2%**FY 90 Budget**

Total = \$25,071,854

Prevention
\$2,853,507
11.4%Treatment
\$6,865,335
27.4%Law Enforcement
\$15,353,012
61.2%

- The Council approved an additional \$2.8 million to build a 20,000 square-foot facility to provide short-term detoxification and intermediate residential care. The site on Avery Road will allow the County to treat more than 800 residents annually for detoxification and to provide more than 500 people with intermediate care.
- Additional funds were provided by the County Council so that the Department of Addiction, Victim, and Mental Health Services can purchase intermediate care from private providers until the new facility is completed.
- More than 150 County residents were waiting for intermediate care treatment as of May

1989. This backlog should be eliminated upon completion of the new intermediate care facility on Avery Road.

- Montgomery County Police continue to put pressure on drug dealers and buyers throughout the county. Drug arrests for 1988 (2,204) were up 50% over 1987.
- Drug arrests by the County Police narcotics division have increased from 299 in 1986 to 923 in 1988. The value of drugs seized has gone from \$2.2 million in 1986 to \$18 million last year. Most of the people arrested are males between 18 and 25 years old.
- The State's Attorney's Office reports that prosecutions for drug related offenses were up over 60% in 1988. Drug prosecutors carry a caseload of 140 cases each, while a typical felony caseload averages 70 cases. Three additional prosecutors are funded for FY90.
- The Department of Corrections reported that on June 1, 1989 there were 689 inmates at the County Detention Center. The highest head count occurred earlier this year when 774 were being held. The Detention Center was constructed to house 294 inmates.
- In March 1989, County Executive Sidney Kramer announced a new drug and alcohol abuse policy for county employees. For the first time in the county's history, every government employee is covered by a drug and alcohol abuse policy, regardless of position or duty.
- On May 10, 1989, Montgomery County launched its Neighborhood Empowerment Program, designed to work with neighborhood leaders using business, community and government resources to fight drug abuse at the grassroots level. Neighborhood Empowerment is designed and geared to the specific needs of maintenance or enforcement efforts.
- The Department of Housing and Community Development, the County Executive's Office, and the Housing Opportunities Commission developed a Six Point Program to reduce drug activity in rental housing complexes.

Data Gaps

The information that we obtained is from many sources, as listed in the appendix. However, it is fragmentary and incomplete for several reasons. No one clearinghouse exists for information on the extent and impact of alcohol and other drug abuse in Montgomery County. Surveys on use are often tainted when relying on self-reports of an illegal act. In addition, not all service providers report their experiences to those agencies collecting data. For example, not all hospitals report to the Federal Drug Abuse Warning Network. Moreover, when information is provided in the same format.

Thus, no statistics are available on how many Montgomery County residents seek substance abuse treatment in private programs either inside or outside the County.

However, the available information indicates that the abuse of alcohol and other drugs is a major problem that affects everyone--all ethnic/racial groups, all socioeconomic groups, all age groups, and all occupations. Abusers harm not only themselves, but also their families, their parents, children, spouses, friends, and employers. Crime related to drug abuse affects everyone.

Highlights and Conclusions

- Despite increased enforcement in Montgomery County, there is a severe and increasing substance abuse problem, particularly the abuse of crack, as well as alcohol abuse by all ages, in Montgomery County.
- The problem affects everyone, not just youth. The largest group with substance abuse problems, as shown in arrest and treatment records, reflects the largest demographic group in the county: The 20 to 40-year-old working population from all social, ethnic/racial, economic, and cultural backgrounds. These individuals are also the parents and relatives of our County's children and youth and are a major influence on their attitudes and actions related to alcohol and other drug use.
- Juvenile alcohol use, which is illegal, remains at an alarmingly high level, 20% higher than the national average. Three of every five 8th graders and four of every five 12th graders use alcohol currently or often. (*The terms "currently" and "often" refer to self-reported use ranging from once a month to once or more per day*). Many young people first try alcohol at age 11 or 12.
- The rate of positive blood tests for HIV (the AIDS virus) among intravenous drug users has increased rapidly, indicating a need for outreach, education, and changes in the behaviors of these high-risk individuals to reduce the further transmission of HIV.
- The economic cost of substance abuse in Montgomery County is estimated at \$275.6 million annually in health care, sick days, loss of productivity, and theft.
- Substance abuse has links to many other problems, including child abuse, suicide, traffic crashes, other accidents, and school truancy. In addition, substance abuse can underlie or be a result of mental health problems.
- Substance abuse is having a substantial impact on Montgomery County's public resources, as shown by waiting lists for treatment facilities, overcrowding in the Detention Center, prosecutors with high caseloads, and increased demands placed on police to curb drug trafficking.
- The substance abuse problem is so pervasive that the stress on the criminal justice and treatment system will continue unless the commitment to prevention efforts, which result in changed attitudes and behaviors, is substantially strengthened.
- While the problem is more overt in some communities, no neighborhood is untouched. More effort needs to be focused on prevention within the family, the schools, the workplace, and throughout the community.
- The abuse of alcohol and other drugs affects every Montgomery County citizen's personal security, health costs, public service costs, risks on the highway, costs of doing business, and quality of family life.
- The abuse of alcohol and other drugs by pregnant women has been shown to cause birth defects and to impair surviving children to the extent that special medical and educational services may be needed throughout the child's life.

Chapter 4

Household Survey

Introduction

To measure the behaviors and perceptions of Montgomery County residents regarding the use of alcohol and other drugs, the University of Maryland Department of Health Education conducted a telephone survey of Montgomery County households in May 1989. Respondents were told that their individual answers would be kept confidential, and the names of those responding were not recorded. The survey was conducted by staff of UM's Interdisciplinary Health Research Laboratory. Survey staff conducted 12-minute interviews with heads of households or parents in 1001 County households selected by random digit dialing.

The survey results provide baseline data regarding alcohol and other drug use countywide. They also generate information that is instrumental in establishing policy and guiding prevention and education efforts. A summary of response percentages and the University of Maryland's Executive Summary are contained in the appendix. The results are considered to be accurate within a maximum margin of error of plus or minus 3 percentage points.

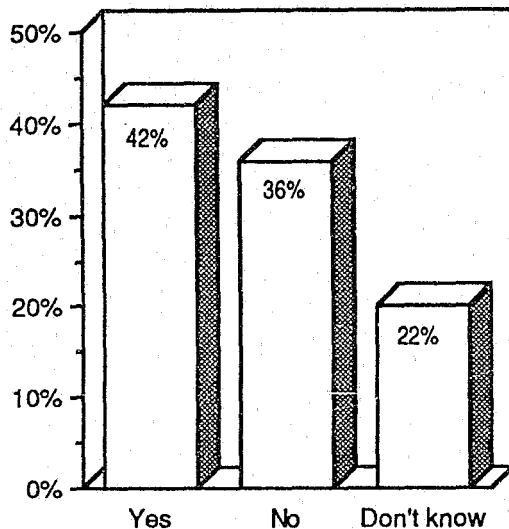
For several reasons the overall rates of alcohol and other drug usage reported in this survey may not indicate the full extent of the substance abuse problems in Montgomery County. Illegal or socially unacceptable behaviors are typically underreported in self-report data. In addition, the sample contained higher proportions of women and adults than found in other drug survey samples, and these groups generally report lower usage rates. Nevertheless, these survey results gauge the current perceptions of substance abuse and the policy preferences of a representative sample of County residents. They also indicate the ranking of substance abuse problems and provide a baseline against which future progress can be measured.

Survey Highlights:

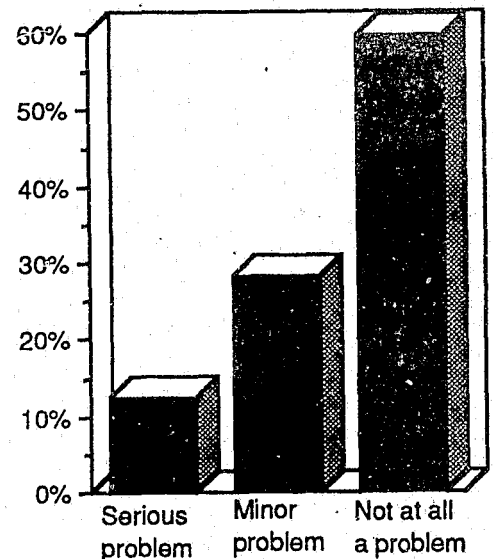
The Sample: Respondent characteristics.

- Random sample of 1001 households throughout the county.
- Young adults (18-24 years) through elderly (65 or over) were reached. The 18-24 year age-group comprised 6.2% of those surveyed; 25-34 years, 19.6%; 35-44 years, 28.0%; 45-54 years, 18.0%; 55-64 years, 11.8%; and 65 and over, 15.2%.
- Probably more than half reached adolescence before the 1960s.
- Females 61%; Males 39%.
- 6.8% have household incomes under \$20,000 and 6.5% have incomes of \$100,000 or more.
- 36% have children under 18 living at home.
- Ethnic breakdown of survey reflects county ethnicity as defined by 1987 MNCPPC data (79% white, 11% black, 4% Hispanic, 2% Asian, 1% Native Americans).

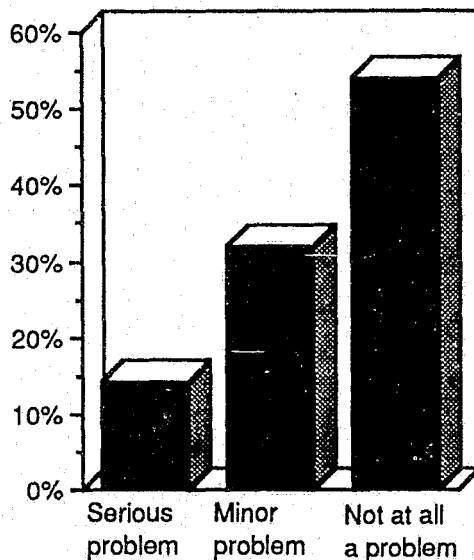
Do you think illegal drugs are being sold in your neighborhood?



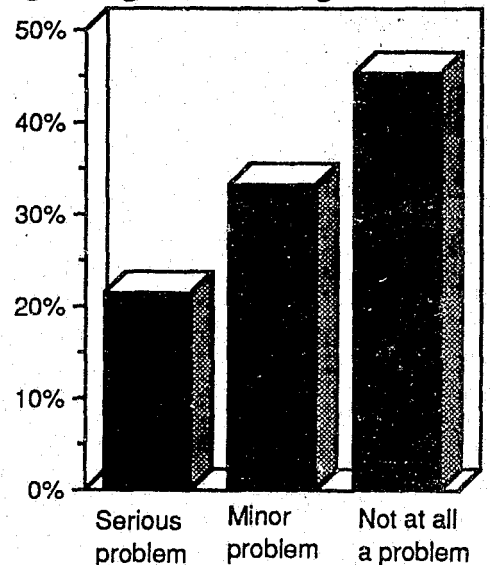
Citizens' Perceptions About Violent Crime In Their Neighborhoods



Citizens' Perceptions About Drinking in Public Places in their Neighborhoods



Citizens' Perceptions About Use of Illegal Drugs in Their Neighborhoods



Perceptions and Actions: Half do not view drugs as a problem.

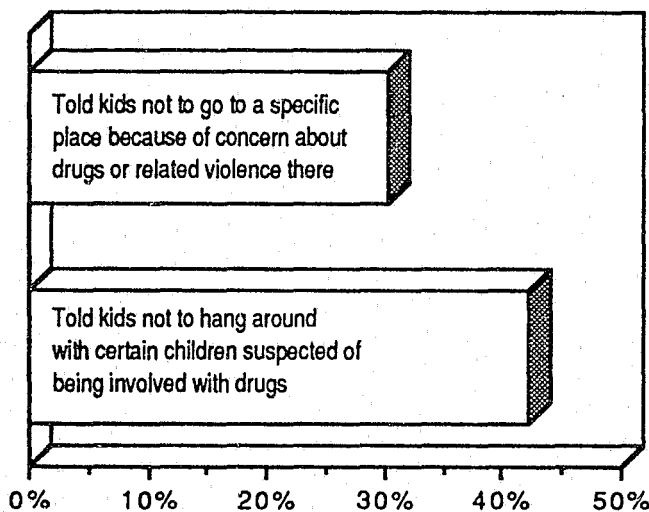
- Drug selling, using drugs, and public drinking are regarded by more respondents as problems than is violent crime.

- About half do not see drug use, drug selling, or public drinking as serious in their neighborhood, yet 42% think illegal drugs are being sold in their neighborhood.
- Almost 1 in 5 respondents (19%) have stopped going to certain parts

of Montgomery County because of concerns about drug involvement.

- 2 in 5 (42%) parents tell their children to avoid certain kids, and 3 in 10 (30%) tell their children to avoid certain locations because of concerns about drug involvement.

Parents Who Have Warned Their Children About Specific People and Places Associated With Drugs



- 97% view drugs as a risk to health; 95% believe using illegal drugs risks ruining family life.
- 50% do not believe they would get caught and punished if they used illegal drugs.
- 3 in every 10 (30%) know someone who uses drugs.
- Montgomery County's quality of life is perceived as excellent by 28%, good by 57%, and needing improvement or poor by 14%.

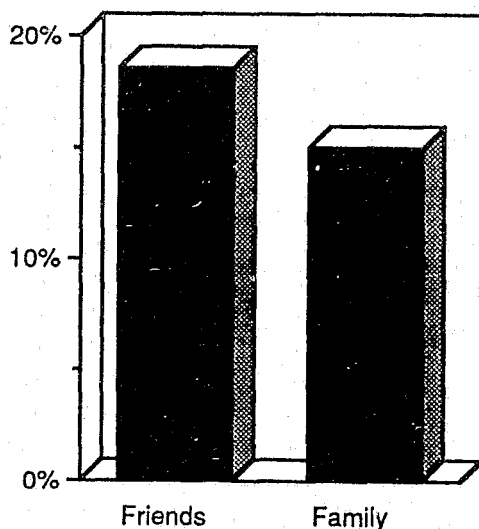
Behavior: Alcohol is main drug used. Very few have received treatment for alcohol or other drug abuse.

- 74% use alcohol currently, with 5% having 5 or more drinks when they use it. Over 21% report using alcohol several times a week or one or more times daily.
- 80% say they have never used marijuana, while 5% say they currently use it.
- 93% to 98% said they have never used other substances: tranquilizers, amphetamines, heroin, crack, cocaine, hallucinogens, barbiturates, methamphetamines, and PCP.
- 1.2% report receiving treatment for alcohol or other drug use.

Problems: Many have experienced problems related to drug use.

- 3 in 100 (3.3%) report having been arrested for drunk driving.
- 6 of 100 (6%) have missed work because of alcohol or other drug use.
- 15% report family problems, and one in 5 (19%) report problems with friends because of alcohol or other drug use.

Respondents Reporting Problems Due to Substance Use

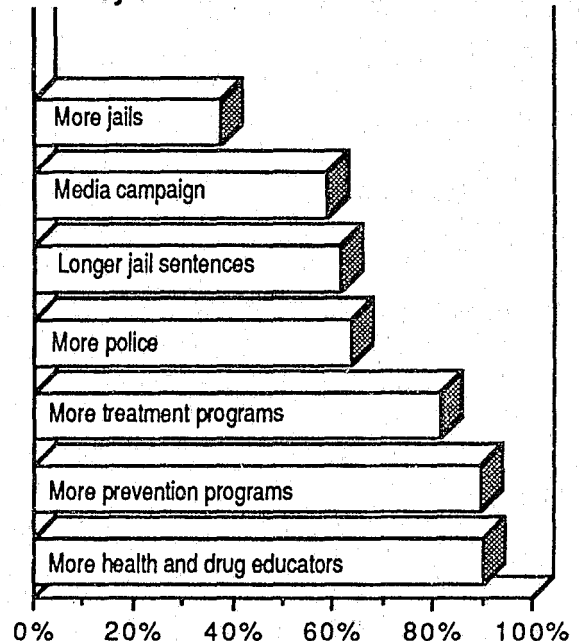


Solutions: Strong support was voiced for more prevention and school-based education, more treatment, AA meetings, and alcohol tax to fund prevention/education efforts.

- 90% support spending more on school health and drug education.

- 90% support added prevention and education efforts. Much less support was shown for spending on increased police personnel (63%) or a media campaign (59%).
- 79% are willing to pay 5 to 10 cents more on a six pack of beer or on a bottle of wine if the money were designated for prevention and education efforts.
- 89% support AA meetings and 58% support treatment centers in their neighborhood. However, 54% would oppose a halfway house for drug offenders in their neighborhood. While 61% favor longer jail terms for drug offenders, only 37% view building more jails as a good use of additional public funds allotted to reducing the drug problem.

Citizen Preferences on the Ways to Spend Money to Combat Substance Abuse



Summary and Comment

Alcohol is the main drug used, though respondents may not necessarily view alcohol as a drug. Health and family problems are perceived as the main risks of drug use. Some respondents are heavy alcohol users, but few report having experienced problems or have sought treatment themselves. An encouraging note related to the use of

empowering communities was the fact that only 7% of the respondents said that they would do nothing if they knew or suspected that illegal drugs were being sold in their neighborhoods. However, 93% said that they would do something about it. Prevention programs and treatment efforts are respondents' preferred solutions to the drug problem.

Chapter 5

Progress To Date

Progress on Interim Recommendations

When the Task Force issued its interim report in September 1988, four short-term strategies and several long-term recommendations were presented to the County Executive for action. In response, Montgomery County has taken several major steps to promote prevention as the key tool in the war against drugs.

The short-term recommendations, as presented by the Task Force, and the County's responses are as follows:

- **Establish a County substance abuse policy:**

In March 1989, County Executive Sidney Kramer issued a memorandum to all government employees outlining the County's new policy on employee drug and alcohol abuse. The policy announcement followed several months of work by the Department of Personnel to develop a policy which not only met the recommendations put forth by the Task Force, but was also fair to all County government employees.

Any employee who violates the policy will be subject to appropriate disciplinary action up to, and including dismissal. Where appropriate, disciplinary action against an employee may be waived, deferred, or mitigated on the conditions that the employee completes the recommended treatment program and abstains from drug or alcohol abuse in the workplace.

The Policy

1. Employees shall not report for work under the influence of alcohol or illegal drugs.
2. Employees shall not consume alcohol, use illegal drugs, or abuse prescription drugs while on duty, on County property, or in a County vehicle.
3. Employees shall not manufacture, distribute, dispense, or possess illegal drugs while on duty, on County property, or in a County vehicle.
4. Employees shall not take, for their own use or for sale, drugs prescribed for their clients, drugs prescribed for those with whom they come in contact in the performance of their duties, or drugs for which they are responsible as part of their duties.
5. An employee shall not obtain drugs or alcohol by promise of favors or by threats based upon the authority of the employee's position with the County.

For those employees who have a problem with drugs or alcohol or are addicted, the County offers Employee Assistance Programs. These programs are confidential and are designed to provide the proper care, counseling, and service to the employee in search of help.

The Department of Personnel is continuing to develop a comprehensive procedures guide which will be published in the near future.

- **Prepare an inventory of prevention resources**

Work is currently under way by the Care Center, the clearinghouse for prevention information for Montgomery County, and a private contractor in conjunction with the Department of Family Resources, Division on Children and Youth, to develop an inventory of prevention resources. The completed directory, along with the Maryland Data Base on Drug Prevention and Treatment (University of Maryland), will be available in the summer of 1989 and will list both private and public prevention programs and treatment resources.

- **Conduct a comprehensive information and media campaign**

The County has addressed this recommendation on many fronts. In February, an information specialist contracted with the Department of Family Resources, Division on Children and Youth to provide assistance in promoting the County's prevention efforts. In addition, the contractor coordinates drug and alcohol abuse prevention public relations efforts between the Public Information Office, the Coordinating Council on Substance Abuse and the Task Force.

A second contract was granted to an agency which has been charged to develop a comprehensive two-year media campaign. In conjunction again with Family Resources, the contractor will provide a drug and alcohol abuse prevention theme, develop public service announcements for both print and broadcast media, assist in promoting the Care Center and other prevention services provided by the County and much more.

Since March, there have been three major news conferences and a "brown bag" press luncheon to provide the news media with details of programs developed, updates on progress made by the County, and to release the survey findings by the University of Maryland Department of Health Education.

- **Develop an enhanced coordination infrastructure in the County Government**

In November 1988, the County Executive expanded the duties of Dr. Maxine H. Counihan to serve as Executive Special Assistant for Substance Abuse. The position was created to strengthen the County's fight against substance abuse and in response to the desire to have visible and active leadership at the highest level of government. Dr. Counihan was charged with coordinating the County's prevention, treatment, and enforcement efforts with all departments and agencies, Montgomery County Public Schools, the State's Attorney's Office, the Task Force and the community as well as efforts at the State and Federal level.

In December, Dr. Counihan convened an interagency advisory group comprised of key department heads from the County and other government agencies. Since then, the Coordinating Council on Substance Abuse has met biweekly to review existing drug abuse policies, review current programs, and develop new policies and programs. The group is also working to ensure a balanced system of prevention, treatment, and enforcement.

The Coordinating Council currently has four standing committees: Youth Offenders, Neighborhood Empowerment, Prevention/Education, and Grants. In response to immediate needs, subgroups are formed to address a specific issue or problem. For example, a committee was formed in May to study the eviction

process as it relates to drug trafficking and abuse.

A Substance Abuse Prevention Unit will be instituted in FY1990 and will be located in the Department of Family Resources. It will provide centralized coordination of community and business efforts, community and media education, and expansion of mini-grants for substance abuse prevention activities to local communities.

The Task Force presented the County Executive with three **long-term recommendations**. As with the short-term goals, work has already begun to address these important initiatives:

- **Educate employers and help them develop drug and alcohol policies for their workplace**

According to a survey of the Washington area's largest employers (500 or more employees) by the Corporation Against Drug Abuse (CADA), 69% of the respondents have some form of workplace drug abuse policy. Policies range from prohibitive statements to pre-employment and on-the-job drug testing. Employers with drug policies also tend to support employees with a problem by offering insurance coverage (95%) and employee assistance programs (71%).

Currently, Business Against Drugs, Inc. (BAD) is working on a packet of information geared toward the chief executive officers of Montgomery County businesses. This CEO kit will outline the need for a workplace drug and alcohol policy and offer potential solutions to address this need.

The Task Force urges the County Executive to use the County government policy he introduced in March as a model and encourage businesses to develop a similar policy for their shops. This leadership is important, especially in

light of the new Federal Drug Omnibus Bill which requires contractors receiving federal funds to have a workplace policy on drugs and alcohol abuse. Failure to comply with the law can eliminate a business from bidding on a federal contract for at least 5 years.

The purpose of this objective was to encourage all county employers, regardless of size, to have a basic policy and to provide information on treatment resources, especially for businesses which do not have formal employee assistance programs in place.

- **Conduct outreach in high-risk communities**

Community outreach has been conducted by Montgomery County for many years, offering a variety of different programs and resources to the communities. Unfortunately, the efforts were not coordinated nor packaged with other programs to provide a strong tool to fight drug and alcohol abuse.

The Coordinating Council on Substance Abuse implemented Task Force recommendations and developed a model program to combine efforts between community leaders and various government departments to address problems in targeted neighborhoods. The Neighborhood Empowerment program was announced at a May news conference by the County Executive.

The Route 124 corridor, just east of Gaithersburg, was selected as the first neighborhood to be empowered under this program. The community was chosen because of the strong desire by citizens to work together to fight dealers who had set up business on the streets. In this effort, enforcement and prevention programs focus on removing the drug trade and providing alternatives.

Although it is too early to judge the effectiveness of Neighborhood Empowerment, the positive energy from

the community has already had an impact. Neighborhood leaders meet regularly to examine the needs of the community. The County Police have made numerous arrests of dealers and users. The Department of Recreation has launched a variety of programs geared to provide families in the neighborhood with alternatives to drugs. Citizens' groups have received support from the Department of Transportation for clean-up and beautification programs to make the community more appealing to residents and less appealing to the dealers by improving street lighting and removing abandoned cars.

It is important to note that Neighborhood Empowerment, while placing a high level of attention on a particular community, does not mean a lessening of services or energy in any other part of the county. The Coordinating Council is exploring the needs of other neighborhoods and will launch efforts elsewhere in the near future.

- **Build on natural tie-ins**

This goal taps an almost bottomless wealth of opportunities for the County to provide alcohol and other drug information to the people. The Neighborhood Empowerment Program uses natural tie-ins whenever possible to spread the prevention message. In addition, as the awareness level grows, more tie-ins will be identified and available.

The Department of Recreation designed a program earlier this year to address this goal. In order to send a prevention message to the 20-40 year-old audience while providing an alternative activity, Star-Light Basketball was developed. Teams were formed by young men from high-risk neighborhoods to play late-night basketball. The entrance fee was kept low, and a mandatory drug prevention seminar was part of the program. If the players did not attend the

seminar, they were no longer eligible to play in the games.

In March 1989, the Montgomery County Black Ministers Conference held a forum on drugs for the leaders of all religious denominations. The forum brought together experts and concerned citizens from the community, business, and government.

In late May, Montgomery County held its first Drug and Alcohol Prevention Week, sponsored by the Task Force and the County Executive. Many programs, events, and activities offered were examples of building the prevention message onto tie-ins:

- The Care Center worked with the public libraries to feature new prevention video tapes geared toward teachers and parents.

- Montgomery County Public Schools, Department of Health, and Police worked together to provide assemblies, poster contests, and numerous other awareness/education activities for school children.

- The religious community held round-the-clock prayer vigils and special services at county churches to present drug and alcohol abuse prevention messages.

- B.A.D., Inc. held a series of breakfast seminars to provide county business leaders with information on drugs in the workplace, the new federal regulations, and screening or testing employees for drug use.

The County and private sector are continuing to explore other tie-ins. In mid-May, the County Executive, Governor Schaefer, and representatives of Edgewood Management Corporation,

launched a Six Point Program geared to reduce drug abuse in rental communities. All six points rely on using natural tie-ins to fight the drug problem:

1. The drug policy developed by the owners or management companies will be clearly stated in applications and lease agreements.

2. The County plans to use the latest technology for background checks for tenant selection, including the State clearinghouse. Private landlords are strongly encouraged to do the same.

3. County Government and owners will cooperate to make improvements for safety and security of neighborhoods — for example, improved exterior lighting and street lights, general exterior improvements, and towing abandoned cars.

4. The County will provide the necessary police coverage to provide surveillance of individuals suspected of drug trafficking. To the extent feasible, owners will make apartments available on a short-term basis for police surveillance of suspected drug activity.

5. The Sheriff's Office will give drug trafficking evictions priority. All eviction procedures will be re-evaluated.

6. The County will work with community organizers and provide funding for Neighborhood Empowerment programs.

The Task Force recognizes the tremendous strides the County has taken toward fulfilling the interim recommendations. However, much more needs to be done to raise the level of awareness in Montgomery County. The Task Force also recognizes that no one entity can win the war against drugs alone. It will take partnership among government, business, community, schools, the religious community, and individuals to remove the scourge of drugs from our county.

Other Efforts

The Task Force knows that there are many other efforts underway in and around Montgomery County to combat the substance abuse problem. Many Task Force members are directly involved in these other efforts and have shared information gathered by these groups with the Task Force. The following is a summary of some of these efforts, particularly those with ties to government at the local, State or Federal level.

- **Montgomery County Council:**

In 1988 the HHS and GSA Committee held two work sessions to look at drug programs and efforts funded by the Montgomery County government. The Committee received information on programs addressing the drug problem through prevention, treatment, and enforcement. The worksession aimed also to provide the Council with information needed for funding decisions. Another work session is scheduled.

- **Montgomery County:**

In fiscal year 1990, the Board of Licensing Commissioners will dramatically increase (300%) the number of full time liquor control inspectors in the County. Through these enhanced efforts, minors will be subjected to greater scrutiny at points of sale.

- **Maryland State Government:**

Several initiatives in the Governor's office will examine and recommend solutions to the substance abuse problem throughout the state.

- **Governor's Alliance to Prevent Substance Abuse:**

The Alliance is a network of organizations and individuals that provide community-based prevention services. Its purpose is to support and enhance prevention services in Maryland. As a non-profit corporation, the Alliance raises funds to support the continuing provision of prevention services to the citizens of the state.

- **Governor's Office of Justice Assistance:**

The Governor's Office of Justice Assistance distributes certain Federal funds available under the Anti-Drug Abuse Act of 1986. In mid-1987 it developed a State strategy for cooperation, coordination, and the sharing of resources and information among State and local agencies charged with drug control responsibilities. The office also provides funding for the State's Attorney, Police Conspiracy Unit, and is a sponsor of the Maryland Data Base on Drug Prevention and Treatment.

In an October 1988 report the Office of Justice Assistance stated, "State and local officials must establish drug control as a priority and commit the necessary State resources to developing and implementing a comprehensive, long-term approach that attacks the problem on all fronts... By enacting tough drug laws and providing fiscal support for drug control initiatives, Maryland's lawmakers can send a message to all citizens that illicit drug use will not be tolerated in this State."

- **The Governor's Drug and Alcohol Abuse Commission:**

In February 1989, Governor Schaefer announced the formation of his Drug and Alcohol Abuse Commission and the appointment of Robert Neall as Chairman. The 18-member commission will develop a comprehensive and coordinated statewide strategy to reduce illegal drug and alcohol abuse. The commission is reviewing and evaluating programs around the state and will present the Governor with its first report by September 30, 1989. The report will include a plan to develop prevention, education, and treatment programs as well as more effective law enforcement strategies.

- **Metropolitan Washington Council of Governments:**

In April 1988, the Council of Governments (COG) held a regional drug summit to look at the situation in the metropolitan area. In response to the issues raised at the summit, two committees were formed to examine and address the adequacy of programs in the area. The committees are the Drug Abuse Intervention, Treatment and Rehabilitation Committee and the Drug Abuse Prevention, Education and Intervention Committee.

- **Federal Efforts:**

Many programs and initiatives exist at the Federal level. The initiative that has received the most attention recently is the crackdown effort announced by National Policy Director William Bennett focusing on the problem in and around the Metropolitan Washington area. More than \$90 million has been channeled into this effort. It is mainly an enforcement initiative, but includes some funds for prevention.

The impact that the pressures put on the District of Columbia will have on the surrounding jurisdictions is still unclear.

State Legislation

Throughout the Task Force's examination of the situation and the review of other groups and organizations also working to increase prevention efforts, one common theme has been the need for improved or new legislation to provide additional tools in the efforts to address substance abuse.

During the 1989 Legislative Session in Annapolis, more than 2,600 bills were introduced and debated by the General Assembly. Included among these bills were 127 which directly deal with the growing substance abuse problem in the state of Maryland. At the close of the 90-day session, 951 bills were sent to Governor William Donald Schaefer for signing.

The bills passed can be divided into several categories: alcoholism, chemical testing, controlled dangerous substances, drugs and drunken driving. Many of the bills related to alcohol and other drug abuse introduced by the House of Delegates or Senate fall into one or more of these areas.

In January, Governor Schaefer introduced his Legislative Packet on Drugs and Drunk Driving. The Task Force placed particular emphasis on the Governor's Packet. Of the eight Senate Bills selected by the Governor, four passed through both chambers, three received unfavorable reports and the last was replaced by a bill similar to the one supported by the Governor, which also passed. The following is a brief synopsis of the Packet bills that passed.

Drunk and Drugged Driving. This law alters the administrative sanctions for driving or attempting to drive while under the influence of alcohol, drugs, controlled dangerous substances or an alcohol restriction. It also alters the provisions relating to implied consent to take an alcohol test or drug test, increasing the penalties for refusal to

test and for test results with an alcohol concentration of 0.10 or more.

The State's Attorney's Office is still examining the impact this legislation will have. It will require a change in the administrative processes--both pre- and post-conviction. It is not completely clear how modified drivers licenses and special registration tags will be handled; however, these changes will provide police with the ability to spot repeat offenders.

Maryland Commercial Driver's License Act.

This law creates a commercial driver's license, requiring operators of commercial vehicles to comply with specified skills and knowledge standards. This law also defines a commercial vehicle. Of interest to the Task Force is the provision in the law regarding the consent to take a chemical breath test if alcohol use is suspected.

The impact is limited to those operators of commercial vehicles, the companies owning or operating the vehicles and the police. The law will prohibit drivers without a commercial classification from operating commercial vehicles as defined by the act.

The Drug Kingpin Act.

This legislation addresses the problem of the large scale drug trafficker. The act defines "drug kingpin" as a person who is an organizer, financier, or manager of a conspiracy to manufacture, distribute or bring into the State large quantities of certain controlled dangerous substances. The penalty is a minimum of 20 and maximum of 40 years imprisonment and a fine up to \$1 million. The twenty year minimum may not be suspended and the kingpin would be ineligible for parole during that time.

Also provided in this legislation is a provision that an individual who possesses, with intent to distribute, dispense or manufacture the same large quantities of controlled dangerous substances within a 90-day period must serve a mandatory minimum prison term of five years.

The Drug Kingpin Act creates a separate category for dealing with the major dealers or manufacturers of illegal drugs -- providing minimum mandatory sentences without parole. The police and prosecuting attorneys will probably face increased pressure to develop such cases.

Distribution on or near school property.

This law creates "Drug Free Zones" on or within 1,000 feet of public or private schools or school buses. The law increases the minimum term of imprisonment for a person sentenced as a second or subsequent offender for manufacturing, distributing, or possessing a controlled dangerous substance. Minimum sentences imposed under this bill may not be suspended. The minimum sentence for second time offenders increases from ten to twenty years, third time offenders face a minimum of fifty years and fourth time offenders are subject to a minimum of eighty years. The law also sets forth conditions for parole.

The law will affect the courts by expanding judges' authority. Additionally, the law provides for tremendous public relations by creating "Drug Free Zones" around all schools. This will serve as a constant reminder to students about the consequences of participating in drug activities.

Asset Forfeiture Act.

The Act provides, through the use of civil forfeiture procedures, for the forfeiture of proceeds derived from the sale, manufacture and use of controlled dangerous substances and the property used to commit or facilitate crimes involving those substances. The law also establishes procedures for these types of forfeitures, and establishes a separate procedure for motor vehicles.

The law can serve as a major deterrent as drug offenders face the possibility of losing real property, business property, cars, boats, and money acquired through ill-gotten gains.

The bills from the Governor's Packet which failed include: one which required suspension of the drivers license of those convicted of specified crimes involving controlled dangerous substances; another which required a court cost of \$50 in drunk or drugged driving offenses to be disbursed to the localities where the violation occurred to support local alcohol, other drug, and traffic safety programs; and lastly, one which required a chemical test to determine blood alcohol content of persons involved in traffic accidents that result in serious bodily injury to another person.

Summary

The 1989 Legislative Session in Annapolis provided several key changes to the Annotated Code of Maryland to combat drug and alcohol abuse. The legislation passed provides the courts with minimum sentences for offenders in certain cases, increases the recognition of repeat offenders in drunk driving cases, tightens the interpretation of laws regarding testing drivers for alcohol and other drugs, and provides for positive public awareness of the extent of the problem.

More importantly, once these laws are enacted and used in prosecuting offenders, the full impact of the deterrence factor will be realized. A five or twenty year minimum sentence without parole and the potential loss of money, property or other possessions obtained through drug trafficking profits may cause some to think twice about the act they are committing.

As public awareness increases, the Legislature will be under pressure to pass legislation which would provide additional penalties in cases of distributing, manufacturing, or possessing controlled dangerous substances.

Chapter 6

The Task Force Committees and Exchanges With Community Groups: Summary and Findings

Introduction

Since its formation the Task Force has sought information and input from a wide array of sources, through briefings, site visits, committee discussions, document reviews, and dialogues with selected community groups.

The Interim Report released in September 1988 was based in part on the activities of three committees -- Business, Community, and Government -- which met during the summer. In October 1988, Task Force members regrouped into three new committees: Youth, Community Outreach, and Public Information and Awareness.

In addition to working in committees, the Task Force also identified key areas of expertise in the community and solicited the advice of five important groups: the County Council, the religious community, the Youth Speak Out Committee, the business community, and the Treatment Group Coalition. The whole Task Force met with each group to exchange information and ideas.

The following summaries provide a more detailed look at the Committees' deliberations and conclusions as they moved toward formulating action plans and recommendations. Specific recommendations from community groups are also highlighted to illustrate yet another complementary perspective on how to address the County's substance abuse problems.

Business Committee Report

Objective

The Committee's objective was to mobilize businesses to implement alcohol and other drug awareness and education programs in the workplace.

Members agreed that the workplace is the ideal place to begin prevention programs.

- Most adults in Montgomery County work; the county has less than 3% unemployment.
- Adults in the workplace are a "captive audience" and spend most of their waking hours at work.
- If the employer emphasizes prevention, employees have an incentive to listen, since their paychecks may depend on it.
- Employers have an incentive to provide prevention activities, because employee substance abuse costs employers money in absenteeism, on-the-job accidents, and losses in productivity.
- It is cost effective to get businesses to provide substance abuse prevention efforts to employees.
- Prevention programs for employees not only affect their own habits, but also affect their children who are the potential drug abusers of the future.
- Business involvement in substance abuse prevention sets a good example in the community.

Methods

The Committee used the 1988 survey conducted by Business Against Drugs, Inc. (B.A.D., Inc.) to assess the level of interest and the possible receptiveness of the business community to conducting prevention activities.

B.A.D., Inc. surveyed members of chambers of commerce in Montgomery County and reported the following findings:

- A majority of business owners responding to the survey felt that they would consider it a major problem even if 1% to 5% of their employees were abusing alcohol or other drugs.
- A majority of businesses would welcome guidance and support in developing prevention programs for their employees.
- Although most businesses do not have insurance to cover treatment costs, a majority of mid-size and large businesses responding said that they prefer to counsel rather than terminate employees with substance abuse problems.
- 28% of the businesses responding would not consider substance abuse a problem until one-fifth of their workforce was affected. This reflects the problem of denial that exists in all segments of the population.

Strategies

The Business Committee recommended a three-pronged prevention strategy to establish a creative public/private partnership. The Committee believed that the business community would be receptive to starting a workplace prevention campaign, but this effort must be planned and coordinated by the County Government.

1. Government needs to help businesses develop workplace prevention programs by providing materials, technical assistance, and coordination. In addition, the County Government should enlist intermediary groups such as COG (Council of Governments) and B.A.D., Inc., to reach their constituencies. Activities could include a media luncheon, developing a CEO (Chief Executive Officer) kit, and a letter from the County Executive to every business asking for support for prevention efforts. The Committee also

believes that the County needs an Office of Substance Abuse Prevention to expand prevention activities and to act as a coordination and support mechanism for business efforts.

2. All businesses should form or adopt drug policies. Such policies would set positive expectations, detail the adverse health impact of substance abuse, and specify processes, services, and resources.

The County would take the first step by setting a strong policy for County Government employees and thereby serving as a model. Some technical assistance to businesses may be necessary.

The Committee suggests organizing a 3-day seminar to provide the information businesses need to develop policy together with presentations from employee assistance programs, insurance and treatment information, hand-out literature and posters, and networking with experts.

3. Establish coordinating, monitoring, and evaluation mechanisms to support and sustain an ongoing prevention effort.

Prevention tries to change attitudes and behaviors. It is inherently a slow process that requires a long-term commitment. Recent experience with the anti-smoking campaign proves that attitudes and behaviors can change if a continuous, persistent approach is used.

Community Committee Report

Objective

The Committee's objective was to provide an awareness of the problem of substance abuse and to try to break the denial syndrome of targeted groups. All should include a multi-cultural approach, taking full advantage of the County's Office of Minority and Multi-cultural Affairs.

Strategies

The majority of Committee members agreed on three major strategies:

1. Conduct a broad-based information campaign. This campaign should not be limited to the major newspapers and radio and television stations that cover Montgomery County. It should also include civic association newsletters, radio programs, and informal communication methods to reach the grassroots.
2. Develop an inventory of existing prevention programs and activities in the community. Conducting this effort is one way to quickly educate and involve many segments of the community in the substance abuse prevention effort. The Care Center was cited as an example of a program that is supposed to be a high-profile clearinghouse, but is unfamiliar to many in the community. Getting community groups involved in reviewing and publicizing Care Center services would be one way to raise community awareness of resources on substance abuse prevention.
3. Conduct gatekeeper awareness training. The "gatekeepers" are individuals in positions to influence a large number of people. Training the gatekeepers will enable them to train their constituencies.

Other Recommendations

Throughout the Committee's discussions, numerous ideas surfaced regarding the implementation and evaluation of various prevention strategies. Many were based on site visits, background data provided by the staff, and committee members' own experiences and training. While the group did not vote formally on these ideas or discuss their timing, they felt that the Task Force could consider them at a future date.

- Conduct a household survey to establish baseline data and to provide periodic updates that permit evaluation of prevention efforts.
- Encourage the Board of Education to continue its strong substance abuse policy adopted in the 1970s.
- Encourage community groups and the Recreation Department to sponsor social programs or activities that include a message regarding substance abuse prevention. The business community should be encouraged to underwrite drug-free, drop-in centers or canteens with adult supervision.
- Urge the religious community in the county to come together and make a joint, public commitment to substance abuse prevention, followed by agreement on an action plan.
- Encourage the Housing Opportunities Commission (HOC) to provide substance abuse awareness training to its staff so that they can present prevention programs at HOC sites.
- Increase funding for the Recreation Department so it can offer expanded programs as alternatives for youths at high risk of becoming substance abusers.

Government Committee Report

Objective

The Committee developed objectives for three target groups.

1. Parents of young children ages 0-12: Influence attitudes by providing information and raising awareness about the impact of alcohol and other drug abuse, including the detrimental effects of parental use on children.
2. Young adults ages 18 to 29, including semiskilled employed and unemployed workers: Help establish a positive identification with people who do not abuse alcohol or other drugs.
3. Communities with a high incidence of drug-related crime activity: Conduct community organizing to change community attitudes, thereby empowering citizens to reclaim their communities from the scourge of drug abuse and trafficking.

Strategies

1. Parents of young children ages 0-12: Strategies should include creating or building on natural tie-ins such as kindergarten round-up in the schools, "well baby clinics," or the Women, Infants, and Children (WIC) program operated by the County Health Department. Other efforts would include adding a drug/alcohol component to Recreation Department classes, using day care providers to transmit prevention messages to parents and using physicians (obstetricians) and hospitals to increase awareness of drug and alcohol abuse among young parents.
2. Young adults ages 18 to 29: . Certain occupational groups, including seasonal workers like road crews and landscapers, as well as other groups who don't receive fringe benefits from employers, would be prime

targets. This is the group most often arrested for drug violations and found in publicly run treatment programs.

Specific actions would include the County Executive's setting a County policy on drug and alcohol abuse and using the mass media, including County-owned cable programming. Additional measures would include prevention messages in County-owned facilities such as Ride-On buses and liquor stores. Bars could also be used to transmit prevention messages, as could paycheck stubs and bumper stickers. The County Government could also provide consulting services on prevention and treatment to small businesses that lack employee assistance programs.

3. Communities with a high incidence of drug-related crime activity: Police have estimated that 12 to 15 of these markets are located around the county. The Committee believes that "old fashioned" community organization efforts could be very effective in eradicating this open exchange of drugs. To accomplish this, the County Government should provide usable, permanent outreach through a variety of County resources. These would include the Department of Police, the Department of Social Services, the Department of Health, the Department of Recreation, the Department of Family Resources, and the Department of Addiction, Victim, and Mental Health Services.

Through a coordinated effort, Government could identify and reach community stakeholders and opinion leaders who are in positions of influence. The concept of a "one-stop shop," which could deliver a variety of services using an interagency approach, was suggested. These outreach efforts would help identify and surmount existing barriers to treatment.

Other Issues Raised

- Caseworkers from the Department of Social Services are aware of an increasing incidence

of substance abuse by families in their programs.

- The adequacy of school programs should not blind us to the needs of those who drop out of the schools or do not go on to higher education.
- "Recreational" use of illicit drugs is not safe and is totally unacceptable regardless of motives for use. Because of the increased potency and highly addictive nature of many substances such as crack, addiction may occur with as few as one or two uses.

Youth Committee Report

Objective

The Committee focused primarily on identifying gaps in public and private drug prevention programs for youth and identifying programs to help fill these gaps.

Methods

From November 1988 through March 1989, the group gathered information on available programs, as well as youths' opinions regarding program options. The two primary research methodologies were speaking directly to youth and receiving briefings from program administrators.

The Committee sponsored and/or attended several youth forums. An informal gathering of 45 - 50 students aged 14-17 from high schools throughout the County was held on March 14. Some participants also were involved in the Gaithersburg or City of Takoma Park Outreach programs.

On March 21, the Youth Committee sponsored a forum for junior high school students from several private schools, which offered the chance to speak to youth who believed they were in situations where drugs were not yet a significant issue.

The Committee also spoke with several recovering drug addicts and alcoholics. These discussions focused on what caused these youths to turn to drugs/alcohol, what brought them to the road to recovery and what might have prevented their involvement with drugs and/or alcohol.

In addition, the Committee members attended an elementary school assembly on drugs to learn about the concerns of the younger children.

The Committee also was briefed on prevention programs currently available to Montgomery County youth. While these briefings were not all-inclusive, they did give members a good sense of the variety and depth of current services.

Research Findings

- Alcohol is the most predominantly abused substance. Even those youth who reported little or no other drug use among their peers indicated alcohol was widely used, even among 12 and 13 year olds.
- Positive peer pressure was very effective in preventing youth from using other drugs. Most youth who reported not using other drugs said it wasn't accepted behavior among their peers.
- Many youth also noted that the most effective means of reaching abusing kids was through their peers.
- Many youth who were recovering alcoholics and/or drug addicts felt that their addiction was a family problems because their parents were abusers themselves or were apathetic to their child's abuse.
- Many of these youth also stated they are not sure any amount of drug education and information would have prevented their becoming abusers.
- Increasing the number of low-cost alternative activities for kids would reduce the opportunities and motivation to drink alcohol or take other drugs.

- While youth cited a variety of motivations for taking drugs, low self-esteem and depression were often mentioned as reasons.
- Many noted that teachers seemed unaware of substance abuse and should be more involved and trained in these issues.
- Many elementary children asked questions that clearly suggested they were confronting drug issues as early as 8 years old. Many questions were asked regarding what to do if a family member takes drugs. Several young students also asked what to do if they were invited to take drugs. These findings suggest that drug abuse prevention training should begin at very early ages.
- Some youth noted that many peers were involved in the drug trade because it was so lucrative and easy. They did not believe these youth had any incentive to stop these activities.
- A number of high school students couldn't remember any formal drug education. Those that could remember believed it came too late.

Conclusions

The spectrum of services provided in the County is generally sufficient. However, more of everything is needed. In addition, improvements are recommended in prevention programs directed at youth.

Other ideas were also discussed, but the Committee lacked the time to research and examine these issues fully. For example, the Committee discussed the possible use of in-school class periods to help recovering addicts, alcoholics, or mentally ill youth readjust. It also discussed the increasing need to provide services and programs to students in the primary grades. The Committee also emphasized that approaches that work for one cultural group may be completely inappropriate for others.

Community Outreach Committee Report

Objective

The Committee focused its efforts on the broad objective of determining how to mobilize the community.

Methods

The Committee gathered information on existing outreach efforts, examined ways to enhance such programs, and looked for innovative outreach strategies. It invited guest speakers who represented a wide array of services and interests, including housing, education, recreation, health, law enforcement, business, research, and interagency coordination.

Among the issues discussed were substance abuse in the workplace, model programs for latchkey children, the implications of current research, the roles of county clinics and school nurses, and programs targeting substance abuse and drug trafficking in high-crime neighborhoods. Through extensive discussion the Committee generated several broad strategies.

Strategies

1. We need to involve the family, the community, and the religious institutions in understanding the problem and in the designing and implementing the solutions.
2. The approach to prevention must be flexible and responsive. It is important to listen to the community to determine local needs and interests and then to work with that community to design appropriate programs. The role of government is to encourage, empower, and facilitate.
3. We must focus on the user to reduce demand. As long as people are buying drugs, dealing will be profitable and enforcement will be extremely difficult. We need to get at the

people who are driving the market, the users of all ages and backgrounds, who are keeping the dealers in business. If strong consequences for illegal drug use are imposed, the use of drugs should become less attractive.

4. At the same time, other incentives or public recognition for successful or innovative prevention activities would be desirable.
5. Outreach must be a strong component of all prevention efforts. . Because people generally don't seek out prevention services, such services, activities, and campaigns must be taken to the people. They must be delivered in convenient locations, by sensitive providers, at an affordable cost, in language that is understandable, and in a culturally appropriate manner.
6. When selecting specific targets for prevention activities, we should look for people who will influence others. For example, gatekeepers and community leaders will talk with large numbers of people in their normal activities. Pregnant women can be influenced to have healthy, drug-free babies and can influence their families over the years to lead a drug-free life.

Issues Remaining for Study

This group recognizes the need to meet with Head Start and members of the medical community to explore other aspects of community outreach.

Public Information and Awareness Committee Report

Objective

The Committee's objective was to examine public awareness of the substance abuse problem and to suggest County education programs to support prevention efforts.

Strategies

1. Model an information campaign after other successful efforts (e.g., Cancer Society) to reach grassroots communities.
2. Use County specially staffed vehicles such as bookmobiles and the Crime Prevention Van at various locations to facilitate community problem-solving and prevention approaches.
3. Redo the household survey every 2 years as an evaluation tool and to help direct programmatic approaches.
4. Assign a County tax to beer and other alcohol both to produce revenues and to discourage retail sales, particularly to young consumers.
5. Require mandatory attendance of parents in a prevention class as a prerequisite to registering children in school.
6. Adapt the Crime Solvers concept to encourage student reporting of illegal activities that are especially inappropriate on school grounds (e.g., thefts, drug use, trafficking, etc.).

7. Subcommittee FY 1990 Budget recommendations:
 - Expand on-going Public Awareness programs;
 - Develop, conduct, and analyze a household survey to measure attitudes, knowledge, and use;
 - Expand the mini-grants funds available to high risk communities and increase availability to public/ private sector organizations;
 - Assign a full-time coordination staff for Government and community prevention efforts (to include a substance abuse coordinator position, public information officer, mini-grants coordinator, business coordinator, and administrative support).
8. Resume printing the names of persons arrested for DWI in local newspapers and expand to include narcotics arrests.
10. Design and implement a monitoring and evaluation process for all program components.

Events

The Committee recommended, initiated, and/or oversaw the following events: a Citizens Call to Action in the *Montgomery Monthly*, the University of Maryland Household Survey, County Council Exchange, Drug and Alcohol Abuse Prevention Week, advising on the selection of the media contractor, and selecting finalists for outstanding achievement in the field of prevention.

Task Force Exchanges With Other Community Groups

The Task Force met with five community groups.

- The County Council as represented by Neal Potter, Rose Crenca, and Council staff member.
- The religious community, which held an interfaith forum to begin discussion of substance abuse issues.
- The Youth Speak Out Committee, which included members of the ad hoc group that has been meeting all year to further the interests of youth.
- The Treatment Group Coalition, which includes representatives of a range of treatment services throughout the County.
- The business community group, which included members of local chambers of commerce, Business Against Drugs, Inc., the workplace committee of the Alcoholism Advisory Council, and members of the Task Force's Community Outreach Committee. The group reviewed the recommendations of the Alcoholism Advisory Council.

All groups reached general consensus on the seriousness of the issues, and some common themes emerged: the importance of family involvement in prevention, the need for training key leaders in the community, and the concept of providing incentives for prevention efforts.

The recommendations from the Task Force's meetings with community groups are summarized in the following table.

RECOMMENDATIONS: COMMUNITY GROUPS**YOUTH**

- Train gatekeepers
- Educate parents & strengthen families
- Promote peer counseling
- Train in stress management & life skills
- Develop alternative activities for youth, with transportation
- Target high-risk youth
- Include prevention messages in student publications, newspapers, fast-food restaurants, message flashers in schools, radio
- Conduct public awareness campaign
- Place regular column in newspapers
- Initiate prevention education at every grade level
- Legislate stricter consequences for underage drinking
- Create teen centers, with affordable activities
- Encourage programs in private schools
- Organize school presentations by recovering addicts
- Build self-esteem
- Start SMART and DARE programs in schools
- Deal with denial among parents, youth, school staff
- Identify pool of resources
- Recruit youth group members to participate
- Improve hotline

BUSINESS

- Conduct workshops for health professionals working in business setting
- Extend EAP's to families as well as employees
- Recognize and reward businesses for their prevention efforts
- Further develop the County's drug and alcohol policy
- Study feasibility and sources of insurance coverage for addiction and mental health treatment
- Support education efforts among employers and employees

- Compile directory of firms and individuals with expertise in EAP's
- Employ expert to provide technical assistance to businesses on EAP's
- Share information among businesses

RELIGIOUS GROUPS

- Dedicate a religious service to alcohol and other drug abuse issues.
- Forge links among religious bodies in a particular neighborhood to respond to community needs.
- Organize a prayer breakfast, a plenary session in which participants would reflect about spiritual and moral guidance on issues
- Organize a forum in which participants can demonstrate their own organizations' programs

ELECTED OFFICIALS

- Sponsor incentives for prevention efforts
- Increase their presence in community and include prevention message at all public appearances
- Fund programs for prevention
- Sign proclamation declaring war on drugs
- Hold a prevention breakfast
- Support state legislation
- Appoint neighborhood advisory groups
- Examine County EAP program

TREATMENT

- Maintain continuous contact between treatment and prevention people
- Establish process to coordinated prevention and treatment
- Encourage treatment community to do outreach as educators for EAP's and experts on addiction

Chapter 7

Action Plan

Introduction

After careful study and deliberation, the Task Force developed a set of recommendations, which are set forth in the Action Plan below. This plan includes six major goals for the County to pursue in the next two years. Each goal is broken down into objectives and related action steps.

The plan does not list specific time frames for each step. However, the Task Force expects the County to initiate actions to achieve all these goals and objectives within the first year, taking into account the available resources (both human and budgetary) or unforeseen circumstances.

Behind all these goals and objectives is one basic conviction: that we as a community must seek to change attitudes and behaviors in regard to alcohol and other drugs, that we must cease to tolerate substance abuse by adults and use of alcohol and other drugs by those under 21, and that we must seek to reduce the demand for alcohol and other drugs. Treatment and enforcement, while important forces, cannot do the job alone. Prevention is crucial to reducing the demand for substances.

Target Groups

The Task Force has identified two major target groups on which prevention efforts should be focused:

- Families with preschool and school-age children.
- Communities with a high incidence of drug-related crime activities.

Families with preschool and school-age children

The Task Force recommends that prevention efforts initially target the families -- the parents and the children -- of our community. We have several reasons for this recommendation.

- The Task Force recognizes that the decision to experiment with alcohol or other drugs is often made at a young age -- around 11 or younger. Currently, a large proportion of the pre-teens in Montgomery County are reached with prevention education in the public school curriculum. However, parents do not receive education on how to reinforce these prevention messages. In addition, no single prevention effort can be fully effective. The targeting of families is one method of accomplishing the goal of reinforcing the messages that youth receive already.
- Children need to be reached in two ways -- in the schools and in the community. In addition, it should be noted that peer-to-peer programs that have demonstrated success should be undertaken.
- It is clear that large numbers of adults ages 18 to 40 are currently abusing substances. Many of these individuals are parents. Their substance abuse affects all members of the family. The children of substance abusers are at an added risk of abusing substances themselves. Discouraging continued use by adults addresses one problem of the present, and we hope, will reduce the problems we face in the future.
- The lack of positive role models was a common theme cited by many young

substance abusers who addressed the Task Force. We feel that it is appropriate for all members of this community to work together to enable parents to become more effective role models.

Communities

The Task Force also recommends that some prevention efforts be targeted geographically. We recommend giving particular attention to the neighborhoods that surround areas with a high incidence of drug-related crime. We have two main reasons for this recommendation.

- In these neighborhoods, the population risks not only substance abuse, but also the crime and violence that are often associated with these areas.
- Although law enforcement efforts can deter some drug use and trafficking in these areas, prevention represents the long-term hope for reducing the demand for drugs.

In identifying targets, the Task Force does not mean to imply that prevention strategies should disregard people outside these two main categories. Nor should prevention strategies treat families or neighborhoods as monolithic units. For example, a prevention program provided to employees in workplaces not only reaches the employees directly, but also reaches their other family members indirectly.

The Task Force also notes that every strategy must recognize that Montgomery County is composed of a variety of multi-cultural and

multi-ethnic groups. Program planners should take full advantage of the County's Office of Minority and Multicultural Affairs. Recognizing the diversity of our population will increase the numbers of people receiving these important programs.

The pages that follow detail the specific objectives and action steps the Task Force recommends to achieve the following six goals:

- **To empower the community – neighborhoods, organizations, and institutions – to eliminate substance abuse by helping to build awareness, skills, and resources.**
- **To provide outreach and direct service programming to reduce substance abuse.**
- **To conduct a broad public education and awareness campaign for substance abuse prevention.**
- **To strengthen treatment and enforcement as prevention tools.**
- **To ensure the ongoing monitoring and evaluation of prevention efforts in Montgomery County.**
- **To seek creative funding for further prevention efforts.**

The Task Force looks to the County Executive to see that all recommendations are carried out, with assistance from the Coordinating Council and the Prevention Unit and with the cooperation of other government and private agencies.

- GOAL 1:** *To empower the community--neighborhoods, organizations, and institutions--to eliminate substance abuse by helping to build awareness, skills, and resources .*
- OBJECTIVE 1:** *To help individual neighborhoods take responsibility for preventing substance abuse and obtain access to the resources they need for their efforts.*
- RATIONALE:** Prevention is a grassroots activity, because reaching the main targets of families and neighborhoods requires continuous action at the grassroots level. Thus, neighborhood groups, religious institutions, and other grassroots community organizations are major keys to prevention efforts. Those people in the community who are most affected by substance abuse must be involved in developing solutions to the problem. Yet those most affected often feel the least able to take action. They need both encouragement and practical support to become empowered to act.
- The Task Force recommends that the County build on the natural foundation of existing programs which routinely come in contact with the people of the community. For example, kindergarten round-up, "well baby clinics," and the WIC (Women, Infants, and Children) program operated by the Health Department would be useful vehicles to supply parents with substance abuse information. Programs like School Community Action Teams are also possible vehicles already in existence. Other possible conduits include regular parent programs in the public schools, Recreation Department classes, community schools, day care providers, and medical institutions. While materials for distribution must be supplied to these groups, much of the structure is currently in place.
- ACTION 1:** Develop a basic, flexible model for neighborhood empowerment with an outcome evaluation component, based on experience in Montgomery County and elsewhere.
- ACTION 2:** Establish a neighborhood empowerment project, choosing and adapting the basic model's components to the needs of each neighborhood.
- Identify and train staff for the project.
 - Select appropriate neighborhood(s).
 - Implement the process, based on neighborhood expression of needs.
 - Respond appropriately to neighborhood requests for help.
 - Provide leadership training for residents and employ one person in each identified neighborhood as a community organizer.
 - Provide written documentation of the model for use elsewhere.
- ACTION 3:** Review the model, conduct an outcome evaluation, and refine the model.
- ACTION 4:** Develop a videotape to train and educate communities on empowerment and substance abuse prevention.
- WHO:** Montgomery County Government

- GOAL 1:** *To empower the community--neighborhoods, organizations, and institutions--to eliminate substance abuse by helping to build awareness, skills, and resources.*
- OBJECTIVE 2:** **To encourage prevention efforts by religious institutions, working with groups like the new Montgomery County Interfaith Coalition on Substance Abuse, the Black Ministers Conference, the Community Ministry, and the Office of Substance Abuse Prevention of the Archdiocese of Washington.**
- RATIONALE:** Churches, synagogues, and other religious organizations are a very important influence in American life, reaching over half the population of the country. They carry strong messages of morality and values--messages that are linked to the issues of substance abuse. Religious leaders are still among the most important "gatekeepers" we have. They work in the communities, at the grassroots level. Thus, they are in daily contact with the two main target groups identified by the Task Force -- families and neighborhoods.
- In addition, religious groups are highly organized institutions, with paid staff, buildings, and effective means of communication. For that reason, more can be expected of them than of many other social groups.
- Nevertheless, religious organizations are independent from government and encompass a wide range of views. It is important to respect and maintain this independence and diversity.
- ACTION 1:** Identify a group, or groups, of religious organizations interested in working on prevention.
- ACTION 2:** Present the Task Force report to this group, asking for views on further activities, offering technical assistance, and encouraging coalition building.
- ACTION 3:** Consult regularly with umbrella groups on identifying gatekeepers and designing appropriate programs.
- ACTION 4:** Train and provide ongoing technical assistance to clergy and active lay members of religious groups.
- WHO:** Religious leaders.

GOAL 1: *To empower the community--neighborhoods, organizations, and institutions--to eliminate substance abuse by helping to build awareness, skills, and resources.*

OBJECTIVE 3: **To encourage employers to promote a drug-free work force through flexible workplace programs.**

RATIONALE: Employers are important resources in prevention efforts. They wield the power of the purse with their employees and have a strong effect on employee behavior. Most parents are in the work force, making it a major place to reach families with children.

In addition, it is in the employer's best interest to work with employees to prevent or solve substance abuse problems. The cost of hiring and training a new employee can be high. Moreover, according to the National Institute on Drug Abuse, when a company fires a substance abusing employee, the chances of hiring another substance abuser are one in three.

Each program should reflect the needs of the particular workplace. For example, a program might include policies about use and abuse, education sessions for managers and employees, improved health insurance coverage for treatment, and clear, written procedures for dealing with problems. The Alcoholism Advisory Council has recommended workplace actions that should be considered. Its recommendations are contained in the appended materials.

- ACTION 1:** Develop and implement a model policy and program within County government to serve employees of public agencies in the County. Encourage Montgomery County Public Schools, Montgomery College, Maryland National Capital Park and Planning Commission, and other publicly funded organizations to adopt this or similar policies.
- ACTION 2:** Establish a support system for the private sector that will respond to employers' requests for programming.
- ACTION 3:** Provide information about the economic impact of substance abuse and successful workplace programs.
- ACTION 4:** Use mailings, workshops, and personal contacts to stimulate employers to explore programming possibilities and to introduce information and education materials for employers.
- ACTION 5:** On request, help employers perform needs assessments and develop policies, procedures, and programs.
- ACTION 6:** Require that contractors working with the County government have a substance abuse policy.

WHO: Business Against Drugs, Inc. (B.A.D., Inc.), Corporation Against Drug Abuse (CADA), chambers of commerce, Rotary Clubs, Kiwanis Clubs, and other business-related groups; Montgomery County Government.

GOAL 1: *To empower the community--neighborhoods, organizations, and institutions--to eliminate substance abuse by helping to build awareness, skills, and resources .*

OBJECTIVE 4: **To increase the role and leadership of young people in prevention efforts, by broadening youth involvement in all organizations and activities and by expanding concepts like Youth Speak Out , into public and non-public secondary schools throughout the County.**

RATIONALE: Involvement in organizations' activities can help bridge gaps, improve communication, and address concerns. Participation also gives County youth the chance to voice concerns on a wide range of issues, including substance abuse, stress, peer pressure, and open communication.

ACTION 1: Encourage all organizations to involve youths, including those not in school, in their activities.

ACTION 2: Provide ongoing support and promotion of Youth Speak Out, Students Helping Other People (SHOP), Students Against Drunk Driving (SADD), and other student groups.

ACTION 3: Develop and carry out action programs to respond to the concerns of youth.

WHO: Montgomery County Government agencies, boards, commissions; Montgomery County Public Schools; non-public schools; School/Community Action Teams, Students Helping Other People (SHOP); Students Against Drunk Driving (SADD).

- GOAL 1:** *To empower the community--neighborhoods, organizations, and institutions--to eliminate substance abuse by helping to build awareness, skills, and resources.*
- OBJECTIVE 5:** To educate and train key leaders throughout the County—in government, business, voluntary organizations, health care, and other sectors.
- RATIONALE:** Leaders in various walks of life have strong direct and indirect influences on the people in their organizations and communities. Leaders set the tone, organize programs, serve as role models, and influence attitudes and behavior among their constituents.
- ACTION 1:** Identify, list, and cross-reference lists of a variety of gatekeepers, including religious leaders, nurses, teachers, employers, civic leaders, youth leaders, pharmacists, physicians, leaders of groups with limited English, and elected officials.
- ACTION 2:** Train staff in all County agencies, especially those dealing with the public, to provide technical assistance and outreach to the community.
- ACTION 3:** Organize workshops, meetings, and other events to educate leaders about the problems and needed actions, to share strategies, and to develop additional prevention activities.
- WHO:** Montgomery County Government; Montgomery County Public Schools; colleges and universities; hospitals and treatment providers; MADD, SADD, BAD, SHOP; Alcoholism Advisory Council; Drug Abuse Advisory Council; social and civic organizations and associations; religious organizations.

GOAL 1: *To empower the community--neighborhoods, organizations, and institutions--to eliminate substance abuse by helping to build awareness, skills, and resources.*

OBJECTIVE 6: To encourage the empowerment of racial, cultural , and language minority groups to undertake substance abuse prevention in their communities.

RATIONALE: Montgomery County's growing minority and ethnic populations include many different language groups and cultural traditions. Many residents speak little or no English. Family structures and means of communication vary from group to group. Therefore, one approach (in one language) will not reach all residents with equal effect. Black, Hispanic, and Asian are the chief ethnic minority groups.

Planning programs to reach specific groups has many advantages. It reduces duplication and costs, keeps program strategies in line with issues and public sentiments, and increases involvement and awareness.

- Action 1: Include minority and multi-cultural assistance in all prevention program development.
- Action 2: Target information campaigns to minority and multi-cultural communities.
- Action 3: Provide interpretation services for non-English speaking groups at prevention activities.
- Action 4: Provide translations of pertinent prevention materials into key languages.
- Action 5: Provide a series of information and education workshops on prevention for gatekeepers and community members of minority and multi-cultural groups.
- Action 6: Generate a list of community-based organizations.
- Action 7: Sponsor community-based workshops/seminars and information displays to invite participation from agencies, community organizations, and businesses.
- Action 8: Enlist the aid of civic and social organizations, business associations, and the religious community.
- Action 9: Promote support of common issues, foster community outreach, and promote public interest group action.
- Action 10: Develop methods for publicizing alternative activities such as hobby clubs, summer youth programs, volunteer activities, leisure time activities, and evening activities.

Who: Montgomery County Government.

GOAL 1: *To empower the community -- neighborhoods, organizations, and institutions -- to eliminate substance abuse by helping to build awareness, skills, and resources.*

OBJECTIVE 7: To support, maintain, and enhance grants for grassroots prevention efforts.

RATIONALE: The Department of Family Resources currently awards mini-grants to public and private organizations to do grassroots prevention work in the community. These mini-grants are awarded through the State of Maryland. The mini-grants encourage local prevention efforts, augment County resources, provide support to private non-profit community-based organizations, help to develop a cadre of trained prevention workers, and provide important programs to youth in the community. This program can be expanded to serve more communities and promote flexible programming.

ACTION 1: Continue to seek funding for grants from the Federal, State, and County governments and elsewhere.

ACTION 2: Solicit proposals from local organizations for grants.

ACTION 3: Make grant awards to programs that meet criteria for effective prevention programs or are creative and innovative.

ACTION 4: Encourage other public agencies to seek and supply grant funds for grassroots prevention.

WHO: Montgomery County Government.

GOAL 2: *To provide outreach and direct service programming to reduce substance abuse.*

OBJECTIVE 1: **To provide County staff for program development and technical assistance to grassroots organizations.**

RATIONALE: People generally do not seek out prevention services for themselves. Families with children, our main target group, have especially large numbers of competing demands on their time. Thus, prevention services must be taken to them, wherever they are--in the home, the school, the workplace, the social club, the civic or service group, or the religious institution.

To be accessible, outreach services must include flexible hours, simple intake procedures, convenient locations, sensitive providers, a welcoming atmosphere, and transportation.

ACTION 1: Assign staff, including persons who are knowledgeable about prevention principles, wellness approaches, specific strategies to reduce substance abuse, and community services.

ACTION 2: Coordinate and cooperate with all County agencies providing community outreach about alcohol and other drug abuse prevention.

ACTION 3: Provide outreach and technical assistance services.

WHO: Montgomery County Government.

GOAL 2: *To provide outreach and direct service programming to reduce substance abuse.*

OBJECTIVE 2: *To provide education, training, and support for youth and parents, especially parents of pre-school and school-age children, using both existing and added services.*

RATIONALE: The breakdown of the family is considered by many to be one of the major problems leading to a variety of social ills, including increasing substance abuse among youth. School-based prevention education is only part of the answer, because children spend many more hours at home than in school and parents are important role models and teachers of their children. Thus, parents need to become more involved in prevention through self education, family communication, and community networking.

Efforts to involve parents must be sensitive to the many time demands on parents today, particularly in single-parent households, dual-career families, families facing job pressures or financial constraints, and families undergoing other stresses. Many parents lack the time and energy to attend PTA and other programs. The message needs to be taken to the parents through a variety of means.

- ACTION 1:** In the Montgomery Monthly or a special mailing from the County Executive to each County household, publish a list of both public and private programs on parent education and substance abuse prevention. Encourage newspapers to publish lists regularly.
- ACTION 2:** Encourage PTAs to include prevention information in their newsletters, handbooks, and social events; to send joint principal-PTA letters home; and to work with other community organizations to co-sponsor education programs.
- ACTION 3:** Encourage the Montgomery County Council of PTAs and the non-public school groups to hold workshops on prevention programs for appropriate program chairs.
- ACTION 4:** Support and expand School Community Action Teams.
- ACTION 5:** Encourage obstetricians and pediatricians to provide educational materials in their waiting rooms.
- ACTION 6:** Encourage parent education and substance abuse prevention programs in the workplace.
- ACTION 7:** Encourage businesses to communicate prevention awareness messages to their customers, using whatever means they feel are appropriate.

WHO: Montgomery County Council of PTA's, The Parents Council of Washington, Montgomery County Public Schools, Montgomery County Government, Montgomery College, Montgomery County Medical Society, businesses.

GOAL 2: *To provide outreach and direct service programming to reduce substance abuse.*

OBJECTIVE 3: *To increase peer counseling programs and outreach services for a variety of target groups.*

RATIONALE: Peer counseling appears to be a successful and low cost intervention method. It is useful for all types of peers, including religious leaders, physicians, parents, nurses, and employers, as well as youth. In addition, other groups would benefit from outreach efforts designed to match their specific needs. These groups could include pregnant women, new mothers, people in high-risk occupations, disadvantaged youth, people completing treatment, and children of substance abusers.

ACTION 1: Identify target groups and trainers for peer training programs.

ACTION 2: Adapt peer training curriculum to specific target groups, conduct training programs, and establish peer counseling programs.

ACTION 3: Design and operate services for these groups, emphasizing simple intake, flexible hours, accessible locations, sensitive providers, and transportation.

ACTION 4: Provide technical assistance to peer counseling and other outreach programs.

WHO: Montgomery County Government, Montgomery County Public Schools, community-based agencies.

GOAL 2: *To provide outreach and direct service programming to reduce substance abuse.*

OBJECTIVE 4: **To increase the number of student support groups in junior and senior high schools.**

RATIONALE: Some County high schools now have student support groups that meet weekly to discuss issues related to alcohol and other drug use. Participants are students who have had personal alcohol or other drug problems or whose family members have. Groups are led jointly by a school community health nurse and a school guidance counselor.

The groups help students recovering from abuse problems maintain a drug-free lifestyle. They also help students in families with addiction problems deal with their own higher risks of addiction and with the addictions of those around them, in an effort to break the family addiction cycle.

Aims of the support groups are to help students at risk for substance abuse to:

- Change their attitudes and behaviors toward alcohol and other drugs;
- Enhance their self-esteem;
- Recognize and resist pressure to use alcohol and other drugs;
- Value and maintain sound personal health.

ACTION 1: Provide training for the school health nurses and guidance counselors who have not yet received it.

ACTION 2: Educate secondary school principals about the importance of making support groups available during the school day.

ACTION 3: Recruit student participants through school nurses and guidance counselors.

ACTION 4: Implement the program in all secondary schools in the County.

WHO: Montgomery County Public Schools, Montgomery County Government.

GOAL 2: *To provide outreach and direct service programming to reduce substance abuse.*

OBJECTIVE 5: **To support and expand alternative activities for youth and young adults, including latchkey children and youths not in school.**

RATIONALE: Alternative activities are a key part of prevention because they enhance self-esteem and independence. Activities should incorporate substance abuse prevention education, information, and resistance training. Alternative activities can include hobby clubs, summer youth programs, volunteer activities, internships, arts, drama, and musical activities geared to young people. These activities are important to all youth, including the large number of latchkey children in the county. It is also important to reach out-of-school youths with these prevention efforts.

ACTION 1: Support and promote existing alternative activities in the community and ensure adequate transportation.

ACTION 2: Develop additional low-cost programs through a variety of community organizations, both public and private, with increased County staff where budget permits.

ACTION 3: Use volunteers, including intergenerational and peer linkages when suitable, as well as existing resources like the Volunteer Bureau.

ACTION 4: Develop and expand stipend-based programming like the Youth Service Corps; expand and develop additional youth-oriented services, similar to Family Horizons Program and others sponsored by the Youth Service Centers.

ACTION 5: Encourage corporations, small businesses, and chambers of commerce to sponsor activities.

ACTION 6: Seek external grants to fund youth programs in public and non-public schools.

ACTION 7: Explore with youth, over a one-year period, the feasibility of establishing a pilot all-purpose youth center operated around the clock and providing recreational opportunities, counseling alternatives, and skill-building activities.

WHO: Montgomery County Government, Montgomery County Public Schools, non-public schools, business community, religious sector, and municipal governments.

GOAL 2: *To provide outreach and direct service programming to reduce substance abuse.*

OBJECTIVE 6: **To provide a linkage to youth in non-public schools in Montgomery County whereby comprehensive alcohol and other drug education can take place.**

RATIONALE: About 25 percent of the children and youth in Montgomery County attend non-public schools. Efforts are needed to heighten information exchange, awareness, and technical assistance to all these schools to better prepare school staff to deal with the alcohol and other drug abuse prevention.

ACTION 1: Encourage dialogue between public and non-public schools to spread information about grants from Federal, State, and County sources and private foundations.

ACTION 2: Maintain a current list of grant announcements and sponsor a grant workshop for independent schools.

ACTION 3: Provide education to non-public school parents and school officials about the "denial" syndrome and how it thwarts effective prevention efforts.

ACTION 4: Target prevention efforts to both parents and youth, with student education on intervention, awareness, and resistance and parent education on parenting skills, awareness, and intervention.

WHO: Montgomery County Government, Montgomery County Public Schools, non-public schools, parent groups.

GOAL 2: *To provide outreach and direct service programming to reduce substance abuse.*

OBJECTIVE 7: **To increase the amount of formal and informal prevention education in public and non-public schools, particularly those serving elementary and mid-level students.**

RATIONALE: Early intervention through education, if delivered in a consistent manner and reflecting findings in the prevention research literature, can shape attitudes and may deter experimentation with alcohol and other drugs. Children and youth learn through both structured classroom activities and informal means. Youth in mid-level schools particularly need additional efforts. A long-term (5-10 year) commitment to a prevention education effort with periodic evaluation is important.

ACTION 1: In all public and non-public schools, develop or adopt appropriate mandatory prevention curricula that emphasize decision-making skills.

ACTION 2: Assign a current staff member as a health educator in each school, to provide information and other resources to both students and staff.

ACTION 3: Ensure informal education campaigns targeted at all elementary and mid-level school youth, building on existing concepts like Drug Free Zones and modeled after the Washington Regional Alcohol Program's Project Prom/Graduation. These campaigns should be sponsored by both public and private sector organizations, and focused solely on alcohol, tobacco, and other drug use prevention.

ACTION 4: Establish through the school health educators a communications network to share information, programs, and ideas among all schools.

ACTION 5: Make health education a high school graduation requirement.

ACTION 6: Identify and work with high-risk youths in each school and promote participation in organizations like SHOP and SADD.

ACTION 7: Use awards, scholarships, and grants to encourage student writing for publication and participation in prevention efforts.

WHO: Montgomery County Government, Montgomery County Public Schools, non-public schools.

- GOAL 3:** *To conduct a broad public education and awareness campaign for substance abuse prevention.*
- OBJECTIVE 1:** *To implement an educational campaign in collaboration with community representatives to develop a theme, brochures, bumper stickers, public service announcements, and other public relations devices.*
- RATIONALE:** Through the deliberations of the Task Force and the results of the recent household survey, we conclude that the citizens of Montgomery County are not well informed about the substance abuse crisis and prevention strategies. Thus, efforts are needed to increase the public's knowledge and to change attitudes and behaviors.
- ACTION 1:** Develop a theme, brochures or handbook, public service announcements, advertising slicks, and other informational materials, such as educational videotapes and other audiovisuals.
- ACTION 2:** Match specific campaigns to target audiences, such as minority and ethnic groups, the elderly, and parents of teenagers. Whenever possible, use grassroots communication channels such as newsletters, flyers, and bulletin boards.
- ACTION 3:** In newspapers sold or distributed in Montgomery County, establish a regular column, feature, or section dedicated to substance abuse prevention issues and concerns.
- ACTION 4:** Develop an information exchange network among public and non-public schools, government, business and other public information specialists to share information, generate story ideas, and provide a focus on current public information needs.
- ACTION 5:** Promote all prevention programs and services through a coordinated calendar distributed by County government to civic, social, public, and business organizations, and local news media.
- WHO:** Montgomery County Government, news media, and public information specialists.

GOAL 3: *To conduct a broad public education and awareness campaign for substance abuse prevention.*

OBJECTIVE 2: **To promote the services of public information centers like The Care Center, the Wheaton Library Health Information Center, and other information outlets.**

RATIONALE: The Care Center is Montgomery County's clearinghouse on alcohol and other drug abuse information. The Wheaton Regional Library has recently developed an extensive collection of health information materials. In addition, the University of Maryland Department of Health Education has a Maryland Data Base on Drug Prevention and Treatment for community use. Promoting the services of these and other centers will increase their use and thus help spread information about prevention.

ACTION 1: Identify or establish an information bank within the centers.

ACTION 2: Provide press/media information to increase awareness of information centers.

ACTION 3: Distribute information about these centers at community and business forums.

ACTION 4: Encourage MCPS and non-public schools to publicize the information centers.

ACTION 5: Involve each public and private organization's public information office in information/education dissemination efforts.

WHO: Montgomery County Government, Montgomery County Public Schools; broadcast public service directors; Care Center; MCPS; colleges; University of Maryland; religious organizations; public and private service programs; social/civic organizations/associations; MADD, SADD, BAD, SHOP.

- GOAL 3:** *To conduct a broad public education and awareness campaign for substance abuse prevention.*
- OBJECTIVE 3:** **To inform the news media and raise their awareness of prevention efforts and to coordinate the use of themes, materials, and promotional devices.**
- RATIONALE:** The news media wants current information on the effort to reduce substance abuse on a regular basis. To provide this information and to keep prevention efforts of the County Government and community in the spotlight, specific staff need to be assigned to perform this function.
- ACTION 1:** Assign staff who are knowledgeable of public relations, the local news media, and prevention efforts.
- ACTION 2:** Orient staff in all County departments and agencies, especially those involved in public prevention services, to provide technical assistance and outreach to the media and community.
- ACTION 3:** Coordinate public information and prevention providers to control costs and maximize impact.
- ACTION 4:** Demonstrate that County leadership is committed to the prevention efforts by ensuring that policies and positions are conveyed in a public forum (news conferences, press release, public service announcements...) and that actions and programs developed by the community are promoted.
- WHO:** Montgomery County Government.

GOAL 4: *To strengthen treatment and enforcement as prevention tools.*

OBJECTIVE 1: **To enhance the availability of the full range of treatment options, both public and private.**

RATIONALE: Treatment is an important service, because intervention leading to treatment is a component of prevention. Untreated substance abusers increase the demand for substances, increase the drug-related problems of crime and traffic accidents, and provide negative role models for children and youth who are not involved in substance use. In contrast, recovering substance abusers living drug-free lifestyles are not involved in the drug markets or drug-related problems and can be positive influences on others. Providing treatment that is immediately accessible is important; currently there are waiting lists for publicly funded treatment programs. In addition, people's needs for different kinds of treatment vary greatly. A smorgasbord of treatment options best serves the differing needs of the population.

ACTION 1: Review and assess on an ongoing basis the treatment services available, their rates of use and service gaps.

ACTION 2: Recommend new services where need is determined.

ACTION 3: Strengthen aftercare services as a means of relapse prevention.

ACTION 4: Encourage contacts between treatment and prevention people.

ACTION 5: Establish a process to coordinate prevention and treatment.

ACTION 6: Encourage the treatment community to do prevention outreach as experts on the addiction process and on EAP's.

WHO: Montgomery County Government; treatment professionals in public and private agencies.

GOAL 4: *To strengthen treatment and enforcement as prevention tools.*

OBJECTIVE 2: **To ensure that illegal activity related to substance abuse results in swift and sure consequences.**

RATIONALE: The Task Force believes that a system of swift and sure consequences for users as well as dealers is an important force to reduce substance abuse. It is important to hold people accountable for their actions, to show that there are consequences for illegal activities, and to raise the community's consciousness about the serious nature of participation at any level in the realm of substance abuse. The intent is to reduce the demand for illegal substances and increase awareness of the high cost to us all.

ACTION 1: Support efforts that ensure swift and sure consequences for drug dealing and manufacturing.

ACTION 2: Incorporate appropriate treatment programs into sentencing.

ACTION 3: Explore possible consequences for parents who allow consumption of alcohol and other gateway drugs by underage youth.

ACTION 4: Lobby for passage of appropriate legislation at the State and County levels.

ACTION 5: Orient the justice system to the desire for swift and sure consequences.

ACTION 6: Institute a citizens' court watch program to alert judges to the community's concern about stricter consequences.

ACTION 7: Encourage the arrest of users.

ACTION 8: Encourage collaboration and cooperation among enforcement, treatment, and prevention agencies.

WHO: Montgomery County Government and other groups responsible for prevention, treatment, and enforcement.

GOAL 4: *To strengthen treatment and enforcement as prevention tools.*

OBJECTIVE 3: To raise public awareness about treatment resources and enforcement efforts.

RATIONALE: Education on the laws and publicity on sentencing can be strong deterrents. Publicity gives people permission to say no to illegal activity. DWI campaigns have achieved considerable success in this area.

Information on the range of treatment services available should alert users and those close to them to the possibilities for intervention and recovery.

ACTION 1: Publicize the legal consequences of drug use, dealing, and manufacturing.

ACTION 2: Provide increased publicity on drug-related evictions and forfeiture of property.

ACTION 3: Promote and publicize community and school education by enforcement officers: McGruff, DARE, and Neighborhood Watch Programs.

ACTION 4: Disseminate information about available treatment programs through brochures, directories, and articles in newsletters and the media.

WHO: Montgomery County Government, news media.

- GOAL 5:** *To ensure the ongoing monitoring and evaluation of prevention efforts in Montgomery County.*
- OBJECTIVE 1:** **To establish and operate an oversight body to monitor the implementation of all phases of the Task Force final report for two and one-half years.**
- RATIONALE:** An oversight body is crucial to providing continuity to the work of the Task Force as well as independent judgement on whether the goals of this report are being met.
- ACTION 1:** Study the feasibility of merging the Drug Abuse Advisory Council and the Alcoholism Advisory Council and establishing one organization to advise on and monitor the implementation of this plan.
- ACTION 2:** Require that government agencies report to this organization every six months on progress to date.
- ACTION 3:** Have this organization review evaluations conducted by government as well as a household survey conducted annually for changes in patterns of substance abuse and effectiveness of prevention efforts.
- ACTION 4:** Use data generated by this organization to provide periodic reports to the County Executive, County Council, Coordinating Council, Montgomery County delegation to Annapolis, and the news media.
- WHO:** Montgomery County Government.

GOAL 5: *To ensure ongoing monitoring and evaluation of prevention efforts in Montgomery County.*

OBJECTIVE 2: **To evaluate on-going prevention programs in the County and do periodic reviews of research literature on substance abuse prevention.**

RATIONALE: Evaluation of ongoing prevention programs is an integral component in determining the costs and benefits of any strategy. Process evaluation, which allows for mid-stream adjustment of strategies, as well as outcome evaluation, which measures whether the strategy had its anticipated results on the target group, provide essential ingredients to a campaign and yield valuable information with budgetary and programmatic implications.

The current literature on prevention is ever-changing, illustrating new strategies and tools to reach target groups and generate awareness. State of the art information must be obtained, reviewed, and transmitted.

ACTION 1: Use evaluations to keep programs on track and to assess their effect.

ACTION 2: Choose techniques and a level of effort that fit the activity's objectives and resources.

ACTION 3: Collect data systematically.

ACTION 4: Interpret and use the data to improve current programs or design others.

ACTION 5: Determine whether prevention efforts in the County reflect current research findings and whether they include the following Federally defined components of prevention: 1) information, 2) education, 3) alternatives, and 4) intervention (leading to treatment).

ACTION 6: Administer the household survey annually to measure the level of awareness and changes over time in Montgomery County and as a basis for program changes.

ACTION 7: Report findings to County Executive, County Council, Coordinating Council, Oversight Committee, and other elected officials.

WHO: Montgomery County Government.

GOAL 5: *To ensure on-going monitoring and evaluation of prevention efforts in Montgomery County.*

OBJECTIVE 3: *To follow up on remaining and new issues and to allow for continuation and expansion of prevention efforts.*

RATIONALE: In an ever changing society, trends related to alcohol and other drugs must be addressed. For example, two years ago, Montgomery County had little experience with crack. Designer drugs such as "ecstasy" may be on the upswing. Therefore, it is important to keep informed on the structure nationally, as well as in our county.

In addition, it is important to recognize those who have made inroads in drug and alcohol abuse prevention and to identify others who may be instrumental in the fight.

ACTION 1: Organize a drug summit in Montgomery County in September 1989.

ACTION 2: Develop incentives for individuals and organizations that make outstanding contributions to prevention.

ACTION 3: Mandate an annual prevention effort, such as Drug and Alcohol Abuse Prevention Week, 1989.

ACTION 4: Follow up on issues that remain to be resolved, such as the appropriateness of Montgomery County's role in beer and other liquor sales, as well as liquor and tobacco taxation, and meet with groups that have not been adequately consulted, such as the Medical Society, the Dental Society, and Head Start.

WHO: Montgomery County Government.

GOAL 6: *To seek creative funding for further prevention efforts.*

OBJECTIVE: To seek grant funds from public and private sources.

RATIONALE: Many of the recommendations in this report will require additional funds in order to be carried out. While the County Government has put more money into the budget for FY 1990, the Task Force realizes that additional funds from the State and Federal Governments as well as private foundations should be sought. Government, foundations, and businesses must be asked to take part in efforts to get the resources to carry out a full range of prevention activities.

ACTION 1: Research grant sources.

ACTION 2: Through proposal writing and personal contacts, seek grants to fund prevention projects.

ACTION 3: Assign one County office to coordinate all grant seeking efforts for prevention.

WHO: Montgomery County Government.

Appendix A

Task Force Members and their organizational affiliations

William H. Jones, Potomac Electric Power Company; Chairman

Deborah Fine, Criminal Justice Commission; Chair, Public Information and Awareness Committee.

Jennifer Andrews Hughes, Montgomery County Council; Co-Chair, Youth Committee.

Ellen Pucciarelli, Department of Health; Co-Chair, Youth Committee.

Robert Studley, Community Action Team of Seneca; Chair, Community Outreach Committee.

C. Bennett Connelly, Department of Family Resources

Bob Coyne, Criminal Justice Commission

Donn T. Davis, Juvenile Services Agency

Major Donald Deering, Maryland National Capital Park Police

Neil Dorsey, Dept. of Corrections & Rehabilitation

Rev. Lincoln Dring, Community Ministry

Carl Emerick, Montgomery College

Peggy Erickson, Montgomery County Civic Federation

Mike Gerran, Youth Representative

Dr. Glen Gilbert, University of Maryland

John Haaga, Rand Corporation

Dr. Ileana C. Herrell, Department of Health

Dr. Elaine Johnson, Office of Substance Abuse Prevention

Chaim Lauer, Board of Jewish Education

Agnes Leshner, Department of Social Services

Pete Luongo, Director Department of Addiction, Victim and Mental Health Services

Edward Masood, Montgomery County Public Schools

Dr. Jose C. Manduley, Office of Minority and Multicultural Affairs

Deborah McGuire, Business Against Drugs, Inc.

Linda Miller, Business Against Drugs, Inc.

Sue Morris, S.W. Morris & Company

Patrick Murphy, Rand Corporation

Fr. James Powderly, Montgomery County Alcoholism Advisory Council

Dolores B. Reid, Department of Addiction, Victim and Mental Health Services

Capt. Ronald Ricucci, Montgomery County Department of Police

Wanda Robinson, Gaithersburg and Upper County Chamber of Commerce

William J. Skinner, Montgomery County Drug Abuse Advisory Council

Howard Smith, Circuit Court

Carolyn Snowden, Community Action Board

Charlie Steinbraker, Department of Recreation

Diane T. Ursano, Montgomery County Council of P.T.A.s

Kim Utyro, Youth Representative

Jeffrey Ward, District Court

Anne T. Windle, Department of Addiction, Victim and Mental Health Services

Alternate Members

Jane Allen, Community Ministry
 Sgt. Ted Bryan, Montgomery County Department of Police
 Lt. Tom Evans, Department of Police
 Dr. Carl Hampton, Federal Office of Substance Abuse Prevention
 Karen Jackson-Knight, Montgomery County Community Action Board
 Sergeant Betsy Kreiter, Montgomery County Park Police
 Marsha Levine, Montgomery County Civic Federation
 Jim Morrow, Juvenile Services Agency
 Joseph Motter, Montgomery County Drug Abuse Advisory Council
 Patrick Murphy, Rand Corporation
 Pam Quirk, Circuit Court
 Rabbi David Schudrich, Board of Jewish Education
 Walt Smith, Business Against Drugs, Inc.

Resource Representatives

Calvin Avant, Youth Outreach Worker,
 Takoma Park City Hall
 Virginia Bright, Mothers Against Drunk
 Driving
 William Butler, Montgomery County
 Alcoholism Advisory Council
 Sgt. Wayne Cleveland, Montgomery
 County Department of Police
 Dr. Maxine Counihan, County
 Executive's Special Assistance on
 Substance Abuse
 Al Crandall
 Rosalind Goldfarb, Circle Treatment
 Center and Montgomery County Drug
 Abuse Advisory Council
 Gregory Hamilton, Takoma Park City
 Hall
 David Humpton, City of Gaithersburg
 Sheila Kaufman, Project Pride
 Gertrude Kilder, City of Gaithersburg
 Della Kloostera, Mellon Bank and
 Business Against Drugs, Inc.
 Donald C. Meek, M.D.
 Susan Melton, Parent's Council of
 Washington
 Daniel Moskowitz, Accredited Surgical
 Company
 Frank Portugal, Ph.D, Montgomery
 County Drug Abuse Advisory Council
 Josephine Roberts, City of Rockville
 Community Services
 Janet Schmidt, Sovran Bank
 Jean Smith, Housing Opportunities
 Commission

Jennifer Barrett Stein, Montgomery
 County Office of Management &
 Budget
 Lynore Swink, Sovran Bank
 James Topper, Rockville Crushed Stone
 Janeth Welch, The Care Center
 Langdon Woods, Diversified Financial
 Services, Inc.
 Gail Wight, City of Gaithersburg

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Montgomery County Department of
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 Charlotte Wunderlich, Editorial &
 Computer Services

DRUG PREVENTION APPROACHESDrug Information Approaches

The First approach to drug abuse prevention used in the U.S. was moral objection, emphasizing the evil of drug abuse. The failure of this approach led to the use of fear (scare tactics) approaches. Emphasizing the negative consequences of drug abuse did arouse fear, but drugs became a frequent mechanism of fear reduction. Research on attitude change suggests that fear tactics only yield positive change if coupled with the opportunity to take specific actions to reduce fear.

Drug information programs first appeared in U.S. schools in the 1880's. For most of the century since, the approach has been to present factual information consistent with available knowledge of the time. Exceptions to this rule have occurred in the 1890's and 1960's, during which decades the use of scare tactics dominated. (Moskowitz, 1983; Flay and Sobel, 1983.)

Neither scare tactics nor neutrally presented factual information have been shown to have the desired effect of reducing drug use. In fact, there may be no more dangerous assumption than that ignorance about drugs is a major basis for drug abuse. Evaluation of fact-oriented programs have found that information about drugs seems to reduce anxiety and increase curiosity about drugs, leading to increased drug use.

The factual approach is now termed "information." The term "education" is currently used to refer to a process that helps individuals to develop affective and psychological skills necessary for problem-solving, decision-making, values-awareness, stress reduction, and communication (Bukoski, 1979). In essence, "information" pertains to the imparting of facts, "education" pertains to the imparting of facts, "education" to the promotion of effective use of those facts.

In sum, drug information approaches may well be a necessary ingredient to a comprehensive drug abuse prevention program, but alone are of no demonstrated value. Straight forward, fact-oriented information programs, when combined with other efforts to increase ability to use facts, may be of value. Skillfully conducted media campaigns to provide drug information can be a useful element in a comprehensive drug abuse prevention program.

Drug Education Approaches

There are three broad theoretical approaches to drug information/education prevention efforts (Moskowitz, 1983).

Knowledge/Attitudes. This essentially is the "information" approach based on the assumption that knowledge about drugs will affect attitudes which will affect behavior. Such approaches are not effective in isolation and have been demonstrated to be potentially counterproductive.

Values/Decision-Making. This approach attempts to promote self-understanding and responsible decision-making.

Social Competence. This approach assumes that the more effectively people can relate to others, control their interpersonal environment, and maintain their personal integrity, the less likely they will be to engage in harmful behavior such as drug abuse. These programs were developed to improve social skills, especially those needed to resist social influences that compromise personal integrity. Slogans, such as "Just Say No," and "Be Smart, Don't Start" may be employed, with training programs to help youngsters to comply with these messages. Teaching only the slogans without the skills to use them is not sufficient.

In sum, the various approaches to prevention of drug abuse have four components:

Information is the provision of facts about drugs to target population.

Education pertains to programs intended to help people make better use of information, to make better decisions, to be more assertive in resisting peer pressure. In contrast to information approaches, education methods typically involve active participation of the target audience, such as discussions or role playing, rather than the passive receipts of facts.

Alternative approaches provide sources (other than drugs) of pleasure, fulfillment, socializing, and growth. Examples include religious programs, scouting, special educational opportunities, job training, or outdoor activities.

Intervention programs involve the provision of help to young people during critical periods of their lives. Intervention may take the form of professional treatment, peer counseling, special discussion groups, or Neighborhood Empowerment programs.

Herrell, Herrell, and Katasky, Drug Abuse Prevention: Concepts and Strategies, PAHO/WHO, 1986.

EXECUTIVE SUMMARY

MONTGOMERY COUNTY

HOUSEHOLD DRUG SURVEY

June 13, 1989

Completed under contract to the Montgomery County Department of Family Resources by the Department of Health Education through the Interdisciplinary Health Research Laboratory, the University of Maryland at College Park by Dr. Glen G. Gilbert and Dr. Laura Wilson.

The Department of Health Education, The University of Maryland at College Park under contract to the Montgomery County Department of Family Resources conducted the study of the perceptions held by "the head of the household" in Montgomery County. This representative random sample produced interesting results.

DEMOGRAPHIC DATA

- A. The demographic characteristics were very similar to the latest available census figures

COMMUNITY PERCEPTIONS

- A. 22% think illegal drugs are a serious problem in their neighborhood
B. Over 85% rate the quality of life in Montgomery County as Excellent or Good
C. 92% would take some action - "If you knew or suspected that drugs were being sold in your neighborhood, which of the following would you most likely do?"

Call the police	61%
Talk to neighbors	21%
Talk to neighborhood leaders	8%
Start neighborhood program	3%
Do nothing	7%

- D. Support raising revenue for drug/alcohol abuse education and prevention—five to ten cents more in excise taxes for a six-pack of beer and a bottle of wine—79% favor.
E. 1 in 5 have stopped going to a part of Montgomery County because of concern about drugs or related crime.

ATTITUDES ON DRUGS

- A. 94%—"If I were to use illegal drugs, I run the risk of ruining my family life."
B. 50% do not believe they would get caught and punished if they use illegal drugs.

DRUG USE

- A. Few admit to current personal drug use.
B. Alcohol is used by (75%) of residents currently and continues to be the number one drug problem.
C. Factor which had most impact on decision to use or not use drugs.

Health risks	61%
Parents	18%
Illegality	10%
Peers	5%
Availability	3%

- D. 6% admitted having been absent from work because of drug or alcohol use.
- E. 15% have had family problems because of drug and alcohol use.
- F. 19% have had problems with friends because of drug or alcohol use.
- G. Also of note is a willingness to see AA meetings held in the neighborhood (90%), residential or treatment programs (58%) located in their neighborhood while giving thumbs down to halfway houses (54% against).
- H. More than 3% admitted having been arrested for drunk driving.

SPENDING

A. How to spend money on prevention:

Increasing prevention programs	90%
Increasing school health and drug educators	90%
Increasing treatment programs	82%
Increasing number of police	63%
Longer jail terms	61%
Launch media campaign	59%
Building more jails	37%

- C. An interesting contradiction was the desire to see longer sentences for drug offenders (61%) while stating an unwillingness to pay for additional jail space (37% in favor).

SUMMARY

PROCEDURES

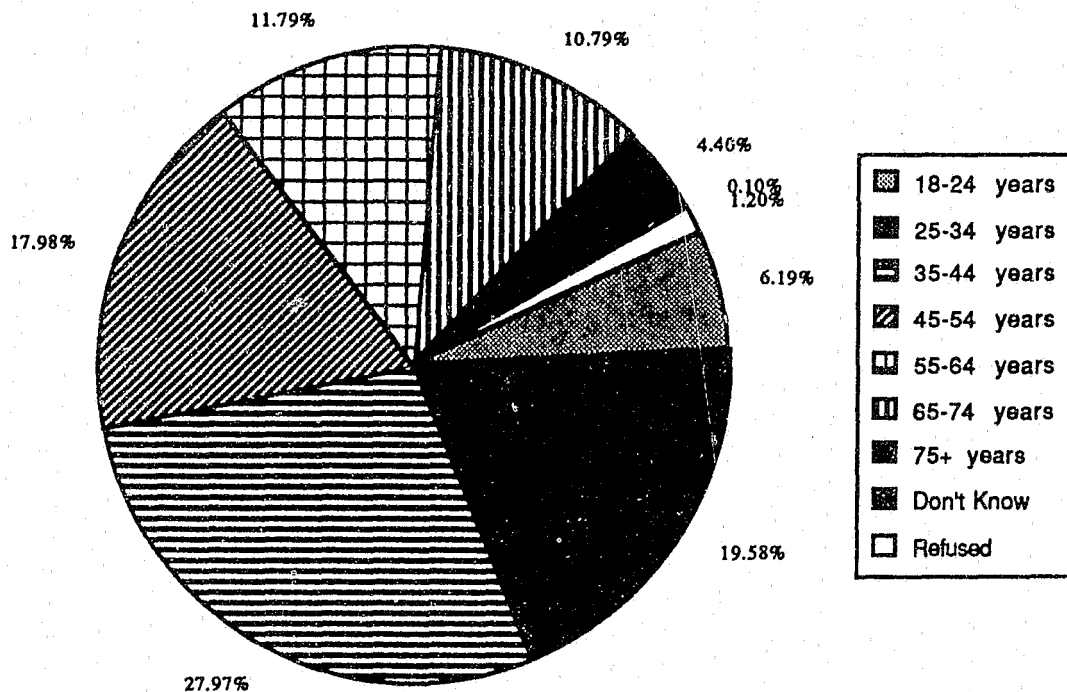
A random phone sample was generated from all phone exchanges in Montgomery County. The sample was weighted according to current population figures. A total of 1,001 surveys were completed. The survey was conducted between the dates of April 18, 1989 and May 21, 1989. All calls were completed between the hours of 4 to 10 p.m., Eastern time plus the weekends of May 14 and May 21. Each number was called a minimum of three times on different days before a replacement number was generated. All surveys were completed in English although Spanish and Chinese speaking interviewers were available.

DEMOGRAPHIC DATA

AGE

What is your age?

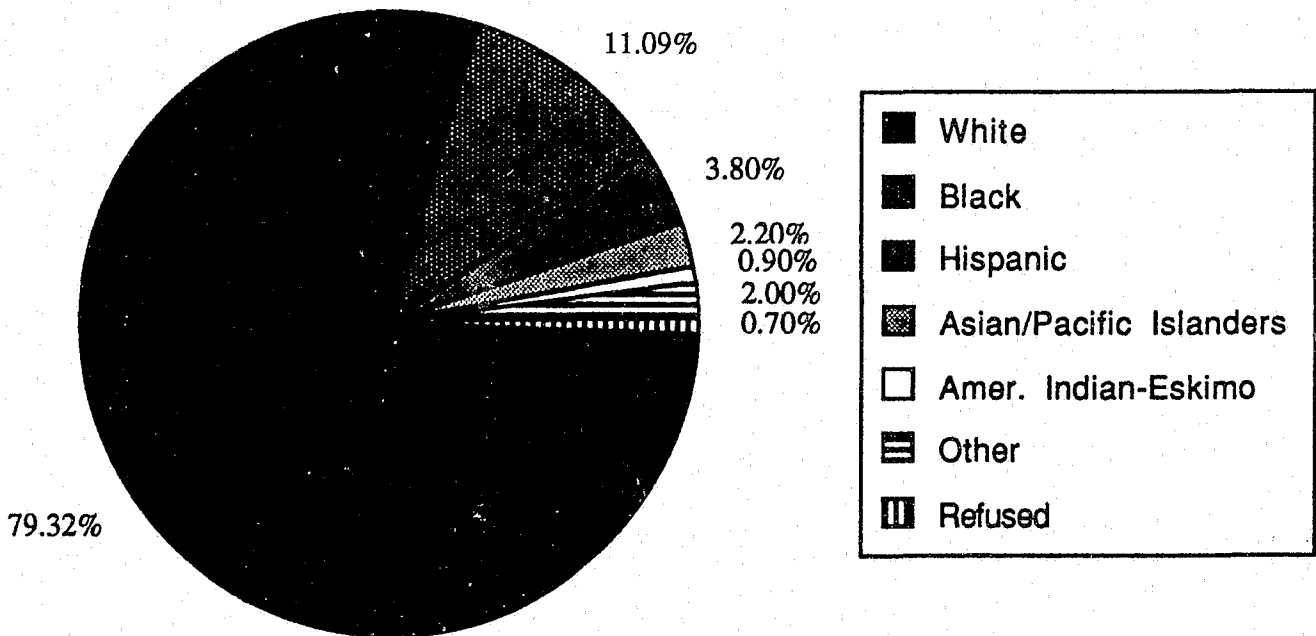
Categories	Frequency	Percentage
18-24 years	62	6.19
25-34 years	196	19.58
35-44 years	280	27.97
45-54 years	180	17.98
55-64 years	118	11.79
65-74 years	108	10.79
75 +	44	4.40
Don't Know	1	0.10
Refused	12	1.20



ETHNICITY

What is your ethnicity?

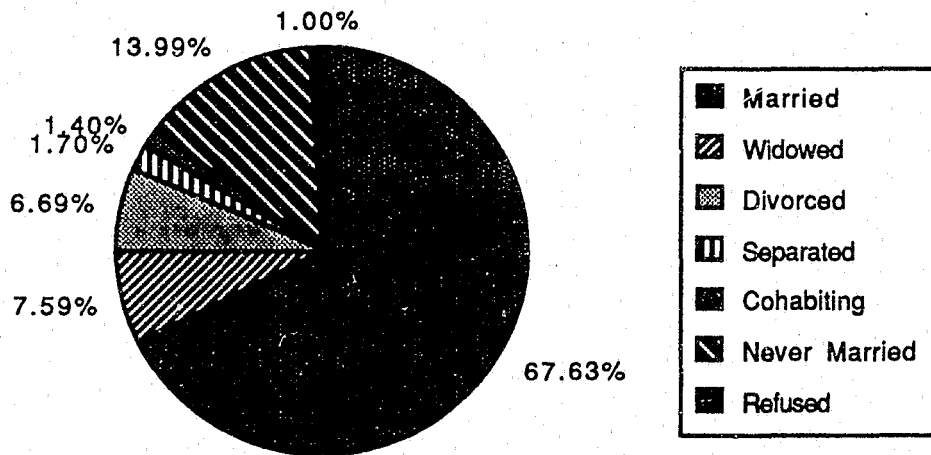
Categories	Frequency	Percentage
White	794	79.32
Black	111	11.09
Hispanic	38	3.80
Asian/Pacific Isl	22	2.20
Amer. Indian-Eskimo	9	0.90
Other	20	2.00
Refused	7	0.70



MARITAL STATUS

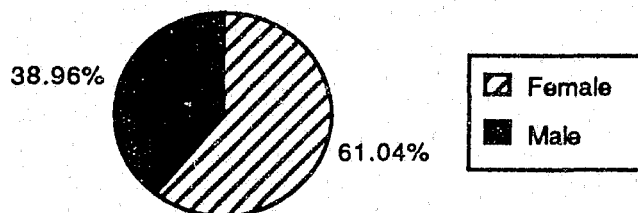
What is your marital status?

Categories	Frequency	Percentage
Married	677	67.63
Widowed	76	7.59
Divorced	67	6.69
Separated	17	1.70
Cohabiting	14	1.40
Never Married	140	13.99
Refused	10	1.0



GENDER

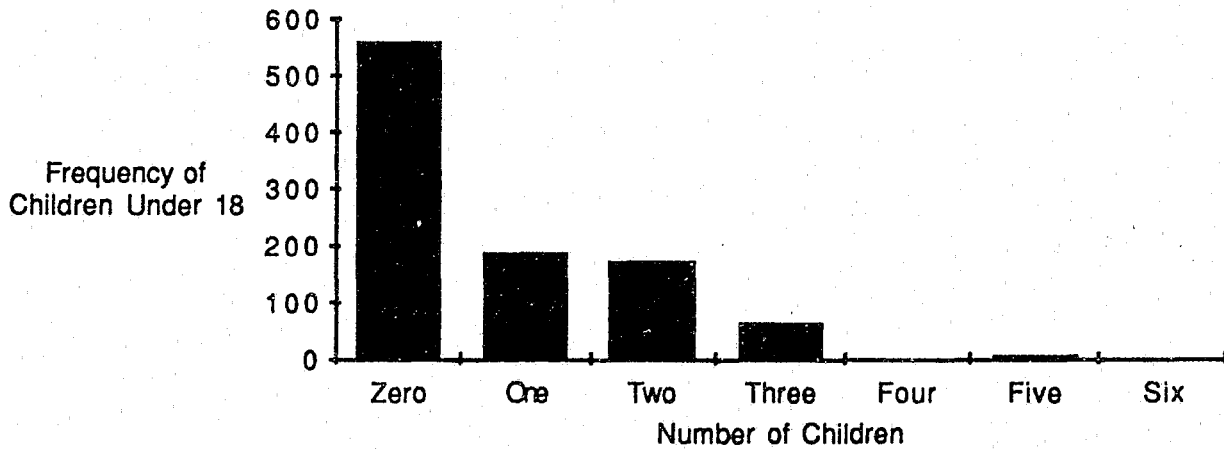
Categories	Frequency	Percentage
female	611	61.04
male	390	38.96



CHILDREN

How many children under the age of 18 are living at home?

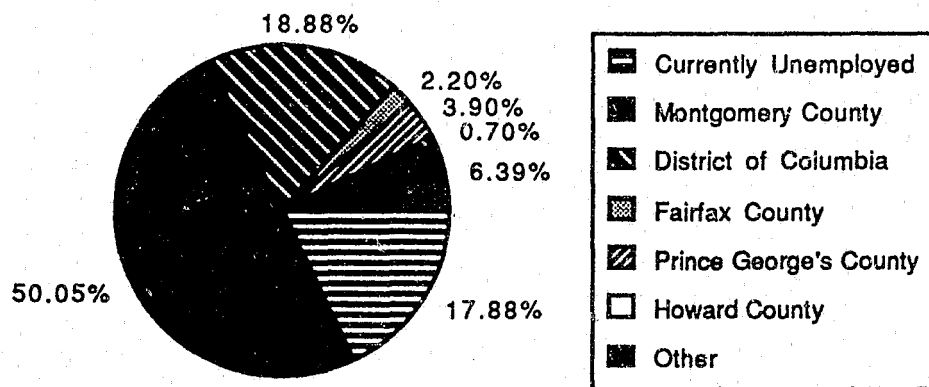
Categories	Frequency	Percentage
Zero	561	56.04
One	185	18.48
Two	174	17.38
Three	65	.065
Four	0	.010
Five	4	.004
Six	2	.002



COUNTY OF EMPLOYMENT

Could you please tell me in what county you work?

Categories	Frequency	Percentage
Currently Unemployed	179	17.88
Montgomery County	501	50.05
District of Columbia	189	18.88
Fairfax County	22	2.20
P.G. County	39	3.90
Howard County	7	0.70
Other	64	6.39

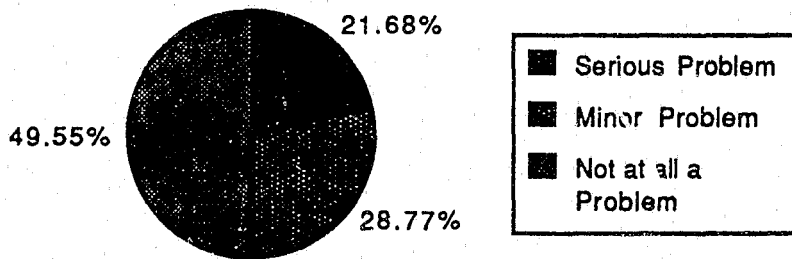


COMMUNITY PERCEPTION

I am now going to read you some problems that people have mentioned having in Montgomery County. I will be asking you whether it is a serious problem, a minor problem, or not a problem at all in YOUR neighborhood.

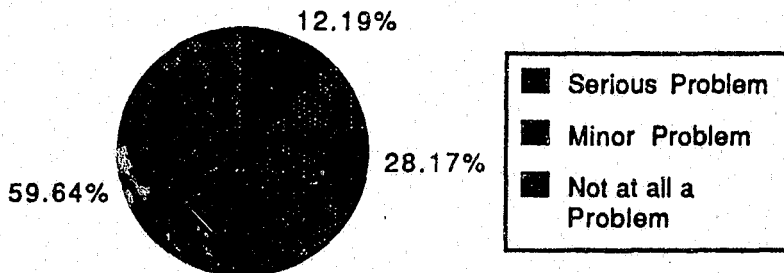
Do you think selling drugs is a:

Categories	Frequency	Percentage
Serious problem	217	21.68
Minor problem	288	28.77
Not at all a problem	496	49.55



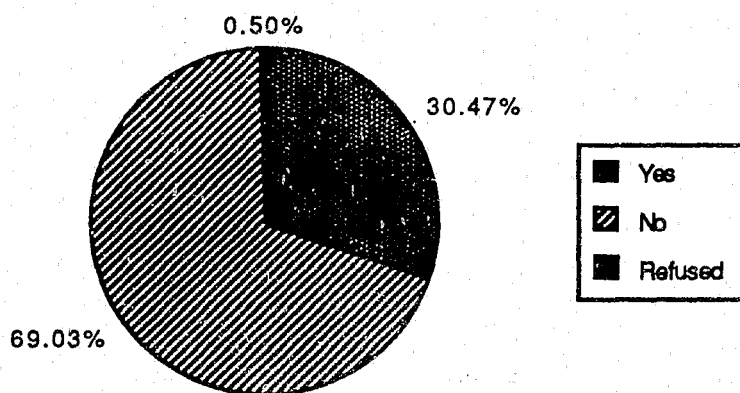
Is violent crime a:

Categories	Frequency	Percentage
Serious problem	122	12.19
Minor problem	282	28.17
Not at all a problem	597	59.64



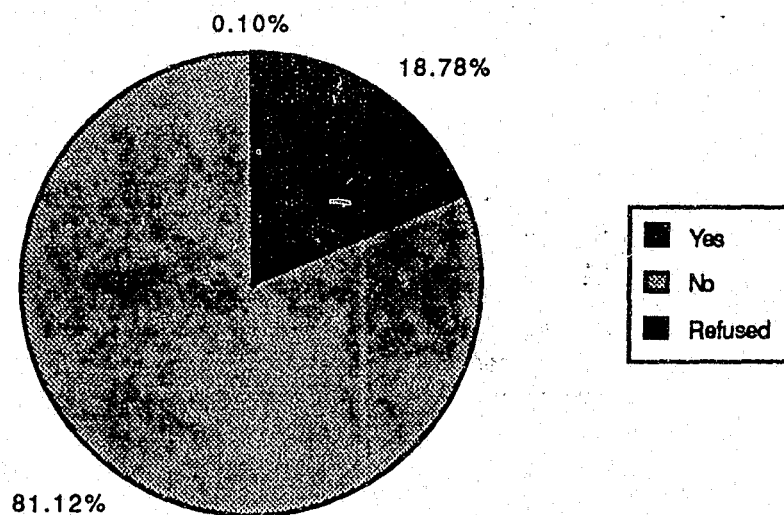
Do you happen to know someone who uses drugs?

Categories	Frequency	Percentage
YES	305	30.47
NO	691	69.03
REFUSED	5	00.50



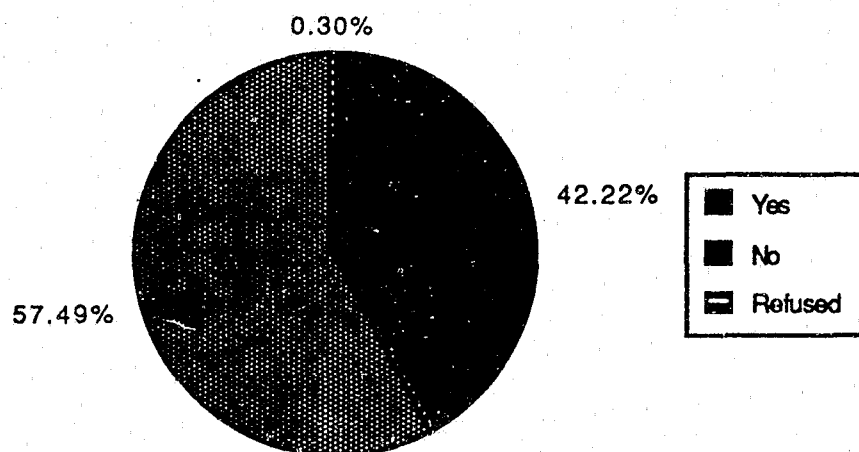
Have you stopped going to certain parts of Montgomery County because of concerns about drugs or drug related crimes?

Categories	Frequency	Percentage
YES	188	18.78
NO	812	81.12
REFUSED	1	0.10



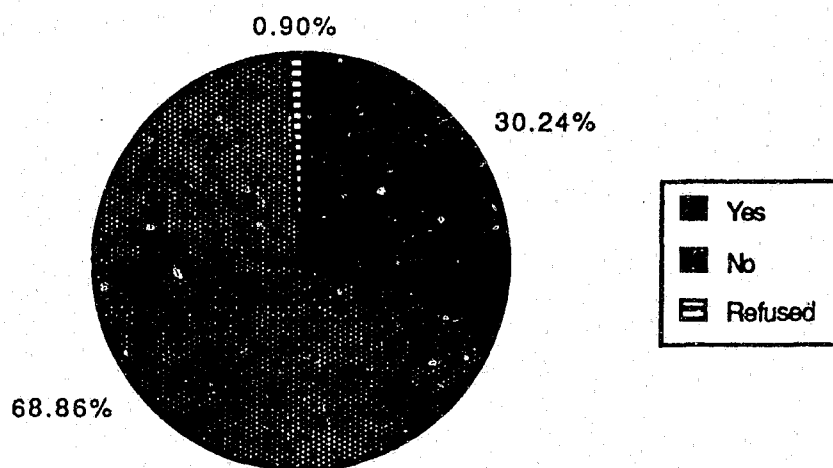
Have you told one or more of your children not to hang around with certain kids you suspect might be involved with drugs?

Categories	Frequency	Percentage
YES	141	42.22
NO	192	57.49
REFUSED	1	0.30



Have you told your kids not to go to a specific place, such as a club or recreation area because you were concerned about drugs or drug related violence there

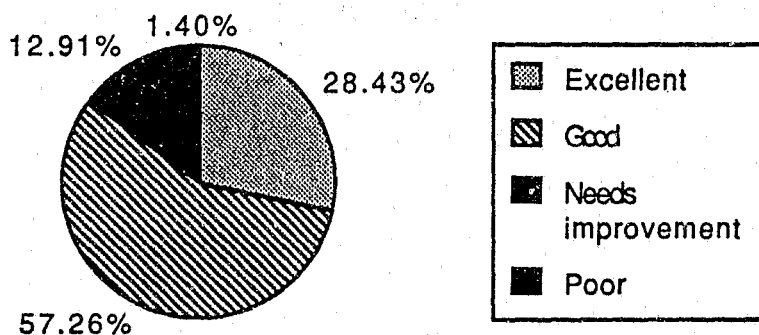
Categories	Frequency	Percentage
YES	101	30.24
NO	230	68.86
REFUSED	3	0.90



QUALITY OF LIFE

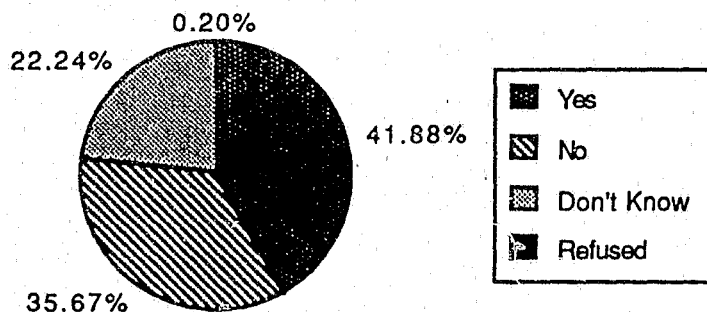
What is your perceived "quality of life" in Montgomery County?

Categories	Frequency	Percentage
Excellent	284	28.43
Good	572	57.26
Needs Improvement	129	12.91
Poor	14	1.40



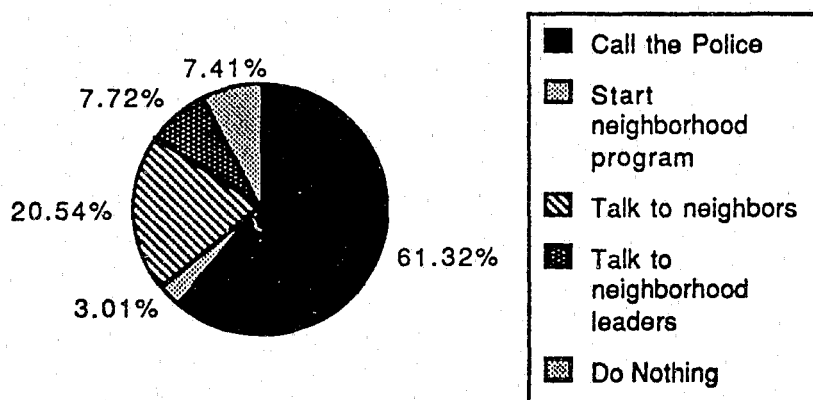
Do you think illegal drugs are being sold in your neighborhood?

Categories	Frequency	Percentage
YES	418	41.88
NO	356	35.67
Don't Know	222	22.24
Refused	2	.20



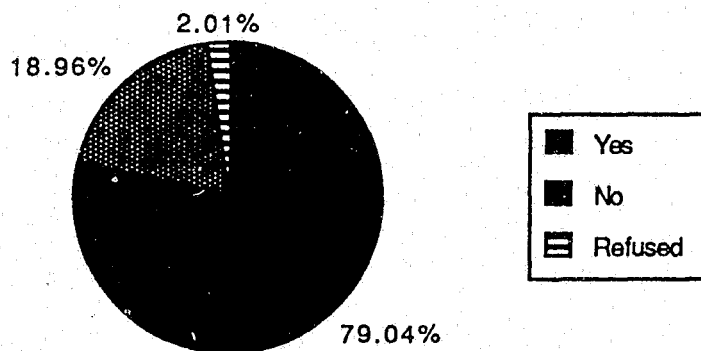
If you knew or suspected that drugs were being sold in your neighborhood, which of the following would you most likely do?

Categories	Frequency	Percentage
Call the Police	612	61.32
Start neighborhood Program	30	3.01
Talk to neighbors	205	20.54
Talk to neighborhood leaders	77	7.72
Do nothing	74	7.41



Would you be willing to pay 5-10 cents more in excise taxes for a 6-pack of beer and a bottle of wine if you knew it would be designated for drug/alcohol abuse education and prevention?

Categories	Frequency	Percentage
YES	788	79.04
NO	189	18.96
REFUSED	20	2.01



Approval of programs being placed in their neighborhoods

Treatment Programs

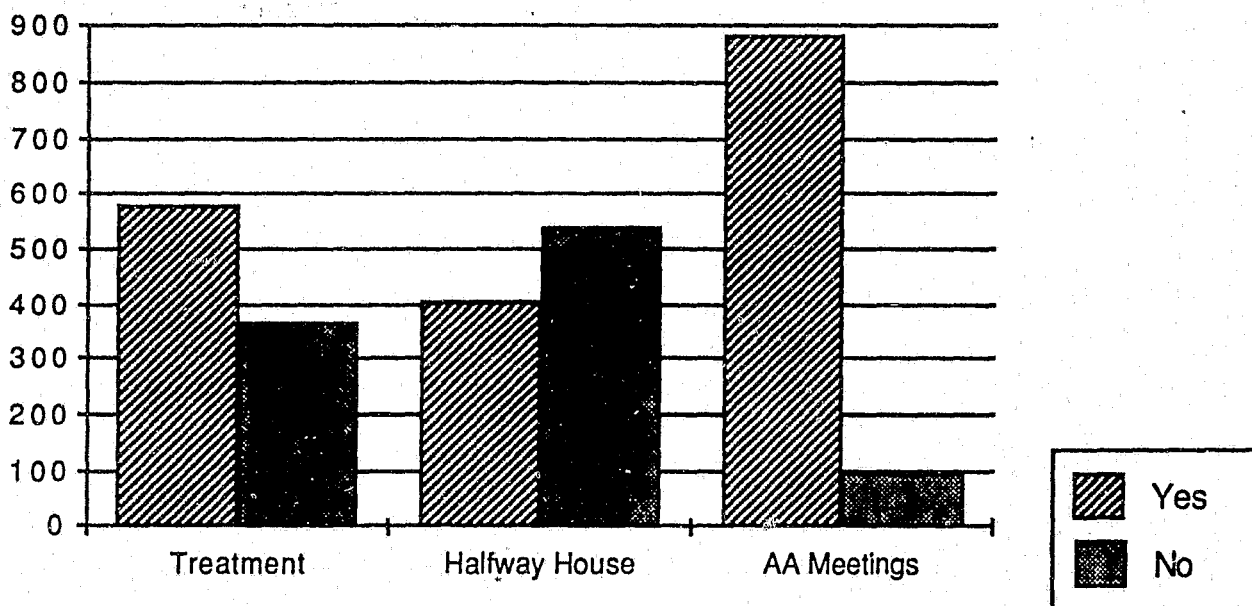
Categories	Frequency	Percentage
Yes	582	58.38
No	366	36.71
Refused	49	4.91

Halfway House

Categories	Frequency	Percentage
Yes	407	40.82
No	540	54.16
Refused	50	5.02

AA Meetings

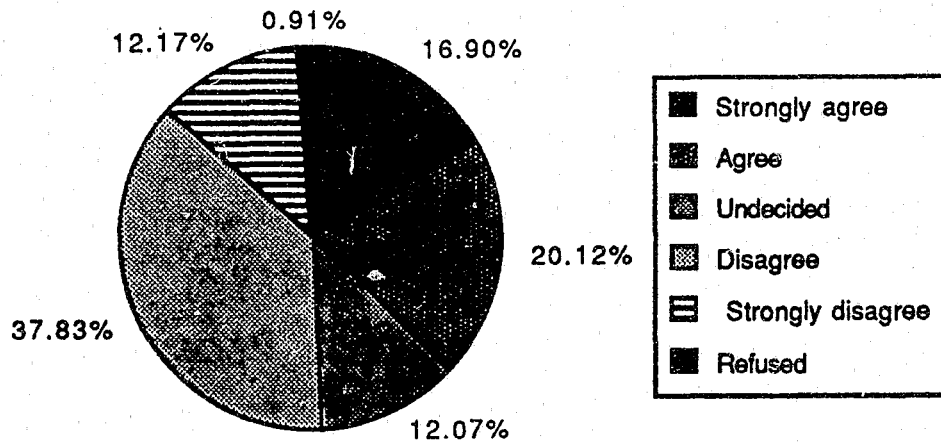
Categories	Frequency	Percentage
Yes	884	88.67
No	97	9.73
Refused	16	1.60



ATTITUDES ON DRUGS

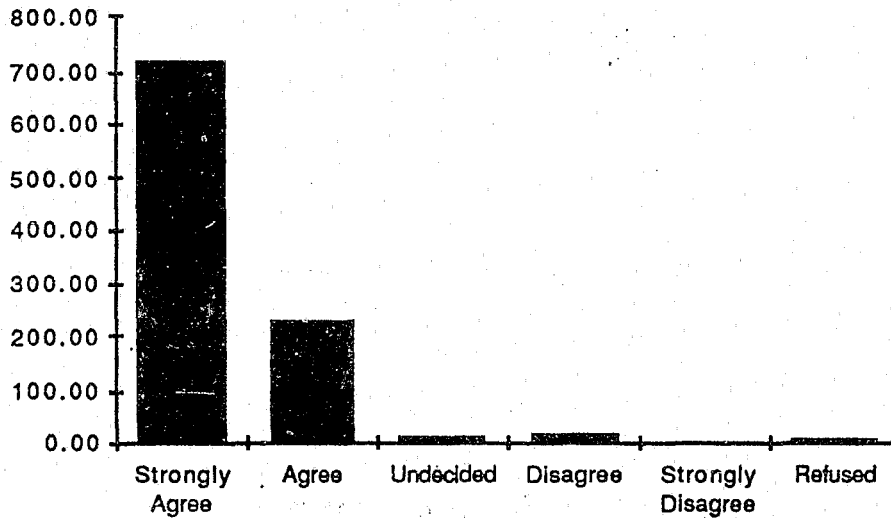
If I were to use illegal drugs, I am certain that I would be caught and punished.

Categories	Frequency	Percentage
Strongly Agree	168	16.78
Agree	200	19.98
Undecided	120	11.99
Disagree	376	37.56
Strongly disagree	121	12.09
Refused	9	0.90



If I were to use illegal drugs, I run the risk of ruining my family life.

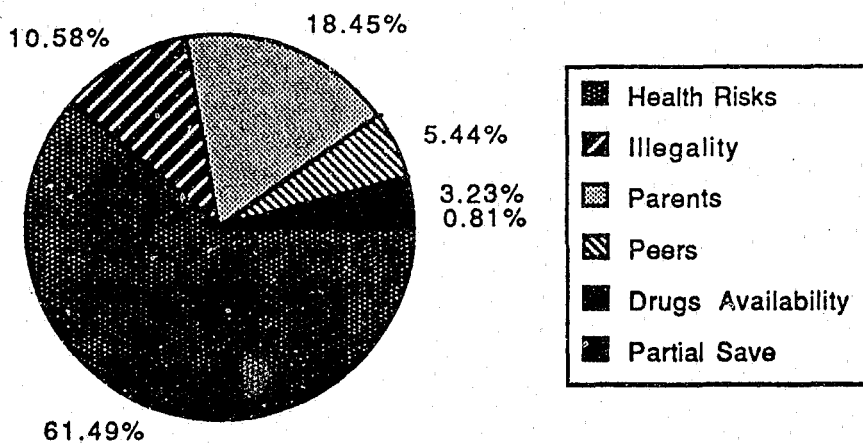
Categories	Frequency	Percentage
Strongly Agree	720	71.93
Agree	226	22.58
Undecided	15	1.50
Disagree	22	2.20
Strongly Disagree	1	0.10
Refused	8	0.80



Which factor had the most impact on your decision to use or not to use drugs?

Categories	Frequency	Percentage
Health Risks	610	60.94
Illegality	105	10.49
Parents	183	18.28
Peers	54	5.39
Drugs Availability	32	3.20
Partial Save	8	0.80

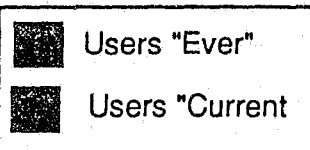
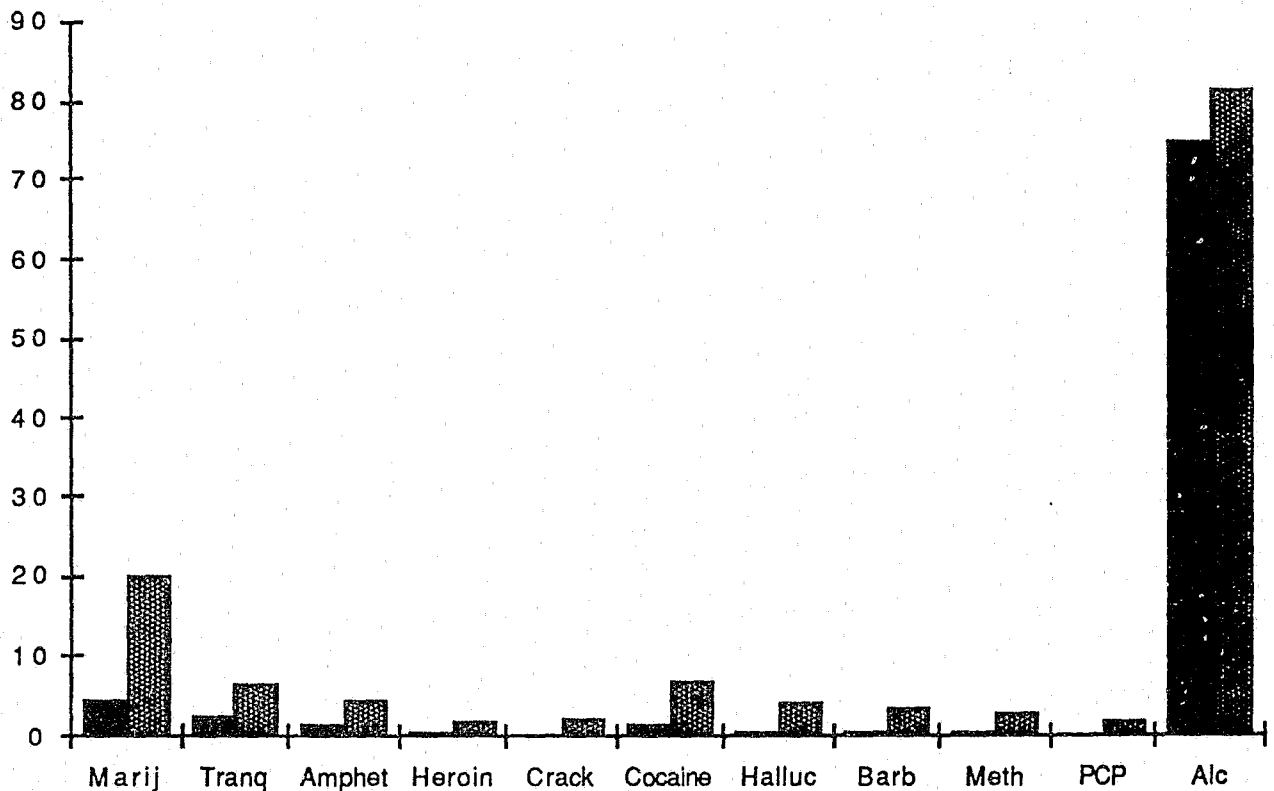
Decision Factors



SUBSTANCE OR DRUG

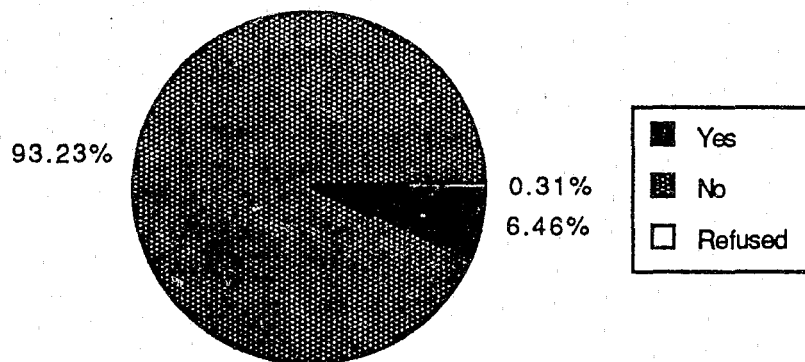
PERSONAL DRUG USE (Reported as Percentage)

Categories	Never Used It	Used/ Tried It Once	Use It Less Than 1/Month	Use It Once a Month	Use It Once a Week	Several Times a Week	One or More Times per Day
Marijuana	79.90	15.31	2.14	1.53	0.82	0.10	0.20
Tranquilizers	93.47	3.98	2.04	0.31	0.20	0.00	0.00
Amphet	95.71	2.86	0.31	0.51	0.41	0.10	0.10
Heroin	98.16	1.33	0.41	0.00	0.00	0.10	0.00
Crack	97.76	2.04	0.20	0.00	0.00	0.00	0.00
Cocaine	93.16	5.31	1.12	0.20	0.10	0.00	0.00
Hallucin.	96.02	3.47	0.51	0.00	0.00	0.00	0.00
Barbituates	96.63	2.96	0.41	0.00	0.00	0.00	0.00
Meth.	97.14	2.55	0.20	0.10	0.00	0.00	0.00
PCP	98.16	1.84	0.00	0.00	0.00	0.00	0.00
Alcohol	18.77	6.26	14.26	16.72	22.87	13.95	7.18



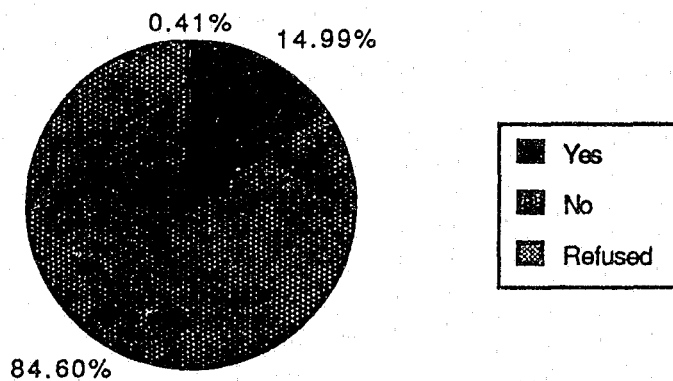
Have you ever been absent from work because of drug or alcohol use?

Categories	Frequency	Percentage
Yes	63	6.46
No	909	93.23
Refused	3	0.31



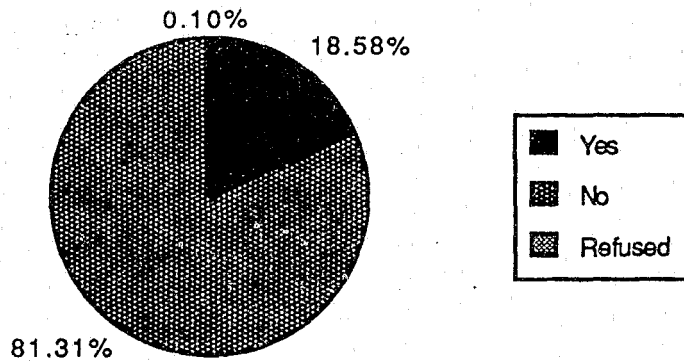
Have you ever had family problems because of drug or alcohol use?

Categories	Frequency	Percentage
Yes	146	14.99
No	824	84.60
Refused	4	0.41

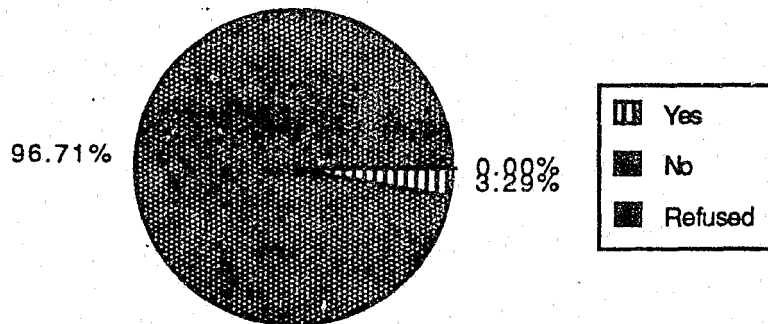


Have you ever had problems with friends because of drug or alcohol use?

Categories	Frequency	Percentage
Yes	181	18.58
No	792	81.31
Refused	1	0.10



Have you ever been arrested for drunk driving?



MONTGOMERY COUNTY HOUSEHOLD DRUG SURVEY
FINAL REPORT
THE COMMUNITY LEADERSHIP TASK FORCE
ON DRUG AND ALCOHOL ABUSE PREVENTION
AND

THE UNIVERSITY OF MARYLAND - DEPARTMENT OF HEALTH EDUCATION

Response percentages based on number of respondents to each question.

1. I would like to ask you a few questions that won't take more than a few minutes of your time! Is that ok?
- | | | | |
|-----|---------|----|-------|
| Yes | 100.00% | No | 0.00% |
|-----|---------|----|-------|

Demographic Data

2. What is your age?
- | | | | | | |
|---------|--------|---------|--------|------------|-------|
| 18 - 24 | 6.19% | 45 - 54 | 17.98% | 75 + | 4.40% |
| 25 - 34 | 19.58% | 55 - 64 | 11.79% | Don't Know | 0.10% |
| 35 - 44 | 27.97% | 65 - 74 | 10.79% | Refused | 1.20% |
3. What is your ethnicity?
- | | | | |
|--------------------|--------|-------------------------|-------|
| White | 79.32% | American Indian/ Eskimo | 0.90% |
| Black | 11.09% | Other | 2.00% |
| Hispanic | 3.80% | Don't Know | 0.00% |
| Asian/Pacific Isl. | 2.20% | Refused | 0.70% |
4. What is the total income in your household?
- | | | | |
|-------------------|--------|-------------------|--------|
| \$ 5,000 or less | 0.50% | \$60,000 - 69,999 | 9.59% |
| \$ 5,000 - 9,999 | 1.30% | \$70,000 - 79,999 | 7.59% |
| \$10,000 - 19,999 | 5.00% | \$80,000 - 89,999 | 3.70% |
| \$20,000 - 29,999 | 8.59% | \$90,000 - 99,999 | 2.40% |
| \$30,000 - 39,999 | 10.79% | \$100,000 or more | 6.49% |
| \$40,000 - 49,999 | 10.79% | Don't Know | 6.09% |
| \$50,000 - 59,999 | 12.19% | Refused | 14.98% |
5. What is your marital status?
- | | | | |
|-----------|--------|---------------|--------|
| Married | 67.63% | Cohabiting | 1.40% |
| Widowed | 7.59% | Never Married | 13.99% |
| Divorced | 6.69% | Refused | 1.00% |
| Separated | 1.70% | | |
6. What is gender of subject
- | | | | |
|--------|--------|------|--------|
| Female | 61.04% | Male | 38.96% |
|--------|--------|------|--------|
7. How many children under age of 18 are living at home?
- | | | | | | |
|------|--------|-------|-------|------|-------|
| Zero | 56.04% | Three | .065% | Five | .004% |
| One | 18.48% | Four | .010% | Six | .002% |
| Two | 17.38% | | | | |
8. Could you tell me in what county you work?
- | | | | | | |
|----------------|--------|----------------|-------|--------|-------|
| Unemployed | 17.88% | Fairfax | 2.20% | Howard | 0.70% |
| Montgomery | 50.05% | Prince Georges | 3.90% | Other | 6.39% |
| Washington, DC | 18.88% | | | | |

Community Perceptions

9. In your neighborhood, do you think that selling drugs is a ...
Serious problem 21.68%
Minor problem 28.77%
Not at all a problem 49.55%
10. In your neighborhood, is violent crime a ...
Serious problem 12.19%
Minor problem 28.17%
Not at all a problem 59.64%
11. In your neighborhood, is kids hanging out a ...
Serious problem 10.09%
Minor problem 32.17%
Not at all a problem 57.74%
12. In your neighborhood, is use of illegal drugs a ...
Serious problem 21.48%
Minor problem 33.37%
Not at all a problem 45.15%
13. In your neighborhood, is drinking in public places a ...
Serious problem 14.09%
Minor problem 31.97%
Not at all a problem 53.95%
14. Do you happen to know someone who uses drugs?
Yes 30.47% No 69.47 Refused 0.50%
15. Have you stopped going to certain parts of Montgomery County because of concerns about drugs or drug related crimes?
Yes 18.78% No 81.12% Refused 0.10%
17. Do you have children between ages of 6 and 19 living at home?
Yes 32.60% No 67.40%
18. Have you told one or more of your children not to hang around with certain kids you suspect might be involved with drugs?
Yes 42.22% No 57.49% Refused 0.30%
19. Have you told your kids not to go to a specific place, such as a club or recreation area because you were concerned about drugs or drug related violence there?
Yes 30.24% No 68.86% Refused 0.90%
20. What is your perceived "quality of life" in Montgomery County?
Excellent 28.43% Needs improvement 12.91%
Good 57.26% Poor 1.40%
21. Do you think illegal drugs are being sold in your neighborhood?
Yes 41.88% Don't know 22.24%
No 35.67% Refused 0.20%

22. If you knew or suspected that drugs were being sold in your neighborhood, which of the following would you most likely do?
- | | |
|------------------------------|--------|
| Call the police | 61.32% |
| Talk to neighbors | 20.54% |
| Talk to neighborhood leaders | 7.72% |
| Start neighborhood program | 3.01% |
| Do nothing | 7.41% |
23. Would you be willing to pay 5 - 10 cents more in excise taxes for a 6 pack of beer and a bottle of wine if you knew it would be designated for drug/alcohol abuse education and prevention?
- | | | | | | |
|-----|--------|----|--------|---------|-------|
| Yes | 79.04% | No | 18.96% | Refused | 2.01% |
|-----|--------|----|--------|---------|-------|
24. Would you support placement of a residential drug or alcohol treatment program in your neighborhood?
- | | | | | | |
|-----|--------|----|--------|---------|-------|
| Yes | 58.38% | No | 36.71% | Refused | 4.91% |
|-----|--------|----|--------|---------|-------|
25. Would you support placement of a halfway house for drug offenders in your neighborhood?
- | | | | | | |
|-----|--------|----|--------|---------|-------|
| Yes | 40.82% | No | 54.16% | Refused | 5.02% |
|-----|--------|----|--------|---------|-------|
26. Would you approve of AA meetings being held in your neighborhood?
- | | | | | | |
|-----|--------|----|-------|---------|-------|
| Yes | 88.67% | No | 9.73% | Refused | 1.60% |
|-----|--------|----|-------|---------|-------|

Attitudes On Drugs

27. If I feel good about myself, I am less likely to use illegal drugs and alcohol.
- | | | | |
|-------|--------|------------|-------|
| True | 82.15% | Don't know | 5.02% |
| False | 11.74% | Refused | 1.10% |
28. If I were to use illegal drugs, I am certain that I would be caught and punished.
- | | | | |
|----------------|--------|-------------------|--------|
| Strongly agree | 16.78% | Disagree | 37.56% |
| Agree | 19.98% | Strongly disagree | 12.09% |
| Undecided | 11.99% | Refused | 0.90% |
29. If I were to use certain drugs, I would be risking my health.
- | | | | |
|----------------|--------|-------------------|-------|
| Strongly agree | 68.71 | Disagree | 1.11% |
| Agree | 28.47% | Strongly disagree | 0.20% |
| Undecided | 1.01% | Refused | 0.30% |
30. If I were to use illegal drugs, I run the risk of ruining my family life.
- | | | | |
|----------------|--------|-------------------|-------|
| Strongly agree | 71.93% | Disagree | 2.20% |
| Agree | 22.58% | Strongly disagree | 0.10% |
| Undecided | 1.50% | Refused | 0.80% |
31. Which factor had the most impact on your decision to use or not to use drugs?
- | | | | |
|--------------|--------|--------------------|-------|
| Health risks | 61.99% | Peers | 5.49% |
| Illegality | 10.07% | Drugs availability | 3.25% |
| Parents | 18.60% | | |

Individual Use and Problems

32 - 42. How often do you currently use ... ? (reported as percentages)

Categories	Never Used	Used/ Tried Once	Less than 1/Month	Once a Month	Once a Week	Several Times a Week	One or More Per Day
Marijuana	79.90	15.31	2.14	1.53	0.82	0.10	0.20
Tranquilizers	93.47	3.98	2.04	0.31	0.20	0.00	0.00
Amphetamines	95.71	2.86	0.31	0.51	0.41	0.10	0.10
Heroin	98.16	1.33	0.41	0.00	0.00	0.10	0.00
Crack	97.76	2.04	0.20	0.00	0.00	0.00	0.00
Cocaine	93.16	5.31	1.12	0.20	0.10	0.00	0.00
Hallucinogens	96.02	3.47	0.51	0.00	0.00	0.00	0.00
Barbiturates	96.63	2.96	0.41	0.00	0.00	0.00	0.00
Methamphetamine	97.14	2.55	0.20	0.10	0.00	0.00	0.00
PCP	98.16	1.84	0.00	0.00	0.00	0.00	0.00
Alcohol	18.77	6.26	14.26	16.72	22.87	13.95	7.18

43. During the times you drank alcohol, about what quantity (in servings) did you usually drink beer (12 oz.); wine (5 oz.); or hard liquor (1 1/2 oz.)
- | | | | |
|------------------------|--------|-----------------|-------|
| Didn't drink past year | 4.29% | 5 - 6 servings | 3.66% |
| Two servings or less | 71.50% | 7 - 10 servings | 0.63% |
| 3 - 4 servings | 19.55% | 11 + | 0.38% |
44. Have you ever been absent from work because of drug or alcohol use?
- | | | | | | |
|-----|-------|----|--------|---------|-------|
| Yes | 6.46% | No | 93.23% | Refused | 0.31% |
|-----|-------|----|--------|---------|-------|
45. Have you ever had a family problem because of drug or alcohol use?
- | | | | | | |
|-----|--------|----|--------|---------|-------|
| Yes | 14.97% | No | 84.51% | Refused | 0.41% |
|-----|--------|----|--------|---------|-------|
46. Have you ever had a problem with friends because of drug or alcohol use?
- | | | | | | |
|-----|--------|----|--------|---------|-------|
| Yes | 18.58% | No | 81.31% | Refused | 0.10% |
|-----|--------|----|--------|---------|-------|
47. Have you ever been admitted to emergency treatment because of drug or alcohol use?
- | | | | | | |
|-----|------|----|-------|---------|-------|
| Yes | 2.57 | No | 97.13 | Refused | 0.31% |
|-----|------|----|-------|---------|-------|
48. Have you ever been admitted to drug treatment etc, because of drug or alcohol use?
- | | | | | | |
|-----|-------|----|--------|---------|-------|
| Yes | 1.23% | No | 98.67% | Refused | 0.10% |
|-----|-------|----|--------|---------|-------|
49. Have you ever been arrested for drunk driving? (i.e. DWI or DUI)
- | | | | | | |
|-----|-------|----|--------|---------|-------|
| Yes | 3.29% | No | 96.71% | Refused | 0.00% |
|-----|-------|----|--------|---------|-------|
50. Have you ever had any problems at all because of drug or alcohol use?
- | | | | | | |
|-----|-------|----|-------|---------|-------|
| Yes | 7.99% | No | 91.91 | Refused | 0.10% |
|-----|-------|----|-------|---------|-------|

Allocation of Resources

51. If Montgomery County increases spending to help reduce the drug problem would increasing the number of police be a good way to use the money?
- | | | | |
|-----|--------|------------|--------|
| Yes | 63.41% | Don't know | 12.47% |
| No | 23.80% | Refused | 0.31% |
52. If Montgomery County increases spending to help reduce the drug problem would increasing treatment programs be a good way to use the money?
- | | | | |
|-----|--------|------------|-------|
| Yes | 81.60% | Don't know | 8.84% |
| No | 9.36% | Refused | 0.21% |
53. If Montgomery County increases spending to help reduce the drug problem would increasing prevention programs be a good way to use the money?
- | | | | |
|-----|--------|------------|-------|
| Yes | 89.92% | Don't know | 5.20% |
| No | 4.89% | Refused | 0.00% |
54. If Montgomery County increases spending to help reduce the drug problem would launching a media campaign against drugs be a good way to use the money?
- | | | | |
|-----|--------|------------|-------|
| Yes | 58.94% | Don't know | 9.98% |
| No | 30.98% | Refused | 0.10% |
55. If Montgomery County increases spending to help reduce the drug problem would increasing school health and drug educators be a good way to use the money?
- | | | | |
|-----|--------|------------|-------|
| Yes | 90.44% | Don't know | 4.37% |
| No | 5.20% | Refused | 0.00% |
56. If Montgomery County increases spending to help reduce the drug problem would building more jails be a good way to use the money?
- | | | | |
|-----|--------|------------|--------|
| Yes | 37.42% | Don't know | 10.71% |
| No | 51.77% | Refused | 0.10% |
57. If Montgomery County increases spending to help reduce the drug problem would keeping drug offenders in jail for longer periods of time be a good way to use the money?
- | | | | |
|-----|--------|------------|-------|
| Yes | 61.43% | Don't know | 9.46% |
| No | 28.90% | Refused | 0.21% |

MONTGOMERY COUNTY GOVERNMENT
DEPARTMENT OF FAMILY RESOURCES

MINI-GRANTS FOR PREVENTION - FY 90

STATE FUNDED

Black Future Leaders: Montgomery Gentlemen, Inc.

This primary prevention program will help economically disadvantaged young black males between 10 and 14 become more aware of the dangers and negative effects of substance abuse. In ten sessions, these youths will learn positive coping skills to help them resist the use of alcohol and other drugs. Positive support and healthful activities are designed to improve their self esteem.

Drug Awareness Pilot Program: Division of Head Start, Montgomery County Public Schools

This pilot program will provide a support system for Head Start parents and their pre-school children in an environment where parents can identify common family dynamics that are disruptive to their daily lives and explore alternative ways to restore order and consistent parenting. Group discussion will include issues of health, nutrition, day care, housing, substance abuse, and other family concerns.

Experiential Training for School Community Health Nurses to Increase Group Activities to At-Risk Populations: Division of School Health Services, Montgomery County Health Department

School Community Health Nurses will receive training in group counseling techniques to conduct student support groups in junior and senior high schools. These groups for high risk students work to enhance student self esteem, develop decision-making skills, and change behavior regarding gateway drug use.

Families Taking Action: Middlebrook Interagency Committee

Support is provided for the youth portion of Middlebrook's second Annual Drug Awareness Day for families. Grant funds will help provide speakers, activities, materials and staff. This day is the kick off event for monthly activities for at-risk youth.

Free to Be Me: Watkins Mill Cluster, School Community Action Team

Community professionals will conduct on-going support groups for high risk teens to teach, intervene, and encourage alternative activities. Groups will do role playing, practice refusal skills, share feelings, and learn coping skills. Leaders will make referrals where appropriate.

Gaithersburg In-School Support Groups: Gaithersburg High School

The Gaithersburg In-School Support Groups serve students with personal or family substance abuse problems and meet weekly during the school day. These students will participate in a 2-day training workshop to promote their own recovery and prepare strategies for presentations to parents and younger students who are at risk.

Helping Youth Decide: Housing Opportunities Commission

An early intervention for pre-teens in four public housing developments is designed to intercede before youth become actively involved in experimentation or actual drug use. A series of educational forums -- presented during school breaks -- will provide timely information and education on drug abuse as well as support and insight on other problems facing youth.

I'm Peer Proof and Count on Me: Camp Fire Potomac Area Council

The I'm Peer Proof program teaches youths in grades 4-7 to resist the negative peer pressure that often results in alcohol and other drug use. Using real-life situations, youths are taught through role playing to be assertive when faced with negative and aggressive peer pressure that encourages the use of alcohol and other drugs, and other anti-social behavior.

The Count On Me program helps young children in kindergarten through grade 2 to develop a strong positive self-image, positive character traits, and a healthy life style. These programs will be presented in Lincoln Park and at St. Camillus Catholic School.

MOMS Drug Education Program: MOMS (Mothers Offering Maternal Support), Mental Health Association of Montgomery County

The MOMS program matches pregnant or parenting adolescents with volunteer mothers. This grant project adds a drug education and prevention component through education programs and support groups to teach new coping strategies, increase knowledge and self esteem, raise awareness of the dysfunctional family cycle, and teach ways to interrupt that cycle effectively.

The Outreachers Program: Montgomery County Teen Pregnancy Committee

This primary prevention program will train teenagers in low-income communities to become peer counselors. These youths will receive training in human sexuality and drug and alcohol behaviors. These young people will then reach out to their friends, family, church, schools, and communities to steer youth away from pre-marital sex, discuss consequences of self-defeating behaviors, and encourage youth already sexually active or drug involved to obtain services in the County.

Peer Counseling: A Community/School Partnership -- Bethesda Youth Services

An active, well-trained, and representative group of 25 students from Bethesda-Chevy Chase High School will provide information and referrals to B-CC students in the areas of substance abuse, suicide and depression, sexuality and AIDS, family conflict, school performance, and peer relationships. Student participants will receive training in all these areas as well as in the skills of effective listening, speaking, and decision making.

Peer Counseling Program: Youth Outreach, Recreation Department, City of Takoma Park

Youth outreach peer counselors will canvas high risk areas and social events, conduct weekly rap sessions, and assist in individual counseling on substance abuse. In addition, Alcohol and Drug Awareness Days -- at the beginning and end of the school year -- include speakers on drug and alcohol abuse, music, and other entertainment.

A Peer Counseling Training Program: Proyecto Amor, Inc., National Hispanic Council on Aging

This prevention project will seek to train a group of Hispanic teen-age girls in educational and peer-counseling techniques so that they can carry out two specific activities: (1) reach out and provide other high risk Hispanic elementary school students information about the problems of drug and alcohol abuse and (2) perform a series of skits dealing with issues of particular concern for teen age Hispanic girls.

Roasted Shoes: Department of Recreation

On original play called Roasted Shoes will be performed six times for teenagers in community-based locations with a high incidence of drug use. The play is performed by professional actors and deals with drug and alcohol use, the choices facing young people, peer and family pressures, and stereotyping. Dialogue between the actors and audience on the issues raised follows the play.

S.N.E.A.K.E.R.S: Crittenton Services of Greater Washington

The afterschool SNEAKERS project is a weekly program for girls ages 9-11 years old living in low-income communities. The program focuses on enhancing self-esteem, developing positive relationship skills, increasing career awareness, and increasing knowledge of human sexuality and substance abuse prevention. In a supportive and trusting group environment, leaders conduct non-traditional educational activities to accomplish group goals.

Taking Care of Me: Gaithersburg GUIDE Youth Services

This program for 9 to 12 year olds involves two types of intervention: group counseling and therapeutic recreation. Participants meet twice a week after school--once for counseling and once for therapeutic recreation. Focus is on developing positive coping skills, decision-making skills, self-awareness and understanding, positive self-esteem, and reinforcing a healthy value system.

COUNTY FUNDED

Children Are People: The Child Center, Inc.

This 16-session support group for children ages 5-12 who are growing up in chemically dependent families uses discussion and activities to address feelings and defenses, self-worth, risks and choices, chemical dependency, and family communication. Children are taught that they did not cause their parents' problems and cannot cure the problem, but can learn to cope with the reality of their home situations.

Culture-Based Training: Stevens/Zarek Associates

Culturally based drug and alcohol prevention training for outreach workers who serve high risk, multi-cultural youth. The program teaches techniques of reaching high risk populations through cultural sensitivity and knowledge of background issues.

East Rockville Drug Initiative: City of Rockville

Rockville's Community Action Team is a grassroots alliance focused on empowering residents of David Scull, Lincoln Park, and Maryvale to combat alcohol and other drug abuse in their communities. Grant funds will allow CAT to provide community coordination, publish a community newsletter, design child care and parenting services, establish a youth club, and provide other classes and services requested by the residents.

Gaithersburg In-School Support Groups: Gaithersburg High School

Written materials and video cassettes will be used during weekly meetings of In-School Support Groups for substance abuse of teenagers and children of chemically dependent families.

Hi-Tec Rec: Gaithersburg GUIDE Youth Services
Kensington Wheaton Youth Services
Silver Spring YMCA Youth Services
Upper County Youth Services of Family Services of Montgomery County, Inc.

This project will bring the Horizons Program of outdoor adventure to various areas of the county through the youth service centers. Horizons is a group activity that involves outdoor adventures of low risk (such as hiking and a rope course) culminating in high risk adventures (such as rock climbing, rappelling, and caving).

High on Life Not Drugs: Montgomery County Police Mid-County Branch of Boys and Girls Clubs of Greater Washington

Club members will learn how to identify various forms of alcohol and other drug abuse, how to become involved in healthy and appealing alternative activities, and develop feeling of competence and self esteem.

Promoting Family Outreach Programs Through the Churches: Substance Abuse Program, Catholic Archdiocese of Washington

A coordinated prevention program for all 29 Catholic churches and 19 Catholic elementary schools within Montgomery County is designed to develop and maintain the highest level of awareness among Catholic clergy and laity as to the gravity of the substance abuse problem. The program will include training workshops for clergy and laity, a resource center for educational materials on alcohol and other drugs, and alcohol and other drug guidelines for Catholic churches and schools.

Taking Care of Me: Olney GUIDE Youth Services

This program for 9 to 12 year olds involves two types of intervention: group counseling and therapeutic recreation. Participants meet twice a week after school--once for counseling and once for therapeutic recreation. Focus is on developing positive coping skills, decision-making skills, self-awareness and understanding, positive self-esteem, and reinforcing a healthy value system.

Training for Liquor Store Clerks: TIPS Washington, D.C., Inc.

This program will provide training to clerks in Montgomery County liquor stores in customer relations related to alcohol abuse.

Youth/Community Speak Out: Pelikan Associates

This program will continue and expand the Speak Out process by training community leaders to organize speak outs in their communities.



Proclamation

Montgomery County Maryland

WHEREAS, Montgomery County, like jurisdictions across the country, has a severe substance abuse problem that affects residents from all social, ethnic, racial, economic and cultural backgrounds; and

WHEREAS, the 20 to 40-year-old working population is the group with the largest substance abuse problem, while juvenile alcohol use in Montgomery County is 20 percent higher than the national average; and

WHEREAS, substance abuse is responsible for economic losses of more than \$275 million a year in Montgomery County in health care, sick days, loss of productivity and theft; and

WHEREAS, Montgomery County is committed to reducing the scourge of drug and alcohol abuse and to working in partnership with residents, community organizations and businesses to create a healthy, drug-free community;

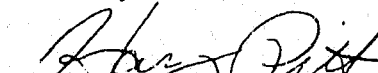
NOW, THEREFORE, DO WE, Sidney Kramer as County Executive, Michael L. Gudis as County Council President, James Cronin as Board of Education President and Dr. Harry Pitt as Public Schools Superintendent, hereby proclaim May 19-30, 1989, as

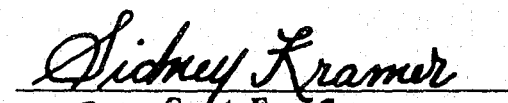

DRUG AND ALCOHOL ABUSE PREVENTION WEEK
FOR BUILDING A DRUG-FREE COMMUNITY

in Montgomery County and urge all those who live and work here to join the effort to prevent substance abuse.

Signed this 15th day of May in the year 1989.


President, Board of Education


Superintendent of Schools


County Executive

Council President



NEWS RELEASE

D35

89-175

Contact: Carol Giannini, 217-1100

KICKOFF HIGHLIGHTS EFFORTS TO
BUILD A DRUG FREE COMMUNITY

FOR IMMEDIATE RELEASE: May 19, 1989

"Drug and alcohol abuse has become, without a doubt, the most serious problem facing our society today. It destroys families, knows no boundaries and places a heavy burden on every citizen," said Montgomery County Executive Sidney Kramer at the kickoff of a week of activities aimed at "Building a Drug Free Community."

More than 100 events are scheduled throughout the county during the next week to highlight substance abuse prevention efforts.

Kramer and the Montgomery County Leadership Task Force on Drug and Alcohol Abuse Prevention co-hosted the kickoff event -- a breakfast for community leaders and elected officials designed to enlist public-private support for the prevention effort.

"To be successful, prevention requires a partnership with business, schools and communities, as well as government," said William H. Jones, Chairman of the Leadership Task Force which Kramer created last June and PEPCO Vice President of Corporate Affairs.

Kramer, County Council President Michael Gudis, Board of Education President James Cronin and Harry Pitt, Superintendent of Schools, issued a joint proclamation noting that substance abuse costs the people of Montgomery County more than \$275 million a year and encouraging everyone who lives and works in the County to join in the effort to fight such abuse.

(more)

KICKOFF HIGHLIGHTS EFFORTS TO
BUILD A DRUG FREE COMMUNITY

2-2-2-2

The kickoff included special recognition of ten individuals and organizations that have made significant contributions to drug and alcohol prevention efforts. Those honored included Enid Gershen, volunteer in the field of drug prevention; Myrna Olsen, a school health nurse; Jerald S. Sachs, President of the Capital Centre and first chairman of the Washington Region Alcohol Program (WRAP); Pedro Sierra, a recreation department youth outreach worker; the Black Ministers Alliance; Rita Rumbaugh, coordinator of public school community action teams; Camp Fire - Potomac Area Council; Karen Studley, school health nurse and creator of a parent support group; Virginia Bright, Executive Director, Mothers Against Drunk Driving (MADD); and the Andrew Street Residents Association in Wheaton.

"The goal of Drug and Alcohol Prevention Week is to increase public awareness of the problem -- and the resources available to prevent substance abuse," said Kramer. "It is through this awareness that Montgomery County can move closer to becoming a drug free community."

#

ALCOHOLISM ADVISORY COUNCIL
WORKPLACE COMMITTEE RECOMMENDATIONS

GENERAL

In planning and implementing a comprehensive workplace program, officials should be mindful of five basic principles:

- o The importance of setting the example. The County government must practice what it preaches. It has no right to expect private employers to deal with workplace matters in a more enlightened or active manner than does the County government.
- o The importance of peer influence and self-interest. Private sector employers are more likely to listen to other employers, especially successful ones, than they are to individuals who do not have to "meet a payroll." Further, employers will respond to appeals which relate to what works and "the bottom line", rather than to idealistic motives or theoretical plans.
- o All employers are not alike -- but all are important. In devising and fostering programs, differences in work settings and workforces must be recognized and dealt with.
- o The primary goal is prevention, through active, aggressive education and information to all employees and focus on "wellness" objectives and activities.
- o The primary target is families. Information must be packaged and presented in ways that encourage and enable employees to share it with spouses, children, and other family members.

RECOMMENDATIONS

1. Montgomery County should follow through with developing its comprehensive procedure on employee drug/alcohol abuse. In developing that procedure, the County should consult with its Employee Assistance Program, the Alcoholism Advisory Council, and Drug Abuse Advisory Council. Prospective employees of the County should be informed of the County's policy on employee drug/alcohol abuse (attach to employment application) and all new employees should be required to sign a statement attesting to their agreement to abide by the policy. In addition, the policy and procedures for implementation (including referral to the County's E.A.P.) should be presented at an employee orientation where there is opportunity for questions and answers and where there is clarification of off-premises and off-duty alcohol and drug use. The County's Employee Assistance Program should have an active role in the orientation as is standard operating procedure for such company orientations. (See Appendix II.)

2. Montgomery County should require that each employer with which it contracts have and enforce a drug-free workplace policy identical with or superior to that of the County government as a condition of being granted a contract. (The Federal Government has set a precedent for such action.) Prospective contractors should be invited to participate in workshops such as those discussed in recommendation no. 5 following.

3. Montgomery County should study the feasibility and sources of insurance coverage which includes provisions for substance abuse and mental health treatment with a view towards:

- a. Providing it for County employees.
- b. Encouraging County contractors and other County employers to offer it as part of their health benefits package.

4. The Montgomery County Office of Economic Development should be charged with fostering alcohol and drug abuse awareness and education among employers with which it deals.

5. Employers in Montgomery County, with County support, should conduct a series of meetings/workshops for the purposes of: increasing employer awareness and the value of preventing substance abuse; facilitating the exchange of information about successful programs; and assisting employers in developing alcohol and drug abuse policies and prevention programs. (Some suggestions for the design and conduct of such meetings are contained in Appendix III.) Meetings should include:

a. A well-publicized luncheon or similar event to introduce the "CEO kit" produced for Business Against Drugs, Inc. (B.A.D.). The purposes of this event would be to publicize the material to the business community and to demonstrate both County government and major employer commitment.

b. A roundtable attended by knowledgeable representatives of the 25 largest private sector employers in the County to foster the exchange of information regarding their drug-free workplace policies and practices and to encourage those not having such programs to develop them through partnership with other employers, if appropriate. (Note: Through these 25 "gatekeepers" approximately 52,000 employees, a majority of whom are County residents, can be reached. Contact Alcoholism Advisory Council for list.)

c. Additional workshops to assist employers of all sizes to develop alcohol and drug abuse policies and awareness programs. These workshops should reflect the fact that employers are gatekeepers and stakeholders, having substantial influence in the community and the ability to deliver substance abuse prevention messages and programs effectively to their employees and, through them, to their family members.

d. A symposium for representatives of all public sector employers in the County (i.e., Federal, State, County, and local governments and components thereof) to foster the exchange of information and ideas. Many of these agencies have well-established alcohol and drug abuse prevention, education, and treatment programs. They can learn from one another, and the private sector can learn from them.

6. Following the major employer-oriented efforts discussed above, Montgomery County should sponsor an "Employee Awareness Week" during which substance abuse prevention information and education would be provided by employers to employees. Such a program should emphasize general wellness and effective stress management methods and should include specific messages tailored to high-risk workers - e.g., youthful employees of fast-food businesses, minority and non-English-speaking building service workers, unskilled and semi-skilled workers with limited language skills.

7. Montgomery County should encourage the business community to conduct a workshop for physicians in employee assistance programs, company medical personnel, and kindred health professionals for the purpose of developing their awareness of the signs and symptoms of alcohol and other drug abuse. The assistance of the Impaired Physicians Committee should be sought in planning and conducting this workshop.

8. The CARE Center should develop and maintain a directory of firms and individuals with expertise in the design and operation of employee assistance programs for reference by employers seeking such services. Those firms and individuals should be invited to provide pro bono publico assistance to selected employers (e.g., those employing high proportions of high-risk workers.) Similarly, develop a resource list of public agencies and private concerns having successful employee assistance, prevention, and/or drug testing programs who are willing to share policy and program information and/or resources with other employers.

9. Montgomery County should employ a qualified individual to provide technical assistance to employers in the area of substance abuse policy, programs, and procedures including, as appropriate, employee assistance programs, treatment sources, and drug testing. This person would serve as a resource for activities such as employer training, information exchange, and promotion of employee assistance programs and consortia.

10. Montgomery County's Employee Assistance Program should be actively involved in all County employee activities involving substance abuse awareness, mental health awareness, supervisory training to identify troubled employees, and orientation sessions for the County employee drug/alcohol policy. The E.A.P. involvement provides the positive focus on treatment that the County's policy should maintain. It is also crucial in supporting supervisors and managers in their role as the first-line identification of troubled employees.

11. The County's Personnel Office should consult with the Alcoholism and Drug Abuse Advisory Councils in "expanding training and education of employees and supervisors in substance abuse and studying the substance abuse treatment efforts provided by the employee assistance program". (From the County's Executive's budget under Substance Abuse Initiatives, #6.) In addition, the Personnel Office should consult with the Advisory Councils regarding future employee assistance program contracts due to the professional knowledge and expertise in E.A.P. of Councils' memberships.

12. The County Executive's Office should take responsibility for implementation of these workplace recommendations. The Alcoholism Advisory Council should be designated to monitor the accomplishment of Task Force recommendations relating to workplace awareness, education, prevention, identification, and treatment policies, programs and practices. To accomplish this, a standing committee should be established to include representation from the Drug Abuse Advisory Council and the business community. An appropriate County official should be designated to receive and act on the committee's findings and follow-up recommendations.

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APPENDICES

APPENDIX I

WORKPLACE COMMITTEE MEMBERSHIP

The Workplace Committee is a committee of the Alcoholism Advisory Council. The following is a list of the committee members:

Bill Butler - Chairperson

Laura Burns-Hefner
Pat Flannery
Evelyn Joy
Moses Middleton
Monica Peck
Martha Rosacker
Marc Rubin
Janeth Welch

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APPENDIX II

Montgomery County Policy On Employee Drug/Alcohol Use

Montgomery County is to be commended for developing a policy on employee drug/alcohol use. However, the policy is vague about its application to consumption of alcohol and drugs off-County premises and when employees are off-duty. Other companies and businesses that have policies on drug and alcohol use state: "It is not _____'s intention to interfere with the private lives of its employees. On the other hand, alcoholism or drug dependency and its effect upon work performance and health are matters of concern to _____." (From Amtrak's Supervisor's Guide) Considering the establishment and work of the Community Leadership Task Force on Drug and Alcohol Abuse Prevention, the County's policy could and should go further than the Amtrak statement. The workplace provides an opportunity for intervention with the Task force's targeted population. Many employees have families. Employee substance use and abuse, even if it is not currently affecting job performance, serves as a poor role model to employees' children and their community and is creating "high risk" youth.

The above information should be included in the orientation session for new employees (as well as in sessions for current employees and their managers) to underscore the seriousness of substance use and abuse and its intergenerational effects. In addition, the following should be clarified:

1. What "under the influence" means (statement 1 in policy).
2. Whether alcohol is permitted at office parties which generally take place on site on work time (i.e. as part of a staff meeting). Such occasions might include birthday parties, good-bye parties, Christmas parties, or other celebratory events. (statement 2 in policy)
3. Whether drinking or drugging at lunch is permitted in light of the fact that employees will be reporting back to work not reporting to work (statement 1 in policy).
4. Whether illegal drug use off premises is condoned as long as employees are not "under the influence" when they report to work the next morning or after their lunch break.

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APPENDIX III

SUGGESTIONS FOR DESIGNING MEETINGS

- o Involve Business Against Drugs, Inc. (B.A.D.), Chambers of Commerce, and the CARE Center in planning.
- o Use B.A.D.'s "CEO kit" as a primary resource/reference document.
- o Invite E.A.P. providers to set up exhibits (for a fee, to help fund the meeting), as well as to participate as "presentors".
- o Have representatives of employers with successful programs, both to show that it can be done and to tell how.
- o Obtain and distribute literature from NIDA, NIAAA, and similar sources.
- o Use locations accessible to employers ("up-county", Rt. 270 corridor, Silver Spring, etc.). Encourage employers having adequate facilities to host meetings.
- o Have meetings of businesses occupying a single mall, all of which will have location and type of employee in common, and most of which are relatively small businesses, ideal for a consortium.
- o Bear in mind unique factors pertinent to expected participants - e.g., public vs. private sector, Federal agencies, uniformed services, organized labor representation, educational level of employees, etc.
- o Have plenary sessions to provide information and ideas of common interest to all participants - e.g., current status of problem, Montgomery County data, County actions.
- o Divide participants for special interest workshops according to type of company, presence or absence of E.A.P. in firm, special concerns (e.g., policy development, drug testing, wellness programs).
- o Document meetings, names and addresses of participants and their firms, content and activities of meeting, etc., for future reference. Develop a resource list from this.

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Appendix I

Information Sources

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Organizations

American Public Health Association Associated Press Business Against Drugs, Inc. Center for Science in the Public Interest Comptroller General of the United States, March, 1988 - Controlling Drug Abuse: A Status Report Corporation Against Drug Abuse Drug Abuse Warning Network Governor's Drug and Alcohol Abuse Commission - Maryland Maryland Department of Health and Mental Hygiene Maryland State Police Montgomery County Department of Addiction, Victim, and Mental Health Services Montgomery County Department of Corrections & Rehabilitation Montgomery County Department of Family Resources Montgomery County Department of Health Montgomery County Department of Housing Montgomery County Department of Police Montgomery County Department of Social Services	Montgomery County Housing Opportunities Commission Montgomery County Public Schools Montgomery County State's Attorney Office Montgomery Journal Mothers Against Drunk Driving of Montgomery County National Clearinghouse for Alcohol and Drug Information National Committee on Prevention of Child Abuse National Council on Alcoholism National Institute on Drug Abuse Office for Substance Abuse Prevention The Chronicle Express The Frederick Post The Gaithersburg Gazette The Washington Post The Washington Times University of Michigan Institute for Social Research United Press International U.S. Chamber of Commerce U.S. Department of Health and Human Services U.S. Department of Justice
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Publications

ADAMHA News Supplement (assorted articles). Vol. XIII, No. 9, September 1987. Alcohol Health and Research World. Series of articles. U.S. Department of Health and Human Services, 1987. Alliance for a Change: A Plan for Community Action on Adolescent Drug Abuse. James F. Crowley, 1984. Briefing Paper for Montgomery County Executive and County Council Members. Montgomery County Department of Family Resources, 1988. Building a Drug Free Prince George's County. 1989. Building Public Awareness: A Handbook for Drug Awareness Campaigns. U.S. Department of State, Bureau of International Narcotics Matters. 1988. Community Activation for Risk Reduction. Society of Prospective Medicine, October 1980. Community Organization Guide: A Framework for Community Involvement in Drug Abuse Prevention. New York State Division of Substance Abuse Services. Community Prevention Inventory. Minnesota Attorney General's Alliance Against Drugs, October 1987.	Compilation of Maryland State Drug and Alcohol Laws. Department of Legislative Reference, Annapolis, Maryland. 1987. Comprehensive Alcohol and Drug Abuse Prevention Strategies. California Health Research Foundation, 1984. Coordinating Council's Preliminary Report to the County Council. March 1989. Definitions of Prevention. Montgomery County Department of Family Resources, 1988. Drug Abuse Prevention: Voices From the Front Line. Karie Stevens, William A. Smith, Margaret Blasinsky. Academy for Educational Development. 1988. Drug Abuse From the Family Perspective. U.S. Department of Health and Human Services, National Institute on Drug Abuse, 1980. Drug Abuse in the Workplace: Issues, Policy Decisions, and Corporate Response. National Institute on Drug Abuse, 1986. Drug Abuse Prevention. National Institute on Drug Abuse, 1977. Drug Abuse Prevention: Further Efforts Needed To Identify Programs That Work. United States General Accounting Office, December 1987. Drugs From A to Z: A Dictionary. Richard R. Lingeman. McGraw-Hill Book Co. 1974.
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- Drug Use and Drug Programs in the Washington Metropolitan Area: An Assessment. Executive Summary.** Greater Washington Research Center, February 1988. (Rand Report).
- Evaluation of Prevention Programs: A Basic Guide for Practitioners.** Wisconsin Department of Health and Social Services, 1984.
- Evaluation of the Maryland State Department of Education's Maryland Alcohol Drug Action Resource Teams Project. (MADART).** Doris E. Terry, Project Director. Final Report to City Council. Alexandria, VA, Ad Hoc Anti-Drug Task Force. 1987. **Guidelines for Taking With Your Child About Drug Use.** from *How To Form a Families in Action Group in Your Community.* Sue Rusche, 1979.
- Guide To Mobilizing Ethnic Minority Communities for Drug Abuse Prevention.** National Institute on Drug Abuse, 1986.
- Harmfully Involved: Maryland Youth in Crisis.** Maryland State Bar Association, 1986.
- Interdisciplinary Approaches to the Problem of Drug Abuse in the Workplace: Consensus Summary.** Department of Health and Human Services, Public Health Service, National Institute on Drug Abuse, 1986/87. DHHS Pub. No. (ADM) 87-1477.
- Journal for Specialists in Group Work: Substance Abuse.** Series of Articles. Association for Specialist in Group Work, 1984.
- Making PSAs Work TV-Radio: A Handbook for Health Communication Professionals.** U.S. Department of Health and Human Services. 1984.
- Montgomery County Drug and Alcohol Prevention Services.** Montgomery County Department of Family Resources, 1988.
- Montgomery County Substance Abuse Fact Sheet.** Montgomery County Department of Family Resources Substance Abuse Coordinator, 1988.
- Montgomery County Youth Speak Out Report.** 1988.
- Montgomery County Youth Speak Out -- One Year Later.** 1989.
- Office of Substance Abuse Prevention (OSAP) Newsletter.** Department of Health and Human Services, Summer 1988.
- On-Air Initiatives in the Lead Against Drug and Alcohol Abuse.** National Association of Broadcasters. 1986.
- Parent's Guide to Drug Abuse.** Fairfax County Police Department.
- Preventing Abuse of Drugs, Alcohol, and Tobacco by Adolescents.** Mathea Falco. Carnegie Council on Adolescent Development. 1987. **Prevention Resource Guidebook.** Minnesota Institute of Public Health, 1988.
- Primary Prevention.** National Institute of Mental Health, 1977.
- Rand Report** published by the Greater Washington Research Center, July 1988
- Rand Note: Toward More Effective Drug Prevention Programs.** Phyllis L. Ellickson & Abby E. Robyn. 1987.
- Resource Guide to Primary Prevention Programs.** U.S. Department of Health and Human Services, National Institute on Drug Abuse, 1980.
- Short-Term Evaluation of Project DARE (Drug Abuse Resistance Education): Preliminary Indications of Effectiveness.** William De Jong. *Journal of Drug Education*, 1987.
- SPP: Social Policy Prevention Handbook: A Community-based Alcohol and Drug Abuse Prevention Strategy.** Minnesota Institute on Black Chemical Abuse, 1983.
- Strategic Planning for Workplace Drug Abuse Programs.** United States Department of Health and Human Services, Public Health Service, National Institute on Drug Abuse, 1987. DHHS Pub. No. (ADM) 87-1538).
- Substance Abuse Resources at Source.** Task Force on Alcohol and Drug Abuse of the National Capital Presbytery Health Ministries, Spring 1988.
- Substance Abuse Summary Information.** Montgomery County Department of Family Resources, July 1988.
- Survey of Drug and Alcohol Use Among MCPS Adolescents: Executive Summary.** Montgomery County Public Schools. 1987.
- Susceptibility to Peer Pressure, Self Esteem, and Health Locus of Control as Correlates of Adolescent Substance Abuse.** T.E. Dielman, Pamela Campanelli, Jeane Shope, & Amy Butchart. *Health Education Quarterly*. 1987.
- Training Primary Care Physicians To Identify and Treat Substance Abuse.** Alcohol, Health, and Research World.
- Twenty Exemplary Programs.** NASADAD/NPN, 1988.
- USA Issues: Substance Abuse, 1988.** Gannett Publications, 1988.
- White House Conference for a Drug Free America.** U.S. Government Printing Office, June 1988.
- Youth Peer Leadership: A Manual for Making a Difference.** Maryland Department of Health and Mental Hygiene, Alcohol and Drug Abuse Prevention Unit, 1985.

The Task Force Committees received briefings from these individuals. The Task Force wishes to thank them and the dozens of others who took part in the exchanges, meetings, and informal discussions.

- **Calvin Avant, City of Takoma Park Outreach Program**

This program focuses on providing at-risk youth with constructive activities such as camping, hiking, fishing, as well as, providing employment alternatives through a lawn service. This program also provides prevention/education programs for parents in conjunction with social activities for the community. In addition, Mr. Avant coordinates a peer counseling program.

- **Bill Butler, Chair, Work place Issues Committee, Alcoholism Advisory Council, and Evelyn Joy, Co-Chair, Alcoholism Advisory Council**

The work place issues committee of the Alcoholism Advisory Committee prepared a set of recommendations for task force consideration. Many of the recommendations have been incorporated into the action plan. The entire document appears in the appendix.

- **Helen Chaset, Program Manager, Interagency Coordinating Board**

The ICB coordinates the use of schools by community groups. While it sets up programs in the school buildings, it does not actually run them. Its programs provide more options for young people and adults. Services include 17 models for latchkey kids and a great variety of after-school activities.

- **Bob Condit, Guidance Counselor, The Landon School**

Mr. Condit discussed the structure and approach of the peer counseling program in place at his school. He discussed how important peer counselors were in identifying students with problems and helping these students to get the appropriate level of support and guidance. He discussed the training requirements for the peer counselors, noting there was minimal cost involved.

- **Carol Giannini, Substance Abuse Coordinator, Department of Family Resources**

The Department of Family Resources tries to coordinate and encourage community based efforts like Project SMART and administers \$ 82,000 in mini-grants to grassroots programs.

- **Jeff Gritz, American Red Cross, Montgomery County Chapter**

Mr. Gritz provided information on the peer counseling program he directs. He offers a peer counseling training program to a variety of school and community organizations. He believes this program is particularly effective among youth since they are more likely to confide in each other than in adults they may view as authoritarian figures. His

training program is an 8-week, 12-module training session focusing on providing peer counselors with the skills to effectively deal with substance abusing peers.

- **John Haaga, Policy Analyst, Rand Corporation**

John Haaga described the research on prevention, which is actually very sparse. It indicates that very little money has gone into prevention. Most of the literature deals with school programs, many of which are now quite good. Two types of programs are currently popular in schools. One focuses on alternatives, promotes self-esteem, general social skills, and alternative activities. These programs have a mixed press. The second major kind is resistance training, which concentrates on a couple of practical messages and develops specific refusal skills. There is good evidence in favor of this kind of program, especially regarding tobacco use.

- **Betsy Hollerman, Susan Melton, Parents Council of Washington**

These two representatives discussed the level of involvement and type of coordination of drug prevention programs among the non-public schools in the County. They noted that despite the lack of coordination, there was a high level of participation by those parents in schools that have had drug prevention programs.

- **Carol Johnson, Community Member, Alexandria Drug Abuse Task Force**

The Alexandria task force was initiated by the city council in response to concerns of civic associations. The task force made many very specific recommendations, all of which were accepted by the city council. City department heads were required to implement the relevant recommendations and report their progress to the task force. Four members of the task force were directed to provide advice and assistance to city staff in implementation of the recommendations and to monitor progress for the next two years.

- **Joan Liversidge, Bethesda Youth Services**

Ms. Liversidge reported on the variety of outreach services provided through her organization. These services include outreach to public schools, the Horizons Program, a program for high-risk youth, and referral services to youth in need of treatment or counseling.

- **Sharon Martin, Chief, Division of Family Health Services, Department of Health**

The division serves county residents who are eligible by virtue of their income level (up to 180% of the federal poverty level) through five all-purpose area health centers and one specialty consultation clinic for children with handicapping disease conditions.

The division engages in outreach efforts to get people to use its regular clinic services (maternity, family planning, child and adolescent health, specialty consultation and dental services) but not to find people specifically with drug problems. There is no specific targeted outreach to the drug-using population.

- **Carol Matthews, Chief, Division of School Health, Department of Health**

School nurses are in a good position to identify at-risk students. The 63 school-based nurses see themselves as doing community health nursing in the school setting. The nurse works with the students, then family, and then community and other aggregate groups. They deal with such issues as drugs and teenage pregnancy. A study group is working on developing a health promotion/wellness program. The division wants to do more outreach, particularly in the summer and is seeking funding for the following kinds of activities: creative outreach in the summer, student support groups, outreach work in high-risk communities during the summer.

- **Jean Peyton and George Quales, County Recreation Department**

These two representatives discussed the outreach programs of the Recreation Department. These programs include getting youth involved in sports ("Getting High on Sports"), referrals, starlight basketball league and a joint program with the County Park Police to provide parents with drug prevention education.

- **Reverend James Powderly, Archdiocese of Washington**

Reverend Powderly discussed some of the recent efforts of the Archdiocese in the area of drug prevention and education.

- **Vicki Rafel, former president of the Montgomery County Council of PTA's.**

Ms. Rafel briefed presented a briefing on the various efforts and programs the PTA's have sponsored in the drug prevention area. Mrs. Rafel's briefing left the impression that the PTA's have been making a considerable effort to provide drug education programs. However, the number of parents attending these events was admittedly low. There was considerable discussion regarding how to improve parent attendance at these programs.

- **Rita Rumbaugh, Parent Peer Group Coordinator**

Ms. Rumbaugh briefed the subcommittee on a variety of prevention programs administered by the Montgomery County Public Schools. These programs include the Community Action Teams, Students Helping Other People (S.H.O.P.), S.M.A.R.T., and Children Are People. School/community actions teams (SCATs) are organized in nearly all the high school clusters in the county. A team includes school staff, counselors, students, parents, nurses, and representatives from many community

organizations and agencies. Each team has a five-day training which includes basic drug and alcohol information, team-building activities, and the development by the group of an action plan for the cluster.

- **Sergeant Ray Simmons, Montgomery County Police Department**

The County police have been involved for the past year in an intensive effort to help residents in Lincoln Park reclaim their neighborhood, which was ravaged by drugs and related violence. This effort was the basis of the community empowerment model which has since been developed by the county. It involved intensive surveillance by police, close consultations with community members, and increased programming by other community agencies.

- **Jean Smith, Substance Abuse Specialist, Housing Opportunities Commission**

She does community organizing in HOC low income neighborhoods and works to develop leadership skills among residents. She reports that families are in a state of crisis, there is not enough treatment available, and people in these neighborhoods fear outsiders coming into their communities.

- **Charlie Steinbraker, Montgomery County Recreation Department**

Mr. Steinbraker briefed committees on the variety of adult and community education programs administered by the Recreation Department. These education programs are generally not direct drug education, but they offer constructive alternatives for the use of leisure time. Mr. Steinbraker also briefly discussed the Recreation Department's Outreach Program. The Recreation Department has a vast number of programs throughout the county for people of all ages. For instance, the department has 765 softball teams, with 15 - 18 people on each team. Classes are virtually self-supporting. Teams and classes occupy the mind as well as time, and in sports, the emphasis is on physical fitness.

- **Lynore Swink, Employee Relations Officer, Sovran Bank**

In recognition of the high cost of substance among employees, Sovran Bank has developed a comprehensive program of prevention, wellness, and employee assistance referral. The program includes a health risk profile, personal development and wellness classes, a form for top management groups, and seminars on chemical dependency and co-dependency, as well as a free taxi service during the holidays.

- **Phil Washburn, Rockville Youth Services**

This program is similar to the Bethesda Youth Services and provides outreach services in a number of schools within Rockville City. RYS also helps develop ACTION teams and provides presentations in schools. Street outreach is also provided along with referrals for other appropriate services.